

**Medicare Advantage Special Needs Plans  
Comparison Chart  
Chronic Illness and Institutional**

<b>Company</b>	<b>Brand New Day</b>	<b>CareMore Health Plan</b>	<b>Secure Horizons</b>	<b>Health Net</b>
<b>Plan Name</b>	<b>Brand New Day</b>	<b>CareMore Reliance</b>	<b>Evercare Plan MH</b>	<b>Healthy Heart II</b>
<b>Telephone Numbers Website</b>	New enrollment: 1-866-235-1805 Current members: 1-866-255-4795 hmocalif.com	New enrollment: 1-866-622-2820 Current members: 1-800-589-3147 caremorehealthplan.com	New enrollment: 1-888-834-3721 Current members: 1-888-846-2762 evercarehealthplans.com	New enrollment: 1-800-935-6565 Current members: 1-800-431-9007 healthnet.com
<b>Plan Type</b>	<b>SPECIAL NEEDS HMO (Chronic Illness)</b> Medicare Advantage Plan with Rx Benefit for people with certain chronic or disabling conditions. Must utilize plan physicians, providers and hospitals.	<b>SPECIAL NEEDS HMO (Chronic Illness)</b> Medicare Advantage Plan with Rx Benefit for people with certain chronic or disabling conditions. Must utilize plan physicians, providers and hospitals.	<b>SPECIAL NEEDS HMO (Chronic Illness)</b> Medicare Advantage Plan with Rx Benefit for people with certain chronic or disabling conditions. Must utilize plan physicians, providers and hospitals.	<b>SPECIAL NEEDS HMO (Chronic Illness)</b> Medicare Advantage Plan with Rx Benefit for people with certain chronic or disabling conditions. Must utilize plan physicians, providers and hospitals.
<b>Monthly Premium</b>	\$24.90 Monthly Premium	\$0 Monthly Premium.	\$0 Monthly Premium.	\$0 Monthly Premium.
<b>Doctor Visit</b>	\$0 each visit	\$0 each visit	\$0 each visit	\$0 each visit
<b>Specialist Visit</b>	\$0 each visit	\$0 each visit	\$5 each visit	\$0 each visit
<b>Physician Network</b>	251-500 physicians and providers in plan network	1001-1500 physicians and providers in plan network	9001-10000 physicians and providers in plan network	4001-4500 physicians and providers in plan network
<b>In-patient Hospitalization</b>	\$1068 deductible for days 1-60. \$267/day, days 61-90. \$534/day, days 91-150 lifetime reserve days. 90 days each benefit period.	\$0 copay. Unlimited days each benefit period	\$200 copay each stay. Unlimited days each benefit period.	\$0 copay. Unlimited days each benefit period.
<b>Skilled Nursing Facility</b>	\$0/day, days 1-20. \$133.50/day, days 21-100. 3 day prior hospital stay required. 100 days each benefit period	\$0/day, days 1-31. \$25/day, days 32-100. No prior hospital stay required. Unlimited days each benefit period	\$0/day, days 1-20. \$120/day, days 21-100. No prior hospital stay required. 100 days each benefit period.	\$0/day, days 1-20. \$75/day, days 21-100. No prior hospital stay required. 100 days each benefit period.
<b>In-patient Mental Health</b>	\$1068 deductible for days 1-60. \$267/day, days 61-90. 190-day psychiatric hospital lifetime limit.	\$50/day, days 1-3. \$0/day, days 4-90. 190-day psychiatric hospital lifetime limit.	\$912 per stay. 190-day psychiatric hospital lifetime limit.	\$900 per stay. 190-day psychiatric hospital lifetime limit.
<b>Outpatient Mental Health</b>	\$0 each session	\$0 each session	\$30 each session	\$25 each session
<b>Outpatient Services/Surgery</b>	0-20% each visit depends on the facility.	\$0 each visit	\$100 each visit	\$0 each visit
<b>Ambulance</b>	20% of cost each service.	\$50 each service, waived if admitted.	\$75 each service	\$125 each service
<b>Emergency Room Visit</b>	Up to \$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.	\$50 each visit	\$50 each visit, waived if admitted.
