

Side by Side
For office use

only

SIDE

BY SIDE

FOR OFFICE USE ONLY



Los Angeles County Medicare
Only Plans

NOT TO BE DISTRIBUTED
TO CLIENTS

Not to be distributed
to clients

**FOR OFFICIAL
USE ONLY**

Plan Name	Easy Choice Best Plan 005	Care 1st Advantage Optimum	Humana Gold Plus - H5619-021	Humana Gold H5619-022	Scan Classic	Brand New Day Classic 25
Podiatry (Medicare covered)	\$0	\$5	\$0	\$0	\$0 6 per year	\$0 if diabetic
DME	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	20%
Theraputice shoes	\$50	N/A	\$0	\$0	0	\$0
Ambulance	\$200	125 waived	\$125	\$50	\$200	\$65
ER	\$75 waived	\$75 waived	\$75 waived	\$75 Waived	\$75 worldwide	\$65
Urgent Care	\$15 waived	\$25	\$0	\$0	\$20 worldwide	\$0
Additional Services			FOR OFFICIAL USE ONLY			
Dental Services	Limited services	\$0 Comprehensive	\$0 preventative only	\$0 preventative only	\$ 8 basic , \$16 enhanced	\$0-20% preventative only
Hearing Aids	\$350 per year \$12 exam	\$350 yr	\$1000 every 3 years	\$1000 every 3 years	\$500 every 2 yrs	Not Covered
Eyewear	\$100 every year	\$150 2 yr	\$100 per year	\$200 per year	\$35 copay , \$105 limit every year	\$175 2 yr
Fitness	Not Covered	included	included	included	included	\$0
Transportation	\$0 12 one way trips	\$0 32 one way trips	\$0 12 one way trips	\$0 24 one way trips	\$0 12 one way trips	Unlimited

Plan Name	Easy Choice Best Plan 005	Care 1st Advantage Optimum	Humana Gold H5619-021	Humana Gold H5619-022	Scan Classic	Brand New Day Classic 25
World Wide Coverage	####	\$50,000 per year	unlimited	unlimited	\$75 worldwide ER	#####
Acupuncture	\$0 12 visits	\$5 up to 15 per year	\$20	\$20	N/A	\$0 up to 12 per year
Chiropractic	\$12	Medicare covered	\$0	\$0	Medicare covered	Medicare covered
OTC	N/A	\$50 per Quarter	\$20 per month	\$20 per month	N/A	No coverage
Prescriptions			FOR OFFICIAL USE ONLY			
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2	\$15/\$37.50 3 month	\$5	\$10/ \$0-3 months	\$5/\$0- 3 month	\$10+ 3 month for 2 month	\$9
Tier 3	\$47/\$117.15 3 month	\$35	\$35/ \$70 3 month	\$35/ \$70 3 month	\$47	\$45
Tier 4	\$99/ \$247.50 3 month	\$75	\$100/\$2003 month	\$80/\$160 3 month	\$100	\$90
Tier 5	33%	33%	33%	33%	33%	33%
Tier 6	N/A	N/A	N/A	N/A	\$11	\$11

