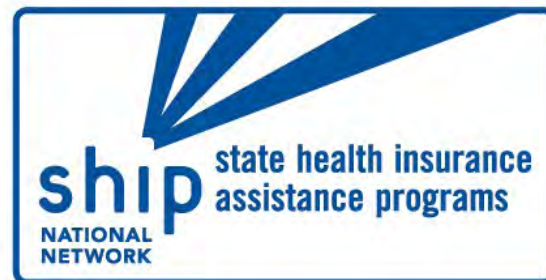


MEDICARE 2016

Annual Open Enrollment Begins October 15 !!!

What You Need to Know

Health Insurance Counseling and Advocacy Program



LOCAL HELP FOR PEOPLE WITH MEDICARE

**Provided
by HICAP**

A program of



HICAP – A program of Elder Law and Advocacy

Health Insurance Counseling and Advocacy Program

SOME OF OUR SERVICES:

- Medicare and related health insurance counseling for residents of San Diego and Imperial counties
- Long-Term Care Insurance counseling
- Low-Income application assistance for Part D prescription drug plans and Medicare premiums
- Cal MediConnect and Medi-Cal/Medicare dual-eligible counseling
- Legal assistance for Medicare appeals and billing issues
- ALL SERVICES ARE FREE

CALL: 1-800-434-0222

Anywhere in California



What is Medicare?

- Health insurance for three groups of people
 - 65 and older
 - Under 65 with certain disabilities
 - Any age with End-Stage Renal Disease (ESRD)
- Administered by
 - Centers for Medicare & Medicaid Services (CMS)
 - Enrollment at and eligibility determined by Social Security Administration

Automatic Enrollment – Part A and B

- Automatic for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period package
 - Mailed 3 months before
 - Age 65
 - 25th month of disability benefits
- Others must enroll themselves



A sample Medicare Health Insurance card for Jane Doe. The card features a red and blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, it provides the contact number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name is "JANE DOE", and her Medicare claim number is "000-00-0000-A". Her sex is listed as "FEMALE". The card indicates that she is entitled to Hospital (Part A) and Medical (Part B) benefits, both with an effective date of 07-01-1986. A signature line at the bottom shows "Jane Doe" written in cursive. A large red "SAMPLE" watermark is overlaid diagonally across the card.

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JANE DOE	
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX FEMALE
IS ENTITLED TO HOSPITAL (PART A)	EFFECTIVE DATE 07-01-1986
MEDICAL (PART B)	07-01-1986
SIGN HERE →	<i>Jane Doe</i>

Medicare: Parts A,B,C,D

- A – Hospital, Skilled Nursing Facility, Home Health Care, Hospice
- B – Doctors, lab tests, some injectables and biologicals, Durable Medical Equipment
- C – Medicare Advantage plans: HMO, PPO, SNP
- D – Prescription Drug Plan

2016 Medicare Overview

PART A - Hospital

MONTHLY PREMIUM (for most people): \$0

HOSPITALIZATION DEDUCTIBLE Days 1-60: \$1,288

HOSPITAL INPATIENT COPAY Days 61-90: \$322

HOSPITAL INPATIENT COPAY Days 91-150: \$644

SKILLED NURSING FACILITY COPAY Days 1-20: \$0

SKILLED NURSING FACILITY COPAY Days 21-100: \$161

PART B - Medical

MONTHLY PREMIUM: Enrolled prior to 2016 - \$104.90

Enrolled in 2016: \$121.80

ANNUAL DEDUCTIBLE: \$166

CO-PAYMENT/COINSURANCE: 20%

Plus Excess Charges: 15%

Part A Monthly Premiums 2016

***** MOST PEOPLE DO NOT PAY A PREMIUM FOR PART A *****

30-39 Quarter of Coverage - You Pay: \$226

Less than 30 Quarters of Coverage – You Pay: \$411

Part B Monthly Premiums 2016

IF YOUR YEARLY INCOME IS*

YOU PAY

File Individual Tax Return

File Joint Tax Return

\$85,000 or less

\$170,000 or less

\$ 121.80

\$85,001-\$107,000

\$170,001-\$214,000

\$ 170.50

\$107,001-\$160,000

\$214,001-\$320,000

\$ 243.60

\$160,001-\$214,000

\$320,001-\$428,000

\$ 316.70

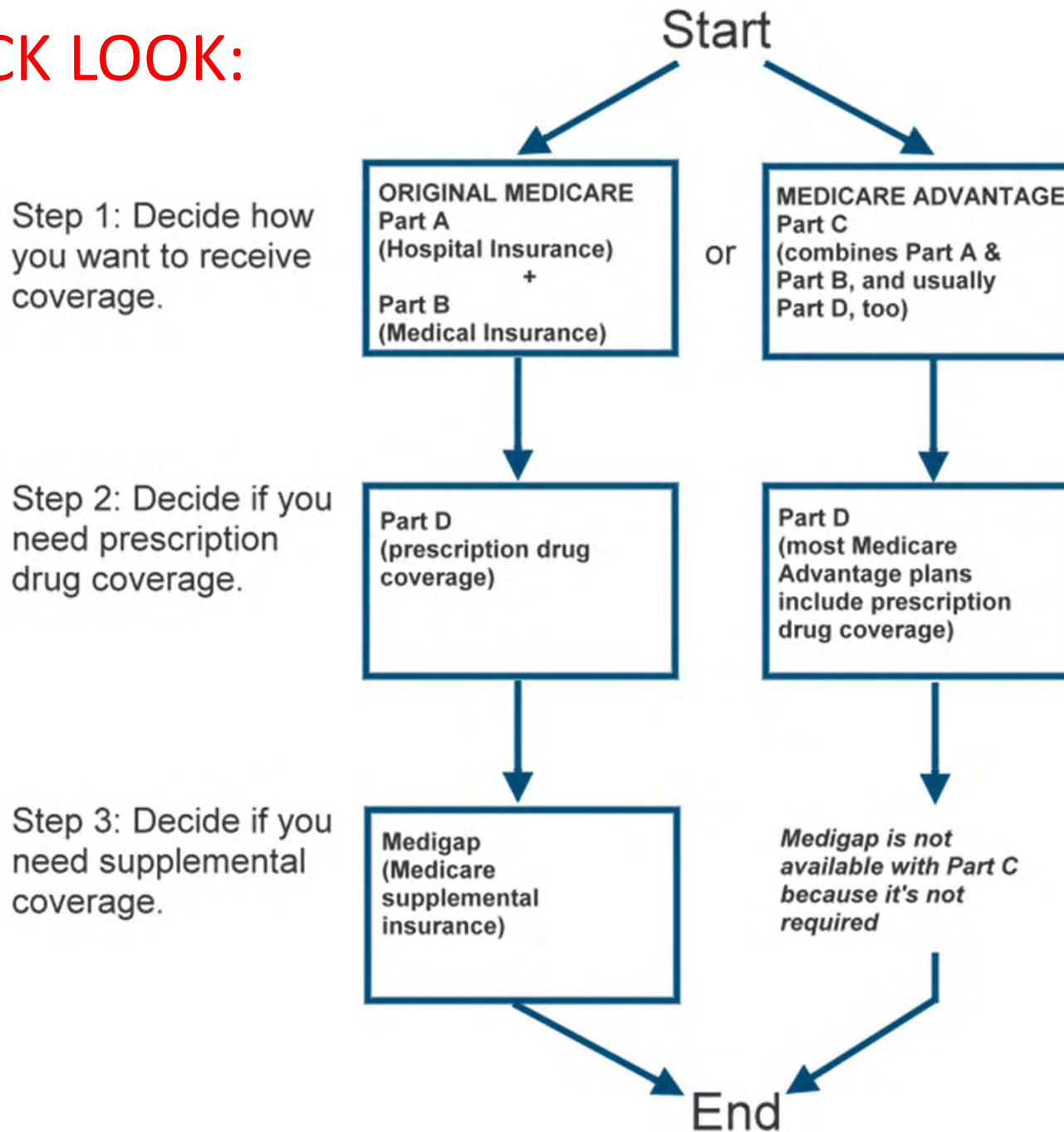
Above \$214,000

Above \$428,000

\$ 389.80

***Adjusted Gross (taxable) Income based on most recent tax return information.**

A QUICK LOOK:



Medigap Plans


Basic Benefits Includes:

- **Hospitalization**- Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical expense** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.
Plans K, L, and N require insured to pay a portion of Part B coinsurance or copayments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

