

# 2010

## Medicare Advantage Plan Comparison Chart for Alameda County

### Medicare HMOs

**Medicare HMOs are one type of Medicare Advantage Plans.** These plans contract with the Centers for Medicare and Medicaid Services (CMS) to provide all of the benefits covered by Medicare. In exchange, CMS (Medicare) pays the plan a fixed fee per member, per month. This amount varies by region and is also adjusted for the individual member's age, gender and health condition.

**Medicare HMOs must accept anybody on Medicare, including those under age 65 on Medicare disability, regardless of their health condition.** (The only exception is that people with end stage renal disease cannot enroll. However, if a person develops this disease *while enrolled* in a plan, the plan cannot disenroll that individual.)

**To enroll in a Medicare HMO, a person must have Parts A & B.** The person must also live within the plan's service area.

**In 2010, three out of the four Medicare HMO plans in Alameda County will offer a prescription drug benefit (Medicare Part D).** If a person joins one without drug coverage, they are opting out of Part D. They cannot also enroll in a stand-alone prescription drug plan. *Enrolling in a stand-alone Part D plan will automatically trigger disenrollment from the Medicare HMO.*

**When joining a Medicare HMO, beneficiaries do not give up their Medicare coverage; rather they agree to receive it only through the plan's network of providers.** The member must choose a Primary Care Physician and receive a referral in order to see a specialist. Medicare will *not* pay for services received outside the plan's network unless it is urgent or emergency care. In those circumstances, the plan should be notified as soon as possible.

Medicare HMOs can discontinue coverage if the member spends more than twelve consecutive months outside of the service area. The plan is required to send written notice of its intent to disenroll someone for this reason. A Medicare HMO may not be a good option for someone who travels frequently or for extended periods.

In 2010, members can enroll, disenroll or change plans once during the Open Enrollment Period from Jan 1<sup>st</sup> through Mar 31<sup>st</sup>. After that, they must stay in the plan until the end of the year. However, these enrollment restrictions do not apply to people who have both Medicare and Medi-Cal. These beneficiaries can still enroll, disenroll or switch plans on monthly basis.

Members have the right to appeal decisions made by the plan. For denials of care, the physician or the member can request an expedited review or a fast track appeal. Contact the plan's Member Services Department or HICAP for more information.

#### **ABOUT THIS CHART**

This Comparison Chart is a summary and primarily highlights the areas where the Medicare HMOs *may differ* in benefits. *For more specific information, contact the company directly.*

The information in this chart applies to the individual plans under Medicare only. *Group* coverage (i.e. employer-sponsored plans) may be very different and should be evaluated and compared to the individual plans. Converting an employer group plan from primary to secondary coverage when retiring and going on Medicare may offer different benefits and premiums.

**Information provided by the  
Health Insurance Counseling and Advocacy Program (HICAP)  
of Legal Assistance for Seniors  
(510) 839-0393  
HICAP Statewide: 1-800-434-0222**

