

**2010
Medicare Advantage Special Needs Plans
Comparison Chart**

Company Plan Name	HMO California Brand New Day	CareMore Health Plan Breathe	CareMore Health Plan ESRD	CareMore Health Plan Heart
Telephone Numbers Website	New enrollment: 1-866-235-1805 Current members: 1-866-255-4795 hmcalf.com	New enrollment: 1-866-622-2820 Current members: 1-888-357-4166 caremorehealthplan.com	New enrollment: 1-866-622-2820 Current members: 1-888-357-4177 caremorehealthplan.com	New enrollment: 1-866-622-2820 Current members: 1-888-494-8280 caremorehealthplan.com
Plan Type	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with psychiatric disorders: alcoholism, bipolar disorder, drug dependency, major depression and schizophrenia	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with chronic lung disorders	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with end stage renal disease requiring dialysis (any mode of dialysis).	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with cardiovascular disorders, chronic heart failure.
Monthly Premium	\$29.00 Monthly Premium	\$0 Monthly Premium.	\$0 Monthly Premium.	\$0 Monthly Premium.
Doctor Visit	\$0 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Specialist Visit	\$0 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Physician Network	251-500 physicians and providers in plan network	1001-1500 physicians and providers in plan network	1001-1500 physicians and providers in plan network	1001-1500 physicians and providers in plan network
In-patient Hospitalization	\$1100 deductible for days 1-60. \$275/day, days 61-90. \$550/day, days 91-150 lifetime reserve days. 90 days each benefit period.	\$0 copay. Unlimited days each benefit period	\$0 copay. Unlimited days each benefit period	\$0 copay. Unlimited days each benefit period
Skilled Nursing Facility	\$0/day, days 1-20. \$137.50/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. Plan covers up to 100 days each benefit period	\$0/day, days 1-31. \$25/day, days 32-100. No prior hospital stay required. Plan covers up to 100 days each benefit period	\$0/day, days 1-31. \$25/day, days 32-100. No prior hospital stay required. Plan covers up to 100 days each benefit period
In-patient Mental Health	\$1068 deductible for days 1-60. \$267/day, days 61-90. 190-day psychiatric hospital lifetime limit.	\$0 copay up to 190 days, then contact plan for details.	\$0 copay up to 190 days, then contact plan for details.	\$0 copay up to 190 days, then contact plan for details.
Outpatient Mental Health	\$0 each session	\$0 each session	\$0 each session	\$0 each session
Outpatient Services/Surgery	0-20% each visit depends on the facility.	\$0 each visit	\$0 each visit	\$0 each visit
Ambulance	20% of cost each service.	\$0 - \$50 each service, waived if admitted.	\$0 - \$50 each service, waived if admitted.	\$0 - \$50 each service, waived if admitted.
Emergency Room Visit	Up to \$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.
Outpatient Rehabilitation Services	\$0 each visit	\$0 each visit	\$0 each visit	\$0 each visit
Durable Medical Equipment	20% copay for each Medicare covered item.	\$0-\$250 copay for each Medicare covered item.	\$0-\$250 copay for each Medicare covered item.	\$0-\$250 copay for each Medicare covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 each lab service, 20% for X-rays, 20% for diagnostic radiology, and 20% for therapeutic radiology.	\$0 each lab service, diagnostic service, X-ray, diagnostic radiology, and therapeutic radiology.	\$0 each lab service, diagnostic service, X-ray, diagnostic radiology, and therapeutic radiology.	\$0 each lab service, diagnostic service, X-ray, diagnostic radiology, and therapeutic radiology.
Chiropractic Services	\$0 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.
