

# Choosing a Medicare HMO

*A Guide for Older Pennsylvanians*

Allegheny • Armstrong • Beaver • Bedford • Blair • Butler • Cambria • Crawford • Erie  
Fayette • Greene • Indiana • Lawrence • Mercer • Somerset • Washington • Westmoreland



This guide is a joint effort of  
the Pennsylvania Health Care Cost Containment Council and the Pennsylvania Department of Aging  
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The information presented in this report was verified at the time of publication. However, pending legislation and/or future changes by HMOs could alter this information.

## What is the purpose of this booklet?

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If you are 65 or over, and thinking about joining a Medicare HMO or have already decided to do so, this booklet is for you!

This guide:

- provides information about HMOs and how they differ from your traditional Medicare coverage,
- compares the quality of services provided by different HMOs, and
- gives you guidance on who can answer any specific questions you have while making your decision.

## What is a Medicare HMO?

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A Medicare HMO is a private (non-government) insurance company that manages the health care of the members enrolled in their program. The United States pays these companies a fixed amount of money each month for each member. The company then helps pay for the medical care, both by doctors and hospitals, that the member needs during the time he or she is enrolled.

HMOs work to keep the cost of health care under control by coordinating care among different doctors, encouraging members to seek preventive services (such as tests and flu shots) and helping members manage on-going diseases (such as heart problems or diabetes). HMOs also provide or support educational programs and guidelines for treatment.

# Is an HMO right for me?

Only you and your family can determine if an HMO is your best Medicare option. Here are some things to consider:

## **Your costs may be lower**

A monthly premium and charge 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 HMO'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 kidney failure. Full coverage begins on the date of your enrollment in a Medicare HMO.

## **Need for a referral**

In an HMO, 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, your primary care doctor will give you a referral. If you do not get this referral, the HMO may not pay for the cost of the service. You may consider purchasing an additional benefit known as a "point-of-service option" from those plans that offer one. For an additional monthly premium, this option gives you more freedom to see specialists without the need for a referral.

## **Possible loss of HMO coverage**

Each year, the HMO decides 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 HMO program altogether. The HMO can change which benefits are offered or the amount you pay to receive these benefits.

## **How do I enroll in a Medicare HMO?**

Medicare requires that you be enrolled in Medicare Parts A and B before you can enroll in a Medicare HMO. Enrollment is simple: request an enrollment form from the HMO you choose, then complete and return the form.

With a few exceptions, HMOs are required to accept new members regardless of their health status. However, some HMOs may be limited in the number of new members they can enroll. Check with the HMO to see if it is still accepting new members, then enroll as soon as possible.

## **What is different for 2002?**

Beginning this year, enrollees must choose an HMO during the annual enrollment period, which is November and December of 2001. *You may change plans only one time during 2002, and that change must take place during the first six months of the year.* To leave an HMO you may either notify the HMO in writing or complete a form at your local Social Security Office.

# Which HMOs are available where I live?

HMOs offer their services to residents of specific counties. This list shows the plans currently available in your county, as well as the name of that company's Medicare HMO.

If your county is not listed, no Medicare HMO is currently available to you.

County	HMOs
<b>Allegheny</b>	Aetna U.S. Healthcare Golden Medicare Plan HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Armstrong</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Beaver</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Bedford</b>	Keystone Health Plan West Security Blue UPMC Health Plan
<b>Blair</b>	Geisinger Gold Keystone Health Plan West Security Blue UPMC Health Plan
<b>Butler</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Cambria</b>	Geisinger Gold Keystone Health Plan West Security Blue UPMC Health Plan
<b>Crawford</b>	Keystone Health Plan West Security Blue
<b>Erie</b>	Keystone Health Plan West Security Blue

County	HMOs
<b>Fayette</b>	Aetna U.S. Healthcare Golden Medicare Plan HealthAmerica Advantra Keystone Health Plan West Security Blue UPMC Health Plan
<b>Greene</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Indiana</b>	Keystone Health Plan West Security Blue
<b>Lawrence</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue UPMC Health Plan
<b>Mercer</b>	Keystone Health Plan West Security Blue UPMC Health Plan
<b>Somerset</b>	Keystone Health Plan West Security Blue UPMC Health Plan
<b>Washington</b>	HealthAmerica Advantra Keystone Health Plan West Security Blue
<b>Westmoreland</b>	Aetna U.S. Healthcare Golden Medicare Plan HealthAmerica Advantra Keystone Health Plan West Security Blue

# Comparing the Quality of Medicare HMOs

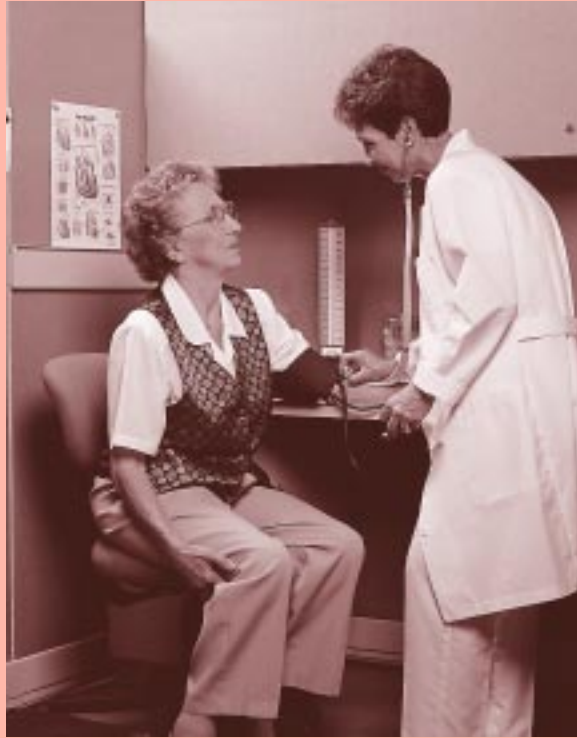


**T**his section of the report provides information to help you choose between those plans available where you live. It will help you evaluate how well the HMOs:

- help their members stay well,
- help their members control diseases such as diabetes or heart problems, and
- ensure that members are provided care to deal with injuries and illness.

This section also includes responses to a survey of HMO members that indicates how satisfied the members are with their HMOs.

