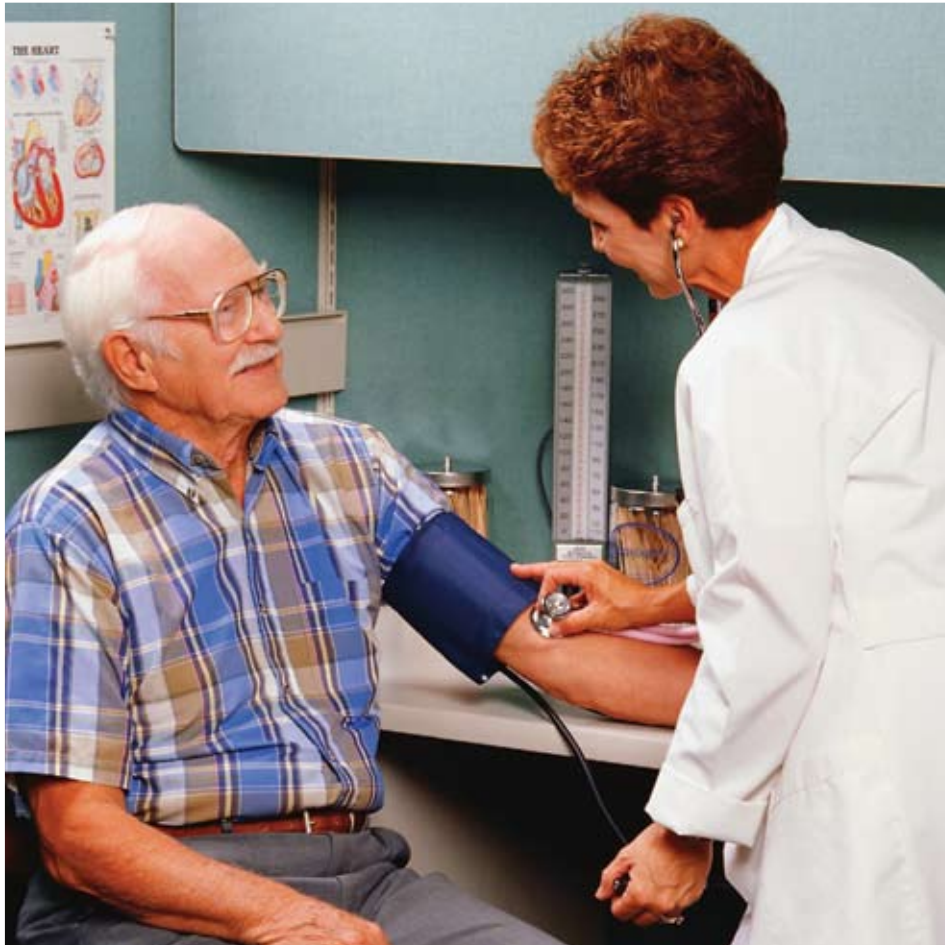


Choosing a Medicare Advantage Plan for 2008

A Guide for Medicare Beneficiaries



Comparing Costs and Benefits

To compare the costs and benefits of the Medicare Managed Care Plans available in your county, click on the following link: <http://www.phc4.org/medicare>. The costs and benefits were based on summaries submitted by each health plan. However, PHC4 recommends that you call the plans that you are considering to verify their costs and services covered.

Other help comparing plans:

- Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov – Under Search Tools, select “Compare Health Plans and Medigap Policies in Your Area”
- Call APPRISE – 1-800-783-7067



Choosing a Medicare Advantage Plan*

What is the purpose of this booklet?

If you are thinking about joining a Medicare Advantage Plan, this booklet is for you. This guide provides information about Medicare Advantage Plans and how their coverage differs from Original Medicare, discusses the “Part D” prescription drug benefit, compares the costs and benefits offered by different Medicare Advantage Plans, and gives information on who can answer your specific questions while making your decision.

What is a Medicare Advantage Plan?

Medicare Advantage Plans (also called Part C) are managed care plans offered by private insurance companies that manage the health care of their enrolled members. Medicare pays Medicare Advantage Plans to provide basic Medicare benefits (Parts A and Part B), and any savings must be used to provide additional benefits, like lower out-of-pocket spending, vision care, and preventive dental services. Some Medicare Advantage Plans also offer Part D prescription drug coverage.

Medicare Advantage 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 to manage ongoing diseases (such as heart problems or diabetes). Medicare Advantage Plans also provide or support educational programs and guidelines for treatment.

Medicare Advantage is different from Medigap. Medigap (or Medicare Supplemental Insurance) is a health insurance policy sold by private insurers to fill in the “gaps” with Original Medicare. You should not buy a Medigap plan if you are in a Medicare Advantage Plan. For more information about Medigap, call the Pennsylvania Insurance Department Consumer Hotline at 1-877-881-6388.

What if I still have questions about Medicare Advantage?

If you have questions after reading this guide, contact APPRISE, a free health insurance counseling service of the Pennsylvania Department of Aging. APPRISE provides assistance in understanding Medicare benefits and helping you select the best plan for your situation. Call 1-800-783-7067.

In this Guide:

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In Pennsylvania, 664,518 persons were enrolled in Medicare Advantage Plans in 2007. Medicare Advantage enrollees represented 30% of the state’s Medicare population, a significantly higher percentage than the 19% in the nation.

The Henry J. Kaiser Family Foundation

* There are five different kinds of Medicare Advantage Plans. This guide includes information on **Medicare Advantage Health Maintenance Organizations (HMOs)** and **Preferred Provider Organizations (PPOs)**. It does not include information about other Medicare Advantage options such as Private Fee-for-Service Plans, Medicare Special Needs Plans, or Medical Savings Account Plans. It also does not include Medigap/ Medicare Supplemental Insurance, or Medicare-approved “stand-alone” drug plans that only offer the prescription drug benefit.

Words to Know

Medicare Part A (Hospital Insurance)

Covers inpatient care in hospitals, skilled nursing facilities, hospice, and home health care under certain conditions.

Medicare Part B (Medical Insurance)

Covers medically necessary services like physician visits and outpatient care. It may also cover some preventive or health and wellness services.

Medicare Part C (Medicare Advantage Plans)

Combines Medicare Part A, Part B and sometimes, Part D prescription drug coverage. Medicare Advantage Plans are managed by private companies approved by Medicare. Medicare Advantage Plans must cover medically necessary services. Out-of-pocket expenses vary by plan. Companies charge different copayments, coinsurance or deductibles.

Medicare Part D (Medicare Prescription Drug Coverage)

Provides coverage for prescription drugs and protects against higher costs in the future.

Appeal – A special kind of complaint you file if you disagree with any coverage or payment decision made by your Medicare Advantage Plan.

Coinsurance – An amount you may be required to pay after you pay any plan deductibles. It is usually a percentage (like 25%) of the Medicare-approved amount.

Copayment – The amount that you pay in some Medicare Advantage Plans for each medical service, such as a doctor's visit or prescription drug. A copayment is usually a fixed amount (like \$15).

Deductible – The amount you must pay for health care or prescriptions before your Medicare Advantage Plan begins to pay.

Extra Help – A program to help people with limited income and resources pay prescription drug costs.

Formulary – A list of prescription drugs covered by the Medicare Advantage Plan. With some Medicare Advantage Plans, doctors must only prescribe or use drugs listed on the Medicare Advantage 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. Call the plan to request a copy of its formulary.

Health Maintenance Organization (HMO) – A type of Medicare Advantage Plan (Part C) that is available in some areas. Plans must cover all Part A and Part B health care. Many HMOs cover extra benefits, like extra days in the hospital. Your costs may be lower than in the Original Medicare. In most HMOs, you can only go to doctors, specialists, or hospitals that belong to the plan's network, except in an emergency. A referral from your primary care doctor is required to see a specialist provider.

Preferred Provider Organization (PPO) – A type of Medicare Advantage Plan (Part C) available in certain areas in which you pay less if you use doctors, hospitals and providers that belong to the Plan's network. You can use doctors or hospitals outside the network for an additional cost.

Referral – A written order from your primary care doctor for you to see a specialist. Many HMOs require a referral before you can see anyone except your primary care doctor.

Your Medicare Plan Choices

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease. Most people get their Medicare health care coverage from Original Medicare, but you can decide to choose a Medicare Advantage Plan.

