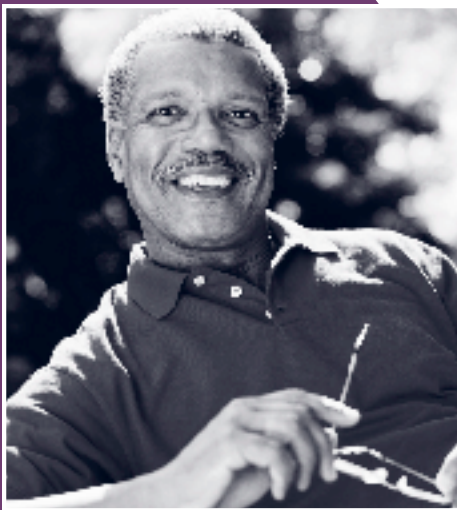


A Guide for Medicare Beneficiaries

Choosing a Medicare Managed Care Plan

SOUTHEASTERN PENNSYLVANIA



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

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**Counties included
in this guide:**

Bucks
Chester
Delaware
Montgomery
Philadelphia

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



What is the purpose of this booklet?

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

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

What is a Medicare Managed Care Plan?

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

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

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

What if I still have questions about Medicare Managed Care?

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

Is a managed care plan right for me?

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

Your costs in a Medicare Managed Care Plan

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

There may be additional benefits

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

Need for a referral

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

Possible loss of managed care plan coverage

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





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

How do I enroll in a Medicare Managed Care Plan?

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

When can I join one of these plans?

Generally, you can join a managed care plan at any time. However, managed care plans must accept new members from November 15 through December 31 of each year, a time known as “Open Enrollment”. If you join a managed care plan during this time, your coverage will begin on January 1. If you join after Open Enrollment, your coverage will begin the first day of the month following your application. Some managed care plans may be limited in the num-

ber of new members they can enroll. Check with the managed care plan to make sure it is still accepting new members.

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

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

Appeal Rights

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



Which managed care plans are available where I live?

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

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

	Bucks	Chester	Delaware	Montgomery	Philadelphia
Aetna Health Inc. Golden Choice (Point of Service)	✓			✓	
Aetna Health Inc. Golden Medicare		✓	✓		✓
AmeriChoice Personal Care Plus					✓
Elder Health of PA, Inc. SmartChoice					✓
Health Partners Senior Partners					✓
Independence Blue Cross Personal Choice 65 (PPO)	✓	✓	✓	✓	✓
Keystone Health Plan East Keystone 65	✓	✓	✓	✓	✓
United Healthcare Evercare Choice				✓	✓

Comparing Costs & Benefits

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

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

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

Comparing Costs & Benefits



Information reported on pages 7 through 21 was provided by the Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. CMS runs the Medicare and Medicaid programs.

Words to Know:

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

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

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

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

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

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

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

Additional Monthly Premiums

Company	Product	Service Area/Counties	Monthly Premium
Aetna Health Inc.	Golden Choice ¹	Bucks and Montgomery	\$140
	Golden Medicare - Option 1	Philadelphia	\$35
	Golden Medicare - Option 2	Philadelphia	\$65
	Golden Medicare	Suburban Philadelphia - (Chester, Delaware)	\$95
AmeriChoice	Personal Care Plus	Philadelphia	\$0
Elder Health of PA, Inc.	SmartChoice ²	Philadelphia	\$0
Health Partners	Senior Partners Gold	Philadelphia	\$50
	Senior Partners Silver	Philadelphia	\$0
Independence Blue Cross	Personal Choice 65 Value PPO ¹	Southeastern PA - (includes Bucks, Chester, Delaware, Montgomery, Philadelphia)	\$100
	Personal Choice 65 Silver PPO ¹	Southeastern PA - (includes Bucks, Chester, Delaware, Montgomery, Philadelphia)	\$150
	Personal Choice 65 Gold PPO ¹	Southeastern PA - (includes Bucks, Chester, Delaware, Montgomery, Philadelphia)	\$195
Keystone Health Plan East	Keystone 65 Basic ³	Philadelphia	\$0
	Keystone 65 Value ³	Philadelphia	\$20
	Keystone 65 Standard ³	Philadelphia	\$45
	Keystone 65 Generic ³	Philadelphia	\$65
	Keystone 65 Basic ³	Bucks, Chester, Delaware, Montgomery	\$0
	Keystone 65 Value ³	Bucks, Chester, Delaware, Montgomery	\$70
	Keystone 65 Standard ³	Bucks, Chester, Delaware, Montgomery	\$95
	Keystone 65 Generic ³	Bucks, Chester, Delaware, Montgomery	\$115
United Healthcare	Evercare Choice ¹	Philadelphia, Montgomery	\$0

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

² For an additional \$50 monthly premium, you may add additional coverage for inpatient hospital care and prescription drugs.