# Preventing Illness



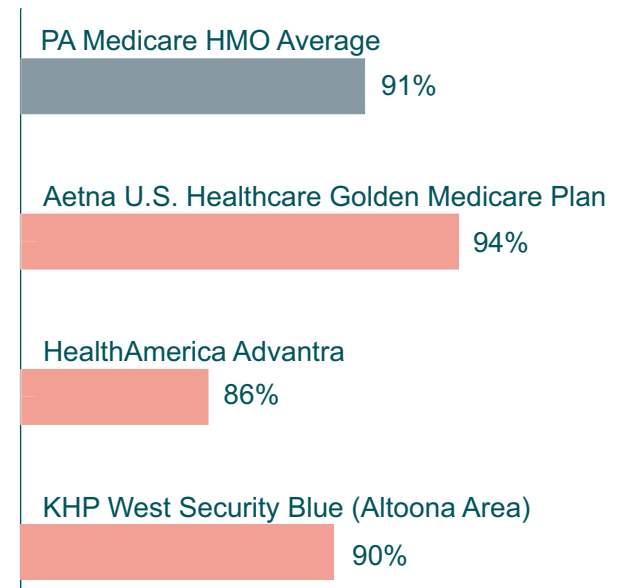
Information reported on pages 6 through 23 was provided by the Federal government. All information in this report is for calendar year 2000, with one footnoted exception.

No information is included in this section for UPMC because that HMO was new in 2000.

## 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 HMO 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 \*



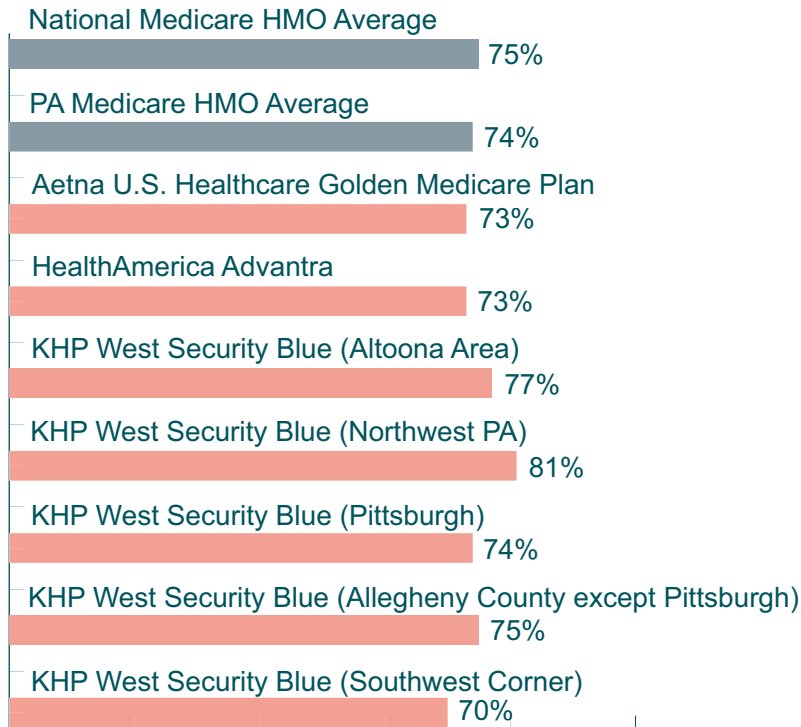
\* These data are for calendar year 1999.

Generally speaking, the higher the percentage, the better the result.

## Flu Shots

The flu is a highly contagious respiratory infection. Nationwide, over 40,000 people die from the flu every year. People over 65 are at higher risk of having medical problems from the flu and should get a flu shot.

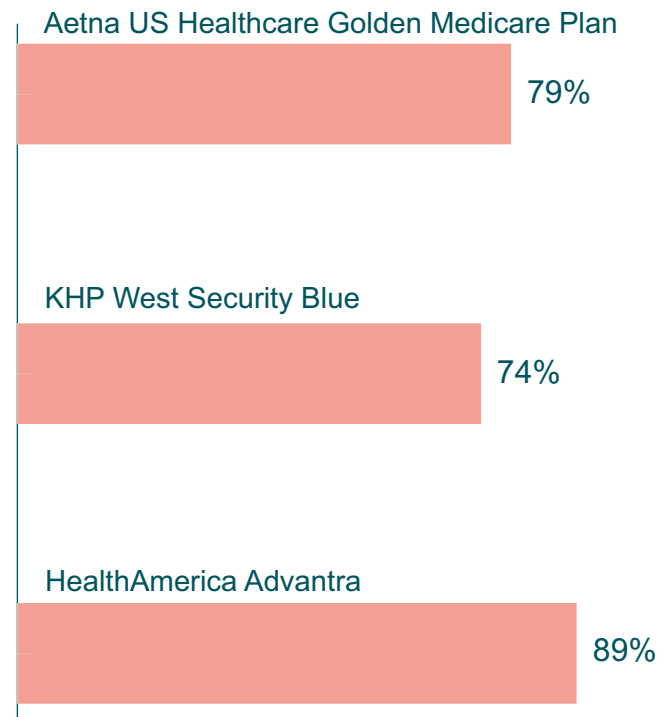
### Percent of members over age 65 who received a flu shot last year



## 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



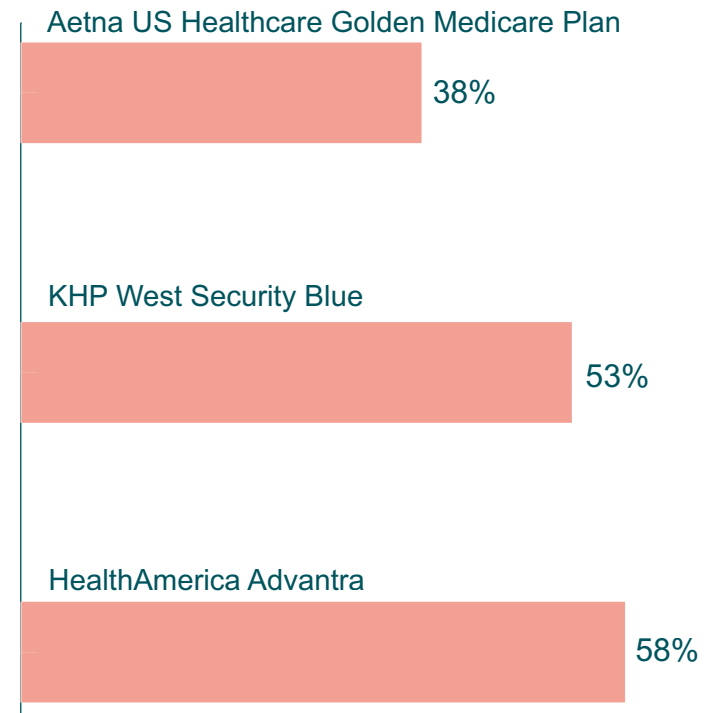
# Managing On-going Illnesses



## *Control of High Blood Pressure*

HMO 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 high blood pressure whose blood pressure is controlled**





