

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Aetna	Aetna	Arta Medicare	Anthem Blue Cross
Plan Name	Golden Medicare Premier Plan	Golden Medicare Select Plan	Arta Gold	Senior Secure Plan 1
Telephone Numbers Website	New enrollment: 1-800-455-1560 Current members: 1-800-282-5366 aetnamedicare.com	New enrollment: 1-800-455-1560 Current members: 1-800-282-5366 aetnamedicare.com	New enrollment: 1-866-844-2170 Current members: 1-866-376-8294 artamedicare.com	New enrollment: 1-888-211-9813 Current members: 1-888-230-7338 anthem.com/ca
Plan Type	MA-PD (HMO)† Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$22.30 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium (\$4000 annual out-of-pocket maximum on a combination of certain plan services)
Doctor Visit	\$5 each visit	\$5 each visit	\$0 each visit	\$5 each visit
Specialist Visit	\$10 each visit	\$10 each visit	\$10 each visit	\$20 each visit
Physician Network	1501-2000 physicians and providers in plan network	1501-2000 physicians and providers in plan network	1001-1500 physicians and providers in plan network	18001-19000 physicians and providers in plan network
In-patient Hospitalization	\$75/day, days 1-5. \$0/day, days 6-90. Unlimited days each benefit period.	\$75/day, days 1-5. \$0/day, days 6-90. Unlimited days each benefit period.	\$200 copay per stay. \$0/day, days 1-60. 90 days each benefit period.	\$115/day, days 1-5. \$0/day, days 6-90. \$575 annual out-of-pocket limit. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-20. \$20/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$20/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$50/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day days 1-20. \$150/day days 21-100. No prior hospital stay required. 100 days each benefit period.
In-patient Mental Health	\$75/day, days 1-5. \$0/day, days 6-90. 190-day psychiatric hospital lifetime limit.	\$75/day, days 1-5. \$0/day, days 6-90. 190-day psychiatric hospital lifetime limit.	\$750 copay/out of pocket limit. \$0/day, days 1-60. 190-day psychiatric hospital lifetime limit.	\$1,024 copay for each Medicare-covered stay. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$10 per session	\$10 per session	\$25 per session	\$20 per session
Outpatient Services/Surgery	\$70 each visit	\$70 each visit	\$0 -\$100 each visit depending on facility	\$20-\$100 each visit depending on facility
Ambulance	\$75 each service	\$75 each service	\$100 each service	\$100 each service
Emergency Room Visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted
Outpatient Rehabilitation Services	\$10 each visit	\$10 each visit	\$10 each visit	\$20 each visit
Durable Medical Equipment	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 each lab service, \$10 radiation therapy, \$0 each X-ray, \$125 diagnostic radiology services.	\$0 each lab service, \$10 radiation therapy, \$0 each X-ray, \$140 diagnostic radiology services.	\$0 each X-ray, \$0-\$100 each lab tests, 20% for radiation.	\$0 each lab service, \$30-\$100 each diagnostic exam, X-ray or radiology service. 20% for therapeutic radiology.
Chiropractic Services	\$10 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	\$25 copay for each Medicare covered visit.	\$20 copay for each Medicare covered visit.
Dental Services	Preventative Plan: \$5 monthly premium Advantage Dental Plan: \$10 monthly premium	Preventative Plan: \$5 monthly premium Advantage Dental Plan: \$10 monthly premium	Preventative benefits. \$0 copay for exams and x-rays. \$20 copay for 2 cleanings per year.	Preventative benefits. \$0-\$30 copay for exams and x-rays. \$30-\$40 copay for 2 cleanings per year.
Hearing Services	No copay for Hearing aids. \$10 for diagnostic exam. \$0 for routine hearing test, \$500 limit for routine hearing aids every 3 years.	No copay for Hearing aids. \$10 for diagnostic exam. \$0 for routine hearing test, \$500 limit for routine hearing aids every 3 years.	\$0-\$10 copay for diagnostic hearing exams	You pay 100% for hearing aids. \$20 for each hearing exam. 1 routine hearing test allowed per year.

