

2010 Medicare Advantage Plan Special Needs Plans (SNP) Comparison Chart for Alameda County

Special Needs Plans (SNPs) are a type of Medicare Advantage Plan that is open only to certain groups. These plans provide all Medicare Part A and Part B health care and Part D prescription drugs to people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management. SNPs contract with Medicare and receive a monthly payment from Medicare for each member they enroll.

SNP plans may limit membership to those eligible for both Medicare and Medi-Cal, to people in certain institutions (like a nursing home), or to those with certain chronic or disabling conditions. Like HMOs, these plans require that members use the contracted network of doctors and hospitals and get referrals to see specialists. Only urgent or emergency care outside the contracting network is generally covered.

In Alameda County, there are four companies offering Special Needs Plans in 2010: Alameda Alliance for Health, Health Net of CA, Kaiser Permanente and EverCare/United Health Care. Three companies offer a plan that is for people with Medicare and full MediCal, and EverCare's plan is for people with specific chronic conditions.

The Special Needs Plans must include prescription drug coverage. You cannot also have a separate Part D drug plan. Review the formularies of the plan you are considering (the list of covered drugs), and identify whether the plan will cover the drugs you need and whether any special approvals may be required before you can obtain the prescribed drugs.

Participants in these Special Needs Plans have the right to use other Medi-Cal providers for Medi-Cal services not covered by their plan.

HICAP (Health Insurance Counseling and Advocacy Program)

HICAP volunteer counselors are available to help compare health plans in an objective and unbiased manner. They can help consumers compare the advantages and disadvantages of joining a Medicare Advantage Plan. In addition, HICAP Counselors have information on Medicare coverage and rights, Medicare Supplemental Insurance (Medigaps) and other health care options.

HICAP is a program of Alameda County Department of Aging and Adult Services and the California Department of Aging. Services are free of charge. Call the number below for an appointment.

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

2010 MEDICARE SPECIAL NEEDS PLAN COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the plan for the outline of coverage & provider information.</i>	Alliance for Health Prospective members and current members call: 1-877-585-7526 TTY 1-888-747-1574 www.alliancecompletecare.org	Health Net of CA 1-800-935-6565 (Prospective Members) 1-800-431-9007 (Current Members) www.healthnet.com
Plan Name	Alliance CompleteCare	Health Net Seniority Plus Amber II H0562-070
Eligibility	For people who have Medicare and Full Medi-Cal*	For People who have Medicare and Full Medi-Cal*
Monthly Premium	\$0	\$0.10*
Doctor Visit Co-Payments	\$0 for Primary Care Physician \$0 for Specialist	\$0 for Primary Care Physician \$0 for Specialist
Inpatient Hospital Co-Payments	\$0 / day 90 days each benefit period	\$0 / day 90 days each benefit period
Inpatient Mental Health Co-payments	\$0 / day 190 lifetime days	\$0 / day 190 lifetime days
Outpatient Surgery Co-payments	\$0 per procedure	\$0 per procedure
Skilled Nursing Care Co-Payments	\$0 / day 100 days per benefit period No prior hospital stay required	\$0 / day up to 100 days per benefit period 3 day prior hospital stay required
Emergency & Urgent Care Co-payments	\$0 per visit (Not covered outside the U.S. except under limited circumstances)	\$0 per visit (Not covered outside of U.S.)
Ambulance	\$0 co-pay per trip	\$0 co-pay per trip
Durable Medical Equipment	\$0 co-pay (for Medicare-covered items)	\$0 co-pay (for Medicare-covered items)
Diagnostic Tests, X-ray, Lab Services, Radiation Therapy	\$0 co-pay for each service	\$0 co-pay for each service
Outpatient Mental Health Visits	\$0 for individual or group therapy visit	\$0 co-pay for individual or group therapy visit
Eyewear	\$0 co-pay for one pair (glasses or contacts) every two years; \$100 allowance every two years	\$0 co-pay for one pair of eyewear (glasses or contacts) every two years
Eye Exams	\$0 co-pay for routine annual exam	\$0 co-pay for routine annual exam
Hearing Aids	Not Covered	Not Covered
Hearing Exams	\$0 for Medicare-covered exam only	\$0 co-pay for Medicare-covered exam only
Dental	\$0 co-pay for oral exams, 1 cleaning and fluoride treatment every 6 months and dental x-rays every 3 years; \$0 co-pay or discounts for various other dental procedures	\$0 co-pay / visit (up to 2 exams, 2 cleanings, 2 x-rays, and fluoride treatments each year)
Chiropractic (Medicare coverage only)	\$0 co-pay / visit	\$0 co-pay / visit
Podiatry	\$0 co-pay / visit (with prior authorization)	\$0 co-pay / visit (Medicare coverage only)
Prescription Drugs (Outpatient)	Depending on your income and institutional status, you pay the following: Generic: \$0 All other drugs: \$0 or \$3.30 After annual drug costs (paid by you, others on your behalf, or by Extra Help from Medicare) reach \$4,550 , you pay \$0 co-pay .	Depending on your income and institutional status, you pay the following: Generic: \$0 or \$1.10 or \$2.50 All Other Drugs: \$0 or \$3.30 or \$6.30 After annual drug costs (paid by you, others on your behalf, or by Extra Help from Medicare) reach \$4,550 , you pay \$0 co-pay .
Preventive Care	\$0 co-pay for most preventive services	\$0 co-pay for most preventive services
Other Benefits/Options	Transportation (medical): \$0 co-pay for each one-way trip, up to 24 trips to plan-approved locations per year Care Advisor assigned to member Interpretation Services available	Transportation (medical): \$0 co-pay for each one way trip to plan approved location each year; unlimited # of trips Health and wellness: educational materials, smoking cessation classes, and nursing hotline
Notes	*Only persons with full Medi-Cal eligibility (no Share of Cost) may join. Members who lose full Medi-Cal benefits and do not regain them within 90 days will be disenrolled. Must be resident of Alameda County.	*Only persons with full Medi-Cal eligibility (no Share of Cost) may join. Members who lose full Medi-Cal benefits and do not regain them within 90 days will be disenrolled. *Members will not be disenrolled or referred to collection for non-payment of the 10 cent per month premium.

