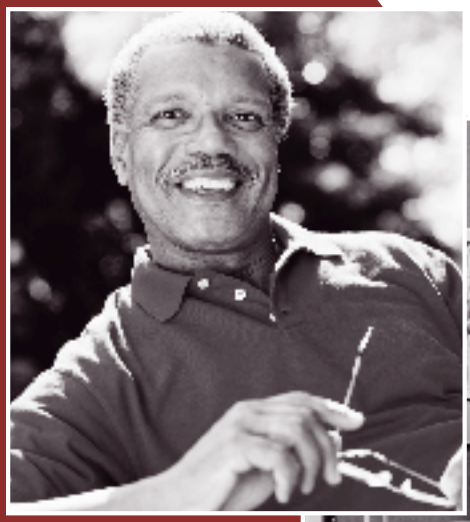
A Guide for Medicare Beneficiaries

# Choosing a Medicare Managed Care Plan

## CENTRAL PENNSYLVANIA



This guide is a joint project of the
Pennsylvania Health Care Cost Containment Council
and the Pennsylvania Department of Aging

NOVEMBER 2003

**Counties included in this guide:**

Berks
Carbon
Centre
Clearfield
Clinton
Columbia
Cumberland
Dauphin
Huntingdon
Juniata
Lackawanna
Lancaster
Lebanon
Lehigh
Luzerne
Lycoming
Mifflin
Monroe
Montour
Northampton
Northumberland
Perry
Schuylkill
Snyder
Union
Wyoming

# Table of Contents



The information presented in this guide was current at the time of publication.

## What is the purpose of this booklet?

If you are a Medicare beneficiary and thinking about joining a Medicare Managed Care Plan (like an HMO) or have already decided to do so, this booklet is for you. This guide:

- provides information about managed care plans and how their coverage differs from Original Medicare,
- compares the services offered by different managed care plans, and
- gives you guidance on who can answer any specific questions you have while making your decision.

## What is a Medicare Managed Care Plan?

A Medicare Managed Care Plan is offered by a private (non-government) insurance company that manages the health care of the members enrolled in its program. The Federal government pays these companies a fixed amount of money each month for each member. The company then helps pay for the member's medical care, both by doctors and hospitals, that the member needs during the time he or she is enrolled. Managed care plans are required to provide all services covered under Medicare Parts A and B, and many plans offer additional benefits as well. Managed care plans work to keep the cost of health care under control by coordinating care among different doctors, encouraging members to seek preventive services (such as cholesterol tests and flu shots) and helping members manage on-going diseases (such as heart problems or diabetes). Managed care plans also provide or support educational programs and guidelines for treatment.

## Is a Medicare Managed Care Plan different from a Medigap Plan?

Yes. A Medigap policy is health insurance sold by private insurers to fill in the "gaps" with Original Medicare. There are ten standardized Medigap plans called "A" through "J." Medigap plans only help pay some of the costs of your Original Medicare coverage. You should not buy a Medigap plan if you are in a Medicare Managed Care Plan. For more information about Medigap plans, call the Pennsylvania Insurance Department Consumer Line at 1-877-881-6388.

## What if I still have questions about Medicare Managed Care?

If you have questions after reading this booklet, contact the Pennsylvania APPRISE Health Insurance Counseling Program. APPRISE is a free health information counseling service designed by the Pennsylvania Department of Aging to help Pennsylvanians with questions or concerns about Medicare. APPRISE counselors are specially trained volunteers who can answer questions about Original Medicare, Medicare Supplemental Insurance (Medigap), Medicare Managed Care Plans, prescription drug coverage and other health insurance issues. APPRISE can also assist you in completing health insurance paperwork and forms or in resolving problems you encounter with billing and other issues. APPRISE provides objective, easy-to-understand information about your health insurance options. All services are free and your information is kept confidential. Services are provided through 52 local Area Agencies on Aging, serving all 67 counties in Pennsylvania. Call 1-800-783-7067 to locate your nearest APPRISE counseling site.

# Is a managed care plan right for me?

Only you and your family can determine if a managed care plan is your best Medicare option. Remember, if you decide to join a Medicare Managed Care Plan, you are still in the Medicare program and maintain the same rights as someone in Original Medicare. Here are some things to consider:

## Your costs in a Medicare Managed Care Plan

In addition to a monthly premium, you may be responsible for out-of-pocket costs such as a copayment or coinsurance each time you visit a doctor or go to the hospital. These costs will vary from plan to plan. You will maximize your coverage by using doctors that accept the plan you choose and by following the rules and procedures the plan has established. On January 1 of each year, the managed care plan can change the benefits offered or the amount you pay to receive these benefits.

## There may be additional benefits

Managed care plans may offer extra benefits like prescription drug coverage or dental and hearing benefits. The plan may have special rules you need to follow. You may also have to pay an extra monthly premium for the extra benefits.

## Need for a referral

In a managed care plan, you will receive most of your care from a primary care doctor that you select from a list of providers who accept your plan (known as a "provider network"). If you need to see a specialist, require lab work or need to go to the hospital, you may need a referral from your primary care doctor. If you do not get a referral, the managed care plan may not pay for the cost of the service.