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Plan Name	Golden Medicare Premier Plan	Golden Medicare Select Plan	Arta Gold	Senior Secure Plan 1
Vision Services	\$0 for 1 annual routine eye exam. \$10 copay for diagnostic exam. \$0 for 1 pair eyeglasses after cataract surgery. \$200 limit for eye wear every 2 years.	\$0 for 1 annual routine eye exam. \$10 copay for diagnostic exam. \$0 for 1 pair eyeglasses after cataract surgery.	\$25 for 1 annual routine eye exam. \$0-\$10 copay for diagnostic exam. \$0 for 1 pair eye wear every 2 years.	\$0 for eye wear after cataract surgery up to 1 pair (\$100 limit) every 2 yrs. \$20 for diagnostic exams. \$20 for routine exam up to 1 per year.
Miscellaneous	Health Club Membership, Nutritional Training	Health Club Membership, Nutritional training	Written health/wellness materials, Nutritional training	Health Club Membership and Nursing Hotline.
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Blue Shield	Blue Shield	CareMore Health Plan	CareMore Health Plan
Plan Name	65 Plus Plan	65 Plus Choice Plan (Some Zip Codes)	CareMore Value Plus	StartSmart Plan
Telephone Numbers Website	New enrollment: 1-800-488-8000 Current Members: 1-800-776-4466 blueshieldca.com	New enrollment: 1-800-488-8000 Current Members: 1-800-776-4466 blueshieldca.com	New enrollment: 1-866-622-2820 Current Members: 1-800-822-6991 caremorehealthplan.com	New enrollment: 1-866-622-2820 Current Members: 1-800-822-8720 caremorehealthplan.com
Plan Type	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium Plan will reduce the \$96.40 Part B Premium by \$75 per month.
Doctor Visit	\$0 each visit	\$0 each visit	\$0 copay	\$5 copay
Specialist Visit	\$10 each visit	\$0 each visit	\$0 copay	\$20 copay
Physician Network	8501-9000 physicians and providers in plan network	251-500 physicians and providers in plan network	1001-1500 physicians and providers in plan network	1001-1500 physicians and providers in plan network
In-patient Hospitalization	\$0 copay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.	\$100/day, days 1-4. \$0/day, days 5-90. \$0 copay for additional days. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-20. \$85/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$40/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-31. \$25/day, days 32-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$50/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.
In-patient Mental Health	\$0 copay. \$900 out-of-pocket limit per stay. 190-day psychiatric hospital lifetime limit.	No copay. 190-day psychiatric hospital lifetime limit.	\$50/day, days 1-3. \$0/day, days 4-90. 190-day psychiatric hospital lifetime limit.	\$100/day, days 1-4. \$0/day, days 5-90. \$0 copay for additional days. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$30 per session	\$30 per session	\$0 per session	\$20 per session
Outpatient Services/Surgery	\$0 each visit	\$0 each visit	\$0 each visit	\$75 each visit
Ambulance	\$100 each service	\$60 each service	\$50 each service	\$50 each service, waived if admitted.
Emergency Room Visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each service, waived if admitted.
Outpatient Rehabilitation Services	\$10 each visit	\$0 each visit	\$0 each visit	\$20 each visit
Durable Medical Equipment	20% of the cost of each Medicare-covered item.	0% to 20% of the cost of each Medicare-covered item.	0% to 20% of the cost of each Medicare-covered item.	0% to 20% of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	0-20% of the cost of each lab service.	0-20% of the cost of each lab service.	\$0 copay	\$0 copay for lab services and diagnostic tests. \$0 copay for X rays. \$10 copay for diagnostic or therapeutic radiology.
Chiropractic Services	\$10 copay for each Medicare covered visit.	\$0 copay for Medicare covered visit.	No copay for each Medicare covered visit.	\$20 copay for Medicare covered visit.
Dental Services	Preventative benefits not covered. \$10 copay for Medicare covered benefits.	\$5-\$15 copays for exams. \$0-\$10 copay for x-ray. \$20 copay for 2 cleaning per year. \$5 copay for up to 2 fluoride treatments per yr.	\$5-\$15 for oral exam. \$35 copay for 2 cleanings per yr. \$5 copay for 2 fluoride treatments per yr. \$0-\$10 for 1 X-ray every 3 yrs	\$0 for Medicare covered benefits. \$5-\$15 for oral exams. \$35 for up to 2 cleanings per yr. \$5 for up to 2 fluoride treatments per yr. \$0-\$10 for 1 X-ray every 3 yrs.
