

2012 Medicare Advantage Plan Comparison Chart for Alameda County

Medicare PPOs

PPOs or Preferred Provider Organizations are one type of Medicare Advantage (MA) Plan. 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.

Medicare PPOs 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 (ESRD) cannot enroll. However if a person develops ESRD *while enrolled* in a plan, the plan cannot disenroll that individual).

To enroll in a Medicare PPO, a person must have Parts A & B of Medicare. The person must also live within the plan's service area. In 2012, the Anthem Blue Cross Medicare Preferred Standard PPO is available in Alameda County.

Medicare PPOs are required to establish a single annual deductible and an annual limit for out of pocket expenses. They are not required to offer prescription drug coverage; however in 2012 the Medicare Preferred Standard plan will offer the Part D drug benefit. People who enroll in a Medicare PPO *cannot* also enroll in a stand-alone Part D prescription drug plan.

When joining a Medicare PPO, beneficiaries do not give up their Medicare coverage; rather they agree to receive it through the plan's network of providers in the same manner as they do with the HMOs (Health Maintenance Organizations).

However, the PPO differs from the HMO in that its members are not obligated to choose a primary care physician and do not need referrals to see specialists. The network of contracting providers may also be much larger than that of an HMO. Members pay fixed costs or co-payments when they see an "in-network" provider. They also have the freedom to seek care from an "outside" or non-contracting provider, but the out-of-pocket costs will be higher, usually 30% of the cost of the visit.

In the fall of 2011, members can enroll, disenroll or change plans during the **Annual Enrollment Period from October 15 through December 7**. The change takes effect on January 1, 2012. However, this enrollment restriction does not apply to people who have both Medicare and Medi-Cal or to those with the Low Income Subsidy (Extra Help) for Part D. These beneficiaries can still enroll, disenroll or change plans on monthly basis.

In 2012, members have one more opportunity to make a change: they can leave their PPO and change back to Original Medicare during the **Annual Disenrollment Period from Jan 1 through February 14**. They cannot change to another Medicare Advantage plan. If someone changes back to Original Medicare during this period, s/he will have until February 14 to also join a stand-alone Medicare Prescription Drug Coverage to add drug coverage.

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 only. 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.

Please contact the company for complete and more detailed information.	Anthem/Blue Cross 1-800-211-9813 (General Number) 1-877-811-3107 (Member Services) www.anthem.com/ca/medicare							
Plan Name	Medicare Preferred Standard							
Availability	Available throughout California							
	IN-NETWORK COSTS:				OUT-OF-NETWORK COSTS:			
Monthly Premium	\$131							
Doctor Visit Co-Payment	\$10 for primary care visit \$45 for specialist visit				\$35 for primary care visit \$55 for specialist visit			
Inpatient Hospital	\$750 co-pay per stay Covered for unlimited days each benefit period				15% co-insurance per stay			
Inpatient Mental Health	\$750 co-pay per stay Lifetime max of 190 days in a psychiatric hospital				15% co-insurance per stay Lifetime max of 190 days in a psychiatric hospital			
Outpatient Surgery	\$0 - \$225 co-pay for each surgical center visit \$0 - \$275 per hospital facility visit				30% co-insurance for each surgical center visit 30% co-insurance per hospital facility visit			
Skilled Nursing Care	Days 1-20: \$0 co-pay Days 21-100: \$125 co-pay per day No prior hospital stay required				15% co-insurance per stay			
Emergency & Urgent Care	\$65 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; No coverage outside of U.S.				\$65 co-pay for ER visit; \$40 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; No coverage outside of U.S.			
Ambulance	\$200 co-pay				\$200 co-pay			
Durable Medical Equipment	20% co-insurance				25% co-insurance			
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab services; \$65 co-pay for x-rays; \$0 - \$200 co-pay for diagnostic procedures and tests; \$65 - \$200 for diagnostic radiology; 20% of cost for therapeutic radiology				30% co-insurance for lab services, x-rays, diagnostic procedures, and tests; 30% co-insurance for diagnostic radiology; 30% co-insurance for therapeutic radiology			
Outpatient Mental Health Visits	\$40 co-pay for each individual visit or group therapy session				30% co-insurance per session			
Eyeglasses and Contact Lenses	\$0 co-pay for one pair after cataract surgery (See Optional Supplemental Packages)				\$0 co-pay			
Eye Exams	\$0 co-pay for diagnostic/treatment exams \$0 co-pay for one routine annual exam				\$0 co-pay			
Hearing Aids	Not Covered				Not Covered			
Hearing Exams	\$45 co-pay for Medicare covered diagnostic exams				30% co-insurance for Medicare covered diagnostic exams			
Dental	\$0 co-pay for Medicare-covered benefits; preventive care not covered (See Optional Supplemental Packages)				\$0 co-pay for Medicare-covered benefits; preventive care not covered (See Optional Supplemental Packages)			
Chiropractic	\$20 co-pay for each Medicare-covered visit				\$40 co-pay			
Acupuncture	\$30 co-pay for up to 20 visits per year				\$45 co-pay			
Podiatry	\$45 co-pay for each Medicare-covered visit				\$55 co-pay			
Prescription Drugs (Outpatient)		30 days	90 days	90 days mail		30 days	90 days	90 days mail
	Preferred Generic	\$2	\$6	\$3	Preferred Generic	\$2		
	Non-Pref Generic	\$5	\$15	\$7.50	Non-Pref Generic	\$5		
	Preferred Brand	\$43	\$129	\$107.50	Preferred Brand	\$43		
	Non-Preferred Brand	\$90	\$270	\$225	Non-Preferred Brand	\$90		
	Specialty co-insurance	25%	25%	25%	Specialty co-insurance	25%		
	-\$316 annual deductible - After total yearly drug costs reach \$2,930 , you receive a 50% discount on brand name drugs and you pay 86% of the plan's cost for generic drugs until out-of-pocket drug expenses reach \$4,700 . -After yearly out-of-pocket drug costs reach \$4,700 , you pay the greater of \$2.60 or 5% for generics and the greater of \$6.50 or 5% for brands.	-\$316 annual deductible - After total yearly drug costs reach \$2,930 , you receive a 50% discount on brand name drugs and you pay 86% of the plan's cost for generic drugs until out-of-pocket drug expenses reach \$4,700 . -After yearly out-of-pocket drug costs reach \$4,700 , you pay the greater of \$2.60 or 5% for generics and the greater of \$6.50 or 5% for brands.						
Preventive Care (See notes)	\$0 co-pay for initial exam and annual wellness visits \$0 co-pay for Medicare covered preventive services				30% co-insurance for Medicare covered preventive services			
Notes	\$300 annual deductible for most plan services when received in or out-of- network. <i>Services that do not apply to the deductible are primary and specialist doctor visits, emergency and urgent care visits, lab tests, x-rays, and preventive care.</i> \$3,400 out-of-pocket annual maximum for in or out of network covered services. Includes deductible and all co-payments/co-insurance but not prescription drug costs. Plan covers some health and wellness education benefits: health club membership, fitness and smoking cessation classes, nursing hotline.							

