

Choosing a Medicare Managed Care Plan

A Guide for Medicare Beneficiaries



SOUTHEASTERN
PENNSYLVANIA

Bucks

Chester

Delaware

Montgomery

Philadelphia

This guide is a joint project of the
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The information presented in this report 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 the coverage differs from Original Medicare,
- compares the quality of 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 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 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.

What if I still have questions about Medicare Managed Care?

If you have questions after reading this booklet, contact the APPRISE Health Insurance

Counseling Program. APPRISE is a free health information counseling

service designed by the Pennsylvania Department of Aging to help Pennsylvanians

with Medicare. APPRISE counselors are specially

trained volunteers who can answer questions about

Original Medicare, Medicare Supplemental Insurance (MediGap), Medicare

Managed Care, prescription drug coverage and other health

insurance 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 (such as an HMO) is your best Medicare option. Here are some things to consider:

Your costs may be lower

A monthly premium and a fee, known as a copayment, each time you visit a doctor and, in some cases, the hospital, are all you typically pay if you use doctors that belong to the plan and follow the managed care plan's rules.

There may be additional benefits

Enrollment is fairly simple and you cannot be turned down because of your health status. (The exceptions are those people who have end-stage renal disease.) Full coverage begins on the first day of the month following your enrollment in a Medicare Managed Care Plan. Managed care plans may offer extra benefits like prescription drug coverage. 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. If you need to see a specialist, require lab work or 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 year, managed care plans decide whether to offer policies to Medicare beneficiaries for the following year. They may stop offering coverage in certain counties or stop participating in the Medicare Managed Care Program altogether. On January 1 of each year the managed care plan can change the benefits offered or the amount you pay to receive these benefits.

How do I enroll in a Medicare Managed Care Plan?

Medicare requires that you be enrolled in Medicare Parts A and B before you can enroll in a Medicare Managed Care Plan. Enrolling is simple: request an enrollment form from the managed care plan you choose, then complete and return the form to the plan.

With a few exceptions, managed care plans are required to accept new members regardless of their health status. However, some managed care plans may be limited in the number of new members they can enroll. Check with the managed care plan to see if it is still accepting new members.

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. If you join a managed care plan during this time, your coverage begins on January 1 of the next year.

What if I change my mind?

You may leave your plan at any time for any reason. You can change your managed care plan 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.

You can also leave your managed care plan and return to Original Medicare. To do so, write or call your plan, contact your local Social Security office, or call 1-800-MEDICARE (1-800-633-4227). APPRISE can also help you make this change, including reviewing Medigap options available to you.

Which managed care plans are available where I live?

Managed care plans offer their services to residents of specific counties. To see which plans are available to you, see the chart below.

	Aetna U.S. Healthcare "Golden Medicare"	AmeriChoice "Personal Care Plus"	Health Net "Wise Choice"	Health Partners "Senior Partners"	Independence Blue Cross "Personal Choice 65"	Keystone Health Plan East "Keystone 65"	United Healthcare "Evercare"
Bucks	✓				✓	✓	
Chester	✓				✓	✓	
Delaware	✓				✓	✓	
Montgomery	✓	✓			✓	✓	✓
Philadelphia	✓	✓	✓	✓	✓	✓	✓

This report covers all Medicare managed care options available at the time of publication. However, some companies may offer additional managed care options during 2003. Call the plans listed above for more information. Their telephone numbers are listed on page 29.

Comparing Costs & Benefits

This section provides an overview of the costs charged by each Medicare Managed Care Plan (such as an HMO), including additional monthly premiums and copayments. It also provides a summary of several optional benefits, including prescription drug benefits and dental, vision, and hearing services.



Other benefits offered by each plan include mental health, skilled nursing facility coverage, home health care services, durable medical equipment, 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 2003, the Medicare Part B premium will be \$58.70.

Information reported on pages 5 through 28 was provided by the Centers for Medicare and Medicaid Services (CMS). CMS is a federal agency within the Department of Health and Human Services. CMS runs the Medicare and Medicaid programs.

Additional Monthly Premiums

Company	Product	Service Area/Counties	Monthly Premium
Aetna U.S. Healthcare	Golden Choice	Bucks and Montgomery	\$130
	Golden Medicare - Option 1	Philadelphia	\$25
	Golden Medicare - Option 2	Philadelphia	\$45
	Golden Medicare	Philadelphia Suburban - (includes Bucks, Chester, Delaware, Montgomery)	\$95
AmeriChoice	Personal Care Plus	Montgomery (partial), Philadelphia	\$0
Health Net of PA	Wise Choice	Philadelphia	\$0
Health Partners	Senior Partners Gold	Philadelphia	\$60
	Senior Partners Silver	Philadelphia	\$0
Independence Blue Cross	Personal Choice 65 PPO	Southeastern PA - (includes Bucks, Chester, Delaware, Montgomery, Philadelphia)	\$179
Keystone Health Plan East	Keystone 65 - Standard*	Philadelphia	\$35
	Keystone 65 - Basic*	Philadelphia	\$0
	Keystone 65 - Generic*	Philadelphia	\$79
	Keystone 65 - Brand*	Philadelphia	\$124
	Keystone 65 - Standard*	Bucks, Chester, Delaware, Montgomery	\$94
	Keystone 65 - Generic*	Bucks, Chester, Delaware, Montgomery	\$138
	Keystone 65 - Brand*	Bucks, Chester, Delaware, Montgomery	\$183
United Healthcare	Evercare	Philadelphia, Montgomery	\$0

* For an additional \$25 monthly premium, you may add point-of-service coverage for certain services performed by providers outside of the Keystone Health Plan East network. For example, you would pay 20% of the cost for each stay in a non-network hospital. Contact Keystone Health Plan East for additional information.

