

Santa Clara County Medicare Consumer Guide

2011



Comparison guide to Medicare Plans:

- **Original Medicare**
Prescription Drug Plans
Medigap Plans
- **Medicare Advantage Plans**
Health Maintenance Organization Plans (HMO)
Regional Preferred Provider Organization Plans (PPO)
Special Needs Plans (SNP)

Your Plan Choices

Decide Which Medicare Health Plan Path To Take

Original Medicare Plan

Parts A&B Page 2

Part A: Hospital Insurance AND Part B: Medical Insurance

- Medicare provides this coverage.
- You have your choice of doctors.
- Generally, Medicare Part B pays 80% of covered costs, and you pay 20% after you meet your deductible.

Part D Page 4

You may also want

Part D: Prescription Drug Coverage (Optional add-on)

- If you want this coverage, you must choose and join a Medicare Prescription Drug Plan.
- These plans are run by private companies approved by Medicare.

Medigap Pages 5-6

You may also want

Medigap Supplemental Coverage (Optional add-on)

Decide if you want to get private coverage that fills gaps in Part A and Part B coverage.

- You can choose to buy a private Medicare Supplement Insurance policy (Medigap).
- Costs vary by policy and company.
- Employers and unions may offer similar coverage.

OR Medicare Advantage Plan

Part C Pages 7-12

Part C: For example, HMO or PPO

- You must already have Medicare Part A and Part B.
- This coverage is provided by private insurance companies approved by Medicare.
- In most plans, you must see plan doctors.
- You usually pay a co-payment for covered services.
- Costs, extra benefits, and rules vary by plan.

Part D Page 4

You may also want

Part D: Prescription Drug Coverage Optional add-on

Most Medicare Advantage Plans include prescription drug coverage. However, in Santa Clara County **some** MA plans **do not** include prescription drug coverage. In this case you may be able to join a Medicare Prescription Drug Plan (Part D).

Note: If you join a Medicare Advantage Plan, you usually **don't need, and cannot buy**, a Medigap policy.

You may have other options if you have limited income and resources or other coverage such as employer, union, military, or Veterans' benefits.

Original Medicare: Parts A & B

Summary of Medicare Benefits and Cost-sharing 2011

Part A: Hospital Insurance

Service Provided	Medicare Pays	You Pay
Hospital Inpatient		
Days 1-60	All after deductible	\$1,132 deductible (per Benefit Period) ¹
Days 61-90	All after co-payment	\$283 per day co-payment
60 Reserve Days ²	All after co-payment	\$566 per day co-payment
Psychiatric Hospital	Same as hospital inpatient but 190 day lifetime limit	All costs after 190 days
Skilled Nursing Facility <i>if daily care is needed after a 3 day hospital stay</i>		
Days 1-20	All	Nothing
Days 21-100	All after co-payment	\$141.50 per day co-payment
After 100 Days	Nothing	All
Home Health Care <i>part-time or intermittent care plus home health aide, up to 35 hours / week</i>	All except 20% of covered Durable Medical Equipment	Nothing except 20% of covered Durable Medical Equipment
Hospice <i>care of terminal illness</i>	All except \$5 per prescription All except 15% of respite care	Co-payment of \$5 per prescription 15% of approved amount
Part A Premium ³	All after 40 Qtrs.	\$248 / mo between 30-39 Qtrs. \$450 / mo for less than 30 Qtrs.

Part B: Medical Insurance

Service Provided	Medicare Pays	You Pay
Monthly Premium		\$96.40 ⁴ (for most people) \$110.50 (2010), \$115.40 (2011)
Annual Deductible		\$162 / year
Physician Costs	80% of approved amount	20% of approved amount ⁵
Ambulance Services	80% of approved amount	20% of approved amount
Outpatient Hospital Care	80% of approved amount	A maximum of \$1,132/year
Clinical Lab Services	Approved amount	Nothing
Medical Equipment / Supplies	80% of approved amount	All other costs ⁵
Some Preventive Services (Covered according to a time schedule)	80% or 100%	20% of approved amount or nothing, depending on the service ⁵
Mental Health Services		
- Partial Hospitalization	Same as psychiatric hospital:	See above under Part A
- Outpatient	50% of approved amount	50% of approved amount
Physical exam		
- Welcome to Medicare physical	All	Nothing
- Annual Wellness Physical	All	Nothing

1. You must pay the inpatient hospital deductible for each benefit period. The benefit period ends when you haven't received any hospital care (or skilled care in a SNF) for 60 days in a row.
2. The 60 reserve days may be used only once.
3. Costs vary depending on the number of quarters a beneficiary has worked in his or her lifetime.
4. Means tested for individual incomes greater than \$85,000 and couple incomes greater than \$170,000.
5. Plus up to an additional 15% of Medicare's approved amount if doctor or supplier does not accept the approved amount as payment in full.