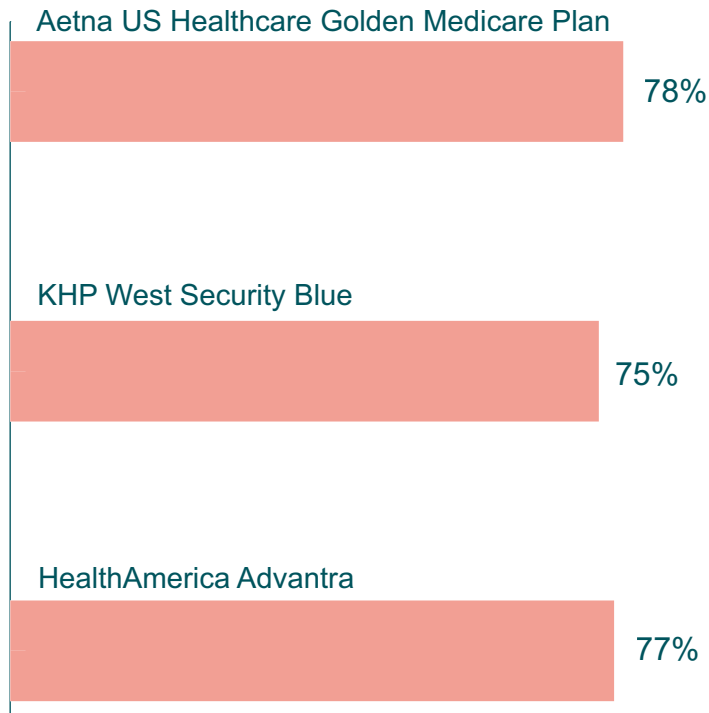
Generally speaking, the higher the percentage, the better the result.

## DIABETES

### *Annual Eye Exams*

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

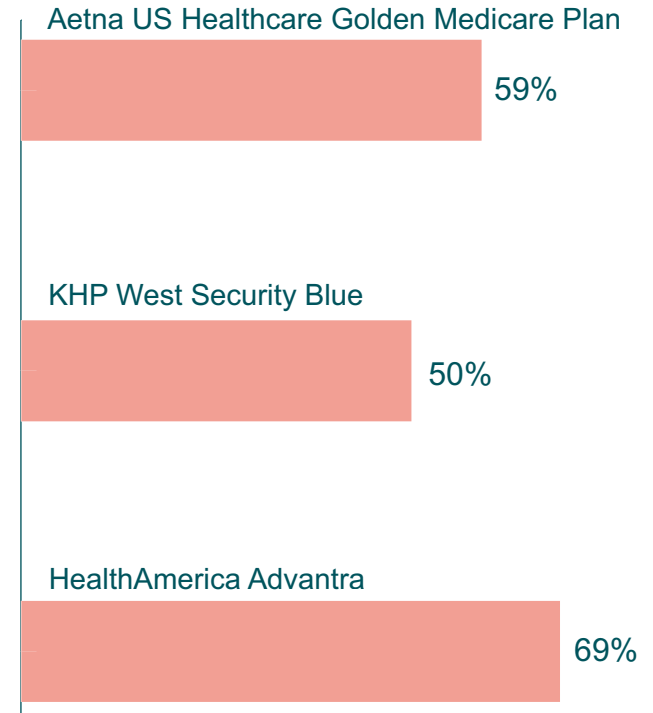
**Percent of members with diabetes who received an eye exam within the past year**



### *Monitoring Kidney Disease*

Kidney disease is another concern of HMO 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**



# Acute Care

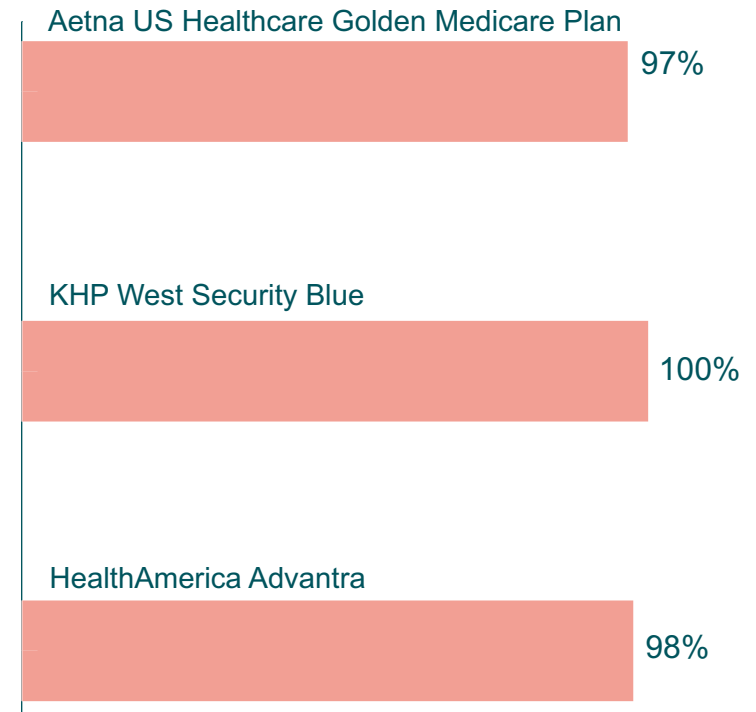


## HEART ATTACK

### *Use of Beta Blockers*

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**

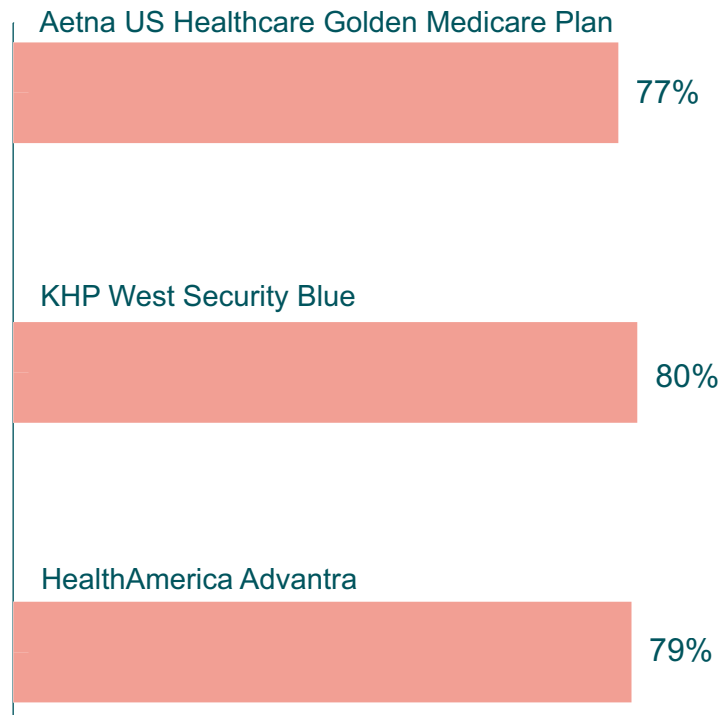


Generally speaking, the higher the percentage, the better the result.

