

ACA GENERAL SESSION MEETING AGENDA

Monday, November 10, 2025

9:30AM – 12:00PM

In-Person Meeting**Alameda County Social Services Agency (Eastmont)****Maxwell Park Room**[\(Directions to Conference Room\)](#)6955 Foothill Blvd, Suite 143 (First Floor)
Oakland, CA 94605

TELECONFERENCING GUIDELINES-NOTE NEW LINK: MEMBERS OF THE PUBLIC MAY OBSERVE AND PARTICIPATE IN MEETINGS BY FOLLOWING THIS LINK: [ZOOM LINK](#) OR DIALING IN +1 888 475 4499 US (San Jose). Meeting ID: 847 3634 7845| Passcode: 067342

PLEASE NOTE: For everyone's online safety, Alameda County prohibits the use of AI notetaking applications in County meetings. AI applications found in the online audience will be removed by staff. Apologies for any inconvenience and thank you for your cooperation.

Public participation at Commission meetings is encouraged. We request that individuals limit their comments on any single item on the agenda to two minutes. The chosen spokesperson for a group may speak for four minutes.

Schedule is subject to change and all times are approximate.

Agenda Item	Material Provided	Presenter	Time (all times approximate)
CALL TO ORDER/ROLL CALL		Chair	9:30 – 9:35
APPROVALS: - Today's Meeting Agenda - Meeting Minutes from 10/13/25	Minutes attached	Chair/Commission	9:35 – 9:40
COMMENTS FROM THE PUBLIC FOR ITEMS ON THE AGENDA		General Public	9:40 – 9:45
COMMENTS FROM THE ACA CHAIR: Takeaways from the Retreat		Chair	9:45 – 9:50
PRESENTATION Medicare and the Annual Enrollment Period: Changes for 2026	Presentation attached	Jennifer Pardini, Legal Assistance for Seniors	9:50 – 10:20

**ALAMEDA COUNTY ADVISORY COMMISSION ON AGING**

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Agenda Item	Material Provided	Presenter	Time
AAA DIRECTOR'S REPORT: - County response to federal shutdown - Potential impact of recently passed AB 1069 – Older Adults: Emergency Shelters - AAA Administrative Updates - Program/Contracts - RFPs - Holiday baskets – how to contribute and/or participate - Advocacy training (tent. Feb 2026)		Jennifer Stephens-Pierre	10:20 – 10:35
ITEMS FOR DISCUSSION AND POSSIBLE ACTION: - Possible revision of SWOT (attached) - Possible setup of bylaws committee and timeline for review	SWOT (attached)	Commission	10:35 – 10:45
SUBCOMMITTEE REPORTS - Executive - Public Relations - Legislative ❖ Legislative Slate Update (see attached) ❖ Possible advocacy for a County Emergency Procurement Policy - Service Delivery		Committee Members	10:45 – 11:00
COMMENTS FROM THE PUBLIC FOR ITEMS NOT ON THE AGENDA		Public	11:00 -11:05
ORAL COMMUNICATIONS Announcements		Commissioners, Staff, Public	11:05 – 11:10
ADJOURNMENT		Chair	11:10



ACA UPDATES:

- 11/11: Veterans Day, County closed.
- 11/27-28: Thanksgiving and day after, County closed.
- December: Meeting recess
- 12/12: Holiday basket delivery
- 12/25: Christmas holiday, County closed.
- 1/1: New Years Day, County closed. Happy New Year!
- 1/12: Next regular meeting of Advisory Commission on Aging

Attachments:

Minutes of ACA Regular Meeting 10/13/25

SWOT

Presentation

Legislative Committee – Legislative Update


GENERAL SESSION MEETING MINUTES

Monday, October 13, 2025 | 9:30AM – 12:00 PM

Alameda County Social Services Agency (Eastmont)
Maxwell Park Room

6955 Foothill Blvd, Suite 143 (First Floor)

Oakland, CA 94605

ACA Commissioners Present

Priscilla Banks - online
 Dori Ellis
 Regina Guillory
 Michael Goetz
 Denyse McCowan (Vice Chair)
 Laura McMichael-Cady (Chair)
 Barbara Price
 Johnny O'Brien
 John Schinkel-Kludjian

Commissioners Absent

Helen Mayfield – Excused

County of Alameda Staff Present

Jonathan Montano-Flores
 Rhoda Turner
 Jennifer Stephens-Pierre
 Janine Carlson
 Deborrah Cooper
 Min Feng
 Kim Fogel
 Amritpal Gill
 Abigail Katz
 Janet Weisman

Item	Discussion / Action Item
A. CALL TO ORDER	Meeting called to order at 9:35am Roll Call of Commissioners Quorum achieved.
B. APPROVAL OF MINUTES	Motion to accept meeting minutes from 9/8/2025. (M) Laura McMichael-Cady (S) Johnny O'Brien Passed
C. COMMENTS FROM THE PUBLIC/STAFF	None.
D. Legislative & Advocacy Presentation Age Friendly Council	Amritpal Gill, Senior Management Analyst, provided a PowerPoint presentation on Legislative & Advocacy. The goal was to get input from the commission so they can create a training curated around their needs. Charles Balderama-Sanchez, Management Analyst, gave an overview of Proposition 50 to ensure the