## Possible loss of managed care plan coverage

Each fall, managed care plans decide whether to offer policies to Medicare beneficiaries for the following year. Plans may stop offering coverage in certain counties or stop participating in the Medicare Managed Care Program altogether. If

this occurs, you are protected from losing your health care coverage. In most cases, insurance companies are required by law to offer you the right to purchase a Medigap policy, under a situation known as "guaranteed issue rights". Check with an APPRISE counselor for what to do if your plan is ceasing coverage.

## How do I enroll in a Medicare Managed Care Plan?

Enrollment is fairly simple and you cannot be turned down because of your health status, although there are exceptions for those people who have end-stage renal disease. Medicare requires that you be enrolled in Medicare Parts A and B before you can join a Medicare Managed Care Plan. To join a plan, request an enrollment form from the managed care plan you choose, then complete and return the form to the plan. The toll-free phone number to call for each plan is listed on the back cover.

## When can I join one of these plans?

Generally, you can join a managed care plan at any time. However, managed care plans must accept new members from November 15 through December 31 of each year, a time known as "Open Enrollment". If you join a managed care plan during this time, your coverage will begin on January 1. If you join after Open Enrollment, your coverage will begin the first day of the month following your application. Some managed care plans may be limited in the number of new members they can enroll. Check with the managed care plan to make sure it is still accepting new members.

## What if I change my mind about belonging to a plan?

You may leave your plan at any time for any reason. You can change which managed care plan you belong to by simply enrolling in a new managed care plan. You do not need to tell your old plan or send them anything. You will be disenrolled automatically from your old plan when your new plan coverage begins. You should get a letter from your new plan confirming your enrollment. If you choose to change plans, your coverage under the new plan will begin the first day of the month following your application.

### Appeal Rights

If your managed care plan denies payment for a particular service or refuses to provide you with a Medicare-covered service you believe you need, you should make an appeal to the managed care plan. Call your managed care plan for information on how to file an appeal or complaint, or speak with an APPRISE counselor.

# Which managed care plans are available where I live?

Managed care plans offer their services to residents of specific counties. The chart on the following page lists the counties where one or more Medicare Managed Care Plans are available. Medicare Managed Care Plans are not currently available in some counties (see box on this page).

This report covers all Medicare managed care options available at the time of publication. However, some companies may offer additional managed care options during 2004. Call the plans for more information. Their telephone numbers are listed on the back cover.

Medicare managed care plans are not currently available in the following Central PA counties:

- Adams
- Bradford
- Franklin
- Fulton
- Pike
- Potter
- Sullivan
- Susquehanna
- Tioga
- Wayne
- York

| | Aetna Health Inc. **Golden Choice** (Point of Service) | Geisinger Health Plan **Geisinger Gold** | HealthAmerica **Advantra** | Keystone Health Plan Central **SeniorBlue** |
|---|---|---|---|---|
| **Berks** | | | | ✓ |
| **Carbon** | | ✓ | | |
| **Centre** | | | ✓ | ✓ |
| **Clearfield** | | ✓ | | |
| **Clinton** | | ✓ | | |
| **Columbia** | | ✓ | | ✓ |
| **Cumberland** | | | | ✓ (partial) |
| **Dauphin** | | ✓ | | ✓ |
| **Huntingdon** | | ✓ | | |
| **Juniata** | | ✓ | | ✓ |
| **Lackawanna** | | ✓ | | |
| **Lancaster** | | ✓ | | |
| **Lebanon** | | ✓ | | |
| **Lehigh** | ✓ | | | ✓ |
| **Luzerne** | | ✓ | | |
| **Lycoming** | | ✓ | | |
| **Mifflin** | | ✓ | | ✓ |
| **Monroe** | ✓ | ✓ | | |
| **Montour** | | ✓ | | ✓ |
| **Northampton** | ✓ | | | ✓ |
| **Northumberland** | | | | ✓ |
| **Perry** | | | | ✓ |
| **Schuylkill** | ✓ | ✓ | | ✓ |
| **Snyder** | | ✓ | | ✓ |
| **Union** | | ✓ | | ✓ |
| **Wyoming** | | ✓ | | |

# Comparing Costs & Benefits

This section provides a comparison of the costs charged by each Medicare Managed Care Plan, including additional monthly premiums, copayments and coinsurance amounts. It also provides a summary of several additional benefits, such as prescription drug coverage, home health care, durable medical equipment, skilled nursing facilities, ambulance services, and vision coverage.

Other benefits offered by plans may include mental health coverage, dental and hearing services, podiatry, and diabetic supplies. Contact each managed care plan or visit the Medicare Web site (www.medicare.gov) for a complete list of additional benefits, what your costs will be, and any plan-specific limits or restrictions.

For each of the managed care plans listed, you will still pay the monthly Medicare Part B premium in addition to any premium charged by the plan. For the year 2004, the Medicare Part B premium will be $66.60 each month.

## Words to Know:

**Appeal** – A special kind of complaint you file if you disagree with any decision made by your managed care plan about your health care services. Call your managed care plan for information on how to file an appeal or complaint.