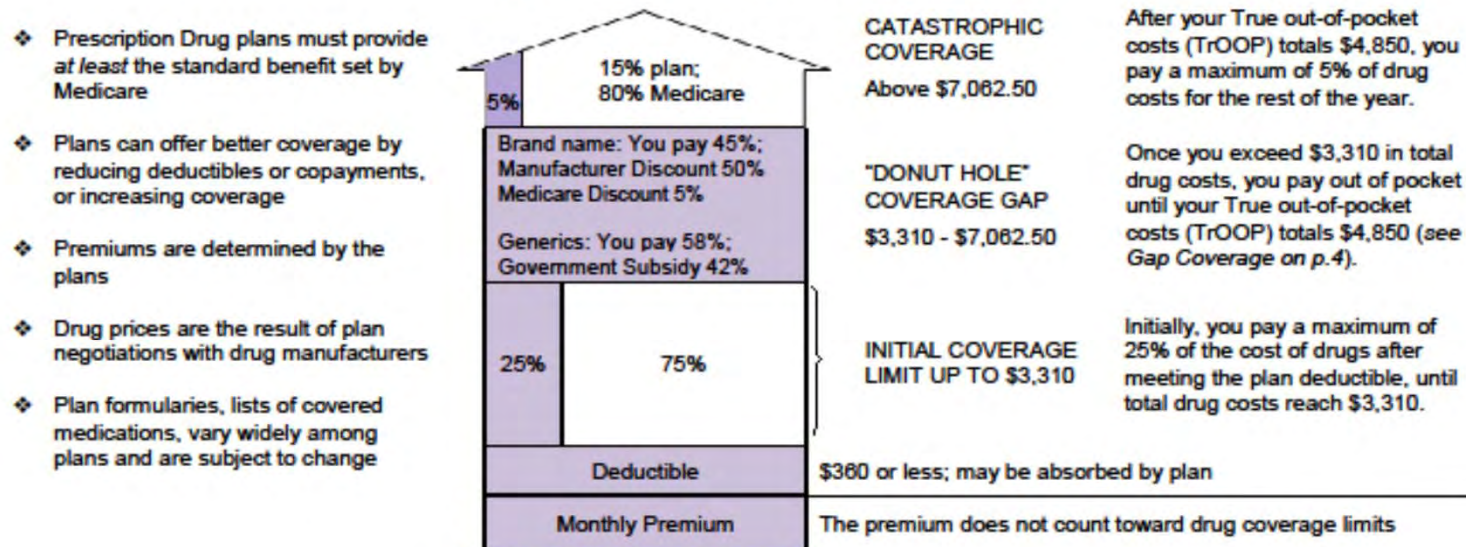
A	B	C	D	F F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100% ; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100% ; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, <i>except up to \$20 copayment for office visit, and up to \$50 copayment for ER</i>
		Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	50% Skilled nursing facility coinsurance	75% Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% of Part A deductible	75% of Part A deductible	50% of Part A deductible	Part A deductible
		Part B deductible		Part B deductible					
				Part B excess (100%)	Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
						Out-of-pocket limit \$[4660]; paid at 100% after limit reached	Out-of-pocket limit \$[2330]; paid at 100% after limit reached		

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,110] deductible. Benefits from this plan will not begin until out-of-pocket expenses exceed \$[2,110]. Out-of-pocket expenses for this deductible are expense that would otherwise be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel benefits emergency deductible. (\$250)

Prescription Drug Plan Chart 2016

 <p>PDP Snapshot</p> <ul style="list-style-type: none"> • 25 Plans • Premiums \$18.40 – \$132.00 • 6 Plans offer some gap coverage • 6 Extra Help LIS benchmark plans 	<p>Important considerations for choosing a Prescription Drug Plan</p> <ul style="list-style-type: none"> • Does the plan cover all of your medications? • How much are the plan copays for your medications? • Does the plan contract with your preferred pharmacy? • Will you reach the donut hole? If so, does the plan provide coverage during the gap?
---	---

The basic structure of Part D drug coverage



Shaded portion represents your responsibility

PART D DRUGS
Prescription Drug Plans, San Diego County

2016 Stand Alone Prescription Drug Plans, San Diego and Imperial Counties
Call a plan to enroll or enroll online at www.medicare.gov during Annual Election OCT 15 – DEC 07

Highlighted plans are benchmark plans for 2016 the Low Income Subsidy premium payment of \$31.05 is enough to cover their premiums entirely.

Plan Name	CMS Contract Number	Monthly Premium	Annual Deductible	PG* Tier 1 Copay	NPG* Tier 2 Copay	PB* Tier 3 Copay	NPB* Tier 4 Copay	Spec* Tier 5 Copay	Gap Coverage	
*P=Preferred; G=Generic; B=Brand; N=Non; Spec=Specialty										
Company Name	Info Phone	Member Phone	Web Site							
Aetna	855.338.7030	877.238.6211	www.aetnamedicare.com							
Aetna Medicare Rx Saver	S5810-066	\$24.80	\$360	\$1	\$2	\$35	40%	25%	No Gap Coverage	
Anthem Blue Cross	866.892-5340	800.928.6201	www.anthem.com/ca/medicare							
Blue Cross MedicareRx Gold	S5596-035	\$132.00	\$0	\$0	\$3	\$25	35%	33%	Some Coverage	
Blue Cross MedicareRx Plus	S5596-034	\$81.70	\$0	\$1	\$3	\$40	38%	33%	Some Coverage	
Blue Cross MedicareRx Standard	S5596-033	\$45.20	\$360	\$1	\$5	\$29	25%	25%	No Gap Coverage	
Blue Shield of California	800.488.8000	888.239.6469	www.blueshieldca.com							
Blue Shield Medicare Basic Plan	S2468-003	\$55.10	\$360	\$0	\$6	\$40	33%	25%	No Gap Coverage	
Blue Shield Medicare Enhanced Plan	S2468-004	\$100.50	\$0	\$4	\$10	\$40	38%	25%	No Gap Coverage	
CIGNA Medicare Rx	800.735.1459	800.222.6700	www.cigna.com/medicare							
CIGNA HealthSpring Rx Secure	S5617-158	\$59.80	\$360	\$3	\$5	15%	47%	25%	No Gap Coverage	
CIGNA HealthSpring Rx Secure-Extra	S5617-277	\$77.40	\$250	\$1	\$5	20%	43%	27%	No Gap Coverage	
EnvisionRx Plus	866.250.2005	866.250.2005	www.envisionrxplus.com							
EnvisionRxPlus Silver	S7694-032	\$32.00	\$360	\$2		10%	45%	25%	No Gap Coverage	
Express Scripts	866.477.5704	800.758.4574	www.Express-ScriptsMedicare.com							
Express Scripts Medicare - Choice	S5660-202	\$100.10	\$360	\$1	\$5	\$42	35%	25%	No Gap Coverage	
Express Scripts Medicare - Value	S5660-134	\$60.60	\$360	\$0	\$11	22%	48%	25%	No Gap Coverage	
First Health Part D	855.389.9688	844.233.1938	www.FirstHealthPartD.com							
First Health Part D Premier Plus	S5768-194	\$91.90	\$0	\$1	\$2	\$40	45%	33%	Some Coverage	
First Health Part D Value Plus	S5768-155	\$37.60	\$0	\$1	\$7	\$47	50%	33%	Some Coverage	

PART D DRUGS
Prescription Drug Plans, San Diego County

Plan Name	CMS Contract Number	Monthly Premium	Annual Deductible	PG* Tier 1 Copay	NPG* Tier 2 Copay	PB* Tier 3 Copay	NPB* Tier 4 Copay	Spec* Tier 5 Copay	Gap Coverage
*P=Preferred; G=Generic; B=Brand; N=Non; Spec=Specialty									
Company Name	Info Phone	Member Phone	Web Site						
Humana Insurance Co.	800.706.0872	800.281.6918	www.humana-medicare.com						
Humana Enhanced	S5884-030	\$73.20	\$0	\$3	\$7	\$42	44%	33%	Some Coverage
Humana Preferred Rx Plan	S5884-114	\$27.30	\$360	\$1	\$2	20%	35%	25%	No Gap Coverage
Humana Walmart Rx Plan	S5884-178	\$18.40	\$360	\$1	\$4	20%	35%	25%	No Gap Coverage
SilverScript Insurance Co	866.235.5660	866.235.5660	www.silverscript.com						
SilverScript Choice	S5801-064	\$23.10	\$0	\$3	\$17	\$48	47%	33%	No Gap Coverage
SilverScript Plus	S5801-065	\$90.90	\$0	\$0	\$3	\$22	35%	33%	Some Coverage
Stonebridge Life Insurance Co.	877.527.1958	888.672.7206	www.transamericamedicareRx.com						
Transamerica MedicareRx Classic	S9579-031	\$131.50	\$360	\$0	\$10	25%	30%	25%	No Gap Coverage
Symphonix Health	855.355.2280	855.355.2280	www.symphonixhealth.com						
Symphonix PrimeSaver Rx	S0522-065	\$39.30	\$200	\$1	\$8	20%	40%	28%	No Gap Coverage
Symphonix Value Rx	S0522-034	\$27.30	\$360	\$1	\$2	20%	33%	25%	No Gap Coverage
UnitedHealthcare	888.867.5564	888.867.5575	www.AARPMedicareRx.com						
AARP MedicareRx Preferred	S5820-031	\$68.60	\$0	\$4	\$10	\$35	40%	33%	No Gap Coverage
AARP MedicareRx Saver Plus	S5921-376	\$31.00	\$360	\$1	\$2	\$21	30%	25%	No Gap Coverage
WellCare	888.293.5151	888.550.5252	www.wellcarendp.com						
WellCare Classic	S5967-169	\$40.80	\$360	\$0	\$20	\$47	50%	25%	No Gap Coverage
WellCare Extra	S5967-203	\$74.40	\$0	\$0	\$10	\$31	45%	33%	No Gap Coverage



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HICAP 1-800-434-0222
Local 858-565-8772

PART D DRUGS
Prescription Drug Plans, San Diego County

Gap Coverage Notes

After you use up your Initial Coverage of \$3,310 in total drug costs, in 2016 you will be responsible for paying about 45% for brand name prescriptions and 58% for generics until your True out-of-pocket expenses (TrOOP) total \$4,850. The 55% brand name Medicare Drug Discount counts toward your TrOOP expenses, helping you get out of the donut hole and into catastrophic coverage.

