

2010 Medicare Advantage Plan Comparison Chart for Alameda County

Medicare PPOs

PPOs or Preferred Provider Organizations are one type of Medicare Advantage Plan. These plans contract with the Centers for Medicare and Medicaid Services (CMS) to provide all of the benefits covered by Medicare. In exchange, CMS (Medicare) pays the plan a fixed fee per member, per month.

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

To enroll in a Medicare PPO, a person must have Parts A & B of Medicare. The person must also live within the plan's service area. In 2010, Anthem Blue Cross Freedom Blue Plan 1, Plus and Classic are available throughout all of California.

Medicare PPOs are required to establish a single annual deductible and an annual limit for out of pocket expenses. They are not required to offer prescription drug coverage, however in 2010 two of the PPO plans offered in California will offer the Part D drug benefit. People who enroll in a Medicare PPO *cannot* also enroll in a stand-alone Part D prescription drug plan.

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

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

In 2010, members can enroll, disenroll or change Medicare Advantage plans once during the Open Enrollment Period from January 1st through March 31st. After that, they must stay in their plan until the end of the year. However, these enrollment restrictions do not apply to people who have both Medicare and Medi-Cal who are enrolled into a Medicare Advantage plan with Part D drug benefits. These beneficiaries can still enroll, disenroll, or switch plans on a monthly basis.

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

ABOUT THIS CHART

This Comparison Chart is a summary only. For more specific information, contact the company directly.

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

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

Please contact the company for complete information.

Anthem/Blue Cross
1-888-211-9813 (General Number)
1-877-811-3107 (Member Services)
www.freedomppo.com

Plan Name	Freedom Blue Classic	
Availability	Available throughout Alameda County	
	IN-NETWORK COSTS:	OUT-OF-NETWORK COSTS:
Monthly Premium	\$0	
Doctor Visit	\$15 for primary care visit	\$30 for primary care visit
Co-Payment	\$30 for specialist visit	\$45 for specialist visit
Inpatient Hospital	\$850 co-pay per stay Covered for unlimited days each benefit period	15% of the cost per stay
Inpatient Mental Health	\$850 co-pay per stay Lifetime max of 190 days in a psychiatric hospital	15% of the cost per stay
Outpatient Surgery	\$100 co-pay for each surgical center visit \$30 – \$200 per hospital facility visit	30% of cost for each surgical center visit 30% of cost per hospital facility visit
Skilled Nursing Care	Days 1-20: \$0 co-pay Days 21-100: \$130 co-pay per day Covered for 100 days each benefit period; No prior hospital stay required.	30% of cost per stay
Emergency & Urgent Care	\$50 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage	\$50 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage
Ambulance	\$100 co-pay	\$100 co-pay
Durable Medical Equipment	20% of cost for Medicare-covered items	30% of cost
Diagnostic Tests (incl. X-rays and lab)	\$10 co-pay for lab services; \$30 - \$100 co-pay for x-rays and diagnostic radiology, procedures and tests; 20% of cost for therapeutic radiology	30% of cost for lab services, x-rays, diagnostic procedures, and tests; \$150 co-pay for diagnostic radiology 30% of cost for therapeutic radiology
Outpatient Mental Health Visits	\$40 co-pay for each visit/therapy session	30% of cost
Eyeglasses and Contact Lenses	\$0 co-pay; up to \$175 limit for eyeglasses and \$80 limit for contact lenses every two years	\$0 co-pay
Eye Exams	\$20 co-pay for one annual routine exam \$30 co-pay for diagnostic/treatment exams	20 - 30% of cost
Hearing Aids	\$0 co-pay; up to \$100 limit every two years	\$0 co-pay
Hearing Exams	\$0 co-pay for one annual routine exam \$30 co-pay for diagnostic exams	30% of cost
Dental	\$0 co-pay for one annual oral exam and one annual teeth cleaning; \$0 co-pay for Medicare-covered benefits	20% of cost for preventive benefits; \$0 co-pay for comprehensive benefits
Chiropractic	\$20 co-pay for up to 20 routine visits per year \$30 co-pay for each Medicare-covered visit	30 - 50% of cost
Podiatry	\$30 co-pay for each Medicare-covered visit	30% of cost
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.	THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE. YOU CANNOT BELONG TO THIS PLAN AND ALSO JOIN A STAND-ALONE PRESCRIPTION DRUG PLAN.
Preventive Care (See notes)	\$0 co-pay for one annual routine physical exam; \$0 co-pay for preventive services; Separate office visit co-pays (\$15 - \$30) may apply.	30% of cost of routine physical exams 30% of cost for preventive services
Notes	<p>\$500 annual deductible for most plan services when received in or out-of- network. <i>Services that do not apply to the deductible are primary and specialist doctor visits, emergency and urgent care visits, and preventive care.</i></p> <p>\$3,350 out-of-pocket annual maximum for in or out of network covered services. Includes deductible and all co-payments/co-insurance.</p> <p>Preventive care includes bone mass measurement, colorectal screening, immunization, mammogram, pap smear, pelvic exam and prostate cancer screening.</p> <p>Plan covers some health and wellness education benefits (health club membership, fitness classes, nursing hotline, smoking cessation).</p>	

For Assistance, call HICAP Alameda (510) 839-0393;
HICAP Statewide (800) 434-0222; 1-800-Medicare; or contact the plan directly.