**Coinsurance** – The percent of the total cost of a medical service for which you are responsible.

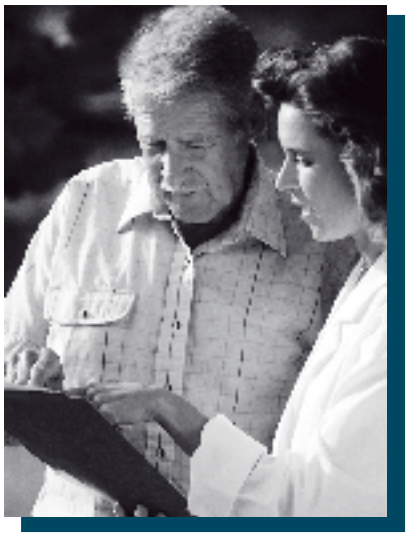
**Copayment** – The amount that you pay for each medical service, such as a doctor's office visit, each time you use that service. A copayment is usually a fixed amount (like $15).

**Deductible** – The amount you must pay for certain health care services before your managed care plan begins to pay.

**Formulary** – A list of prescription drugs covered by the managed care plan. With some Medicare Managed Care Plans, doctors must only prescribe or use drugs listed on the managed care plan's formulary for the plan to pay for the drug. If you use a drug not included on the plan's formulary, you may be responsible for a greater share of the cost of the prescription. You can receive a copy of each plan's formulary simply by calling the plan and requesting it.

**Point of Service (POS)** - A managed care plan option that allows you to go to other doctors and hospitals that are not a part of the plan (out-of-network), but may cost extra.

**Preferred Provider Organization (PPO)** - A PPO works with many of the same rules as a Medicare Managed Care Plan. However, you do not need a referral to see a specialist provider. If you go to doctors, hospitals or other providers that are not a part of the plan (out-of-network), it may cost extra.



Information reported on pages 8 through 13 was provided by the Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. CMS runs the Medicare and Medicaid programs.

# Additional Monthly Premiums

| Company | Product | Service Area/Counties | Monthly Premium |
|---|---|---|---|
| Aetna Health Inc. | **Golden Choice**[1] | Lehigh, Monroe, Northampton, Schuylkill | $115 |
| Geisinger Health Plan | **Gold Select** | Carbon, Monroe and Wyoming | $ 43 |
| | | Clearfield, Mifflin | $ 21 |
| | | Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union | $ 36 |
| | | Dauphin, Lancaster, Lebanon | $ 30 |
| | | Huntingdon, Juniata | $21 |
| | | Lackawanna | $ 33 |
| | | Luzerne | $ 88 |
| | **Gold Classic** | Carbon, Monroe and Wyoming | $ 99 |
| | | Clearfield, Mifflin | $ 72 |
| | | Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union | $ 82 |
| | | Dauphin, Lebanon, Lancaster | $ 78 |
| | | Lackawanna | $ 84 |
| | | Luzerne | $133 |
| HealthAmerica | **Advantra** | Centre | $142 |
| Keystone Health Plan Central | **SeniorBlue** | Berks, Cumberland (partial), Schuylkill | $ 104 |
| | | Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union | $ 106 |
| | | Dauphin, Lehigh, Northampton | $167 |

[1] This plan allows you to go to out-of-network doctors and hospitals. Higher costs apply for out-of-network services. Contact the plan for more details.

# Costs for Provider Services

| Medicare Managed Care Plan | *Costs to Member for:* A Visit to Your Primary Care Doctor[1] | A Routine Physical Exam[2] | A Visit to a Specialist[3] | In-Hospital Care[4] | Outpatient Surgery[5] |
|---|---|---|---|---|---|
| Aetna Health Inc. **Golden Choice** | $10 to $20 | $20 | $20 | $350 | No copayment |
| Geisinger **Gold Select** | $10 | $10 | $10 | 10% of the cost for each Medicare-covered stay in a network hospital. | 10% of the cost for each Medicare-covered visit to an ambulatory surgery center or outpatient hospital facility. |
| Geisinger **Gold Classic** | $10 | $10 | $10 | No copayment | No copayment |
| HealthAmerica **Advantra** | $25 | $25 | $35 | $500 | $50 |
| Keystone Health Plan Central **SeniorBlue** | $10 | $10 | $10 | No copayment | No copayment |

1 For services covered by Medicare.

2 Limit: one exam per year unless otherwise noted.

3 Unless otherwise noted, you must get a referral from your primary care doctor for full benefits.

4 Unless otherwise noted, each stay is defined as a Medicare-covered inpatient stay in a network hospital and you are covered for unlimited days each benefit period.