Q How do I keep my costs down if I have Original Medicare (Parts A & B)?

1. **By choosing a doctor who takes assignment (Medicare approved amount)**

For information regarding participating providers:

- Visit www.medicare.gov on the internet
- Call HICAP (408) 296-8290

2. **By enrolling in a Medicare Part D Prescription Drug Plan (PDP)**

If you have Original Medicare and want Medicare drug coverage, you must enroll in a private plan that only offers drug coverage (PDP). (See Page 4.) All Medicare drug plans have different costs and different covered drugs. Make sure the plan you choose covers the drugs you need at a cost you can afford. Ask for the HICAP comparison chart entitled “Medicare Part D Stand Alone Prescription Drug Plans.” You can also schedule a HICAP Part D counseling session.

3. **By purchasing Supplemental Insurance (Medigap) from a private insurance company**

Each plan offers a different set of benefits. Premiums vary, depending on the plan you choose and the company you buy it from. (See pages 5 and 6.)

Q How can I get help paying for health care costs that Original Medicare (Parts A & B) doesn't cover?

1. **Employer Insurance:** If you or your spouse is still working, and you have insurance through that job, it may fill gaps in your Medicare coverage.

2. **Retiree Insurance:** Some employers provide health insurance to retirees and their spouses to supplement Medicare coverage.

3. **Veterans' Administration Benefits:** If you are a veteran and qualify for VA health benefits, the VA can cover some of your costs.

4. **Medicaid (Medi-Cal in California):** If you have a low monthly income, you may be eligible for coverage from Medi-Cal. Call Social Services at (408) 817-6000.

5. **Low Income Medicare Savings Programs:** If you do not qualify for Medi-Cal but still have problems paying for health care, you may qualify for government programs that help pay your Medicare costs. Call HICAP (408) 296-8290.

6. **Medicare Advantage Plans:** You may want to consider enrolling in one of the Medicare Advantage (MA) Plans. (See pages 7-12.)

Part D: Medicare Prescription Drug Plan

Medicare Part D is a voluntary, highly subsidized prescription drug insurance plan. It has guaranteed enrollment and is administered by private health insurance companies.

Eligibility:

- Any person who has either Medicare Part A or Part B qualifies for Medicare Part D.
- Individuals currently enrolled in Medicaid (Medi-Cal in California) and Medicare (Dual Eligibles) are entitled to Medicare Part D drug benefits.
- One cannot be denied coverage for health reasons.

Enrollment and Late Penalties:

Although enrollment into Medicare Part D is voluntary, people with Medicare who choose not to enroll when they are first eligible may have to pay a higher premium if they decide later to enroll in a Part D plan. They will also need to wait until the annual enrollment period at the end of each year to sign up for a Part D plan.

The annual open enrollment period is from October 15 to December 7 effective January 1, 2012.

What drugs are covered?

Companies that offer Part D plans define the benefits that they provide, including the drugs they cover and the cost-sharing they charge.

Coverage Gap – The “Donut Hole”

In 2011, you enter the coverage gap when the total cost of your prescription drugs – including what you have paid **plus** what has been paid for your drugs by your Medicare Part D plan on your behalf – goes over \$2,840. You remain in the **coverage gap** until what you spend out of pocket in 2011 – excluding what your Medicare Part D plan has paid on your behalf – reaches \$4,550. While in the **coverage gap** there will be a 7% discount on generic drugs and a 50% discount on brand name drugs. If your total out-of-pocket costs exceed \$4,550 in 2011, you get **catastrophic coverage**.

What if I have prescription drug coverage from an employer, union, or Medicare Advantage?

If you have prescription drug coverage from a former or current employer or union, contact your benefits administrator before you make any changes to your drug coverage.

If you are in a Medicare Advantage Plan that includes prescription drug coverage, you **cannot** join a Medicare Part D Prescription Drug Plan.

What help is available for people with lower incomes?

Help is available for people with lower incomes and limited savings. In 2011, individuals qualify if their income is below \$16,245 and they have assets of less than \$12,640. Couples qualify for extra help if their income is below \$21,855 and assets are less than \$25,260. Depending on the level of need, premiums, deductibles, co-insurance, and coverage gaps may be reduced or eliminated. Assets include items like checking, savings, CDs, IRAs, and 401Ks, but exclude items like primary residence and necessary cars.

To apply for this assistance, contact the nearest Social Security Administration Office:

Phone: (800) 772-1213

Internet: www.ssa.gov

To learn about and enroll in Medicare Part D:

- See Medicare Part D Prescription Drug Plan Comparison Chart
- Contact Medicare at (800) MEDICARE, (800) 633-4227
- Visit www.medicare.gov
- Contact a local HICAP at (408) 296-8290



What Do Medigap Plans A Through N Cover?

