

MEDICARE SPECIAL NEEDS PLANS

For Medicare – Medi-Cal Beneficiaries

Who Can Enroll in a Special Needs Dual Eligible Plan?

- Anyone who is dually-eligible for both Medicare and Medicaid (Medi-Cal) services.

What are the costs in a Special Needs Dual Eligible Plan?

- All cost-sharing is based on an individual's level of Medi-Cal eligibility: Full-Scope Dual Eligible or Share of Cost (partially dual eligible).

Note: Some dually-eligible beneficiaries who are currently in Medicare Advantage plans that will now become SNPs will remain in that plan automatically. They may "opt-out" of that plan any time.

Medicaid (Medi-Cal) pays Medicare premiums for dually-eligible beneficiaries, and may pay Medicare Advantage Plan premiums.

This list is provided for reference only. HICAP makes no claim as to the listed insurers' financial status, reputation or sales practices. We make no claims on the value of products sold by these companies or that this list is complete. HICAP does not endorse any specific health insurer or other related profit making enterprise.

Contact the plan to find out if they service your zip-code.

HICAP, the Health Insurance Counseling and Advocacy Program for Medicare, is California's State Health Insurance Assistance Program (SHIP), and is funded by a grant from the California Department of Aging.



Inland Agency - HICAP

(800) 434-0222

www.inlandagency.org

2010 Medicare Advantage Dual Eligible Special Needs Plans

Riverside & San Bernardino Counties

Plan Name	Plan Type	Preventative Dental	Transportation <i>(plan approved locations)</i>	Part D Coverage
ARTA <i>Arta Select</i> 866-844-2170 www.artamedicare.com	HMO + Rx <i>(Riverside Only)</i>	\$0 – preventative dental benefits <i>(Up to 2 cleaning/year)</i>	\$0 Co-Pay <i>(Up to 30 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
CARE 1st <i>Dual Plus Plan</i> 800-847-1222 www.care1st.com	HMO + Rx <i>(San Bernardino Only)</i>	Not Covered	\$0 Co-Pay	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
CAREMORE <i>CareMore Connect</i> 866-622-2820 www.caremorehealthplan.com	HMO + Rx <i>(San Bernardino Only)</i>	\$5 - \$40 co-pay preventative dental benefits <i>(up to 2 cleaning/year)</i>	\$0 Co-Pay <i>(Up to 24 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
CENTRAL HEALTH <i>Medi-Medi Plan</i> 866-314-2427 www.centralhealthplan.com	HMO + Rx <i>(San Bernardino Only)</i>	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay <i>(Up to 20 round trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
HEALTH NET <i>Seniority Plus Amber I</i> 800-275-4737 www.healthnet.com	HMO + Rx	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay <i>(Up to 48 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
HEALTH NET <i>Seniority Plus Amber II</i> 800-275-4737 www.healthnet.com	HMO + Rx	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
IEHP <i>Medicare Dual Choice</i> 877-273-4347 www.iehp.org	HMO + Rx	Call Plan for Information	Call Plan For Information	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
MOLINA <i>Molina Medicare Options Plus</i> 800-665-0898 www.molinahealthcare.com	HMO + Rx	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay <i>(Up to 50 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
KAISER <i>Senior Advantage Medi-Medi</i> 800-777-1238 www.kaiserpermanente.org	HMO + Rx	Not Covered	Not Covered	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
SCAN <i>Sr. Care Action Network</i> 800-915-7226 www.scanhealthplan.com	HMO + Rx	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay <i>(Up to 12 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap
SECURE HORIZONS <i>Evercare DH</i> 800-498-4347 www.evercarehealthplans.com	HMO + Rx	\$0 – preventative dental benefits <i>(Up to 2 cleaning/ year)</i>	\$0 Co-Pay <i>(Up to 24 one-way trips each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.50 Brand: \$3.30 - \$6.30 No Coverage Gap

This information was obtained from Medicare and is correct as of 10/15/09.
For the most accurate and up to date information, contact the plan directly.