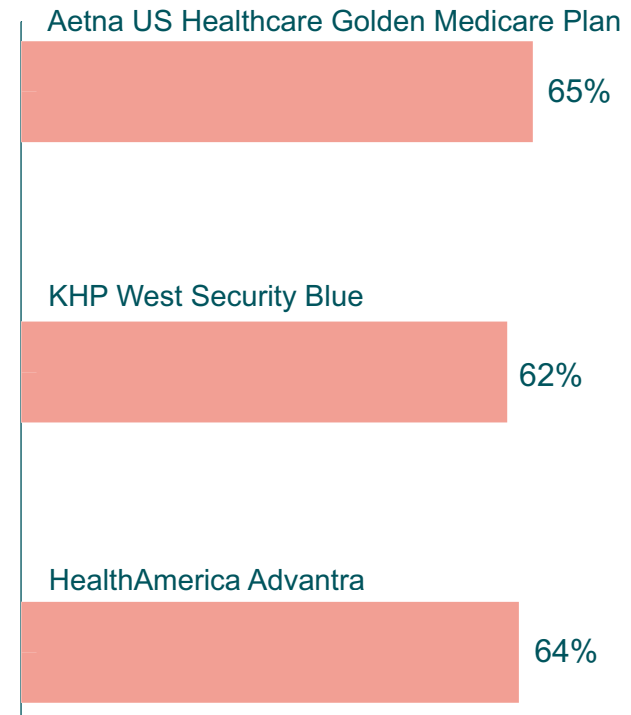
## Testing for “Bad” Cholesterol

The level of cholesterol in the blood is directly related to developing heart disease and blocked arteries, which can lead to a heart attack. “Bad” cholesterol is the main cause of this clogging. The first graph shows the percentage of an HMO’s members who received a test to measure the level of bad cholesterol during the year 2000. The second graph shows the percentage of the HMO’s members whose test showed a bad cholesterol level of less than 130 mg/dL. Any level less than 130 mg/dL decreases the risk to the person, so a higher percentage is a better result.

Percent of members tested for “bad” cholesterol



Percent of members who had a “bad” cholesterol score of less than 130 mg/dL

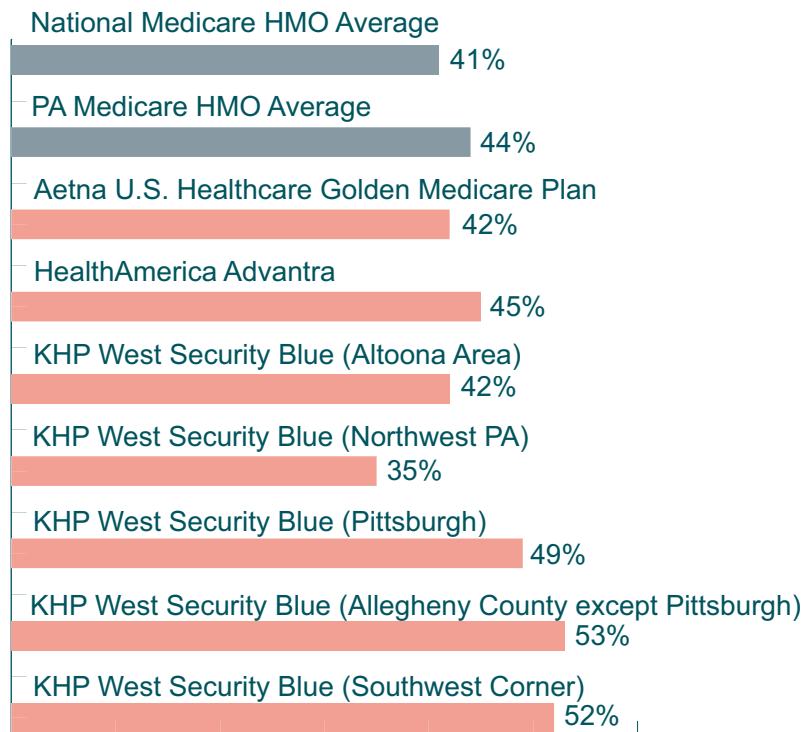


# Member Satisfaction

## Overall Rating of Plan

The graph below shows the percentage of members who rated their own Medicare HMO 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).

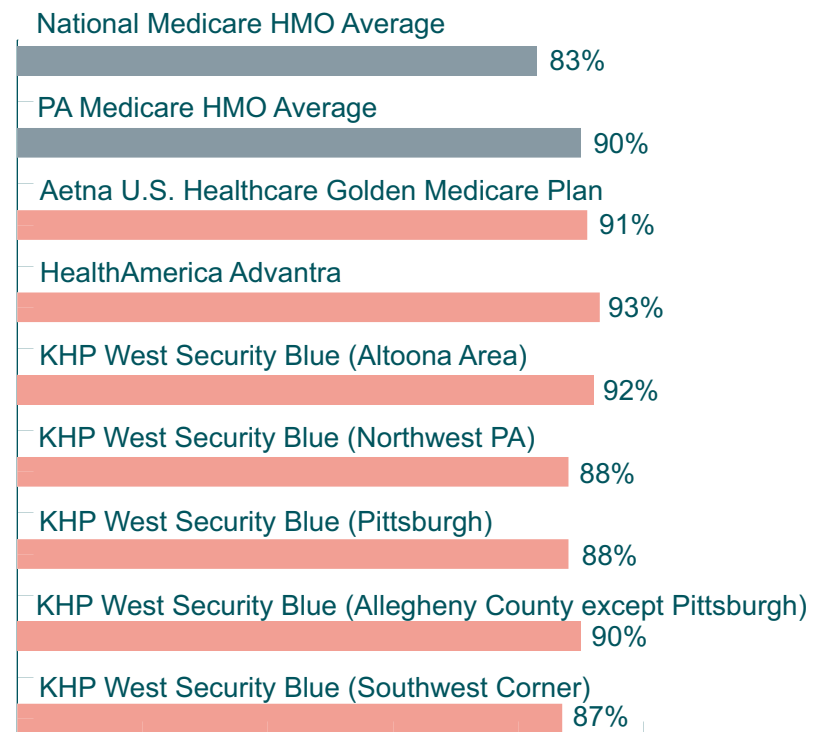
### Percent of members who rated their own Medicare HMO as the best possible health plan



