



CCHP Senior Program (HMO)

2012 Summary of Benefits 保障簡要

January 1, 2012 - December 31, 2012

H0571

Section I: Introduction to Summary of Benefits

Thank you for your interest in CCHP Senior Program (HMO). Our plan is offered by Chinese Community Health Plan, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CCHP Senior Program (HMO) and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CCHP Senior Program (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call CCHP Senior Program (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare CCHP Senior Program (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is CCHP Senior Program (HMO) Available?

The service area for this plan includes: San Francisco, San Mateo* Counties, CA. You must live in one of these areas to join the plan.

Zip Code	City
94005	Brisbane
94010	Burlingame
94011	Burlingame
94012	Burlingame
94013	Daly City
94014	Daly City
94015	Daly City
94016	Daly City
94017	Daly City
94019	Half Moon Bay
94030	Millbrae
94031	Millbrae
94037	Montara
94038	Moss Beach
94044	Pacifica
94045	Pacifica
94066	San Bruno

Zip Code	City
94067	San Bruno
94080	South San Francisco
94083	South San Francisco
94096	San Bruno
94098	San Bruno
94099	South San Francisco
94128	San Francisco Airport
94401	San Mateo
94402	San Mateo
94403	San Mateo
94404	San Mateo
94405	San Mateo
94406	San Mateo
94407	San Mateo
94408	San Mateo
94409	San Mateo
94497	San Mateo

* denotes partial county

Who Is Eligible To Join CCHP Senior Program (HMO)?

You can join CCHP Senior Program (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in CCHP Senior Program (HMO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

CCHP Senior Program (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory by contacting our customer service number listed at the end of this introduction.

What Happens If I Go To A Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself

except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

Where Can I Get My Prescriptions If I Join This Plan?

CCHP Senior Program (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.cchphmo.com/drugbenefitseniorprogram.html. Our customer service number is listed at the end of this introduction.

Does My Plan Cover Medicare Part B or Part D Drugs?

CCHP Senior Program (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

CCHP Senior Program (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cchphmo.com/drugbenefitseniorprogram.html.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With My Prescription Drug Plan Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CCHP Senior Program (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CCHP Senior Program (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not

to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CCHP Senior Program (HMO) for more details.

What Types of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CCHP Senior Program (HMO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through DME.**

Where Can I Find Information on Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Chinese Community Health Plan for more information about CCHP Senior Program (HMO).

Visit us at www.cchphmo.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

8:00 a.m. - 8:00 p.m. Pacific

Current and Prospective members should call toll-free at (888)-775-7888 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898).

Current members should call locally (415)-834-2118 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898)

Prospective members should call locally (415)-955-8800 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898)

Current and Prospective members should call toll-free at (888)-775-7888 for questions related to the Medicare Part D Prescription Drug Program (TTY/TDD (877)-681-8898)

Current members should call locally (415)-834-2118 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-681-8898)

Prospective members should call locally (415)-955-8800 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-681-8898)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede ser disponible en una no-Inglés idioma. Para obtener información adicional, llame al departamento de servicios al numero de teléfono mencionado arriba.

此文件有其它的語言版本提供。了解詳情請致電上列的電話號碼與會員服務部聯絡。

If you have any questions about this plan's benefits or costs, please contact Chinese Community Health Plan for details.

Section II: Summary of Benefits

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
IMPORTANT INFORMATION		
<p>1 – Premium and Other Important Information</p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.</p>	<p>General \$35 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit.</p> <p>All plan services included.</p>
<p>2 – Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 6: \$270 copay per day Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for each additional hospital day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 – Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: Days 1 - 6: \$270 copay per day Days 7 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days.</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
	furnished in a general hospital.	Cost per lifetime reserve day: Days 1 - 60: \$0 copay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 per day These amounts may change for 2012. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply. In-Network Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$135 copay per day
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
OUTPATIENT CARE		
8 – Doctor Office Visits	20% coinsurance	<p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 – Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 – Outpatient Mental Health Care	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual therapy visit</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
11 – Outpatient Mental Health Care (cont.)	<p>community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>\$15 copay for each Medicare-covered group therapy visit</p> <p>\$15 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$15 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$0 copay for Medicare-covered partial hospitalization program services</p>
12 – Outpatient Substance Abuse Care	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual visits.</p> <p>\$15 copay for Medicare-covered group visits.</p>
13 – Outpatient Services/Surgery	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed than Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility charges</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$195 to \$270 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$195 to \$270 copay for each Medicare-covered outpatient hospital facility visit.</p>
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's Services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items
20 – Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-management training. \$0 copay for: - Diabetes monitoring supplies - Therapeutic shoes or inserts
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$100 copay for Medicare-covered diagnostic radiology services (not including x-rays). \$0 copay for Medicare-covered

