

2012 Medicare Advantage Plan Comparison Chart for Alameda County Medicare HMOs

Medicare HMOs are one type of Medicare Advantage (MA) 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 who are under age 65 on Medicare through disability, regardless of their health condition. The only exception is that people with end stage renal disease (ESRD) cannot enroll in one. However, if a person develops ESRD *while enrolled* in an HMO, 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 2012, three out of the four Medicare HMO plans in Alameda County will offer a prescription drug benefit (Medicare Part D). If a person joins a plan 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 the fall of 2011, members can enroll, disenroll or change plans during the **Annual Enrollment Period** from October 15 through December 7. Changes take 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 HMO 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 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**

2012 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for outline of coverage & provider information or call 1-800-medicare</i>	Health Net 1-800-935-6565 (Sales & Marketing) 1-800-275-4737 (Member Services) www.healthnet.com																												
Plan Name	Seniority Plus Green		Healthy Heart																										
Availability	Available throughout Alameda County																												
Monthly Premium	\$89		\$129																										
Doctor Visit Co-Payment	\$10 for Primary Care Physician \$10 for Specialist		\$10 for Primary Care Physician \$20 for Specialist																										
Inpatient Hospital Co-Payment	\$250/day (days 1-7) \$0/day (days 8-90)		\$250/day (days 1-7) \$0/day (days 8-90)																										
Inpatient Mental Health Co-payment	\$900 per Medicare-covered stay		\$900 per Medicare-covered stay																										
Outpatient Surgery Co-payment	\$250 per outpatient hospital visit \$125 per ambulatory surgical center visit		\$250 per outpatient hospital visit \$125 per ambulatory surgical center visit																										
Skilled Nursing Care Co-Payment	\$0 co-pay for days 1-100 No prior hospital stay required		\$0 co-pay for days 1-20 \$75 per day for days 21-100 No prior hospital stay required																										
Emergency & Urgent Care Co-payments	\$50 for emergency room visits; \$10 for urgent care visits (co-pays waived if admitted to hospital) \$50,000 annual limit for emergency care outside U.S.		\$50 for emergency room visits; \$20 for urgent care visit (co-pays waived if admitted to hospital) \$50,000 annual limit for emergency care outside U.S.																										
Ambulance	\$125 co-pay per trip		\$175 co-pay per trip																										
Durable Medical Equipment	20% co-insurance for Medicare-covered items		20% co-insurance for Medicare-covered items																										
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology		\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology																										
Outpatient Mental Health Visits	\$25 co-pay for individual or group therapy session		\$25 co-pay for individual or group therapy session																										
Eyeglasses (or Contact Lenses)	\$0 co-pay for one pair following cataract surgery; (See optional benefit package below.)*		\$0 co-pay for one pair following cataract surgery; (See optional benefit package below.)*																										
Eye Exams	\$0-\$10 co-pay for diagnostic exam \$10 co-pay for one routine annual exam		\$0-\$20 co-pay for diagnostic exam \$20 co-pay for one routine annual exam																										
Hearing Aids	Not Covered		Not Covered																										
Hearing Exams	\$10 co-pay for diagnostic exam \$10 co-pay for one routine annual exam		\$20 co-pay for diagnostic exam \$20 co-pay for one routine annual exam																										
Dental	\$0 co-pay for Medicare covered visit (See optional benefit package below.)*		\$0 co-pay for Medicare covered visit (See optional benefit package below.)*																										
Chiropractic	\$10 co-pay for Medicare covered visit (See optional benefit package below.)*		\$10 co-pay for Medicare covered visit (See optional benefit package below.)*																										
Podiatry	\$10 co-pay per Medicare-covered visit \$10 co-pay for up to 12 routine visits each year		\$20 co-pay for Medicare-covered visit \$20 co-pay for up to 12 routine visits each year																										
Prescription Drugs (Outpatient)	THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE. YOU CANNOT BELONG TO THIS PLAN AND ALSO JOIN A STAND-ALONE PRESCRIPTION DRUG PLAN.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">30 days</td> <td style="width: 15%; text-align: center;">90 days</td> <td style="width: 15%; text-align: center;">90 days mail</td> <td style="width: 45%;"></td> </tr> <tr> <td>Preferred Generic</td> <td style="text-align: center;">\$7</td> <td style="text-align: center;">\$21</td> <td style="text-align: center;">\$14</td> <td></td> </tr> <tr> <td>Preferred Brand</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$135</td> <td style="text-align: center;">\$90</td> <td></td> </tr> <tr> <td>Non-Preferred Brand</td> <td style="text-align: center;">\$84</td> <td style="text-align: center;">\$252</td> <td style="text-align: center;">\$210</td> <td></td> </tr> <tr> <td>Specialty co-insurance</td> <td style="text-align: center;">33%</td> <td style="text-align: center;">33%</td> <td style="text-align: center;">33%</td> <td></td> </tr> </table> <p>- 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.</p> <p>-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.</p>			30 days	90 days	90 days mail		Preferred Generic	\$7	\$21	\$14		Preferred Brand	\$45	\$135	\$90		Non-Preferred Brand	\$84	\$252	\$210		Specialty co-insurance	33%	33%	33%	
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Other Benefits/Options	*Optional supplemental packages at \$19 or \$29 per month include some acupuncture; \$10 co-pay for 30 chiropractic visits/year; \$0 co-pay for up to 2 dental cleanings, exams, and x-rays; \$0 co-pay for up to 1 pair glasses, contacts, lenses and frames, with \$250 coverage limit for eyewear every 2 years. Must use network providers.		*Optional supplemental packages at \$19 or \$29 per month include some acupuncture; \$10 co-pay for 30 chiropractic visits/year; \$0 co-pay for up to 2 dental cleanings, exams, and x-rays; \$0 co-pay for up to 1 pair glasses, contacts, lenses and frames, with \$250 coverage limit for eyewear every 2 years. Must use network providers.																										
Notes	\$3,400 annual out of pocket maximum (applies to all cost-sharing except prescription drugs and plan premiums). Includes the following medical groups: Affinity/Tri-Valley/San Leandro/Eden Pods, Alta Bates, and Hill Physicians.		\$3,400 annual out of pocket maximum (applies to all cost-sharing except prescription drugs and plan premiums). Includes the following medical groups: Affinity/Tri-Valley/San Leandro/Eden Pods, Alta Bates, and Hill Physicians.																										