Hearing Services	You pay 100% of hearing aids. \$0 copay for hearing exams.	You pay 100% of hearing aids. \$0 copay for hearing exams.	No copayment for Hearing aids. \$250 for hearing aids every 2 years. \$0 for 1 hearing exam per year.	You pay 100% of the cost of hearing aids. \$0 copy for Medicare covered diagnostic exams. Up to 1 routine hearing test every year.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Plan Name	65 Plus Plan	65 Plus Choice Plan (Some Zip Codes)	CareMore Value Plus	StartSmart Plan
Vision Services	\$10 copay for eye exam. \$20 for lenses. \$20 for frames for 1 pair of eyeglasses up to \$75 every two years. No cost if after cataract surgery.	\$0 for diagnostic exam. \$10 for routine exam. \$15 for lenses. \$0 for frames for 1 pair of eyeglasses, \$90 limit every 2 yrs. No cost if after cataract surgery.	\$0 for one exam per year. \$0 copay for eye wear after cataract surgery. \$25 copay for glasses. Covered up to \$100 for eye wear every 2 years.	\$0 copay for diagnosis and treatment, 1 routine exam per year, 1 pair of eye wear (after cataract surgery), 1 pair of contacts and/or lenses per year. \$25 for 1 pair of glasses and/or frames every 2 yrs (\$100 limit every 2 yrs).
Miscellaneous	Health Club Membership and Nursing Hotline.	Transportation- Limited to 5 one-way trips and Health Club Membership	Transportation - \$0 copay up to 50 one-way trips.	Written health materials and Nutritional Training
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Care1st	Citizens Choice	Easy Choice	Easy Choice
Plan Name	Care1st Medicare Advantage Value Plan	Citizens Choice Health plan	Best Plan	Plus Plan
Telephone Numbers Website	New enrollment: 1-800-847-1222 Current Members: 1-800-544-0088 care1st.com	New enrollment: 1-866-646-2247 Current Members: 1-866-634-2247 citizenschoicehealth.com	New enrollment: 1-866-999-3945 Current Members: 1-866-999-3945 easychoicehealthplan.com	New enrollment: 1-866-999-3945 Current Members: 1-866-999-3945 easychoicehealthplan.com
Plan Type	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium Plan will reduce the \$96.40 Part B Premium by \$45 per month.	\$0 Monthly Premium Plan will reduce the \$96.40 Part B Premium by \$20 per month.	\$0 Monthly Premium	\$24.80 Monthly Premium
Doctor Visit	\$0 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Specialist Visit	\$5 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Physician Network	2001-2500 physicians and providers in plan network	2001-2500 physicians and providers in plan network	4501-5000 physicians and providers in plan network	501-1000 physicians and providers in plan network
In-patient Hospitalization	\$0 copay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-20. \$50/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0 copay. No prior hospital stay required. 100 days covered each benefit period.	\$0 copay. 3-day prior hospital stay is required. 100 days covered each benefit period.	\$0 copay. 3-day prior hospital stay is required. 100 days covered each benefit period.
In-patient Mental Health	\$400 out of pocket limit per benefit period. \$50/day, days 1-8. \$0/day, days 9-90. 190-day psychiatric hospital lifetime limit.	\$200 copay for each hospital stay. 60 lifetime reserve days, \$200 per day. 190-day psychiatric hospital lifetime limit.	\$0 copay. 190-day psychiatric Hospital lifetime limit.	\$0 copay. 190-day psychiatric Hospital lifetime limit.
Outpatient Mental Health	\$10 per session	\$30 per session	Individual therapy: \$10 - \$25 per visit. Group therapy: \$5-\$20.	\$0 per session
Outpatient Services/Surgery	\$20-\$50 each visit	\$0 each visit	\$0-\$50 each visit depending on facility.	\$0 each visit
Ambulance	\$50 each service	\$50 each service, waived if admitted	\$50 each service	\$0 each service
Emergency Room Visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$0 each visit
Outpatient Rehabilitation Services	\$10 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Durable Medical Equipment	0% to 20% of the cost of each Medicare-covered item.	0% to 20% of the cost of each Medicare-covered item.	\$20 copay for Medicare-covered item.	\$0 copay for Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 copay	\$0 copay	\$0 copay for Medicare-covered lab services, diagnostic procedures and tests. \$5 for X-ray. \$5-\$50 for diagnostic radiology. \$50 therapeutic radiology.	\$0 copay
Chiropractic Services	\$5 copay for each Medicare covered visit.	No copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	No copay for each Medicare covered visit.