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (cont.)	most routine screening tests, like checking your cholesterol.	therapeutic radiology services.
22 - Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for</p> <p>-Medicare-covered Cardiac Rehabilitation Services</p> <p>-Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>-Medicare-covered Pulmonary Rehabilitation Services</p>

PREVENTATIVE SERVICES

23 - Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal bowel Cancer Screening - Diabetes Screening - Influenza Vaccine 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine
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Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>23 - Preventive Services and Wellness/Education Programs (cont.)</p>	<ul style="list-style-type: none"> - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). <p>Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</p> <ul style="list-style-type: none"> - Medical Nutrition Therapy Services <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</p> <ul style="list-style-type: none"> - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine 	<ul style="list-style-type: none"> - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters -Nutritional benefit - Additional Smoking Cessation

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>23 - Preventive Services and Wellness/Education Programs (cont.)</p>	<p>once in your lifetime. Call your doctor for more information.</p> <ul style="list-style-type: none"> - Prostate Cancer Screening <p>Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <ul style="list-style-type: none"> - Smoking Cessation (counseling to stop smoking). <p>Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <ul style="list-style-type: none"> - Welcome to Medicare Physical Exam (initial preventive physical exam) <p>When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	<ul style="list-style-type: none"> - Health Club Membership/Fitness Classes - Nursing Hotline
<p>24 - Kidney Disease and Conditions</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis</p> <p>\$0 copay for kidney disease education services</p>
<p>25 - Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 copay for Part B-covered drugs.</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>25 - Outpatient Prescription Drugs (cont.)</p>	<p>all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cchphmo.com/drugbenefitseniorprogram.html on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CCHP Senior Program (HMO) for certain drugs.</p> <p>You must go to certain pharmacies</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and CCHP Senior Program (HMO) approves the exception, you will pay Tier 2: Brand Drugs cost sharing for that drug.</p> <p>In-Network</p> <p>\$320 deductible on all drugs except Tier 1: Generic Drugs.</p> <p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$20 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Brand Drugs</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
25 - Outpatient Prescription Drugs (cont.)		<p>- \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$80 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Specialty Tier Drugs</p> <p>- 20% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <p>- \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Brand Drugs</p> <p>- \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Specialty Tier Drugs</p> <p>- 20% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <p>- \$20 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Brand Drugs</p> <p>- \$80 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86%</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> -5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CCHP Senior Program (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs in this tier

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>Tier 2: Brand Drugs</p> <p>- \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Specialty Tier Drugs</p> <p>- 20% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>brand drugs treated as generic) and a \$6.50 copay for all other drugs.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p>26 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$15 copay for Medicare-covered dental benefits</p>
<p>27 - Hearing Services</p>	<p>Supplemental routine hearing exam and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Hearing aids not covered.</p> <p>- \$15 copay for Medicare-covered diagnostic hearing exams</p> <p>- \$15 copay for up to 1 supplemental routine hearing exam(s) every year</p>
<p>28 - Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network \$0 copay for</p> <p>- one pair of eyeglasses or contact lenses after cataract surgery</p> <p>- up to 1 pair(s) of glasses every two years</p> <p>- \$15 copay for exams to diagnose and treat diseases and conditions of</p>

Benefit Category	Original Medicare	CCHP Senior Program (HMO)
28 - Vision Services (cont.)	Annual glaucoma screenings covered for people at risk.	the eye. - \$15 copay for up to 1 supplemental routine eye exam(s) every year \$80 plan coverage limit for eye wear every year.
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	General Authorization rules may apply. In-Network \$15 copay per visit.
Optional Supplemental Package #1		
Premium and Other Important Information		General Package: 1 –Dental Plan: \$14.60 monthly premium, in addition to your \$35 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Preventive Dental - Comprehensive Dental
Dental Services		General Plan offers additional comprehensive dental benefits. In-Network \$0 copay for the following preventive dental benefits: - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental x-ray(s) every three years

Section III: Important Plan Information

Chinese Community Health Plan

Chinese Community Health Plan (“CCHP”) is a health maintenance organization (“HMO”) with a Medicare contract. CCHP was originally founded in 1986 in San Francisco by Chinese Hospital Association. As a health maintenance organization, our objective is to give you peace of mind about your health care coverage. From routine checkups and preventive services to critical care, we have you covered.