Cost for Provider Services

Medicare Managed Care Plan	Counties	Cost to Member for:		
		A Visit to Your Primary Care Doctor*	A Routine Physical Exam**	A Visit to a Specialist***
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	\$10 to \$20	\$20	\$20 (for network providers)
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	\$25 to \$30	\$25	\$35
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	\$20 to \$25	\$20	\$30
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	\$25 to \$30	\$25	\$35
AmeriChoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	\$5	\$5	\$5
Health Net of PA "Wise Choice"	Philadelphia	No copayment	No copayment. You are covered for an unlimited number of exams	20% of the cost for each specialist visit for Medicare-covered services.
Health Partners "Senior Partners Gold"	Philadelphia	No copayment	No copayment	\$15
Health Partners "Senior Partners Silver"	Philadelphia	20% of the cost for each primary care doctor office visit	No coverage for routine physical exams	20% of the cost for each specialist visit for Medicare-covered services.
Independence Blue Cross "Personal Choice 65 Standard" PPO	Southeastern Pennsylvania	\$10	\$10	\$25 (for network providers)

* For services covered by Medicare

** Limit: one exam per year unless otherwise noted

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

Cost for Provider Services

Medicare Managed Care Plan	Counties	Cost to Member for:		
		A Visit to Your Primary Care Doctor*	A Routine Physical Exam**	A Visit to a Specialist***
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	\$10	\$10	\$15
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia			\$20
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia			\$20
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia			\$25
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery			\$15
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery			\$20
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery			\$25
United Healthcare "Evercare"	Philadelphia, Montgomery	\$15 copayment for services provided in a non-institutional setting. No copayment for services provided in an institutional setting.	\$10	\$25 copayment for services provided in a non-institutional setting. No copayment for services provided in an institutional setting.

* For services covered by Medicare

** Limit: one exam per year unless otherwise noted

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

Cost for Provider Services

Medicare Managed Care Plan	Counties	Cost to Member for:	
		In-Hospital Stay*	Outpatient Surgery**
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	\$350 per stay	No copayment
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	\$200 per day copayment for days 1-5 of a Medicare-covered stay in a network hospital.	\$50 copayment
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	\$150 per day copayment for days 1-5 of a Medicare-covered stay in a network hospital.	
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	\$150 per day copayment for days 1-5 of a Medicare-covered stay in a network hospital.	
AmeriChoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	No copayment	No copayment
Health Net of PA "Wise Choice"	Philadelphia	\$812 deductible. No copayment for days 1-60 of a Medicare-covered stay. For days 61-90 of a Medicare-covered stay you pay a \$203 per day copayment. You are covered for 90 days each benefit period.	No copayment for each visit to an ambulatory surgical center. 20% for each Medicare covered visit to an outpatient hospital facility.
Health Partners "Senior Partners Gold"	Philadelphia	No copayment	No copayment
Health Partners "Senior Partners Silver"	Philadelphia	\$840 deductible. No copayment for services in a network hospital.	20% of the cost for visit
Independence Blue Cross "Personal Choice 65 Standard"	Southeastern Pennsylvania	\$50 deductible for each Medicare-covered stay. \$50 per day copayment for days 1-8 of a Medicare covered stay in a network hospital. \$400 annual out-of-pocket maximum.	\$50
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	\$50 deductible for each Medicare covered stay. \$50 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$400 annual out-of-pocket maximum.	\$50

* 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.

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

Cost for Provider Services

Medicare Managed Care Plan	Counties	Cost to Member for:	
		In-Hospital Stay*	Outpatient Surgery**
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia	\$800 deductible. No copayment for inpatient hospital services in a network hospital. \$800 annual out-of-pocket maximum.	\$250
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia	\$75 deductible for each Medicare-covered stay in a network hospital. \$75 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$600 annual out-of-pocket maximum.	\$75
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia	\$100 deductible for each Medicare-covered stay in a network hospital. \$100 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$800 annual out-of-pocket maximum.	\$100
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery	\$50 deductible for each Medicare-covered stay in a network hospital. \$50 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$400 annual out-of-pocket maximum.	\$50
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery	\$75 deductible for each Medicare-covered stay in a network hospital. \$75 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$600 annual out-of-pocket maximum.	\$75
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery	\$100 deductible for each Medicare-covered stay in a network hospital. \$100 per day copayment for days 1-8 of a Medicare-covered stay in a network hospital. \$800 annual out-of-pocket maximum.	\$100
United Healthcare "Evercare"	Philadelphia, Montgomery	No copayment	\$25

* 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.

