

2010 MEDICARE ADVANTAGE COMPARISON CHART

*Not all Medicare Advantage Plans service all areas throughout Riverside and San Bernardino Counties
Contact the plan to find out if they service your zip-code.*

	Plan Type	Monthly Premium	Office Visit	Hospitalization	Rx Gap Coverage
AETNA <i>Medicare Select</i> 800-832-2640 www.aetnamedicare.com	HMO +Rx	\$0	\$5 Primary Care \$10 Specialist	\$50 each hospital stay	Coverage for Many Generics
ARTA* <i>Advantage 1 MAPD</i> 866-844-2170 www.artamedicare.com	HMO + Rx <i>Riverside County Only</i>	\$0	\$0 Primary Care \$10 Specialist	\$0 – days 1-90	Some Coverage for Generics and Brand
ANTHEM BLUE CROSS <i>Senior Secure</i> 888-211-9813 www.anthem.com	HMO +Rx <i>(\$3,350 annual out- of-pocket max)</i>	\$0	\$10 Primary Care \$35 Specialist	\$175/day - days 1-7 \$0 - days 8-90	Coverage for Many Generics
BLUE SHIELD <i>65 Plus</i> 800-260-9607 www.blueshieldca.com	HMO +Rx	\$0	\$0 - \$5 Primary Care \$10 - \$12.50 Specialist	\$50 - \$250/day - days 1-10 \$0 – days 11-90	Riv: No Gap Coverage SB: Coverage for Generics & Brand
CARE 1st* <i>Medicare Advantage Plan</i> 800-847-1222 www.care1st.com	HMO +Rx	\$0	\$0 Primary Care \$5 Specialist	\$50/day - days 1-3 \$0 – days 4-90	Coverage for Many Generics
CAREMORE* <i>CareMore Value Plus</i> 866-622-2820 www.caremorehealthplan.com	HMO +Rx <i>San Bernardino Co. Only</i>	\$0	\$0- \$10 Primary Care \$10 Specialist	\$75/day - days 1-4 \$0 - days 5-90	Some Coverage for Generics
CAREMORE* <i>Start Smart with Caremore</i> 866-622-2820 www.caremorehealthplan.com	HMO +Rx <i>San Bernardino Co. Only</i>	\$0	\$5-\$20 Primary Care \$20 Specialist	\$150/day - days 1-6 \$0 - days 7-90	No Gap Coverage
CENTRAL HEALTH* <i>Central Health Medicare Plan</i> 866-314-2427 www.centralhealthplan.com	HMO +Rx <i>San Bernardino Co. Only</i>	\$0	\$0 Primary Care \$0 Specialist	\$0 - days 1-90	All Formulary Drugs
CENTRAL HEALTH* <i>Central Health Medicare Value</i> 866-314-2427 www.centralhealthplan.com	HMO +Rx <i>San Bernardino Co. Only</i>	\$0	20% Coinsurance	Medicare Cost Sharing Amounts Apply	No Gap Coverage
CITIZEN'S CHOICE <i>Citizen's Choice Health Plan</i> 1-877-399-2247 www.citizenschoicehealth.com	HMO+RX	\$0 <i>(Part B Premium Reduction up to \$15.00)</i>	\$0 Primary Care \$0 Specialist	\$0 – days 1-90	Some Coverage for Generics

HICAP is a California SHIP Program funded by a grant from the California Department of Aging, all services are free.