2012 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for outline of coverage & provider information.</i>	Kaiser Permanente 1-800-777-1238 (Sales & Marketing) 1-800-443-0815 (Member Services) www.kp.org	Secure Horizons by United Healthcare 1-800-547-5514 (Sales and Marketing) 1-800-950-9355 (Member Services) www.aarpmedicarecomplete.com																																																
Plan Name	Senior Advantage	AARP Medicare Complete																																																
Availability	Available throughout Alameda County	Available throughout Alameda County																																																
Monthly Premium	\$76	\$79																																																
Doctor Visit Co-Payment	\$25 for Primary Care Physician \$25 for Specialist	\$10 for Primary Care Physician \$15 for Specialist																																																
Inpatient Hospital Co-Payment	\$225 per day (days 1-7) \$0 per day (days 8-90)	\$320 per day (days 1-5) \$0 per day (days 6-90)																																																
Inpatient Mental Health Co-payment	\$225 per day (days 1-7) \$0 per day (days 8-90)	\$320 per day (days 1-4) \$0 per day (days 5-90)																																																
Outpatient Surgery Co-payment	\$175 per procedure	20% coinsurance for Medicare covered visits																																																
Skilled Nursing Care Co-Payment	\$0 per day for days 1-10 \$50 per day for days 11-100 No prior hospital stay required	\$50 per day for days 1-20; \$100 per day for days 21-77; \$0 per day for days 78-100 No prior hospital stay required																																																
Emergency & Urgent Care Co-payments	\$65 for emergency room visits (worldwide) \$25 for urgent care visits at Kaiser facility; \$65 per urgent care visit outside Kaiser	\$65 for emergency room visits (worldwide) \$40 for urgent care visits (nationwide)																																																
Ambulance	\$200 co-pay per trip	\$200 co-pay per trip																																																
Durable Medical Equipment	20% co-insurance for Medicare-covered items	20% co-insurance for Medicare-covered items																																																
Lab Tests, Procedures, and Radiation Therapy	\$0 - \$25 co-pay for lab, diagnostic tests & procedures; \$25 co-pay for x-ray; \$100 co-pay for diagnostic radiology; \$0 for therapeutic radiology	\$18 co-pay for lab; \$15 for x-ray; 20% of Medicare approved amount for diagnostic tests & procedures, and diagnostic & therapeutic radiology																																																
Outpatient Mental Health Visits	\$25 co-pay for individual visit \$12 for group therapy session	\$40 co-pay for individual visit \$30 co-pay for group therapy session																																																
Eyeglasses (or Contact Lenses)	\$125 limit for eyewear every two years; (See Optional benefit package below.)*	\$0 co-pay for one pair eyeglasses or contact lenses after cataract surgery (See Optional benefit packages below.)*																																																
Eye Exams	\$25 co-pay for diagnostic exam \$25 co-pay for routine annual exam	\$15 co-pay for diagnostic exam \$15 co-pay for routine annual exam																																																
Hearing Aids	Not Covered (See Optional benefit package below.)*	\$100 limit coverage limit every 2 years (See Optional benefit package below.)*																																																
Hearing Exams	\$25 co-pay for diagnostic exam Routine exams not covered	\$15 co-pay for diagnostic exam \$0 for one routine annual exam																																																
Dental	\$25 co-pay for Medicare-Covered dental benefits (See Optional benefit package below.)*	\$15 co-pay for Medicare-Covered dental benefits (See Optional benefit packages below.)*																																																
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Other Benefits/Options	* Optional supplemental package at \$20/month includes some vision (an additional \$240 every 2 years); \$350 credit for each hearing aid for each ear every three years; and some preventive and comprehensive dental care (DeltaCare USA list). Acupuncture: \$25 co-pay per visit	*Optional supplemental plans are offered at \$6, \$26, or \$37 a month. The \$6 and \$26 plans include preventive and comprehensive dental care (\$1000 limit) offered within dental provider network. The \$37 plan offers dental (\$1000 limit) and enhanced vision and hearing benefits.																																																
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