

2021 HMO Senior Benefit Comparison

***Other Plans Available for Individuals Eligible with both Medicare and Medi-Cal**

	AARP Medicare Advantage Secure Horizons Plan 2 * (HMO)	AARP Medicare Advantage Secure Horizons Premier * (HMO)	Alignment Health Plan Platinum (HMO)	Central Health Medicare Plan * (HMO)	Health Net Healthy Heart * (HMO)	Humana Gold Plus * (HMO) Riverside County Residents Only	Inter Valley Health Plan Service to Seniors (HMO)	SCAN Classic * (HMO)	Anthem MediBlue Select * (HMO) Closed to New Members	
Health Plan Phone #:	Non-Member	1-800-555-5757	1-800-555-5757	1-888-979-2247	1-866-314-2427	1-800-977-6738	1-800-833-2364	1-800-500-7018	1-888-315-7226	–
	Member	1-844-808-4553	1-844-808-4553	1-866-634-2247	1-866-314-2427	1-800-275-4737	1-800-457-4708	1-800-251-8191	1-800-559-3500	1-888-230-7338
PBP # - CMS Plan Code		H0543-144-0	H0543-166-0	H3815-015-0	H5649-001-0	H0562-123-0	H5619-039-1	H0545-001-0	H5425-008-0	H0544-067-0
Plan Web Site		aarpmedicareplans.com	aarpmedicareplans.com	alignmenthealthplan.com	centralhealthplan.com	ca.healthnetadvantage.com	humana.com/medicare	ivhp.com	scanhealthplan.com	anthem.com/ca/medicare
Health Plan / Drug Monthly Premium (Excludes \$135.50 Standard Part B Premium)		\$0	\$28.10	\$0	\$0	\$17	\$0	\$0	\$0	\$0
Medical Out of Pocket Limit (MOOP)		\$1,900	\$1,000	\$2,400	\$1,800	\$2,400	\$3,450	\$1,000	\$999	\$1,800
Inpatient Hospital		\$0	\$0	\$0	\$0	\$200 per day (1-5)	\$75 per Day (Days 1-4); \$0 per Day 5 and beyond	\$0	\$0	\$0
Outpatient Hospital		\$0	\$0	\$0	\$0	\$200	\$0 - \$40 per Visit	\$0	\$0 - \$100 per Visit	\$0 - \$100
Primary Doctor Visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Care		\$90	\$90	\$70	\$50	\$120	\$90	\$120	\$90	\$120
Urgent Care		\$30	\$20	\$0 - \$10	\$0	\$0	\$0	\$0	\$0	\$25
Lab / X-rays		\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Diagnostic Radiology (Eg: MRI)		\$0 - \$50	\$0 - \$50	\$0	\$0	\$60	\$50	\$60	\$50	\$50
Preventive Services		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulance Services (Ground Ambulance)		\$225	\$200	\$75	\$40	\$230	\$225	\$195	\$200	\$200
Physical Therapy / Occupational Therapy		\$0 / \$0	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0 / \$0 per Visit	\$0
Mental Health Individual / Group Therapy		\$25 / \$15 per Visit	\$25 / \$15 per Visit	\$20 / \$0 per Visit	\$5 / \$5 per Visit	\$0 / \$0 per Visit	\$25 / \$25 per Visit	\$0 / \$0 per Visit	\$0 / \$10 per Visit	\$25 / \$25 per Visit
Skilled Nursing Facility		\$0 per Day (Days 1-20); \$184 per Day (Days 21-31); \$0 per Day (Days 32-100)	\$0 per Day (Days1-20); \$100 per Day (Days 21-30); \$0 per Day (Days 31-100)	\$0 per Day (Days 1-20); \$30 per Day (Days 21-100)	\$0 per Day (Days 1-20); \$75 per Day (Days 21-65); \$0 per Day (Days 66-100)	\$0 per Day (Days 1-20); \$75 per Day (Days 21-100)	\$0 per Day (Days 1-20); \$100 per Day (Days 21-100)	\$0 per Day (Days 1-20); \$50 per Day (Days 21-100)	\$0 per Day (Days 1-20); \$100 per Day (Days 21-100)	\$0 per Day (Days 1-20); \$100 per Day (Days 21-100)
Diabetic Supplies		\$0 per Item	\$0 per Item	\$0 per Item	\$0 per Item	\$0 per Item	\$0 to 10% per Item	\$0 per Item	\$0 per Item	\$0
Supplemental Benefits Available	**Optional Packages available at Additional Cost									
Dental	No**	Yes**	Yes	Yes	Yes	No**	No	Yes	Yes**	Yes
Hearing Aids	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Eyeglasses (Frames & Lenses)	Limited Coverage	Limited Coverage	Yes	Yes	Yes	No	Limited Coverage	Limited Coverage	Yes	Yes
Transportation	Not Covered	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	No	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage
Fitness Benefits	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage
Over-the-Counter Medications	No	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	No	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage
Telehealth	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage

Disclaimers: You must continue to pay your standard Medicare Part B premium. The HMO Plans listed above are all contracted with Medicare and Riverside Medical Clinic. Enrollment in these plans depends on contract renewal. This information is not a complete listing or description of benefits available. Contact the Plan for more information. Medicare has neither reviewed nor endorsed this information.