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



Prescription Drug Coverage

Medicare Managed Care Plan	Counties	Cost to Member	Formulary Drugs and Limits on Coverage
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	<u>From a pharmacy</u> (30 day supply) \$15 generic (formulary and non-formulary) <u>Mail order</u> (90 day supply) \$30 generic (formulary and non-formulary)	No individual limit for generic drugs (formulary and non-formulary). Call the plan for a copy of the formulary and details on prescription drug coverage.
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	No pharmacy benefit	No pharmacy benefit
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	<u>From a pharmacy</u> (30 day supply) \$10 generic (formulary and non-formulary) <u>Mail order</u> (90 day supply) \$20 generic (formulary and non-formulary)	No individual limit for generic drugs (formulary and non-formulary). Call the plan for a copy of the formulary and details on prescription drug coverage.
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	<u>From a pharmacy</u> (30 day supply) \$10 generic (formulary and non-formulary) <u>Mail order</u> (90 day supply) \$20 generic (formulary and non-formulary)	No individual limit for generic drugs (formulary and non-formulary). Call the plan for a copy of the formulary and details on prescription drug coverage.
AmeriChoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	No pharmacy benefit	No pharmacy benefit
Health Net of PA "Wise Choice"	Philadelphia	No pharmacy benefit	No pharmacy benefit

Prescription Drug Coverage

Medicare Managed Care Plan	Counties	Cost to Member	Formulary Drugs and Limits on Coverage
Health Partners "Senior Partners Gold"	Philadelphia	<p>No pharmacy benefit</p> <p><i>You may add prescription drug coverage for an additional \$20 monthly premium.</i></p> <p><i>Benefits include:</i></p> <p><i>From a pharmacy (30 day supply)</i> \$5 generic (formulary)</p> <p><i>Mail order (90 day supply)</i> \$10 generic (formulary)</p>	<p>No pharmacy benefit</p> <p><i>If you add prescription drug coverage there is a \$375 semi-annual limit.</i></p> <p><i>Call the plan for a copy of the formulary and details on prescription drug coverage.</i></p>
Health Partners "Senior Partners Silver"	Philadelphia	No pharmacy benefit	No pharmacy benefit
Independence Blue Cross "Personal Choice 65 Standard"	Southeastern Pennsylvania	<p><i>From a pharmacy (30 day supply)</i> \$15 generic (formulary and non-formulary)</p> <p><i>Mail order (90 day supply)</i> \$30 generic (formulary and non-formulary)</p> <p><i>You may add brand prescription drug coverage for an additional \$35 monthly premium. Benefits include:</i></p> <p><i>From a pharmacy (30 day supply)</i> \$20 brand (formulary) \$30 brand (non-formulary)</p> <p><i>Mail order (90 day supply)</i> \$40 brand (formulary) \$60 brand (non-formulary) \$500 annual maximum for brand prescription drugs.</p>	<p>There is no individual limit for generic drugs (formulary and non-formulary).</p> <p>Call the plan for a copy of the formulary and details on prescription drug coverage.</p>

Prescription Drug Coverage

Medicare Managed Care Plan	Counties	Cost to Member	Formulary Drugs and Limits on Coverage
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	No pharmacy benefit	No pharmacy benefit
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia		
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia	<p><u>From a pharmacy</u> (30 day supply) \$15 generic (formulary and non-formulary)</p> <p><u>Mail order</u> (90 day supply) \$30 generic (formulary and non-formulary)</p>	<p>\$1500 annual limit for generic drugs (formulary and non-formulary).</p> <p>Call the plan for a copy of the formulary and details on prescription drug coverage.</p>
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia	<p><u>From a pharmacy</u> (up to a 30 day supply)</p> <p><u>Formulary</u> \$15 generic \$20 brand</p> <p><u>Non-Formulary</u> \$15 generic \$30 brand</p> <p><u>Mail order</u> (90 day supply)</p> <p><u>Formulary</u> \$30 generic \$40 brand</p> <p><u>Non-Formulary</u> \$30 generic \$60 brand</p>	<p>\$600 semi-annual limit.</p> <p>Call the plan for a copy of the formulary and details on prescription drug coverage.</p>

Prescription Drug Coverage

Medicare Managed Care Plan	Counties	Cost to Member	Formulary Drugs and Limits on Coverage
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery	No pharmacy benefit	No pharmacy benefit
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery	<u>From a pharmacy</u> (30 day supply) \$15 generic (formulary and non- formulary) <u>Mail order</u> (90 day supply) \$30 generic (formulary and non- formulary)	\$1,500 annual maximum. Call the plan for a copy of the formulary and details on prescription drug coverage.
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery	<u>From a pharmacy</u> (30 day supply) <u>Formulary</u> \$15 generic \$20 brand <u>Non-Formulary</u> \$15 generic \$30 brand <u>Mail order</u> (90 day supply) <u>Formulary</u> \$30 generic \$40 brand <u>Non-Formulary</u> \$30 generic \$60 brand	\$600 semi-annual maximum. Call the plan for a copy of the formulary and details on prescription drug coverage.
United Healthcare "Evercare"	Philadelphia, Montgomery	No pharmacy benefit	No pharmacy benefit

Dental Services

Medicare Managed Care Plan	Counties	Coverage for Dental Services
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	No dental benefit
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	
AmeriChoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	No copayment for: oral exams, cleanings, fluoride treatment, and dental x-rays (two visits per year) \$500 allowance for comprehensive dental services every two years. Additional benefits are available. Call the plan for more information.
Health Net of PA "Wise Choice"	Philadelphia	\$3 copayment for oral exams (one visit every six months) No copayment for cleanings (one visit every six months), fluoride treatments (one visit every year) and dental x-rays. Additional benefits are available. Call the plan for more information.
Health Partners "Senior Partners Gold"	Philadelphia	No copayment for oral exams and cleanings (2 visits per year) \$200 allowance for comprehensive dental services every year. Additional benefits may be available. Call the plan for additional information.