This chart gives a quick look at the benefits of Standardized Medigap Plans A through N. Every Insurance company must make Medigap Plan A available if they offer any other Medigap Policy.

How to read this chart

If a check mark (✓) appears in the column, this means the Medigap plan covers 100% of the described benefit. If the column lists a percentage, then the plan covers that percentage of the benefit. If the column is blank, the plan does not cover that benefit.

Note: Medigap plans cover Co-insurance only after the deductible is paid, unless the plan explicitly covers deductibles.

2011 Medigap Plans A through N

Medigap Benefits	A	B	C	D	F ¹	G	K	L	M	N
Part A Coinsurance for Hospital days 61-90 and 60 lifetime reserve days.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Co-insurance (20%)	✓	✓	✓	✓	✓	✓	50%	75%	✓	*
Blood Transfusion (First 3 Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice Care Co-insurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible (\$1,132)		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible (\$162)			✓		✓					
Part B Excess Charges ²					✓	✓				
Skilled Nursing Facility Co-insurance (\$141.50 per day, 21 – 100 days)			✓	✓	✓	✓	50%	75%	✓	✓
Foreign Travel Emergency ³			✓	✓	✓	✓			✓	✓
Medicare Preventive Care Part B Co-insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2011 Out-of-pocket Limit ⁴							\$4,620	\$2,310		

* Plan pays 100% of Part B Co-insurance except \$20 co-payment for each office visit, and up to \$50 co-payment for Emergency Room Visit.

1. Plan F also has an option called a high deductible Plan. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from this plan will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel benefits emergency deductible.
2. Physicians who do not accept assignment can charge 15% above the Medicare approved amount.
3. 80% coverage for emergency care in a foreign country, after \$250 deductible. Life time maximum of \$50,000.
4. After you meet your Out-of-pocket limit and your Part B deductible (\$162), plan pays 100% of covered services.

Monthly Premiums in \$

	Age	Plan											*
		A	B	C	D	F	F▲	G	K	L	M	N	
AARP United Healthcare (800) 523-5800 (800) 272-2146	65	62	86	100		101			42	61		72	
	70	77	106	124		124			52	75		89	CR
	75	115	158	184		185			78	112		132	
	80	115	158	184		185			78	112		132	
Aetna Life Insurance (800) 345-6022	65	112	115			136							
	70	135	140			166							AA
	75	154	166			197							
	80	168	184			221							
Anthem Blue Cross of California (800) 908-9289	65	83				118	41	110				81	
	70	101				144	50	134				99	AA
	75	122				175	61	163				120	
	80	148				212	74	198				146	
Blue Shield of California (888) 800-2742	65	89		120	103	130			57				
	70	102		139	118	150			66				AA
	75	148		201	171	217			96				
	80	172		235	200	253			111				
Colonial Penn Life Insurance Company (800) 800-2254	65	84	108			125	30	111	46	77	94	69	
	70	103	132			151	36	137	56	92	117	90	AA
	75	125	160			183	44	169	70	112	145	116	
	80	146	186			218	52	204	84	133	171	144	
Combined Insurance Company of America (800) 544-5531	65	133	168	195	144	253	59						
	70	141	178	207	144	268	75						IA
	75	168	211	245	188	319	92						
	80	189	238	277	216	360	108						
Continental General (866) 459-4272	65	444	410	512	376	456	88	383					
	70	537	496	620	454	552	106	464					AA
	75	619	571	714	523	635	123	534					
	80	678	626	783	573	696	134	585					
Genworth Life Insurance (877) 825-9337	65	112	136			186		148				118	
	70	126	154			209		168				134	AA
	75	148	180			240		197				156	
	80	163	198			259		216				172	
Gerber Life Insurance Company (888)-397-7786	65	77				108		93					
	70	91				128		110					AA
	75	101				144		125					
	80	108				157		136					
Globe Life (800) 801-6831	65	83	121	135		136							
	70	108	147	160		161							AA
	75	118	172	186		187							
	80	119	176	199		201							
Health Net Life (800) 944-7287	65	90		129		129		119					
	70	111		159		159		146					AA
	75	137		195		195		179					
	80	150		214		214		197					
Humana Insurance (888) 310-8482	65	96	105	121		123			56	80			
	70	114	124	143		146			67	95			AA
	75	132	144	166		169			77	110			
	80	150	163	188		192			88	125			

F▲: High Deductible Plan F. Contact Company for details.

* **CR:** Community-rated: Same monthly "Base" premium regardless of age. Discounts apply until age 75.

AA: Attained-age-rated: Premium goes up as you age.

IA: Issued-age-rated: Premium is based on the age at which you have purchased the policy.