## Getting a Referral to a Specialist

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

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

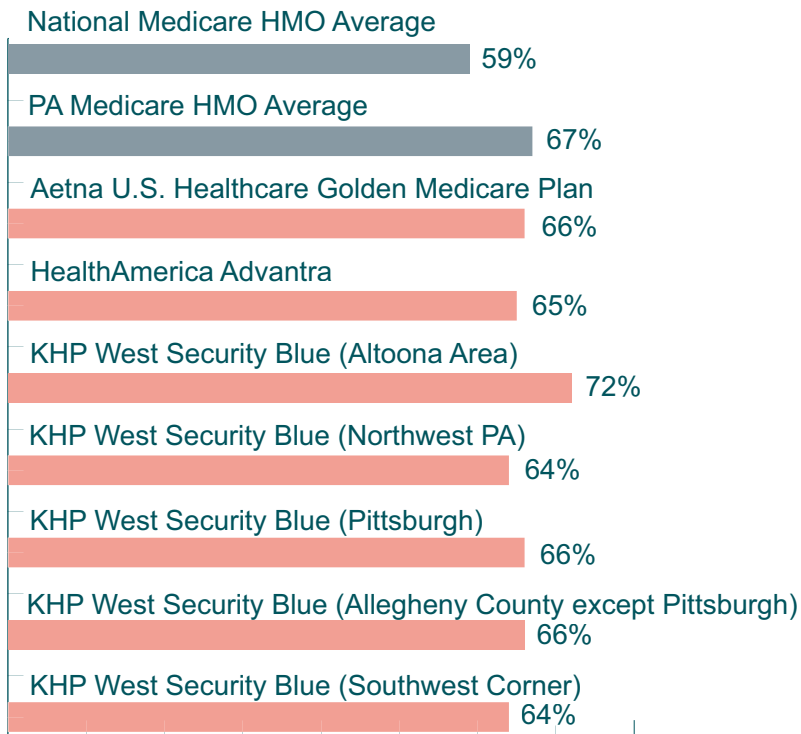


Generally speaking, the higher the percentage, the better the result.

## Getting Care Quickly

Members were asked how often, in the past 6 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.

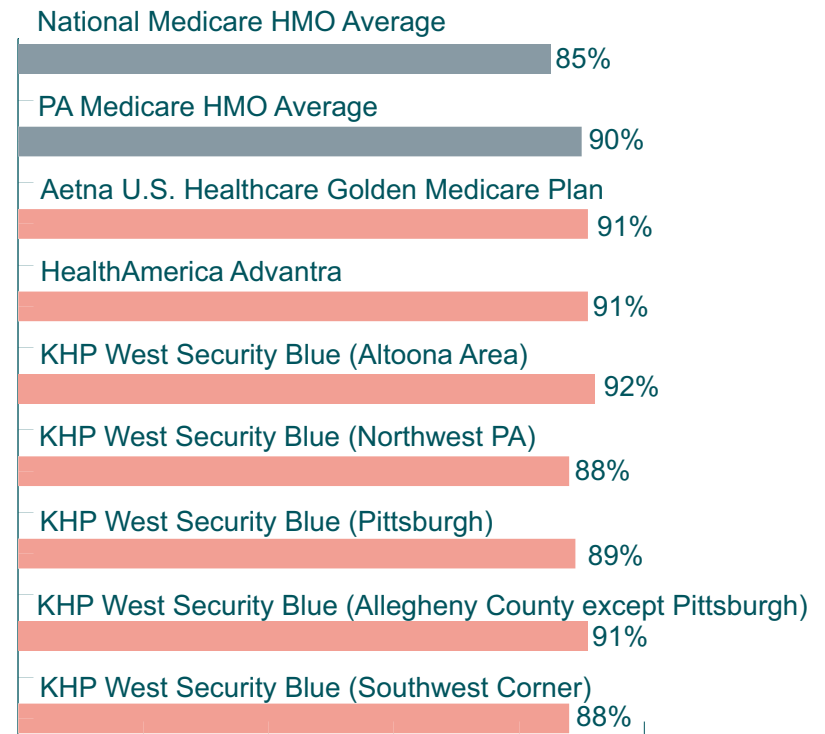
### Percent of members who said they always got care when they needed it, without long waits



## No Problems Getting Care

Plan members were asked if they had any problems in the past 6 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



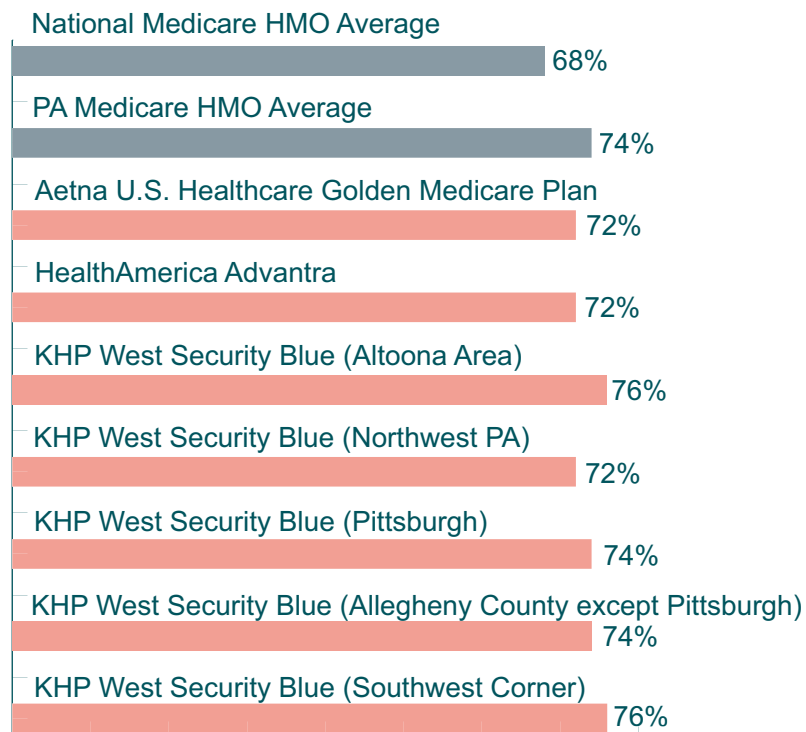
# Member Satisfaction

Generally speaking, the higher the percentage, the better the result.

