

MAPD PLANS

Payor	2008 Martin's Point Generations Advantage PRIME www.martinspoint.org	2008 Martin's Point Generations Advantage VALUEPLUS www.martinspoint.org	2008 Martin's Point Generations Advantage VALUE www.martinspoint.org	Original Medicare (2007) www.medicare.gov	Humana Gold Choice (H1804-253) www.humana-medicare.com	Humana Gold Choice (H1804-251) www.humana-medicare.com	Humana Gold Choice (H1804-252) www.humana-medicare.com	Secure Horizons Medicare Complete Choice (H2001-001) United Healthcare www.securehorizons.com	Today's Option Value Plus (H3333-026) American Progressive www.amerprog.com	Today's Option Premier Plus (H3333-028) American Progressive www.amerprog.com	Northeast Community Care -Premier (H5619-002) Arcadian Health Management not available	Northeast Community Care-Plus (H5619-001) Arcadian Health Management not available	Security Choice Plus (H0540-028) Unicare Life & Health Ins. www.unicare.com
Service Area:	Andr, Cum, Kenn, Oxf, Saga, York, Linc, Knox	Andr, Cum, Kenn, Oxf, Saga, York, Linc, Knox	Andr, Cum, Kenn, Oxf, Saga, York, Linc, Knox	National	Statewide	Statewide	Statewide	Cum, York, Saga, Kenn	Cumb, York, Kenn, Andr,Sag, Oxford	Cumb, York, Kenn, Andr,Sag, Oxford	Cumberland County	Cumberland County	York and Cumberland County
PHO Contract	YES	YES	YES	NA	NA	NA	NA	NO	NA	NA	NO	NO	NA
Plan Type	Non profit HMO	Non profit HMO	Non profit HMO	Fee for service	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit PPO	For Profit Private Fee for Service	For Profit Private Fee for Service	For profit HMO	For profit HMO	For Profit Private Fee for Service
Max Out of Pocket; OOPM does not include premium	\$2,500	\$3,500	\$3,500	none	\$5,000	\$5,000	\$5,000	\$3,200 in-network for certain Medicare-covered benefits	\$3,000	\$2,500	\$4,000	no out of pocket maximum	no out of pocket maximum
Part B Drugs	20% coins	20% coins	20% coins	20% coins	20% coins	\$4-\$60 (or 20% coins)	\$4-\$60 (or 20% coins)	30% coins	20% coins	20% coins	20% coins	20% coins	20% coins
Coverage in the gap	Yes: Generics	Yes: Generics	NO Part D Coverage	N/A	NO	NO	NO	NO	NO	yes; Tier 1 (generic)	yes; Tier 1 (generic)	yes; Tier 1 (generic)	NO
Inpatient Hospital Care	For each admission: \$100 copay per day for days 1-7; \$0 for days 8 and beyond; unlimited days per admission	For each admission: \$150 copay per day for days 1-7; \$0 for days 8 and beyond; unlimited days per admission	For each admission: \$150 copay per day for days 1-7; \$0 for days 8 and beyond; unlimited days per admission	For each benefit period (3); initial deductible of \$992 for days 1-60; \$248 per day for days 61-90; \$496 per day for days 91-150 (60 lifetime reserve days)	\$550 copay for each Medicare-covered hospital stay; \$0 copay for additional days; no limit to days each benefit period	\$550 copay for each Medicare-covered hospital stay; \$0 copay for additional days; no limit to days each benefit period	\$180 copay per day for days 1-5; \$0 copay for days 6-and beyond; unlimited days per benefit period.	In network:\$295 copay per day for days 1-4; \$0 copay for days 5-90; unlimited days per benefit period; out of network: 30% coins per day	\$175 copay per day for days 1-4; \$0 copay for days 5-90; unlimited days per benefit period; \$1700 oopm each year. If you do not notify plan of hospital admission, additional \$150 per day.	\$150 for Medicare covered hospital stay; \$0 for additional days; \$600 oopm each year. If you do not notify plan of hospital stay, additional \$150 per day.	\$40 copay per day for days 1-5; \$0 copay for days 6-90; unlimited days per benefit period;	\$75 copay per day for days 1-5; \$0 copay for days 6 and beyond; unlimited days per benefit period	\$200 copay per day for days 1-5; \$0 for days 6-90; unlimited days per benefit period; \$1,000 oopm per year. If you do not notify plan of hospital stay, additional \$50 per day, up to max of \$500.