Some plans continue providing coverage for some medications during the coverage gap phase to reduce your expenses while in the donut hole.

[How to compare drug plan costs using the online plan finder tool at www.medicare.gov.](http://www.medicare.gov)

List ALL of your prescriptions, including dosage and frequency

- Go to: www.medicare.gov
- Click on Find HEALTH & DRUG PLANS
- Type in the zip code and click on FIND PLANS
- Click boxes next to your selections and CONTINUE
- Type in the names of your medications
- Select dosage & frequency & click on ADD DRUG & DOSAGE
- Click on MY DRUG LIST IS COMPLETE
- Select your pharmacy, click on CONTINUE TO PLAN RESULTS
- Select up to 3 plans, then click on COMPARE PLANS
- Click on DRUG COSTS & COVERAGE
- Click on PRINT COMPARISON REPORT

Drug Name	Dosage	Frequency
<i>Example: Coreg (generic: carvedilol)</i>	<i>12.5 mg</i>	<i>twice per day</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

What additional discounts and savings will I have over time in the coverage gap?

Over the next 10 years, you pay less in the coverage gap until it's closed by 2020. By 2020, you will pay only 25% for covered brand-name and generic drugs during the gap, the same percentage you pay from the time you meet the deductible (if your plan has one) until you reach the out-of-pocket spending limit (up to \$4,550 in 2011).

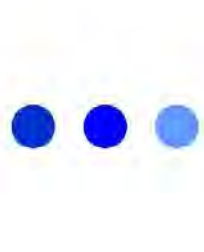
	You Will Pay This Percentage for Brand-name Drugs in the Coverage Gap	You Will Pay This Percentage for Generic Drugs in the Coverage Gap
2011	50%	93%
2012	50%	86%
2013	47.5%	79%
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%





Marketing no-no's

- Cold calls – agent CANNOT ask beneficiary to introduce neighbor
- Beneficiary's signature – CANNOT obtain under pretext
- Mailings must NOT look like they are from a government source; must include plan name and logo.



Annual Wellness Visit

- Every 12 months, starting 12 months after the “Welcome to Medicare” Exam
- No cost-sharing for this visit or “Welcome to Medicare” Exam in Original Medicare
- Measure height, weight, BMI, blood pressure and other routine measurements
- Establish or update
 - Individual’s medical and family history
 - List of beneficiary’s providers
 - List of medications
- Detect cognitive impairment



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MEDICARE for 2016

What You Need to Know

Part II

Presented by:

HICAP

A program of



HMO Chart 2016

THE BASIC HMO STRUCTURE

- Medicare HMOs are contracted by Medicare to provide and manage your care. HMOs may require a monthly premium in addition to the Part B premium
- Each plan has a Network of contracted providers and suppliers. Generally, you must use these Network providers and suppliers.
- You choose a Primary Care Provider who acts as a gatekeeper for other services, making referrals to other providers within the plan Network.
- You agree to receive all of your Medicare benefits through the plan; the plan determines your copays.

IMPORTANT CONSIDERATIONS

- Is your doctor in the plan network? Call the plan to ask (and call your provider's office to confirm).
- Which facilities are in the plan network? Make sure you know which hospitals your plan uses and where they are located.
- How much does the plan charge for your medications? Compare your drug costs at www.medicare.gov or call each plan to inquire.
- If you travel, what is the preauthorization process for using services outside of the plan network?

ABOUT THIS CHART

This chart compares the cost-sharing for Medicare Advantage Plans with drug coverage (MA-PDs). The drug coverage component is inseparable from the plans and you cannot choose other drug coverage (if you enroll in an MA plan without drug coverage then you are electing to forgo Medicare drug coverage altogether). Drug coverage is based on the standard Medicare Prescription drug benefit—all plans have an Initial Coverage Limit and a \$3,310 - \$4,850 out-of-pocket Coverage Gap. For 2016 the Medicare Prescription Drug Discount Program provides a 55% discount on brand name and 42% discount on generic drugs during the Gap. Plans may also elect to provide additional "Gap Coverage."



HMO SNAPSHOT

Plans including Prescription Drug Coverage		Monthly Premium
1	AARP MedicareComplete - Secure Horizons	Value \$25
2		Premier \$89
3		Plan 4 \$0
4	Aetna Medicare	Select Plan \$0
5	Anthem MediBlue	Plus \$0
6		Coordination Plus \$31
7	Blue Shield of California	65 Plus \$0
8	Care1st Medicare Advantage	Coordinated Choice Plan \$31
9		Optimum Plan \$0
10	Easy Choice Health Plan	Plus Plan \$12
11		Best Plan \$0
12	Health Net of CA	Healthy Heart \$0
13		Seniority Plus Sapphire \$31
14	Health Net Community Solutions	Sapphire Premier \$31
15	Humana Health Plan of CA	Gold Plus HMO \$0
16		Gold Plus HMO \$58
17	Kaiser Permanente	Senior Advantage \$0
18	North County Select	North County Select \$90.50
19	SCAN Health Plan	Scripps Classic \$0
20		Scripps Plus \$31.10
21		Scripps Signature \$89
22	United Healthcare	Sharp Secure Horizons Plan \$0
Plans without Prescription Drug Coverage		
1	Humana Health Plan of CA	Gold Plus \$0
2	United Healthcare (AARP MedicareComplete)	Secure Horizons Essential \$0



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HICAP 1-800-434-0222

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

This chart shows the amount you pay for Medicare approved services	SecureHorizons	SecureHorizons	SecureHorizons
	AARP Medicare	AARP Medicare	AARP Medicare
	Complete Value	Complete Premier	Complete Plan 4
	(H0543-013)	(H0543-060)	(H0543-152)
	1-800-950-9355 (members) 1-800-547-5514 (info)	1-800-950-9355 (members) 1-800-547-5514 (info)	1-800-950-9355 (members) 1-800-547-5514 (info)
	www.securehorizons.com		
Monthly Premium	\$25	\$69	\$0
Deductible	\$0	\$0	\$0
Out-of-Pocket Limit	\$5,300	\$4,300	\$6,700
Dr. Visit Primary Care	\$20	\$15	\$25
Dr. Visit Specialist	\$40	\$35	\$50
Preventive Services	\$0	\$0	\$0
Diagnostic Tests	\$10-\$15(or 20%) Lab X-ray	\$8-\$10(or 15%) Lab X-ray	\$13-\$15(or 20%) Lab X-ray
Radiology	20%	15%	20%
Urgent Care	\$30 - \$50	\$30 - \$50	\$30 - \$50
Ambulance	\$275	\$275	\$275
Emergency Care	\$75	\$75	\$75
Inpatient Hospital	\$225 each day 1 - 8 \$0 days 9 - unlimited	\$175 each day 1 - 8 \$0 days 9 - unlimited	\$335 each day 1 - 5 \$0 days 6 - unlimited
Skilled Nursing	\$0 each day 1 - 20 \$160/day 21-54 \$0/ 55-100	\$0 each day 1 - 20 \$160/day 21-47 \$0/ 48-100	\$0 each day 1 - 20 \$155/day 21-64 \$0/ 65-100
Inpatient Mental Health	\$225/day 1-6 \$0/day 7-90	\$175/day 1-8 \$0/day 9-90	\$335/day 1-4 \$0/day 5-90
Outpatient Therapy Visit	Group \$30 Individual \$30	Group \$20 Individual \$20	Group \$30 Individual \$30
Outpatient Surgery	\$225	\$175	\$335
Outpatient Rehab	\$40	\$15	\$50
Home Health Care	\$0	\$0	\$0
DME/Supplies	20%	15%	20%
Part B Drugs	20%	15%	20%
Medicare Covered Chiro	\$20	\$20	\$20
Rx Drug Coverage			
Deductible	\$0	\$0	\$0
Preferred Retail Pharmacy	30 90 day	30 90 day	30 90 day
Preferred Generic	\$4 \$12	\$4 \$12	\$5 \$15
Non-Preferred Generic	\$8 \$24	\$8 \$24	\$9 \$27
Preferred Brand	\$47 \$141	\$47 \$141	\$47 \$141
Non-Preferred Brand	\$100 \$300	\$100 \$300	\$100 \$300
Specialty	33%	33%	33%
Gap Coverage	None	None	None
Additional Benefits			
Vision Routine Exam	\$40 1 exam/yr	\$35 1 exam/yr	\$45 1 exam/yr
Eyewear	\$70 limit/2 yrs	\$70 limit/2 yrs	\$70 limit/2 yrs
Hearing Routine Exam	\$20 1 exam/yr	\$15 1 exam/yr	\$20 1 exam/yr
Hearing Aid	\$390-\$450 limit/yr	\$390-\$450 limit/yr	\$390-\$450 limit/yr
Dental Benefits and/or Supplement Options	\$3-\$15 exam/cleaning/6mos High Optional Rider \$11	\$3-\$15 exam/cleaning/6mos High Optional Rider \$11	Optional Rider \$3.50/mo High Option Rider \$16/mo
Gym Membership	Fitness Rider \$15/mo	Fitness Rider \$15/mo	Fitness Rider \$15/mo
Transportation	n/a	n/a	n/a