Step 1: Decide which Medicare Health Plan you want

Original Medicare Plan		OR	Medicare Advantage Plan (like an HMO or PPO)
Part A (Hospital Insurance)	Part B (Medical Insurance)		Part C Includes BOTH Part A (Hospital Insurance) and Part B (Medical Insurance)
<ul style="list-style-type: none">• Medicare provides this coverage.• You have your choice of doctors.• Part B is optional. It generally pays 80% of covered costs, and you pay 20% after you meet your deductible.			<ul style="list-style-type: none">• Private insurance companies approved by Medicare provide this coverage.• In most cases, you must see plan doctors.• You usually pay a copayment for covered services.• Costs, extra benefits, and rules vary by plan.



Step 2: Decide if you want prescription drug coverage



Prescription Drug Coverage (Part D)	Prescription Drug Coverage (Part D)
<ul style="list-style-type: none">• If you want this coverage, you must choose and join a Medicare Prescription Drug Plan.• These plans are run by private companies approved by Medicare.	<ul style="list-style-type: none">• Most Medicare Advantage Plans include prescription drug coverage (Part D), usually for an extra cost.• You can choose this coverage by selecting a Medicare Advantage Plan <i>with</i> drug benefits.



Step 3: Decide if you want supplemental coverage

Supplemental Coverage (like Medigap)
<p>You may want to get private supplemental coverage to fill gaps in Part A and Part B coverage.</p> <ul style="list-style-type: none">• You can choose to buy private supplemental coverage, like a Medigap policy. Costs vary by policy and company.• Employers/unions may offer similar coverage.

If you join a Medicare Advantage Plan, you usually don't need, and can't buy a Medigap policy. If you already have one, you can keep it, but it won't pay for any plan costs, such as copayments.

About Medicare Advantage Plans

Is a Medicare Advantage plan right for me?

Only you and your family can determine if Medicare Advantage is your best Medicare option. With a Medicare Advantage Plan, you generally get all your Medicare-covered health care through that plan. If you choose Medicare Advantage, you are still in the Medicare program and maintain the same rights as someone in Original Medicare.

Here are some things to consider when you compare plans:

Extra Benefits

Medicare Advantage Plans may offer extra benefits that Original Medicare does not cover, such as vision, hearing, dental and/or health and wellness programs.

Costs

- **Monthly premiums** – Medicare Advantage Plans charge one combined premium for Part A and Part B health benefits, Medicare prescription drug coverage (if offered), and extra benefits (if offered). Most people will pay the standard monthly Medicare Part B premium, which is \$96.40 in 2008. People with higher incomes (more than \$82,000 for a single person or \$164,000 for a married couple) will pay a higher premium. To get the 2008 rates, visit www.medicare.gov or call 1-800-MEDICARE. A few plans may pay all or part of your Part B premium for you, while some plans may charge an additional premium to belong to their plan.
- **Other out-of-pocket costs** – You may also be responsible for other out-of-pocket costs, such as deductibles, copayments or coinsurance. These costs vary from plan to plan. Plans with lower premiums may have higher out-of-pocket expenses. You can maximize your coverage by using doctors and hospitals that accept the plan you choose and by following the plan's rules and procedures.

Doctor and hospital choice

In a Medicare Advantage Plan, you will receive most of your care from doctors, hospitals and other providers that are in your plan's "provider network." You may need a referral from your primary care doctor if you need lab work or need to see a specialist, or go to the hospital. If you do not get a referral, the Medicare Advantage Plan may not pay for the cost of the service. If you have out-of-network provider benefits, you are able to use doctors and hospitals that are not part of the plan's provider network for an additional cost.

Prescription drug coverage

Some Medicare Advantage Plans include prescription drug coverage. If you join a plan and it offers this coverage, you must take the drug coverage your plan offers. If you join a stand-alone drug plan, you will be automatically disenrolled from your Medicare Advantage Plan and returned to the Original Medicare Plan. To pick a plan that best meets your needs, you will need to consider:

- **Costs** – compare monthly premiums, price for each of your prescriptions, and total out-of-pocket expenses.
- **Formulary** – check to see if the drugs you take are covered by the plan.
- **Pharmacy network** – check to see if your local pharmacy is in the plan's network.

Quality of care

Quality of care varies among Medicare Advantage Plans, doctors, hospitals, and other health care providers. Information to help you compare the quality of Medicare Advantage Plans and make informed choices is available on the Medicare Web site and in this guide, beginning on page 12. Additional information about health plans, hospitals, and physicians can be found at www.phc4.org.



Medicare Advantage Plans:

- Are approved by Medicare but run by private companies
- Generally provide all your Medicare-covered health care
- May provide extra benefits, such as coverage for vision, hearing, dental, and/or health and wellness programs
- May include prescription drug coverage
- May have lower out-of-pocket costs than the Original Medicare Plan
- May require you to use the plan's doctors and hospitals to get services

Medicare Advantage Plans vary widely. Make sure to compare premiums, benefits and your out-of-pocket costs.

About Medicare Advantage Plans (continued)



Your Appeal Rights

If your Medicare Advantage 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 Medicare Advantage Plan. Call your plan for information on how to file an appeal or complaint, or speak with an APPRISE counselor.

Possible loss of coverage

Each fall, Medicare Advantage 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 Medicare Advantage altogether. If this occurs, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. Check with an APPRISE counselor for what to do if your plan is ceasing coverage.

How do I enroll in a Medicare Advantage 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. You must be enrolled in Medicare Parts A and B before you can join a Medicare Advantage Plan. However, if you are already in a Medicare Advantage Plan and have only Part B, you may stay in your plan. To enroll, you can either call the plan, complete a paper application or enroll online. The contact information for each plan is listed on page 24.

When can I join, switch or drop a Medicare Advantage Plan?

You can join, switch or drop a Medicare Advantage Plan only at certain times:

- **When you first become eligible for Medicare** (three months before the month you turn age 65 until three months after the month you turn age 65). If you qualify for Medicare due to a disability, you can join from three months before to three months after your 25th month of cash disability benefits.
- **From November 15 to December 31 of each year.** Your coverage will begin on January 1 of the following year.
- **From January 1 to March 31 of each year.** However, you cannot add or change to a plan with prescription drug coverage unless you already have prescription drug coverage.

In certain situations, you may be able to join, switch or drop Medicare Advantage Plans at other times, for example, if you move out of the service area, have both Medicare and Medicaid, or live in an institution.

Medicare Prescription Drug Coverage

Medicare offers prescription drug coverage (called Part D) to everyone with Medicare to help you get the drugs you need to stay physically and mentally healthy and to protect you against future drug costs. Many, but not all, Medicare Advantage Plans offer prescription drug coverage, usually for an extra cost. Consider your individual circumstances in making a choice about getting drug coverage.

Here are some things you should know:

- **Drug coverage is offered to everyone with Medicare.** No one can be denied based on income level, health reasons or current prescription drug costs.
- **The program is voluntary.** If you already have good coverage through another program, you do not need to enroll.
- **Prescription drug plans vary.** Prescription drug coverage is offered by private companies. Each plan varies in what drugs are covered and how much you will have to pay, but each plan must meet a minimum standard set by law.
- **Penalty for late enrollment:** If you decide not to enroll in a Medicare Part D plan when you are first eligible, you may pay a penalty if you choose to join later. See page 10.
- **Help for people with limited incomes:** There is “extra help” for people with limited resources and incomes. See page 10.

How does Part D work?

To participate, you must enroll in one of the Medicare-approved private drug plans. There are two ways to get Medicare prescription drug coverage: 1) by joining a Medicare “stand-alone” prescription drug plan or, 2) by joining a Medicare Advantage Plan that offers drug coverage.

Plans vary widely in terms of drugs covered and monthly premiums paid. However, each plan must meet a minimum standard set by law (see pages 8-9). You will have to carefully compare your options to choose a plan that best meets your needs.



Some Medicare Advantage Plans include prescription drug coverage.

To pick a plan that best meets your needs, you will need to consider:

- **Costs** – compare monthly premiums, price for each of your prescriptions, and total out-of-pocket expenses.
- **Formulary** – check to see if the drugs you take are covered by the plan.
- **Pharmacy network** – check to see if your local pharmacy is in the plan’s network.

Medicare Prescription Drug Coverage (continued)



What are the costs and benefits of Part D?

All Medicare-approved drug plans must offer the minimum standard level of coverage set by law, including an initial level of prescription drug coverage and protection for people with very high drug costs (catastrophic coverage). Some plans offer enhanced benefits, such as no deductible or coverage during the gap.