## 2010 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for outline of coverage &amp; provider information or call 1-800-medicare</i>	<b>Health Net</b> <b>1-800-935-6565 (Sales &amp; Marketing)</b> <b>1-800-275-4737 (Member Services)</b> <b>www.healthnet.com</b>	
<b>Plan Name</b>	<b>Seniority Plus Green</b>	<b>Healthy Heart</b>
<b>Availability</b>	Available throughout Alameda County	Available throughout Alameda County
<b>Monthly Premium</b>	<b>\$79</b>	<b>\$129</b>
<b>Doctor Visit Co-Payment</b>	\$10 for Primary Care Physician \$10 for Specialist	\$10 for Primary Care Physician \$20 for Specialist
<b>Inpatient Hospital Co-Payment</b>	\$250/day (days 1-7) \$0/day (days 8-90) \$2,000 annual out-of-pocket limit	\$250/day (days 1-7) \$0/day (days 8-90) \$2,000 annual out-of-pocket limit
<b>Inpatient Mental Health Co-payment</b>	\$900 per Medicare-covered stay	\$900 per Medicare-covered stay
<b>Outpatient Surgery Co-payment</b>	\$250 per visit	\$250 per visit
<b>Skilled Nursing Care Co-Payment</b>	\$0 co-pay Up to 100 days each benefit period No prior hospital stay required	\$0 co-pay for days 1-20 \$75 per day for days 21-100 No prior hospital stay required
<b>Emergency &amp; Urgent Care Co-payments</b>	\$50 for emergency room care; \$10 for urgent care visit (co-pays waived if admitted to hospital) \$50,000 annual limit for ER care outside U.S.	\$50 for ER care; \$20 for urgent care visit (co-pays waived if admitted to hospital) \$50,000 annual limit for ER care outside U.S.
<b>Ambulance</b>	\$125 co-pay/day	\$180 co-pay/day
<b>Durable Medical Equip.</b>	20% of cost of Medicare-covered items	20% of cost of Medicare-covered items
<b>Diagnostic Tests (including x-ray and lab)</b>	\$0 co-pay for lab, x-ray, diagnostic tests and procedures; \$0-\$250 co-pay for diagnostic and therapeutic radiology	\$0 co-pay for lab, x-ray, diagnostic tests and procedures; \$0-\$250 co-pay for diagnostic and therapeutic radiology
<b>Outpatient Mental Health Visits</b>	\$25 co-pay for individual or group session	\$25 co-pay for individual or group session
<b>Eyeglasses (or Contact Lenses)</b>	\$0 co-pay for one pair eyewear, following cataract surgery; (See optional benefit package below.)*	\$0 co-pay for eyewear, following cataract surgery; (See optional benefit package below.)*
<b>Eye Exams</b>	\$10 co-pay per diagnostic exam \$10 co-pay for one routine exam per year	\$20 co-pay per diagnostic exam \$20 co-pay for one routine exam per year
<b>Hearing Aids</b>	Not Covered	Not Covered
<b>Hearing Exams</b>	\$10 co-pay for one routine exam per year \$10 co-pay per diagnostic exam	\$20 co-pay for one routine exam per year \$20 co-pay per diagnostic exam
<b>Dental</b>	Medicare coverage only: \$0 co-pay/visit (See optional benefit package below.)*	Medicare coverage only: \$0 co-pay/visit (See optional benefit package below.)*
<b>Chiropractic</b>	Medicare coverage only: \$10 co-pay/visit (See optional benefit package below.)*	Medicare coverage only: \$10 co-pay/visit (See optional benefit package below.)*
<b>Podiatry</b>	\$10 co-pay for one annual routine visit and for each Medicare-covered visit	\$20 co-pay for one annual routine visit and for each Medicare-covered visit
<b>Prescription Drugs (Outpatient)</b>	<b>THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE.</b>  <b>YOU CANNOT BELONG TO THIS PLAN AND ALSO JOIN A STAND-ALONE PRESCRIPTION DRUG PLAN.</b>	<b>Preferred Generic:</b> \$7 co-pay for 30 day supply; \$14 co-pay for 60 day supply; \$21 co-pay for 90 day supply. <b>Preferred Brand:</b> \$42 for 30 day supply; \$84 for 60 day supply; \$126 for 90 day supply. <b>Non-Preferred:</b> \$84 for 30 day supply; \$168 for 60 day supply; \$262 for 90 day supply; <b>Specialty:</b> 33% co-insurance. -After total yearly drug costs reach <b>\$2,830</b> , you pay 100% of drug costs until out-of-pocket drug expenses reach <b>\$4,550</b> . -After yearly out-of-pocket drug costs reach <b>\$4,550</b> , you pay the greater of <b>\$2.50</b> or <b>5%</b> for generics and the greater of <b>\$6.30</b> or <b>5%</b> for brands. - Mail order discounts available.
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• \$0 for most preventive services</li> <li>• \$0 co-pay for one annual routine physical exam</li> <li>• some extra wellness programs</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for most preventive services</li> <li>• \$0 co-pay for one annual routine physical exam</li> <li>• some extra wellness programs</li> </ul>
<b>Other Benefits/Options</b>	*Optional supplemental packages at <b>\$15 or \$18</b> per month; includes: some acupuncture; \$10 co-pay for 30 chiropractic visits; \$0 to \$40 co-pay for up to 2 dental cleanings, exams, and x-rays; \$0 co-pay for up to 1 pair glasses, contacts, lenses or frames every 2 years. Must use network providers.	*Optional supplemental packages at <b>\$15 or \$18</b> per month; includes: some acupuncture; \$10 co-pay for 30 chiropractic visits; \$0 to \$40 co-pay for up to 2 dental cleanings, exams, and x-rays; \$0 co-pay for up to 1 pair glasses, contacts, lenses or frames every 2 years. Must use network providers.
<b>Notes</b>	Includes the following medical groups: Affinity/Tri-Valley/San Leandro/Eden Pods, Alta Bates Medical Group, and Hill Physicians.	Includes the following medical groups: Affinity/Tri-Valley/San Leandro/Eden Pods, Alta Bates Medical Group, & Hill Physicians.