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

Aetna Medicare Select Plan (H0523-052)	Anthem Blue Cross MediBlue Plus (H0564-072)	Anthem Blue Cross MediBlue Coordination Plus (H0564-078)	Blue Shield of California Blue Shield 65 Plus (H0504-028)
1-800-282-5366 (members) 1-800-832-2640 (info) www.aetnamedicare.com	1-888-230-7338 (members) 1-800-797-6438 (info) www.anthem.com	1-888-230-7338 (members) 1-800-797-6438 (info) www.anthem.com	1-800-776-4466 (members) 1-800-488-8000 (info) www.blueshieldca.com
\$0	\$0	\$31	\$0
\$0	\$0	\$0	\$0
\$3,400	\$3,400	\$6,700	\$3,000
\$0	\$5	20%	\$5
\$15	\$20	20%	\$15
\$0	\$0	\$0	\$0
\$15 Lab X-ray	\$0 Lab X-ray	20% Lab X-ray	\$0 lab X-ray
20%	20%	20%	\$40 or 20%
\$0 - \$55	\$25	20% up to \$65	\$15
\$300	\$250 or 20%	20%	\$250
\$75	\$75	20% up to \$75	\$75
\$289/day for 1-5 days	\$250 each day 1 - 5	Same as Original Medicare	\$175 each day 1 - 5
\$0 days 6 - unlimited	\$0 days 6 - 90		\$0 days 6 - unlimited
\$25 days 1-20	\$0 each day 1 - 20	Same as Original Medicare	\$25 each day 1 - 20
\$150 each day 21-100	\$160 each day 21 - 100		\$150 each day 21 - 100
\$1,953 per stay	\$250/day 1-8 \$0/day 9-90	Same as Original Medicare	\$900 per stay
Group \$40 Individual \$40	Group \$40 Individual \$40	Group 20% Individual 20%	Group \$30 Individual \$30
\$15 - \$289	\$0 - \$160	20%	\$50 - \$100
\$15	\$40	20%	\$15 - \$20
\$0	\$0	\$0	\$0
20%	20%	20%	20%
20%	20%	20%	20%
\$20	\$20	20%	\$15
\$175 (Excludes Tier 1 & 2)	\$0	\$360 (Excludes Tier 1 & 6)	\$0
30 90 day	30 90 day	30 90 day	30 90 day
\$5 \$15	\$5 \$15	\$0 \$0	\$0 \$0
\$10 \$30	\$10 \$30	\$4 \$12	\$5 \$10
\$47 \$141	\$42 \$126	\$47 \$141	\$40 \$80
\$100 \$300	\$95 \$285	\$100 \$300	\$82 \$164
29%	33%	25%	25%
Most Generics	Tier 6 only	Tier 6 only	Many Generics
\$0 1/yr	\$0 1 exam/yr	\$0 1 exam/yr	\$10 one exam/yr
n/a	n/a	\$100 limit/2 yrs	\$75 limit/2 yrs
\$0 1/yr	\$0 1 exam/yr	\$0	\$5-\$15 one exam/yr
n/a	\$1000 limit/yr	\$2000 limit/yr	n/a
Optional Package #1 \$11.50	\$0 1 exam & 1 cleaning/yr	\$0 1 exam & 1 cleaning every 6 mos Xray/1yr	Optional package #1 \$12.60
Optional Package #2 \$18.50	Optional Packages available		n/a
n/a	n/a	yes	n/a
n/a	n/a	24 One Way Trips	n/a

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

Aetna Medicare Select Plan (H0523-052)	Anthem Blue Cross MediBlue Plus (H0564-072)	Anthem Blue Cross MediBlue Coordination Plus (H0564-078)	Blue Shield of California Blue Shield 65 Plus (H0504-028)
1-800-282-5388 (members) 1-800-832-2640 (info) www.aetnamedicare.com	1-888-230-7338 (members) 1-800-797-6438 (info) www.anthem.com	1-888-230-7338 (members) 1-800-797-6438 (info) www.anthem.com	1-800-776-4466 (members) 1-800-488-8000 (info) www.blueshieldca.com
\$0	\$0	\$31	\$0
\$0	\$0	\$0	\$0
\$3,400	\$3,400	\$6,700	\$3,000
\$0	\$5	20%	\$5
\$15	\$20	20%	\$15
\$0	\$0	\$0	\$0
\$15 Lab X-ray	\$0 Lab X-ray	20% Lab X-ray	\$0 lab X-ray
20%	20%	20%	\$40 or 20%
\$0 - \$55	\$25	20% up to \$65	\$15
\$300	\$250 or 20%	20%	\$250
\$75	\$75	20% up to \$75	\$75
\$289/day for 1-5 days \$0 days 6 - unlimited	\$250 each day 1 - 5 \$0 days 6 - 90	Same as Original Medicare	\$175 each day 1 - 5 \$0 days 6 - unlimited
\$25 days 1-20 \$150 each day 21-100	\$0 each day 1 - 20 \$160 each day 21 - 100	Same as Original Medicare	\$25 each day 1 - 20 \$150 each day 21 - 100
\$1,953 per stay	\$250/day 1-8 \$0/day 9-90	Same as Original Medicare	\$900 per stay
Group \$40 Individual \$40	Group \$40 Individual \$40	Group 20% Individual 20%	Group \$30 Individual \$30
\$15 - \$289	\$0 - \$160	20%	\$50 - \$100
\$15	\$40	20%	\$15 - \$20
\$0	\$0	\$0	\$0
20%	20%	20%	20%
20%	20%	20%	20%
\$20	\$20	20%	\$15
\$175 (Excludes Tier 1 & 2)	\$0	\$360 (Excludes Tier 1 & 6)	\$0
30 90 day	30 90 day	30 90 day	30 90 day
\$5 \$15	\$5 \$15	\$0 \$0	\$0 \$0
\$10 \$30	\$10 \$30	\$4 \$12	\$5 \$10
\$47 \$141	\$42 \$126	\$47 \$141	\$40 \$80
\$100 \$300	\$95 \$285	\$100 \$300	\$82 \$164
20%	33%	25%	25%
Most Generics	Tier 6 only	Tier 6 only	Many Generics
\$0 1/yr	\$0 1 exam/yr	\$0 1 exam/yr	\$10 one exam/yr
n/a	n/a	\$100 limit/2 yrs	\$75 limit/2 yrs
\$0 1/yr	\$0 1 exam/yr	\$0	\$5-\$15 one exam/yr
n/a	\$1000 limit/yr	\$2000 limit/yr	n/a
Optional Package #1 \$11.50	\$0 1 exam & 1 cleaning/year	\$0 1 exam & 1 cleaning every 6 mos Xray/1yr	Optional package #1 \$12.60
Optional Package #2 \$18.50	Optional Packages available		n/a
n/a	n/a	yes	n/a
n/a	n/a	24 One Way Trips	n/a

