

# Choosing a Medicare Managed Care Plan

*A Guide for Medicare Beneficiaries*

## CENTRAL PENNSYLVANIA

Berks

Carbon

Centre

Clearfield

Clinton

Columbia

Cumberland

Dauphin

Huntingdon

Juniata

Lackawanna

Lancaster

Lebanon

Lehigh

Luzerne

Lycoming

Mifflin

Monroe

Montour

Northampton

Northumberland

Perry

Schuylkill

Snyder

Union

Wyoming



This guide is a joint project 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 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, Medi-

care 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, 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. If your county is not listed, no Medicare Managed Care Plan is currently available to you.

	Aetna U.S. Healthcare "Golden Choice"	Geisinger Health Plan "Geisinger Gold"	HealthAmerica "Advantra"	Keystone Health Plan Central "Senior Blue"
<b>Berks</b>				✓
<b>Carbon</b>		✓		
<b>Centre</b>			✓	✓
<b>Clearfield</b>		✓		
<b>Clinton</b>		✓		
<b>Columbia</b>		✓		✓
<b>Cumberland</b>				✓
<b>Dauphin</b>		✓		✓
<b>Huntingdon</b>		✓		
<b>Juniata</b>		✓		✓
<b>Lackawanna</b>		✓		
<b>Lancaster</b>		✓		
<b>Lebanon</b>		✓		
<b>Lehigh</b>	✓			✓
<b>Luzerne</b>		✓		
<b>Lycoming</b>		✓		
<b>Mifflin</b>		✓		✓
<b>Monroe</b>	✓	✓		
<b>Montour</b>		✓		✓
<b>Northampton</b>	✓			✓
<b>Northumberland</b>				✓
<b>Perry</b>				✓
<b>Schuykill</b>	✓	✓		✓
<b>Snyder</b>		✓		✓
<b>Union</b>		✓		✓
<b>Wyoming</b>		✓		

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 21.

# 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](http://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 20 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	Lehigh, Monroe, Northampton, Schuylkill	\$105
Geisinger Health Plan	Gold Select	Carbon, Monroe and Wyoming	\$ 43
		Clearfield, Cambria, Blair, Mifflin, Juniata, Huntingdon	\$ 21
		Lycoming, Montour, Columbia, Union, Clinton, Schuylkill, Snyder	\$ 36
		Dauphin, Lebanon, Lancaster	\$ 30
		Lackawanna	\$ 33
		Luzerne	\$ 88
	Gold Classic	Carbon, Monroe and Wyoming	\$ 95
		Clearfield, Cambria, Blair, Mifflin, Juniata, Huntingdon	\$ 68
		Lycoming, Montour, Columbia, Union, Clinton, Schuylkill, Snyder	\$ 82
		Dauphin, Lebanon, Lancaster	\$ 78
		Lackawanna	\$ 84
		Luzerne	\$133
HealthAmerica	Advantra	Centre	\$119
Keystone Health Plan Central	Senior Blue	Berks, Cumberland (Partial), Schuylkill	\$ 94
		Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union	\$ 96
		Dauphin, Lehigh, Northampton	\$167

# Comparing Costs & 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***
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	\$10 to \$20	\$20	\$20
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	\$5	\$5	\$5
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	\$5	\$5	\$5
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
HealthAmerica "Advantra"	Centre	\$20	\$20	\$20
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (Partial), Schuylkill	\$10	\$10	\$10
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union			
	Dauphin, Lehigh, Northampton			

\* 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 Care*	Outpatient Surgery**
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	\$350	No copayment
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	10% of the cost for each Medicare-covered stay in a network hospital.	10% of the cost for each Medicare-covered visit to an ambulatory surgery center or outpatient hospital facility.
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union		
	Dauphin, Lebanon, Lancaster		
	Clearfield, Huntingdon, Juniata, Mifflin		
	Lackawanna		
	Luzerne		
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	No copayment	No copayment
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union		
	Dauphin, Lebanon, Lancaster		
	Clearfield, Huntingdon, Juniata, Mifflin		
	Lackawanna		
	Luzerne		
HealthAmerica "Advantra"	Centre	\$500	\$50
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (Partial), Schuylkill	No copayment	No copayment
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union		
	Dauphin, Lehigh, Northampton		

\* 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.