Dental Services

Medicare

Managed Care Plan	Counties	Coverage for Dental Services
Health Partners "Senior Partners Silver"	Philadelphia	No dental benefit
Independence Blue Cross "Personal Choice 65 Standard"	Southeastern Pennsylvania	No dental benefit
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	\$10 copayment for oral exams (one visit every six months) No copayment for cleanings (one visit every six months)
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia	
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia	
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia	
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery	
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery	
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery	
United Healthcare "Evercare"	Philadelphia, Montgomery	



Vision Services

Cost to Member:

Medicare Managed Care Plan	Counties	Routine Eye Exam*	Medicare-Covered Exams**	Coverage for Glasses/Contacts
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	\$20	\$20	No copayment for one pair glasses/contacts after each cataract surgery. \$70 allowance for eyewear every two years.
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	No coverage for routine eye exams	\$35	No copayment for one pair glasses/contacts after each cataract surgery.
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	\$30	\$30	
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	\$35	\$35	
Americhoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	\$10	\$10	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every year. \$150 allowance for eyewear each year. Additional benefits are available.
Health Net of PA "Wise Choice"	Philadelphia	20% of the cost for each routine eye exam.	20% of the cost for each Medicare-covered eye exam.	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for glasses (one pair every two years).
Health Partners "Senior Partners Gold"	Philadelphia	No copayment. (one visit every two years)	No copayment	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every two years. Additional benefits are available.

* One per year unless otherwise noted

** For diagnosis and treatment of diseases/conditions of the eye

Vision Services

Cost to Member:

Medicare Managed Care Plan	Counties	Cost to Member:		Coverage for Glasses/Contacts
		Routine Eye Exam*	Medicare- Covered Exams**	
Health Partners "Senior Partners Silver"	Philadelphia	No copayment	No copayment	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every year. Additional benefits are available.
Independence Blue Cross "Personal Choice 65 Standard"	Southeastern Pennsylvania	No coverage for routine eye exams	\$25	No copayment for one pair glasses/contacts after each cataract surgery.
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	\$15 (one exam every two years)	\$15	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every two years. \$100 allowance for eyewear every two years. Additional benefits are available.
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia	\$20 (one exam every two years)	\$20	
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia	\$20 (one exam every two years)	\$20	
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia	\$25 (one exam every two years)	\$25	
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery	\$15 (one exam every two years)	\$15	
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery	\$20 (one exam every two years)	\$20	
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery	\$25 (one exam every two years)	\$25	
United Healthcare "Evercare"	Philadelphia, Montgomery	\$25	\$25	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for glasses (one pair). \$55 allowance for eyewear.

* One per year unless otherwise noted

** For diagnosis and treatment of diseases/conditions of the eye

Hearing Services

Medicare Managed Care Plan	Counties	Cost to Member:		Coverage for Hearing Aids
		Routine Hearing Exam*	Medicare- Covered Hearing Exam**	
Aetna U.S. Healthcare "Golden Choice"	Bucks, Montgomery	\$20	\$20	No coverage for hearing aids
Aetna U.S. Healthcare "Golden Medicare Plan – Option 1"	Philadelphia	No coverage for routine hearing tests	\$35	
Aetna U.S. Healthcare "Golden Medicare Plan – Option 2"	Philadelphia	\$30	\$30	
Aetna U.S. Healthcare "Golden Medicare Plan"	Philadelphia Suburban	\$35	\$35	No copayment for hearing aids. \$500 allowance for hearing aids every 3 years.
AmeriChoice "Personal Care Plus"	Philadelphia, Montgomery (partial)	\$5	\$5	No copayment for hearing aids. One aid every 3 years. \$5 copayment for each fitting evaluation (one every year) \$300 allowance for hearing aids every 3 years.
Health Net of PA "Wise Choice"	Philadelphia	No coverage for routine hearing exams	20% of the cost for each Medicare-covered hearing exam	No coverage for hearing aids
Health Partners "Senior Partners Gold"	Philadelphia	\$15	\$15	No copayment for hearing aids (one aid every 3 years) \$15 copayment for each fitting-evaluation (one fitting-evaluation every 3 years) \$500 allowance for hearing aids every 3 years.
Health Partners "Senior Partners Silver"	Philadelphia	No coverage for routine hearing tests	No copayment	No copayment for hearing aids. \$1,500 allowance for hearing aids every 3 years.
Independence Blue Cross "Personal Choice 65 Standard"	Southeastern Pennsylvania	No coverage for routine hearing tests	\$25	No coverage for hearing aids