## Communication with Doctors

Members answered survey questions that asked them how often, in the last 6 months, doctors in their HMO listened carefully, explained things in a way they could understand, showed respect for what they had to say and spent enough time with them.

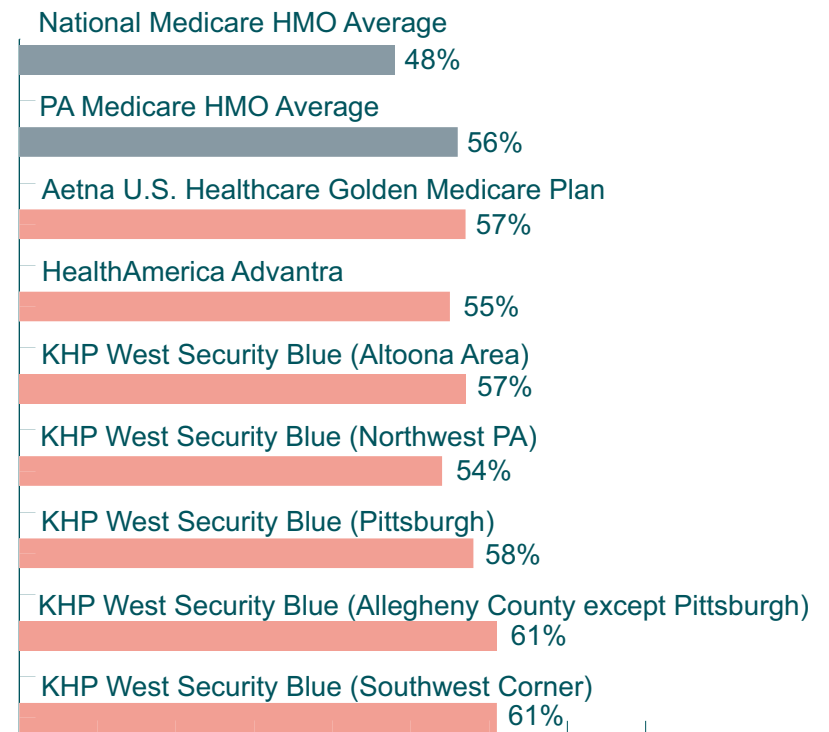
### Percent of members who said their doctors in their Medicare HMO always communicated well



## Receiving the Best Possible Care

HMO members rated the health care they received in the past 6 months. The graph below shows the percentage of members who gave their personal health care a score of 10 on a scale of 0 (the worst care) to 10 (the best possible care).

### Percent of members who rated their own care as the best possible care



# Comparing Costs and Benefits of Medicare HMOs



**T**his section provides an overview of Medicare HMO costs and benefits. Contact the HMOs for more detail about the information contained in this section.

For each of the HMOs listed, you still pay the Medicare Part B premium in addition to any premium charged by the plan. For the Year 2002, the Medicare Part B premium will be \$54.

# What is the cost to you?

	Aetna U.S. Healthcare Golden Medicare Plan	HealthAmerica Advantra			
		Allegheny	Fayette, Greene, Lawrence, Westmoreland	Armstrong, Beaver, Butler	Washington
<b>Additional Monthly Premium</b>	\$87	\$35	\$19.95	\$23	\$104
<b>Primary Care Doctor Co-Payment</b>	You pay a \$15 to \$20 co-payment for each visit to your primary care doctor for Medicare-covered services.	You pay \$10 for each office visit for Medicare-covered services.		You pay \$20 for each office visit for Medicare-covered services.	
<b>Specialist Visit Co-Payment</b>	You pay a \$15 co-payment for each visit to a specialist IF your primary care doctor referred you to that specialist.	You pay a \$15 co-payment for each visit to a specialist IF your primary care doctor referred you to that specialist.		You pay a \$20 co-payment for each visit to a specialist IF your primary care doctor referred you to that specialist.	
<b>Routine Physical Exam</b>	You pay a \$15 co-payment with a limit of one exam per year.	You pay a \$10 co-payment with a limit of one exam per year.		You pay a \$20 co-payment with a limit of one exam per year.	
<b>In Hospital Care</b>	You pay \$150 for each Medicare-covered stay in a network hospital. You are covered for unlimited days each benefit period.	You pay \$50 for each Medicare-covered stay in a network hospital. You are covered for unlimited days each benefit period.		You pay \$200 for each Medicare-covered stay in a network hospital. You are covered for unlimited days each benefit period.	
<b>Outpatient Surgery</b>	There is no co-payment for a Medicare-covered visit to an ambulatory surgery center. You pay \$15 for each Medicare-covered visit to an outpatient hospital facility.	There is no co-payment for a Medicare-covered visit to an ambulatory surgery center or to an outpatient hospital facility.			



	Geisinger Health Plan Gold	Keystone Health Plan West Security Blue						
		Direct Plan			Basic Plan			
	Blair, Cambria	Bedford, Blair, Somerset	Erie	South-western PA*	Bedford, Blair, Somerset	Crawford, Mercer	Erie	South-western PA*
<b>Additional Monthly Premium</b>	\$60	\$95	\$110	\$90	\$35	\$99	\$50	\$12
<b>Primary Care Doctor Co-Payment</b>	You pay a \$5 co-payment for each visit to your primary care doctor's office.	You pay a \$10 co-payment for each visit to your primary care doctor's office.						
<b>Specialist Visit Co-Payment</b>	You pay a \$5 co-payment for each visit to a specialist IF your primary care doctor referred you to that specialist.	You pay a \$30 co-payment for each visit to a specialist. You do NOT need a referral to see a specialist for covered outpatient services.			You pay a \$20 co-payment for each visit to a specialist IF your primary care doctor referred you to that specialist.			
<b>Routine Physical Exam</b>	You pay a \$5 co-payment for a physical exam with a limit of one exam per year.	You pay a \$10 co-payment for a physical exam with a limit of one exam per year.						
<b>In Hospital Care</b>	There is no co-payment for hospital services as long as you go to a hospital in the HMO's network. You are covered for unlimited days each benefit period.	You pay \$100 for each Medicare-covered stay in a network hospital. You are covered for unlimited days in each benefit period. There is a maximum cost to you of \$500 per year.						
<b>Outpatient Surgery</b>	There is no co-payment for each Medicare-covered visit to an ambulatory surgery center or to an outpatient hospital facility.	You pay \$25 for a visit to an ambulatory surgery center or to an outpatient hospital facility.						

\* Southwestern PA includes Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland.