<b>Outpatient Rehabilitation Services</b>	\$0 each visit	\$0 each visit	\$0-\$30 each visit	\$0 each visit
<b>Durable Medical Equipment</b>	20% copay for each Medicare covered item.	0%-20% copay for each Medicare covered item.	20% copay for each Medicare covered item.	20% copay for each Medicare covered item.
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	\$0 each lab service, diagnostic services, X-ray, diagnostic radiology, and therapeutic radiology.	\$0 each lab service, diagnostic service, X-ray, diagnostic radiology, and therapeutic radiology.	\$7 each lab service, \$0-\$7 each diagnostic procedure and test, \$0 for an X-ray, 20% for diagnostic and therapeutic radiology.	\$0 each lab service, diagnostic service, and X-ray. \$0-\$250 for diagnostic and therapeutic radiology.
<b>Chiropractic Services</b>	\$0 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.	\$5 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.
<b>Dental Services</b>	\$2-\$425 for Medicare covered benefits. \$25-\$30 for 1 exam. \$25 for 2 cleanings per year. \$9 for 1 fluoride treatment per year. \$2-\$15 for 1 X-ray per yr.	\$0 for Medicare covered benefits. \$5-\$15 for oral exams. \$35 for up to 2 cleanings per year. \$5 for up to 2 fluoride treatments per year. \$0-\$10 for up to 1 X-ray every 3 years.	Preventative services not covered. \$5 copay for Medicare-covered services.	Preventative services not covered. \$0 copay for Medicare-covered services.
<b>Hearing Services</b>	You pay 100% of the cost of hearing aids. \$0 copay for diagnostic exams.	\$0 for diagnostic exams. \$0 for up to 1 routine exam per year. \$0 for up to 1 fitting eval for hearing aids every year. \$0 for hearing aids. \$250 limit for routine hearing aids per year.	You pay 100% of the cost of hearing aids. \$5 for each diagnostic exam.	You pay 100% of the cost of hearing aids. \$25 for diagnostic exams. \$25 for up to 1 routine test every year.
<b>Vision Services</b>	\$0 for diagnosis and treatment of diseases and conditions. \$0 for 1 routine exam per yr. \$0 for 1 pair of glasses or contacts after cataract surgery. \$0 for 1 frame per yr. \$25 limit for eye wear per yr.	\$0 for eyewear after cataract surgery. \$0 for diagnostic exams and 1 routine exam per yr. \$25 for up to 1 pair of glasses and 1 frame every 2 yrs. \$0 for up to 1 pair of lenses and contacts every yr. \$100 limit for eye wear every 2 years.	\$0 for eye wear if after cataract surgery. \$0 for 1 pair of glasses every 2 yrs. \$0 for contacts. \$0-\$5 for diagnostic exams and treatment. \$0 for up to 1 routine exam every 2 years. \$70 limit for eyewear every 2 years.	\$0 for glasses or contacts after cataract surgery. \$25 for exams to diagnose and treat diseases and conditions. \$25 for up to 1 routine exam per year.
<b>Miscellaneous</b>	This SNP covers Psychiatric Disorders: Alcoholism, Bipolar disorder, Drug dependency, Major depression and Schizophrenia	This SNP covers Asthma, Chronic bronchitis, Emphysema, Obstructive pulmonary disease, Diabetes, End-stage renal disease, Chronic renal failure and Hypertension	This SNP covers Asthma, Chronic bronchitis, Emphysema, Cardiac Arrhythmia, Chronic Heart Failure, Coronary Artery Disease, Hypertension, Peripheral Vascular Disease, Diabetes, Dementia	This SNP covers Endocrine/Metabolic Dyslipidemia
<b>Prescription Drugs</b>	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.