Dental Services	\$0 copay for preventative services. \$0-\$475 for Medicare covered benefits.	\$0 copay for up to 2 exams and fluoride treatments per year. \$0 copay for up to 2 cleanings per year. \$0 copay for 1 x-ray per year.	\$2-\$1,110 copay for Medicare covered dental benefits. \$15-\$30 copay for up to 1 oral exam per yr. \$2-\$15 copay for up to 1 X-ray per yr.	\$2-\$1,110 copay for Medicare covered dental benefits. \$15-\$30 copay for up to 1 oral exam per yr. \$2-\$15 copay for up to 1 X-ray per yr.
Hearing Services	No copay for up to 2 hearing aids every 2 years \$2000 limit per year. \$10 copay for each diagnostic exam. \$10 copay up to 1 routine test per year.	\$0 copay for diagnostic exams. \$0 copay for hearing aids. \$500 limit for hearing aids.	\$50 copay for up to 1 hearing every 2 yrs -\$500 limit. \$10 copays for diagnostic or routine hearing tests. \$10 copay for up to 1 hearing aid fitting every 2 yrs.	\$50 copay for up to 1 hearing every 2 yrs -\$1000 limit. \$10 copays for diagnostic or routine hearing tests. \$10 copay for up to 1 hearing aid fitting every 2 yrs.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Plan Name	Care1st Medicare Advantage Value Plan	Citizens Choice Health plan	Best Plan	Plus Plan
Vision Services	\$0-\$5 copay per exam. \$0 copay for eyewear after cataract surgery. \$150 limit for eyewear every 2 years.	\$0 copay per exam and for eyewear if after cataract surgery. Up to 1 pair of glasses or contacts every 2 years. \$250 limit for eye exams per year.	\$10 copays for diagnostic exams and up to 1 routine exam every 2 yrs. \$10 copay for eye wear after cataract surgery. \$25 copay for 1 pair of glasses every 2 yrs - \$150 limit.	\$10 copays for diagnostic exams and up to 1 routine exam every 2 yrs. \$10 copay for eye wear after cataract surgery. \$25 copay for 1 pair of glasses every 2 yrs - \$150 limit.
Miscellaneous	Transportation - \$0 copay for each roundtrip. Health Club membership.	Transportation - \$0 copay for up to 24 round trips.	Nutritional Training and Health Club Membership.	Nutritional Training and Health Club Membership.
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Health Net	Health Net	Health Net	Kaiser
Plan Name	Health Net Healthy Heart I	Seniority Plus Green Plan	Seniority Plus Ruby Plan	Senior Advantage
Telephone Numbers Website	New enrollment: 1-800-935-6565 Current Members: 1-800-275-4737 healthnet.com	New enrollment: 1-800-935-6565 Current Members: 1-800-275-4737 healthnet.com	New enrollment: 1-800-935-6565 Current Members: 1-800-275-4737 healthnet.com	New enrollment: 1-800-777-1238 Current Members: 1-800-443-0815 kp.org
Plan Type	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA ONLY (HMO) Medicare Advantage Plan only. Plan does NOT have Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium (There is a \$3350 maximum out-of-pocket limit every year for some plan services.)
Doctor Visit	\$0-\$10 each visit	\$7 each visit	\$8 each visit	\$5 each visit
Specialist Visit	\$0 each visit	\$10 each visit	\$11 each visit	\$5 each visit
Physician Network	4001-4500 physicians and providers in plan network	13,001-14,000 physicians and providers in plan network	13,001-14,000 physicians and providers in plan network	3501-4000 physicians and providers in plan network
In-patient Hospitalization	\$0 copay. Unlimited days each benefit period.	\$100/day, days 1-4. \$0/day, days 5-90. Unlimited days each benefit period.	\$100/day, days 1-4. \$0/day, days 5-90. Unlimited days each benefit period.	\$125/day, days 1-10. \$0/day, days 11-90. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-20. \$75/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$75/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$75/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$100/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.
In-patient Mental Health	\$900 copay for each covered hospital stay. 190-day psychiatric hospital lifetime limit.	\$900 each hospital stay. 190-day psychiatric hospital lifetime limit.	\$900 each hospital stay. 190-day psychiatric hospital lifetime limit.	\$125/day, day 1-10. \$0/day, days 11-90. Contact plan about benefits beyond 190 days.
