2003 Medicare + Choice Plans offered by SCCIPA in Santa Clara County

Benefit Description	YOU PAY --		
	Medicare	**Health Net Seniority Plus**	**Secure Horizons**
Plan Premium	Part B $58.70 / mo	Medicare Part B + $100	Medicare Part B + $95
Office Visit Copay PCP/Spec	$100 yearly deductible 20% of Medicare-approved	$15/$20	$10/$20
Hospital Admit Deductible	$840 per Benefit Period (6)	$200 Low Tier/ $500 High Tier / (1)*	$400/$800 (3)
Hospital Copay	$0 per day Days 1-60 $210 per day Days 61-90 $420 per day 60 Reserve days	$0	$0
Emergency Room Copay	20% of Allowable charges	$50 (waived if admitted)	$50
Urgently Needed Care	20% of Allowable charges	$20	$10 - $50
Ambulance Services	20% of Allowable charges	$100	$50
SNF Copay (days 1-20)	$0	$0	$0
SNF Copay (per day, days 21-100)	$105 Limit of 100 days per benefit period	$75	$50
Home Health	$0	$0 if Medicare-covered	$0 if Medicare-covered
Rx $ Copay / Rx	Covers Inpatient Drugs only	$10 Formulary Generics/ 50% Non-Formulary Generic up to a 30 day supply/ No Brand Coverage except Pharmacy Savers discount program through most pharmacy chains.	$9/NB
Rx $ Copay / Mail Order	Not Covered	$20/ 50% of the cost for mail order Non-Formulary Generic drugs up to a 90 day supply/ No Brand Coverage	$18/NB
Rx $ Annual Maximum	Not Covered	Unlimited Formulary Generics (4)	Unlimited Generics
Outpatient Surgery	20% of Allowable charges	$100 per Medicare-covered visit to an ambulatory surgical center. Copays for outpatient hospital facility charges, excluding outpatient surgery & professional services, based on Medicare Allowable cost. (5)	$200
Durable Medical Equipment	50% of Medicare-covered	Copayment based on Medicare-allowable cost, charges apply per line item. (5)	20% ** of the cost for each Medicare-covered item.
Diagnostic Tests, X-rays & Lab Services, Radiation Therapy, Complex Radiology & Diagnostic Procedures	20% of Allowable charges	No copay for Medicare-covered X-ray visits & lab services. Copay for each Medicare-covered clinical diagnostic & radiation therapy service based on Medicare-allowable (5) $0-$600 per Medicare-covered diagnostic radiology service (MRI, CT & PET scans) and Radiation Therapy (5)	Member pays: 0% of cost per Medicare-covered clinical/ diagnostic lab service. 20% ** cost per Medicare-covered radiation therapy service 0% to 20% ** of cost per Medicare covered x-ray visit.
Prosthetic Devices	20% of Allowable charges	Copayment if based on Medicare-allowable cost.	20% ** of the cost for each Medicare covered item.
Diabetes Self -Monitoring, Training and Supplies	20% of Allowable charges	$0	$0 copay for Medicare-covered Diabetes self monitoring & training. 20% ** of cost for each Medicare covered Diabetic item

Summary prepared by Santa Clara County Individual Practice Association (1-877-SCCIPAMD) based on information published by Medicare and the health plans.
Please contact health plans directly for the exact terms and conditions of coverage--Health Net Seniority Plus 1-800-935-6565 PacifiCare Secure Horizons 1-800-385-5588

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Benefit Description	Medicare	Health Net Seniority Plus	PacifiCare Secure Horizons
Outpatient Injectable Medications	Not Covered	20% copay for Medicare-covered drugs & biologicals NOT administered by a physician (Self-administered) $0-$600 copay for Medicare-covered drugs & biologicals administered by a physician (including chemotherapy) (5)	20% copay for Medicare-covered drugs administered in Physician's Office ** 20% copay for self-administered Medicare-covered drugs for up to 30-day supply
Dental Benefit /Copay	Only covered in extreme cases that require hospitalization	Optional Supplemental benefit described below	No Coverage
Vision Exam Copay	Not Covered	$20	$10-$20 for each Medicare-covered eye exam. No routine coverage
Eyewear Benefit	One pair of glasses/contact lenses covered after cataract surgery.	No copayment for Medicare-covered eyewear + Optional Supplemental benefits described below	$0 copayment for Medicare-covered eyewear. $20 for glasses, limited to 1 pair every two years. $75 for eyewear every two years.
Podiatry	20% if Medicare- covered	$20 + Optional Supplemental benefits described below	$10-$20 + Optional Supplemental benefits described below
Chiropractic	20% if Medicare- covered	$15 for Medicare-covered visits + Optional Supplemental benefits described below	$20
Hearing Exam Copay	Not Covered	$20 for Medicare-covered hearing exam - No routine coverage	$20 for Medicare-covered hearing exam - No routine coverage
Mental Health Services Inpatient	$840 per Benefit Period (6) $0 per day Days 1-60 $210 per day Days 61-90 $420 per day 60 Reserve days 190- Day lifetime limit in psychiatric hospital	$200 deductible 190 day lifetime limit	$800 deductible 190 day lifetime limit
Mental Health Services - Outpatient	50% of Medicare-covered amounts with the exception of certain situations and services for which you pay 20% of approved charges	$20 for Medicare-covered services	$20 for Medicare-covered services
Optional Supplemental Benefits	Not Covered	1 package available for $15 monthly premium: Dental Services + Vision: 1 pair glasses or contacts every 2 yr./$250 max. Acupuncture: $10/30 treatments OR Chiropractic: $10/30 visits Or combination Acupuncture/Chiropractic total 30 visits	Ask about 3 packages available: 1) Optional Dental $5/mo. 2) High Option Dental $19 /mo. 3) Vision Optional Plus $15/mo/ includes additional vision, chiropractic & podiatry routine exams & eye wear & transportation12 one-way trips without copay to plan-approved locations
Worldwide Emergency	US & Possessions	Yes (2)	Yes

(1) Inpatient hospital deductible taken once per benefit period; No additional daily copays days 1-90 for each Medicare covered stay
* Note: Stanford, El Camino, Good Samaritan, Regional Medical Center of San Jose & San Jose Medical Center are High Tier - the O'Connor, St. Louise & Community Hospital of Los Gatos are Low Tier.
(2) Worldwide Emergency Benefit: $500 inpatient deductible per benefit period and annual benefit maximum of $50,000.
(3) Same tiering as (1) above with $400 and $800 deductibles; * Note applies. (4) Generic prescriptions not on formulary are available at 50% coinsurance.
(5) $0-$349 Medicare allowable cost - $0 copay; $350-$999 Medicare allowable cost - $100 copay; $1,000-$2,999 Medicare allowable - $275 copay, $3,000+ Medicare allowable - $600
(6) A benefit period starts when you enter a hospital or skilled nursing facility and ends when you have been out for 60 consecutive days.
**Coinsurance is based on the amount Medicare would have covered. Percentage based on PacifiCare contractually negotiated rates when Medicare amounts for services are not available. 1/6/03