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Information is subject to change.

Please contact the company for complete information.	Anthem/Blue Cross 1-888-211-9813 (General Number) 1-877-811-3107 (Member Services) www.freedomppo.com	
Plan Name	Freedom Blue Plan 1	
Availability	Available throughout Alameda County	
	IN-NETWORK COSTS:	OUT-OF-NETWORK COSTS:
Monthly Premium	\$0	
Doctor Visit Co-Payment	\$15 - \$25 for primary care visit \$35 for specialist visit	\$30 for primary care visit \$40 for specialist visit
Inpatient Hospital	\$850 co-pay per stay Covered for unlimited days each benefit period	15% of cost per stay
Inpatient Mental Health	\$850 co-pay per stay Lifetime max of 190 days in a psychiatric hospital	15% of cost per stay
Outpatient Surgery	\$100 for each surgical center visit \$25 – \$250 per hospital facility visit	30% of cost for each surgical center visit 30% of cost per hospital facility visit
Skilled Nursing Care	Days 1-20: \$0; Days 21-100: \$130 per day Covered for 100 days each benefit period; No prior hospital stay required.	30 % of cost per stay
Emergency & Urgent Care	\$50 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage	\$50 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage
Ambulance	\$175 co-pay	\$175 co-pay
Durable Medical Equipment	20% of cost for Medicare-covered items	30% of cost
Diagnostic Tests (including X-rays and lab)	\$15 co-pay for lab services; \$25 - \$150 co-pay for x-rays and diagnostic radiology, procedures and tests; 20% of cost for therapeutic radiology; separate co-pay (\$15 - \$25) for office visit may apply	\$30% of cost for lab services, x-rays, diagnostic procedures, and tests; \$200 co-pay for diagnostic radiology; 30% of cost for therapeutic radiology
Outpatient Mental Health	\$40 co-pay for each visit/therapy session	30% of cost per visit
Eyewear	\$0 co-pay for Medicare-covered eye wear	\$0 co-pay for Medicare-covered eye wear
Eye Exams	\$20 co-pay for one annual routine exam \$25 for diagnostic/treatment exams	20 - 30% of cost
Hearing Aids	Not Covered	Not Covered
Hearing Exams	Routine hearing tests not covered \$25 co-pay for diagnostic exams	30% of cost for diagnostic exams
Dental	Not Covered	30% of cost for comprehensive benefits
Chiropractic	\$25 co-pay for each Medicare-covered visit	30% of cost
Podiatry	\$25 co-pay for each Medicare-covered visit	30% of cost
Prescription Drugs (Outpatient)	Preferred Generic: \$7 co-pay for 30 day supply; \$21 for 90 day supply. Preferred Brand: \$43 for 30 day supply; \$129 for 90 day supply. Non-Preferred Brand/Other Generics: \$85 for 30 day supply; \$255 for 90 day supply. Non-Specialty Injectable: 33% of cost for 30 or 90 day. Specialty: 33% of cost for 30 day supply. Some mail order discounts apply. Gap Coverage: after total drug costs reach \$2,830, -Preferred Generics: \$7 co-pay for 30 day supply; \$21 co-pay for 90 day supply. -All other covered drugs: 100% of cost. Catastrophic Coverage: after yearly out-of-pocket drug costs reach \$4,550, you pay the greater of \$2.50 or 5% for generics and the greater of \$6.30 or 5% for all other drugs.	Preferred Generic: \$7 co-pay for 30 day supply; Preferred Brand: \$43 for 30 day supply. Non-Preferred Brand/Other Generics: \$85 for 30 day supply. Non-Specialty Injectable: 33% of cost. Specialty: 33% of cost. Gap Coverage: after total drug costs reach \$2,830, -Preferred Generics: \$7 co-pay for 30 day supply -All other covered drugs: 100% of cost. Catastrophic Coverage: after yearly out-of-pocket drug costs reach \$4,550, you pay the greater of \$2.50 or 5% for generics and the greater of \$6.30 or 5% for all other drugs.
Preventive Care (See notes)	\$0 co-pay for one routine physical exam per year \$0 for preventive services; Separate office visit co-pays (\$15 - \$25) may apply.	30% of cost of routine physical exams 30% of cost for preventive services
Notes	\$500 annual deductible for most plan services when received in or out-of- network. <i>Services that do not apply to the deductible are primary and specialist doctor visits, emergency and urgent care visits, preventive care, and prescription drugs.</i> \$3,350 out-of-pocket annual maximum for in or out of network Medicare-covered services. Includes deductible and all co-payments/co-insurance <i>except those for prescription drugs.</i> Preventive care includes bone mass measurement, colorectal screening, immunization, mammogram, pap smear, pelvic exam and prostate cancer screening. Plan covers some health and wellness education benefits (health club membership, fitness classes, nursing hotline, smoking cessation).	