³ For an additional \$25 monthly premium, you may add point-of-service coverage for certain services performed by providers outside the Keystone Health Plan East Network.

Cost for Provider Services

Medicare Managed Care Plan	Counties	<i>Costs to Member for:</i>		
		A Visit to Your Primary Care Doctor ¹	A Routine Physical Exam ²	A Visit to a Specialist ³
Aetna Health Inc. Golden Choice	Bucks, Montgomery	\$10 to \$20	\$10 to \$20	\$20
Aetna Health Inc. Golden Medicare Plan – Option 1	Philadelphia	\$25 to \$30	\$25	\$35
Aetna Health Inc. Golden Medicare Plan – Option 2	Philadelphia	\$20 to \$25	\$20	\$30
Aetna Health Inc. Golden Medicare Plan	Suburban Philadelphia	\$25 to \$30	\$25	\$35
AmeriChoice Personal Care Plus	Philadelphia	\$20	\$20	\$25
Elder Health SmartChoice	Philadelphia	No copayment	No copayment	\$15
Health Partners Senior Partners Gold	Philadelphia	No copayment	No copayment	\$40
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.
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern PA	\$10	\$10	\$20
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern PA	\$20	\$20	\$35
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern PA	\$20	\$20	\$35

See page 9 for footnotes.



Costs for Provider Services

Costs to Member for:

Medicare Managed Care Plan	Counties	Costs to Member for:		
		A Visit to Your Primary Care Doctor ¹	A Routine Physical Exam ²	A Visit to a Specialist ³
Keystone Health Plan East Keystone 65 Basic	Philadelphia	\$10	\$10	\$20
Keystone Health Plan East Keystone 65 Value	Philadelphia			\$25
Keystone Health Plan East Keystone 65 Standard	Philadelphia			\$35
Keystone Health Plan East Keystone 65 Generic	Philadelphia	\$20	\$20	\$35
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	\$10	\$10	\$20
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery			\$25
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery			\$35
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	\$20	\$20	\$35
United Healthcare Evercare Choice	Philadelphia, Montgomery	\$25	No copayment	\$25

¹ For services covered by Medicare.

² Limit: one exam per year unless otherwise noted.

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

Costs for Provider Services

Medicare Managed Care Plan	Counties	<i>Costs to Member for:</i>	
		In-Hospital Stay ¹	Outpatient Surgery ²
Aetna Health Inc. Golden Choice	Bucks, Montgomery	\$350 copayment	No copayment
Aetna Health Inc. Golden Medicare Plan— Option 1	Philadelphia	\$200 each day for days 1-7. Maximum \$1,400 out-of-pocket limit every stay.	\$50 copayment
Aetna Health Inc. Golden Medicare Plan— Option 2	Philadelphia		
Aetna Health Inc. Golden Medicare Plan	Suburban Philadelphia		
AmeriChoice Personal Care Plus	Philadelphia	\$300 deductible	\$50 copayment
Elder Health SmartChoice	Philadelphia	\$840 deductible for each benefit period. No copayment for days 1-60; \$210 each day for days 61-90.	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	\$800 copayment	\$150 for each visit to an ambulatory surgical center. No copayment for each visit to an outpatient hospital facility.
Health Partners Senior Partners Silver	Philadelphia	\$880 deductible	20% of the cost for each visit.
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern PA	10% of the cost for each Medicare-covered stay.	10% of the cost for each visit.
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern PA	\$100 each day for days 1-8. No copayment for days 9-90. \$800 annual out-of-pocket maximum.	\$200 for each visit.
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern PA		

See page 11 for footnotes.



Costs for Provider Services

Medicare Managed Care Plan	Counties	<i>Costs to Member for:</i>	
		In-Hospital Stay ¹	Outpatient Surgery ²
Keystone Health Plan East Keystone 65 Basic	Philadelphia	\$840 deductible. No copayment for days 1-60; \$210 each day for days 61-90. \$420 each day for days 91-150. Covered for 150 days each benefit period.	20% of the cost for each visit.
Keystone Health Plan East Keystone 65 Value	Philadelphia	10% of the cost for each Medicare-covered stay in a network hospital.	10% of the cost for each visit.
Keystone Health Plan East Keystone 65 Standard	Philadelphia	\$100 each day for days 1-8. No copayment for days 9-90. \$800 annual out-of-pocket maximum.	\$100 for each visit.
Keystone Health Plan East Keystone 65 Generic	Philadelphia	\$150 each day for days 1-8. No copayment for days 9-90. \$1,200 annual out-of-pocket maximum.	\$200 for each visit.
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	\$840 deductible. No copayment for days 1-60; \$210 each day for days 61-90. \$420 each day for days 91-150. Covered for 150 days each benefit period.	20% of the cost for each visit .
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery	10% of the cost for each Medicare-covered stay in a network hospital.	10% of the cost for each visit.
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery	\$100 each day for days 1-8. No copayment for days 9-90. \$800 annual out-of-pocket maximum.	\$100 for each visit.
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	\$150 each day for days 1-8. No copayment for days 9-90. \$1,200 annual out-of-pocket maximum.	\$200 for each visit.
United Healthcare Evercare Choice	Philadelphia, Montgomery	\$840 deductible	\$25 for each visit.