Monthly Premiums in \$

	Age	Plan											*
		A	B	C	D	F	▲F	G	K	L	M	N	
Liberty National Life Insurance (800) 333-0637	65	112	153			173	54					135	
	70	142	196			222	74					181	AA
	75	159	223			258	94					210	
	80	171	234			288	116					238	
Lincoln Heritage Life (800) 433-8181	65	72	94	112	97	116							
	70	81	106	126	110	130							AA
	75	95	125	147	130	151							
	80	104	140	163	145	168							
Marquette National Life Insurance (800) 934-8203	65	102			115	135		122					
	70	128			147	169		156					AA
	75	142			173	196		183					
	80	144			195	218		206					
Mutual of Omaha (800) 316-0842	65	98		178	194	166		151					
	70	116		211	230	197		179					AA
	75	135		245	267	229		209					
	80	155		282	308	264		240					
Physicians Mutual Insurance Company (800) 228-9100	65	106				129	60	143					
	70	126				152	77	167					AA
	75	140				182	98	201					
	80	153				211	122	233					
Physicians Mutual Insurance Company (800) 228-9100	65	121				153	77	167					
	70	136				180	95	194					IA
	75	148				202	116	221					
	80	159				227	141	250					
Standard Life and Accident (888) 350-1488	65	116	146	167	135	143		136				105	
	70	119	150	172	139	147		140				109	AA
	75	138	173	200	161	171		162				126	
	80	162	203	234	189	200		190				147	
USAA Life (800) 531-8000	65	91				125							
	70	107				158							AA
	75	127				174							
	80	148				202							
United American Insurance (800) 331-2512	65	110	151	170	157	171	54	149				134	
	70	139	193	219	206	220	73	196				176	IA
	75	156	220	254	241	255	93	229				207	
	80	159	230	283	270	284	111	256				235	
United Teacher Associates (800) 880-8824	65	153	184	210	175	215		179					
	70	174	209	236	199	245		204					AA
	75	205	250	288	240	294		246					
	80	227	280	324	272	331		278					
United World Life Insurance (877) 845-0892	65	95	113			139		123			115	105	
	70	108	128			158		140			131	119	AA
	75	125	149			183		163			152	138	
	80	137	163			200		177			166	151	

Certain professional and religious organizations offer additional Medigap policies to their members.

Open for List of Companies that Offer Medigap Policies

These 2010 premiums were obtained from the California Department of Insurance website: www.insurance.ca.gov. 2011 premiums were not available at the time of this printing. Premiums vary with age, zip code, and sometimes gender and smoking habits. Check with the individual insurance companies for 2011 premium amounts. A plan comparison tool is available on www.medicare.gov.

The best time to buy a Medigap policy is during your “Medigap Open Enrollment Period.” This period lasts for 6 months and begins on the first day of the month you are enrolled in Medicare Part B. During this 6 month period, you have a guaranteed issue (no medical underwriting) of any Medigap plan that the company offers. If you purchase a Medigap policy outside of the “Open Enrollment Period” and you have not had continuous creditable coverage for at least 6 months, then you may have a “pre-existing condition waiting period” before the Medigap company will cover your out-of-pocket costs for your pre-existing health problems. For Medicare covered services, Medicare will still cover the pre-existing condition.

For more information regarding Medigap Policies request a copy of the “2011 Choosing a Medigap Policy” booklet from Medicare.



Medicare Advantage (MA) Plans (Medicare Part C)

Medicare Advantage health plans generally offer extra benefits and lower co-payments than in the Original Medicare Plan (Part A & B). Things to consider when choosing between original Medicare versus Medicare Advantage Plans are: choice of doctors, ease of access to specialist without incurring unexpected bills, affordability on a fixed budget, coverage away from home and prescription drug coverage. Below are the types of plans and their features. A plan comparison tool is available on www.medicare.gov.

Health Maintenance Organizations (HMO)

- You must use “in-network” doctors and hospitals. Some HMOs offer medical group options.
- You must see primary care physicians before any other health care provider. Usually you will need a referral to see a specialist.
- You must not enroll in a Medicare Part D Drug Plan. **Enrollment in a Part D plan will automatically trigger disenrollment from the HMO.**
- Emergency care is covered outside of the HMOs service area.
- Comparison charts of the HMO plans offered in Santa Clara County can be found on pages 9-12.

Regional Preferred Provider Organizations (PPO)

- You have a co-pay when using “in-network” doctors and hospitals.
- You have a higher co-pay when using “out-of-network” doctors and hospitals.
- Plan includes Medicare prescription drug coverage.
- Plan provides direct access to specialty care.
- One PPO plan is offered in Santa Clara County. See PPO comparison chart on Page 10 and 12.

