

This comparison chart is provided as a convenience only. The Health Insurance Counseling and Advocacy Program (HICAP) does not endorse any specific health insurance or other related profit making enterprise. This list has been compiled from the current information available to HICAP. Please, contact the plan’s toll-free number regarding specific questions.



HICAP counseling services are provided by trained counselors, registered by the California Department of Aging who are acting in good faith to provide information about health insurance policies and benefits to you, the client. This information shall not be constructed to be legal advice, and the volunteer HICAP counselor is generally not liable for acts and omissions in providing counseling to recipients of this service. (W& I Code, Section 9541 (f).) If you choose a plan and have difficulty in completing the necessary forms or process for enrollment, the HICAP counselor will assist you. However, you will be responsible for the actual plan contract. The HICAP counselor will NOT choose a plan for you.

**HICAP**  
Bakersfield Office  
5357 Truxtun Avenue  
Bakersfield, CA 93309  
(661) 868-1000  
HICAP TOLL FREE  
1-800-434-0222  
FAX (661) 868-0922  
Open : Monday – Friday  
8:00 a.m. to 5:00 p.m.  
**Medicare counseling by phone or appointment**





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Medicare Advantage Plans  
2020 Comparison Chart  
**SNP/PPO/DUAL**

**Kern County  
Aging & Adult Services**

**Health Insurance Counseling  
& Advocacy Program  
(HICAP)  
(661) 868-1000  
Toll Free 1-800-434-0222  
[www.co.kern.ca.us/aas/](http://www.co.kern.ca.us/aas/)**

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
2020 SPECIAL NEEDS/PPO/DUAL