Doctor Office Visits - Primary Care/Specialist	\$15 for PCP visit; \$20 specialist	\$20 for PCP visit; \$25 specialist	\$20 for PCP visit; \$25 specialist	20% coinsurance	\$15 copay for PCP visit; \$30 copay for specialist visit	\$15 copay for PCP visit; \$30 copay for specialist visit	\$15 copay for PCP visit; \$30 copay for specialist visit	In network: \$15 for PCP; \$25 for specialist; out of network: \$25 for PCP, \$35 for specialist	\$15 copay for PCP; \$30 for specialist visit	\$5 copay for PCP; \$15 for specialist visit	\$3 copay for PCP visit; \$12 copay for specialist visit	\$5 copay for PCP visit; \$15 copay for specialist visit	\$10 copay for PCP visit; \$25 copay for specialist visit
Outpatient Services and Surgery		\$125 for outpatient hospital facility/ambulatory surgery center; \$50 outpat MH/SA; \$100 for other outpatient services	\$125 for outpatient hospital facility/ambulatory surgery center; \$50 outpat MH/SA; \$100 for other outpatient services	20% coinsurance	20% coins for each hospital facility/ambulatory visit	20% coins for each hospital facility/ambulatory visit	\$75 copay for ambulatory surgery visit; \$50-\$95 copay for outpatient hospital visit	In network: 20% coin for each visit; out of network: 30% coins for each visit	\$100-\$200 copay for each visit in ambulatory surgical center; \$200-\$400 copay in outpatient hospital.	\$25-\$50 copay for each visit in ambulatory surgical center; \$50-\$100 copay in outpatient hospital.	10% coinsurance for each visit in ambulatory surgical center; 10% to 20% coins for outpatient hospital facility	15% coins for each visit to ambulatory surgical center; 15% to 20% coins for each outpatient facility; additional facility charges may apply	\$100 copay for ambulatory surgical center; \$10-\$100 for outpatient hospital visit
Emergency Care	\$50 per emergency room visit. Copay waived if admitted within 24 hours; worldwide coverage	\$50 per emergency room visit. Copay waived if admitted within 24 hours; worldwide coverage	\$50 per emergency room visit. Copay waived if admitted within 24 hours; worldwide coverage	20% coinsurance; no coins if admitted within 3 days; US coverage	20% of the cost (up to \$50) for Medicare covered visits; worldwide coverage	20% of the cost (up to \$50) for Medicare covered visits; worldwide coverage	\$50 copay for Medicare-covered visits; worldwide coverage	\$50 copay per visit; worldwide coverage; \$0 if admitted within 24 hours	\$50 copaya per emergency room visit; worldwide coverage; \$0 copay if admitted within 72 hours	\$35 copay per visit; worldwide coverage; \$0 copay if admitted within 72 hours.	\$50 copay per emergency room visit. No copay if admitted within 24 hours; worldwide coverage	\$50 for Medicare covered services; worldwide coverage; \$0 copay if admitted within 24 hours	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted within 72 hours.
Urgently Needed Care	\$35 per visit. No copay if admitted within 24 hours; worldwide coverage	\$35 per visit. No copay if admitted within 24 hours; worldwide coverage	\$35 per visit. No copay if admitted within 24 hours; worldwide coverage	20% coinsurance; no coins if admitted within 3 days; US coverage	In network: \$15 to \$30 for Medicare covered visits; worldwide coverage	\$15 to \$30 for Medicare covered visits; worldwide coverage	\$15-\$50 for Medicare-covered visits; worldwide coverage	\$50 copay per visit; worldwide coverage; \$0 if admitted within 24 hours	\$50 per visit; worldwide coverage; \$0 copay if admitted within 72 hours	\$35 copay per visit; worldwide coverage; \$0 copay if admitted within 72 hours.	\$50 copay per emergency room visit. No copay if admitted within 24 hours; worldwide coverage	\$50 for Medicare covered services; worldwide coverage; \$0 copay if admitted within 24 hours	\$25 for Medicare-covered services; worldwide coverage; \$0 copay if admitted within 72 hours.
Physical Exams	\$0 copay; 1 physical exam per year.	\$0 copay; 1 physical exam per year.	\$0 copay; 1 physical exam per year.	20% coins for H181 physical exam after becoming eligible for Medicare Part B	\$15 for Medicare-covered benefits; \$15 copay for routine exams (1 per year)	\$15 for Medicare-covered benefits; \$15 copay for routine exams (1 per year)	\$15 for Medicare-covered benefits; \$15 copay for routine exams (1 per year)	In network: \$15 copay for 1 routine exam per year; out of network: \$25 copay	\$30 copay for 1 routine exam per year.	no copay for 1 routine exam per year	1 physical exam per year; no copay	1 physical exam per year; no copay	\$10 copay for 1 routine physical exam per year

MAPD PLANS

Payor	Sterling Option II (H5006-010) Sterling Life Ins. www.sterlingplans.com	Aetna Medicare Open Plan (H5736-015) www.aetnamedicare.com	Aetna Medicare Open Plan (H5736-002) www.aetnamedicare.com	Aetna Medicare Open Plan (H5736-016) www.aetnamedicare.com	Aetna Medicare Open Plan (H5736-017) www.aetnamedicare.com	Aetna Golden Medicare Value Plan (H3597-001) www.aetnamedicare.com	Aetna Golden Medicare Premier Plan (H3597-002) www.aetnamedicare.com	Aetna Golden Choice Standard Plan (H2047-001) www.aetnamedicare.com	Aetna Golden Choice Premier Plan (H2047-002) www.aetnamedicare.com	HPHC Freedom www.harvardpilgrim.org	Anthem SmartValue www.anthem.com