## 2010 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for outline of coverage &amp; provider information.</i>	<b>Kaiser Permanente</b> <b>1-800-777-1238 (Sales &amp; Marketing)</b> <b>1-800-433-0815 (Member Services)</b> <b>www.kp.org</b>	<b>Secure Horizons by United Healthcare</b> <b>1-800-547-5514 (Sales and Marketing)</b> <b>1-800-950-9355 (Member Services)</b> <b>www.securehorizons.com</b>
<b>Plan Name</b>	<b>Kaiser Permanente Senior Advantage Plan</b>	<b>AARP Medicare Complete</b>
<b>Availability</b>	<b>Available throughout Alameda County</b>	<b>Available throughout Alameda County</b>
<b>Monthly Premium</b>	<b>\$78</b>	<b>\$75</b>
<b>Doctor Visit Co-Payment</b>	<b>\$30</b> for Primary Care Physician <b>\$30</b> for Specialist	<b>\$10</b> for Primary Care Physician <b>\$15</b> for Specialist
<b>Inpatient Hospital Co-Payment</b>	<b>\$225/day</b> (days 1-7) <b>\$0/day</b> (days 8-90)	<b>\$290/day</b> (days 1-5) <b>\$0/day</b> (days 6-90)
<b>Inpatient Mental Health Co-payment</b>	<b>\$225/day</b> (days 1-7) <b>\$0/day</b> (days 8-90)	<b>\$290/day</b> (days 1-5) <b>\$0/day</b> (days 6-90)
<b>Outpatient Surgery Co-payment</b>	<b>\$175</b> per procedure	<b>\$260</b> per procedure
<b>Skilled Nursing Care Co-Payment</b>	<b>\$0</b> co-pay for days 1-20 <b>\$100</b> per day for days 21-100 No prior hospital stay required	<b>\$0</b> co-pay for days 1-20 <b>\$120/day</b> co-pay for days 21-100 No prior hospital stay required
<b>Emergency &amp; Urgent Care Co-payments</b>	<b>\$50</b> for emergency room care (worldwide) <b>\$30 to \$50</b> for urgent care visit	<b>\$50</b> for emergency room care (worldwide) <b>\$50</b> for urgent care visit
<b>Ambulance</b>	<b>\$300</b> co-pay/trip	<b>\$150</b> co-pay/trip
<b>Durable Medical Equipment</b>	<b>20%</b> of cost for Medicare-covered items	<b>20%</b> of cost for Medicare-covered items
<b>Diagnostic Tests (including x-ray and lab)</b>	<b>\$0 to 25</b> co-pay for lab, x-ray, diagnostic tests & procedures; <b>\$100</b> co-pay for diagnostic radiology; <b>\$0</b> for therapeutic radiology	<b>\$0 to \$10</b> co-pay for lab, x-ray, diagnostic tests & procedures; <b>20%</b> of Medicare approved amount for diagnostic & therapeutic radiology
<b>Outpatient Mental Health Visits</b>	<b>\$30</b> co-pay for individual therapy session <b>\$15</b> for group therapy session	<b>\$30</b> co-pay for individual or group session
<b>Eyeglasses (or Contact Lenses)</b>	<b>\$120</b> limit for eyewear every two years (See Optional benefit package below.)*	<b>\$30</b> co-pay for one pair eyewear every two years ( <b>\$70</b> frame limit and <b>\$105</b> contact lenses limit)
<b>Eye Exams</b>	<b>\$30</b> co-pay for diagnostic exam <b>\$30</b> co-pay for routine exam	<b>\$10 to \$15</b> co-pay for diagnostic exam <b>\$30</b> co-pay for 1 routine exam every 2 years
<b>Hearing Aids</b>	Not Covered (See Optional benefit package below.)*	<b>\$300</b> limit for hearing aids every two years