# Comparing Costs & Benefits



## Prescription Drug Coverage

Medicare Managed Care Plan	Counties	Cost to Member	Formulary Drugs and Limits on Coverage
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	From a pharmacy (30-day supply) \$15 generic (formulary and non-formulary) Mail order (90-day supply) \$30 generic (formulary and non-formulary)	There is no individual limit for generic drugs (formulary or non-formulary). Call the plan for a copy of the formulary and details on prescription drug coverage.
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	No coverage	No coverage
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union		
	Dauphin, Lebanon, Lancaster		
	Clearfield, Huntingdon, Juniata, Mifflin		
	Lackawanna		
	Luzerne		
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	No coverage	No coverage
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union		
	Dauphin, Lebanon, Lancaster		
	Clearfield, Huntingdon, Juniata, Mifflin		
	Lackawanna		
	Luzerne		
HealthAmerica "Advantra"	Centre	No coverage	No coverage
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (partial), Schuylkill	No coverage	No coverage
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union		
	Dauphin, Lehigh, Northampton	From a pharmacy (90-day supply) You pay 50% for generic, preferred brand, and brand (formulary drugs) Mail order (90-day supply) You pay 50% for generic, preferred brand, and brand (formulary drugs)	\$250 quarterly limit. Call the plan for a copy of the formulary and details on prescription drug coverage.

# Dental Services

Medicare Managed Care Plan	Counties	Coverage for Dental Services
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	No coverage
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	No coverage
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union	
	Dauphin, Lebanon, Lancaster	
	Clearfield, Huntingdon, Juniata, Mifflin	
	Lackawanna	
	Luzerne	
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	No coverage
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union	
	Dauphin, Lebanon, Lancaster	
	Clearfield, Huntingdon, Juniata, Mifflin	
	Lackawanna	
	Luzerne	
HealthAmerica "Advantra"	Centre	No coverage
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (Partial), Schuylkill	No coverage
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union	
	Dauphin, Lehigh, Northampton	

# Comparing Costs & Benefits



## Vision Services

Medicare Managed Care Plan	Counties	Cost to Member:		
		Routine Eye Exam*	Medicare-Covered Exams**	Coverage for Glasses/Contacts
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	\$20	\$20	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for glasses, contacts, lenses and frames. \$70 allowance for eyewear every two years.
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	No copayment	No copayment	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for glasses (one pair) and contacts (one pair). \$150 allowance for eyewear.
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	No copayment	No copayment	No copayment for one pair glasses/contacts after each cataract surgery. No copayment for glasses, (one pair) and contacts (one pair). \$150 allowance for eyewear.
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
HealthAmerica "Advantra"	Centre	\$20	\$20	No copayment for one pair glasses/contacts after each cataract surgery.
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (partial), Schuylkill	No coverage for routine eye exams	\$10	No copayment for one pair glasses/contacts after each cataract surgery.
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union			
	Dauphin, Lehigh, Northampton			

\* 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:		
		Routine Hearing Exam*	Medicare-Covered Hearing Exam**	Coverage for Hearing Aids
Aetna U.S. Healthcare "Golden Choice"	Lehigh, Monroe, Northampton, Schuylkill	\$20	\$20	No coverage for hearing aids.
Geisinger "Gold Select"	Carbon, Monroe, Wyoming	No copayment	No copayment	No copayment for: Fittings/evaluations (one visit); and Hearing aids—inner ear up (one aid). \$400 allowance for hearing aids.
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
Geisinger "Gold Classic"	Carbon, Monroe, Wyoming	No copayment	No copayment	No copayment for: Fittings/evaluations (one visit); and Hearing aids—inner ear up (one aid). \$400 allowance for hearing aids.
	Clinton, Columbia, Lycoming, Montour, Schuylkill, Snyder, Union			
	Dauphin, Lebanon, Lancaster			
	Clearfield, Huntingdon, Juniata, Mifflin			
	Lackawanna			
	Luzerne			
HealthAmerica "Advantra"	Centre	\$20	\$20	No coverage for hearing aids.
Keystone Health Plan Central "Senior Blue"	Berks, Cumberland (partial), Schuylkill	No copayment	No copayment	No copayment for fittings/evaluations (one every year) or for the following types of hearing aids: inner ear, outer ear and over the ear. \$400 allowance for hearing aids every three years.
	Centre, Columbia, Juniata, Mifflin, Montour, Northumberland, Perry, Snyder, Union			
	Dauphin, Lehigh, Northampton			

\* One exam per year unless otherwise noted

\*\* Diagnostic hearing exam

## Helping to Keep Members Healthy



**M**anaged 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 12 and 13 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.