CCHP contracts with Chinese Community Health Care Association (our “medical group”) for physician care, an organization of over 300 doctors who provide care throughout our service area San Francisco and northern San Mateo counties. These doctors include primary care physicians and a wide range of specialist physicians.

For hospital care CCHP contracts with the following hospitals:

- In San Francisco: Chinese Hospital; St. Francis Memorial Hospital; California Pacific Medical Center; St. Mary’s Medical Center
- In San Mateo: Seton Medical Center

The Plan also contracts with other hospitals for specialized services.

Members of CCHP choose their own Primary Care Physician from the doctors in our medical group, listed in our Provider Directory. With the wide selection of physicians and office locations, finding the right doctor for you and each member of your family is easy. Each physician is affiliated with one or more of the fine hospitals which participate in CCHP.

CCHP continues the tradition of quality and trust started by Chinese Hospital since its opening in 1925. With CCHP you can be confident that wherever you live in our service area, you will have the quality of care and comprehensive coverage which have been offered by CCHP for many years.

Outpatient Prescription Drug Benefit

Since 2006, a new Medicare prescription drug coverage has been available to all people with Medicare. CCHP Senior Program (HMO) includes this coverage. As a member of CCHP Senior Program (HMO), you automatically have Medicare prescription drug coverage from CCHP Senior Program (HMO).

As a CCHP member, you are usually required to go to a network pharmacy or mail order facility to obtain your medications. We are pleased to tell you that there are more than 100 pharmacies in our network in San Francisco.

In 2012, there will be for a \$320 deductible for brand name and specialty outpatient prescription drugs. Before the total drug cost (paid by both you and CCHP) reaches \$2,930, your copayments will

be the following for each 30-day supply of outpatient prescription drugs: \$10 for formulary generic drugs or \$40 for formulary brand drugs or 20% coinsurance for specialty tier drugs. If you reach a total drug cost of \$2,930 during the year, there will then be no coverage until your total out-of-pocket cost reaches \$4,700. After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700. If you reach this level of cost, coverage will begin again with lower copayments. You will pay the greater of \$2.60 for a formulary generic drug (brand treated as generic is also \$2.60) and \$6.50 for a formulary brand drug, or 5% coinsurance. Certain prescription drugs will have maximum quantity limits. Other drugs will require prior authorization from CCHP Senior Program (HMO). You will need to contact CCHP for details. CCHP Senior Program (HMO) members may also purchase their outpatient prescription drugs via mail order; this option allows you to save money on maintenance medications; the copayments for mail order are described in the benefit chart.

In 2012, CCHP Senior Program (HMO) will have a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. If the formulary changes during the course of the year you will be notified, in writing, before the change. Drugs are either classified as generic, brand or specialty. Generic drugs are produced and sold under their chemical names, while brand drugs are produced and sold under the original manufacturer's brand name. Specialty drugs include those that are injectibles. Even though generic drugs cost less, they are similar to brand drugs in terms of quality and effectiveness. Some brand drugs have a generic equivalent and others do not.

If your physician writes the prescription for a brand drug when a generic is available, the prescription will be filled with the generic medication; if you choose to have the corresponding brand medication, you must pay the copayment for the brand medication. If a drug is not covered in the way you would like it to be covered, you can ask the plan to make an "exception". An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exceptions approved. We will then consider your request.

Some medications require prior authorization from CCHP. This is true, for example, if the medication is covered by a clinical protocol called "step-therapy," which CCHP administers for a few chronic medical conditions. Under this program, physicians and members are encouraged to use first-line therapy drugs, which are clinically-appropriate and may be lower cost medications. If the first-line therapy drug does not produce the result desired by the member and physician, second-line therapy medications are available. If the physician feels you should have a second-line therapy drug without first trying the first-line therapy, prior authorization may be required from CCHP.

Remember, if you have questions about our CCHP Senior Program (HMO) for 2012, you may contact CCHP Customer Service at 415-834-2118 (Chinese and English) or toll-free 888-775-7888, 8:00 a.m. to 8:00 p.m. (Pacific), Monday through Sunday (or TTY/TDD 1-877-681-8898 for the hearing impaired).