*** Optional Supplemental Packages for Anthem Blue Cross
Medicare Preferred Standard**

<i>Please contact the company for complete and more detailed information.</i>	Supplemental Package #1	Supplemental Package #2	Supplemental Package #3
Name	Preventive Dental Package	Comprehensive Dental and Vision Package	Combination Package
Monthly Premium	\$12	\$32	\$45
Dental	<p>In Network: \$0 co-pay for up to two oral exams and two cleanings every year</p> <p>\$0 co-pay for one dental x-ray(s) every year</p> <p>Out of Network: 20% of the cost of preventive dental services</p> <p>\$500 annual coverage limit; applies to both In-Network and Out-of-Network benefits.</p>	<p>In Network: \$0 co-pay for up to two oral exams and two cleanings every year</p> <p>\$0 co-pay for one dental x-ray(s) every year</p> <p>Out of Network: 30% of the cost for preventive dental services;</p> <p>30% to 75% of the cost for comprehensive dental services</p> <p>\$1,000 annual coverage limit; applies to both In-Network and Out-of-Network benefits.</p>	<p>In Network: \$0 co-pay for up to two oral exams and two cleanings every year</p> <p>\$0 co-pay for one dental x-ray(s) every year</p> <p>Out of Network: 30% of the cost for preventive dental services;</p> <p>30% to 75% of the cost for comprehensive dental services</p> <p>\$1,000 annual coverage limit; applies to both In-Network and Out-of-Network benefits.</p>
Vision	Not Covered	<p>In Network: \$0 co-pay for one annual routine eye exam;</p> <p>\$0 co-pay for one pair of glasses or contacts every year</p>	<p>In Network: \$0 co-pay for one annual routine eye exam;</p> <p>\$0 co-pay for one pair of glasses or contacts every year</p> <p>Out of Network: \$0 co-pay for eye exams \$0 co-pay for eye wear</p>
Chiropractic	Not Covered	Not Covered	<p>In Network: \$20 co-pay per visit</p> <p>Out of Network: \$30 co-pay per visit</p> <p>Up to 10 routine visits per year</p>
Acupuncture	Not Covered	Not Covered	<p>In Network: \$20 co-pay per visit,</p> <p>Out of Network: \$30 co-pay per visit</p> <p>Up to 10 routine visits per year</p>