# What is the cost to you?

	UPMC Health Plan				
	Deluxe Plan		Standard Plan		
	Bedford, Blair, Cambria, Fayette, Lawrence, Somerset	Mercer	Bedford, Blair, Somerset	Cambria, Fayette, Lawrence	Mercer
<b>Additional Monthly Premium</b>	\$45	\$69	\$19	\$0	\$39
<b>Primary Care Doctor Co-Payment</b>	You pay a \$10 co-payment for each visit to your primary care doctor for Medicare-covered services.				
<b>Specialist Visit Co-Payment</b>	You pay \$15 for each visit to a specialist for Medicare-covered services. You do NOT need a referral to see a specialist.				
<b>Routine Physical Exam</b>	There is no co-payment for routine exams. You are allowed one exam per year.				
<b>In Hospital Care</b>	There is no co-payment for a stay in a network hospital for Medicare-covered services. You are covered for unlimited days each benefit period.				
<b>Outpatient Surgery</b>	You pay \$15 for Medicare-covered services at an ambulatory surgery center. There is no co-payment for a visit to an outpatient hospital facility.				

# ■ Comparing Benefits



Note: This section includes several major benefits offered by the HMOs. All HMOs offer additional benefits such as chiropractic, podiatry, mental health, skilled nursing facility and home health care services. Check with each HMO or the Medicare Web site ([www.medicare.gov](http://www.medicare.gov)) for a complete list of benefits and what your costs will be.

# Comparing Benefits

Aetna U.S. Healthcare Golden Medicare Plan	Geisinger Health Plan Gold	HealthAmerica Advantra	
		Armstrong, Beaver, Butler, Washington	Allegheny, Fayette, Greene, Lawrence, Westmoreland
<b>PHARMACY BENEFITS</b>			
No pharmacy benefit.	No pharmacy benefit.	No pharmacy benefit.	<p>There is a \$500 annual limit on all drugs on formulary.</p> <p><b>Drug Co-payments</b></p> <p><b>31-day supply:</b> Generic: \$10 Brand: \$20</p> <p><b>90-day mail order supply:</b> Generic: \$20 Brand: \$40</p> <p>Drugs not on formulary may be covered if medically necessary.</p> <p>Contact HMO for more information and for a copy of the formulary.</p>

Keystone Health Plan West Security Blue				UPMC Health Plan			
Direct Plan		Basic Plan		Deluxe Plan			Standard Plan
Bedford, Blair, Erie, Somerset	Southwestern PA*	Bedford, Blair, Crawford, Erie, Mercer, Somerset	Southwestern PA*	Bedford, Blair, Somerset	Cambria, Fayette, Lawrence	Mercer	Bedford, Blair, Cambria, Fayette, Lawrence, Mercer, Somerset
<b>PHARMACY BENEFITS</b>							
There is a \$150 per quarter limit on all drugs on formulary.	There is a \$350 per quarter limit on all drugs on formulary.	Pharmacy benefit packages available for an additional premium:  <b>Standard Option:</b> for an additional \$35 per month (\$53 in Southwestern PA*), you get prescription drug coverage with the same co-payments and limits as the Direct Plan.  <b>Deluxe Option:</b> for an additional \$43 per month (\$61 in Southwestern PA*), you get prescription drug coverage with the same co-payments and limits as the Direct Plan and other outpatient benefits such as chiropractic services, podiatry coverage, and dental coverage not provided under the Direct Plan.  Contact HMO for specifics of these benefit packages.		\$150 per quarter coverage limit for drugs on formulary.	\$350 per quarter coverage limit for drugs on formulary.	\$150 per quarter coverage limit for drugs on formulary.	No pharmacy benefit.
<b>Drug Co-Payments</b>				No coverage for drugs not on formulary.			
<b>30-day supply:</b> Generic: \$12 Preferred brand: \$20 Brand: \$30  <b>90-day mail order supply:</b> Generic: \$24 Preferred brand: \$40 Brand: \$60  Drugs not on formulary may be covered if medically necessary.  Contact HMO for more information and for a copy of the formulary.				<b>Drug Co-Payments</b>			
				<b>30-day supply:</b> Formulary generic: \$10 Formulary preferred brand: \$15 Formulary brand: \$15  <b>90-day mail order supply:</b> Formulary generic: \$20 Formulary preferred brand: \$30 Formulary brand: \$30  Contact HMO for more details and a copy of the formulary.			

\* Southwestern PA includes Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland.

# Comparing Benefits

Aetna U.S. Healthcare Golden Medicare Plan	Geisinger Health Plan Gold	HealthAmerica Advantra	
		Armstrong, Beaver, Butler, Washington	Allegheny, Fayette, Greene, Lawrence, Westmoreland
<b>VISION SERVICES</b>			
<p>Routine eye exams: You pay \$15 (1 allowed per year).</p> <p>Medicare-covered exam (for diagnosis and treatment of eye disease): You pay \$15.</p> <p>No co-payment for one pair glasses/contacts after each cataract surgery.</p> <p>The HMO pays for up to \$70 for eyewear every 2 years.</p>	<p>Routine eye exam: No co-payment (1 allowed per year).</p> <p>Medicare-covered exam (for diagnosis and treatment of eye disease): No co-payment.</p> <p>HMO pays for one pair glasses/contacts after each cataract surgery with no co-payment. Up to \$150 covered for eyewear with no co-payment for one pair glasses or one pair contacts.</p>	<p>Routine eye exams: You pay \$20 (limit to 1 per year).</p> <p>Medicare-covered exam (for diagnosis and treatment of eye disease): You pay \$20.</p> <p>No co-payment for one pair glasses/contacts after each cataract surgery.</p>	<p>Routine eye exams: You pay \$15 (limit to 1 per year).</p> <p>Medicare-covered exam (for diagnosis and treatment of eye disease): You pay \$15.</p> <p>No co-payment for one pair glasses/contacts after each cataract surgery.</p> <p>The HMO pays for up to \$150 every two years for eyewear.</p>
<b>DENTAL SERVICES</b>			
No dental coverage.	No dental coverage.	No dental coverage.	
<b>HEARING SERVICES</b>			
<p>Medicare-covered hearing exam: You pay \$15.</p> <p>Routine hearing exam (with a limit of one per year): You pay \$15.</p> <p>The HMO provides a \$500 allowance for hearing aids every 3 years with no co-payment for hearing aids or for fitting of hearing aids.</p>	<p>Medicare-covered hearing exam: No co-payment.</p> <p>Routine hearing exam (with a limit of one per year): No co-payment.</p> <p>Fitting of hearing aid: no co-payment (with one visit allowed).</p> <p>HMO gives a \$400 allowance for hearing aids with no co-payment.</p>	<p>Medicare-covered hearing exam: You pay \$20</p> <p>Routine hearing exam (with a limit of one per year): You pay \$20.</p> <p>You pay 100% for hearing aids.</p>	<p>Medicare-covered hearing exam: You pay \$15.</p> <p>Routine hearing exam (with a limit of one per year): You pay \$15.</p> <p>The HMO provides a \$500 allowance for hearing aids every 3 years with no co-payment.</p>

