

2012 Medicare Advantage Dual Eligible Special Needs Plans *Riverside & San Bernardino Counties*

Plan Name	Plan Type	Wellness Services	Transportation	Part D Coverage
CARE 1st <i>Total Dual Plus Plan</i> 800-847-1222 www.care1st.com	HMO + Rx <i>(San Bernardino Only)</i>	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 24 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
HEALTH NET <i>Seniority Plus Amber I</i> 800-977-6738 www.healthnet.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 48 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
HEALTH NET <i>Seniority Plus Amber II</i> 800-275-4737 www.healthnet.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision	\$0 Co-Pay	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
IEHP <i>Medicare Dual Choice</i> 877-273-4347 www.iehp.org	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 60 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
KAISER <i>Senior Advantage Medi-Medi</i> 800-777-1238 www.kaiserpermanente.org	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision	Not Covered	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
MD CARE Preferred Dual SNP 562-344-3400 www.mdcarehealthplan.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 24 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 <i>Coverage of many Generics and some Brands during the gap</i>
MOLINA <i>Molina Medicare Options Plus</i> 800-403-8293 www.molinahealthcare.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 12 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
SCAN Connections <i>Sr. Care Action Network</i> 800-915-7226 www.scanhealthplan.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 12 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
SCAN CONNECTIONS AT HOME <i>Sr. Care Action Network</i> 800-915-7226 www.scanhealthplan.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision Hearing	\$0 Co-Pay <i>(Up to 12 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap
United Healthcare Dual Complete (HMO SNP) 800-834-3721 www.UHCCCommunityPlan.com	HMO + Rx	<i>Offers Some Coverage for</i> Dental Vision	\$0 Co-Pay <i>(Up to 24 one-way trips to plan approved location each year)</i>	\$0 – deductible Generic: \$1.10 - \$2.60 Brand: \$3.30 - \$6.50 No Coverage Gap

For additional information about the plans listed, or if you would like a Registered HICAP Counselor to assist you in comparing your current health plan with Medicare's benefits for the coming year, call 1-800-434-0222 to schedule an individual counseling session.

**Call HICAP toll free at
1-800-434-0222
www.inlandagency.org**

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Contact the plan to find out if they service your zip-code.

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LOCAL HELP FOR PEOPLE WITH MEDICARE

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