| PLAN NAME                            | ORIGINAL<br>MEDICARE               | HEALTH NET<br>JADE<br>*Diabetes/<br>Cadiovascular<br>H0562-092 | BRAND NEW<br>DAY EMBRACE<br>CARE PLAN<br>*Diabetes/Cardio-<br>vascular<br>H0838-039-1 | IMPERIAL<br>SENIOR VALUE<br>*Diabetes/Cardio-<br>vascular<br>H5496-005 | BRAND NEW<br>DAY BRIDGES<br>CARE PLAN<br>*Dementia<br>H0838-028 | ANTHEM<br>MEDIBLUE ESRD<br>PPO<br>*End Stage Renal<br>Disease<br>H8552-028 | AETNA MEDICARE<br>CHOICE PLAN PPO<br>H5521-205                                                  | DUAL ELIGIBLE PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHONE NO.                            | 1-800-633-4227                     | 1-800-977-6738                                                 | 1-866-255-4795                                                                        | 1-800-838-5914                                                         | 1-866-255-4795                                                  | 1-844-788-9044                                                             | 1-833-859-6031                                                                                  | Anthem MediBlue Dual Advantage<br>*H0544-053<br>Anthem MediBlue Dual Plus<br>*H0544-088<br>Brand New Day Dual Access Plan<br>*H0838-024<br>Health Net Seniority Plus Amber I<br>*H0562-55<br>HealthNet Seniority Plus Amber II<br>*H0562-121<br>Humana Gold Plus SNP-DE<br>*H5619-038<br>Kaiser Senior Advantage Medicare Medi-Cal Plan South<br>*H0524-029                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Premium                              | \$144.60                           | \$0                                                            | \$0                                                                                   | \$0                                                                    | \$0                                                             | \$16.40<br>(\$130 Part D deductible)                                       | \$98<br>(\$750 plan deductible)                                                                 | NON DUAL ELIGIBLE PLANS<br>(Premiums, Part D Deductibles, and 80% cost sharing may<br>apply)<br><br>Brand New Day Bridges Choice Plan *H0838-029 (Dementia)<br>Brand New Day Embrace Choice Plan *H0838-040-1<br>(Diabetes/Cardiovascular)<br>Brand New Day Harmony Care Plan *H0838-032 (Mental Health<br>Conditions)<br>Brand New Day Harmony Choice Plan *H0838-020 (Mental<br>Health Conditions)<br>Brand New Day Select Care Plan (Institutional) *H0838-041<br>Brand New Day Classic Care II *H0838-037<br>Brand New Day Classic Choice Plan *H0838-033<br>Health Net Seniority Plus Sapphire Premier *H3561-002<br>Health Net Seniority Plus Sapphire Premier II *H3561-005<br>Health Net Seniority Plus Sapphire *H0562-122<br>Imperial Traditional Plus *H5496-009<br>United Healthcare Medicare Advantage Assure *H0543-173 |
| Max out of pocket                    | Unlimited                          | \$1,500                                                        | \$999                                                                                 | \$4,000                                                                | \$999                                                           | \$6,700 IN <sup>1</sup><br>\$10,000 OON <sup>2</sup>                       | \$6,700 IN <sup>1</sup><br>\$10,000 OON <sup>2</sup>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Physician Co-Pay                     | 20% *                              | \$0 PCP<br>\$0 Specialist                                      | \$0 PCP<br>\$0 Specialist                                                             | \$0 PCP<br>\$0 Specialist                                              | \$0 PCP<br>\$0 Specialist                                       | \$0 Primary<br>\$0-20% Specialist                                          | Primary \$10 <sup>1</sup> , 40% <sup>2</sup><br>Specialist \$40 <sup>1</sup> , 40% <sup>2</sup> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Hospital Co-Pay                      | \$1,408 **                         | \$0                                                            | \$0                                                                                   | \$100 Days 1-5                                                         | \$0                                                             | \$1408 Deductible<br>Days 1-60<br>\$352/Days 61-90                         | \$225 Days 1-4 <sup>1</sup> , 40% <sup>2</sup>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Emergency Room<br>Urgent Care Co-Pay | 20% *                              | \$120 E.R.<br>\$0 Urgent Care                                  | \$100 E.R.<br>\$0 Urgent Care                                                         | \$90 E.R.<br>\$0 Urgent Care                                           | \$100 E.R.<br>\$0 Urgent Care                                   | \$90 E.R<br>\$25 Urgent Care                                               | \$90 E.R.<br>\$40 Urgent Care                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Out Patient Surgery                  | 20% *                              | \$0                                                            | \$0-\$100                                                                             | \$0                                                                    | \$0-\$100                                                       | 20%                                                                        | \$225 <sup>1</sup> , 40% <sup>2</sup>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ambulance Co-Pay                     | 20% *                              | \$40                                                           | \$125                                                                                 | \$100                                                                  | \$125                                                           | 20%                                                                        | \$300                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Skilled Nursing<br>Facility          | \$0/Days 1-20<br>\$176/Days 21-100 | \$0/Days 1-31<br>\$25/Days 32-100                              | 0/Days 1-20<br>\$167.50/Days 21-102                                                   | 0/Days 1-20<br>\$164.50/Days 21-100                                    | 0/Days 1-20<br>\$176/Days 21-100                                | \$0/Days 1-20<br>\$176/Days 21-100                                         | \$0/Days 1-20 <sup>1</sup><br>\$178/Days 21-100 <sup>1</sup><br>40% <sup>2</sup>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Durable Medical<br>Equipment         | 20% *                              | 10%                                                            | \$0                                                                                   | 20%                                                                    | \$0-20%                                                         | 20%                                                                        | 20% <sup>1</sup> , 40% <sup>2</sup>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Chemotherapy                         | 20% *                              | 20%                                                            | 20%                                                                                   | \$0                                                                    | 20%                                                             | 20%                                                                        | 20% <sup>1</sup> , 40% <sup>2</sup>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Radiation Therapy                    | 20% *                              | \$60                                                           | 20%                                                                                   | \$0                                                                    | 20%                                                             | 20%                                                                        | 20% <sup>1</sup> , 40% <sup>2</sup>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X-Rays                               | 20%*                               | \$0                                                            | \$0                                                                                   | \$0                                                                    | \$0                                                             | 20%                                                                        | \$40 <sup>1</sup> , 40% <sup>2</sup>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Diagnostic<br>Radiology              | 20% *                              | \$60                                                           | \$0                                                                                   | \$0                                                                    | \$0                                                             | 20%                                                                        | 20% <sup>1</sup> , 40% <sup>2</sup>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Lab Tests                            | \$0 *                              | \$0                                                            | \$0                                                                                   | \$0                                                                    | \$0                                                             | 20%                                                                        | \$40 <sup>1</sup> , 40% <sup>2</sup>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Diabetic Supplies                    | 20% *                              | \$0                                                            | \$0                                                                                   | \$0                                                                    | \$0                                                             | \$0 <sup>1</sup> , 20% <sup>2</sup>                                        | \$0-20%                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Renal Dialysis                       | 20% *                              | 20%                                                            | 20%                                                                                   | 20%                                                                    | 20%                                                             | \$0-20%                                                                    | 20% <sup>1</sup> , 40% <sup>2</sup>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Vision                               | No                                 | Included                                                       | Included                                                                              | Included                                                               | Included                                                        | Included                                                                   | Included                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dental                               | No                                 | Limited                                                        | Limited                                                                               | Limited                                                                | Limited                                                         | Limited                                                                    | Optional                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Prescriptions                        | None                               | Included                                                       | Included                                                                              | Included                                                               | Included                                                        | Included                                                                   | Included                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Initial Coverage                     | None                               | Ends at \$4,020                                                | Ends at \$4,020                                                                       | Ends at \$4,020                                                        | Ends at \$4,020                                                 | Ends at \$4,020                                                            | Ends at \$4,020                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Gap Coverage                         | None                               | Limited                                                        | Limited                                                                               | Limited                                                                | Limited                                                         | Limited                                                                    | Limited                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Catastrophic                         | None                               | Begins at \$6,350                                              | Begins at \$6,350                                                                     | Begins at \$6,350                                                      | Begins at \$6,350                                               | Begins at \$6,350                                                          | Begins at \$6,350                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

\* After deductible of \$198 is met