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HEALTH NET* <i>Seniority Plus Ruby I</i> 800-929-9955 www.healthnet.com	HMO +Rx	\$0	\$8 Primary Care \$10 Specialist	\$100/day - days 1-4 \$0 - days 5-90	Coverage for Many Generics and Few Brands
HEALTH NET* <i>Seniority Plus Ruby II</i> 800-929-9955 www.healthnet.com	HMO +Rx	\$39	\$8 Primary Care \$10 Specialist	\$100/day - days 1-4 \$0 - days 5-90	Some Coverage for Generics
HEALTH NET* <i>Healthy Heart I</i> 800-929-9955 www.healthnet.com	HMO +Rx	\$0	\$0 Primary Care \$0 Specialist	\$0 - days 1 - 90	Coverage for Many Generics and Few Brands
HEALTH NET* <i>Healthy Heart II</i> 800-929-9955 www.healthnet.com	HMO +Rx	\$39	\$0 Primary Care \$0 Specialist	\$0 - days 1 - 90	Coverage for Many Generics and Few Brands
HEALTH NET* <i>Salud Con Health Net</i> 800-935-6565 www.healthnet.com	HMO +Rx	\$0	\$0 Primary Care \$0 Specialist	\$0 - days 1 - 90	Coverage for Many Generics and Few Brands
HUMANA <i>Humana Gold Plus H0108-005</i> 800-833-2312 www.humana-medicare.com	HMO + Rx (\$5,000 annual max out-of-pocket)	\$0	\$5-Primary Care \$15-Specialist	\$125/day - days 1-5 \$0 – days 6-90	Coverage for Few Generics and Few Brands
HUMANA <i>Humana Gold Plus H0108-006</i> 800-833-2312 www.humana-medicare.com	HMO(POS) + Rx (\$7,500 annual max out-of-pocket)	\$49	\$5-Primary Care \$15- Specialist	\$125/day - days 1-5 \$0 – days 6-90	Coverage for Few Generics and Few Brands
INTERVALLEY* <i>Service to Seniors</i> 800-251-8191 www.ivhp.com	HMO +Rx	\$0	\$0 Primary Care \$10 Specialist	\$75/day-days 1-6 \$0-days 7-90	Some Coverage for Generics
INTERVALLEY* <i>Total Fit</i> 800-251-8191 www.ivhp.com	HMO + Rx	\$0	\$0 Primary Care \$10 Specialist	\$75/day-days 1-6 \$0-days 7-90	No Gap Coverage
INTERVALLEY* <i>Desert Preferred Choice</i> 800-251-8191 www.ivhp.com	HMO + Rx <i>Riverside Co. Only</i>	\$0	\$0 Primary Care \$0 Specialist	\$0-days 1-90	Some Coverage for Generics and Brands
KAISER* <i>Senior Advantage Inland Empire</i> 866-973-4588 www.kaiserpermanente.org	HMO + Rx (\$3,400 annual max out-of-pocket)	\$0	\$0 Primary Care \$0 Specialist	\$200/day – days 1-10 \$0 – days 11-90	Coverage for Generics

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MD CARE INC <i>Care Advantage I</i> 888-327-2730 www.mdcareadvantage.com	HMO + Rx	\$0	\$0 Primary Care \$5 Specialist	\$0 – days 1-90	Formulary Drugs
MOLINA* <i>Molina Medicare Options</i> 866-403-8293 www.molinahealthcare.com	HMO + Rx (\$3,350 annual out-of-pocket max)	\$0	\$5 Primary Care \$10 Specialist	\$200/day - days 1-8 \$0-days 9-90	No Gap Coverage
SCAN CLASSIC* <i>SCAN Health Plan HMO-008</i> 800-915-7226 www.scanhealthplan.com	HMO + Rx	\$0	\$10 Primary Care \$10 Specialist	\$100/day - days 1-10 \$0-days 11-90	Coverage for Generics
SCAN OPTIONS* <i>SCAN Health Plan HMO-15</i> 800-915-7226 www.scanhealthplan.com	HMO + Rx	\$0	\$0 Primary Care \$0 Specialist	\$0-days 1-90	Coverage for Generics
SCAN* <i>SCAN My Choice</i> 800-915-7226 www.scanhealthplan.com	HMO(POS) + Rx (\$1,050 annual out-of-pocket max)	\$40	\$10 Primary Care \$20 Specialist	\$100/day - days 1-10 \$0-days 11-90	Coverage for Generics
SECURE HORIZONS* <i>AARP Medicare Complete I</i> 800-498-4347 www.securehorizons.com	HMO + Rx	\$0	\$10 Primary Care \$10 Specialist	\$200/day – days 1-4 \$0 – days 5-90	No Gap Coverage
SECURE HORIZONS* <i>AARP Medicare Complete III</i> 800-498-4347 www.securehorizons.com	HMO + Rx	\$0	\$0 Primary Care \$0 Specialist	\$175/day - days 1-7 \$0 - days 8-90	Some Coverage for Generics and Few Brand
HEALTH NET* <i>Seniority Plus Green</i> 800-935-6565 www.healthnet.com	HMO Only	\$0	\$7 Primary Care \$10 Specialist	\$100/day - days 1-4 \$0 - days 5-90	N/A
MD CARE INC <i>Care Advantage Select</i> 888-327-2730 www.mdcareadvantage.com	HMO Only	\$0	\$0 Primary Care \$0 Specialist	\$0 – days 1-90	N/A
SECURE HORIZONS* <i>AARP Medicare Complete Essentials</i> 800-498-4347 www.securehorizons.com	HMO Only	\$0	\$5 Primary Care \$10 Specialist	\$50 (each hospital stay)	N/A