ORANGE
COUNTY
Orange County

**FOR OFFICIAL
USE ONLY**

Plan Name	Easy Choice Best Plan 005	Care 1st Advantage Optimum	Humana Gold Plus - H5619-021	Humana Gold H5619-022	Scan Classic	Brand New Day Classic 25
Podiatry (Medicare covered)	\$0	\$5	\$0	\$0	\$0 6 per year	\$0 if diabetic
DME	\$0-20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	20%
Theraputice shoes	\$50	N/A	\$0	\$0	0	\$0
Ambulance	\$200	125 waived	\$125	\$50	\$200	\$65
ER	\$75 waived	\$75 waived	\$75 waived	\$75 Waived	\$75 worldwide	\$65
Urgent Care	\$15 waived	\$25	\$0	\$0	\$20 worldwide	\$0
Additional Services		FOR OFFICIAL USE ONLY				
Dental Services	Limited services	\$0 Comprehensive	\$0 preventative only	\$0 preventative only	\$ 8 basic , \$16 enhanced	\$0-20% preventative only
Hearing Aids	\$350 per year \$12 exam	\$350 yr	\$1000 every 3 years	\$1000 every 3 years	\$500 every 2 yrs	Not Covered
Eyewear	\$100 every year	\$150 2 yr	\$100 per year	\$200 per year	\$35 copay, \$105 every 2 year	\$175 2 yr
Fitness	Not Covered	included	included	included	included	\$0
Transportation	\$0 12 one way trips	\$0 32 one way trips	\$0 12 one way trips	\$0 24 one way trips	\$0 12 one way trips	Unlimited

Plan Name	Easy Choice Best Plan 005	Care 1st Advantage Optimum	Humana Gold H5619-021	Humana Gold H5619-022	Scan Classic	Brand New Day Classic 25
World Wide Coverage	####	\$50,000 per year	unlimited	unlimited	\$75 worldwide ER	#####
Acupuncture	\$0 12 visits	\$5 up to 15 per year	\$20	\$20	N/A	\$0 up to 12 per year
Chiropractic	\$12	Medicare covered	\$0	\$0	Medicare covered	Medicare covered
OTC	N/A	\$50 per Quarter	\$20 per month	\$20 per month	N/A	No coverage
Prescriptions			FOR OFFICIAL USE ONLY			
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2	\$15/\$37.50 3 month	\$5	\$10/ \$0-3 months	\$5/\$0- 3 month	\$10+ 3 month for 2 month	\$9
Tier 3	\$47/\$117.15 3 month	\$35	\$35/ \$70 3 month	\$35/ \$70 3 month	\$47	\$45
Tier 4	\$99/ \$247.50 3 month	\$75	\$100/\$2003 month	\$80/\$160 3 month	\$100	\$90
Tier 5	33%	33%	33%	33%	33%	33%
Tier 6	N/A	N/A	N/A	N/A	\$11	\$11

SAN DIEGO
San Diego County
COUNTY

**FOR OFFICIAL
USE ONLY**

San Diego HMO Plan Name	Easy Choice Best Plan 0012	Care 1st Advantage Optimum	Scan Scripps Classic
Premium	\$0	\$0	\$0
MOOP	\$6700	\$3,400	\$3,200
Part B Premium Reduction	N/A	N/A	N/A
PCP	\$5	\$0	\$15
Specialty	\$25	\$15	\$35
Preventative Services	\$0	\$0	0
Inpatient Hospital	\$350 days 1-3 -\$0 after that	\$200 per day 1-8 \$0 9-90	\$295 Days 1-5 then \$0
		FOR OFFICIAL USE ONLY	
Skilled Nursing	\$0 copay days 1-20 \$160 copay day 21-100	\$25 per day 1-20, \$75 per day 21-100	\$0 days 1-20 \$50 days 21 -100
Outpatient Surgery	\$75	\$225	\$250
Ambulatory Surgical	\$30-300	50	\$25-75
Laboratory	\$0	0	0
Diagnostic Radiology	\$0	0	\$100
Outpatient (CT/MRI/PET)	\$60	0	\$100
Therapeutic Radiology	20%	20%	\$50
Vision Exam (Medicare covered)	\$0 per yr	\$0 per yr	\$0 per yr

Plan Name	Easy Choice Best Plan 0012	Care 1st Advantage Optimum	Scan Scripps Classic
Podiatry (Medicare covered)	\$0	\$5	\$0 6 per year
DME	\$0-20%	20%	\$0-20%
Theraputice shoes	\$50	N/A	0
Ambulance	\$195	125 waived	\$200
ER	\$75 waived	\$75 waived	\$65 worldwide
Urgent Care	\$15 waived	\$15	\$45 worldwide
Additional Services	FOR OFFICIAL USE ONLY		
Dental Services	Limited services	\$0 Comprehensive	\$ 8 basic , \$16 enhanced
Hearing Aids	\$350 per year \$12 exam	\$350 yr	\$500 every 2 yrs
Eyewear	\$100 every year	\$150 2 yr	\$35 copay, \$80 every 2 year
Fitness	Not Covered	Not Covered	included
Transportation	\$0 12 one way trips	\$0 12 one way trips	\$0 12 one way trips