5 Unless otherwise noted, a visit is defined as a Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility.

# Prescription Drug Benefits

| Medicare Managed Care Plan | Counties | Costs to Member | Formulary Drugs and Limits on Coverage |
|---|---|---|---|
| Aetna Health Inc.<br>**Golden Choice** | All counties where the plan is available.<br>(See page 5.) | From a pharmacy<br>(30-day supply)<br>$15 Generic<br>Mail order<br>(90-day supply)<br>$30 Generic<br>You pay 100% for Brand drugs at Aetna's contracted rate. | There is no individual limit for Generic or Brand drugs.<br>Call the plan for details on prescription drug coverage. |
| Geisinger<br>**Gold Select** | All counties where the plan is available.<br>(See page 5.) | No coverage | No coverage |
| Geisinger<br>**Gold Classic** | All counties where the plan is available.<br>(See page 5.) | No coverage | No coverage |
| HealthAmerica<br>**Advantra** | All counties where the plan is available.<br>(See page 5.) | No coverage | No coverage |
| Keystone Health Plan Central<br>**SeniorBlue** | Berks, Centre, Columbia, Cumberland (partial), Juniata, Mifflin, Montour, Northumberland, Perry, Schuylkill, Snyder, Union | From a pharmacy<br>(90-day supply)<br>50% Generic<br>Mail order<br>(90-day supply)<br>50% Generic | $250 quarterly limit for Generic prescription drugs. |
| | Dauphin, Lehigh, Northampton | From a pharmacy<br>(90-day supply)<br>50% Formulary Generic<br>50% Formulary Brand<br>Mail order<br>(90-day supply)<br>50% Formulary Generic<br>50% Formulary Brand | $250 quarterly limit for Formulary Generic and Formulary Brand prescription drugs.<br>Call the plan for details on prescription drug coverage. |

# Home Health Care & Durable Medical Equipment

| Medicare Managed Care Plan | *Costs to Member:* Home Health Care[1] | Durable Medical Equipment[2] |
|---|---|---|
| Aetna Health Inc. **Golden Choice** | $10 copayment | 20% coinsurance |
| Geisinger **Gold Select** | No copayment | 10% of the cost for each Medicare-covered item. (Maximum out-of-pocket expense is $2,000 annually.) |
| Geisinger **Gold Classic** | No copayment | No copayment |
| HealthAmerica **Advantra** | No copayment | No copayment |
| Keystone Health Plan Central **SeniorBlue** | No copayment | No copayment |

[1] Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.

[2] Includes wheelchairs, oxygen, etc.

# Skilled Nursing Facilities & Ambulance Services

| Medicare Managed Care Plan | *Costs to Member for:* A Stay in a Medicare-Certified Skilled Nursing Facility [1] | Ambulance Service |
|---|---|---|
| Aetna Health Inc. **Golden Choice** | No copayment | $100 copayment |
| Geisinger **Gold Select** | 10% of the cost each day for days 1-100. | 10% of the cost |
| Geisinger **Gold Classic** | No copayment | No copayment |
| HealthAmerica **Advantra** | No coinsurance for days 1 – 20; 20% of the cost each day for days 21 – 100. | $25 copayment |
| Keystone Health Plan Central **SeniorBlue** | No copayment | No copayment |

[1] No prior hospital stay is required.

# Vision Services

| Medicare Managed Care Plan | Costs to Member: Routine Eye Exam[1] | Costs to Member: Medicare-Covered Exams[2] | Coverage for Glasses/Contacts[3] |
|---|---|---|---|
| Aetna Health Inc. **Golden Choice** | $20 | $20 | No copayment for glasses, contacts, lenses and frames. $70 allowance for eyewear every two years. |
| Geisinger **Gold Select** | No copayment | No copayment | No copayment for glasses (one pair) or contacts (one pair). $150 allowance for eyewear once every 24 months from the date of purchase of last pair paid for by health plan. |
| Geisinger **Gold Classic** | No copayment | No copayment | No copayment for glasses (one pair) or contacts (one pair). $150 allowance for eyewear once every 24 months from the date of purchase of last pair paid for by health plan. |
| HealthAmerica **Advantra** | $25 - $35 | $25 - $35 | $150 allowance for eyewear every two years. |
| Keystone Health Plan Central **SeniorBlue** | No coverage for routine eye exams. | $10 | See footnote. |

1 One per year unless otherwise noted.

2 For diagnosis and treatment of diseases/conditions of the eye.

3 No copayment for one pair glasses/contacts after each cataract surgery.

## Staying Healthy

Managed care plans (such as an HMO) cover services for prevention or early detection of health problems, usually at little or no cost to the members. The graphs on pages 14 and 15 can help you evaluate how well the managed care plans are providing preventive care to help their members stay healthy. Generally, managed care plans with a higher percentage score are doing a better job of providing preventive care.

No information is available in this section for Aetna Health "Golden Choice" because the plan was too new to provide data.

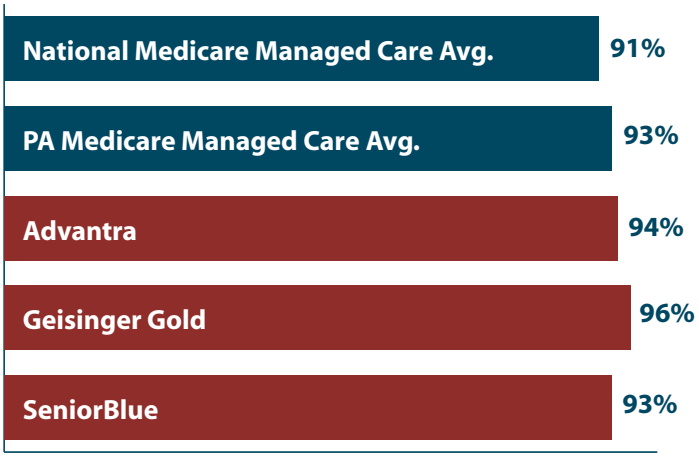
All scores are based on Calendar Year 2002 data, unless otherwise noted.

Information reported on pages 14 through 21 was provided by the Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. CMS runs the Medicare and Medicaid programs.