Please contact the company for complete information.	Anthem/Blue Cross 1-888-211-9813 (General Number) 1-877-811-3107 (Member Services) www.freedomppo.com	
Plan Name	Freedom Blue Plus	
Availability	Available throughout Alameda County	
Monthly Premium	IN-NETWORK COSTS:	OUT-OF-NETWORK COSTS:
	\$31	
Doctor Visit Co-Payment	\$10 for primary care visit \$25 for specialist visit	\$25 for primary care visit \$40 for specialist visit
Inpatient Hospital	\$850 co-pay per stay Covered for unlimited days each benefit period	15% of the cost per stay
Inpatient Mental Health	\$850 co-pay per stay Lifetime max of 190 days in a psychiatric hospital	15% of the cost per stay
Outpatient Surgery	\$100 co-pay for each surgical center visit \$25 – \$200 per hospital facility visit	30% of cost for each surgical center visit 30% of cost per hospital facility visit
Skilled Nursing Care	Days 1-20: \$0 co-pay; Days 21-100: \$130 co-pay per day Covered for 100 days each benefit period; No prior hospital stay required.	30% of cost per stay
Emergency & Urgent Care	\$50 co-pay for ER visit; \$35 for urgent care visit If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage	\$50 co-pay for ER visit; \$35 for urgent care visit; If admitted to hospital within 72 hours for the same condition, then \$0 for ER or urgent-care visit; Worldwide coverage
Ambulance	\$100 co-pay	\$100 co-pay
Durable Medical Equipment	20% of cost for Medicare-covered items	30% of cost
Diagnostic Tests (including X-rays and lab)	\$10 co-pay for lab services; \$25 - \$100 for x-rays and diagnostic radiology, procedures, and tests; 20% of cost for therapeutic radiology	\$30% of cost for lab services, x-rays, diagnostic procedures, and tests; \$150 co-pay for diagnostic radiology; 30% of cost for therapeutic radiology
Outpatient Mental Health Visits	\$40 co-pay per visit/therapy session	30% of cost
Eyeglasses and Contact Lenses	\$0 co-pay; up to \$100 for eyeglasses and \$80 limit for contact lenses every two years	\$0 co-pay
Eye Exams	\$20 for one routine annual exam \$25 for diagnostic/treatment exams	20 - 30% of cost
Hearing Aids	\$0 co-pay; up to \$100 limit every two years	\$0 co-pay
Hearing Exams	\$0 co-pay for one annual routine hearing test \$25 co-pay for diagnostic exams	30% of cost
Dental	\$0 co-pay for one annual oral exam and one annual routine cleaning; \$0 co-pay for Medicare-covered benefits	20% of cost for preventive benefits; \$0 co-pay for comprehensive benefits;
Chiropractic	\$25 co-pay per Medicare-covered visit	30% of cost
Podiatry	\$25 co-pay per Medicare-covered visit	30% of cost
Prescription Drugs (Outpatient)	Preferred Generic: \$7 co-pay for 30 day supply; \$21 for 90 day supply. Preferred Brand: \$43 for 30 day supply; \$129 for 90 day supply. Non-Preferred Brand/Other Generic: \$85 for 30 day supply; \$255 for 90 day supply. Non-Specialty Injectable : 33% of cost. Specialty: 33% of cost. <u>Gap Coverage:</u> after total drug costs reach \$2,830 , -Preferred Generics: \$7 for 30 day supply; \$21 for 90 day supply. -All other covered drugs: 100% of cost. <u>Catastrophic Coverage:</u> after yearly out-of-pocket drug costs reach \$4,550 , you pay the greater of \$2.50 or 5% for generics and the greater of \$6.30 or 5% for all other drugs.	Preferred Generic: \$7 co-pay for 30 day supply; Preferred Brand: \$43 for 30 day supply. Non-Preferred Brand/Other Generic: \$85 for 30 day supply. Non-Specialty Injectable: 33% of cost. Specialty: 33% of cost. <u>Gap Coverage:</u> after total drug costs reach \$2,830 , -Preferred Generic: \$7 co-pay for 30 day supply. -All other covered drugs: 100% of cost. <u>Catastrophic Coverage:</u> after yearly out-of-pocket drug costs reach \$4,550 , you pay the greater of \$2.50 or 5% for generics and the greater of \$6.30 or 5% for all other drugs.
Preventive Care (See notes)	\$0 co-pay for one routine physical exam per year; \$0 co-pay for preventive services; Separate office visit co-pays (\$15 - \$25) may apply.	30% of cost of routine physical exams 30% of cost for preventive services
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