* One exam per year unless otherwise noted

** Diagnostic hearing exam

Hearing Services

Medicare Managed Care Plan	Counties	Cost to Member:		Coverage for Hearing Aids
		Routine Hearing Exam*	Medicare-Covered Hearing Exam**	
Keystone Health Plan East "Keystone 65 Standard"	Philadelphia	\$15 (one test every 3 years)	\$15	No copayment for hearing aids (one aid every 3 years) \$15 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
Keystone Health Plan East "Keystone 65 Basic"	Philadelphia	\$20 (one test every 3 years)	\$20	No copayment for hearing aids (one aid every three years) \$20 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
Keystone Health Plan East "Keystone 65 Generic"	Philadelphia			
Keystone Health Plan East "Keystone 65 Brand"	Philadelphia	\$25 (one test every 3 years)	\$25	No copayment for hearing aids (one aid every 3 years) \$25 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
Keystone Health Plan East "Keystone 65 Standard"	Bucks, Chester, Delaware, Montgomery	\$15 (one test every 3 years)	\$15	No copayment for hearing aids (one aid every 3 years) \$15 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
Keystone Health Plan East "Keystone 65 Generic"	Bucks, Chester, Delaware, Montgomery	\$20 (one test every 3 years)	\$20	No copayment for hearing aids (one aid every 3 years) \$20 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
Keystone Health Plan East "Keystone 65 Brand"	Bucks, Chester, Delaware, Montgomery	\$25 (one test every 3 years)	\$25	No copayment for hearing aids (one aid every 3 years) \$25 copayment for each fitting/evaluation (one every 3 years) \$500 allowance for hearing aids every 3 years.
United Healthcare "Evercare"	Philadelphia, Montgomery	No copayment	No copayment	No coverage for hearing aids

* One exam per year unless otherwise noted

** Diagnostic hearing exam

Helping to Keep Members Healthy



Managed care plans (such as an HMO) cover services for prevention or early detection of health problems, usually at a small cost to the members.

The graphs on pages 20 and 21 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.

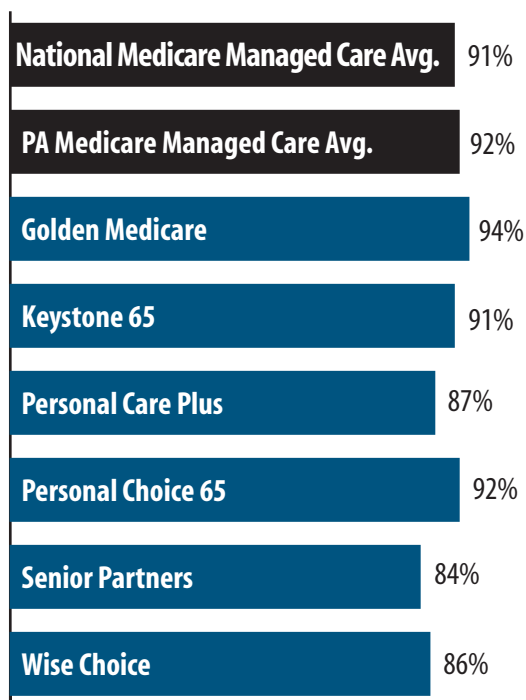
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Evercare because the plan was too new to provide data.

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 below shows the percentage of managed care plan members who were seen by a health care provider within the last year.

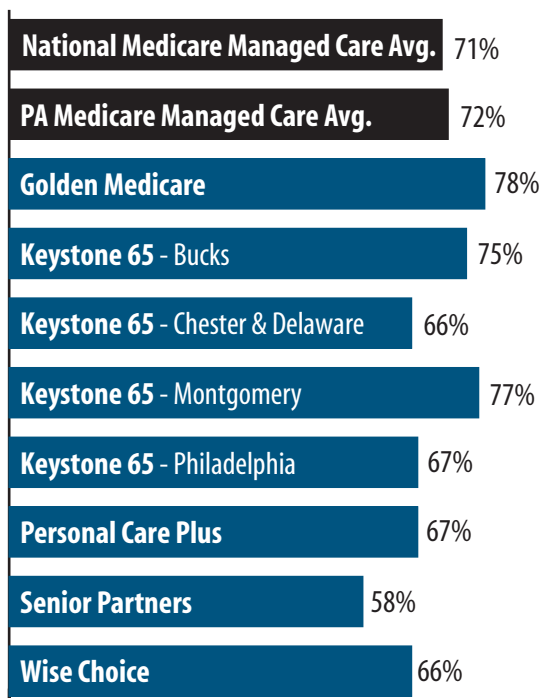
Percent of members seen by a health care provider within the past year



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 higher risk of having medical problems from the flu and should receive a flu shot annually.

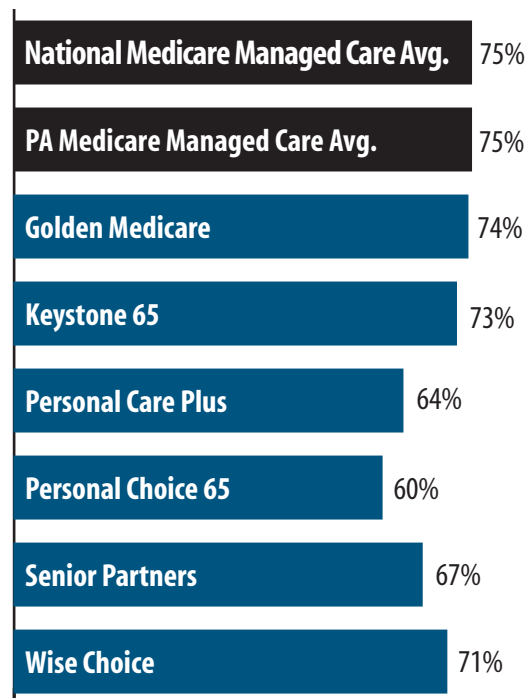
Percent of members over age 65 who received a flu shot last year



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 from calendar year 2000 and 2001

Managing On-Going Illnesses



The graphs on pages 22 and 23 show how well the managed care plans are helping their members with high blood pressure and diabetes manage their conditions.

Generally, managed care plans with a **higher percentage score** are doing a **better** job of providing services to manage these on-going illnesses.