	commissioners are informed and can share the information with their constituents. He also mentioned that there will be a special election on November 4.
E. COMMENTS FROM THE ACA CHAIR	Chair McMichael-Cady introduced the newest Commissioner, Regina Guillory, who provided a brief summary of her background and skills.
F. ITEMS FOR DISCUSSION AND POSSIBLE ACTION: ▪ Strategic Planning Retreat ▪ C4A Conference ▪ Conflict of Interest	Strategic Planning Retreat • Jennifer Stephens-Pierre, AAA Director, introduced Catherine Payne, Staff Development Specialist, TACT, who participated online as the facilitator for the upcoming Strategic Planning Retreat. • Catherine Payne, Staff Development Specialist, TACT, spoke online and provided an outline of her role as facilitator for the Strategic Planning Retreat. • During the session, commissioners and AAA staff members participated in a discussion regarding the Strategic Planning Retreat, reviewing its objectives, proposed agenda, and expected outcomes. • The retreat will be held from 10:00 a.m. to 1:00 p.m. in the Maxwell Park Conference Room. C4A Conference: • Jennifer Stephens-Pierre reported that an issue regarding the conference was identified on Friday, which may impact some of the commission's decisions. When the conference budget was originally approved, it was submitted under two separate training allocations. Although the commission later voted to combine those allocations into one training, the budget had already been finalized and submitted. The finance department has since confirmed that they will only honor the original budget line item of \$2,500 for training. Jennifer noted that while the budget language could be amended, she does not feel comfortable with commissioners incurring expenses that may not be reimbursed. When the budget was extended, additional commissioners were allowed to do the same; however, at this time, it appears that funding will remain at the original

	amount of \$2,500, allocated for Commissioners Goetz and Banks to attend. - Jennifer reported that the county cannot directly pay for commissioners' conference registration or flights. Commissioners attending must cover these expenses upfront and then submit a Non-County Employee Expense Claim Form for reimbursement. Any meals provided by the conference will not be reimbursed. Total expenses for each commissioner are estimated to be approximately \$1,000 or slightly more. - According to Commissioner Goetz's calculations, the estimated cost per person would be approximately \$1,342. - The commission and AAA staff engaged in further discussion regarding the C4A conference. - Kim Fogel, Management Analyst, reminded Commissioners Goetz and Banks that, if they sit on a plane together, they cannot discuss commission business, in accordance with the Brown Act. Conflict of Interest: - Jennifer reported that she met with County Counsel regarding Commissioner O'Brien's potential conflict of interest. County Counsel will draft a position paper outlining potential conflicts and guidance, with more details to follow.
G. AAA DIRECTOR'S REPORT	<i>Jennifer Stephens-Pierre, AAA Director, shared the following:</i> High Level Overview: Each year, the Agency on Aging participates in the distribution of holiday baskets. This year, 50 baskets will be delivered throughout Alameda County to older adults experiencing social isolation. This is non-funded and is carried out through collaboration and monetary donations. Commissioners were asked to contribute. Donations may be made by check (payable to SOS/Meals on Wheels) or cash. If donating items, please ensure that the contribution consists of 50 of the same item. A follow-up email, including a

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flyer, will be sent out regarding this request. The distribution will take place on Friday, December 12.

- Every year, AAA runs a seasonal program that brings us out into the community. Through a contract with the California Department of Agriculture, we distribute farmers market vouchers to residents across the county. This year, 1,400 vouchers were distributed across San Leandro and Dublin. Another distribution is scheduled for tomorrow at Eastmont, which will complete the distribution of all 1,500 vouchers.

Staffing

- Diarra accepted a promotion with the Sheriff's Office and is no longer with us. Her last day was Friday. Jonathan Montano-Flores, the VAC liaison, and Kim Fogel, Management Analyst, will be assisting in her place.
- There are several current openings, including Administrative Specialist, Specialist I/Outreach Coordinator, and Social Worker. Recruitment efforts for these positions are ongoing.

Updates

- The relocation to Hayward is planned, with a tentative goal of December. The new location will serve as a standalone Veterans Service Office, and AAA will also operate from this site. A grand opening is planned, and the commission will receive an invitation when the event is scheduled.
- On September 25th, AAA participated in the Healthy Living Festival at the Oakland Zoo, which drew approximately 3,000 participants. AAA had the opportunity to provide resources to attendees and to network with other service providers.
- The CalFresh Healthy Living Program, as part of the nutrition education initiative, will conclude on June 20, 2026.
- Jennifer updated the commission that 10 RFPs will be released, covering a total of 90 contracts.
- With the completion of the two nutrition program monitoring reviews, we will have successfully completed 100% of the required remediation.



	▪ The fiscal audit has been completed and officially closed. ▪ Kim Fogel, Management Analyst, presented a brief overview of the Area Agency on Aging.
H. COMMISSION COMMITTEE REPORTS: ▪ Executive ▪ Public Relations ▪ Legislative ▪ Service Delivery	Executive Committee: ○ The Executive Committee will not meet this month; the next meeting is in November, with none scheduled for December. Public Relations: ○ We have a newsletter coming out and will distribute it as soon as it arrives. Legislative: ○ An online meeting was held that included a discussion of Senate Bill (SB) 707, which has been passed into law. ○ The proposed slate will be redistributed for review and will be formally presented at the November meeting for approval by vote. Service Delivery: ○ Commissioner Banks noted that the 2026 Work Plan focuses on three areas: site visits, newsletter, and relationship building. ○ Site Visits: Commissioner Banks mentioned that Commissioners Goetz and McCowan are customizing the worksheet for site visits. ○ Newsletter: Commissioner Banks noted that the Commission has established topics for each quarterly newsletter, with the first edition focusing on home repairs. ○ Relationship Building: Commissioner Banks explained that they are clarifying the relationship between the ACA and the Alameda County Mayor's Conference.
I. ORAL COMMUNICATIONS/PUBLIC COMMENT	○ Commissioner Guillory mentioned that it has been a warm welcome and that she is glad to have the opportunity to get to know the people she's working with and the areas they represent. She expressed interest in learning more about their backgrounds and how long they have been serving.