<b>Hearing Exams</b>	<b>\$30</b> co-pay per diagnostic exam Routine exams not covered	<b>\$15</b> co-pay for diagnostic exam Routine exams not covered
<b>Dental</b>	Not Covered (See Optional benefit package below.)*	Not Covered (See Optional benefit package below.)*
<b>Chiropractic</b>	Medicare coverage only; <b>\$30</b> co-pay/visit	Medicare coverage only; <b>\$15</b> co-pay/visit
<b>Podiatry</b>	Medicare coverage only; <b>\$30</b> co-pay/visit	Medicare coverage only; <b>\$10 to \$15</b> co-pay/visit
<b>Prescription Drugs (Outpatient)</b>	<b>Generic: \$10</b> co-pay for 30 day supply; <b>\$30</b> co-pay for 100 day supply through mail; <b>Brand name: \$45</b> co-pay for 30 day supply of preferred through pharmacy or mail; <b>\$135</b> co-pay for 100 day supply of preferred supply through mail - <b>After total yearly drug costs reach \$2,830</b> , you pay <b>\$10</b> co-pay for generics and <b>100%</b> of brand name and specialty drug costs until out-of-pocket drug expenses reach <b>\$4,550</b> . - <b>After yearly out-of-pocket drug costs reach \$4,550</b> , you pay <b>\$5</b> for generics and <b>\$12</b> for brands.	<b>Preferred Generic: \$6</b> for 31 day supply; <b>\$18</b> for 90 day supply. <b>Preferred Brand: \$42</b> for 31 day supply; <b>\$126</b> for 90 day supply; <b>Non-Preferred: \$79</b> for 31 day supply; <b>\$237</b> for 90 day supply; <b>Specialty: 33%</b> co-insurance - <b>After total yearly drug costs reach \$2,830</b> , you pay <b>100%</b> of drug costs until out-of-pocket drug expenses reach <b>\$4,550</b> . - <b>After yearly out-of-pocket drug costs reach \$4,550</b> , you pay the greater of <b>\$2.50</b> co-pay or <b>5%</b> for generics and <b>\$6.30</b> co-pay or <b>5%</b> for brands. Mail order discounts available.
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• <b>\$0-\$30</b> co-pay for most preventive services</li> <li>• <b>\$30</b> co-pay for each routine physical exam</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay for most preventive services</li> <li>• <b>\$0</b> co-pay for one annual routine physical exam</li> <li>• some extra wellness programs</li> </ul>
<b>Other Benefits/Options</b>	* Optional supplemental package at <b>\$20/month</b> includes some vision ( <b>\$150</b> every 2 years), <b>\$700</b> credit for up to two hearing aids every three years, and preventive dental services ( <b>\$30 to \$225</b> co-pay). Health and wellness education benefits available.	*Optional dental plans @ <b>\$6/month</b> or <b>\$24/month</b> Gym membership at no cost for contracted facilities (Balleys and Gold's).
<b>Notes</b>	All co-payments apply toward the <b>\$3,400</b> annual out of pocket limit, with the exception of prescription drug costs. Internal tracking system for annual limit is available online and through paper statements.	Includes the following medical groups: Affinity/Tri-Valley/San Leandro/Eden Pods, Alta Bates Medical Group, and Hill Physicians/Summit.