Monthly premium: The premium is the amount you pay each month to receive drug coverage. While some plans will charge more and others less, Medicare estimates an average premium of about \$27.93 per person for standard drug coverage in 2008. You will pay one monthly premium to your Medicare Advantage Plan for your doctor, hospital, and drug benefits *in addition* to the monthly premium for Medicare Part B.

Annual deductible: The amount you pay in out-of-pocket costs before your drug coverage kicks in to pay for your expenses is called the deductible. In 2008, your deductible will be no more than \$275. Some plans may set lower deductibles or no deductible.

Copayment/coinsurance: After you meet your annual deductible, most plans will cover 75% of your drug costs, and you will pay a 25% coinsurance. However, some plans will offer a different coinsurance formula, instead of the 75-25 split, and will have varying copayment amounts.

Coverage gap: Medicare drug plans usually have a “coverage gap,” sometimes called the “donut hole.” After you and your plan have spent no more than \$2,510 for covered drugs, you have to pay all of your drug costs out-of-pocket (up to \$3,216.25) while you are in the “gap.” This amount does not include your plan’s monthly premium that you must continue to pay while you are in the coverage gap. Once you’ve reached your plan’s out-of-pocket limit, you will have “catastrophic coverage.” Some plans offer coverage during the coverage gap, usually for a higher premium.

Catastrophic coverage: Medicare drug plans provide “catastrophic coverage” if you have extremely high drug costs. Once your total drug costs reach the \$5,726.25 maximum, and you have paid no more than \$4,050 in out-of-pocket costs (including your deductible, coinsurance and expenses during the coverage gap) for your covered drugs in 2008, your drug plan will pay 95% of your drug costs for the rest of the calendar year. You will only pay a small coinsurance (like 5%) or a small copayment (\$2.25 for generic or \$5.60 for brand name drugs) until the end of the year. There is no limit to this catastrophic coverage in the calendar year.

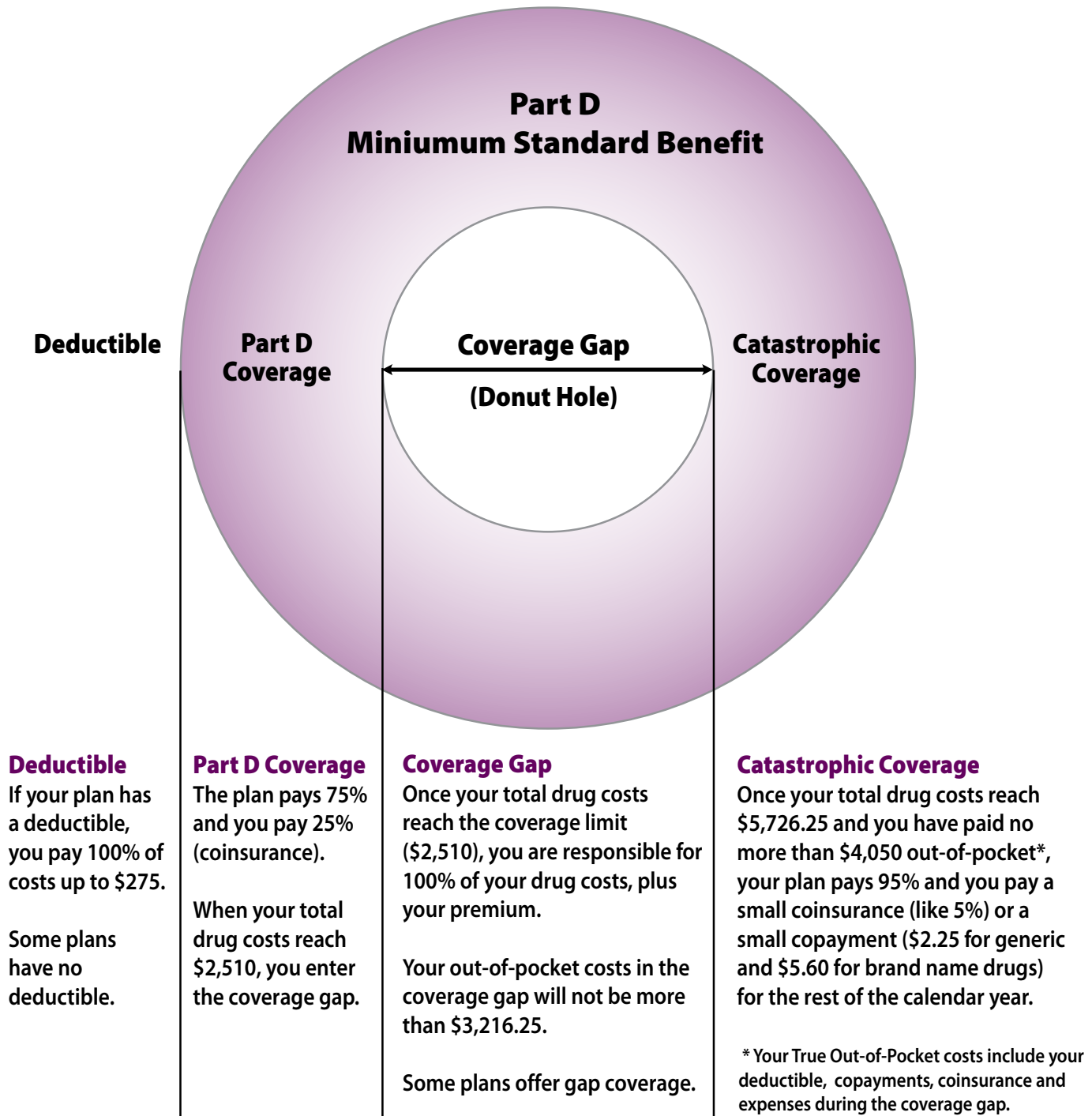
Monthly premiums for Medicare prescription drug coverage vary widely. Across the nation, 2008 monthly premiums range from \$9.80 for basic benefits to \$107.50 for enhanced benefits.

The Henry J. Kaiser Family Foundation

If you are enrolled with a Medicare Advantage Plan with drug coverage, you will not pay a separate premium for drug benefits. This is included in your Medicare Advantage premium.

Medicare Prescription Drug Coverage

This chart identifies benefits and out-of-pocket costs for the *minimum standard benefit* in 2008. Many Medicare drug plans offer better benefits than the minimum standard benefit. Therefore, out-of-pocket costs will vary by Medicare drug plan.



Note: Persons with limited incomes and assets may qualify for “extra help,” a program that helps pay for prescription drug costs, including your monthly premium, yearly deductible, coinsurance and copayments. With extra help, there will be no coverage gap.

Medicare Prescription Drug Coverage (continued)

Penalty for late enrollment in a prescription drug plan

With some exceptions, there is a penalty for signing up for drug coverage after you first are eligible for Medicare. The penalty is a higher premium – an extra 1% of the national average premium for each month (or 12% for each year) – that you delay in enrolling. Medicare recipients will not incur a penalty for delayed enrollment if they currently have comparable coverage – also known as creditable coverage – from another source. If you qualify for extra help, the penalty will be different. For assistance with figuring out penalty amounts, contact APPRISE at 1-800-783-7067.

Plan benefits may change from year to year.


Your monthly premium, the deductible, the initial amount of drug charges the plan covers (after which the plan stops helping with drug costs), and the amount that you pay to qualify for catastrophic coverage could all increase. Remember, that a plan may not cover all of the drugs you take. If the plan you are considering does not cover all of your medications, talk to your doctor and find out if it is possible to switch to a drug that is covered. If switching is not an option, talk to a plan representative about whether you are eligible for an exception. Medicare's Web site (www.medicare.gov) will allow you to compare the plans point by point.

Is there “extra help” for people with limited incomes?

Medicare provides financial assistance known as “extra help” to pay prescription drug costs for people with limited incomes and assets. For 2007, a single person with income less than \$15,315 a year and assets below \$11,710 (or a married couple with income less than \$20,535 and assets below \$23,410) may qualify for extra help. The income limits will change in early 2008. If you have dependent children or grandchildren living with you, you may be able to earn more and qualify. Assets include bank accounts, stocks, bonds, and life insurance policies. They do not include the house you live in, cars and other personal possessions.

If you are currently eligible for Medicaid, a Medicare Savings Program (that pays your Medicare Part B premium), or Supplemental Security Income, you will automatically be able to get extra help without applying. If you do not qualify for one of these programs, but think you qualify for extra help, you will have to apply for it through the Social Security Administration.