Plan Name	Easy Choice Best Plan 0012	Care 1st Advantage Optimum	Scan Scripps Classic
World Wide Coverage	####	\$25,000 per year	\$75 worldwide ER
Acupuncture	\$10 6 visits	N/A	N/A
Chiropractic	\$12	Medicare covered	\$40 up to 10 visits
OTC	N/A	\$30 per Quarter	N/A
Prescriptions	FOR OFFICIAL USE ONLY		
Tier 1	\$4/\$0 3 month	\$0	\$5 + 3 months for 2
Tier 2	\$15/\$37.50 3 month	\$7	\$10+ 3 month for 2 month
Tier 3	\$47/\$117.15 3 month	\$35	\$47
Tier 4	\$99/ \$247.50 3 month	\$80	\$95
Tier 5	33%	33%	33%
Tier 6	n/a	N/A	\$10

San Bernardino/Riverside County

**FOR OFFICIAL
USE ONLY**

San Bernardino/Riverside HMO Plan Name	Care 1st Advantage Optimum	Humana Gold HMO H5619-019	Humana Gold – H5619-020	Scan Classic	Brand New Day Classic 25
Premium	\$0	\$0	\$48	\$0	\$0
MOOP	\$3,400	\$3,400	\$3,400	\$2,900/\$3,400 Riv	\$3,400
Part B Premium Reduction	N/A	N/A	N/A	N/A	N/A
PCP	\$0	\$0	\$0	\$0	\$0
Specialty	\$0	\$0	\$0	0	\$0
Preventative Services	\$0	\$0	\$0	0	\$0
Inpatient Hospital	\$0	\$0	\$0	\$0	\$0 90 day periods
Skilled Nursing	\$0 per day 1-20, \$50 per day 21-100	\$0 days 1-20 \$100 days 21 -100	FOR OFFICIAL USE ONLY \$0	\$0 days 1-20 \$50 days 21 -100	\$0
Outpatient Surgery	\$50	\$100	\$0	\$25-\$100 SB \$50-150 RI	\$0
Ambulatory Surgical	50	\$0	\$0	\$25-75	\$0
Laboratory	0	\$0	\$0	0	\$0
Diagnostic Radiology	0	\$0	\$0-\$40	\$100	\$0
Outpatient (CT/MRI/PET)	0	\$0-\$40	\$0-\$40	\$100	\$0
Therapeutic Radiology	20%	20%	20%	\$50 SB/\$60RI	20%

Plan Name	Care 1st Advantage Optimum	Humana Gold Plus HMO H5619-019	Humana Gold H5619-020	Scan Classic	Brand New Day Classic 25
Podiatry (Medicare covered)	\$5	\$0	\$0	\$0 6 per year	\$0 if diabetic
DME	20%	\$0-20%	\$0-20%	\$0-20%	20%
Theraputice shoes	N/A	\$0	\$0	0	\$0
Ambulance	125 waived	\$100	\$50	\$200	\$65
ER	\$75 waived	\$75 waived	\$75 Waived	\$75 worldwide	\$65
Urgent Care	\$25	\$0	\$0	\$20 worldwide	\$0
Additional Services		FOR OFFICIAL USE ONLY			
Dental Services	\$0 Comprehensive	\$0 preventative only	\$0 preventative only	\$ 8 basic , \$16 enhanced	\$0-20% preventative only
Hearing Aids	\$350 yr	\$0 exam but Hearing aids not covered	\$400 every 3 years	\$500 every 2 yrs	Not Covered
Eyewear	\$150 2 yr	\$100 per year	\$100 per year	\$35 copay, \$105 every 2 year	\$175 2 yr
Fitness	n/a	included	included	included	\$0
Transportation	\$0 32 one way trips	\$0 12 one way trips	\$0 12 one way trips	\$0 12 one way trips	Unlimited