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	○ Commissioner Schinkel-Kludjian reported attending the Community Oktoberfest in Castro Valley, the Washington Hospital Health Care event in San Leandro, and the Senior Resource Fair in Sunol. Funds were raised at the Oktoberfest to support programs such as the nutrition program. ○ Program Specialist Deborah Cooper commented on the direct delivery service, noting that the nutrition program educates seniors on healthy eating. She also mentioned an upcoming webinar on October 27. ○ AAA Director Jennifer Stephens-Pierre extended an invitation to the commission to participate in the Independent Living webinar on October 21.
J. ADJOURNMENT	Meeting adjourned at 12:10 pm.

Advisory Commission on Aging Mission Statement and Strategic Plan



MISSION STATEMENT

The Advisory Commission on Aging promotes the independence and well-being of older adults through:

- Improved access to information and services and programs for older adults

- Support of family members and caregivers

- Advise and provide leadership to Board of Supervisors and Area Agency on Aging

- Advocate for, protect and care of vulnerable adults

- Community empowerment and outreach

2021 STRATEGIC GOALS

**DIGITAL
DIVIDE**

**ESTATE
PLANNING/ End
of Life**

RECRUITMENT

- Address Equity issues (legislative?)
- Pilot (Joint efforts)
- Collaborations (AFC or Cities)
- TRAINING/ACCESS
- DIGITA

Collaborate with community partners

Event ?

- Literature?
- GMOI

- Advertisement/ Marketing

- Outreach BOS/MC

ACA Legislative Committee Agenda

Update for Advisory Commission on
Aging Meeting
11/10/25

Topic	Information	Status/Next Action
Legislative Priorities	SB590 - Paid family leave: eligibility: care for designated persons. Would expand eligibility for benefits under the PFL program to include individuals who take time off work to care for a seriously ill designated person. Defines “designated person” to mean any individual related by blood or whose association with the employee is the equivalent of a family relationship. AB 315 - Medi-Cal Home & Community Based Alternative Waiver. Would expand access to and improve the quality of the Home and Community-Based Alternatives (HCBA) Waiver within California’s Medi-Cal program. Disaster preparedness for older adults: AB1068- Starting July 1, 2026, would require the Secretary of CalHHS, in coordination with various state departments, offices, and other entities to develop a working group to make recommendations regarding the evacuation and sheltering needs of older adults and persons with disabilities living in long-term care facilities during natural, technological, or manmade disasters and emergencies. Recommendations due July 1, 2027. AB1069- Older Adults/Emergency Shelters. Would require the state to make agreements with AAAs and ADRCS to allow their staff access to emergency shelters, ensuring that older adults and people with disabilities receive continuous services and necessary support. This would address one of many obstacles that agencies serving older adults encountered during the Los Angeles fires of 2024.	PASSED Commissioner Schinkel-Kludjian is recusing himself on this bill. Commissioner Price is studying and will make a recommendation. Currently this is an item to watch and it is also recommended to further discuss with full commission. AB 1068 is still sitting in committee, but AB 1069 has passed. More on this in the Director’s report and future meetings.



ACA

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	Teleconferencing: SB 470 – Teleconferencing. Would allow teleconferencing by state advisory bodies. This amends the Bagley-Keene Open Meeting Act, which governs state public bodies, NOT the Brown Act, which governs County commissions. SB 707 - Open meetings: meeting and teleconference requirements. This complex bill would establish a number of new requirements for public meetings of legislative bodies that are subject to the Brown Act, such as Alameda County’s Board of Supervisors and Commissions. Features include: Exempting disabled members from current teleconferencing restrictions, while adding new language requirements for agendas and meetings. Local – Measure W.	These bills have passed. As discussed at the retreat, County Counsel is preparing an updated Brown Act training that will be presented early in 2026. Some of the most complex requirements, such as language, requirements will also be clarified by the legislature next year. Board of Supervisors passed their allocation of Measure W homeless measure but also used some of the funds to assist with safety net programs and services and provide close to \$2M for AAA services.
Current watch priorities	Federal: Government shutdown Older Americans Act Reauthorization – National advocates are approaching methodically to ensure strong basis of support before Congressional action. HR1 “Big Beautiful Bill” – expected to result in significantly higher administrative costs while cutting Medi-Cal, CalFresh, and other programs serving older adults. State: SNAP-Ed	The state and county are working to inform the public and mitigate the impact of the shutdown on vulnerable recipients of SNAP and Medi-Cal, including older adults. There will most likely be further updates by the time this summary is viewed in the ACA meeting. SNAP-Ed nutrition education has been cut by the federal government, but AAA is seeking alternative funding to continue our efforts. Staff polling nutrition programs about need for nutrition education support