¹ 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.

² Unless otherwise noted, a visit is defined as a Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility.

Prescription Drug Benefits

Medicare Managed Care Plan	Counties	Costs to Member	Formulary Drugs and Limits on Coverage
Aetna Health Inc. Golden Choice	Bucks, Montgomery	<p><u>From a pharmacy</u> (30-day supply) \$15 Generic</p> <p><u>Mail order</u> (90-day supply) \$30 Generic</p> <p>You pay 100% of the cost for Brand drugs at Aetna's contracted rate.</p>	No individual limit for Generic or Brand drugs. Call the plan for details on prescription drug coverage.
Aetna Health Inc. Golden Medicare Plan – Option 1	Philadelphia	No coverage	No coverage
Aetna Health Inc. Golden Medicare Plan – Option 2	Philadelphia	<p><u>From a pharmacy</u> (30-day supply) \$10 Generic</p> <p><u>Mail order</u> (90-day supply) \$20 Generic</p> <p>You pay 100% of the cost for Brand drugs at Aetna's contracted rate.</p>	No individual limit for Generic or Brand drugs. Call the plan for details on prescription drug coverage.
Aetna Health Inc. Golden Medicare Plan	Suburban Philadelphia	<p><u>From a pharmacy</u> (30-day supply) \$10 Generic</p> <p><u>Mail order</u> (90-day supply) \$20 Generic</p> <p>You pay 100% of the cost for Brand drugs at Aetna's contracted rate.</p>	No individual limit for Generic drugs. Call the plan for details on prescription drug coverage.
AmeriChoice Personal Care Plus	Philadelphia	No coverage	No coverage



Prescription Drug Benefits

Medicare Managed Care Plan	Counties	Costs to Member	Formulary Drugs and Limits on Coverage
Elder Health SmartChoice	Philadelphia	No pharmacy benefit <i>For an additional \$50 per month premium you have the option to purchase prescription drug coverage as follows:</i> <u>From a pharmacy (30-day supply)</u> \$10 Generic <u>Mail order (90-day supply)</u> \$20 Generic	<i>Call the plan for details. If you purchase the optional benefit, there is an overall limit of \$375 semi-annually for Generic drugs.</i>
Health Partners Senior Partners Gold	Philadelphia	No coverage	No coverage
Health Partners Senior Partners Silver	Philadelphia	No coverage	No coverage
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern PA	No coverage	No coverage
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern PA	<u>From a pharmacy (30-day supply)</u> \$15 Generic <u>Mail order (90-day supply)</u> \$30 Generic	There is an annual \$1,500 limit on Generic drugs. Call the plan for details on prescription drug coverage.
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern PA	<u>From a pharmacy (30-day supply)</u> \$15 Generic \$20 Brand (Formulary) \$30 Brand (non-Formulary) <u>Mail order (90-day supply)</u> \$30 Generic \$40 Brand (Formulary) \$60 Brand (non-Formulary)	There is no individual limit on Generic drugs. \$500 annual limit for combined Formulary Brand and non-Formulary prescription drugs. Call the plan for details on prescription drug coverage.

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Prescription Drug Benefits

Medicare Managed Care Plan	Counties	Costs to Member	Formulary Drugs and Limits on Coverage
Keystone Health Plan East Keystone 65 Basic	Philadelphia	No coverage	No coverage
Keystone Health Plan East Keystone 65 Value	Philadelphia		
Keystone Health Plan East Keystone 65 Standard	Philadelphia	No coverage	No coverage
Keystone Health Plan East Keystone 65 Generic	Philadelphia	<u>From a pharmacy</u> (30-day supply) \$15 Generic <u>Mail order</u> (90-day supply) \$30 Generic	\$1,500 annual limit for Generic drugs. Call the plan for details on prescription drug coverage.
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	No coverage	No coverage
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery		
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery		
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	<u>From a pharmacy</u> (30-day supply) \$15 Generic <u>Mail order</u> (90-day supply) \$30 Generic	\$1,500 annual limit for Generic drugs. Call the plan for details on prescription drug coverage.
United Healthcare Evercare Choice	Philadelphia, Montgomery	No coverage	No coverage

Home Health Care & Durable Medical Equipment

Costs to Member for:

Medicare Managed Care Plan	Counties	Home Health Care ¹	Durable Medical Equipment ²
Aetna Health Inc. Golden Choice	Bucks, Montgomery	\$10 copayment for Medicare-covered home health visits. (covered in-network only)	20% of the cost for each Medicare-covered item.
Aetna Health Inc. Golden Medicare Plan – Option 1	Philadelphia	\$20 copayment for Medicare-covered home health visits.	20% of the cost for each Medicare-covered item.
Aetna Health Inc. Golden Medicare Plan – Option 2	Philadelphia		
Aetna Health Inc. Golden Medicare Plan	Suburban Philadelphia		
AmeriChoice Personal Care Plus	Philadelphia	No copayment	\$25 copayment for each Medicare-covered item.
Elder Health SmartChoice	Philadelphia	No copayment	No copayment
Health Partners Senior Partners Gold	Philadelphia	No copayment	No copayment
Health Partners Senior Partners Silver	Philadelphia	No copayment	20% of the cost for each Medicare-covered item.
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern PA	\$20 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern PA	\$10 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern PA	\$10 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.

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

² Includes wheelchairs, oxygen, etc.

Home Health Care & Durable Medical Equipment

Medicare Managed Care Plan	Counties	Costs to Member for:	
		Home Health Care ¹	Durable Medical Equipment ²
Keystone Health Plan East Keystone 65 Basic	Philadelphia	No copayment	20% of the cost for each Medicare-covered item.
Keystone Health Plan East Keystone 65 Value	Philadelphia	\$20 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
Keystone Health Plan East Keystone 65 Standard	Philadelphia	No copayment	No copayment
Keystone Health Plan East Keystone 65 Generic	Philadelphia	\$10 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	No copayment	20% of the cost for each Medicare-covered item.
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery	\$20 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery	No copayment	No copayment
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	\$10 copayment for Medicare-covered home health visits.	10% of the cost for each Medicare-covered item.
United Healthcare Evercare Choice	Philadelphia, Montgomery	No copayment	20% of the cost for each Medicare-covered item

¹ Includes medically necessary intermittent skilled nursing care, home health aid services and rehabilitation services.

² Includes wheelchairs, oxygen, etc.

Skilled Nursing Facilities & Ambulance Services

Costs to Member for:

Medicare Managed Care Plan	Counties	A Stay in a Skilled Nursing Facility ¹	Ambulance Service
Aetna Health Inc. Golden Choice	Bucks, Montgomery	No copayment (Covered in-network only)	\$100 copayment
Aetna Health Inc. Golden Medicare Plan – Option 1	Philadelphia	\$25 copayment each day for days 1-100.	\$100 copayment
Aetna Health Inc. Golden Medicare Plan– Option 2	Philadelphia		
Aetna Health Inc. Golden Medicare Plan	Suburban Philadelphia		
AmeriChoice Personal Care Plus	Philadelphia	No copayment	No copayment
Elder Health SmartChoice	Philadelphia	No copayment for days 1-20; \$105 copayment each day for days 21-100.	20% of the cost.
Health Partners Senior Partners Gold	Philadelphia	No copayment	No copayment
Health Partners Senior Partners Silver	Philadelphia	No copayment	20% of the cost.
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern Pennsylvania	10% of the cost.	10% of the cost.
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern Pennsylvania	\$25 copayment each day for days 1-100 .	\$100 copayment
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern Pennsylvania	\$25 copayment each day for days 1-100 .	\$100 copayment

¹ No prior hospital stay is required.

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Skilled Nursing Facilities & Ambulance Services

Medicare Managed Care Plan	Counties	<i>Costs to Member for:</i>	
		A Stay in a Skilled Nursing Facility ¹	Ambulance Service
Keystone Health Plan East Keystone 65 Basic	Philadelphia	No copayment for days 1-20; \$105 each day for days 21-100.	20% of the cost.
Keystone Health Plan East Keystone 65 Value	Philadelphia	10% of the cost for each stay.	10% of the cost.
Keystone Health Plan East Keystone 65 Standard	Philadelphia	\$25 copayment each day for days 1-100.	\$50
Keystone Health Plan East Keystone 65 Generic	Philadelphia	\$25 copayment each day for days 1-100.	\$50
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	No copayment for days 1-20; \$105 each day for days 21-100.	20% of the cost.
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery	10% of the cost for each stay.	10% of the cost.
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery	\$25 copayment each day for days 1-100 for each stay.	\$50
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	\$25 copayment each day for days 1-100 for each stay.	\$50
United Healthcare Evercare Choice	Philadelphia, Montgomery	No copayment	\$100 You do not pay this amount if you are admitted to the hospital.

¹ No prior hospital stay is required.