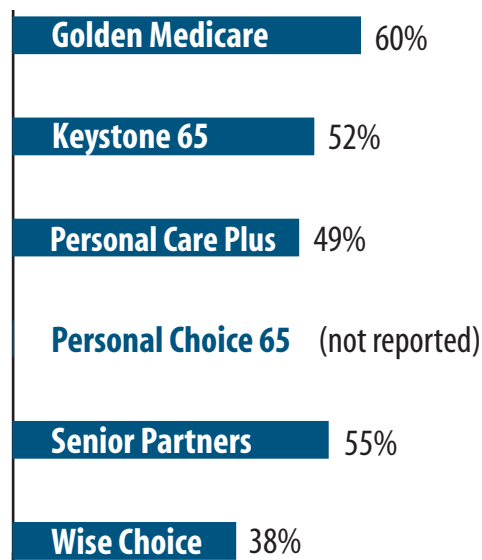
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Evercare because the plan was too new to provide data.

Controlling high blood pressure

Managed care plan members who have been diagnosed with hypertension (high blood pressure) should work with their doctor to control this problem. Controlled high blood pressure means a reading no higher than 140 over 90.

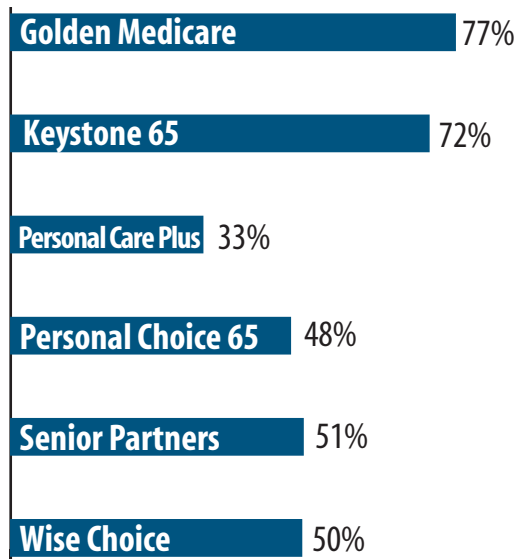
Percent of members diagnosed with hypertension whose blood pressure was under control



Annual eye exams for members with diabetes

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

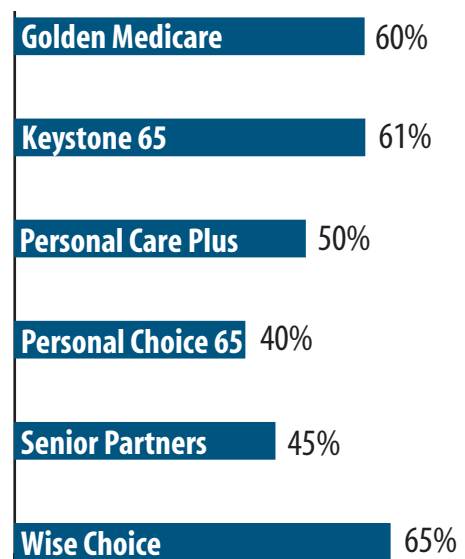
Percent of members with diabetes who received an eye exam within the past year



Monitoring kidney disease in members with diabetes

Kidney disease is another concern of members with diabetes. Careful monitoring for the presence of kidney disease helps avoid several serious complications that may accompany diabetes.

Percent of members with diabetes who were checked for the beginnings of kidney disease within the past year



Preventing Heart Disease



Heat disease is the greatest health risk for people over 65. The measures on pages 24 and 25 look at how well plans encourage the use of medication to prevent heart attacks and how well they monitor their members' cholesterol levels and take steps to lower cholesterol levels in those "at risk."

Generally, managed care plans with the **higher percentage scores** are doing a **better** job of preventing illness and helping their members stay healthy.

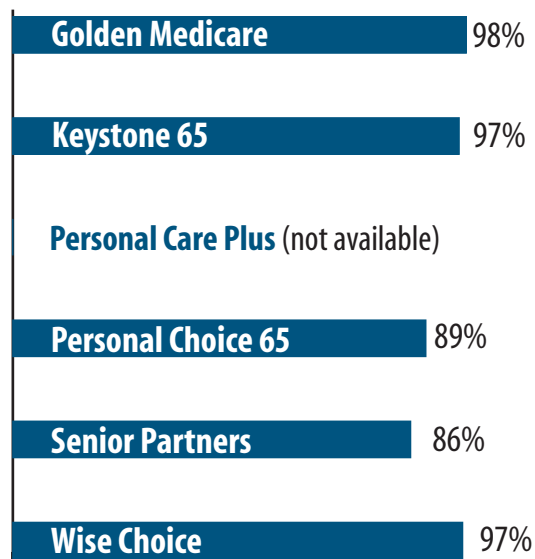
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Evercare because the plan was too new to provide data.

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.

