

Fall 2010

ON THE

of better health and well being
HORIZON

**See Senior
Health Plans
Comparison
Chart for 2011
on page 2**

**OPEN ENROLLMENT
TIPS FOR SENIORS**

ABOUT US

We know you have a choice for medical care and are thankful you have chosen or are considering Primary Care Associates of California (PCAC) as your medical services provider! For further information contact the IPA's Enrollment Specialist at **(855) 310-3103** or **(310) 948-4343**.

Since 2007, Primary Care Associates of California (PCAC) has taken the lead in being solely committed to the care of Medicare-eligible beneficiaries. With a comprehensive network of primary care physicians, specialists and ancillary care-givers entirely devoted to improving your health and well being, we are continually striving to be "Leaders in Senior Care!"

- PCAC takes pride in contracting with over 100 Primary Care Physicians and over 200 Specialty Care physicians in 35 areas of specialty which includes Board Certified Physicians and Geriatricians.
- PCAC maintains contracts with the following healthplans who also specialize in the care of Medicare-eligible beneficiaries:
 - Blue Shield 65
 - Blue Shield Choice
 - Central Health
 - Easy Choice
 - MDCare
 - Secure Horizons

Member Services:

310.535.9296 X. 706

Grievance Department:

562.602.1563 ext. 226

Primary Care Associates (PCAC) decision-making processes are based on appropriateness of care given. PCAC does not provide incentives to encourage denial of patient care.

Questions regarding

quality of care:

310.535.9296 ext. 226

Si usted prefiere recibir este boletín en español, por favor póngase en contacto con April Porras en **(310) 535-9296 ext. 481**

Every year you get the opportunity to change the HMO Medicare insurance company you have your insurance through. One of the most significant changes this year is the amount of time you have to make your selection. **THIS YEAR, THE TIME FRAME IS FROM NOVEMBER 15, 2010 UNTIL DEC 31, 2010 ONLY.** You will only have these forty-five days to change to a different insurance plan, should you wish. **This is considerably less time than last year.**

Since everyone's needs are different, here are some questions and tips to assist you in assessing and choosing which health insurance plan may be right for you:

1. Are all of my physicians a part of the health insurance plan or at least the most important ones? While some of them may be, it is still a good idea to verify. If you enroll in plan that your physicians are not a part of, you may be forced to change to a different physician.

2. Is the hospital I like a part of the health insurance plan? If you have been previously hospitalized and were happy with the services you received or your physicians are affiliated with a particular hospital, you may want to remain with that facility. Verify that the selected hospital is affiliated with the health plan you choose.

3. How much will it cost me every time I see my doctor or specialist? Is there a copay for other services? It is important to ask about copays for other services such as Ambulance, Urgent Care, Emergency Room, and X-rays. Also, you will want to know if there is a copay if

you need to stay in the hospital or a skilled nursing facility (SNF).

4. Are the prescriptions I am currently taking covered under the health insurance plans formulary? Consider whether you are taking generic drugs versus brand name drugs and the difference (if any) in cost. Also ask about whether there is a limitation to the amount of coverage and if so, how much and what happens when you fall into the coverage gap. Additionally, inquire about the availability of a mail order pharmacy, which may result in a reduced copay for a longer period of time (3 months for the price of two).

One of the most important things to remember is that the timeframe for making your decision has been significantly shortened: November 15, 2010 until December 31, 2010 only!

On page 2 you will find a chart detailing the basic benefits for plans located in Los Angeles county for 2011. More detailed information is available on the internet at www.medicare.gov

or you may contact the IPA's Medicare Enrollment Specialist at **(855) 310-3103** or **(310) 948-4343**.





BY JOINING PRIMARY CARE ASSOCIATES, YOU ARE ALSO ENTITLED TO THE FOLLOWING BENEFITS:

- Direct access to extensive panel of contracted specialists through the Direct Referral program
- Member Advocacy Program - One individual to personally handle any question or issue
- Free health lectures and screenings
- House-call program through the Outreach Plus program
- Please call (855) 310-3103 or (310) 948-4343 for further details



SENIOR HEALTH PLAN COMPARISON CHART FOR 2011

BENEFITS	Blue Shield 65 Plus	Blue Shield 65 Choice	Central Health 001	Central Health Medi-Medi	Easy Choice Best Plan	Easy Choice Freedom Medi-Medi Plan	MDCare MAPD	MDCare Medi-Medi	Secure Horizons Medicare Complete
Monthly Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Visit Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit Copay	\$10	\$0	\$0	\$0	\$0	\$0	\$5	\$0	\$0
Hospital Copay	\$50/day(1-10 days) \$500 annual max	\$0	\$0	\$0	\$150/day(1-3 days) \$0(beyond 3 days)	\$0	\$0	\$0	\$0(1-90 days)
Out Patient Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$15 In-Network \$50 Out-Network	\$0 In-Network \$50 Out-Network	\$0	\$0	\$0	\$0	\$25	\$0	\$50
After Hours Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing Facility (SNF)	\$0(1-20 days) \$85/day(21-100 days)	\$0(1-20 days) \$60/day(21-100 days)	\$0(1-20 days) \$75/day(21-47 days) \$0(48-100 days)	\$0	\$0(1-100 days)	\$0(1-100 days)	\$0(1-14 days) \$75/day(15-100 days)	\$0(1-100 days)	\$50/day(1-20 days) \$75/day(21-96 days) \$0(97-100 days)
Emergency Room	\$50 Worldwide Coverage	\$50 Worldwide Coverage	\$50 Worldwide Coverage	\$0 Worldwide Coverage	\$50 Worldwide Coverage	\$0 Worldwide Coverage	\$50 Worldwide Coverage	\$0 Worldwide Coverage	\$50 Worldwide Coverage

PHARMACY - RETAIL 30 DAY SUPPLY OF FORMULARY MEDICATIONS

Initial Coverage Limit	\$2840	\$2840	\$2840	Depending on income \$0, \$3.30 or \$6.30	\$2840	Unlimited	\$2840	Depending on income \$0, \$3.30 or \$6.30	\$2840
Generic	\$5	\$0	\$0		\$5	\$0, \$1.10 or \$2.50	\$0		\$3
Preferred Brand	\$40	\$35	\$25		\$30	\$0, \$3.30 or \$6.30	\$19		\$45
Non-Preferred Brand	\$80	\$70	\$50		\$90	\$0, \$3.30 or \$6.30	\$59		\$85

Most plans have special benefits for Medi-Medi members that are consistent or enhanced compared to traditional fee-for-service Medi-Medi. This chart is for comparison purposes only. For complete details and further information, contact the health plan directly.