Special Needs Plans (SNPs)

- Plans available only to those individuals who are entitled to Full Medi-Cal:
Kaiser Senior Advantage (HMO) - Phone: (800) 777-1238, TTY: (800) 777-1370
Care 1st Value Plus (HMO) - Phone: (800) 847-1212, TTY: (800) 735-2929
- Plans available to those individuals with specific health needs:
CareMore Breathe and Diabetes Plans - Phone: (877) 211-6614, TTY: (800) 577-5586

Eligibility for any Medicare Advantage Plan:

- You must have both Medicare Part A and Medicare Part B.
- Beneficiaries with end stage renal disease (ESRD) are **not** eligible.
- There is no pre-existing conditions limitation.

Enrollment Periods:

Initial Coverage Election Period (ICEP) is when you are first enrolled in both Part A and Part B. The period begins three months prior to enrollment in both Part A and Part B and ends three months after the month of eligibility.

Annual Election Period (AEP) - You can enroll, disenroll, or switch MA plans from October 15 through December 7 of each year. The change is effective on January 1 of the following year.

Annual Disenrollment Period (ADP) is January 1 through February 14. You may disenroll from any Medicare Advantage (MA) plan, including MA-only and MA plus Prescription Drug coverage (MA-PD). If you disenroll from your MA plan during the Annual Disenrollment Period you may enroll in a Part D plan at the same time. The change is effective on March 1.

Special Enrollment Period (SEP) - Following certain “trigger” events you are allowed to enroll, disenroll, or switch plans. Call HICAP for clarification of triggers.

Right of Appeal:

If you are dissatisfied with any decision made by your MA Plan or its providers, the following appeals process is available to you:

1. Argue your case through the internal MA plan’s appeal process. An expedited or fast track appeal can be requested if appropriate.
2. External review by Independent Review Entity (IRE)-Maximus/CHDR
3. Administrative Law Judge (ALJ)
4. Medicare Appeals Council (MAC)
5. Federal District Court



Health Maintenance Organizations (HMO) & Preferred

Benefits and Services (Both Parts A & B required)	AARP/Secure Horizons Medicare Complete	Care 1st Value Plus Plan	CareMore Health Plan Value Plus	CareMore Health Plan StartSmart
			<i>San Jose, Milpitas, Campbell, Santa Clara, Los Gatos, Cupertino, and Saratoga only</i>	
Premium (monthly)	\$105	\$0	\$49	\$19
Networks Served (check with plan)	PAMF, SCCIPA, San Jose Medical Group	Northern CA Advan- tage Medical Group	San Jose Medical Group	
Out of Pocket Maximum	\$6,700	\$3,400	\$3,400	\$3,400
Inpatient Care				
Inpatient Hospital Care	\$320/ days 1-5	\$50 / days 1-3	\$100 / days 1-5	\$200 / days 1-5
Inpatient Mental Health (190 days lifetime max)	\$320 / days 1-5	\$50 / days 1-8	\$100 / days 1-5	\$200 / days 1-5
Skilled Nursing Care: No hospital stay required				
Days 1-20	\$50 / day	\$0	\$0	\$0
Days 21-100	\$100 / days 21 - 72	\$50 / day	\$50 / day	\$50 / day
Home Health Care (3)	\$0	\$0	\$0	\$0
Outpatient Care: Unless otherwise stated, care should be medically necessary				
Primary / Specialist per visit	\$10 / \$20	\$0 / \$15	\$0 / \$20	\$15 / \$30
Chiropractic per visit (3)	50%	\$15	\$20	\$30
Podiatry per visit (3)	\$10-\$20	\$5	\$0	\$0
Mental Health Care per visit	\$30	\$10	\$20	\$30
Ambulatory Surgical Center	\$300 / visit	\$20-\$50	\$50	\$75
Outpatient Surgical - Hospital	\$300 / visit	\$20-\$50	\$100	\$150
Ambulance	\$200	\$50, \$0 if admitted	\$0-\$75,\$0 if admitted	\$0 - \$75, \$0 if admitted
Emergency Care	\$50 (2)	\$50, \$0 if admitted (4)	\$50, \$0 if admitted	\$50,\$0 if admitted (2)
Urgently Needed Care	\$50	\$25, \$0 if Admitted	\$30, \$0 if admitted	\$30, \$0 if admitted
Rehabilitation (therapy)	\$20	\$10	\$20	\$30
Durable Medical Equipment	20%	0% - 20%	\$0 - \$250	\$0 - \$250
Diabetes Self Monitoring Training	\$0	\$0	\$0	\$0
Diabetes Monitors and Supplies	\$0	\$5	\$0	\$0
Diagnostic Tests (including X-rays)	\$0 - \$20 / 0% - 20%	\$0	\$0 - \$25	\$0 - \$50
Radiation Therapy	20%	10%	\$25	\$25
Preventive Services				
Bone Mass Measurement	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0
Flu & Pneumonia vaccines	\$0	\$0	\$0	\$0
Mammograms (Annual)	\$0	\$0	\$0	\$0
Pap Smears / Pelvic Exams	\$0	\$0	\$0	\$0
Prostate Cancer Screening	\$0	\$0	\$0	\$0
Routine Physical exams	\$0, 1 exam per year	\$0, 1 exam per year	\$0, 1 exam per year	\$0, 1 exam per year
Other				
Dental Services (preventive)	Not Covered	\$0 2 cleanings per yr.	Not Covered	Not Covered
Hearing Exam (3)	\$20 / exam	\$10	\$0	\$0
Hearing Exams-Routine	\$0, 1 exam per yr	\$10, 1 test per year	\$0, 1 exam per year	\$0, 1 exam per year
Eye Exam (3)	\$10 - \$20	\$0	\$0 - \$20	\$0 - \$30
Eye Exam - Routine	Not Covered	\$5, 1 exam per year	\$20, 1 exam per year	\$20, 1 exam per year
Eye Wear (every 2 years)	Not Covered	\$150 credit	\$100 Credit	\$0, 1 pair per year
Optional Supplemental Package	Contact plan	Contact Plan	Contact Plan	Contact Plan