Plan Name	Care 1st Advantage Optimum	Humana Gold HMO H5619-019	Humana Gold H5619-020	Scan Classic	Brand New Day Classic 25
World Wide Coverage	\$50,000 per year	unlimited	unlimited	\$75 worldwide ER	#####
Acupuncture	\$5 up to 15 per year	Not Covered	\$20	N/A	\$0 up to 12 per year
Chiropractic	Medicare covered	\$0	\$0	Medicare covered	Medicare covered
OTC	\$50 per Quarter	\$10 per month	\$10 per month	N/A	No coverage
Prescriptions			FOR OFFICIAL USE ONLY		
Tier 1	\$0	\$0	\$0	\$5	\$0
Tier 2	\$5	\$10/ \$0-3 months	\$10/\$0- 3 month	\$12+ 3 month for 2 month	\$9
Tier 3	\$35	\$35/ \$70 3 month	\$30/ \$70 3 month	\$47	\$45
Tier 4	\$75	\$100/\$200 3 month	\$100/\$200 3 month	\$100	\$90
Tier 5	33%	33%	33%	33%	33%
Tier 6	N/A	N/A	N/A	\$11	\$11

**SIDE BY SIDE DSNIP/SNP
(THERE MAY BE SLIGHT DIFFERENCES BY COUNTY PLEASE DOUBLE CHECK FOR COMPLETE ACCURACY
NOT TO BE DISTRIBUTED TO CLIENTS**

**FOR OFFICIAL
USE ONLY**

Special Needs Plans All Counties	SCAN Connection	SCAN Plus /Scripps Plus	SCAN Heart First	Scan Balance	Care 1 st Coordinated Choice
Premium	\$0	\$31.10 paid by Medi-cal	\$48	\$0	\$28.80 by Medi-cal
Best FOR Special Need:	Full Medi-cal	Full Medi-cal	Heart Condition	Diabetics	Full Medi-cal
Available in County	LA/ RI/ SB	LA/RI/SB/SF/SD/OC	RI/SB/SD	LA/OC	LA/RI/SB/OC/SD
Not Suited FOR	Share of Cost/Senior with relative as IHS	Share of Cost Medi-cal	Those without Heart condition	Those without Diabetes	Share of Cost Medi-cal
Special Feature 1	Only plan Medicare/Medi-cal in 1 plan	for Seniors who are in counties not served by Connections	Year Round Enrollment for those with heart issues	Low cost /no cost Diabetic supplies	Relative as IHS ok
Special Feature 2	SCAN Pal- Personal Customer service	IHS OK	FOR OFFICIAL USE ONLY	Year Round enrollment for diabetics	Has Cal-Medi Connect plan
Hearing Aids	\$500 every 2 years	\$1,400 every 2 years	\$500 every 2 years	\$500 every 2 years	\$1500 every year
Vision	\$175 every 2 years	\$0 days 1-20 \$100 days 21 -100	\$105 every 2 years	\$105 every 2 years	\$500 every 2 years
Fitness	Included	included	Included	Included	Included
Transportation	Unlimited	22 1 way trips	20 1 way trips	20 1 way trips	32 1 way trips