The “extra help” program helps pay your Medicare Part D premium; you may qualify for a reduced premium or none at all. It also helps pay for any annual deductible, prescription drug copayments and coinsurance. You will have no coverage gap.



Each year, the plan may change the benefits it offers or the amount you pay to receive these benefits.

Your medication needs may change, too.

So it's a good idea to consider whether your current plan is still the best plan for you.



If you currently have drug coverage from another source and have questions, call 1-800-MEDICARE or APPRISE at 1-800-783-7067.

Low-cost drugs from Canada or other countries

Medicare drug plans do not cover drugs from Canada or other countries. If you do purchase drugs from another country during the coverage gap, these expenses will not count toward the out-of-pocket maximum that qualifies you for catastrophic coverage.

What if I already have drug coverage from another source?

Many people have unique personal situations that will affect their choices under the Medicare Part D program. There are special considerations if you have drug coverage from one of the following sources:

- **State Pharmacy Assistance Program (PACE/PACENET):** Under PACE Plus Medicare, PACE/PACENET coverage supplements Medicare Part D coverage – offering the best benefits of both programs. If you are a PACE/PACENET cardholder, PACE/PACENET will select a Part D plan that best matches your needs. You can use your PACE or PACENET card to cover your deductible, any medications that the Part D plan does not cover, any copayments in excess of your PACE or PACENET copayments, and for costs during the coverage gap. If you are in PACE, the program pays the Part D premium for you; PACENET enrollees must pay the Part D premium (\$26.59) at the pharmacy. For more information, call PACE/PACENET at 1-800-225-7223.
- **Veterans, Military Retiree or Federal Employee Health Benefits Program Drug Benefits:** Most people keep their coverage as long as they qualify. Contact your benefits administrator before making any changes in coverage. In most cases, it will be to your advantage to keep your current coverage. However, in some cases, such as if you qualify for extra help, adding Medicare drug coverage can provide you extra coverage and savings.
- **Former or Current Employer or Union:** Before you enroll in a Medicare drug plan, you should get information from your employer or union about how your drug coverage through them may change if you enroll in a Medicare drug plan.
- **Manufacturer's Patient Assistance Program:** You may be able to receive low-cost prescriptions through a drug manufacturer's patient assistance program and also have Medicare drug coverage. You will need to find out if you still qualify for the company's program.

Comparing Quality



This section provides information to help you compare the quality of Medicare Advantage Plans.

Member Satisfaction

Satisfaction surveys obtain members' views on the quality and service of their Medicare Advantage Plan. These graphs show several member satisfaction measures from the annual Consumer Assessment of Health Plans Survey®.

- Getting Needed Care without Delays..... page 13
- Overall Rating of Health Plan page 13

Staying Healthy

A Medicare Advantage Plan covers services for prevention or early detection of health problems, usually at little or no cost to the members. The graphs can help you evaluate how well the Medicare Advantage Plans are providing preventive care to help their members stay healthy. Two graphs show how well plans are helping their members with diabetes manage their condition. Generally, Medicare Advantage Plans with a higher percentage score are doing a better job of providing preventive care.

- Access to Primary Care Doctor Visits page 14
- Beta Blocker Treatment after a Heart Attack..... page 14
- Annual Flu Shot..... page 15
- Breast Cancer Screening (Mammograms)..... page 15
- Diabetes Care - Cholesterol Screening..... page 16
- Diabetes Care - Eye Exams..... page 16

About the Data in this Section

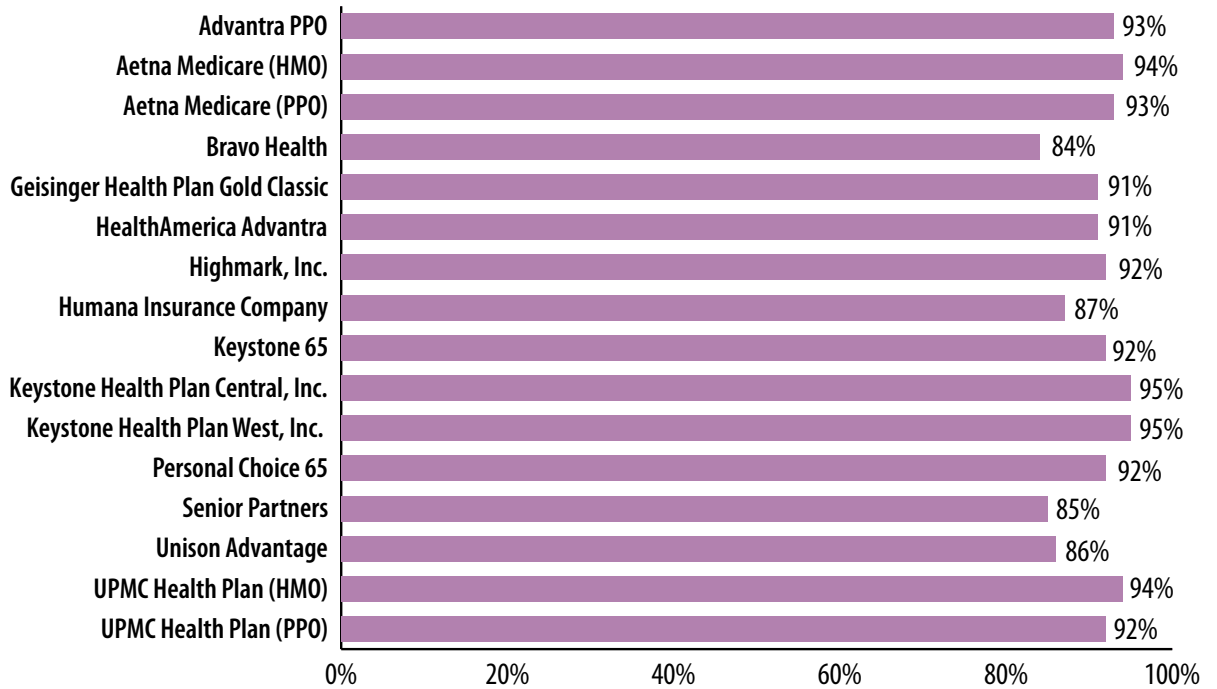
The data for the graphs on pages 13 to 16 was obtained from the Centers for Medicare and Medicaid Services' Web site and was current at the time of publication.

Data for the member satisfaction measures on page 13 and the Annual Flu Shot measure on page 15 comes from the Consumer Assessment of Health Plans Survey® (CAHPS) conducted March - June 2007. Data for other measures comes from the Health Plan Employer Data and Information Set® (HEDIS) for Calendar Year 2006.

Some plans offering coverage in 2008 are not included in this section because they were too new to provide data or the data was not available.

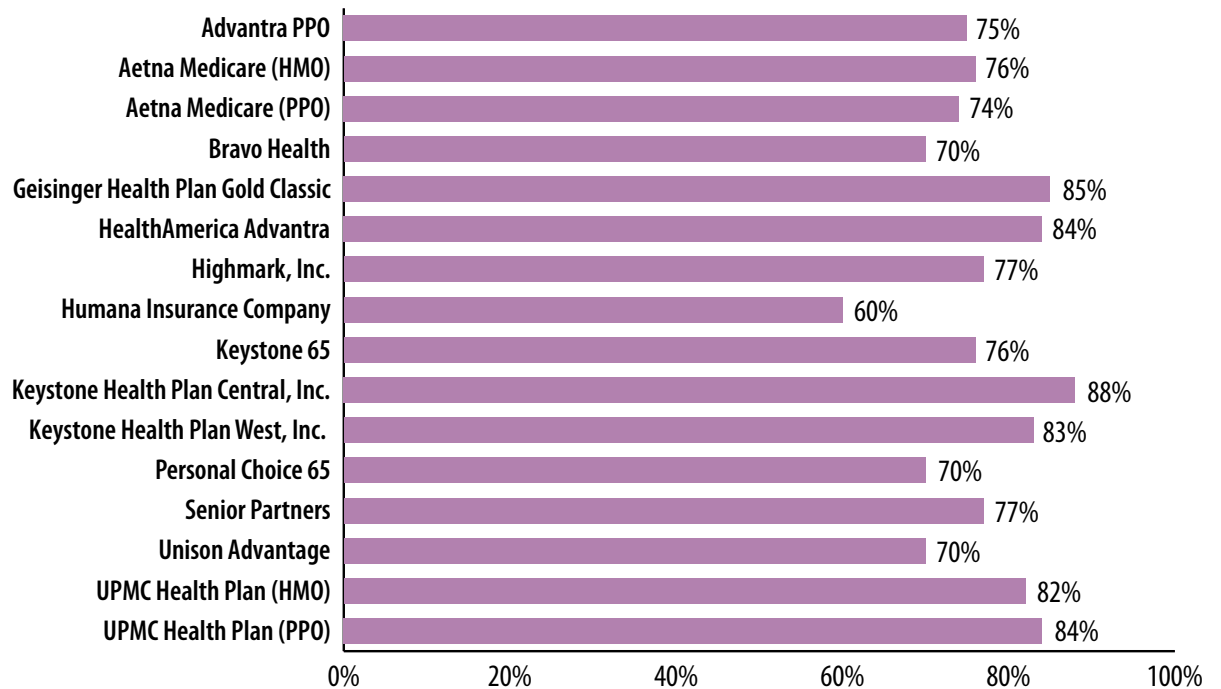
Getting Needed Care without Delays

Plan members rated how often it was easy to get appointments with a specialist and the care, tests or treatment they thought they needed.