Keystone Health Plan West Security Blue				UPMC Health Plan			
Direct Plan		Basic Plan		Deluxe Plan			Standard Plan
Bedford, Blair, Erie, Somerset	Southwestern PA*	Bedford, Blair, Crawford, Erie, Mercer, Somerset	Southwestern PA*	Bedford, Blair, Somerset	Cambria, Fayette, Lawrence	Mercer	Bedford, Blair, Cambria, Fayette, Lawrence, Mercer, Somerset
<b>VISION SERVICES</b>							
<p>Routine eye exams: You pay \$20 (limit to 1 per year).</p> <p>Medicare-covered exam (for diagnosis and treatment of eye disease): You pay \$20.</p> <p>No co-payment for one pair glasses/contacts after each cataract surgery.</p> <p>No co-payment for one pair contacts, one pair lenses, and one pair frames every 2 years.</p> <p>The HMO pays for up to \$60 in eyewear every 2 years.</p>				<p>Medicare-covered eye exam (for diagnosis of eye disease): You pay \$15.</p> <p>Routine eye exam: You pay \$20 (1 exam every 2 years).</p> <p>No co-payments for the following items: one pair glasses/contacts after cataract surgery; 1 pair of glasses and one pair of contacts every two years.</p>			
<b>DENTAL SERVICES</b>							
No dental coverage.				You pay \$20 for a visit to the dentist which includes the following services: oral exams and cleanings.			
<b>HEARING SERVICES</b>							
<p>Medicare-covered hearing exam: You pay \$30.</p> <p>Routine hearing exam (with a limit of one per year): You pay \$30.</p> <p>The HMO provides a \$500 allowance for hearing aids every 3 years with no co-payment for hearing aids.</p>				<p>Medicare-covered hearing exam: You pay \$15.</p> <p>Routine hearing test (1 per year): You pay \$15.</p> <p>Fitting of hearing aid: You pay \$15 (one fitting every three years).</p> <p>The HMO provides up to \$500 every 3 years for hearing aids with no co-payment.</p>			

\* Southwestern PA includes Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland.

# Company Profiles

	Medicare Enrollment January 2001	Percent Change in Enrollment from January 2000	Percent of Appeals Settled in Favor of Member	NCQA Accreditation Status
<b>Aetna U.S. Healthcare *</b>	108,599	-19.1%	10.6%	Excellent
<b>Geisinger Health Plan *</b>	36,698	-21.3%	8.8%	Not Accredited
<b>HealthAmerica*</b>	21,990	8.0%	7.3%	Excellent
<b>Keystone Health Plan West</b>	156,977	6.6%	9.2%	Excellent
<b>UPMC Health Plan</b>	99	Too new	Too new	Not Accredited
<i>* Enrollment listed for Aetna U.S. Healthcare, Geisinger and HealthAmerica is statewide.</i>	This is the total number of members in each Medicare HMO as of January 31, 2001.	This is the change in each HMO's enrollment from the previous year.	This figure shows the percentage of appeals for denial of care or payment that were decided in favor of the member who filed the appeal.	National Committee for Quality Assurance (NCQA) is a non-profit agency that rates the overall quality of HMOs. <b>Excellent</b> is the highest rating given to HMOs. Check <a href="http://www.ncqa.org">www.ncqa.org</a> for the latest status.



# ● Important Questions...

## ...to ask yourself

- What will my “out of pocket” expenses (such as co-pays 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 HMO network convenient for me?
- Is (are) my preferred hospital(s) in the HMO’s network?
- If I travel or spend several months in a second home, will the HMO 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 HMO’s network?
- Do I live in an area where the long-term care facilities are part of an HMO network?

## ...to ask your doctor or HMO

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





## Company Contact Phone Numbers

For more details about the HMOs in this booklet, contact:

Aetna U.S. Healthcare 1-800-832-2640

Geisinger 1-800-631-1656

HealthAmerica 1-800-290-0190

Keystone Health Plan West 1-800-876-7639

UPMC 1-877-381-3765

## Agencies Providing Information for Seniors

**Medicare** 1-800-633-4227 *Web site: [www.medicare.gov](http://www.medicare.gov)*  
U.S. Government hotline for information about the Medicare program

**APPRISE** 1-800-783-706 *Web site: [www.aging.state.pa.us](http://www.aging.state.pa.us)*  
Help for Pennsylvanians on health insurance, from the Pennsylvania Department of Aging

**Social Security Administration** 1-800-772-1213

**Pennsylvania Department of Public Welfare Help Line**  
1-800-692-7462  
Financial assistance programs for low-income seniors

**Legal Hotline for Older Americans** 1-800-262-5297  
A non-profit agency providing legal advice for seniors

**Medicare Fraud and Abuse Hotline** 1-800-447-8477  
To report cases of abuse of the Medicare billing program

**Pharmaceutical Assistance (PACE)** 1-800-225-7223  
State program to provide financial assistance for seniors' prescription drugs  
(*Hearing Impaired*) 1-800-222-9004

**Veterans Affairs (Benefits Information)** 1-800-827-1000  
Provides information and programs to military veterans

**Alzheimer's Association** 1-800-272-3900

**Pennsylvania Dental Association** 1-800-692-7256  
Information on programs providing dental care for seniors

**American Diabetes Association**  
1-800-DIABETES (1-800-342-2383) *Web site: [www.diabetes.org](http://www.diabetes.org)*  
Support and information for seniors with diabetes

**AARP Pennsylvania** 1-717-238-2277 *Web site: [www.aarp.org](http://www.aarp.org)*  
Advocacy group for older Americans

## Pennsylvania Health Care Cost Containment Council

Marc P. Volavka, Executive Director  
225 Market Street, Suite 400  
Harrisburg, PA 17101  
Phone: 717-232-6787  
Fax: 717-232-3821  
Web site: [www.phc4.org](http://www.phc4.org)

## Pennsylvania Department of Aging

Richard Browdie, Secretary  
555 Walnut Street, 5th floor  
Harrisburg, PA 17101-1919  
Phone: 717-783-1550  
Fax: 717-783-6842  
Web site: [www.aging.state.pa.us](http://www.aging.state.pa.us)