Vision Services

Costs to Member:

Medicare Managed Care Plan	Counties	Routine Eye Exam ¹	Medicare-Covered Exams ²	Coverage for Glasses/Contacts ³
Aetna Health Inc. Golden Choice	Bucks, Montgomery	\$20	\$20	No copayment for glasses, contacts, lenses and frames. \$70 allowance for eyewear every two years.
Aetna Health Inc. Golden Medicare Plan – Option 1	Philadelphia	No coverage for routine eye exams.	\$35	See footnote.
Aetna Health Inc. Golden Medicare Plan – Option 2	Philadelphia	\$30	\$30	
Aetna Health Inc. Golden Medicare Plan	Philadelphia Suburban	\$35	\$35	
AmeriChoice Personal Care Plus	Philadelphia	\$25	\$25	\$25 for one pair glasses/contacts after each cataract surgery. \$25 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.
Elder Health SmartChoice	Philadelphia	\$15	\$15	No copayment for glasses (one pair every two years).

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¹ One per year unless otherwise noted.

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

³ No copayment for one pair glasses/contacts after each cataract surgery, unless otherwise noted.

Vision Services

Medicare Managed Care Plan	Counties	<i>Costs to Member:</i>		
		Routine Eye Exam ¹	Medicare- Covered Exams ²	Coverage for Glasses/Contacts ³
Health Partners Senior Partners Gold	Philadelphia	No copayment (one visit every two years)	No copayment	No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every two years.
Health Partners Senior Partners Silver	Philadelphia	No copayment	No copayment	No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every year.
Independence Blue Cross Personal Choice 65 Value PPO	Southeastern PA	No coverage for routine eye exams.	\$20	See footnote.
Independence Blue Cross Personal Choice 65 Silver PPO	Southeastern PA	No coverage for routine eye exams.	\$35	See footnote.
Independence Blue Cross Personal Choice 65 Gold PPO	Southeastern PA	No coverage for routine eye exams.	\$35	See footnote.

¹ One per year unless otherwise noted.

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

³ No copayment for one pair glasses/contacts after each cataract surgery, unless otherwise noted.



Vision Services

Costs to Member:

Medicare Managed Care Plan	Counties	Routine Eye Exam ¹	Medicare-Covered Exams ²	Coverage for Glasses/Contacts ³
Keystone Health Plan East Keystone 65 Basic	Philadelphia	\$20 (one exam every two years)	\$20	No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every two years. \$150 allowance for eyewear every two years.
Keystone Health Plan East Keystone 65 Value	Philadelphia	\$20 (one exam every two years)	\$20	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.
Keystone Health Plan East Keystone 65 Standard	Philadelphia	\$25 (one exam every two years)	\$25	
Keystone Health Plan East Keystone 65 Generic	Philadelphia	\$35 (one exam every two years)	\$35	
Keystone Health Plan East Keystone 65 Basic	Bucks, Chester, Delaware, Montgomery	\$20 (one exam every two years)	\$20	No copayment for one pair glasses, one pair contacts, one pair lenses and one pair frames every two years. \$150 allowance for eyewear every two years.
Keystone Health Plan East Keystone 65 Value	Bucks, Chester, Delaware, Montgomery	\$20 (one exam every two years)	\$20	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.
Keystone Health Plan East Keystone 65 Standard	Bucks, Chester, Delaware, Montgomery	\$25 (one exam every two years)	\$25	
Keystone Health Plan East Keystone 65 Generic	Bucks, Chester, Delaware, Montgomery	\$35 (one exam every two years)	\$35	
United Healthcare Evercare Choice	Philadelphia, Montgomery	\$25	\$25	See footnote.

¹ One per year unless otherwise noted.

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

³ No copayment for one pair glasses/contacts after each cataract surgery, unless otherwise noted.

Comparing Quality

Staying Healthy

Managed care plans (such as an HMO) cover services for prevention or early detection of health problems, usually at little or no cost to the members. The graphs on pages 22 and 23 can help you evaluate how well the managed care plans are providing preventive care to help their members stay healthy. Generally, managed care plans with a higher percentage score are doing a better job of providing preventive care.

No information is available in this section for Aetna Health "Golden Choice" and United Healthcare "Evercare Choice" because the plans were too new to provide data.

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

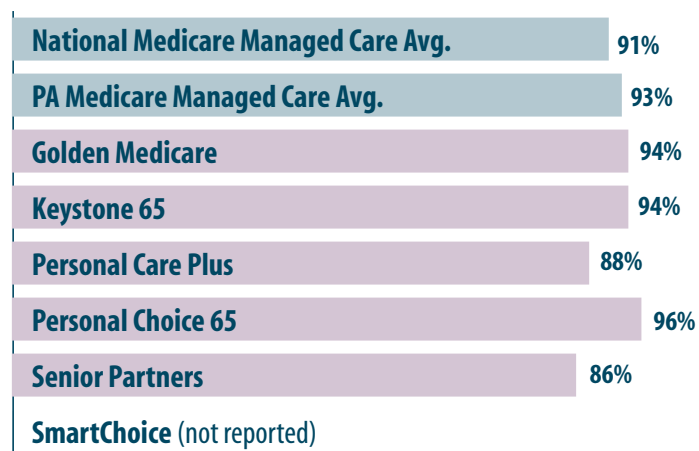
Information reported on pages 22 through 29 was provided by the Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services. CMS runs the Medicare and Medicaid programs.