Overall Rating of Health Plan

Plan members who gave their health plan a high rating (8, 9 or 10 out of 10) over the past 6 months.

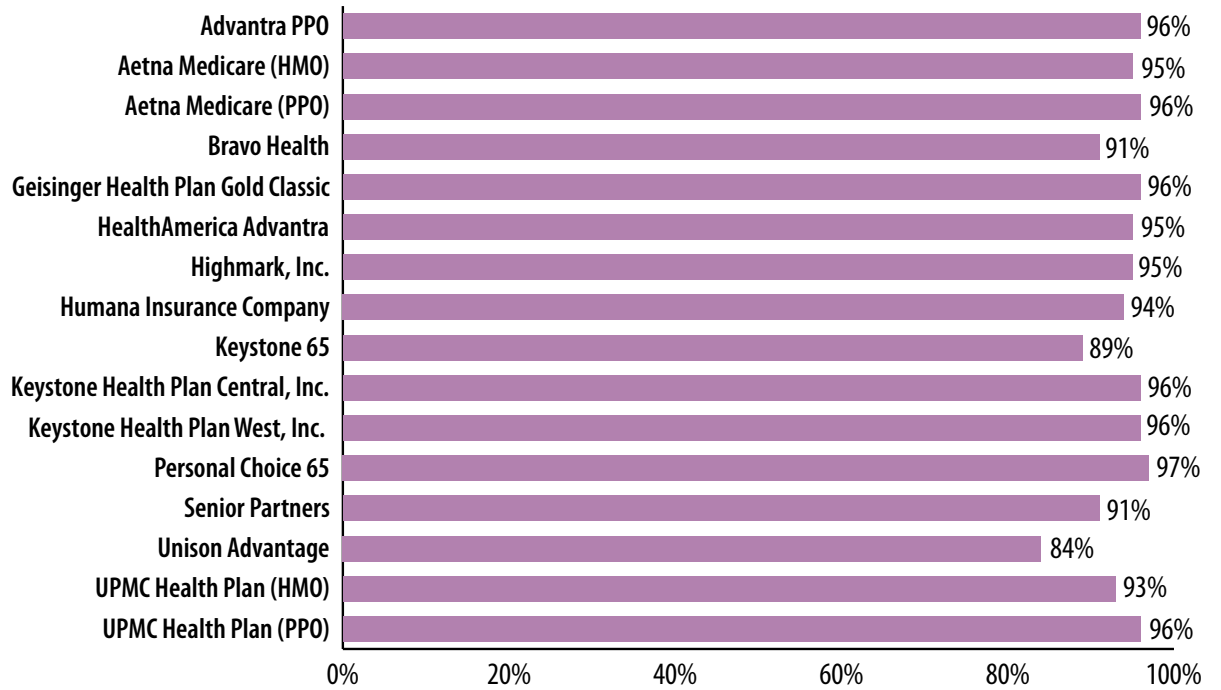


Comparing Quality

Access to Primary Care Doctor Visits

It is important to see your doctor on a regular basis so that health problems can be detected early.

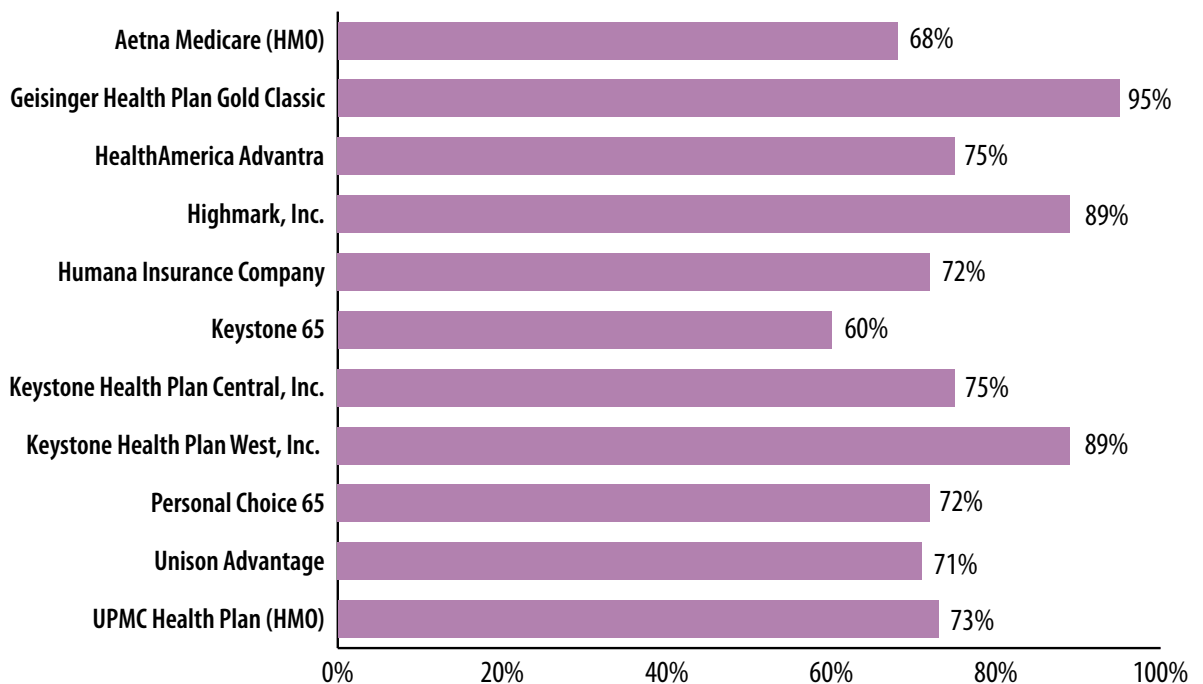
Plan members who saw their primary care doctor during the year.



Beta Blocker Treatment 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.

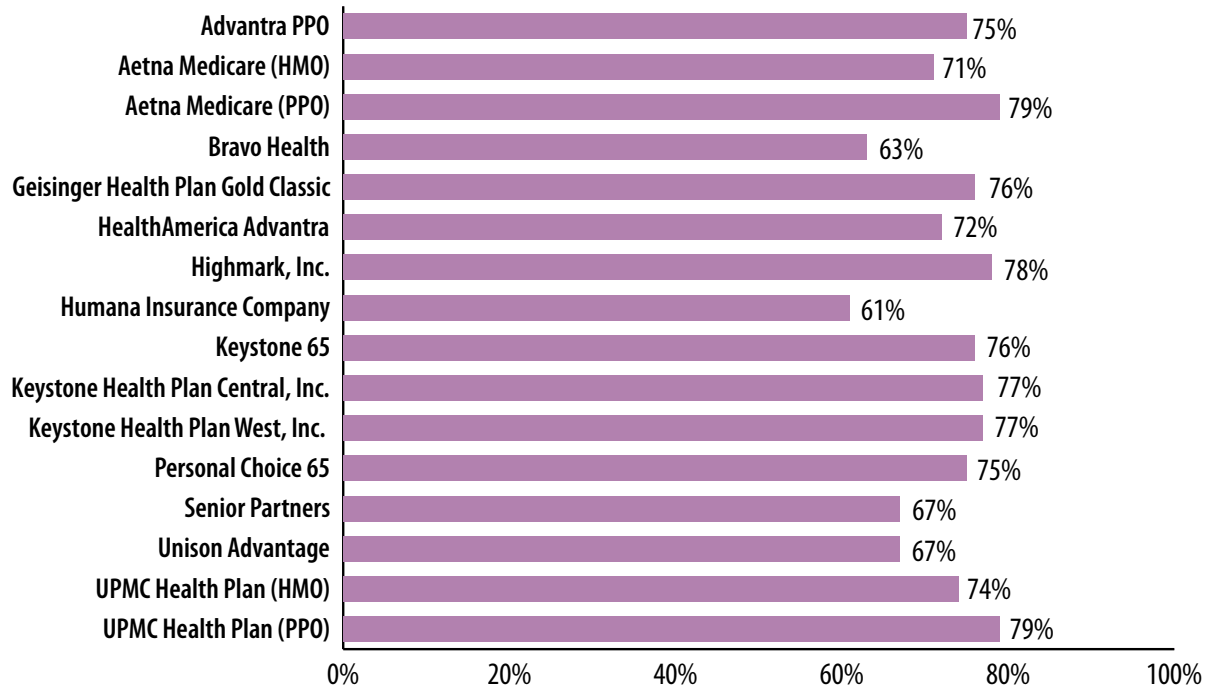
Plan members who were hospitalized for a heart attack and were treated with a beta blocker for a full six months after they left the hospital.