### Visits to the Doctor

It is important to see your health care provider on a regular basis so that health problems can be detected early. The graph shows the percent of managed care plan members who were seen by a health care provider within the last year.

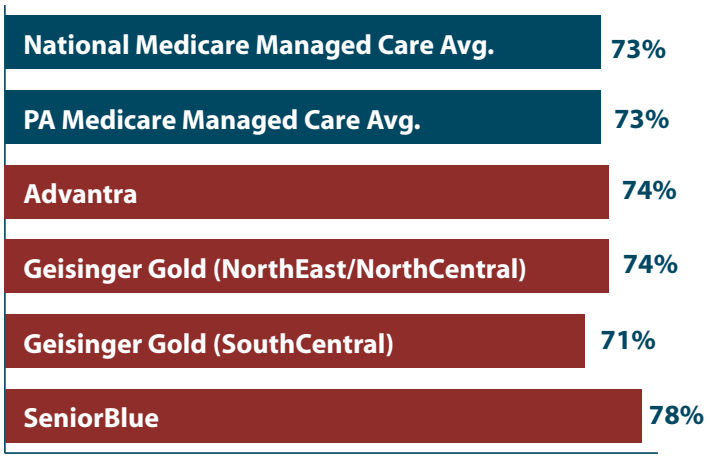
**Percent of members seen by a health care provider within the past year**



## Flu Shots

Every year over 40,000 people in the nation die from the flu, a highly contagious respiratory infection. People over 65 are at a higher risk of having medical problems from the flu and should receive a flu shot annually.

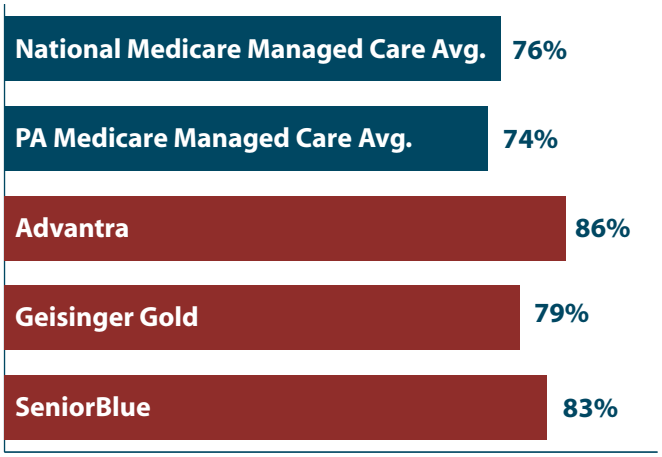
**Percent of members over age 65 who received a flu shot last year**




## Breast Cancer Screening

An X-ray, known as a mammogram, can help find cancer in the breast when the tumor is too small to be felt during self-examination. Finding a tumor early increases the chance that it can be treated successfully and can prevent the cancer from spreading to other parts of the body.

**Percent of female members (age 52 through 69) who received a mammogram within the past two years ***




* Information is from Calendar Year 2001 and 2002.

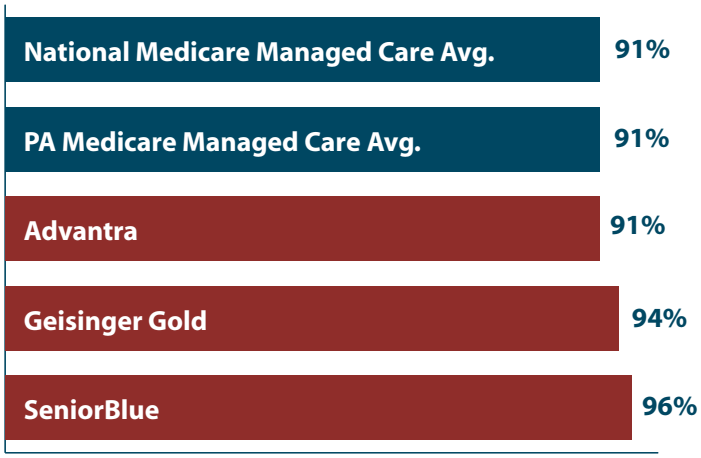
# Managing On-Going Illnesses

The graphs on pages 16 and 17 show how well the managed care plans are helping their members with diabetes manage their condition. Generally, managed care plans with a higher percentage score are doing a better job of providing services to manage these on-going illnesses.

## "Bad" cholesterol testing for members with diabetes

A high level of "bad" cholesterol (LDL-C) in the blood is the main cause of blocked arteries, which can lead to heart disease. Persons with diabetes are at a higher risk for heart disease, making it especially important to maintain a low "bad" cholesterol level. This graph shows the percent of members with diabetes who received a test to measure the level of "bad" cholesterol during 2002.

