

Orange, CA

Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)

\$0.00

Medicare Advantage and drug monthly premium

SCAN Classic (HMO)

\$0.00

Medicare Advantage and drug monthly premium


Alignment Health smartHMO (HMO)

\$0.00

Medicare Advantage and drug monthly premium

Overview

Star rating

 This plan got Medicare's **highest rating** (5 stars)





Health deductible

\$0

\$0

\$0

Drug plan deductible

\$0.00

\$0.00

\$0.00

Maximum you pay for health services

\$999 In-network

\$499 In-network

\$2,499 In-network

Health premium

\$0.00

\$0.00

\$0.00

Drug premium

\$0.00

\$0.00

\$0.00

Part B premium

\$164.90

\$164.90

\$164.90

Plan features

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Over the counter drug benefits
- ✗ In-home support services
- ✗ Home and bathroom safety devices
- ✓ Meals for short duration
- ✓ Annual physical exams
- ✓ Telehealth
- ✗ Endodontics
- ✓ Periodontics
- ✓ Extractions

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Over the counter drug benefits
- ✓ In-home support services
- ✓ Routine chiropractic service
- ✗ Home and bathroom safety devices
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- ✓ Annual physical exams
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- ✓ Endodontics
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Benefits & Costs

Primary doctor visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$5 copay per visit
Diagnostic tests & procedures	\$0 copay	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0-50 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$120 copay per visit (always covered)	\$90 copay per visit (always covered)	\$70 copay per visit (always covered)
Urgent care	\$0 copay	\$0 copay	\$0 copay

Inpatient hospital coverage	\$0 copay	\$0 copay	\$0 copay
Outpatient hospital coverage	\$0 copay	\$0 copay	\$100 copay per visit
Preventive services	\$0 copay	\$0 copay	\$0 copay

Extra benefits

Hearing aids	\$0 copay	\$450-750 copay	Not covered
Preventive dental (like oral exams and cleanings)	\$0 copay	\$0 copay	\$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	\$0 copay	\$0 copay	\$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	Not covered	\$0 copay	Not covered
Skilled nursing facility	\$0 per day for days 1 through 20 \$50 per day for days 21 through 100	\$0 copay	\$20 per day for days 1 through 20 \$100 per day for days 21 through 100
Durable medical equipment (like wheelchairs & oxygen)	0-10% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay

Drug coverage & costs

Drugs covered/Not covered



Add pharmacies
to get estimated out-of-pocket costs for each of your saved drugs. Use this information when reviewing your current plan or choosing a new one.



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