Annual Flu Shot

The flu, also called influenza, is 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.

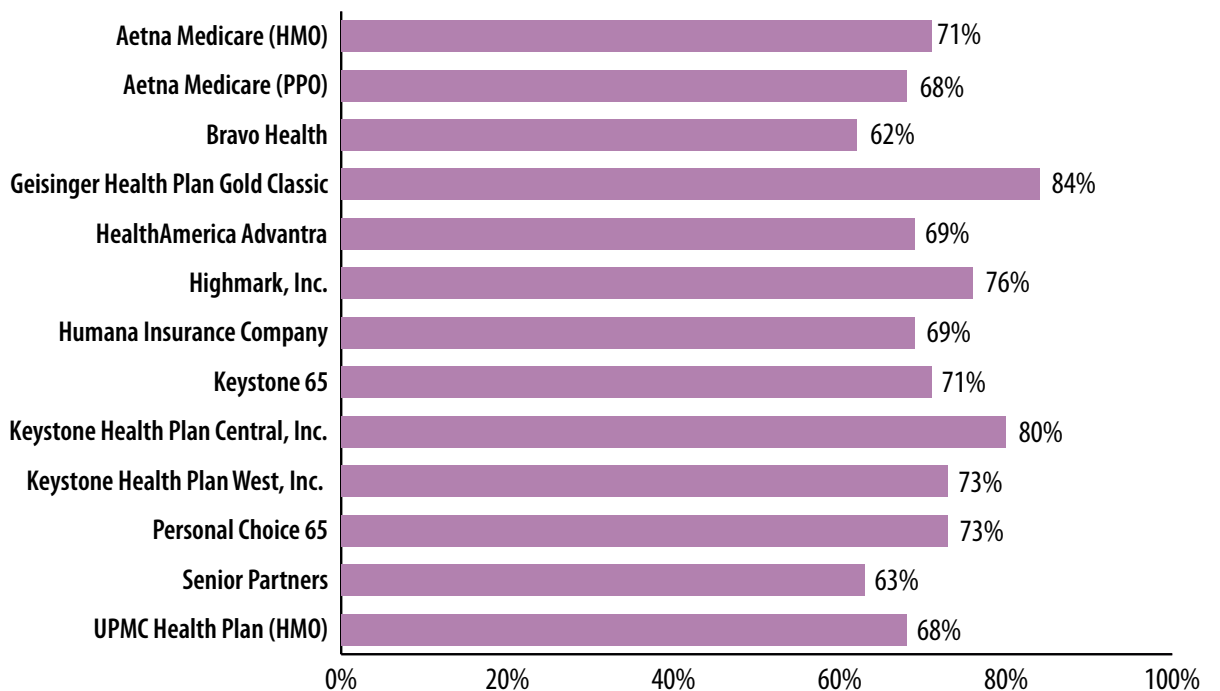
Plan members aged 65 and over who got a flu shot prior to the flu season.



Breast Cancer Screening (Mammograms)

A mammogram (x-ray of the breast) can help find cancer in the breast when the tumor is too small to be felt. When breast cancer is found early, it is more likely to be treated successfully. Medicare covers one screening mammogram every 12 months.

Female plan members aged 50-69 who had a mammogram during the past two years.

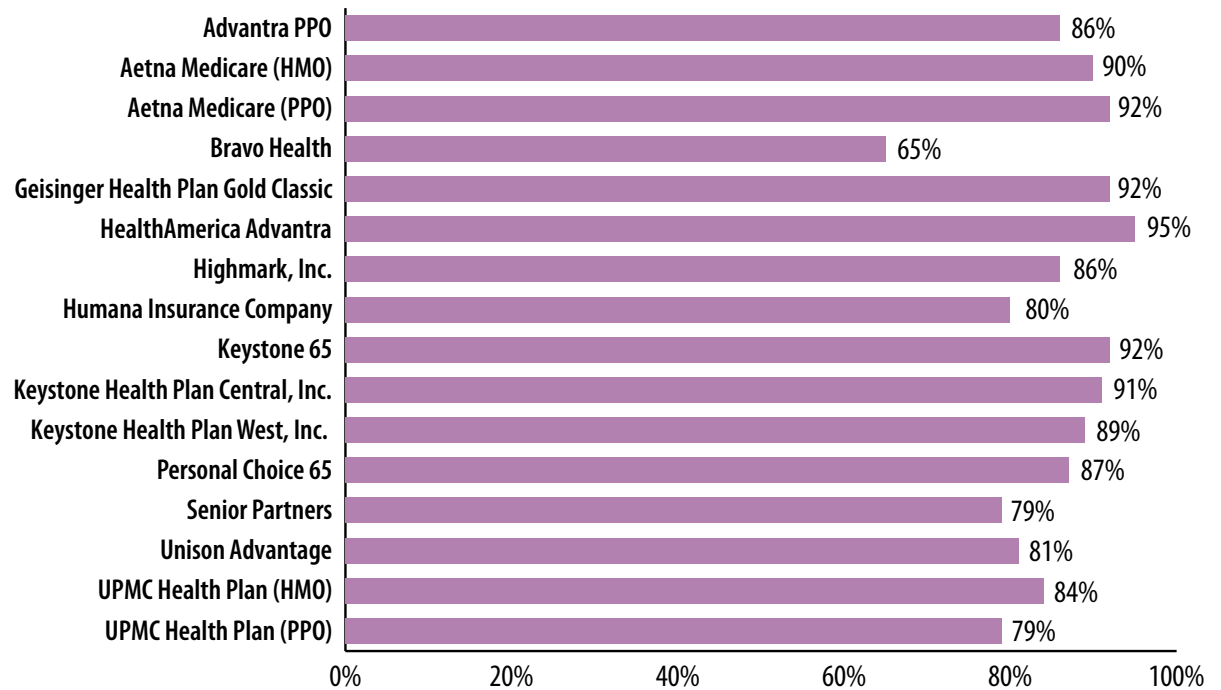


Comparing Quality

Diabetes Care - Cholesterol Screening

Members with diabetes have a higher risk for heart disease. High lipid (cholesterol) levels can make the risk even higher. Finding that these levels are higher than normal can help you and your doctor take steps to lower your lipid levels and your risk.