Visits to the Doctor

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

Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

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

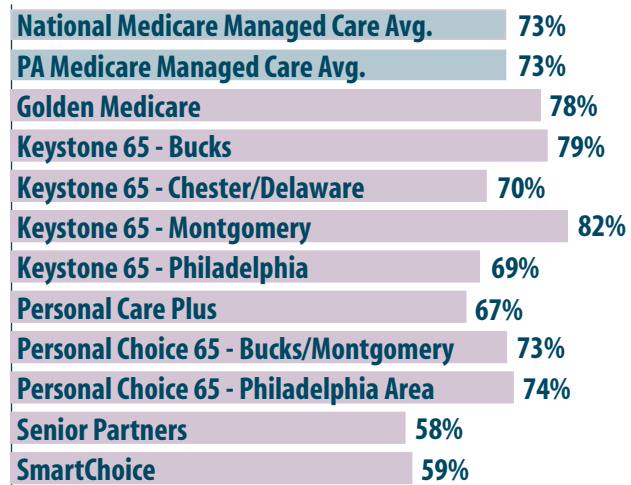




Flu Shots

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



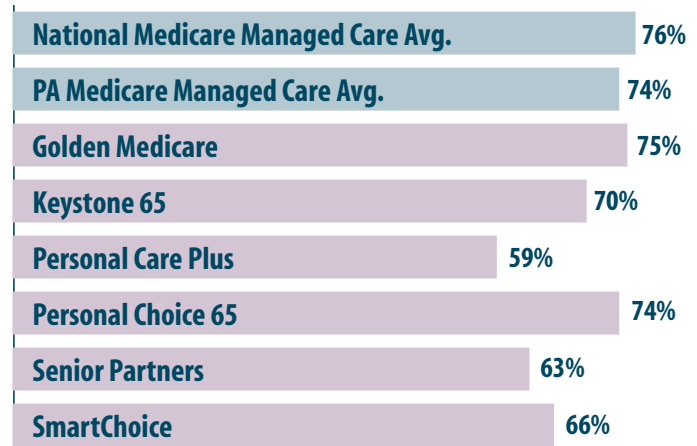
Breast Cancer Screening *

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.

Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

* Information is from Calendar Years 2001 & 2002.

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



Managing On-Going Illnesses

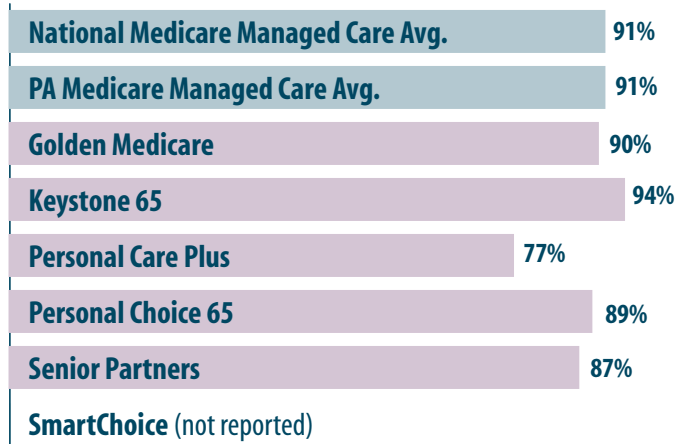
The graphs on pages 24 and 25 show how well the managed care plans are helping their members with diabetes manage their condition. Generally, managed care plans with a higher percentage score are doing a better job of providing services to manage these on-going illnesses.