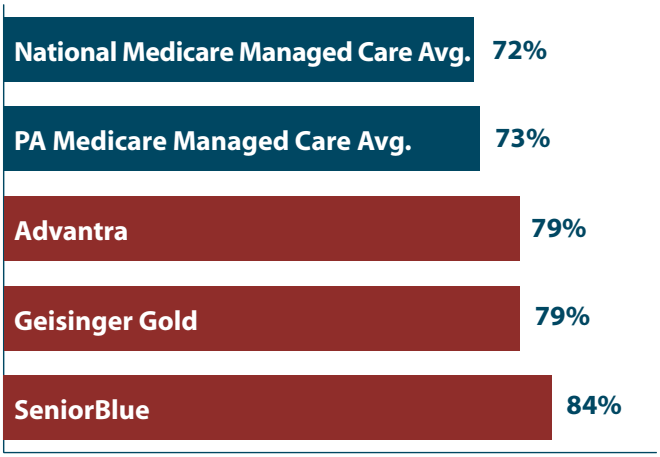
**Percent of members with diabetes who received a test to measure the level of "bad" cholesterol during 2002**



## Annual eye exams for members with diabetes

Members with diabetes have a greater risk of developing serious eye diseases such as glaucoma. It is important that members with diabetes have an annual eye exam.

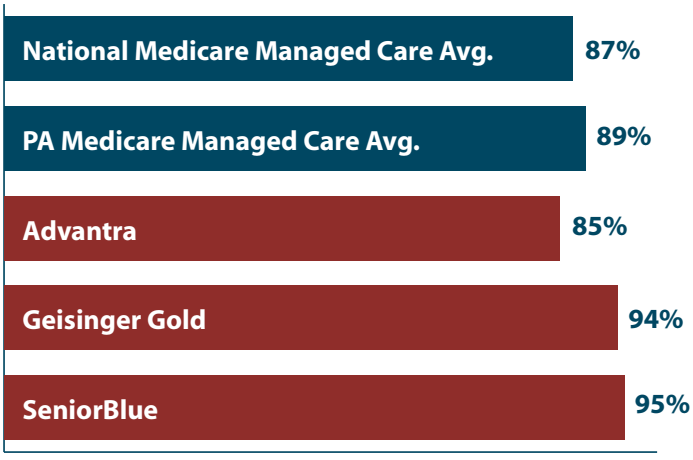
**Percent of members with diabetes who received an eye exam within the past year**




## Glucose control testing for members with diabetes

Regular testing of blood sugar levels are recommended in order to monitor diabetes. Poor control of a diabetic's blood sugar levels can cause problems with the eyes, feet or kidneys. This graph shows the percent of members with diabetes who received a blood sugar control test (known as a Hemoglobin A1c test) during 2002.

**Percent of members with diabetes who received a blood sugar control test (known as a Hemoglobin A1c test) during 2002**



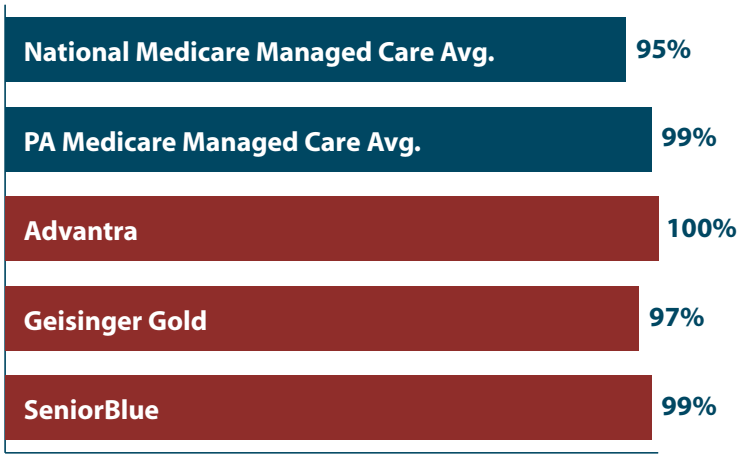
# Preventing Heart Disease

Heart disease is the greatest health risk for people over age 65. The graph on this page shows how well plans encourage the use of medication to prevent future heart attacks. Generally, managed care plans with the higher percentage scores are doing a better job of preventing illness and helping their members stay healthy.

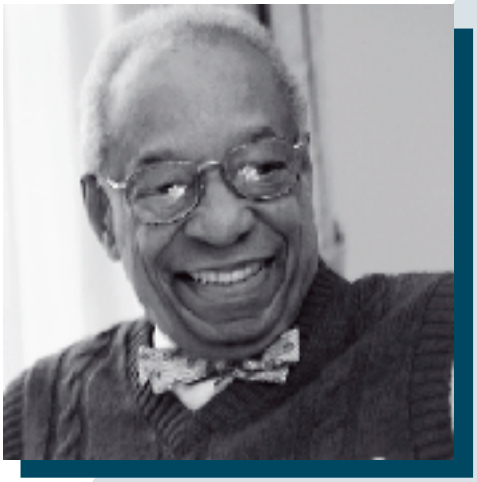
## Beta blockers after a heart attack

Research shows that when people who have had a heart attack use a drug called a "beta blocker," future heart attacks may be prevented.

