		ment services weedcare Flan Compa		
AT2	Kaiser (California only)	Anthem (California only)	Anthem (Nationwide) Medicare Advantage PPO In-Network Out-of-Network	
SAN JOSE CAPITAL OF BIECON VALLEY	Medicare Sr. Advantage	Medicare Advantage HMO		
Phone: Group Number:	1-800-464-4000	1-833-848-8729 (pre-enrollment)	1-833-848-8729 (pre-enro	Ilment)
Website:		1-833-848-8730 (post-enrollment) Group #CAEGR027	1-833-848-8730 (post-enrollment) Group #CAEGR027 www.anthem.com/ca/csj	
Hebaite.	cloup soor (norous) cloup szoorro (coous) minispiorg	www.Anthem.com/ca/csj		
	Monthly Premium	Monthly Premium	Monthly Premium	
Member Only	\$0.00/Month	\$0.00/Month	\$0.00/Month	
Member+SP/DP	\$0.00/Month	\$0.00/Month	\$0.0/Month	
Medicare Part A assignment required?	Yes	Yes	Yes	
Medicare Part B assignment required?	Yes	Yes	Yes	
Medicare Part D (Rx) assignment required?	Yes	Yes	Yes	
Can I use my Advantage insurance with a doctor? outside of the network?	No	No	Yes	
Limited Coverage Area	Yes (see sjretirement.com for zip code list)	Yes (see sjretirement.com for map of covered counties)	Yes - Medicare Advantage Blue Card	No, can be used within U.S.
Annual Deductible (calendar year)	None.	None.	None	
Out-of-Pocket Maximum	\$1,500/year for any one member			
Single Family	\$1,500/year for any one member	\$1,000 per member	\$0	\$0
Physician Office Visit	\$25 copay	\$25 copay	\$0	\$0
Hospital Care	\$250/admit	\$100/admit	\$0	\$0
Prescriptions (30-day supply)				
Generic	\$10 copay (100 day supply)	¢10 copov	\$10 copov	25% + \$10 copay
		\$10 copay	\$10 copay	
Brand	\$10 copay (100 day supply)	\$25 copay	\$25 copay	25% + \$25 copay
Non-Formulary	N/A	\$40 copay	\$40 copay	25% + \$40 copay
Specialty Drug		\$120 copay	10% up to \$100	Specialty: Not covered
Mail Order	Mail order 1 copay (100 day supply)	90 day supply: 2x copay	90 day supply: Tiers 1-3,	Mail order: Not covered
	Mail older i copay (100 day supply)	oo day supply. 2x copay	2x copay, 10% up to \$300	
Emergency Room	\$50/visit (waived if admitted)	\$100/visit (waived if admitted)	\$0	
Coordination of Benefits?	No	No	No	
Primary Care Physican (PCP) Required?	Yes	Yes	No	
Can I go to a doctor of my choice?	Yes, if the doctor you select is a Kaiser physician and they're taking new patients. Kaiser insurance	Yes, within the Senior Secure Medicare Advantage HMO network		
	only covers services from Kaiser physicians.		Yes	Yes
What services are available while I am traveling?	Emergency Services Only	Emergency Services Only	Emergency Services Only	
Free Gym Services	No	Yes - SilverSneakers	Yes - SilverSneakers	
Meals and transportation	Plan covers 84 meals and up to 24 one-way trips (50 miles per trp) per calendar year.	No	No	
Acupuncture Services	\$25 Copay when prescribed by a doctor	\$10 copay limited to 30 visits per year combined with Chiro	10% limited to 20 visits per year combined in/out network	30% limited to 20 visits per year combined in/out network
Chiropractic Services	\$20 per visit	\$10 copay limited to 30 visits per year combined with Acupuncture	10% limited to 20 visits per year combined in/out network	30% limited to 20 visits per year combined in/out network
Annual Eye Exam	\$25 copay	\$0 copay, \$50 max benefit	\$0 copay, \$50 max benefit combined in/out network	
Ambulance Services	\$50 per trip	\$50 per one-way trip	\$0	\$0
Self-Referrals Available?	Yes	No		Yes

City of San José Office of Retirement Services Medicare Plan Comparison 2021

This worksheet is intended to be used to help you compare coverage benefits and is a summary ONLY. The Evidence of Coverage (EOC) and the plan contract are the prevailing source for plan details Eff/1/1/2021.

Effective 1/1/2021