Outpatient Mental Health	\$25 per session	\$25 per session	\$25 per session	\$5 per private session \$2 per group session
Outpatient Services/Surgery	\$0 each visit	\$100 each visit	\$100 each visit	\$0 - \$50 each visit depending on facility
Ambulance	\$125 each service	\$125 each service	\$125 each service	\$300 each service
Emergency Room Visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted
Outpatient Rehabilitation Services	\$0 each visit	\$0 each visit	\$0 each visit	\$5 each visit
Durable Medical Equipment	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 copay for lab services. \$0-\$250 copay for diagnostic or therapeutic radiology services.	\$0-\$250 for each lab service or radiation therapy.	\$0-\$250 for each lab service or radiation therapy.	\$15 each lab service. \$15-\$50 each X-ray. \$50 copay for diagnostic radiology. \$0 copay for radiation therapy.
Chiropractic Services	No copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	\$5 copay for each Medicare covered visit.
Dental Services	Preventative services not covered. \$0 copay for Medicare-covered dental benefits.	\$0 copay for dental preventative services. \$500 annual limit for preventative dental services.	\$0 for Medicare-covered services.	Preventative services not covered. \$5-\$125 copay for Medicare-covered services.
Hearing Services	You pay 100% of the cost of hearing aids. \$25 copay for diagnostic or routine hearing exams. Up to 1 routine hearing test per year.	You pay 100% for hearing aids. \$10 for diagnostic exam. \$10 for routine exam up to 1 test per year.	You pay 100% for hearing aids. \$10 for diagnostic exam. \$10 for routine exam up to 1 test per year.	\$5 for diagnostic exam. No other coverage

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Plan Name	Health Net Healthy Heart I	Seniority Plus Green Plan	Seniority Plus Ruby Plan	Senior Advantage
Vision Services	\$25 copay for 1 routine eye exam per year. No copay for eyewear after cataract surgery. \$25 copay for diagnostic or treatment of condition.	\$0 for one pair of eyewear after each cataract surgery. Limit 1 pair of eyewear every 2 years. \$10 for diagnostic exam. \$10 for routine exam.	No copay for one pair of eyeglasses after cataract surgery. \$10 for diagnostic exam. \$10 for routine exam up to 1 test per year.	\$0 for one pair of eyewear after each cataract surgery. \$5 for diagnostic/routine exam. \$125 limit for eyewear every 2 years.
Miscellaneous	Nursing Hotline, Health Club Membership, and Nutritional Training.	Written wellness materials. \$10 for acupuncture. Health Club membership	\$15 or \$18 monthly for dental, vision, chiropractic, and acupuncture benefits	\$20 monthly premium for enhanced dental, vision, hearing benefits.
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	No Prescription Drug benefit with this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	MD Care Inc	MD Care Inc	SCAN	SCAN
Plan Name	Advantage I Plan	Advantage Select Plan	Scan Health Plan(014)	Scan Health Plan(007)
Telephone Numbers Website	New enrollment: 1-888-327-2730 Current Members: 1-800-327-2730 mdcareadvantage.com	New enrollment: 1-888-327-2730 Current Members: 1-800-327-2730 mdcareadvantage.com	New enrollment: 1-800-915-7226 Current Members: 1-800-559-3500 scanhealthplan.com	New enrollment: 1-800-915-7226 Current Members: 1-800-559-3500 scanhealthplan.com
Plan Type	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium Plan will reduce the \$96.40 Part B Premium by \$15 per month.	\$0 Monthly Premium	\$0 Monthly Premium
Doctor Visit	\$0	\$0	\$0	\$5 each visit
Specialist Visit	\$0	\$0	\$0	\$10 each visit
Physician Network	3001-3500 physicians and providers in plan network	3000-3500 physicians and providers in plan network	2501-3000 physicians and providers in plan network	2501-3000 physicians and providers in plan network
In-patient Hospitalization	\$0 copay. Unlimited days each benefit period	\$0 copay. Unlimited days each benefit period	\$0 copay. Unlimited days each benefit period	\$50/day, days 1-10. \$0/day, days 11-90. \$500 out of pocket limit per stay. Unlimited days each benefit period.
Skilled Nursing Facility	\$0 copay. No prior hospital stay required. 100 days covered each benefit period.	\$0 copay. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$50/day days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$20/day days 21-100. No prior hospital stay required. 100 days covered each benefit period.