**Percent of members who were prescribed beta blockers after a heart attack**



## Member Satisfaction



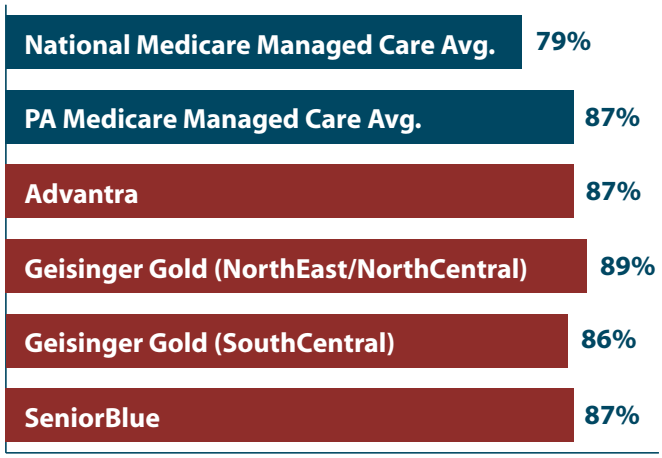
Many potential managed care members value the opinions and ratings of their peers. Satisfaction surveys offer a view of quality and service from a member's perspective. These member satisfaction measures were taken from the annual Consumer Assessment of Health Plans Survey® for Calendar Year 2002. Independent research companies conduct the survey for each managed care plan.

# Member Satisfaction

## No problems getting care

Plan members were asked if they had any problems in the past six months finding a personal doctor or nurse, getting a referral to a specialist, getting the care they and their doctor believed necessary, and getting care approved by the health plan without delays.

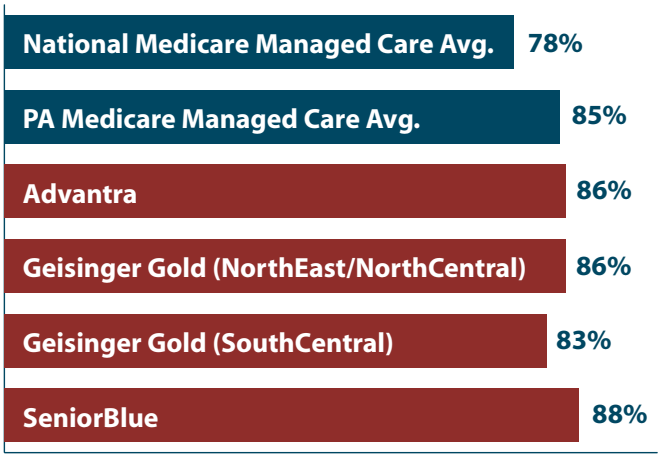
**Percent of members who said they had no problems getting the care they needed**




## No problem seeing a specialist

Most managed care plans require you to get a referral from your primary care doctor if you need to see a specialist. The graph shows the percent of members who said they had no problems getting a referral to a specialist.

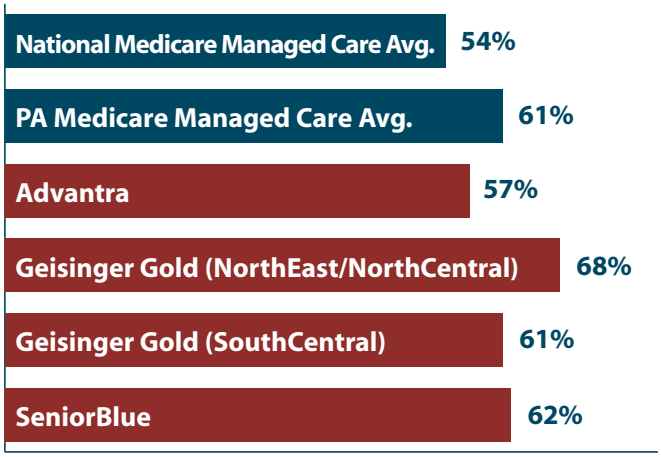
**Percent of members who said it was not a problem to see a specialist**



## Getting care quickly

Members were asked how often, in the past six months, they got help or advice when they called the doctor's office during regular office hours, got treatment for injury or illness as soon as they wanted it, got an appointment for routine care as soon as they wanted, and waited no more than 15 minutes past their appointment time.

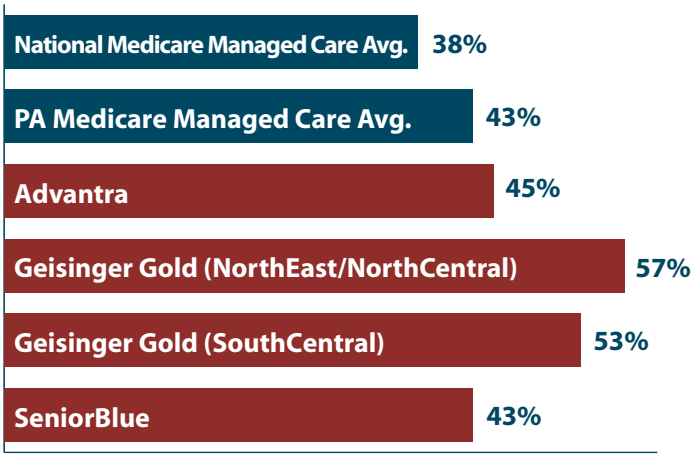
**Percent of members who said they always got care when they needed it, without long waits**




## Overall rating of plan

The graph shows the percent of members who rated their own Medicare Managed Care Plan as the best possible health plan. Based on all their experiences with their own health plan, they gave their plan a rating of 10 out of 10 (the highest score).