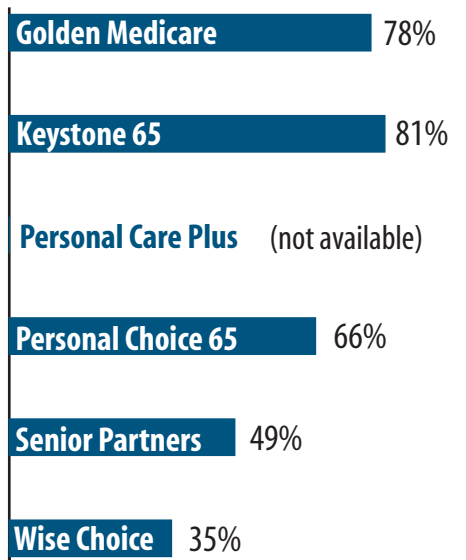
Percent of members who were prescribed beta blockers after a heart attack



Testing for “bad” cholesterol

The level of “bad” cholesterol (LDL-C) in the blood is the main cause of blocked arteries, which can lead to a heart attack. This graph shows the percentage of a managed care plan’s members who received a test to measure the level of bad cholesterol during 2001.

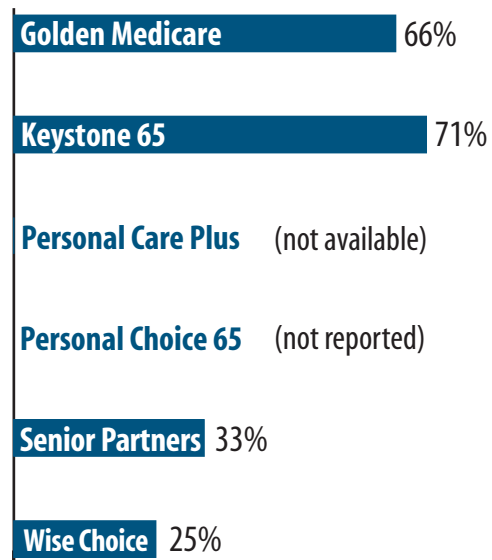
Percent of members tested for “bad” cholesterol



“Bad” cholesterol controlled

A “bad” cholesterol level of less than 130 mg/dL means there is a decreased risk of heart attack. This graph shows the percentage of the managed care plan’s members whose test showed a level of less than 130 mg/dL, so a higher percentage is a better result.

Percent of members whose “bad” cholesterol score is less than 130 mg/dL



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 2001. Independent research companies conduct the survey for each managed care plan.

No information is available in this section for Evercare because the plan was too new to provide data.

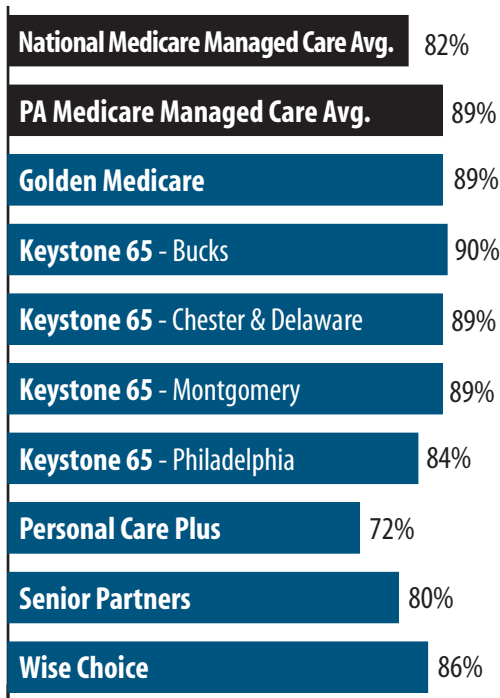
No problems getting care

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.

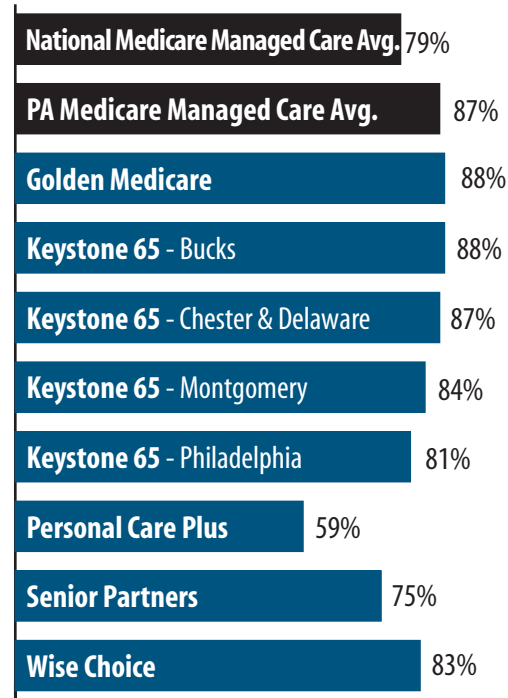
Getting a referral to a specialist

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

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



Percent of members who said it was not a problem to get a referral to a specialist

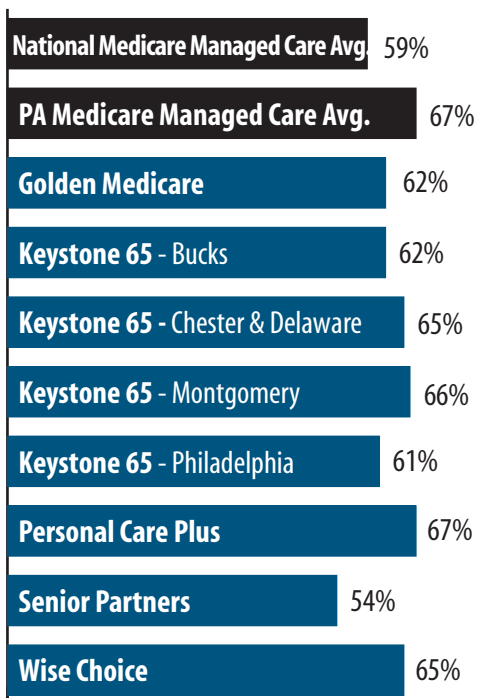


Member Satisfaction

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.