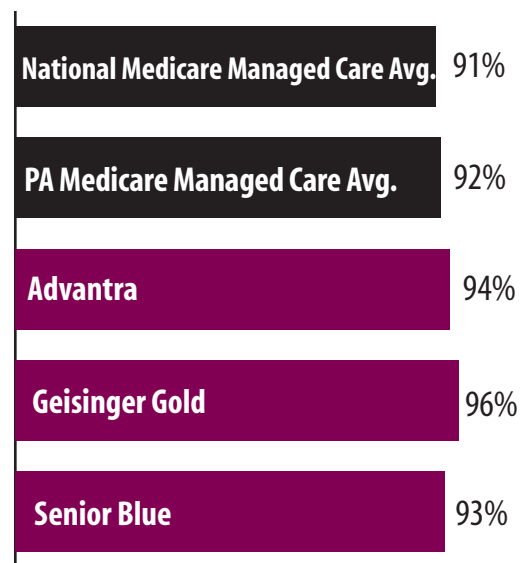
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Aetna U.S. Healthcare's Golden Choice Plan 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.

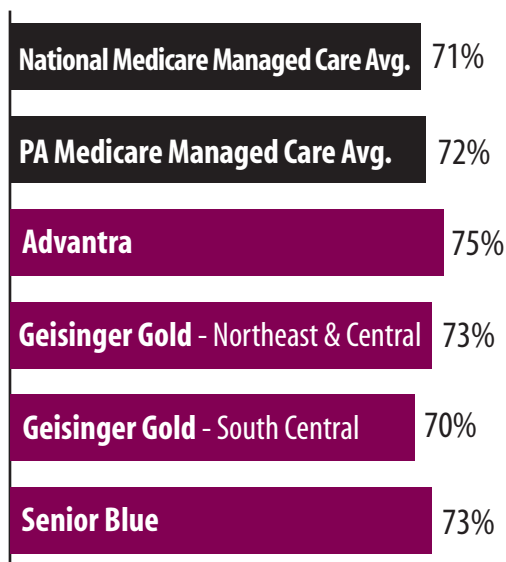
### Percent of members seen by a health care provider within the past year



## 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.

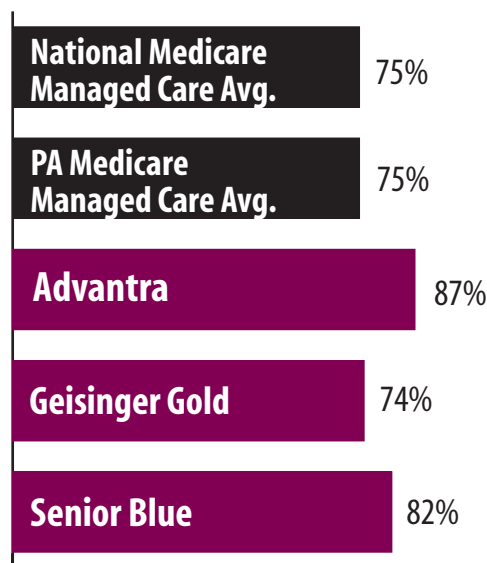
### Percent of members over age 65 who received a flu shot last year



## 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 14 and 15 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.

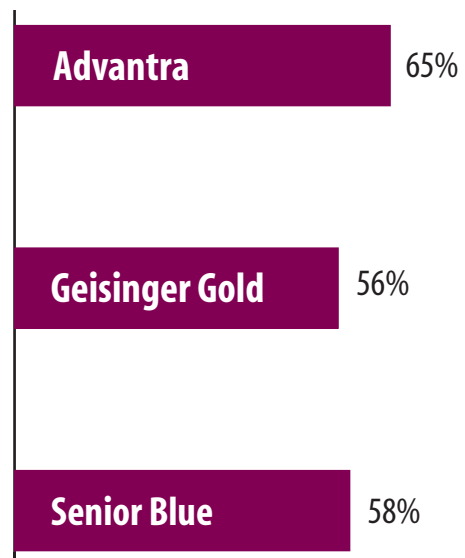
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Aetna U.S. Healthcare's Golden Choice Plan 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