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<i>Please contact the plan for the outline of coverage & provider information.</i>	Kaiser Permanente 1-800-777-1238 (Prospective Members) 1-800-443-0815 (Current Members) www.kp.org	Evercare by UnitedHealthcare 1-800-834-3721 (Prospective Members) 1-866-846-2762 (Current Members) www.evercarehealthplans.com
Plan Name	Senior Advantage Medicare Medi-Cal Plan H0524-030	Evercare Plan MH H0543-136
Eligibility	For People who Have Medicare and Full Medi-Cal*	For People with Specific Chronic Conditions*
Monthly Premium	\$0	\$70
Doctor Visit Co-Payments	\$0 for Primary Care Physician \$0 for Specialist	\$15 for Primary Care Physician \$15 for Specialist
Inpatient Hospital Co-Payments	\$0 / day Unlimited days each benefit period	\$290/day for days 1-6; \$0 for days 7-90; Unlimited days each benefit period
Inpatient Mental Health Co-payments	\$0 / day 190 lifetime days	\$290/day for days 1-6; \$0 for days 7-90; 190 lifetime days
Outpatient Surgery Co-Payments	\$0 per procedure	\$260 per procedure
Skilled Nursing Care Co-Payments	\$0 / day; 100 days per benefit period No prior hospital stay required	\$0 / day (days 1-20); \$125 / day (days 21-100) No prior hospital stay required
Emergency & Urgent Care Co-payments	\$0 / visit (worldwide coverage)	Emergency: \$50 / visit (worldwide coverage) Urgent Care: \$50 / visit
Ambulance	\$0 co-pay per trip	\$150 co-pay per trip
Durable Medical Equipment	\$0 co-pay (for Medicare-covered items)	20% of Medicare-approved amount (for Medicare-covered items)
Diagnostic Tests, X-ray, Lab Services, Radiation Therapy	\$0 co-pay for each service	\$0 co-pay for diagnostic tests; \$0 co-pay for X-ray; \$10 co-pay for lab services 20% of cost for diagnostic/therapeutic radiology
Outpatient Mental Health Visits	\$0 co-pay for individual or group therapy visit	\$30 co-pay for individual or group therapy visit
Eyewear	\$0 co-pay for one pair of eyewear every two years \$125 allowance every two years	\$0 co-pay for lenses every 2 years; \$30 co-pay for frames; \$70 allowance for frames every 2 years ; \$30 co-pay for contacts; \$105 allowance for contacts every 2 years
Eye Exams	\$0 co-pay for routine annual exam	\$30 co-pay for routine exam every two years
Hearing Aids	Not Covered	\$0 co-pay \$300 limit for hearing aids every 2 years
Hearing Exams	\$0 co-pay for Medicare-covered exam only	\$0 co-pay for routine annual exam
Dental	Not Covered	Not Covered (See optional benefit package below) *
Chiropractic (Medicare coverage only)	\$0 co-pay / visit	\$15 co-pay / visit
Podiatry (Medicare coverage only)	\$0 co-pay / visit (Medicare coverage only)	\$15 co-pay / visit (Medicare coverage only)
Prescription Drugs (Outpatient)	Depending on your income and institutional status you pay the following: Generic: \$0 or \$1.10 or \$2.50 All Other Drugs: \$0 or \$3.10 or \$6.30 After annual drug costs (paid by you, others on your behalf, or by Extra Help from Medicare) reach \$4,550, you pay \$0 co-pay.	Before annual drug costs reach a total of \$2,830 you pay: Preferred Generic: \$5 co-pay for 31 day supply and \$10 for 90 days Preferred Brand: \$45 co-pay for 31 day supply and \$125 for 90 days After total annual drug costs reach \$2,830 then you pay 100% of drug costs until your out-of-pocket drug expenses reach \$4,550. 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 brands. Eligibility for Extra Help (Low Income Subsidy) will reduce these costs.
Preventive Care	\$0 co-pay for most preventive services	\$0 co-pay for most preventive services
Other Benefits/Options	Health and wellness: educational materials, nursing hotline, nutritional training and smoking cessation classes	Transportation (medical): \$0 co-pay for up to 24 one-way trips to plan-approved locations Health and wellness: nursing hotline and smoking cessation *Optional supplemental package for dental services at \$32 per month with \$1,000 annual limit
Notes	*Only persons with full Medi-Cal benefits may join, including those who have met their share of cost to qualify for full Medi-Cal. Members who lose full Medi-Cal benefits and do not regain them within 120 days will be disenrolled.	*Conditions that qualify: Cardiovascular Disorders, Chronic Heart Failure, Diabetes