	SB1249 – Updates to Older Californians Act. Would update the Older Californians Act, administered by the Department of Aging (CDA), to establish performance and accountability measures, conform to new federal regulations, define core programs and services, align funding formulas with equity, improve governance structures, and establish timeframes for stakeholder engagement. SB412 – Home Care Aides. Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia. Because the bill creates new crimes by expanding the act to include additional requirements for home care organizations, the bill would impose a state-mandated local program. Commissioner Schinkel-Kludjian wants to clarify whether this is an unfunded mandate that could unintentionally create new barriers to care, especially given Medicaid budget cuts.	Legislative Committee recommends priority watch. Proposed changes to AAA governance could dramatically change structure of many of the state's AAAs. Commissioner Schinkel-Kludjian will reach out to one of the bill's sponsors who represent his district for clarification.
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ACA Legislation Committee:

Chair: Barbara Price

Members: John Schinkel-Kludjian, Dori Ellis, Helen Mayfield

Staff: Jennifer Stephens-Pierre, Kim Fogel

Medicare and the Annual Enrollment Period: Changes for 2026



**LEGAL ASSISTANCE
FOR SENIORS**

Health Insurance Counseling
and Advocacy Program



SHIP

State Health Insurance
Assistance Program

Navigating Medicare

Presented by HICAP
The Health Insurance Counseling
and Advocacy Program
& Legal Assistance for Seniors



Legal Assistance for Seniors

- Our mission is to ensure the independence and dignity of seniors by protecting their legal rights through education, counseling and advocacy.
- Our legal, community education, and individual Medicare counseling services are all **free** of charge.
- LAS is a 501(c)(3) agency (non-profit) that has served seniors and others in Alameda county since 1976.

LAS Helps With...

- Government Benefits
(Social Security, SSI, CAPI)
- Senior Immigrant Issues
- Elder Abuse Prevention
- Kin Caregiver Issues
- Planning for the Future
- Health Care Coverage
(Medicare & Medi-Cal)
- Housing (limited case-by-case basis)



Health Insurance Counseling and Advocacy Program (HICAP)



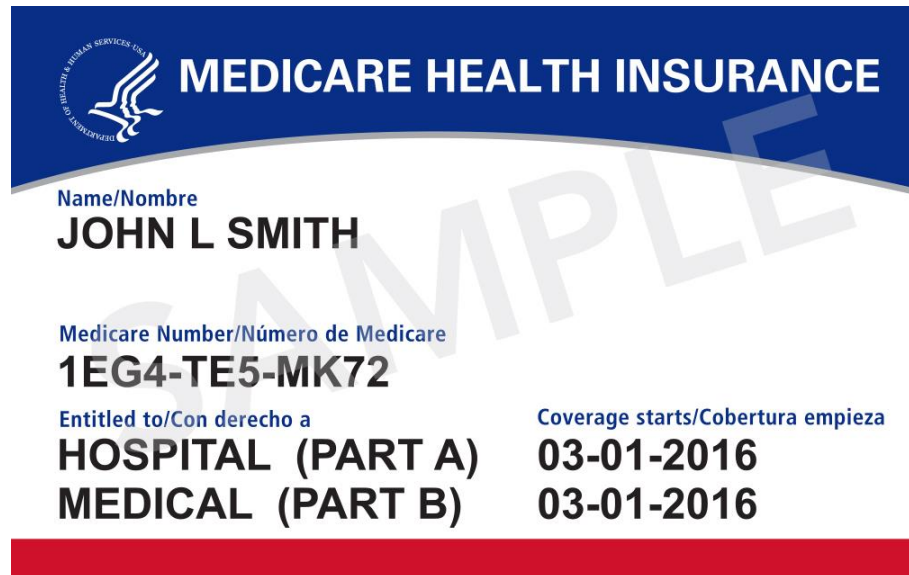
HICAP provides assistance with Medicare and related health insurance by offering **objective** information to consumers about their benefits and options.

HICAP Services

- LAS receives HICAP federal and state funds through the Alameda County Area Agency on Aging
- HICAP Counselors are registered with the state of California & must fulfill continuing education requirements
- LAS offers HICAP appointments at locations throughout Alameda County and by phone and zoom
- LAS/HICAP provides educational presentations throughout the county to help Medicare beneficiaries know their rights and options
- Difficult cases can be referred to the legal department
- All services are free

What is Medicare?

- Federal government insurance program
- Health insurance coverage for people 65 and older, and for people with disabilities
- No financial eligibility requirements



A sample Medicare Health Insurance card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name "JOHN L SMITH" is listed. The Medicare Number is "1EG4-TE5-MK72". The card also shows the entitlement to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Medicare Eligibility and H.R 1

Medicare is accessible to U.S. citizens and some lawful permanent residents (with **5** years continuous residence) who are...

- 65 or older
- under 65 and have been getting Social Security disability income (SSDI) for at least 24 months
- No waiting period if:
 - You have kidney failure (end stage renal disease)
 - You have ALS (amyotrophic lateral sclerosis), also known as Lou Gehrig's disease

Starting immediately, only the following groups can newly enroll in Medicare:

- U.S. citizens,
- Lawful permanent residents (green card holders),
- Cuban and Haitian family reunification program entrants, and,
- individuals from certain Pacific Island nations with special agreements with the U.S. ("COFA" migrants).