“Bad” cholesterol testing for members with diabetes

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

Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

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

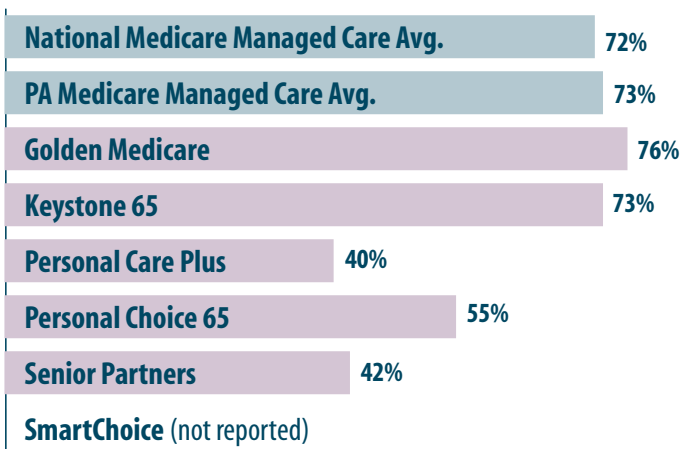


Annual eye exams for members with diabetes

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

Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

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

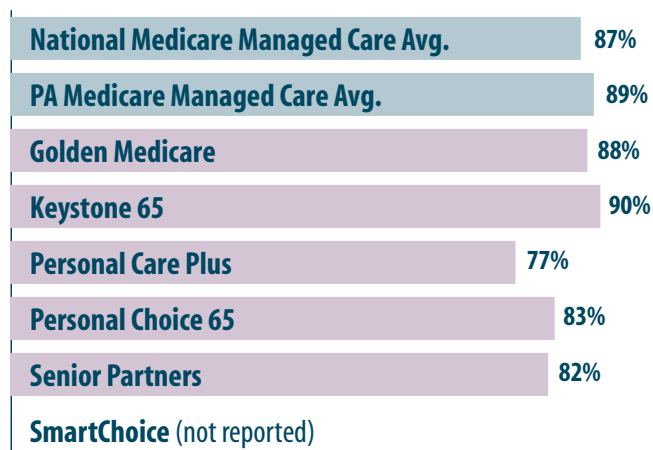


Glucose control testing for members with diabetes

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

Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

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



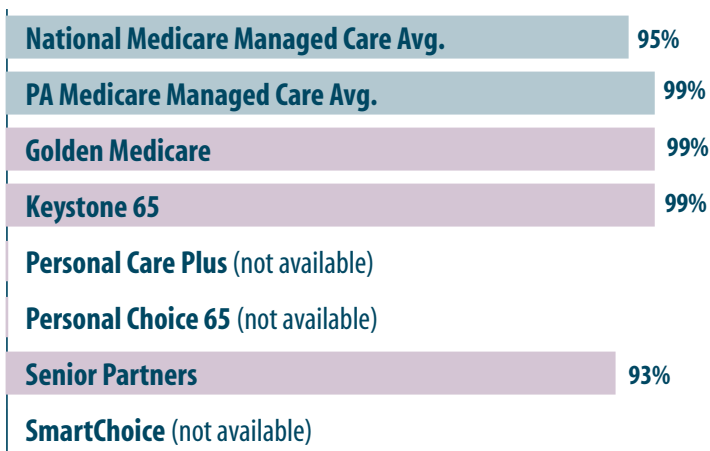
Preventing Heart Disease

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

Beta blockers after a heart attack

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

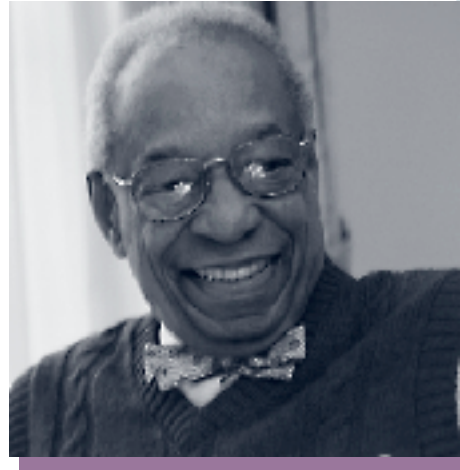
Percent of members who were prescribed beta blockers after a heart attack



Note: Data for Personal Choice 65 PPO is collected in a different manner than for the other plans and should not be compared to the other scores listed.

