

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 construed 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



LOCAL HELP FOR PEOPLE WITH MEDICARE

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Medicare Advantage Plans 2020 Comparison Chart



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/

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) 2020 MEDICARE ADVANTAGE PLANS (MAPD/HMO)

PLAN NAME	ORIGINAL MEDICARE	BLUE SHIELD 65 PLUS H0504-038	AETNA MEDICARE SELECT/PLUS PLAN H0523-031/H4982-003	KAISER SENIOR ADVANTAGE BASIC H0524-036	KAISER SENIOR ADVANTAGE ENHANCED H0524-035	AARP MEDICARE ADVANTAGE SECURE HORIZONS H0543-019	IMPERIAL TRADITIONAL H5496-007	ANTHEM MEDIBLUE PLUS H0544-062	HEALTH NET SENIORITY PLUS RUBY H0562-079	BRAND NEW DAY CLASSIC CARE I PLAN H0838-025	HUMANA GOLD PLUS H5619-116
PHONE NO.	1-800-633-4227	1-800-534-4263	1-855-275-6627	1-800-777-1238	1-800-777-1238	1-800-555-5757	1-800-838-5914	1-844-316-0357	1-800-977-6738	1-866-255-4795	1-800-833-2364
Premium	\$144.60	\$0	\$0	\$0	\$29	\$0	\$0	\$0	\$0	\$0	\$0
Max out of pocket	Unlimited	\$3,400	\$3,200/\$2,500	\$5,500	\$4,000	\$2,900	\$4,000	\$2,800	\$2,200	\$999	\$2,500
Physician Co-Pay	20% *	\$0-5 PCP \$15 Specialist	\$0 PCP \$0 Specialist	\$10 PCP \$15 Specialist	\$5 PCP \$10 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 Co-Pay	\$1,408 **	\$225 per day 1-5 days	\$20 per day 1-3 days/\$0	\$175 per day 1-7 days	\$155 per day 1-5 days	\$0	\$100 per day 1-5 days	\$0	\$25 per day 1-5 days	\$0	\$0
Emergency Room Urgent Care Co-Pay	20% *	\$100 E.R. \$20 Urgent Care	\$120 E.R./\$90 E.R. \$65 Urgent Care	\$90 E.R. \$10 Urgent Care	\$90 E.R. \$5 Urgent Care	\$90 E.R. \$20 Urgent Care	\$90 E.R. \$0 Urgent Care	\$120 E.R. \$10 Urgent Care	\$120 E.R. \$0 Urgent Care	\$100 E.R. \$0 Urgent Care	\$100 E.R. \$0 Urgent Care
Out Patient Surgery	20% *	\$350	\$0	\$150	\$150	\$0	\$0	\$0	\$50	\$0-100	\$0-10
Ambulance Co-Pay	20% *	\$275	\$225	\$200	\$100	\$225	\$100	\$200	\$175	\$125	\$200
Skilled Nursing Facility	\$0/Days 1-20 \$176/Days 21-100	\$0/Days 1-20 \$160/Days 21-100	\$0/Days 1-20 \$178/Days 21-100/ \$100/Days 21-100(Plus Plan)	\$0/Days 1-20 \$100/Days 21-100	\$0/Days 1-20 \$100/Days 21-100	\$0/Days 1-20 \$100/Days 21-49 \$0/Days 50-100	\$0/Days 1-20 \$164.50/Days 21-100	\$0/Days 1-20 \$100/Days 21-100	\$0/Days 1-20 \$75/Days 21-100	\$0/Days 1-20 \$176/Days 21-100	\$0/Days 1-20 \$50/Days 21-100
Durable Medical Equipment	20% *	20%	20%	20%	20%	20%	20%	20%	20%	\$0-20%	\$0-20%
Chemotherapy	20% *	20%	20%	\$0-\$47	\$0-\$47	20%	\$0	20%	20%	20%	20%
Radiation Therapy	20% *	20%	\$60	\$0	\$0	\$60	\$0	20%	\$60	20%	20%
X-Rays	20%*	\$0	\$0	\$10	\$5	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Radiology	20% *	\$65	\$0-\$60	\$160	\$135	\$0-95	\$0	\$95	\$60	\$0	\$0-\$40
Lab Tests	\$0 *	\$0	\$0	\$10	\$5	\$0	\$0	\$0	\$0	\$0	\$0
Diabetic Supplies	20% *	\$0	\$0-20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0-10%
Renal Dialysis	20% *	\$0	20%	20%	20%	\$0	20%	20%	20%	20%	20%
Vision	No	Included	Included	Included	Included	Included	Limited	Included	Included	Included	Included
Dental	No	Optional	Limited	Optional	Optional	Optional	Limited	Limited	Optional	Limited	Optional
Prescriptions	None	Included	Included	Included	Included	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	Ends at \$4,020	Ends at \$4,020	Ends at \$4,020	Ends at \$4,020
Gap Coverage	None	Limited	Limited	Limited	Limited	None	Limited	Limited	None	Limited	None
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	Begins at \$6,350	Begins at \$6,350	Begins at \$6,350	Begins at \$6,350

* After deductible of \$198 is met

** Per benefit period. Benefit period renews after 60 days out of facility