Medicare eligibility is eliminated for all other lawfully present immigrants, regardless of how long they have worked or paid into the system. Including:

- Refugees and people granted asylum,
- People with Temporary Protected Status,
- Survivors of human trafficking,
- Survivors of domestic violence, and,
- Individuals granted humanitarian parole

Apply through the Social Security Administration: www.ssa.gov or 1-800-772-1213

Medicare Coverage Components:

Part A = Hospital Insurance

Part B = Medical Insurance

Part C = Medicare Advantage Plans

Part D = Prescription Drug Plans



Medicare Part A Costs

Free if eligible for Social Security benefits:

- with 40 quarters (10 years) or more of work
- through spouse or former spouse
(previous marriage of 10 years or more)

If not automatically eligible, premium is:

-\$285/month with 30-39 quarters

-\$518/month with 29 or fewer quarters



*We are waiting for updated 2026 costs

Medicare Part A Covers

Inpatient Hospital Care

- Deductible: \$1,676 per benefit period

Skilled Nursing

- Days 1-20: \$0 co-pay
- Days 21-100: \$209.50/day



Home Health Care

- Intermittent **skilled care** prescribed by doctor

Hospice

- Pain management program for terminally ill

*We are waiting for updated 2026 costs

Medicare Part B Costs

- The **Initial Enrollment Period** is a 7-month window. It begins 3 months before the birth month, continues through the birth month, and lasts 3 months after the birth month.
 - Enrollment takes effect the following month
 - Most Medicare beneficiaries will pay a standard Part B premium of **\$185/month** in 2025.
 - There are 2 costs associated with Part B:
Annual deductible = \$257 Co-insurance = 20%
 - People who miss their IEP may qualify for a **Special Enrollment Period (SEP)** or they will have to enroll during the **General Enrollment Period (GEP)**, which is Jan-March each year.
 - Enrollment takes effect the following month
- *We are waiting for updated 2026 costs*

Medicare Part B Premium Costs

Individuals with incomes over \$106,000 and couples over \$212,000 pay more:

**We are waiting for updated 2026 costs*

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total monthly premium amount per person
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$259.00
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$370.00
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$480.90
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$591.90
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$628.90

Medicare Part B Covers

- Physicians
- Diagnostic Tests
- Rehabilitation Services
- Durable Medical Equipment
- Ambulance
- Mental Health Visits
- Outpatient physical, occupational, speech therapy
- Preventive benefits



Aside from preventive benefits, care must be *medically necessary and reasonable*.

Medicare pays 80% of approved charges.

Preventive Benefits Under Part B

Covered in Full

- Welcome to Medicare Exam
- Annual Wellness Visit
- Breast Cancer Screening
- Cervical Cancer Screening including Human Papillomavirus (HPV) Testing
- Colon Cancer Screening
- Annual Fecal Occult Blood Test
- (for people 50 and over)
- Colonoscopy
- Flexible Sigmoidoscopy
- Diabetes Screening
- Heart Disease Screening
- Nutritional Therapy for people with diabetes, ESRD, or a kidney transplant
- Osteoporosis Screening
- Prostate Cancer Screening
- Smoking Cessation Counseling
- Vaccinations
 - Flu
 - Pneumonia
 - HEP C (high risk)
 - COVID-19
 - Shingles



Added Part B Benefits 2022-2025



Vaccines:

The RSV and COVID Vaccines (2024), Shingles and Tetanus-Diphtheria-Whooping Cough vaccines (2023).

Lymphedema Compression Treatment Items

Coverage for prescribed gradient compression garments (standard or custom).

Managing & Treating Chronic Pain

In 2024 Medicare began covering monthly services to treat chronic pain if it has been ongoing for more than three months.

Mental Health Care Benefits

In 2024 Medicare began covering intensive outpatient program services provided by hospitals, community mental health centers, and other locations for mental health purposes.

Caregiver Training Resources

Training that helps caregivers learn and develop skills to take care of you. Part B deductible and 20% cost sharing applies.

Dementia – Family and unpaid caregiver support

Guiding an Improved Dementia Experience pilot program. Talk to your provider to see if they are participating

Enhanced insulin coverage (Part D and Part B) - reminder

Injectable and certain oral insulin, including syringes and certain medical supplies. Cost is capped at \$35/month including insulin delivered by pumps under Part B

Improvement in the Yearly “Wellness” visit

“Social Determinants of Health Risk Assessment” questionnaire and opioid risk assessment in “Welcome to Medicare” and yearly “Wellness” visit

Paying for Long Term Care

Medicare doesn’t cover Long Term Care. However an emphasis is being made on being “prepared” by planning for this need in the future. A list of long-term care resources is provided

Additional 2022 benefits

- Bariatric Surgery when certain conditions related to morbid obesity exist
- Cognitive Assessment & care plan services
- Blood-based biomarker test
- COVID-19 related services

Exclusions from Medicare Coverage

- Routine dental care
- Routine vision care
- Routine hearing care
- Routine foot care
- Cosmetic Surgery
- Experimental Procedures
- Personal care at home or in a nursing home
(long term care)



Medicare Part D Benefit

Separate insurance plans to cover prescription drugs

- Offered through private insurance companies
- In California in 2026:
 - **12 stand-alone plans (PDPs)**
 - **2 are Benchmark plans**
- Plans vary in premiums, co-insurance, and formularies (lists of covered drugs)
 - Must offer at least two choices in each drug category
 - Different pricing tiers of drugs
- Pharmacy network for each plan
- Exceptions (appeals) process for non-formulary drugs
- Can use www.Medicare.gov Plan Finder



Medicare Part D Enrollment

Annual Election Period:

- October 15th - December 7th
- Enrollment takes effect January 1
- Enroll through www.medicare.gov or directly with the company



Penalty for late enrollment unless one has *creditable coverage* (other coverage that is as good as or better than standard Part D benefit)

Penalty = 1% of national average premium (\$38.99) times the number of months eligible but not enrolled

Part D Standard Benefit

Deductible

- \$615

Total Out of Pocket
Limit

- \$2,100

Coverage Gap
(donut hole)

- Eliminated

Total spending prior to
Out-of-Pocket
Threshold

- \$2,100 (for all covered drugs, including those paid during the deductible period)
- Cost for non-covered drugs does NOT count toward OOP limit

Cost-Sharing once OOP
met

- \$0 generic/\$0 brand for covered drugs

In 2025, the Inflation Reduction Act implemented a \$2,000 out of pocket maximum for Part D plans. In 2026 that limit increases to \$2,100.