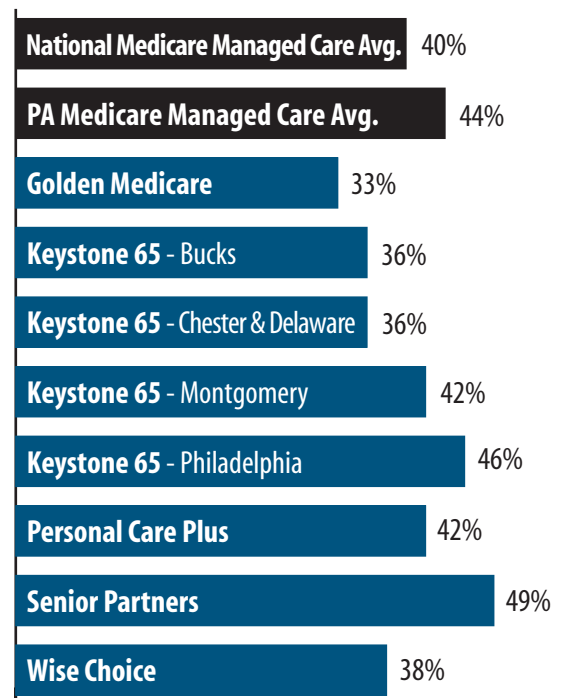
Percent of members who said they always got care when they needed, without long waits



Overall rating of plan

The graph below shows the percentage 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



Company Information

Medicare Managed Care Plan	NCQA* Accreditation Status	Medicare Enrollment as of January 2002	Toll-Free Telephone Number to Enroll	Web Site Address
Aetna U.S. Healthcare "Golden Medicare"	Excellent	40,121	1-800-832-2640	www.aetna.com/goldenmedicare
Americhoice "Personal Care Plus"	NA	3,608	1-800-692-9105	www.americhoice.com
United Healthcare "Evercare"	NA	New Plan	1-800-393-0993	Not available
Health Net of PA "Wise Choice"	Scheduled	7,249	1-800-747-1823	www.health.net
Independence Blue Cross "Personal Choice 65"	Full	19,311	1-877-393-6733	www.site65.com
Keystone Health Plan East "Keystone 65"	Excellent	138,457	1-877-393-6733	www.site65.com
Health Partners "Senior Partners"	NA	13,167	1-888-667-7367	www.healthpart.com

* National Committee for Quality Assurance (NCQA) is a non-profit agency that rates the overall quality of managed care plans. **Excellent** is the highest rating given to HMOs, while **Full** is the highest rating given to PPOs. Check www.ncqa.org for the latest status.

This report covers all Medicare managed care options available at the time of publication. However, some companies may offer additional managed care options during 2003. Call the plans listed above for more information.

Agencies Providing Information for Seniors

Agency	Telephone Number	Web Site
AARP Pennsylvania Advocacy group for older Americans	717-238-2277	www.aarp.org
Alzheimer's Association Information about programs and services	1-800-272-3900	www.alz.org
American Diabetes Association Support and information for persons with diabetes	1-800-DIABETES (1-800-342-2383)	www.diabetes.org
APPRISE Help with health insurance from the PA Department of Aging	1-800-783-7067	www.aging.state.pa.us
Legal Hotline for Older Americans A non-profit agency providing legal advice for seniors (AARP)	1-800-262-5297	
Medicare U.S. Government hotline for information about the Medicare program	1-800-633-4227	www.medicare.gov
Medicare Fraud and Abuse Hotline To report cases of abuse of the Medicare billing program	1-800-447-8477	
Office of Attorney General Health Care Unit Provides assistance to consumers on health care practices	1-877-888-4877	www.attorneygeneral.gov
Pennsylvania Dental Association Information on programs providing dental care for seniors	717-234-5941	www.padental.org
Pennsylvania Department of Public Welfare Help Line Financial assistance programs for low-income seniors	1-800-692-7462	
Social Security Administration	1-800-772-1213	www.ssa.gov
Veterans Affairs (Benefits information) Provides information and programs to military veterans	1-800-827-1000	

Prescription Drug Assistance

	Telephone Number	Web Site
Pharmaceutical Assistance (PACE) State program to provide financial assistance for seniors' prescription drugs	1-800-225-7223 Hearing impaired: 1-800-222-9004	www.aging.state.pa.us
Medical Assistance ACCESS Department of Public Welfare program for low income residents	1-800-269-0173	

The following pharmaceutical companies may offer discounted or free medications:

Eli Lilly & Co.	1-877-795-4559	www.lilly.com
Pfizer	1-800-717-6005	www.pfizer.com
GlaxoSmithKline	1-888-672-6436	www.gsk.com
Novartis	1-866-974-2273	www.novartis.com
Together Rx	1-800-865-7211	www.Togther-Rx.com

Medicare has additional information about programs that offer discounts or free medication. Visit the Medicare Web site, www.medicare.gov, and look under "Prescription Drug Assistance Programs" or call 1-800-MEDICARE.

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?

Pennsylvania Health Care Cost Containment Council

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Web site: www.phc4.org

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Fax: 717-783-6842

Web site: www.aging.state.pa.us