Dental Services	\$0-\$1,900 for Medicare covered benefits. \$0 for 1 exam. \$0 for 2 cleanings per year. \$0 for 1 fluoride treatment per year. \$0 for 1 X-ray per yr.	\$0 for Medicare covered benefits. \$5-\$20 for oral exams. \$35-\$40 for up to 2 cleanings per year. \$5-\$10 for up to 2 fluoride treatments per year. \$5-\$15 for up to 1 X-ray every 3 years.	\$0 for Medicare covered benefits. \$5-\$20 for oral exams. \$35-\$40 for up to 2 cleanings per year. \$5-\$10 for up to 2 fluoride treatments per year. \$5-\$15 for up to 1 X-ray every 3 years.	\$0 for Medicare covered benefits. \$5-\$20 for oral exams. \$35-\$40 for up to 2 cleanings per year. \$5-\$10 for up to 2 fluoride treatments per year. \$5-\$15 for up to 1 X-ray every 3 years.
Hearing Services	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 hearing aids per year.	\$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 hearing aids per year.	\$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 hearing aids per year.
Vision Services	\$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 every 2 yrs. - \$25 limit. \$60 limit for lenses 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 every 2 yrs.up to \$100 limit. \$25 for up to 1 pair of contacts every yr. Up to \$125.	\$0 for eyewear after cataract surgery. \$0 for diagnostic exams and 1 routine exam per yr. \$25 for up to 1 pair of glasses every 2 yrs.up to \$100 limit. \$25 for up to 1 pair of contacts every yr. Up to \$125.	\$0 for eyewear after cataract surgery. \$0 for diagnostic exams and 1 routine exam per yr. \$25 for up to 1 pair of glasses every 2 yrs.up to \$100 limit. \$25 for up to 1 pair of contacts every yr. Up to \$125.
Miscellaneous	Renal dialysis - 20% copay. Nutritional therapy - 0\$ copay. Transportation - \$0 copay for up to 24 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 50 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 50 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 50 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.
Prescription Drugs	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.

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Company	CareMore Health Plan	CareMore Health Plan	SCAN	Secure Horizons
Plan Name	Reliance	Touch	SCAN Health Plan	Evercare MH
Telephone Numbers Website	New enrollment: 1-866-622-2820 Current members: 1-800-589-3145 caremorehealthplan.com	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	New enrollment: 1-888-834-3721 Current members: 1-888-846-2762 evercarehealthplans.com
Plan Type	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with diabetes mellitus.	SPECIAL NEEDS HMO (Institutional) Medicare Advantage Plan with Rx Benefit for people living in an Institutional setting.	SPECIAL NEEDS HMO (Institutional) Medicare Advantage Plan with Rx Benefit for people living in an Institutional setting.	SPECIAL NEEDS HMO (Chronic Illness) Medicare Advantage Plan with Rx Benefit for people with cardiovascular disorders, chronic heart failure and diabetes mellitus.
Monthly Premium	\$0 Monthly Premium.	\$0 Monthly Premium.	\$0 Monthly Premium.	\$0 Monthly Premium.
Doctor Visit	\$0 each visit	\$0 each visit	\$5 each visit	\$0 each visit
Specialist Visit	\$0 each visit	\$0 each visit	\$10 each visit	\$5 each visit
Physician Network	1001-1500 physicians and providers in plan network	1001-1500 physicians and providers in plan network	2501-3000 physicians and providers in plan network	9001-10000 physicians and providers in plan network
In-patient Hospitalization	\$0 copay. Unlimited days each benefit period	\$0 copay. Unlimited days each benefit period.	\$100/day, days 1-10. \$0/day, days 11-90. Unlimited days each benefit period.	\$400 copay each stay. Unlimited days each benefit period.
Skilled Nursing Facility	\$0/day, days 1-31. \$25/day, days 32-100. No prior hospital stay required. Unlimited days each benefit period	\$0 copay. No prior hospital stay required. 150 days each benefit period.	\$0/day, days 1-10. \$50/day, days 11-100. No prior hospital stay required. 100 days each benefit period.	\$0/day, days 1-20. \$120/day, days 21-100. No prior hospital stay required. 100 days each benefit period.