Medicare Prescription Payment Plan

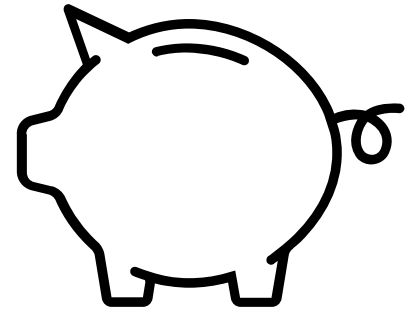
Examples

Helps people manage their RX expenses	Medicare Prescription Payment Plan
Does this reform lower my prescription medication costs?	No, it does not lower your costs but lets you spread your out-of-pocket drug payments throughout the calendar year
Who is eligible?	Anyone enrolled in a Part D plan is eligible, but the program is most beneficial to those with high out-of-pocket drug costs
What do patients need to do to benefit?	This is a voluntary program that you must opt-in to through your Medicare Part D plan
How will I pay for my prescription medications?	Each month, your plan will send you a bill with the amount you owe, when payment is due, and how to make a payment

- You know your drug costs will exceed \$2,100 in 2026. Notify your Part D Plan that you want to participate, and they will divide \$2,100 by 12 months (\$175). You will pay your monthly premium + \$175 to your plan each month.
- You begin the year not planning to exceed \$2,100 because your current monthly drug costs are only \$50. In March 2026, your doctor prescribes a new medication so your drug costs will exceed \$2,100 in 2026. You notify your plan that you want to enroll in the payment plan beginning April 1st. They will deduct any amount you've already paid in 2026 (\$150) from \$2,100, divide the balance (\$1,950) by the 9 remaining months of the year (\$216.66), and you will pay your monthly premium + \$216.66 to your plan each month.

Extra Help for Part D Costs

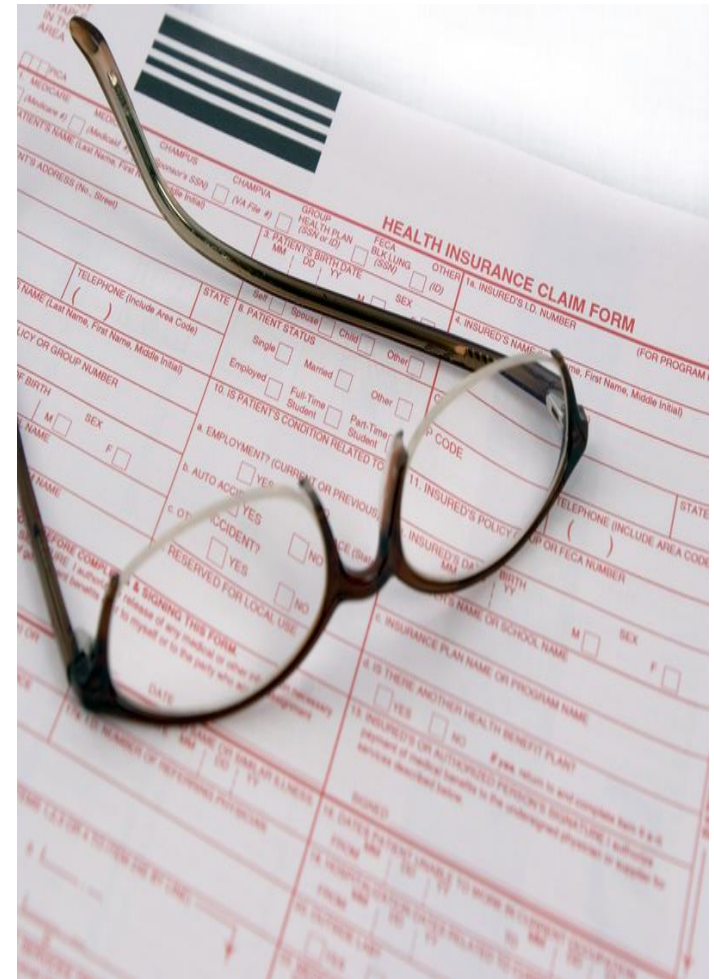
- Also called the **Low-Income Subsidy (LIS)**
- For those with limited incomes and assets:
 - Individual: **\$1,978/month income; \$17,600/assets**
 - Couple: **\$2,665/month income; \$35,130/assets**
- Pays all or part of the prescription drug plan premiums, deductibles, and co-pays
 - Rx co-pays capped at \$5.10 (generic) and \$12.65 (brand)
 - Part D subsidy amount towards “enhanced” plans is \$29.66
- Benchmark or “standard” plans have \$0 premium for people who qualify for LIS
- Can change Part D (NOT MAPD) plans once per month