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

This chart shows the amount you pay for Medicare approved services	Easy Choice Health Plan	Health Net of CA	Health Net of CA
	Best Plan	Healthy Heart	Seniority Plus
	(H5087-012)	(H0562-012)	(H0562-111-1)
	1-866-999-3945 (members) 1-866-999-3945 (info) www.easychoicehealthplan.com	1-800-275-4737 (members) 1-800-977-6738 (info) www.healthnet.com	1-800-275-4737 (members) 1-800-977-6738 (info)
Monthly Premium	\$0	\$0	\$31
Deductible	\$0	\$0	\$0
Out-of-Pocket Limit	\$8,700	\$8,700	\$8,700
Dr. Visit Primary Care	\$5	\$5	20%
Dr. Visit Specialist	\$25	\$15	20%
Preventive Services	\$0	\$0	\$0
Diagnostic Tests	\$0 - \$50 Lab X-ray	\$0 Lab X-ray	\$0 Lab 20% X-ray
Radiology	\$80 - 20% Therapeutic	\$80 Radiology	20% Radiology
Urgent Care	\$15	\$25	20%
Ambulance	\$195	\$300	20%
Emergency Care	\$75	\$85	20% up to \$75
Inpatient Hospital	\$350 each day 1 - 3 \$0 days 4 - unlimited	\$345 each day 1 - 5 \$0 days 6 - unlimited	Same as Original Medicare
Skilled Nursing	\$0 each day 1 - 20 \$180 each day 21 - 100	\$0 each day 1 - 20 \$75 each day 21 - 100	Same as Original Medicare
Inpatient Mental Health	\$350/day 1-3 \$0/day 4-90	\$900 per stay	Same as Original Medicare
Outpatient Therapy Visit	Group \$40 Individual \$40	Group \$25 Individual \$25	Group 20% Individual 20%
Outpatient Surgery	\$30 - \$300	\$150 - \$345	20%
Outpatient Rehab	\$25	\$0	20%
Home Health Care	\$0	\$0	\$0
DME/Supplies	\$0	20%	20%
Part B Drugs	20%	20%	20%
Medicare Covered Chiro	\$20	\$10	20%
Rx Drug Coverage			
Deductible	\$0	\$100 (Excludes Tier 1, 2 & 6)	\$290 (Excludes Tier 1 & 6)
Preferred Retail Pharmacy	30 90 day	30 90 day	30 90 day
Preferred Generic	\$4 \$12	\$5 \$15	\$0 \$0
Non-Preferred Generic	\$15 \$45	\$12 \$36	\$20 \$60
Preferred Brand	\$47 \$141	\$37 \$111	\$47 \$141
Non-Preferred Brand	\$99 \$297	\$90 \$270	\$100 \$300
Specialty	33%	30%	26%
Gap Coverage	Many Generics	None	None
Additional Benefits			
Vision Routine Exam	\$0 1 exam/yr	\$25 1 exam/yr	\$0 1 exam/yr
Eyewear	\$100 limit/yr	See Optional Package	\$200 limit/2 yrs
Hearing Routine Exam	\$0 1 exam/yr	\$25 1 exam/yr	\$0 1 exam/yr
Hearing Aid	\$350 limit/yr	n/a	\$2,000 limit/3 yrs
Dental Benefits and/or Supplement Options	\$0-\$55 1 exam cleaning/6 mos Xray/2yrs \$1000 max	\$0 1 exam X-ray 2 cleaning Optional Package \$12/mo	\$0 1 exam X-ray 2 cleaning
Gym Membership	n/a	n/a	n/a
Transportation	12 One Way Trips	n/a	20 One Way Trips

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

This chart shows the amount you pay for Medicare approved services	Health Net Community Solutions	Humana	Humana
	Seniority Plus	Gold Plus	Gold Plus
	Sapphire Premier	HMO	HMO
	(H3561-002)	(H5619-016)	(H5619-017)
1-800-431-9007 (members) 1-800-977-6738 (info) www.healthnet.com	1-800-457-4708 (members) 1-800-833-2364 (info) www.humana-medicare.com	1-800-457-4708 (members) 1-800-833-2364 (info)	
Monthly Premium	\$31	\$0	\$58
Deductible	\$0	\$0	\$0
Out-of-Pocket Limit	\$6,700	\$4,900	\$3,900
Dr. Visit Primary Care	20%	\$10	\$0
Dr. Visit Specialist	20%	\$25	\$15
Preventive Services	\$0	\$0	\$0
Diagnostic Tests	\$0 Lab 20% X-ray	\$0 - \$100 Lab X-ray	\$0-\$100 Lab X-ray
Radiology	20% Radiology	\$10 - \$200 or 20%	\$0 - \$150 or 20%
Urgent Care	20% up to \$65	\$10 - \$25	\$0 - \$15
Ambulance	20%	\$250	\$100
Emergency Care	20% up to \$75	\$75	\$75
Inpatient Hospital	Same as Original Medicare	\$225 each day 1 - 8 \$0 days 9 - unlimited	\$200 each day 1 - 8 \$0 days 9 - unlimited
Skilled Nursing	Same as Original Medicare	\$0 each day 1 - 20 \$125 each day 21 - 100	\$0 each day 1 - 20 \$75 each day 21 - 100
Inpatient Mental Health	Same as Original Medicare	\$195/day 1-8 \$0/day 9-90	\$195/day 1-8 \$0/day 9-90
Outpatient Therapy Visit	Group 20% Individual 20%	Group \$25 Individual \$25	Group \$15 Individual \$15
Outpatient Surgery	20%	\$150 - \$200	\$150
Outpatient Rehab	20%	\$25	\$15
Home Health Care	\$0	\$0	\$0
DME/Supplies	20%	20%	20%
Part B Drugs	20%	20%	20%
Medicare Covered Chiro	20%	\$10	\$5
Rx Drug Coverage			
Deductible	\$310 (Excludes Tier 1 & 6)	\$0	\$0
Preferred Retail Pharmacy	30 90 day	30 90 day	30 90 day
Preferred Generic	\$0 \$0	\$5 \$15	\$5 \$15
Non-Preferred Generic	\$20 \$60	\$15 \$45	\$15 \$45
Preferred Brand	\$47 \$141	\$47 \$141	\$47 \$141
Non-Preferred Brand	\$100 \$300	\$100 \$300	\$100 \$300
Specialty	26%	33%	33%
Gap Coverage	None	Some Generics/Some Brands	Some Generics/Some Brands
Additional Benefits			
Vision Routine Exam	\$0 1 exam/yr	\$0 1 exam/yr	\$0 1 exam/yr
Eyewear	\$500 limit/2 yrs	\$100 limit/yr	\$100 limit/yr
Hearing Routine Exam	\$0 1 exam/yr	\$5 1 exam/yr	\$0 1 exam/yr
Hearing Aid	\$2,000 limit/3 yrs	\$400 limit/3 yrs	\$2,000 limit/yr
Dental Benefits and/or Supplement Options	\$0 1 exam X-ray 2 cleaning	\$0 1 exam X-ray cleaning	\$0 1 exam X-ray cleaning \$2,000 limit/yr
Gym Membership	Yes	Yes	Yes
Transportation	40 One Way Trips	16 One Way Trips	16 One Way Trips

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

This chart shows the amount you pay for Medicare approved services	Kaiser Permanente	North County Select	SCAN Health Plan
	Senior Advantage	for zip codes: 92010, 92056, 92069, 92078, 92081, 92083	Scripps Classic
	(H0524-037)	(H5386-001)	(H5425-005)
	1-800-443-0815 (members) 1-800-777-1238 (info) www.kaiserpemante.org	1-866-336-0072 (info) www.northcountysselect.com	1-800-558-3500 (members) 1-800-915-7228 (info) www.scanhealthplan.com
Monthly Premium	\$0	\$90.50	\$0
Deductible	\$0	\$0	\$0
Out-of-Pocket Limit	\$4,400	\$5,900	\$3,200
Dr. Visit Primary Care	\$15	\$15	\$15
Dr. Visit Specialist	\$15	\$35	\$35
Preventive Services	\$0	\$0	\$0
Diagnostic Tests	\$35 Lab \$80 X-ray	\$10-35 Lab X-ray	\$0 Lab X-ray
Radiology	\$0 Therapeutic \$80 - \$170	\$150 - 20% Therapeutic	20%
Urgent Care	\$15	\$35-65	\$45
Ambulance	\$200	\$250	\$250
Emergency Care	\$75	\$65	\$65
Inpatient Hospital	\$260 each day 1 - 7 \$0 days 8 - unlimited	\$260 each day 1-7 \$0 days 8 - unlimited	\$295 each day 1 - 5 \$0 days 6 - unlimited
Skilled Nursing	\$0 each day 1 - 20 \$50 each day 21 - 100	\$0 each day 1-20 \$125 each day 21-100	\$0 each day 1-20 \$150 days 21 - 100
Inpatient Mental Health	\$210/day 1-7 \$0/day 8-90	\$210/day 1-7 \$0/day 8-90	\$250/day 1-7 \$0/day 8-90
Outpatient Therapy Visit	Group \$7 Individual \$15	Group \$35 Individual \$35	Group \$25 Individual \$25
Outpatient Surgery	\$75 - \$250	\$35 - \$250	\$35 - \$250 or 20%
Outpatient Rehab	\$0 - \$15	\$35	\$40
Home Health Care	\$0	\$0	\$0
DME/Supplies	20%	20%	20%
Part B Drugs	\$0 - \$45	20%	20%
Medicare Covered Chiro	\$15	\$20	\$20 - \$40
Rx Drug Coverage			
Deductible	\$0	\$0	\$0
Preferred Retail Pharmacy	30 100 day	30 90 day	30 90 day
Preferred Generic	\$5 \$15	\$4 \$12	\$5 \$10
Non-Preferred Generic	\$12 \$36	\$8 \$24	\$10 \$20
Preferred Brand	\$45 \$135	\$45 \$135	\$47 \$141
Non-Preferred Brand	\$95 \$285	\$95 \$285	\$95 \$285
Specialty	25%	33%	33%
Gap Coverage	All Generics	None	None
Additional Benefits			
Vision Routine Exam	\$0 - \$15	n/a	\$0 1 exam/year
Eyewear	\$40 limit/2 yrs	n/a	\$80 limit/2 yrs
Hearing Routine Exam	\$15 per exam	n/a	\$0 1 exam/yr
Hearing Aid	n/a	n/a	\$500 limit/2yrs
Dental Benefits and/or Supplement Options	Optional #1 \$20/mo (dental, vision, hearing)	n/a	Optional Package #1 \$8/mo
		n/a	Optional Package #2 \$16/mo
Gym Membership	\$25/month with option #1	n/a	n/a
Transportation	n/a	None	12 One Way Trips