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ANTHEM BLUE CROSS <i>Smart Value Classic</i> 888-211-9813 www.anthem.com	PFFS Only (\$5000 annual out-of-pocket max)	\$35	\$25-\$35-Primary Care \$35 Specialist	\$280/day - days 1-6 \$0 - days 7-90 (\$1680 hospital annual out-of-pocket max)	N/A
ANTHEM BLUE CROSS <i>Smart Value Plus</i> 888-211-9813 www.anthem.com	PFFS + Rx (\$5000 annual out-of-pocket max)	\$78	\$25 Primary Care \$35 Specialist	\$280/day - days 1-6 \$0 - days 7-90 (\$1680 hospital annual out-of-pocket max)	Coverage for Many Generics
CIGNA <i>Cigna Medicare Access Plan 1</i> 800-577-9410 www.cignamedicare.com	PFFS Only (\$3000 annual out-of-pocket max)	\$85	\$10 Primary Care \$35 Specialist	\$175/day - days 1-6 \$0 - days 7-90	N/A
CIGNA <i>Medicare Access Plus Rx Plan 2</i> 800-577-9410 www.cignamedicare.com	PFFS + Rx (\$3500 annual out-of-pocket max)	\$90	\$10 Primary Care \$40 Specialist	\$230/day - days 1-6 \$0 - days 7-90	No Gap Coverage
CIGNA <i>Cigna Medicare Access Plan 3</i> 800-577-9410 www.cignamedicare.com	PFFS Only (\$2500 annual out-of-pocket max)	\$140	\$10 Primary Care \$20 Specialist	\$50/day - days 1-6 \$0 - days 7-90	N/A
HUMANA <i>Gold Choice H2994-033</i> 800-833-2312 www.humana-medicare.com	PFFS + Rx (\$5000 annual out-of-pocket max)	\$73	\$15-\$35 Primary Care \$35 Specialist	\$225/day - days 1-7 \$0 - days 8-90	Some Coverage for Generics and Brands
HUMANA <i>Gold Choice H2944-034</i> 800-833-2312 www.humana-medicare.com	PFFS + Rx (\$5000 annual out-of-pocket max)	\$101	\$15-\$35 Primary Care \$35 Specialist	\$225/day - days 1-7 \$0 - days 8-90	Some Coverage for Generics and Brands
TODAYS OPTIONS <i>Value</i> 866-568-8921 www.todaysoptionsccrx.com	PFFS Only (\$3400 annual out-of-pocket max)	\$65	\$25-\$35 Primary Care \$50 Specialist	\$350/day - days 1-5 \$0 - days 6-90	N/A
TODAYS OPTIONS <i>Value Powered by CCRx</i> 866-568-8921 www.todaysoptionsccrx.com	PFFS + Rx (\$3400 annual out-of-pocket max)	\$76	\$25-\$35 Primary Care \$50 Specialist	\$350/day - days 1-5 \$0 - days 6-90	No Gap Coverage
TODAYS OPTIONS <i>Premier</i> 866-568-8921 www.todaysoptionsccrx.com	PFFS Only (\$3400 annual out-of-pocket max)	\$104	\$15-\$35 Primary Care \$40 Specialist	\$250/day - days 1-5 \$0 - days 6-90	N/A
TODAYS OPTIONS <i>Premier Powered by CCRx</i> 866-568-8921 www.todaysoptionsccrx.com	PFFS + Rx (\$3400 annual out-of-pocket max)	\$151	\$15-\$35 Primary Care \$40 Specialist	\$250/day - days 1-5 \$0 - days 6-90	Some Coverage for Generics

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	Plan Type	Monthly Premium	Office Visit	Hospitalization	Rx Gap Coverage
ANTHEM BLUE CROSS <i>Freedom Blue Plan I</i> 888-211-9813 www.anthem.com	PPO + Rx \$500 deductible (\$3,350 annual out-of-pocket max)	\$0	\$15 - \$35 (In Network) \$30 - \$40 (Out Network)	In Network \$850 days 1-90 Out of Network: 15% coinsurance	Some Coverage for Generics
ANTHEM BLUE CROSS <i>Freedom Blue Plus</i> 888-211-9813 www.anthem.com	PPO + Rx \$500 deductible (\$3,350 annual out-of-pocket max)	\$31	\$10 - \$35 (In Network) \$25 - \$40 (Out Network)	In Network \$850 days 1-90 Out of Network: 15% coinsurance	Some Coverage for Generics and Brand Drugs
ANTHEM BLUE CROSS <i>Freedom Blue Classic</i> 888-211-9813 www.anthem.com	PPO Only \$500 deductible (\$3,350 annual out-of-pocket max)	\$0	\$15 - \$30 (In Network) \$30 - \$45 (Out Network)	In Network \$850 days 1-90 Out of Network: 15% coinsurance	N/A

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.

* *Special Needs Plan for Chronic Disabling Conditions and/or Medicare – Medi-Cal (Dual-Eligible) Available*

For additional information about the plans listed, or if you would like a Registered HICAP Counselor to assist you in comparing your current health plan with Medicare's benefits for the coming year, call 1-800-434-0222 to schedule an individual counseling session.