Provider Organization (PPO) Comparison Chart

Health Net Healthy Heart (1)	Kaiser Permanente Senior Advantage	SCAN Classic Plan	SCAN Options Plan	Anthem Blue Cross Freedom Blue Plan One Regional PPO	
				In network	Out of Network
\$119	\$77	\$69	\$59	\$0	
PAMF, SCCIPA, San Jose Medical Group	Kaiser Permanente	SCIPPA		Any doctor who accepts Medicare	
\$3,400	\$3,400	\$5,000	\$5,000	\$3,300, \$300 Deductible	
\$100 / days 1-4 \$0 additional days	\$225 / days 1-7	\$150 / days 1-5	\$125 / days 1-8	\$850 / stay	15%
\$900 / stay	\$225 / days 1-7	\$150 / days 1-5	\$125 / days 1-8	\$850 / stay	15%
\$0	\$0	\$0		\$0	25%
\$75 / day	\$100 / day	\$75 / day	\$100 / day	\$120 / day	\$120 / day
\$0	\$0	\$0		\$0	30%
\$15 / \$20	\$30	\$10 - \$15	\$5 - \$10	\$15 - \$25	\$30 - \$40
\$10	\$15	\$15		\$10	\$40
\$20	\$30	\$15		\$25	\$40
\$25	\$30	\$25		\$40	30%
\$50 / Visit	\$175 / visit	\$150	\$175	\$100	30%
\$100 / Visit	\$0 - \$175 / visit	\$175	\$200	\$25 - \$250	30%
\$280	\$200	\$100	\$150	\$175	\$175
\$50, \$0 if admitted	\$50, \$0 if admitted (2)	\$50, \$0 if admitted (2)		\$50, \$0 if admitted within 72 hrs (2)	
\$20, \$0 if admitted	\$30 - \$50	\$35		\$35, \$0 if admitted within 72 hrs	
\$0	\$30	\$15		\$25 - \$50	30%
20%	20%	0% - 20%	20%	20%	25%
\$0	\$0	\$0		\$0	30%
\$0	\$0	\$0		20%	30%
\$0 - \$200	\$0 - \$25	0% - 20%		\$25 - \$185	30%
\$0 - \$200	\$100	20%		20%	30%
\$0	\$0	\$0		\$0	30%
\$0	\$0	\$0		\$0	30%
\$0	\$0	\$0		\$0	\$0
\$0	\$0	\$0		\$0	30%
\$0	\$0	\$0		\$0	30%
\$0	\$0	\$0		\$0	30%
\$0, 1 exam per year	\$0, unlimited exams	\$0, 1 exam per year		\$0, 1 per year	\$30, 1 per year
Not covered	Not covered	Not covered		\$0, 1 per year	30%
\$25 / exam	\$30 / exam	\$10 / exam		\$30	
\$25, 1 exam per year	Not covered	\$0	Not covered	\$0, 1 per year	30%
\$0 - \$30	\$0 - \$30	\$0 - \$10		\$0	
\$25, 1 exam per year	\$30 per exam	\$15, 1 exam per year		Not covered	
\$0	\$125 credit	\$75 Credit		1 Pair per year	\$0 copay
Contact plan	Contact plan	Contact Plan		Contact plan	

HMO and PPO Prescription Drug Benefits

Do not purchase any other Part D plan. If you do, you may be disenrolled from your HMO or PPO.