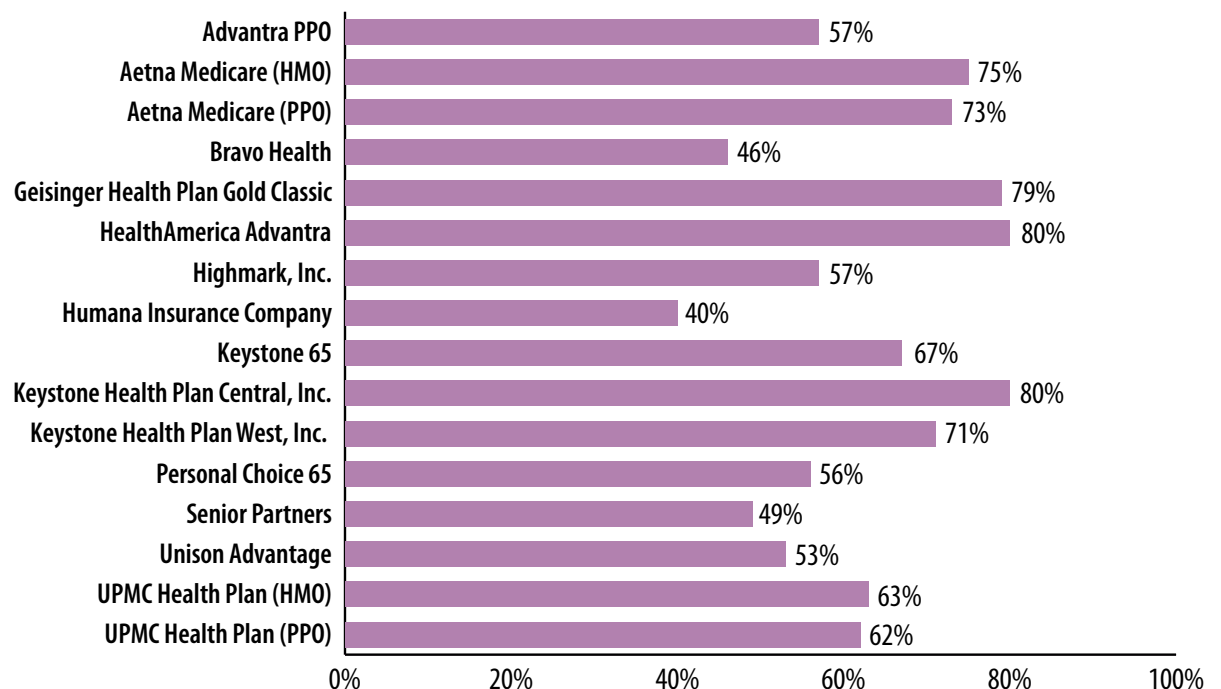
Plan members with diabetes who had a cholesterol (LDL-C) test during the past two years.



Diabetes Care - Eye Exams

Members with diabetes have a greater risk of developing serious eye diseases that can lead to loss of vision. It is important that members with diabetes have an annual eye exam to find eye problems early, when they can be treated.

Plan members with diabetes who had a diabetic eye exam during the year.



Important Questions to Ask

If you are choosing or changing your Medicare coverage, you should compare the various plans available. Here are some important questions to ask:

Benefits

- What routine visits, physical exams, dental work, eye exams, hearing aids, and prescription drugs does the plan cover?
- If I live in a continuing care retirement community, is it part of the plan's network?
- Do I live in an area where the long-term care facilities are part of the plan's network?

Cost

- What are the plan's monthly premiums for the different levels of available coverage? Is there a yearly deductible?
- What will my out-of-pocket costs (such as copayments and/or coinsurance) be when I visit my doctor, enter the hospital, or go to an outpatient surgery center? How does the cost differ among plans?
- Will I pay less if I go to doctors or hospitals in the network?

Doctor and hospital choice

- Does my doctor accept the plan? If not, am I willing to change doctors?
- Can I change doctors if I am not satisfied with the doctor I have?
- Are participating doctors accepting new patients?
- If I need to see a specialist regularly, does the plan's network have the type of doctors I need to see?
- Do I need a referral to see a specialist?
- Can I go to the hospital of my choice or do I have to go to a network hospital?
- Where do I go for emergencies during doctor office hours and after hours?
- What are the requirements for notifying the plan after receiving emergency care?
- If I travel or spend several months in a second home, will the plan cover me there?

Convenience

- Are the doctors' offices, labs and other services in the plan's network convenient for me?
- What hours are available for appointments with doctors?

Prescription drugs

- Does the plan have prescription drug coverage?
- What will my prescription drugs cost under the plan's formulary?
- What will my deductible, coinsurance, copayments be?
- Is there any coverage in the coverage gap? Do I need it?
- What pharmacies can I use? Are mail order pharmacies available?



Available Medicare Advantage Plans by County

	Adams	Allegheny	Armstrong	Beaver	Bedford	Berks	Blair	Bradford	Bucks	Butler	Cambria	Cameron	Carbon	Centre	Chester	Clarion	Clearfield
Aetna Health, Inc. Golden Medicare						✓			✓				✓		✓		
Aetna Life Insurance Company Golden Choice						✓			✓				✓		✓		
Bravo Health Pennsylvania, Inc.		✓							✓								
Capital Advantage Insurance Company SeniorBlue PPO	✓					✓								✓			
Geisinger Health Plan Geisinger Gold Classic						✓	✓				✓		✓				✓
Geisinger Indemnity Insurance Company Geisinger Gold Preferred						✓	✓				✓		✓				✓
HealthAmerica Pennsylvania, Inc. Advantra			✓	✓		✓				✓				✓			
HealthAssurance Pennsylvania, Inc. Advantra PPO						✓											
Highmark, Inc. FreedomBlue PPO	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
Humana Insurance Company HumanaChoice PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Independence Blue Cross Personal Choice 65									✓						✓		
Keystone Health Plan Central, Inc. SeniorBlue						✓								✓			
Keystone Health Plan East, Inc. Keystone 65									✓						✓		
Keystone Health Plan West, Inc. SecurityBlue HMO		✓	✓	✓	✓		✓			✓	✓						
Senior Partners by Bravo Health																	
Unison Health Plan of Pennsylvania, Inc. Unison Advantage	✓	✓	✓	✓		✓	✓			✓	✓					✓	
UPMC Health Network, Inc. UPMC for Life PPO		✓	✓	✓	✓		✓			✓	✓	✓				✓	✓
UPMC Health Plan, Inc. UPMC for Life HMO		✓	✓	✓	✓		✓			✓	✓	✓				✓	✓

	Clinton	Columbia	Crawford	Cumberland	Dauphin	Delaware	Elk	Erie	Fayette	Forest	Franklin	Fulton	Greene	Huntingdon	Indiana	Jefferson	Juniata
Aetna Health, Inc. Golden Medicare						✓											
Aetna Life Insurance Company Golden Choice						✓											
Bravo Health Pennsylvania, Inc.						✓											
Capital Advantage Insurance Company SeniorBlue PPO		✓		✓	✓						✓	✓					✓
Geisinger Health Plan Geisinger Gold Classic	✓	✓		*	✓									✓			✓
Geisinger Indemnity Insurance Company Geisinger Gold Preferred	✓	✓			✓									✓			✓
HealthAmerica Pennsylvania, Inc. Advantra				✓	✓			✓	✓				✓				
HealthAssurance Pennsylvania, Inc. Advantra PPO				✓	✓			✓	✓				✓				
Highmark, Inc. FreedomBlue PPO	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Humana Insurance Company HumanaChoice PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Independence Blue Cross Personal Choice 65						✓											
Keystone Health Plan Central, Inc. SeniorBlue		✓		*	✓												✓
Keystone Health Plan East, Inc. Keystone 65						✓											
Keystone Health Plan West, Inc. SecurityBlue HMO			✓					✓	✓				✓		✓		
Senior Partners by Bravo Health																	
Unison Health Plan of Pennsylvania, Inc. Unison Advantage				✓	✓			✓	✓				✓		✓	✓	
UPMC Health Network, Inc. UPMC for Life PPO			✓				✓	✓	✓	✓			✓		✓	✓	
UPMC Health Plan, Inc. UPMC for Life HMO			✓				✓	✓	✓	✓			✓		✓	✓	

* Coverage is offered in only part of the county.

Continued on next page

Available Medicare Advantage Plans by County

	Lackawanna	Lancaster	Lawrence	Lebanon	Lehigh	Luzerne	Lycoming	McKean	Mercer	Mifflin	Monroe	Montgomery	Montour	Northampton	Northumberland	Perry	Philadelphia
Aetna Health, Inc. Golden Medicare					✓						✓	✓		✓			✓
Aetna Life Insurance Company Golden Choice		✓		✓	✓						✓	✓		✓			✓
Bravo Health Pennsylvania, Inc.												✓					✓
Capital Advantage Insurance Company SeniorBlue PPO		✓		✓	✓					✓			✓	✓	✓	✓	
Geisinger Health Plan Geisinger Gold Classic	✓	✓		✓		✓	✓			✓	✓		✓		✓	*	
Geisinger Indemnity Insurance Company Geisinger Gold Preferred	✓	✓		✓		✓	✓			✓	✓		✓				
HealthAmerica Pennsylvania, Inc. Advantra		✓	✓	✓	✓	✓			✓					✓		✓	
HealthAssurance Pennsylvania, Inc. Advantra PPO		✓	✓	✓	✓	✓			✓								
Highmark, Inc. FreedomBlue PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Humana Insurance Company HumanaChoice PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Independence Blue Cross Personal Choice 65												✓					✓
Keystone Health Plan Central, Inc. SeniorBlue					✓					✓			✓	✓	✓	✓	
Keystone Health Plan East, Inc. Keystone 65												✓					✓
Keystone Health Plan West, Inc. SecurityBlue HMO			✓						✓								
Senior Partners by Bravo Health																	✓
Unison Health Plan of Pennsylvania, Inc. Unison Advantage	✓	✓	✓		✓	✓			✓					✓		✓	
UPMC Health Network, Inc. UPMC for Life PPO			✓					✓	✓								
UPMC Health Plan, Inc. UPMC for Life HMO			✓					✓	✓								

* Coverage is offered in only part of the county.