Service Area:	Oxf, Saga, Andros, Kenn, York, Cumb	Cumberland Sagadahoc and York Counties	Cumberland Sagadahoc and York Counties	Cumberland Sagadahoc and York Counties	Cumberland Sagadahoc and York Counties	Cumberland, York and Penobscot Counties	Cumberland, York and Penobscot Counties	Cumberland, York and Penobscot Counties	Cumberland, York and Penobscot Counties	Cumberland County	Cumberland County
PHO Contract	NA	NA	NA	NA	NA	Yes - Messenger Model	Yes - Messenger Model	Yes - Messenger Model	Yes - Messenger Model	NA	NA
Plan Type	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit Private Fee for Service	For Profit HMO	For Profit HMO	PPO	PPO	Non Profit Private Fee for Service	For Profit Private Fee for Service
Max Out of Pocket; OOPM does not include premium	no out of pocket maximum	\$2,500	\$2,500	\$1,000	\$1,000	none	none	none	none	\$3250 for Freedom with Drug and Freedom without Drug. Does not apply to other options	NA
Part B Drugs	20% coins	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	Part B - most drugs not covered. Part D coverage available in Freedom Plus with Drug and Freedom with Drug	Mbr pays: 20% (Classic & Plus) Mbr pays: 0% (Enhanced & Enhanced Plus)
Coverage in the gap	NO	n/a	NO	NA	Yes - Tier 1 Generics	Yes - Tier 1 Generics	Yes - Tier 1 Generics	N/A	Yes - Tier 1 Generics	Available if purchasing Freedom Plus with Drug. No coverage with other options	NA (Classic & Enhanced) Plus & Enhanced Plus-Generics available in Coverage gap
Inpatient Hospital Care	\$150 copay per day for days 1-5; \$0 copay for days 6-90; unlimited days per benefit period	\$150 copay per day for days 1-7; \$0 copay for days 8-90; unlimited days per benefit period	\$185 copay per day for days 1-7; \$0 copay for days 8-90; unlimited days per benefit period	\$0 copay	\$0 copay	\$125 per day for days 1-7 \$0 for days 8 and beyond	\$0 copay	\$0 copay	\$0 copay	Freedom without Drug - \$150 copay days 1-5, no copay for days 6-90 unlimited days per benefit. Freedom Plus - no copay, unlimited days per benefit period	\$150/day 1-5 - Classic \$200/day 1-5 - Plus \$100 per stay - Enhanced \$100 per stay - Enhanced Plus
Doctor Office Visits - Primary Care/Specialist	\$10 copay for PCP visit; \$35 copay for specialist visit	\$15 copay for PCP or specialist visit	\$15 copay for PCP or specialist visit	\$0 copay for PCP or specialist visit	\$0 copay for PCP or specialist visit	\$10 copay for PCP visit \$20 copay for specialist visit	\$5 copay for PCP visit \$15 copay for specialist visit	\$10 copay for PCP visit \$20 copay for specialist visit	\$5 copay for PCP visit \$15 copay for specialist visit	\$15 copay for preventative care, specialty care \$15 or \$25 copay depending on option	PCP - \$15 for Classic & Plus \$10 for Enhanced & Enhanced Plus Specialist \$15- Classic \$30- Plus \$10 or Enhanced & Enhanced Plus
Outpatient Services and Surgery	15 % coins for ambulatory surgical center or outpatient hospital facility	\$150 copay for ambulatory surgical center or outpatient hospital facility	\$185 copay for ambulatory surgical center or outpatient hospital facility	\$0 copay for ambulatory surgical center or outpatient hospital facility	\$0 copay for ambulatory surgical center or outpatient hospital facility	\$100 copay for ambulatory surgical center or outpatient hospital facility	\$100 copay for ambulatory surgical center or outpatient hospital facility	\$100 copay for ambulatory surgical center or outpatient hospital facility	\$100 copay for ambulatory surgical center or outpatient hospital facility	\$100 copay for Freedom and Value options. No copay for Freedom Plus and Premier options	Ambulator Surgical Center- \$100 for Classic & Plus \$50 for Enhanced & Enhanced Plus Outpatient Hospital \$150 Classic \$200 Plus \$50 Enhanced & Enhanced Plus
Emergency Care	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted within 1 day	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare-covered services; worldwide coverage; \$0 copay if admitted immediately	\$50 for Medicare covered ER visits. \$0 copay if admitted within 3 days for same condition	\$50 - Classic & Plus \$25 - Enhanced & Enhanced Plus World Travel ER - \$50 for all plans
Urgently Needed Care	\$10-\$35 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$0 for Medicare-covered services; worldwide coverage	\$0 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$35 for Medicare-covered services; worldwide coverage	\$15 copay for Medicare covered urgently needed care visits	\$15 - Classic \$15-30 - Plus \$10 - Enhanced & Enhanced Plus World Travel Urgent \$15 - Classic \$30 - Plus \$10 - Enhanced & Enhanced Plus
Physical Exams	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	1 physical exam per year; no copay	\$15 copay for routine exams. Limited to 1 exam every year	1 physical exam per year \$10 - Classic, Enhanced & Enhanced Plus \$25 Plus