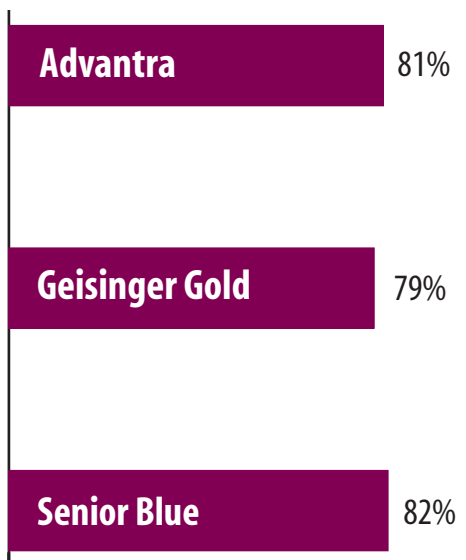




## Annual eye exams for members with diabetes

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.

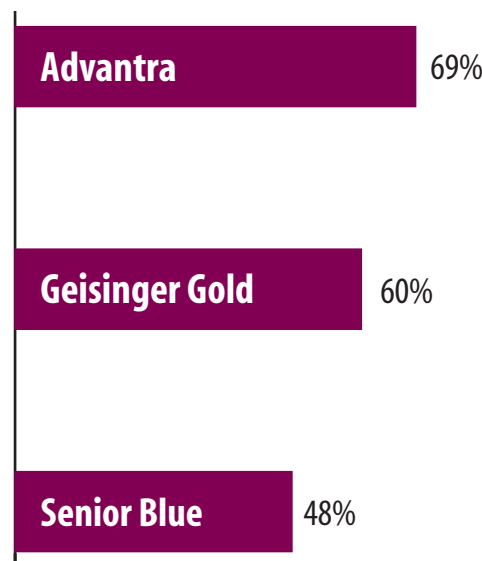
**Percent of members with diabetes who received an eye exam within the past year**



## 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



**H**eat disease is the greatest health risk for people over 65. The measures on pages 16 and 17 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.

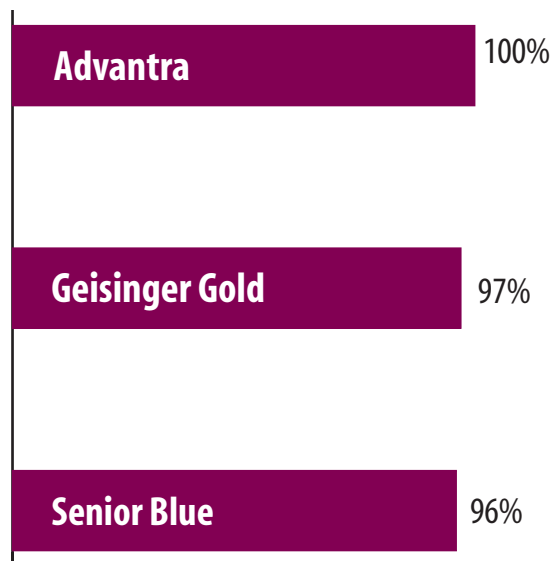
All information in this section is for calendar year 2001 unless noted otherwise.

No information is available in this section for Aetna U.S. Healthcare's Golden Choice Plan 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.

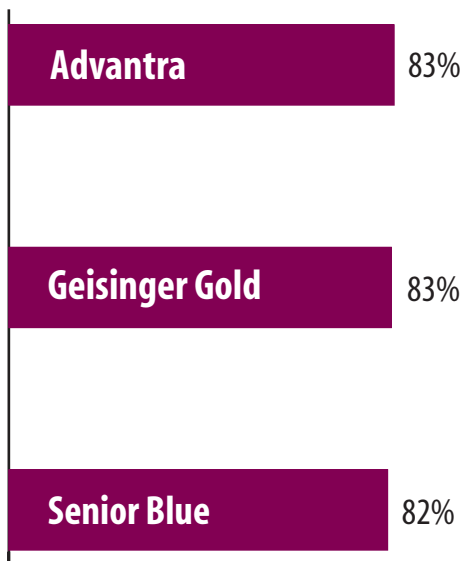
### Percent of members who were prescribed beta blockers after a heart attack