	Pike	Potter	Schuylkill	Snyder	Somerset	Sullivan	Susquehanna	Tioga	Union	Venango	Warren	Washington	Wayne	Westmoreland	Wyoming	York
Aetna Health, Inc. Golden Medicare			✓													
Aetna Life Insurance Company Golden Choice			✓													
Bravo Health Pennsylvania, Inc.																
Capital Advantage Insurance Company SeniorBlue PPO			✓	✓					✓							✓
Geisinger Health Plan Geisinger Gold Classic			✓	✓		✓	✓		✓						✓	✓
Geisinger Indemnity Insurance Company Geisinger Gold Preferred			✓	✓					✓						✓	
HealthAmerica Pennsylvania, Inc. Advantra												✓		✓		✓
HealthAssurance Pennsylvania, Inc. Advantra PPO														✓		✓
Highmark, Inc. FreedomBlue PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Humana Insurance Company HumanaChoice PPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Independence Blue Cross Personal Choice 65																
Keystone Health Plan Central, Inc. SeniorBlue			✓	✓					✓							
Keystone Health Plan East, Inc. Keystone 65																
Keystone Health Plan West, Inc. SecurityBlue HMO					✓							✓		✓		
Senior Partners by Bravo Health																
Unison Health Plan of Pennsylvania, Inc. Unison Advantage			✓		✓							✓		✓		✓
UPMC Health Network, Inc. UPMC for Life PPO					✓					✓		✓		✓		
UPMC Health Plan, Inc. UPMC for Life HMO					✓					✓		✓		✓		

Agencies Providing Information for Seniors

Agency	Telephone Number	Web Site
<p>APPRISE Provides assistance in understanding Medicare benefits and helping you select the best plan for your situation. Services are provided through 52 local Area Agencies on Aging, serving all 67 counties in Pennsylvania. All services are free and confidential.</p>	<p>1-800-783-7067 Monday-Friday 9 a.m. to 4 p.m.</p>	<p>www.aging.state.pa.us</p>
<p>Medicare Information about the Medicare program, including bills and services, fraud, and publications.</p>	<p>1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048 24 hours, 7 days a week</p>	<p>www.medicare.gov</p>
<p>Medicare Fraud and Abuse Hotline Call or email to report cases of Medicare billing abuse.</p>	<p>1-800-HHS-TIPS (1-800-447-8477) Email: HHSTips@oig.hhs.gov</p>	<p>www.medicare.gov</p>
<p>Pennsylvania Department of Public Welfare Hotline Financial assistance programs for low-income seniors.</p>	<p>1-800-692-7462</p>	<p>www.dpw.state.pa.us</p>
<p>Pennsylvania Insurance Department To file a complaint about a Medicare Advantage Plan.</p>	<p>1-877-881-6388 8:30 a.m. to 5 p.m.</p>	<p>www.ins.state.pa.us</p>
<p>Pennsylvania Office of Attorney General Health Care Unit Provides assistance to consumers on health care practices.</p>	<p>1-877-888-4877 Monday-Friday 10 a.m. to 3 p.m.</p>	<p>www.attorneygeneral.gov</p>
<p>Social Security Administration Call to sign up for Medicare Parts A or B, for information about Medicare or your Social Security benefits, to obtain a new Medicare card, or to change your address.</p>	<p>1-800-772-1213 Monday-Friday 7 a.m. to 7 p.m.</p>	<p>www.ssa.gov</p>
<p>Quality Insights of Pennsylvania Provides assistance in filing Medicare appeals and helps if you believe you have been prematurely discharged from a hospital or skilled nursing facility.</p>	<p>1-800-322-1914 or call 1-800-MEDICARE</p>	<p>www.qipa.org</p>
<p>Veterans Affairs (Benefits Information) Provides information and programs to military veterans.</p>	<p>1-800-827-1000</p>	<p>www.va.gov</p>

Agency	Telephone Number	Web Site
AARP Pennsylvania Advocacy group for older Americans.	1-866-389-5654 Monday-Friday 9 a.m. to 5 p.m.	www.aarp.org
Alzheimer's Association Helpline Information, referral and support.	1-800-272-3900 24 hours, 7 days a week	www.alz.org
American Diabetes Association Support and information for persons with diabetes.	1-800-DIABETES (1-800-342-2383) Monday-Friday 8:30 a.m. to 8 p.m.	www.diabetes.org
Pennsylvania Dental Association Information on programs providing dental care for seniors.	717-234-5941 Monday-Friday 8:30 a.m. to 5 p.m.	www.padental.org
Pennsylvania Health Law Project Provides free legal services and advocacy to Pennsylvanians having trouble accessing publicly-funded health care coverage or services.	1-800-274-3258 TTY: 1-866-236-6310	www.phlp.org
Prescription Drug Assistance		
Pharmaceutical Assistance (PACE/PACENET) State program to provide financial assistance for seniors' prescription drugs.	1-800-225-7223 TTY: 1-800-222-9004	
Medical Assistance ACCESS Department of Public Welfare program for low-income residents.	1-800-543-7633	
PA Patient Assistance Program Clearinghouse (PAP) Help in finding low or no cost prescription drug assistance from pharmaceutical companies.	1-800-955-0989	

Plans Included in this Guide

Plan Name	Product Name	Toll-Free Number	Web Site
Aetna Health, Inc.	Golden Medicare	1-800-832-2640	www.aetnamedicare.com
Aetna Life Insurance Company	Golden Choice	1-800-832-2640	www.aetnamedicare.com
Bravo Health Pennsylvania, Inc.	Bravo Classic Bravo Gold Bravo Premier	1-866-464-0703	www.mybravohealth.com
Capital Advantage Insurance Company	SeniorBlue PPO	1-800-990-4201	seniorblueppo.capbluecross.com
Geisinger Health Plan	Geisinger Gold Classic	1-800-631-1656	www.thehealthplan.com
Geisinger Indemnity Insurance Company	Geisinger Gold Preferred	1-800-631-1656	www.thehealthplan.com
HealthAmerica Pennsylvania, Inc.	Advantra (East Central PA)	1-866-218-9822	www.pa.chcadvantra.com
HealthAmerica Pennsylvania, Inc.	Advantra (Western PA)	1-800-470-4272	www.pa.chcadvantra.com
HealthAssurance Pennsylvania, Inc.	Advantra PPO	1-800-290-0190	www.chcadvantra.com
Highmark, Inc.	FreedomBlue PPO	1-800-350-1973	www.highmark.com
Humana Insurance Company	HumanaChoice PPO	1-800-833-2364	www.humana-medicare.com
Independence Blue Cross	Personal Choice 65	1-877-393-6733	www.site65.com
Keystone Health Plan Central, Inc.	SeniorBlue	1-800-990-4201	seniorblue.capbluecross.com
Keystone Health Plan East, Inc.	Keystone 65	1-877-393-6733	www.site65.com
Keystone Health Plan West, Inc.	SecurityBlue HMO	1-800-576-6343	www.highmark.com
Senior Partners by Bravo Health	Senior Partners	1-888-776-9466	www.mybravohealth.com/seniorpartners
Unison Health Plan of Pennsylvania, Inc.	Unison Advantage	1-800-290-4009	www.unisonhealthplan.com
UPMC Health Network, Inc.	UPMC for Life PPO	1-877-381-3765	www.upmchealthplan.com
UPMC Health Plan, Inc.	UPMC for Life HMO	1-877-381-3765	www.upmchealthplan.com



PHC4 is an independent state agency charged with collecting, analyzing and reporting information that can be used to improve the quality and restrain the cost of health care in Pennsylvania.



Pennsylvania Health Care Cost Containment Council

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