Benefits and Services (Both Parts A & B required)	AARP/Secure Horizons Medicare Complete	Care 1st Value Plus Plan	CareMore Health Plan Value Plus	CareMore Health Plan StartSmart
			<i>San Jose, Milpitas, Campbell, Santa Clara, Los Gatos, Cupertino, and Saratoga only</i>	
30 Days Retail Pharmacy				
T1	\$8.50	\$0	\$0	\$0
T2	\$39	\$5	\$5	\$5
T3	\$92	\$30	\$25	\$40
T4		\$50	\$30	\$45
T5			\$75	\$75
Specialty	33%	30%	33%	33%
90 days Retail Pharmacy				
T1	\$25.50	\$0	\$0	\$0
T2	\$117	\$10	\$15	\$15
T3	\$276	\$60	\$75	\$120
T4		\$100	\$90	\$135
T5			\$225	\$225
Specialty	33%	30%		
Mail Order 90 Days				
T1	\$17	\$0	\$0.00	\$0.00
T2	\$107	\$10	\$12.50	\$12.50
T3	\$266	\$60	\$62.50	\$100.00
T4		\$100	\$75.00	\$112.50
T5			\$187.50	\$187.50
Specialty	33%	30%	33%	33%
Donut Hole Starts				
	\$2,840	\$2,840	\$3,000	\$2,840
Donut Hole Ends				
	\$4,550	\$4,550	\$4,550	\$4,550
Your Copay During Donut Hole				
Generic	93%	93%	\$0 or \$5	93%
Others	Discount	Discount	\$25	Discount
Your Copay After Donut Hole				
Generic	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%
Others	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%

HMO & PPO Contact Information

AARP/Secure Horizons-Medicare Complete

Prospective members: (800) 891-5690
 Current member: (800) 950-9355
www.securehorizons.com

CareMore

Prospective members: (866) 622-2820
 Current members: (800) 822-6991
www.caremore.com

Care 1st Value Plus

Prospective members: (800) 847-1212
 Current Members: (800) 544-0088
www.care1st.com

Health Net - Healthy Heart 1

Prospective members: (800) 935-6565
 Current members: (800) 275-4737
www.healthnet.com

Note: T1, T2, T3, T4, T5 are defined differently by each plan. There is no Medicare standard definition.

Health Net Healthy Heart (1)	Kaiser Permanente Senior Advantage	SCAN Classic Plan	SCAN Options Plan	Anthem Blue Cross Freedom Blue Plan One Regional PPO	
				In network	Out of Network
30 Days Retail Pharmacy					
\$7	\$10	\$5	\$5	\$7	
\$42	\$45	\$10	\$10	\$43	
\$84		\$35	\$45	\$85	
33%		\$55	\$75		
33%	25%	33%	33%	33%	
90 days Retail Pharmacy					
\$21	\$30	\$15	\$15	\$21	
\$126	\$135	\$30	\$30	\$129	
\$252		\$105	\$135	\$255	
33%		\$165	\$225		
33%	25%			33%	
Mail Order 90 Days					
\$14	\$20	\$12.50	\$12.50	\$10.50	
\$84	\$90	\$25	\$25	\$107.50	
\$210		\$95	\$125	\$212.50	
33%		\$155	\$215		
33%	25%			33%	
Donut Hole Starts					
\$2,840	\$2,840	\$2,900	\$2,900	\$2,840	
Donut Hole Ends					
\$4,550	\$4,550	\$4,550	\$4,550	\$4,550	
Your Copay During Donut Hole					
93%	\$10 copay (30 day)	93%	93%	\$7	93%
Discount	Discount	Discount	Discount	Discount	
Your Copay After Donut Hole					
\$2.50 or 5%	\$5	\$2.50 or 5%		\$2.50 or 5%	
\$6.30 or 5%	\$12	\$6.30 or 5%		\$6.30 or 5%	

Kaiser Permanente - Senior Advantage

Prospective members: (800) 443-0815
 Current members: (800) 464-4000
www.kaiserpermanente.org

Anthem Blue Cross Freedom Blue Plan 1

Prospective members: (800) 797-0524
 Current members: (800) 333-0912
www.anthem.com

SCAN

Prospective members: (800) 915-7226
 Current members: (800) 559-3500
www.scanhealthplan.com