## 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.

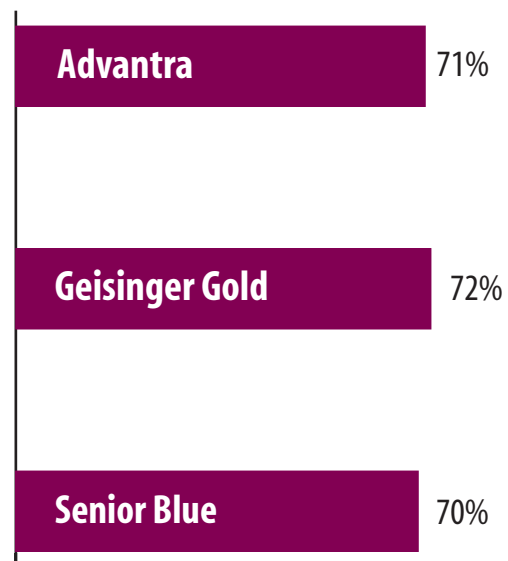
**Percent of members tested for “bad” cholesterol**



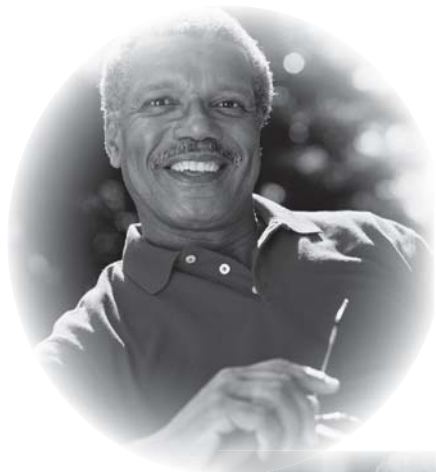
## “Bad” cholesterol controlled

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 Aetna U.S. Healthcare's Golden Choice Plan because the plan was too new to provide data.

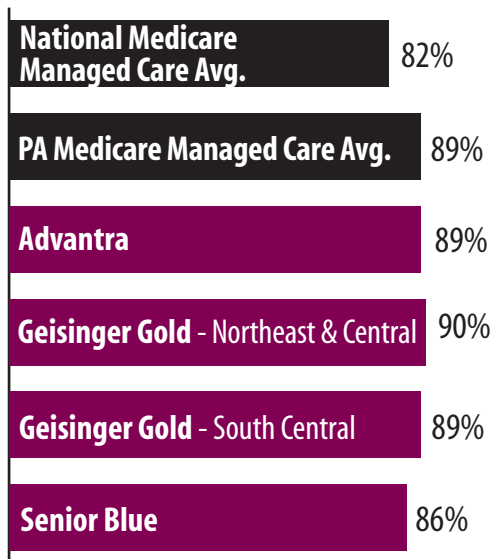
## No problems getting care

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.