Apply through Social Security: www.ssa.gov

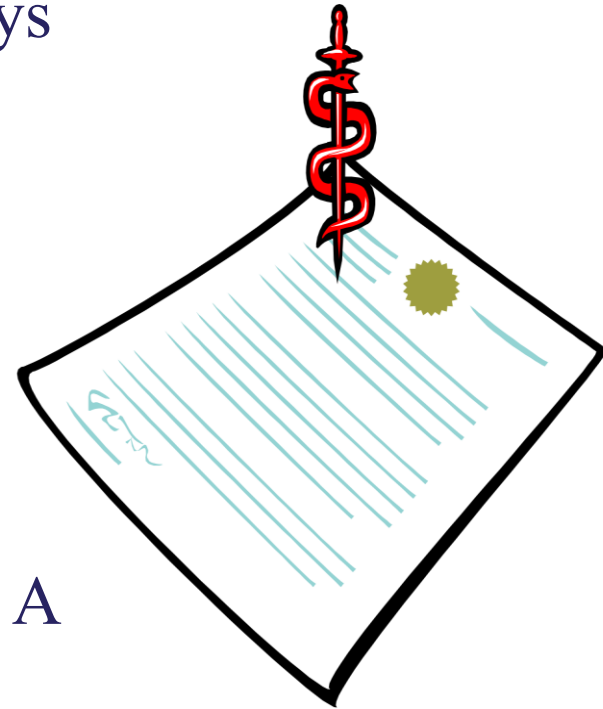
Ways to Supplement Medicare

- Medigap Plans
- Medicare Advantage Plans
- Employer/Retirement Plans
- Tri-Care for Life
- VA Benefits
- Medi-Cal
- Medicare Savings Programs



Medigap Policies and the Fee-for-Service System

- Policies pay after Medicare pays
- Policies fill Medicare “gaps,”
 - Co-insurance, deductibles
- No network restrictions
- 11 “standardized” policies
- All companies must offer Plan A (the basic benefit package)
- Guarantee Issue Period for 6 months from the date Part B starts



Part C: Medicare Advantage Plans



- Insurance companies contract with Medicare on annual basis - and contract with networks of local medical groups & hospitals.
- The MA plan receives an upfront monthly payment from Medicare for each member.
- Then the MA plan provides and coordinates services to its members.
- Plan offerings and costs vary by county.
- **Premiums and benefits can and often do change annually.**

Compare health and drug plans at:

www.medicare.gov

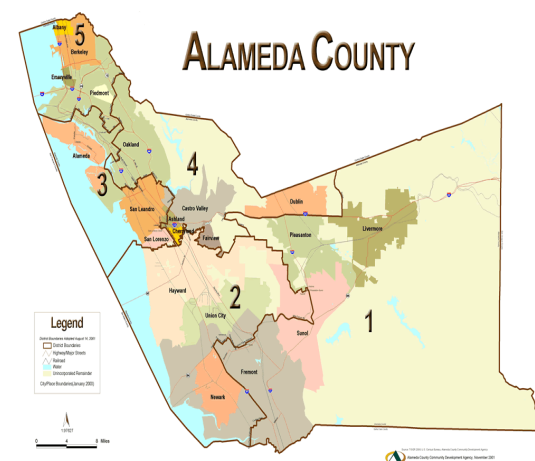
MA Enrollment and Eligibility

- **Annual Election Period: October 15 - December 7**
 - Everyone can enroll in or change Part D or MA plans
 - Beneficiaries could switch from an MA plan to Original Medicare, but the AEP only triggers a Guarantee Issue period for a Medigap under certain conditions
- **Medicare Advantage Open Enrollment Period:**
 - **January 1 – March 31**
 - Only those who start the year enrolled in a Medicare Advantage plan can change
 - Beneficiaries could switch from an MA plan to Original Medicare, but the MAOEP does not trigger a Guarantee Issue period for a Medigap
- Enroll or change through www.medicare.gov or directly with the company
- Eligibility: Must have both Medicare Part A & Part B

Medicare Advantage Plans

- **Health Maintenance Organizations (HMOs)**
- **Preferred Provider Organizations (PPOs)**
- **Private Fee For Service Plans (PFFS)**
- **Medical Savings Accounts (MSAs)**
- **Special Needs Plans (SNPs)**

***Most plans include Part D coverage**



Alameda County

Medicare Advantage Plans 2026

Aetna:

Medicare Eagle Plus PPO (no RX coverage)	\$0
Medicare Enhanced PPO	\$63
Medicare Signature PPO	\$0
Medicare Signature HMO	\$0
Medicare Signature Extra HMO-POS	\$0

Align Senior Care:

Advantage Care HMO	\$0
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Alignment Health Plan:

Harmony HMO	\$0
Honor+ Plan HMO	\$0
My Choice CalCare HMO	\$0

Anthem Blue Cross:

Prime HMO-POS	\$0
Select HMO-POS	\$0

Blue Shield of CA:

Inspire HMO	\$56
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Chinese Community Health Plan

Senior Program HMO	\$29
Senior Value Program HMO	\$0

Imperial Health Plan of CA:

Imperial Courage HMO (no RX coverage)	\$0
Imperial Dynamic HMO	\$0

Alameda County

MA Plans cont.