MEDICARE ADVANTAGE PLANS
Health Maintenance Organizations, San Diego County

This chart shows the amount you pay for Medicare approved services	SCAN Health Plan	SCAN Health Plan	United Healthcare
	Scripps Plus	Scripps Signature	Sharp
	(H5425-040)	(H5425-004)	Secure Horizons Plan
	1-800-559-3500 (members) 1-800-915-7226 (info) www.scanhealthplan.com	1-800-559-3500 (members) 1-800-915-7226 (info) www.scanhealthplan.com	1-800-950-9355 (members) 1-800-555-5757 (info) www.unitedhealthcare.com
Monthly Premium	\$31.10	\$69	\$0
Deductible	\$147/yr	\$0	\$0
Out-of-Pocket Limit	\$6,700	\$4,000	\$3,500
Dr. Visit Primary Care	20%	\$10	\$10
Dr. Visit Specialist	20%	\$25	\$35
Preventive Services	\$0	\$0	\$0
Diagnostic Tests	20% Lab X-ray	\$0 Lab X-ray	\$10-\$19(or 20%) Lab X-ray
Radiology	20%	20%	20%
Urgent Care	20% up to \$65	\$25	\$30 - \$50
Ambulance	20%	\$100	\$275
Emergency Care	\$75	\$75	\$85
Inpatient Hospital	Same as Original Medicare	\$150 each day 1 - 5 \$0 days 6 - unlimited	\$280 each day 1 - 7 \$0 days 8 - unlimited
Skilled Nursing	Same as Original Medicare	\$0 each day 1 - 20 \$50 each day 21 - 100	\$0 each day 1-20 \$155/day 21-43 \$0/44-100
Inpatient Mental Health	Same as Original Medicare	\$150/day 1-5 \$0/day 6-90	\$280/day 1-5 \$0/day 6-90
Outpatient Therapy Visit	Group 20% Individual 20%	Group \$25 Individual \$25	Group \$30 Individual \$30
Outpatient Surgery	20%	\$25 - \$75 or 20%	\$250
Outpatient Rehab	20%	\$25	\$35
Home Health Care	\$0	\$0	\$0
DME/Supplies	20%	20%	20%
Part B Drugs	20%	20%	20%
Medicare Covered Chiro	\$5 - 20%	\$20	\$20
Rx Drug Coverage			
Deductible	\$360 some drugs (call plan)	\$0	\$0
Preferred Retail Pharmacy	30 90 day	30 90 day	30 90 day
Preferred Generic	25%	\$5 \$10	\$4 \$12
Non-Preferred Generic	25%	\$8 \$16	\$8 \$24
Preferred Brand	25%	\$47 \$141	\$47 \$141
Non-Preferred Brand	25%	\$95 \$285	\$100 \$300
Specialty	25%	33%	33%
Gap Coverage	None	All Generics	None
Additional Benefits			
Vision Routine Exam	\$0 1 exam/yr	\$0 1 exam/year	\$35 1 exam/yr
Eyewear	\$175 limit/2 yrs	\$105 limit/2 yrs	\$70 limit/2 yrs
Hearing Routine Exam	\$0 1 exam/yr	n/a	\$10 1 exam/yr
Hearing Aid	\$1,400 limit/2 yrs	n/a	\$390-\$450 limit/yr
Dental Benefits and/or Supplement Options	\$0 exam X-ray 2 Cleanings/yr	Optional Package #1 \$8/mo Optional Package #2 \$16/mo	Optional Rider \$3.50/mo High Option Rider \$16/mo
Gym Membership	n/a	n/a	n/a
Transportation	26 One Way Trips	12 One Way Trips	n/a

MEDICARE ADVANTAGE
Preferred Provider Organizations, San Diego County

PPO Chart 2016

BASIC PPO STRUCTURE

- Medicare Advantage PPO plans are contracted by Medicare to provide and manage your care. PPOs require a monthly premium in addition to the Part B premium.
- You agree to receive all of your Medicare benefits through the plan; the plan determines your copays.
- Each plan has a Network of contracted providers and suppliers who offer discounted rates and may collect only the applicable copay at the time of service.
- No referral is needed to use out-of-Network providers, but these may charge more than contracted providers and they may require full payment at the time of service.
- Generally, all providers must participate in Medicare – even for out of network services.

IMPORTANT CONSIDERATIONS

- Is your doctor in the plan network? If you prefer to pay the In-Network rate, call the plan to find out (ask your provider's office to confirm).
- Which facilities are in the plan network? Network facilities may offer substantially lower cost-sharing.
- How much does the plan charge for your medications? Compare your drug costs at www.medicare.gov or call each plan to inquire.
- These plans are complex and may have requirements to use certain services, such as pre-authorization. Make sure you understand how the plan works.

PPO Claims Processing

IN-NETWORK PROVIDERS

- Provider should bill the PPO plan first.
- If the provider bills the patient first, only the plan copay can be collected at the time of service.
- Generally, the plan pays the provider and then informs the provider and the patient via an Explanation of Benefits (EOB) how much the patient owes to the provider. The provider then bills the patient for any balance.
- Coinsurance is derived as a percentage of the plan's contracted rate. The provider will receive an EOB which tells them how much to "balance bill" the patient.

OUT-OF-NETWORK PROVIDERS

- Plans prefer that the provider bill the plan first.
- However, there's no contract so the provider might bill the patient directly.
- Non-contracted providers who opt to bill the patient first "probably will be asking for the entire billed charges." There is no "contracted" rate.
- *If the provider bills the plan first*, the plan makes a payment and then notifies the provider and member how much the member owes the provider
- *If the provider bills the beneficiary up front*, the beneficiary will then submit a claim to the plan for reimbursement. If the amount billed was more than the Medicare allowable rate, the beneficiary may also seek reimbursement from the provider.
- Coinsurance is derived as a percentage of the Medicare-approved rate. The patient will receive an EOB from the plan after its portion of the claim has been paid.



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HICAP 1-800-434-0222

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MEDICARE ADVANTAGE
Preferred Provider Organizations, San Diego County