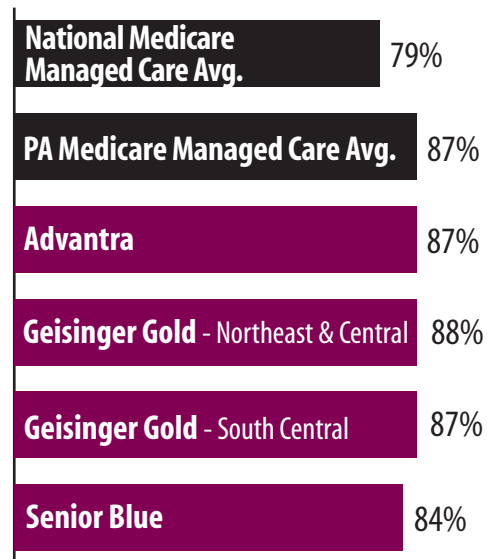
## Getting a referral to a specialist

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

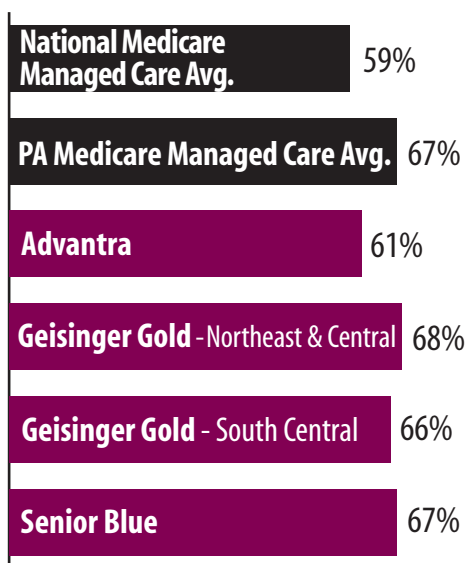


## Member Satisfaction

### 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.

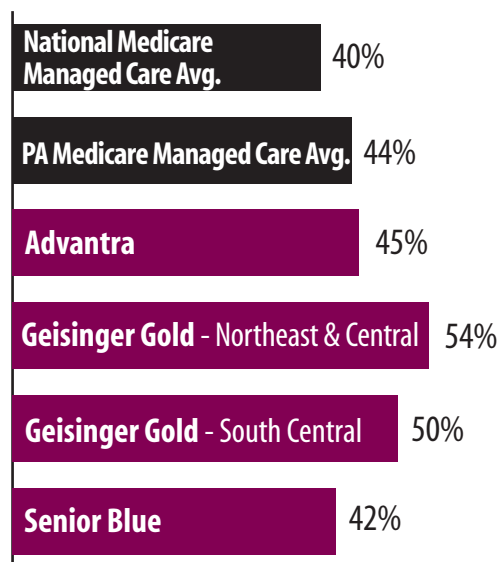
### Percent of members who said they always got care when they needed, without long waits



### 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
<b>Aetna U.S. Healthcare "Golden Choice"</b>	Excellent	40,121	1-800-832-2640	www.aetna.com
<b>Geisinger Health Plan "Geisinger Gold"</b>	NA	35,145	1-800-631-1656	www.thehealthplan.com
<b>HealthAmerica "Advantra"</b>	Excellent	22,176	1-800-290-0190	www.healthamerica.cvt.com
<b>Keystone Health Plan Central "Senior Blue"</b>	Excellent	21,598	1-800-990-4201	www.khpc.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. Check [www.ncqa.org](http://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
<b>AARP Pennsylvania</b> Advocacy group for older Americans	717-238-2277	<a href="http://www.aarp.org">www.aarp.org</a>
<b>Alzheimer's Association</b> Information about programs and services	1-800-272-3900	<a href="http://www.alz.org">www.alz.org</a>
<b>American Diabetes Association</b> Support and information for persons with diabetes	1-800-DIABETES (1-800-342-2383)	<a href="http://www.diabetes.org">www.diabetes.org</a>
<b>APPRISE</b> Help with health insurance from the PA Department of Aging	1-800-783-7067	<a href="http://www.aging.state.pa.us">www.aging.state.pa.us</a>
<b>Legal Hotline for Older Americans</b> A non-profit agency providing legal advice for seniors (AARP)	1-800-262-5297	
<b>Medicare</b> U.S. Government hotline for information about the Medicare program	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Medicare Fraud and Abuse Hotline</b> To report cases of abuse of the Medicare billing program	1-800-447-8477	
<b>Office of Attorney General Health Care Unit</b> Provides assistance to consumers on health care practices	1-877-888-4877	<a href="http://www.attorneygeneral.gov">www.attorneygeneral.gov</a>
<b>Pennsylvania Dental Association</b> Information on programs providing dental care for seniors	717-234-5941	<a href="http://www.padental.org">www.padental.org</a>
<b>Pennsylvania Department of Public Welfare Help Line</b> Financial assistance programs for low-income seniors	1-800-692-7462	
<b>Social Security Administration</b>	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
<b>Veterans Affairs</b> (Benefits information) Provides information and programs to military veterans	1-800-827-1000	



# Prescription Drug Assistance

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

The following pharmaceutical companies may offer discounted or free medications:

<b>Eli Lilly &amp; Co.</b>	1-877-795-4559	<a href="http://www.lilly.com">www.lilly.com</a>
<b>Pfizer</b>	1-800-717-6005	<a href="http://www.pfizer.com">www.pfizer.com</a>
<b>GlaxoSmithKline</b>	1-888-672-6436	<a href="http://www.gsk.com">www.gsk.com</a>
<b>Novartis</b>	1-866-974-2273	<a href="http://www.novartis.com">www.novartis.com</a>
<b>Together Rx</b>	1-800-865-7211	<a href="http://www.Togther-Rx.com">www.Togther-Rx.com</a>

Medicare has additional information about programs that offer discounts or free medication. Visit the Medicare Web site, [www.medicare.gov](http://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**

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**

Lori Gerhard, Acting 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)