In-patient Mental Health	\$250 copay each Medicare-covered stay. 190-day psychiatric hospital lifetime limit.	\$0 copay. 190-day psychiatric hospital lifetime limit.	\$50/day, days 1-10. \$0/day, days 11-90. \$500 out of pocket limit per stay. 190-day psychiatric hospital lifetime limit.	\$50/day, days 1-10. \$0/day, days 11-90. \$500 out of pocket limit per stay. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$0 per session	\$0 per session	\$20 per session	\$10 per session
Outpatient Services/Surgery	\$0 each visit	\$0 each visit	\$50 each visit	\$50 each visit
Ambulance	\$50 each service, waived if admitted	\$0 each service	\$100 each service	\$50 each service
Emergency Room Visit	\$50 each visit, waived if admitted	\$0 each visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted
Outpatient Rehabilitation Services	\$0 each visit	\$0 each visit	\$10 each visit	\$10 each visit
Durable Medical Equipment	0-20%of the cost of each Medicare-covered item.	0% of the cost of each Medicare-covered item.	20%of the cost of each Medicare-covered item.	0-10%of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 copay for X-rays. \$0 copay each lab service.	\$0 copay for lab service, diagnostic tests, X-rays, diagnostic radiology and therapeutic radiology.	\$0 copay for X-rays. \$0 copay each lab service. 10% of diagnostic radiology. 20% of radiation therapy.	\$0 copay for X-rays. \$0 copay each lab service. 10% of diagnostic radiology. 20% of radiation therapy.
Chiropractic Services	\$10 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.
Dental Services	\$0 for Medicare-covered benefits. \$15 for 1 oral exam every 6 mo., \$20 for one cleaning. \$5 for 1 X-ray every 2 yrs.	\$0 copay for up to 1 oral exam and cleaning every 6 months. \$0 copay for 1 X-ray every 2 yrs.	Preventative benefits not covered. \$10 copay for Medicare-covered visit.	Preventative benefits not covered. \$10 copay for Medicare-covered visit.
Hearing Services	You pay 100% for hearing aids. \$0 for diagnostic exam.	You pay 100% for hearing aids. \$0 for diagnostic or routine exam.	You pay 100% for hearing aids. \$10 for diagnostic exam.	\$0 copay for up to 2 hearing aids every 3 yrs. \$400 limit every 3 yrs. \$10 copay for diagnostic exam. \$0-\$10 for 1 routine exam per year.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Plan Name	Advantage I Plan	Advantage Select Plan	Scan Health Plan(014)	Scan Health Plan(007)
Vision Services	\$0 for diagnostic exam. Up to \$160 for eye wear every 2 years. \$0 copay for eye wear after cataract surgery.	\$0 for diagnostic exam. Up to \$200 for eyewear every 2 years. \$0 copay for eye wear after cataract surgery.	\$10 for diagnostic exam. Up to \$100 for eyewear every 2 years with \$25 copay. \$10 copay for eyewear after cataract surgery.	\$10 for diagnostic exam. Up to \$100 for eyewear every 2 years with \$25 copay. \$10 copay for eyewear after cataract surgery.
Miscellaneous	\$0 copay for each round trip to plan-approved location.	\$0 copay for each round trip to plan-approved location.	Health Club membership	Transportation - limited to 12 one-way trips. \$0 copay.
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	No Prescription Drug benefit with this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Secure Horizons/AARP	Secure Horizons/AARP	Secure Horizons/AARP	Secure Horizons/AARP
Plan Name	Medicare Complete Plan 1	Medicare Complete Plan 2	Medicare Complete Premier Plan	Medicare Complete Value Plan
Telephone Numbers Website	New enrollment: 1-800-547-5514 Current Members: 1-800-950-9355 aarpmedicarecomplete.com	New enrollment: 1-800-547-5514 Current Members: 1-800-950-9355 aarpmedicarecomplete.com	New enrollment: 1-800-547-5514 Current Members: 1-800-950-9355 aarpmedicarecomplete.com	New enrollment: 1-800-547-5514 Current Members: 1-800-950-9355 aarpmedicarecomplete.com
Plan Type	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.	MA-PD (HMO) Medicare Advantage Plan with Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium	\$0 Monthly Premium
Doctor Visit	\$10 each visit	\$0 copay each visit	\$5 each visit	\$0-\$30 each visit
Specialist Visit	\$10 each visit	\$0 each visit	\$10 each visit	\$5 each visit
Physician Network	6501-7000 physicians and providers in plan network	2001-2500 physicians and providers in plan network	1501-2000 physicians and providers in plan network	below 250 physicians and providers in plan network
In-patient Hospitalization	\$150/day, days 1-5. \$0/day, days 6-90. Unlimited days each benefit period.	\$50 copay for each Medicare-covered hospital stay. \$0 copay for additional days. Unlimited days each benefit period.	\$150/day, days 1-5. \$0/day, days 6-90. Unlimited days each benefit period.	\$200 for each covered stay at a network hospital. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-10. \$110/day, days 11-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$120/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-10. \$100/day, days 11-100. No prior hospital stay required. 100 days covered each benefit period.	\$0/day, days 1-20. \$120/day, days 21-100. No prior hospital stay required. 100 days covered each benefit period.