		Aetna Medicare Choice Plan H5521-053 1-855-338-7027 (info) 1-800-282-5366 (members) www.aetnamedicare.com	Aetna Medicare Connect Plus H5521-052 1-855-338-7027 (info) 1-800-282-5366 (members) www.aetnamedicare.com
Monthly Premium		\$73	\$188
Deductible <i>Contact Plan for details!</i>	in-Net	\$750	\$500
	out-of-Net	<i>Combined in and out-of-Network</i>	
Out-of-Pocket max	in-Net	\$6,700	\$4,500
	out-of-Net	<i>Combined \$10,000</i>	
Primary Care Office Visit	in-Net	\$10	\$0
	out-of-Net	40%	20%
Specialist Office Visit	in-Net	\$40	\$15
	out-of-Net	40%	20%
Lab Services	in-Net	\$40	\$0 - \$15
	out-of-Net	40%	20%
X-Rays / Radiology	in-Net	\$40 / 20%	\$125 / 20%
	out-of-Net	40%	20%
Inpatient Hospital <i>Unlimited Days</i>	in-Net	\$225 days 1-6 \$0 days 7-unlimited	\$200 days 1-4 \$0 days 5-unlimited
	out-of-Net	40%	20%
Skilled Nursing Facility	in-Net	Days 1 – 20 \$0 Days 21 – 100 \$160	Days 1 – 20 \$0 Days 21 – 100 \$75
	out-of-Net	40%	20%
Ambulance	in-Net	\$300	\$100
	out-of-Net	\$300	\$100
Urgent Care <i>Worldwide coverage</i>	in-Net	\$10 - \$40	\$0 - \$50
	out-of-Net	\$10 - \$40	\$0 - \$50
Emergency Care <i>Worldwide coverage</i>	in-Net	\$75	\$75
	out-of-Net	\$75	\$75
Outpatient Surgery	in-Net	Outpatient hospital \$40 - \$225 Surgical center \$225	Outpatient hospital \$15 - \$150 Surgical center \$150
	out-of-Net	40%	20%
Outpatient Rehab	in-Net	\$40	\$15
	out-of-Net	40%	20%
Home Health Care	in-Net	\$0	\$0
	out-of-Net	40%	20%
Durable Medical Equipment and Supplies	in-Net	20%	20%
	out-of-Net	40%	20%
Prescription Drug Coverage			
Annual Deductible		\$150 (except Tier 1 & 2)	\$0
Initial Coverage Limit		\$3,310	\$3,310
Preferred Generic	30 90 day supply	\$0 - \$8 \$0 - \$24	\$0 - \$8 \$0 - \$15
Generic	30 90 day supply	\$10 - \$18 \$30 - \$54	\$7 - \$12 \$17.50 - \$30
Preferred Brand	30 90 day supply	\$47 \$141	\$47 \$117.50
Non-Preferred drugs	30 90 day supply	50%	50%
Specialty drugs	30 90 day supply	29%	33%
GAP Coverage		All Tier 1	All Tier 1
Vision/Dental/Hearing and/or Optional		Some (See Plan)	Some (See Plan)

CHRONIC CONDITION SPECIAL NEEDS PLAN (C-SNP) Chart 2015

THESE PLANS ARE FOR BENEFICIARIES THAT HAVE A SPECIFIC CHRONIC CONDITION

THE BASIC C-SNP STRUCTURE

- Medicare C-SNPs are contracted by Medicare to provide and manage your care. C-SNPs may require a monthly premium in addition to the Part B premium
- Each plan has a Network of contracted providers and suppliers. Generally, you must use these Network providers and suppliers.
- You choose a Primary Care Provider who acts as a gatekeeper for other services, making referrals to other providers within the plan Network.
- You agree to receive all of your Medicare benefits through the plan; the plan determines your copays.

IMPORTANT CONSIDERATIONS

- Is your doctor in the plan network? Call the plan to ask (and call your provider's office to confirm).
- Which facilities are in the plan network? Make sure you know which hospitals your plan uses and where they are located.
- How much does the plan charge for your medications? Compare your drug costs at www.medicare.gov or call each plan to inquire.
- If you travel, what is the pre-authorization process for using services outside of the plan network?

ABOUT CHRONIC CONDITION SPECIAL NEEDS PLANS

- Enrollment is restricted to beneficiaries that have one or more specific chronic condition.¹
- C-SNPs must include additional benefits and networks that are specific to the chronic condition.¹
- C-SNPs are required to contact the beneficiary's provider to verify the qualifying chronic condition. Alternatively, the Plan may use a Pre-enrollment Qualification Assessment Tool and contact the beneficiary's provider during the 1st month of enrollment. The beneficiary will be dis-enrolled if the Plan cannot verify the qualifying chronic condition.¹

¹ <http://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/Chronic-Condition-Special-Need-Plans-C-SNP.html>

SAN DIEGO'S CHRONIC CONDITION SPECIAL NEEDS PLAN ELIGIBILITY

<p>SCAN Scripps Heart First</p>	<p>Chronic or Congestive Heart Failure, Cardiac Arrhythmia, Chronic Venous Thromboembolic Disorder, Coronary Artery Disease or Peripheral Vascular Disease.</p>
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This chart is provided as a convenience for the clients of the Health Insurance Counseling and Advocacy Program (HICAP) and represents the best information available at the time of publication. Beneficiaries are urged to visit www.medicare.gov and to call a plan directly to confirm eligibility, premiums and copays, and to request detailed information about benefits and plan services prior to enrolling. HICAP is administered by Elder Law & Advocacy, and is funded by the California Department of Aging and the County of San Diego Aging and Independence Services.

HICAP 1-800-434-0222

C-H5

Chronic Condition Special Needs Plan (C-SNP) Chart 2016

THESE PLANS ARE FOR BENEFICIARIES THAT HAVE A SPECIFIC CHRONIC CONDITION

THE BASIC C-SNP STRUCTURE

- Medicare C-SNPs are contracted by Medicare to provide and manage your care. C-SNPs may require a monthly premium in addition to the Part B premium
- Each plan has a Network of contracted providers and suppliers. Generally, you must use these Network providers and suppliers.
- You choose a Primary Care Provider who acts as a gatekeeper for other services, making referrals to other providers within the plan Network.
- You agree to receive all of your Medicare benefits through the plan; the plan determines your copays.

IMPORTANT CONSIDERATIONS

- Is your doctor in the plan network? Call the plan to ask (and call your provider's office to confirm).
- Which facilities are in the plan network? Make sure you know which hospitals your plan uses and where they are located.
- How much does the plan charge for your medications? Compare your drug costs at www.medicare.gov or call each plan to inquire.
- If you travel, what is the pre-authorization process for using services outside of the plan network?

ABOUT CHRONIC CONDITION SPECIAL NEEDS PLANS

- Enrollment is restricted to beneficiaries that have one or more specific chronic condition.¹
- C-SNPs must include additional benefits and networks that are specific to the chronic condition.¹
- C-SNPs are required to contact the beneficiary's provider to verify the qualifying chronic condition. Alternatively, the Plan may use a Pre-enrollment Qualification Assessment Tool and contact the beneficiary's provider during the 1st month of enrollment. The beneficiary will be dis-enrolled if the Plan cannot verify the qualifying chronic condition.¹

¹ <http://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/Chronic-Condition-Special-Need-Plans-C-SNP.html>

SAN DIEGO'S CHRONIC CONDITION SPECIAL NEEDS PLAN ELIGIBILITY

SCAN Scripps Heart First	Chronic or Congestive Heart Failure, Cardiac Arrhythmia, Chronic Venous Thromboembolic Disorder, Coronary Artery Disease or Peripheral Vascular Disease.
Fresenius Fresenius Total Health	End Stage Renal Disease (ESRD)



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HICAP 1-800-434-0222

MEDICARE ADVANTAGE PLANS
Chronic Condition Special Needs Plan, San Diego County

This chart shows the amount you pay for Medicare approved services.	SCAN Scripps Heart First HMO H5425-055 Info: 877-807-7226 Members: 800-559-3500 www.scanhealthplan.com
Monthly Premium	\$26
Deductible	\$0
Out-of-Pocket max	\$3,400
Dr. Visit Primary Care	\$15
Dr. Visit Specialist	\$35
Preventative Services	\$0
Diagnostic Tests	\$0
Lab Services	\$0
Radiology	20%
Urgent Care	\$45
Ambulance	\$250
Emergency Care	\$75 \$0 if admitted immediately
Inpatient Hospital	\$295 each day 1 – 5 \$0 days 8 – unlimited
Skilled Nursing Facility	\$0 each day 1 – 20 \$150 each day 21-100
Inpatient Mental Health	\$250 each day 1 – 7 \$0 days 8 – 90
Outpatient Therapy Visit	Group \$25 Individual \$25
Outpatient Surgery	\$35-250 or 20%
Outpatient Rehab Cardiac Rehab	\$40 \$0 up to 36 weeks
Home Health Care	\$0
Durable Medical Equipment	20%
Diabetic Training Supplies Shoes	\$0 \$0 \$0
Part B Drugs	20%
Medicare covered Chiropractic	\$20
Routine	\$10 limit 20 visits/yr.
Rx Drug Coverage	Retail Pharmacy co-pays
Deductible	\$0
Preferred Generic Tier 1	\$5 \$10
Non-Preferred Generic Tier 2	\$10 \$20
Preferred Brand Tier 3	\$47 \$141
Non-Preferred drugs Tier 4	\$100 \$300
Specialty drugs Tier 5	33%
Select drugs Tier 6	\$0
Initial Coverage Limit	\$3,310
GAP Coverage	Many Generics/Some Brands
Additional Benefits and Services	
Vision Routine Exam	\$0
Eyeglasses or contacts	\$35 co-pay \$105 limit/2 yrs \$10 copay after surgery.
Hearing Exam	Diagnostic \$30 Routine \$0 1/yr.
Hearing Aid	\$0 \$500 limit/ 2 yrs.
Dental Benefits	Basic \$8/month Enhanced \$16/month
Podiatry: Routine Care Visits	\$0 up to 6 visits/yr.