Member Satisfaction

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

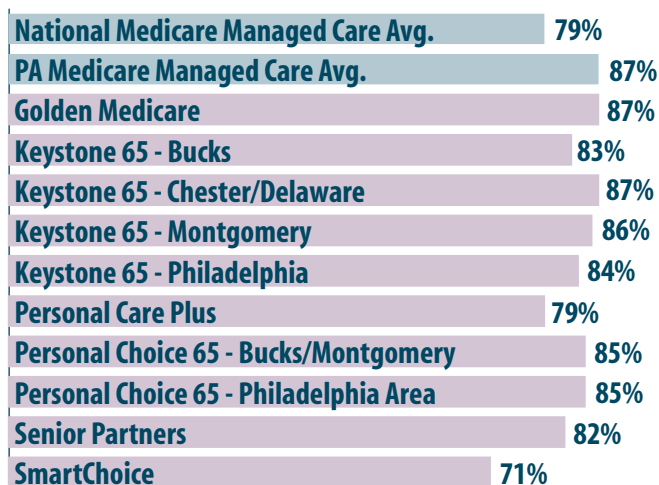


Member Satisfaction

No problems getting care

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

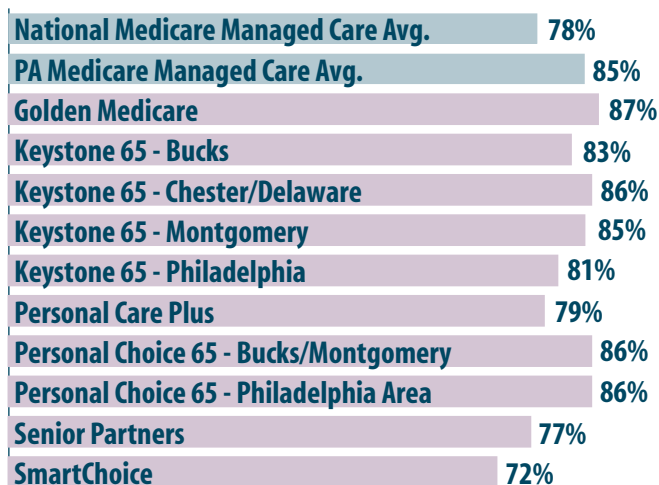
Percent of members who said they had no problems getting the care they needed



No problem seeing a specialist

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

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

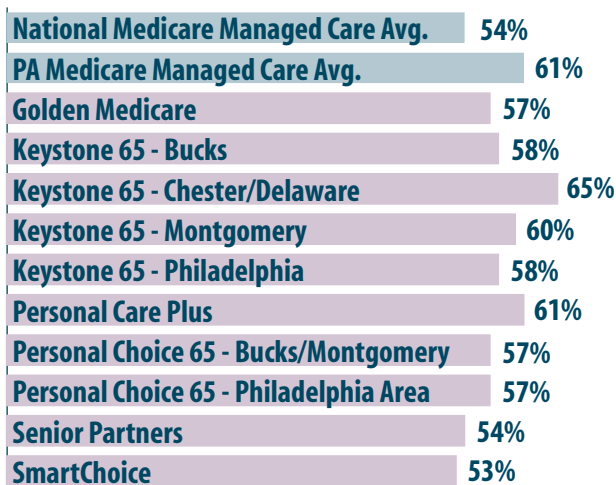




Getting care quickly

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

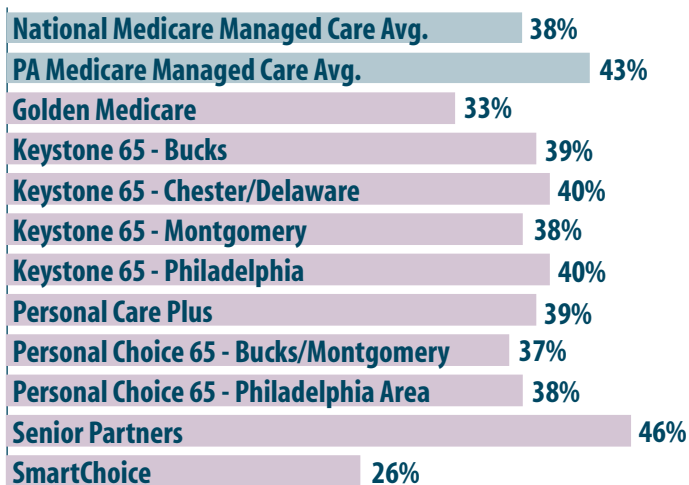
Percent of members who said they always got care when they needed it, without long waits



Overall rating of plan

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

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





Agencies Providing Information for Seniors

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



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
Pennsylvania 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	
Veterans Affairs (Benefits information) Provides information and programs to military veterans	1-800-827-1000	www.va.gov
Prescription Drug Assistance		
Pharmaceutical Assistance (PACE) State program to provide financial assistance for seniors' prescription drugs	1-800-225-7223 Hearing impaired: 1-800-222-9004	
Medical Assistance ACCESS Department of Public Welfare program for low income residents	1-800-269-0173	
HelpingPatients.org (PhARMA) Clearinghouse for information on low-cost or free prescription drug programs offered by pharmaceutical companies	1-800-762-4636	www.helpingpatients.org



Important Questions...

...to ask yourself

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

...to ask your doctor or managed care plan

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



Plans Included in this Guide

Medicare Managed Care Plan	Toll-Free Telephone Number to Enroll
Aetna Health Inc. Golden Medicare and Golden Choice	1-800-832-2640
AmeriChoice Personal Care Plus	1-877-289-1917
Elder Health of PA, Inc. Smart Choice	1-215-606-6381
Health Partners Senior Partners	1-888-776-9466
Independence Blue Cross Personal Choice 65	1-877-393-6733
Keystone Health Plan East Keystone 65	1-877-393-6733
United Healthcare Evercare Choice	1-866-297-9232
<p>This report covers all Medicare managed care options available at the time of publication. However, some companies may offer additional managed care options during 2004. Call the plans listed above for more information.</p>	

Edward G. Rendell, Governor

Pennsylvania Health Care Cost Containment Council

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Web site: www.phc4.org

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Nora Dowd Eisenhower, 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