



2012 Benefit Summary

CCHP Senior Program (HMO)

SERVICE AREA: SAN FRANCISCO & NORTHERN SAN MATEO COUNTIES

Monthly Plan Premium	\$35		
Preventive Services	\$0 copay		
Doctor Office Visits	\$15 copay		
X-Rays, Lab	\$0 copay		
Diagnostic Radiology Services	\$0-\$100		
Vision Services	\$15 copay/visit – One pair of glasses every two years		
Acupuncture Services	\$15 copay/visit		
Chiropractic Services	\$15 copay/visit		
Outpatient Surgery	\$195 copay (at Chinese Hospital) \$270 copay (at all other hospitals)		
Worldwide Emergency Care	\$50 copay		
Ambulance Services	\$150 copay		
Hospitalization Services	Days 1 – 6: \$195 copay/day (at Chinese Hospital) Days 1 – 6: \$270 copay/day (at all other hospitals) Days 7+: \$0 copay/day		
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1 – 20: \$0 copay/day Days 21 – 100: \$135 copay/day		
Durable Medical Equipment	20% of the cost per item		
Annual Out-of-Pocket Maximum	\$3,400		
Part D: Prescription Drug Coverage (for Drugs on CCHP Formulary)	Drug Tier	30 day Supply at Retail Pharmacy	90 day Supply by Mail Order or at Chinese Hospital Pharmacy
<i>Initial Coverage:</i> Costs for Brand and Specialty drugs are after the \$320 yearly deductible	Generic	\$10 copay	\$20 copay
	Brand	\$40 copay	\$80 copay
	Specialty	20% copay	Not applicable
<i>Coverage Gap:</i> 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	Generic	14% discount	
	Brand & Specialty	50% discount	
<i>Catastrophic Coverage:</i> Costs after yearly out-of-pocket drug costs reach \$4,700	Generic	You pay the greater of 5% or \$2.60 copay	
	Brand & Specialty	You pay the greater of 5% or \$6.50 copay	
Optional Dental Coverage:	\$14.60 per month (in addition to medical premium)		

You must continue to pay your Medicare Part B premium. This plan is offered by CCHP, a Health plan with a Medicare contract. CCHP's plans are open to all who are enrolled in Medicare Parts A&B and reside in the service area. Individuals must have both Part A and Part B to enroll. Members may enroll in the plan only during specific times of the year. Contact CCHP Senior Program (HMO) for more information. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 800-325-0778; or your Medicaid office. You must receive all routine care from plan providers. Except under non-routine circumstances, you must receive prescription drugs from network pharmacies. Limitations, copayments, and restrictions may apply. The benefit information provided herein is a brief summary and not a comprehensive description of available benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. This information is available for free in other languages or formats. Please contact our Member Services Department from 8:00 a.m. to 8:00 p.m., seven days a week at 1-415-834-2118 (TTY 877-681-8898) for additional information. This is an advertisement.