

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 information was obtained from the Medicare website www.medicare.gov.



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.

The Health Insurance Counseling and Advocacy Program (HICAP) provides free and objective information and counseling about Medicare, application assistance for programs that reduce Medicare costs, such as the Medicare Savings Program and the Extra Help Program and helps beneficiaries with reporting Medicare fraud and abuse.

For more information, help with comparing Part D and Medicare Advantage Prescription Drug plans, or to request a presentation contact your local

Health Insurance Counseling and Advocacy Program (HICAP) Kern County

**5357 Truxtun Ave. Bakersfield, CA 93309
661-868-1000 or Toll Free 1-800-434-0222.**

**In person by appointment only
Open Monday - Friday 8:00 a.m. to 5:00 p.m.**



SHIP

State Health Insurance
Assistance Program

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**KERN
COUNTY**

AGING & ADULT SERVICES

**Medicare Advantage Plans
2026 Comparison Chart**



**Kern County
Aging & Adult Services**

**Health Insurance Counseling
& Advocacy Program
(HICAP)**

**(661) 868-1000
Toll Free 1-800-434-0222**

www.kerncounty.com/aasd

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
2026 MEDICARE ADVANTAGE PLANS (MAPD/HMO)

PIAN NAME	ORIGINAL MEDICARE	AARP MEDICARE ADVANTAGE FROM UHC CA- 0002 H0543-019	AETNA MEDICARE SIGNATURE EXTRA H0523-091	ANTHEM MEDICARE ADVANTAGE H0544-062	BLUE SHIELD 65 PLUS H0504-038	CENTRAL HEALTH CLASSIC CARE PLAN I H5649-027	CHAMPION ALLY H6170-007	HUMANA GOLD PLUS GIVEBACK H5619-150	IMPERIAL DYNAMIC PLAN H5496-012	KAISER SENIOR ADVANTAGE BASIC H0524-036	Additional Plans Available with Premiums and Deductibles
PHONE NO.	1-800-633-4227	1-800-555-5757	1-833-859-6031	1-833-668-2341	1-888-534-4263	1-888-531-8818	1-800-885-8000	1-888-873-0686	1-800-838-5914	1-800-777-1238	
5 Star Rating		4 Stars	3 Stars	3 Stars	4 Stars	3 Stars	Not Enough Data	3 Stars	3 ½ Stars	4 ½ Stars	-Aetna Medicare Prime Value Plus *H4982-022 (\$11.50 Premium & \$615 Part D Deductible) -3 Stars -Aetna Medicare Signature *H0523-022 (\$615 Part D Deductible) 3 Stars -Aetna Medicare Signature *H4982-003 (\$615 Part D Deductible) -3 Stars -Anthem Prime *H4161-005 (\$110 Part D Deductible) 3 Stars -Humana Gold Plus *H5619-116 (\$615 Part D Deductible) 3 Stars -Humana Gold Plus *H5619-148 (\$615 Part D Deductible) 3 Stars -Kaiser Permanente Senior Advantage Enhanced Kern *H0524-035 (\$26 Premium) 4 ½ Stars
Premium	\$202.90	\$0	\$0	\$0	\$0	\$0	\$0	-\$59 Reduction	-\$35 Reduction	-\$6 Reduction	
Max out of Pocket	Unlimited	\$2,000	\$2,000	\$2,800	\$2,300	\$799	\$199	\$5,000	\$296	\$2,000	
Physician Copay	20%*	\$0 PCP/Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$30 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	
Hospital Copay	\$1,736**	\$0	\$250 per day 1-5	\$0	\$200 per day 1-5	\$0	\$0	\$250 per day 1-5	\$0	\$0	
Emergency Room	20%*	\$150	\$150	\$150	\$150	\$100	\$70	\$130	\$125	\$150	
Urgent Care	20%*	\$0-\$65	\$0	\$10	\$0	\$0	\$0	\$50	\$0	\$0	
Outpatient Surgery	20%*	\$0	\$0-150	\$0	\$200	\$0-\$65	\$100	\$0-\$250	\$100	\$0	
Ambulance	20%*	\$290	\$275	\$250	\$325	\$0-\$150	\$0-\$125	\$335	\$150	\$150	
Skilled Nursing Facility	\$0 Days 1-20, \$217 per day 21-100	\$0 Days 1-20, \$100 per day 21-100	\$0 Days 1-20, \$100 per day 21-100	\$0 Days 1-20, \$218 per day 21-100	\$0 Days 1-20, \$125 per day 21-100	\$0 Days 1-20, \$217 per day 21-100	\$0 per day 1-20, \$218 per day 21-100	\$10 per day 1-20, \$218 per day 21-100	\$0 Days 1-20, \$100 per day 21-50, \$200 per day 51-100	\$0 Days 1-20, \$100 per day 21-100	
Durable Medical Equipment	20%*	20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-15%	20%	\$0-20%	
Chemotherapy	20%*	20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-\$47 or \$0-20%	
Radiation Therapy	20%*	20%	\$60	20%	20%	20%	\$0	20%	20%	\$0	
X-Rays	20%*	\$0	\$0	\$0	\$0	\$0	\$0	\$0-\$100	\$0	\$0	
Diagnostic Radiology	20%*	\$0-\$95	\$0-\$60	\$0-\$95	\$70	\$0	\$0	\$0-\$300	\$0	\$0-\$100	
Lab Tests	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0-\$50	\$0	\$0	
Diabetic Supplies	20%*	\$0	\$0-20%	\$0	\$0	\$0	\$0	\$0-10%	\$0	\$0	
Renal Dialysis	20%*	20%	20%	20%	20%	20%	20%	20%	20%	20%	
D Deductible	N/A	\$355	\$615	\$0	\$425	\$99	\$0	\$0	\$0	\$0	
Initial Rx Copays	N/A	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$2,100 annual Rx copays	25% up to \$21000 annual Rx copays	
Catastrophic Rx Coverage	N/A	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	\$0 copays for covered Rx	

* After \$283 Part B Deductible is met

** Per benefit period. Benefit period ends when you haven’t gotten any inpatient hospital care for 60 days in a row.