Other sources of information

(800) 434-0222	HICAP statewide access
(800) 633-4227 (800) MEDICARE	Medicare Information, Billing, Status, Appeal, etc. Website: www.medicare.gov
(800) 474-1116	California Advocates for Nursing Home Reform (CANHR) Website: www.canhr.org
(800) 927-4357	California Department of Insurance Website: www.insurance.ca.gov
(888) 225-7377	California Public Employees' Retirement System (CalPERS) Website: www.calpers.ca.gov
(800) 228-5453	California State Teachers Retirement System (CalSTRS) Website: www.calstrs.com
(800) 999-1118	Coordination of Benefits Contractor – call for information on whether Medicare or your other insurance pays first.
(866) 773-0404	Department of Defense Website: www.defense.gov
(800) 447-8477	Department of Health and Human Services – Office of the Inspector General Website: www.hhs.gov
(800) 827-1000	Department of Veterans Affairs Website: www.va.gov
(888) 767-6738	Federal Employee Health Benefits Program (FEHBP) Website: www.opm.gov/insure/health
(310) 204-4900	Health Consumer Alliance Website: www.healthconsumer.org
(800) 841-1602	Health Services Advisory Group (HSAG) - Quality Improvement Organization: quality of care issues, hospital appeal rights, denial of admissions or early discharge from hospital. Website: www.hsag.com
(916) 930-3927	Indian Health Services Website: www.ihs.gov
(703) 838-7760 (800) 456-8410	National Association of Retired Federal Employees (NARFE) Website: www.narfe.org
(866) 466-2219	Office of the Patient Advocate Website: www.opa.ca.gov
(800) 808-0772	Railroad Retirement Board (RRB) Website: www.rrb.gov
(408) 998-8850	Santa Clara County Medical Association Website: www.sccma-mcms.org
(800) 772-1213	Social Security Office for Part D low income subsidy Website: www.ssa.gov
(408) 817-6000 (408) 271-5500	Social Services Santa Clara County for Medi-Cal and low income assistance Website: www.dhcs.gov
(888) 874-9378	Tricare Website: www.tricare.osd.mil or www.mytricare.com/internet/tric/tri/tricare.nsf

HICAP: Health Insurance Counseling & Advocacy Program

HICAP is a volunteer-based program of the Council on Aging Silicon Valley that assists seniors with Medicare, supplements to Medicare, long-term care and managed care insurance plans. HICAP provides free, objective information to help seniors make choices concerning their health insurance needs. One-on-one counseling is available in multiple languages.

HICAP volunteer counselors are available at senior centers throughout Santa Clara County. Counseling appointments can be scheduled at local sites by calling HICAP or your local senior center. In addition, home visits may be available. HICAP does not charge for its services but gratefully accepts donations.

HICAP Counseling Sites

✓ = Long-term care counseling provided by appointment at these sites

Almaden Community Center	(408) 268-1133
Avenidas - Palo Alto	(650) 289-5400
Berryessa Community Center	(408) 251-6392
Cambrian Park United Methodist Church	(408) 559-3828
Camden Community Center	(408) 559-8553
Camino Medical Group	(650) 934-7380
Campbell Senior Center	✓ (408) 866-2146
Council on Aging	✓ (408) 296-8290, (800) 510-2020
Cupertino Senior Center	(408) 777-3150
Cypress Senior Center	(408) 244-1353
Eastside Senior Center	(408) 251-0215
Evergreen Community Center	(408) 270-2220
Health Library at Stanford	✓ (408) 296-8290
Health Resource Center at El Camino Hospital	(650) 940-7210
Gardner Health Center	(408) 279-1498
Gilroy Senior Center	(408) 846-0414
Los Altos Senior Center	✓ (650) 947-2797
Los Gatos Senior Center	(408) 354-1514
Milpitas Senior Center	(408) 586-2775
Morgan Hill Centennial Rec. Senior Center	(408) 782-1284
Mountain View Senior Center	✓ (650) 903-6330
Northside Community Center	(408) 977-4005, (408) 343-7711 x 604
Santa Clara Senior Center	(408) 615-3170
Saratoga Senior Center	(408) 868-1257
Self Help for the Elderly - San Jose Campus	(408) 961-7076
Southside Community Center	✓ (408) 629-3435
St. James Senior Center	(408) 918-2626
Sunnyvale Senior Center	(408) 730-7360
The Villages	(408) 296-8290
Willows Senior Center	(408) 448-6400
Yu-Ai Kai	✓ (408) 294-2505



Phone: (800) 510-2020, (408) 296-8290

Fax: (408) 249-8918

Website: www.coasiliconvalley.com

The Council on Aging Silicon Valley is a non-profit agency that provides services to older county residents:

Information and Assistance

Health Insurance Counseling

Senior Employment

In-Home Services

Transportation

Community Outreach

Caregiver Respite Services

Care Management

Generational Resource Center

Meals on Wheels

Care Call Emergency Response

Legal Services

Fair Lending Project

Senior Services Directory

Adult Day Care

Emergency Housing

Nutrition

Alzheimer's Day Care Resource Center

The mobile Generational Resource Center provides:

Pre-retiree planning or second career options

And much more...

Elder care planning support

Long-term care insurance counseling

Medicare counseling

Caregiver education

The latest Aging-in-Place technologies



Bring the Generational Resource Center to your location!