**2009**  
**Medicare Advantage Special Needs Plans**  
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<b>Company</b>	<b>CareMore Health Plan</b>	<b>SCAN</b>
<b>Plan Name</b>	<b>CareMore Touch</b>	<b>Scan Health Plan</b>
<b>Telephone Numbers Website</b>	New enrollment: 1-866-622-2820 Current members: 1-800-589-3147 caremorehealthplan.com	New enrollment: 1-800-915-7226 Current members: 1-800-559-3500 scanhealthplan.com
<b>Plan Type</b>	<b>SPECIAL NEEDS HMO (Institutional)</b> Medicare Advantage Plan with Rx Benefit for those living in an Institutional setting. Must utilize plan physicians, providers and hospitals.	<b>SPECIAL NEEDS HMO (Institutional)</b> Medicare Advantage Plan with Rx Benefit for those living in an Institutional setting. Must utilize plan physicians, providers and hospitals.
<b>Monthly Premium</b>	\$0 Monthly Premium.	\$0 Monthly Premium.
<b>Doctor Visit</b>	\$0 each visit	\$5 each visit
<b>Specialist Visit</b>	\$0 each visit	\$10 each visit
<b>Physician Network</b>	1001-1500 physicians and providers in plan network	2501-3000 physicians and providers in plan network
<b>In-patient Hospitalization</b>	\$0 copay. Unlimited days each benefit period.	\$50/day, days 1-10. \$0/day, days 11-90. \$500 out-of-pocket limit. Unlimited days each benefit period.
<b>Skilled Nursing Facility</b>	\$0 copay. No prior hospital stay required. 150 days each benefit period.	\$0/day, days 1-20. \$20/day, days 21-100. No prior hospital stay required. 100 days each benefit period.
<b>In-patient Mental Health</b>	\$0 copay. 190-day psychiatric hospital lifetime limit.	\$50/day, days 1-10. \$0/day, days 11-90. \$500 out-of-pocket limit. 190-day psychiatric hospital lifetime limit.
<b>Outpatient Mental Health</b>	\$0 each session	\$10 each session
<b>Outpatient Services/Surgery</b>	\$0 each visit	\$50 each visit
<b>Ambulance</b>	\$50 each service, waived if admitted.	\$50 each service.
<b>Emergency Room Visit</b>	\$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.
<b>Outpatient Rehabilitation Services</b>	\$0 each visit	\$10 each visit
<b>Durable Medical Equipment</b>	0%-20% copay for each Medicare covered item.	0%-10% copay for each Medicare covered item.
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	\$0 each lab service, diagnostic services, X-ray, diagnostic radiology, and therapeutic radiology.	\$0 each lab service, \$0 for diagnostic services. \$0 each X-ray. 10% each diagnostic radiology. 20% each therapeutic radiology.
<b>Chiropractic Services</b>	\$0 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.
<b>Dental Services</b>	Preventative services not covered. \$0 copay for Medicare-covered services.	Preventative services not covered. \$10 copay for Medicare-covered services.
<b>Hearing Services</b>	\$0 copay for hearing aids up to \$500 limit per year. \$0 for up to 1 fitting-evaluation for a hearing aid every year. \$0 copay for diagnostic exam and up to 1 routine test per year.	\$0 copay for up to 2 hearing aids every 3 yrs up to \$400 limit. \$10 copay for diagnostic exams. \$0-\$10 copay for up to 1 routine test per yr and 1 hearing aid fitting eval every 3 yrs.
<b>Vision Services</b>	\$0 for glasses or contacts after cataract surgery. \$0 for diagnosis and treatment of diseases and conditions. \$0 for 1 pair of glasses every 2 yrs. \$0 for 1 pair of contacts every yr. 150 limit for eyewear every 2 years.	\$10 for eye wear after cataract surgery. \$10 copay for diagnostic exams. \$10 copay for up to 1 routine test per year. \$25 of the cost of eye wear. \$100 limit for eye wear every 2 yrs.
<b>Miscellaneous</b>	This SNP covers individuals living in an institution. Transportation - \$0 copay for up to 12 one-way trips per year	This SNP covers individuals living in an institution. Transportation - \$0 copay for up to 12 one-way trips per year
<b>Prescription Drugs</b>	See separate Information Chart detailing Prescription Drug benefits for this plan.	See separate Information Chart detailing Prescription Drug benefits for this plan.