In-patient Mental Health	\$0 copay up to 190 days, then contact plan for details.	\$0 copay up to 190 days, then contact plan for details.	\$100/day, days 1-10. \$0/day, days 11-90. \$500 out-of-pocket limit. 190-day psychiatric hospital lifetime limit.	\$400 per stay. 190-day psychiatric hospital lifetime limit.
Outpatient Mental Health	\$0 each session	\$0 each session	\$25 each session	\$30 each session
Outpatient Services/Surgery	\$0 each visit	\$0 each visit	\$50 each visit to ambulatory surgical center, \$100 for each hospital visit.	\$175 each visit
Ambulance	\$0 - \$50 each service, waived if admitted.	\$50 each service, waived if admitted.	\$100 each service.	\$150 each service
Emergency Room Visit	\$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.	\$50 each visit, waived if admitted.	\$50 each visit
Outpatient Rehabilitation Services	\$0 each visit	\$0 each visit	\$10 each visit	\$0-\$30 each visit
Durable Medical Equipment	\$0-\$250 copay for each Medicare covered item.	\$0-\$250 copay for each Medicare covered item.	0%-20% copay for each Medicare covered item.	20% copay for each Medicare covered item.
Diagnostic Tests, X-Rays, and Lab Services	\$0 each lab service, diagnostic service, X-ray, diagnostic radiology, and therapeutic radiology.	\$0 each lab service, diagnostic services, X-ray, diagnostic radiology, and therapeutic radiology.	0% each lab service, 0%-10% for diagnostic services. \$0 each X-ray. 10% each diagnostic radiology. 20% each therapeutic radiology.	\$10 each lab service, \$0-\$10 each diagnostic procedure and test, \$0 for an X-ray, 20% for diagnostic and therapeutic radiology.
Chiropractic Services	\$0 copay for each Medicare covered visit.	\$0 copay for each Medicare covered visit.	\$10 copay for each Medicare covered visit.	\$5 copay for each Medicare covered visit.
Dental Services	\$0 for Medicare covered benefits. \$5-\$20 for oral exams. \$35-\$40 for up to 2 cleanings per year. \$5-\$10 for up to 2 fluoride treatments per year. \$5-\$15 for up to 1 X-ray every 3 years.	Preventative services not covered. \$0 copay for Medicare-covered services. Optional dental coverage available for \$12.90 mo. Premium.	Preventative services not covered. \$10 copay for Medicare-covered services.	Preventative services not covered. \$5 copay for Medicare-covered services.
Hearing Services	\$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 hearing aids per year.	\$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. \$500 limit for hearing aids 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.	\$5 for each diagnostic exam. \$0 for up to 1 routine test per yr. \$0 for hearing aid up to \$300 limit every 2 yrs.
Vision Services	\$0 for eyewear after cataract surgery. \$0 for diagnostic exams and 1 routine exam per yr. \$25 for up to 1 pair of glasses every 2 yrs. up to \$100 limit. \$25 for up to 1 pair of contacts every yr. Up to \$125.	\$0 for eyewear after cataract surgery. \$0 for diagnostic exams and 1 routine exam per yr. \$25 for up to 1 pair of glasses every 2 yrs. up to \$100 limit. \$25 for up to 1 pair of contacts every yr. Up to \$125.	\$10 for eye wear after cataract surgery. \$10 copay for diagnostic exams. \$15 copay for up to 1 routine test per year. \$25 of the cost of eye wear. \$100 limit for eye wear every 2 yrs. \$100 limit for contact lenses every 2 yrs.	\$0 for eye wear after cataract surgery. \$0 for 1 pair of glasses every 2 yrs. \$30 copay for contacts. \$0-\$5 for diagnostic exams and treatment. \$30 for up to 1 routine exam every 2 years. \$70 limit for eyewear every 2 years.
Miscellaneous	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 50 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 12 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 12 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.	Renal dialysis & nutritional therapy - \$0 copay. Transportation - \$0 copay for up to 24 one-way trips per yr. Physical exams - \$0 copay for 1 routine physical exam per yr.
Prescription Drugs	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.

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