In-patient Mental Health	\$912 per stay. 190-day psychiatric hospital lifetime limit.	\$912 per stay. 190-day psychiatric hospital lifetime limit.	\$912 per stay. 190-day psychiatric hospital lifetime limit.	\$912 per stay. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$30 per session	\$30 per session	\$30 per session	\$30 per session
Outpatient Services/Surgery	\$100 each visit	\$50 each visit	\$100 each visit	\$100 each visit
Ambulance	\$100 each service	\$75 each service	\$200 each service	\$75 each service
Emergency Room Visit	\$50 each visit	\$50 each visit	\$50 each visit	\$50 each visit
Outpatient Rehabilitation Services	\$0-\$30 each visit	\$0-\$30 each visit	\$10-\$20 each visit	\$0-\$30 each visit
Durable Medical Equipment	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.	20% of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0-\$7 each lab test. \$0 copay for Medicare-covered X-rays. 20% of cost of therapeutic or diagnostic radiation.	\$0-\$7 each lab test. \$0 copay for Medicare-covered X-rays. 20% of therapeutic or diagnostic radiology.	\$7 each lab test. \$0-\$7 each diagnostic/test. 20% of cost for therapeutic or diagnostic radiation. \$0 copay for X-ray.	\$0-\$7 each lab test. \$0 copay for X-rays. 20% of cost of radiation therapy. 20% of cost of diagnostic radiology
Chiropractic Services	\$30 copay for each Medicare covered visit.	No copay for each Medicare covered visit. \$10 copay for up to 12 routine visit.	\$10 copay for each Medicare covered visit.	\$5 copay for each Medicare covered visit.
Dental Services	\$30 copay for Medicare-covered services. 3 Dental Plans available. Additional monthly premium may apply	\$0 copay for Medicare-covered services. 3 Dental Plans available. Additional monthly premium may apply	3 Supplemental Dental Plans available. Additional monthly premium may apply.	4 Dental Plans available. Additional monthly premium may apply
Hearing Services	You pay 100% of hearing aids. \$30 for diagnostic exam. No other coverage	You pay 100% of the cost of hearing aids. \$0 copay for diagnostic hearing exams.	You pay 100% for hearing aids. \$10 for diagnostic exam. No other coverage	\$5 for diagnostic exam. No other coverage

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Plan Name	Medicare Complete Plan 1	Medicare Complete Plan 2	Medicare Complete Premier Plan	Medicare Complete Value Plan
Vision Services	\$0 for eye wear after cataract surgery. \$10-\$30 for diagnostic exams. \$30 for routine exam. \$30 for eye wear every 2 years. \$70 limit.	\$0 for eye wear after cataract surgery. \$0 for diagnostic exams. \$30 copay for up to 1 routine eye exam every 2 years. \$30 copay for eye wear up \$70 every 2 years.	\$0 for eye wear after cataract surgery. \$5-\$10 for diagnostic exam or treatment. \$30 routine eye exam. \$30 for glasses or contacts. \$70 limit for eye wear every two years.	\$0 for eyeglass after each cataract surgery. \$0-\$5 for diagnostic exam. \$30 for routine eye exam. \$30 for glasses up to \$70 limit every two years.
Miscellaneous	3 optional supplemental plans ranging from \$5-\$39 monthly for enhanced dental, vision, hearing, chiropractic benefits.	\$0 copay for up to 24 one-way trips to approved locations per year. Health Club membership.	3 optional supplemental plans ranging from \$6-\$39 monthly for enhanced dental, vision, hearing, chiropractic benefits.	4 optional supplemental plans ranging from \$5-\$39 monthly for enhanced dental, vision, hearing, chiropractic benefits.
Prescription Drugs	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**Orange County Medicare Advantage (HMO, PPO)
Comparison Chart**

Company	Secure Horizons/AARP
Plan Name	Medicare Complete Essential Plan
Telephone Numbers Website	New enrollment: 1-800-547-5514 Current Members: 1-800-950-9355 aarpmedicarecomplete.com
Plan Type	MA ONLY (HMO) Medicare Advantage Plan only. Plan does NOT have Prescription Drug Benefit. Must utilize plan physicians, providers and hospitals.