MEDICARE ADVANTAGE PLANS
Chronic Condition Special Needs Plan, San Diego County

This chart shows the amount you pay for Medicare approved services.	Fresenius Health Plan Fresenius Total Health PPO H9312-002-0 Info & Members: 855-598-6774 www.esrdplans.com	
	IN NETWORK	OUT OF NETWORK
Monthly Premium	\$29.50	
Deductible	Same as Part A & Part B (will change for 2016)	Combined
Out-of-Pocket max	\$6,700	\$10,000
Dr. Visit Primary Care	\$0	30%
Dr. Visit Specialist	20%	30%
Nephrology Office Visit	\$0	30%
Renal Dialysis	20%	30%
Diagnostic Tests	20%	30%
Lab Services	20%	30%
Radiology	20%	30%
Urgent Care	20% (up to \$65)	20% (up to \$65)
Ambulance	20%	30%
Emergency Care	20% (up to \$75)	20% (up to \$75)
Inpatient Hospital	Same as Part A (will change for 2016)	30%
Skilled Nursing Facility	Same as Part A (will change for 2016)	30%
Inpatient Mental Health	Same as Part A (will change for 2016)	30%
Outpatient Therapy Visit	20%	30%
Outpatient Surgery	20%	30%
Outpatient Rehab Cardiac Rehab	20%	30%
Home Health Care	\$0	30%
Durable Medical Equipment	20%	30%
Diabetic Training Supplies Shoes	\$0	30%
Part B Drugs	20%	30%
Medicare covered Chiropractic	20%	30%
Rx Drug Coverage	Retail Pharmacy co-pays	
Deductible		
Preferred Generic Tier 1	\$0	
Non-Preferred Generic Tier 2	25%	
Preferred Brand Tier 3	25%	
Non-Preferred drugs Tier 4	25%	
Specialty drugs Tier 5	25%	
Initial Coverage Limit	\$3,310	
GAP Coverage	None	
Additional Benefits and Services		
Vision Routine Exam	\$0 - 1 exam per year	50%
Eye glasses or contacts	\$0 co-pay up to \$175/year	50%
Dental	\$0 co-pay up to \$1500/year cleaning, x-rays, fluoride (once per year)	50%
Transportation	\$0 30 one-way trips per year	50%

Cal MediConnect Plans 2016

These plans are for full dual-eligibles (Medicare+Medi-Cal) only
SHARE OF COST MEDI-CAL BENEFICIARIES ARE NOT ELIGIBLE

THE BASICS OF CAL MEDICONNECT (CMC)

- Medicare CMCs are contracted by both Medicare and Medi-Cal to provide and manage your care. You pay \$0 for most covered services.
- Each plan has a Network of contracted providers and suppliers. Generally, you must use these Network providers and suppliers.
- You have a Primary Care Provider who acts as a gatekeeper for other services, making referrals to other providers within the plan Network.
- All CMC Plans give you additional benefits including: (1) access to a care manager to help manage your health needs and coordinate your providers, (2) some vision coverage and (3) transportation.
- You agree to receive all of your Medicare and Medi-Cal benefits through the plan as well as coordinate all your Long Term Services and Supports: In Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multi-Purpose Senior Services Program (MSSP), Long Term Skilled Nursing Facility

IMPORTANT CONSIDERATIONS

- Is your doctor or provider in the plan network?
Call the plan to ask (you may want to also call your provider's office to confirm).
- Which facilities are in the plan network?
Make sure you know which hospitals your plan uses and where they are located.
- How much does the plan charge for your medications?
Compare your drug costs at www.medicare.gov or call each plan to inquire.
- If you travel, what is the preauthorization process for using services outside of the plan network?
- Are the additional benefits of vision, transportation and care coordination important to you?
Call the plans to compare the details of their additional benefits.

BENEFICIARIES SHOULD MAKE SURE TO UNDERSTAND PLAN BENEFITS BEFORE ENROLLING.

Cal MediConnect Plans provide these services at \$0 copay

- | | | |
|---|-----------------------------|---|
| ▫ Dr. Office Visits | ▫ Ambulance | ▫ Outpatient Surgery |
| ▫ Preventive Services | ▫ Inpatient Hospital | ▫ Outpatient Rehab |
| ▫ Diagnostics Tests, X-rays,
Radiology | ▫ Skilled Nursing | ▫ Durable Medical
Equipment/Supplies |
| ▫ Urgent Care | ▫ Inpatient Mental Hospital | ▫ Part B Drugs |
| ▫ Emergency Care | ▫ Outpatient Mental Health | ▫ Chiropractic |
| | ▫ Home Health | |



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MEDICARE ADVANTAGE
Cal MediConnect Plans, San Diego County

***** All Cal MediConnect Plans have \$0 premium and \$0 deductible *****

This chart shows plan coverage and how much you pay for plan-approved services	Care1st Cal MediConnect (H0148-001-0) 1-855-905-3825 care1st.com	Community Health Group CommuniCare Advantage (H5172-002-0) 1-888-244-4430 chgsd.com	HealthNet Cal MediConnect (H3237-002-0) 1-888-788-5805 healthnet.com	Molina Dual Options (H8677-001-0) 1-855-665-4627 molinahealthcare.com
Medicare Benefits	\$0 copay; Provided by the Plan through Plan providers			
Foreign Travel Emergency Benefits	Not covered	Emergency	\$50,000 limit Contact plan for details	Limited Contact plan for details
Medi-Cal Benefits	All Medi-Cal benefits are provided by the Plan through Plan providers.			
Additional				
Care Coordination	\$0 co-pay			
Dental (preventive)	Covered by Denti-Cal: 800-322-6384			
Comprehensive	See EOC for details	Not covered	See EOC for details	See EOC for details
Transportation (pre-approved to Dr. office)	\$0 co-pay; 30 one-way-trips			
Vision Routine Exam	\$0 co-pay 1/yr			
Eyewear	\$100 limit/2yr			
Nursing Facility Resident	Chiropractic Care, Foot Care, Vision, Dental, Acupuncture, Hearing Exams and Hearing Aids \$0 co-pay			

Special Needs Plans include 100% Extra Help Low Income Subsidy drug coverage

In-Network Pharmacy

Rx Deductible	\$0
Generic Copay	\$0 - \$2.95
Brand Copay	\$0 - \$7.40

A plan formulary may not include your medications. Before enrolling ask a customer service representative to review your prescriptions and verify copays. If the plan does not cover your prescriptions, you may wish to consider a different plan to avoid paying full price for non-covered drugs.

Medicare excludes certain categories of drugs which may still be covered by Medi-Cal. Make sure your pharmacist has your Medi-Cal card on file to bill any excluded medications directly to Medi-Cal.

*Although individuals with End Stage Renal Disease cannot enroll in a CMC, beneficiaries who develop ESRD after enrolling receive dialysis and nutrition therapy at no cost.

RESOURCES

1-800-MEDICARE	All things Medicare, 24-hr line for the general public	web: www.medicare.gov www.cms.gov	800-633-4227
2-1-1 San Diego	Resource specialist can refer you to various community resources	web: www.211sandiego.org	2-1-1
ACCESS – Medi-Cal	Process eligibility for San Diego County – MEDI-CAL program	email: pubassist.HHSA@sdcounty.ca.gov web: www.accessbenefitssd.com	866-262-9881
Adult Protective Services	Investigates neglect and abandonment, physical, sexual and financial abuse	web: www.sdcounty.ca.gov/hhsa	619-283-5731 800-510-2020
Aging & Independence Services (AIS)	Services for seniors 65+	web: www.sdcounty.ca.gov/hhsa	858-495-5660 800-510-2020
County Medical Services	Funds medical care for uninsured indigent residents through community health centers, private physicians and hospitals	web: www.sdcounty.ca.gov/hhsa	800-587-8118
In-Home Supportive Services (IHSS)	Homemaker and personal care assistance to persons receiving SSI or who have a low income and need aid in the home to remain independent	web: www.sdihspsa.com/ email: info@sdihspsa.com	866-351-7722 800-510-2020

Elder Law & Advocacy, Senior Legal Services	Free legal services for age 60+ (Litigation, malpractice or bankruptcy will be referred out)	web: www.seniorlaw-sd.org	858-565-1392
ElderHelp of San Diego	A variety of resources for seniors: In home care, transportation, home-share	web: www.elderhelpofsandiego.org	619-284-9281
Consumer Center for Health Education and Advocacy	An independent program of Legal Aid Society – Helps with Medi-Cal & mental health services	web: www.lasds.org web: http://healthconsumer.org	877-734-3258 619-744-0935
CA Advocates for Nursing Home Reform (CANHR)	Info and legal help: nursing homes, residential care facilities, pension plans	web: www.canhr.org	800-474-1116
San Diego County Medical Society	Physician referral service	web: www.sdcms.org/physician-locator	858-565-8161
Medical Board of CA	Complaints about physicians	web: www.medbd.ca.gov	800-633-2322

Health Insurance Counseling and Advocacy Program

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For a HICAP appointment, call anywhere in California:
1-800-434-0222