Plan Name	SCAN Connections	SCAN Plus	SCAN Heart First	Scan Balance	Care 1 st coordinated Choice
Acupuncture /Chiropractic	\$10 up to 10 per year	Not Covered	Not Covered	n/a	\$0 15 visits acupuncture
Dental	Comprehensive	Covered by Medi-cal	\$8 basic /\$16 upgrade	\$8 basic/\$16 upgrade	Comprehensive
OTC	\$7 a month	n/a	n/a	n/a	\$100 quarter
Prescriptions Tier 1	\$0-\$2.95 (LIS)	\$0-\$2.95 (LIS)	\$5	\$3	\$0-\$2.95 (LIS)
Tier 2	\$0-\$2.95 (LIS)	\$0-\$2.95 (LIS)	\$12	\$7	\$0-\$2.95 (LIS)
Tier 3	\$0-\$7.40 (LIS)	\$0-\$7.40 (LIS)	\$47	\$47	\$0-\$7.40 (LIS)
Tier 4	\$0-\$7.40 (LIS)	\$0-\$7.40 (LIS)	\$100	\$100	\$0-\$7.40 (LIS)
Tier 5	\$0-\$7.40 (LIS)	\$0-\$7.40 (LIS)	33%	33%	\$0-\$7.40 (LIS)
Tier 6	\$0-\$7.40 (LIS level)	N/A	\$11	\$0	n/a

Special Needs Plans All Counties	Easy Choice Plus Plan	Brand New Day Day Classic Choice	Brand New Day In Control 026/027 Medi/medi	Brand New Day Healthy Heart 030/031	Brand new Day Bridges (028/029)
Premium	\$12	\$0	\$0	\$0	\$0
Best FOR Special Need:	Full Medi-cal	Full Medi-cal	Diabetic	Heart Condition	Dementia
Available in County	LA(plan 17)/ RI/ SB/SD/OC	LA/RI/SB/OC	RI/SB/OC/LA	RI/SB/OC/LA	LA/RI/SB/OC
Not Suited FOR	Share of Cost	Share of Cost Medi-cal	Those without Diabetes	Those without Heart Issues	Those without Dementia
Special Feature 1		Unlimited Rides	Year Round Enrollment for those with Diabetes	Year Round enrollment with minimum High Blood Pressure	Most would need POA due to health issues
Special Feature 2		FOR OFFICIAL USE ONLY	Unique Glucose Monitoring	Unique Weight/Blood Pressure monitoring	
Hearing Aids	\$500 every 2 years	Covered By Medi-cal	Not Covered/027 covered by medi-cal	Not Covered/Covered by Medi-cal (31)	Not Covered/Covered by Medi-cal (29)
Vision	\$100 every year	\$275 every year	\$200 (026)\$225 (027)	\$200 (030)\$225 (031)	\$150/\$225 (031)
Fitness	Included	included	Included	Included	Included
Transportation	24 1 way trips	Unlimited	Unlimited	Unlimited	Unlimited

Plan Name	Easy Choice Plus	DNB Classic Choice	DNB In Control 26/27	Heart30/31	DNB Bridges 26/29
Acupuncture /Chiropractic	6 visit \$0/Chiro=20%	\$0 24 visits Chiro=20%	\$0 6 visits/\$0 - 20% Chiro	\$0 6 visits/\$0 - 20% Chiro	0 6 visits/\$0 -20% Chiro
Dental	Limited	Limited	Limited	Limited	Limited
OTC	\$7 a month	n/a	n/a	n/a	n/a
Prescriptions Tier 1	\$0-\$2.95 (LIS)	\$0	\$0	\$0	\$0-
Tier 2	\$0-\$2.95 (LIS	\$9	\$9/\$0 (27)	\$9/\$0 (31)	\$9/\$0 (29)
Tier 3	\$0-\$7.40 (LIS	\$45	\$45/\$0 (27)	\$45/\$0 (31)	\$45/\$0 (29)
Tier 4	\$0-\$7.40 (LIS	\$90	\$90/25% (27)	\$90/25% (31)	\$90/25% (29)
Tier 5	\$0-\$7.40 (LIS	33% of cost	33%/25%(27)	33%/25% (31)	33%/25% (29)
Tier 6	n/a	\$11	\$9/\$0 (27)	\$11/0(31)	\$11/0(29)

**FOR OFFICIAL
USE ONLY**