**Percent of members who rated their own Medicare Managed Care Plan as the best possible health plan**



# Agencies Providing Information for Seniors

| Agency | Telephone Number | Web Site |
|---|---|---|
| **APPRISE**<br>A program sponsored by the Pennsylvania Department of Aging that provides assistance in understanding Medicare benefits and finding programs that may help with the costs of prescription drugs or Medicare Part B premiums, help in comparing and selecting Medicare supplemental insurance or a Medicare Managed Care Plan, assistance with filing a Medicare appeal and help in selecting long-term care insurance. Language translation is available for most languages. | 1-800-783-7067<br>Monday-Friday<br>9 a.m. to 4 p.m. | www.aging.state.pa.us |
| **Medicare**<br>U.S. government hotline for information about the Medicare program, Medicare bills and services, Medicare fraud, and to obtain Medicare publications. English and Spanish speaking operators are available. | 1-800-MEDICARE<br>(1-800-633-4227)<br>24 hours,<br>7 days a week | www.medicare.gov |
| **Medicare Fraud and Abuse Hotline**<br>Call or email to report cases of abuse of the Medicare billing program. | 1-800-HHS-TIPS<br>(1-800-447-8477)<br>Email:<br>htips@os.dhhs.gov | |
| **Social Security Administration**<br>Call to sign up for Medicare Parts A or B, for Medicare eligibility information, to obtain a new Medicare card, to change your address or to obtain information about your Social Security benefits. English and Spanish speaking operators are available. | 1-800-772-1213<br>Monday-Friday<br>7 a.m to 7 p.m. | www.ssa.gov |

# Agencies Providing Information for Seniors

| Agency | Telephone Number | Web Site |
|---|---|---|
| **AARP Pennsylvania**<br>Advocacy group for older Americans | 717-238-2277 | www.aarp.org |
| **Alzheimer's Association**<br>Information about programs and services | 1-800-272-3900 | www.alz.org |
| **American Diabetes Association**<br>Support and information for persons with diabetes | 1-800-DIABETES<br>(1-800-342-2383) | www.diabetes.org |
| **Pennsylvania Office of Attorney General Health Care Unit**<br>Provides assistance to consumers on health care practices | 1-877-888-4877 | www.attorneygeneral.gov |
| **Pennsylvania Dental Association**<br>Information on programs providing dental care for seniors | 717-234-5941 | www.padental.org |
| **Pennsylvania Department of Public Welfare Help Line**<br>Financial assistance programs for low-income seniors | 1-800-692-7462 | |
| **Veterans Affairs** (Benefits information)<br>Provides information and programs to military veterans | 1-800-827-1000 | www.va.gov |

## Prescription Drug Assistance

| | | |
|---|---|---|
| **Pharmaceutical Assistance (PACE)**<br>State program to provide financial assistance for seniors' prescription drugs | 1-800-225-7223<br>Hearing impaired:<br>1-800-222-9004 | |
| **Medical Assistance ACCESS**<br>Department of Public Welfare program for low income residents | 1-800-269-0173 | |
| **HelpingPatients.org (PhARMA)**<br>Clearinghouse for information on low-cost or free prescription drug programs offered by pharmaceutical companies | 1-800-762-4636 | www.helpingpatients.org |

# Important Questions...

## ...to ask yourself

- What will my "out-of-pocket" expenses (such as copayments and deductibles) be when I visit my doctor, enter the hospital, or go to an outpatient surgery center?
- What routine visits, physical exams, dental work, eye exams and hearing exams does each plan cover?
- What is the annual or quarterly dollar limit on prescription drug coverage?
- Are the doctors' offices, labs and other services in the managed care plan's network convenient for me?
- Is my preferred hospital in the managed care plan's network?
- If I travel or spend several months in a second home, will the managed care plan make arrangements with other plans in those areas to provide health care services while I'm there?
- If I live in a continuing care retirement community, is it part of the managed care plan's network?
- Do I live in an area where the long-term care facilities are part of the managed care plan's network?

## ...to ask your doctor or managed care plan

- Is the managed care plan accepting additional members?
- What are the managed care plan's monthly premiums for the different levels of available coverage?
- Is my doctor in the managed care plan's network? If not, am I willing to change doctors?
- Are participating doctors accepting new patients?
- If I need to see a specialist regularly, does the managed care plan's network have the type of doctors I need to see?
- How easy is it for me to see a specialist? What are the rules for getting approval to see a specialist?
- What hours are available for appointments with doctors?
- Where do I go for emergencies during doctor office hours and after hours?
- Can I change doctors if I am not satisfied with the doctor I have?
- What are the requirements for notifying the managed care plan after receiving emergency care?
- Is there a telephone hotline for medical advice?
- Are mail order pharmacies available?

# Plans Included in this Guide

| Medicare Managed Care Plan | Toll-Free Telephone Number to Enroll |
|---|---|
| Aetna Health Inc. **Golden Choice** (POS) | 1-800-832-2640 |
| Geisinger Health Plan **Geisinger Gold** | 1-800-631-1656 |
| HealthAmerica **Advantra** | 1-800-470-4272 |
| Keystone Health Plan Central **SeniorBlue** | 1-800-990-4201 |

This report covers all Medicare managed care options available at the time of publication. However, some companies may offer additional managed care options during 2004. Call the plans listed above for more information.

## Edward G. Rendell, Governor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