Kaiser:

Senior Advantage Basic Alameda HMO	\$19
Senior Advantage HMO	\$99

SCAN Health Plan:

Classic HMO	\$0
Compass HMO	\$49
My Choice HMO	\$0

United Health Care:

AARP Medicare Advantage	
From UHC HMO-POS	\$70

Alameda County

PACE Plans

PACE plans operate like SNPs, but provide additional services and have more eligibility restrictions

- age 55+
- at risk of institutionalization

* No cost for people with Medicare and Medi-Cal. People without Medi-Cal may enroll for a monthly premium.

- **Center for Elders Independence**
 - North & Central County and Tri-Valley
- **On Lok Lifeways**
 - South County
- **Welbe Health**
 - South County (San Jose facility)

Alameda County MA Plans for People with Special Needs in 2026

C-SNPs, D-SNPs, and I-SNPs are for those with certain chronic conditions, those with Medicare and full Medi-Cal (duals), or those in skilled nursing/long-term care facilities. D-SNPs have \$0 premiums and few co-pays and they include Part D coverage with the full low-income subsidy:

Chronic or Disabling Conditions (C-SNPs)

Alignment Health Plan:

(Chronic lung disorders)

BreathEasy C-SNP \$12

(Chronic disabling mental health)

Clarity C-SNP \$12

(Cardiovascular disorders,
chronic heart failure, and diabetes)

Heart and Diabetes C-SNP \$0

Heart and Diabetes CalPlus C-SNP \$12

Heart and Diabetes Care C-SNP \$0

Heart and Diabetes Choice C-SNP \$0.70

Imperial Health Plan of CA:

Imperial Courage HMO \$0

Chronic or Disabling Conditions (C-SNPs)

SCAN:

(Cardiovascular disorders, chronic heart failure, and diabetes)

Balance C-SNP \$0

Strive C-SNP \$0

United Health Care:

(Cardiovascular disorders, chronic heart failure, and diabetes)

Complete Care Support C-SNP \$8.90

Dual Medicare and Medi-Cal (D-SNPs)

Alameda Alliance

Wellness D-SNP \$0

Kaiser

Dual Complete North D-SNP \$0

Institutional (I-SNPs)

Align Senior Care:

Premier Care I-SNP \$0

Senior Care I-SNP \$12

Medi-Cal & QMB

Medi-Cal

- California's version of Medicaid
- For those who have low incomes and limited assets
- Pays for “medically necessary” health care and treatment
- Always the payer of last resort
- Caps Part D copays at \$1.60 (generic) and \$4.80 (brand)
- Income and asset limits for aged, blind, disabled:
 - **individual \$1,821/month income; \$130,000 assets**
 - **couple \$2,453/month income; \$195,000 assets**



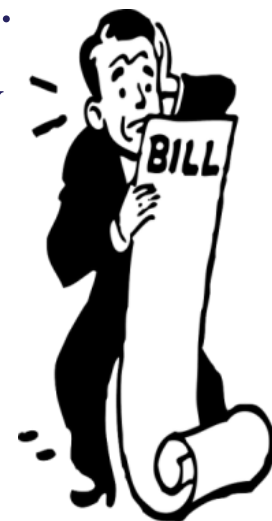
Qualified Medicare Beneficiary (QMB)

- Pays Medicare Part A & B premiums, deductibles, and co-insurances
 - **individual \$1,325/month income; \$130,000 assets**
 - **couple \$1,783/month income; \$195,000 assets**

Balance Billing

Not Allowed for Full Duals

- Can your provider bill you if you have Medicare and Medi-Cal and/or the Medicare Savings Program called QMB???
- This is called “**Balance Billing**” and is **not allowed**.
- Some providers are not aware that they cannot bill for deductibles, co-payments, or co-insurance.
- Federal and State laws say that Medicare and Medi-Cal payments received by the provider must be considered payment in full.
- You have no legal obligation to pay anything further for any Medicare cost sharing.
- **Do not ignore the bills** that may come;
 - Talk to the doctor’s office or **call HICAP** for help.



A Word About Medicare Fraud

Every year the Medicare program loses **billions** of dollars to waste, fraud, and abuse

-estimated at 10% of Medicare budget

Fraud fighting efforts:

-Federal Task Force = HEAT

www.stopmedicarefraud.gov

-Senior Medicare Patrol Programs



Report Medicare Fraud

HICAP: **1-800-434-0222**

CA Senior Medicare Patrol:
1-855-613-7080

Medicare: **1-800-MEDICARE**

Office of Inspector General:
1-800-447-8477

FTC ID Theft Hotline:
1-877-438-4338



More Resources



Medicare www.medicare.gov: 1-800-MEDICARE

Comparison and quality of care information on Medicare Advantage and Prescription Drug Plans; questions and complaints related to Medicare; help with plan comparisons and enrollment

CA Department of Insurance www.insurance.ca.gov: 1-800-427-9357

Consumer information, including marketing guidelines for the AEP; Medigap company list and sample premiums; long term care insurance info; complaints regarding insurance policies and agents; marketing advisories

California Health Advocates www.cahealthadvocates.org:

Consumer information about Medicare and related health insurance topics for California beneficiaries (Fact sheets by subscription)

For an Appointment

with a HICAP Counselor call **(510) 839-0393**
or statewide **(800) 434-0222**

www.lashicap.org

For comparison charts and other resources visit:

<https://www.lashicap.org/programs/hicap/#resources>



Are you looking for rewarding volunteer opportunities? Call our office and ask to speak with the Volunteer Coordinator for more information about how you can become a Medicare counselor with HICAP.

If you would like us to present this information to a group or organization you know, please call our office and ask for the community education department or speak to us before you leave.