

his 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 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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**Medicare Advantage
2026 Comparison Chart
For Special Needs and Dual
Plans**



**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 CHRONIC SPECIAL NEEDS & DUAL (MAPD/HMO), AND NO PART D PLANS (MA/HMO)

PLAN NAME	ORIGINAL MEDICARE	ANTHEM KIDNEY CARE PPO *End stage renal *H8552-028	CENTRAL HEALTH EMBRACE CARE PLAN *Diabetes/Chronic Heart Failure/ Cardiovascular Disorders H5649-025	CHAMPION ADVANTAGE *End stage renal H6170-001	CHAMPION CARE *Diabetes/Chronic Heart Failure/ Cardiovascular Disorders H6170-008	IMPERIAL SENIOR VALUE *Diabetes/Chronic Heart Failure/ Cardiovascular Disorders H5496-005	UHC COMPLETE CARE CA-27P *Diabetes/Chronic Heart Failure/ Cardiovascular Disorders H0543-226	WELLCARE SPECIALTY SIMPLE *Diabetes/Chronic Heart Failure/ Cardiovascular Disorders H0562-092	Dual Eligible Plans
PHONE NO.	1-800-633-4227	1-833-668-2348	1-888-531-8818	1-800-885-8000	1-800-885-8000	1-800-838-5914	1-800-555-5757	1-844-480-0680	-Anthem Full Dual Advantage Aligned *H4471-010, 3 Stars -Central Health Dual Access Plan *H5649-024, 3 Stars -Humana Gold Plus SNP-DE *H5619-038, 3 Stars -Kaiser Permanente Dual Complete South P7 *H8794-007, 4 Stars -Kern Family Health Care Medicare *H4057-001, Too New -Wellcare Dual Liberty *H3561-009, 3 ½ Stars
5 Star Rating		2 ½ stars	3 Stars	Not Enough Data	Not Enough Data	3 ½ Stars	4 Stars	3 ½ Stars	Additional Chronic Special Needs Plans with Premiums, Deductibles, and Copays -Central Health Embrace Choice Plan *H5649-026 Diabetes/Chronic Heart Failure/Cardiovascular Disorders (\$615 Part D Deductible) 3 Stars -Champion Choice *H6170-009 Diabetes/Chronic Heart Failure/Cardiovascular Disorders (\$12 Premium, \$283 Health Deductible, & \$615 Part D Deductible) Not Enough Data -Champion Connect *H6170-002 End Stage Renal (\$283 Health Deductible & \$615 Part D Deductible) Not Enough Data -Champion Plus *H6170-010 Diabetes/Chronic Heart Failure/Cardiovascular Disorders (\$12 Premium, \$283 Health Deductible, & \$615 Part D Deductible) Not Enough Data -Champion Select *H6170-003 End Stage Renal (\$8.40 Premium, & \$615 Part D Deductible) Not Enough Data -UHC Complete Care Support CA-4AP *H0543-242 Diabetes/Chronic Heart Failure/Cardiovascular Disorders (\$12 Premium, \$283 Health Deductible, & \$615 Part D Deductible) 4 Stars No Drug Coverage -AARP Medicare Advantage Patriot No Rx CA-MA01 *H0543-121, 4 Stars -Central Health Valor Care Plan *H5649-030, 3 Stars -Humana USAA Honor Giveback *H5619-121, 3 Stars -Imperial Courage Plan *H5496-016, 3 ½ Stars
Premium	\$202.90	\$0	\$0	\$0	\$0	-\$25 Reduction	\$0 Premium	\$0 Premium	
Max Out of Pocket	Unlimited	\$12,450 In & Out of Network, \$9,250 In Network	\$799	\$499	\$199	\$296	\$2,000	\$2,400	
Physician Copay	20%*	\$0 PCP \$0-20% Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$0 Specialist	
Hospital Copay	\$1,736**	\$0 Days 1-60, \$434 per day 61-90, \$868 per day 91-150	\$0	\$0	\$0	\$0	\$0	\$50 per day 1-5	
Emergency Room	20%*	\$115	\$150	\$150	\$70	\$125	\$150	\$150	
Urgent Care	20%*	\$40	\$0	\$0	\$0	\$0	\$0-\$65	\$0	
Outpatient Surgery	20%*	20%	\$0-\$75	\$100	\$100	\$100	\$0	\$0-\$150	
Ambulance	20%*	20%	\$0-\$250	\$0-\$125	\$0-\$125	\$150	\$290	\$200	
Skilled Nursing Facility	\$0 Days 1-20, \$217 per day 21-100	\$0 Days 1-20, \$217 per day 21-100	\$0 Days 1-20, \$217 per day 21-100	\$0 Days 1-20, \$218 per day 21-100	\$0 Days 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	\$0 Days 1-20, \$218 per day 21-40, \$0 Days 41-100	
Durable Medical Equipment	20%*	\$0-20%	\$0-20%	\$0-20%	\$0-20%	20%	\$0	20%	
Chemotherapy	20%*	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	
Radiation Therapy	20%*	20%	20%	\$0	\$0	20%	20%	20%	
X-Rays	20%*	20%	\$0	\$0	\$0	\$0	\$0	\$0	
Diagnostic Radiology	20%*	20%	\$0-\$75	\$0	\$0	\$0	\$0-\$125	\$0-\$50	
Lab Tests	\$0*	20%	\$0	\$0	\$0	\$0	\$0	\$0-\$50	
Diabetic Supplies	20%*	\$0-20%	\$0	\$0	\$0	\$0	\$0	\$0	
Renal Dialysis	20%*	\$0-20%	20%	\$0-20%	20%	20%	20%	20%	
Part D Deductible	N/A	\$0	\$615	\$0	\$0	\$0	\$355	\$615	
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	
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	

* 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.