



2012 Benefit Summary

CCHP Senior Select Program (HMO SNP)

SERVICE AREA: CITY AND COUNTY OF SAN FRANCISCO

Monthly Plan Premium	\$0	
Preventive Services		
Doctor Office Visits		
X-Rays, Lab		
Diagnostic Radiology Services		
Acupuncture Services		
Chiropractic Services		
Outpatient Surgery		
Worldwide Emergency Care		
Ambulance Services		
Hospitalization Services		
Skilled Nursing Facility		
Durable Medical Equipment		
Home Health Care		
Physical Therapy		
Part D: Prescription Drug Coverage (for Drugs on CCHP Formulary)	Drug Tier	*copay vary based on the level of Extra Help eligibility
<i>Initial Coverage:</i> Costs for Generic and Other drugs	Generic	\$0 / \$1.10 / \$2.60
	All Others	\$0 / \$3.30 / \$6.50
<i>Catastrophic Coverage:</i> After yearly out-of-pocket drug costs reach \$4,700	Generic & All Others	\$0 copay
Additional Benefits		
Personal Care Coordinator	\$0 copay	
Transportation	\$0 copay (up to 36 one-way medical trips / per year)	
Vision Services (Provided by VSP)	\$0 copay/visit - One pair of glasses every year	
Dental Services (Provided by Delta Dental)	\$0 to \$12 copay for oral exams	
	\$0 copay for up to 1 dental x-ray(s) every year	
	\$4 to \$23 copay for up to 2 cleaning(s) every year	
	Additional benefits available	

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, receive full Medi-Cal benefits and reside in San Francisco. Individuals must have both Part A and Part B to enroll. Members may enroll in the plan at any time. Contact CCHP Senior Select Program (HMO SNP) 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. Copay may vary based on the level of Extra Help that a member may receive, please contact Member Services for further detail. 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. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. For more information contact the plan. 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.