Monthly Premium	\$0 Monthly Premium
Doctor Visit	\$0-\$30 each visit
Specialist Visit	\$0 each visit
Physician Network	2501-3000 physicians and providers in plan network
In-patient Hospitalization	No copay. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-10. \$100/day, days 11-100. No prior hospital stay required. 100 days covered each benefit period.
In-patient Mental Health	\$912 per stay. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$30 per session
Outpatient Services/Surgery	\$0 each visit
Ambulance	\$100 each service
Emergency Room Visit	\$50 each visit
Outpatient Rehabilitation Services	\$0-\$30 each visit
Durable Medical Equipment	20% of the cost of each Medicare-covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 each lab test. 20% of cost radiation therapy. \$0 each X-ray. 20% of cost of diagnostic radiology
Chiropractic Services	\$30 copay for each <i>Medicare covered</i> visit. \$10 copay for up to 12 routine visits per year.
Dental Services	\$30 copay for Medicare-covered dental benefit. \$20 copay for up to 2 exams per year.
Hearing Services	\$0 copay for 1 hearing aid up \$800 limit every 3 years. \$0-\$30 for diagnostic exam. \$0 copay for 1 routine exam per year.

Company	Anthem Blue Cross
Plan Name	Freedom Blue Plan 1
Telephone Numbers Website	New enrollment: 1-888-211-9813 Current members: 1-888-811-3107 anthem.com/ca
Plan Type	PPO-PD* Preferred Provider Plan with Prescription Drug Benefit. May choose any provider. Plan Network providers at lower cost.
Monthly Premium	\$0 total Monthly Premium, \$1050 yearly deductible. (\$4000 annual out-of-pocket maximum on all Medicare covered services)
Doctor Visit	Network: \$10 Out: \$25
Specialist Visit	Network: \$20 Out: \$35
Physician Network	3501-4000 physicians and providers in plan network
In-patient Hospitalization	In Network: 10% of cost. Out of Network: 10% of cost. Unlimited days each benefit period.
Skilled Nursing Facility	In Network:\$0/day, days 1-10. 10%/day, days 11-100. Out of Network:20% of cost. No prior hospital required. 100 days each benefit period
In-patient Mental Health	In Network: 10% of cost. Out of Network: 10% of cost. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	Network: 10% Out: 20%
Outpatient Services/Surgery	Network: \$100 or 10% each visit, depends on facility. Out: 10%-20% each visit, depends on facility.
Ambulance	Network: \$100 Out: \$100
Emergency Room Visit	\$50 each visit, waived if admitted.
Outpatient Rehabilitation Services	Network: 10% Out: 20%
Durable Medical Equipment	Network: 20% for each Medicare-covered item. Out: 30%
Diagnostic Tests, X-Rays, and Lab Services	Network: \$0 for lab services, \$100 for diagnostic & each X-ray. Out: 20% of each diagnostic & lab service, \$150 for each X-ray
Chiropractic Services	Network: 10% Out: 20%
Dental Services	Preventative benefits not covered. Network: \$0 copay for Medicare-covered services. Out 20% of cost for comprehensive benefits.
Hearing Services	\$0 copay for Hearing aids. \$0 for routine hearing exam. \$20 for diagnostic exam. Covered up to \$100 for hearing aids every 2 yrs. Out: 20% of cost.

†Health Maintenance Organization (HMO) - A type of Medicare Health Plan that is available in most areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency.

Orange County Medicare Advantage (HMO, PPO) Comparison Chart

Plan Name	Medicare Complete Essential Plan
Vision Services	\$0 for eyeglass after each cataract surgery. \$0-\$30 for diagnostic exam. \$0 for routine eye exam. \$0 for glasses up to \$130 limit every two years.
Miscellaneous	\$10 copay for Acupuncture services up to 12 visits per year.
Prescription Drugs	No Prescription Drug benefit with this plan.

Freedom Blue Plan 1
Network: \$0 for one pair of eyeglasses after cataract surgery. \$20 for exam. \$100 limit for eye wear every 2 yrs. Out of Network: 15%
Written Health/wellness materials, Health Club Membership
See separate Information Chart detailing Prescription Drug benefits for this plan.

*** Preferred Provider Organization (PPO)** - A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.