Know Your Facts Part 3

Steps Before Signing Up for a Medicare Advantage Plan



A comprehensive checklist to ensure you've considered budgets, provider locations and what-ifs.

1 Ask yourself the following questions.

- Do I qualify for any kind of payment assistance or have access to other coverage such as Medicare Savings Programs, Part D Low Income Subsidy or Medigap plans?
- Am I comfortable with my care choices being directed by my insurance payer over the advice of my physician?
- Do I travel outside my general home area?
- What medications do I take?
- How important are limits on my annual maximum out-of-pocket costs?
- What is the value of the coverage of other possible services such as dental, hearing and health club memberships?
- Am I comfortable with a health plan requiring referrals or prior authorization before it covers certain services recommended by my physician?
- How comfortable am I with a Medicare Advantage plan reviewing whether certain services recommended by my physician meet the plan's coverage and medical-necessity requirements?
- Will I be more likely to seek medical care if it is:
  - Easily accessible and almost all physicians and facilities are available?
  - Convenient and coverage is available for care in most geographic areas?
  - Lower cost?

2 Assess your current coverage.

If you're enrolled in a Medicare Advantage or Part D plan, carefully review your Annual Notice of Change (ANOC), which explains changes to your plan's costs and benefits for the coming year.

3 Know your Medicare options.

Research the difference between Medicare Part A, Medicare Part B, Medicare Part C and Medigap.

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4 Understand the Medicare Advantage plan's network.

Many Medicare Advantage plans have a limited network. Write down any physician, hospital or medical clinic you may need. Call each of them to ask which Medicare Advantage plans they accept.

5 Compare all out-of-pocket costs.

Examine your benefit statements and medical bills from the past year and add up what you paid in deductibles and copays plus monthly premium costs; this is when Medicare Advantage can look inexpensive; however, you must dig a little deeper to fully understand your potential out-of-pocket costs with a Medicare Advantage plan. Consider any medical care you may need in the following year, say, a knee replacement, dialysis or a pacemaker. For many people, Original Medicare combined with Medigap coverage may provide more predictable out-of-pocket costs.

6 Investigate managed care requirements.

Are you comfortable with your care choices being directed by the insurance payer? Medicare Advantage plans often require approval to see specialists or receive health care such as tests, treatments or labs. Often, the insurance payer decides the care you need over your physician's advice.

Medicare Advantage can look inexpensive; however, you must dig a little deeper to fully understand your potential out-of-pocket costs.

7 Call the insurance payer directly and ask questions.

- If a physician I need to see is out-of-network, will the plan cover my visits? Will I pay more out of pocket for an out-of-network physician or facility?
- What is the service area for this insurance plan, and how far may I need to travel to find an in-network specialist or facility for specialized services?
- Does my physician need to get approval from the plan to admit me to a hospital?
- Does the plan require a referral or prior authorization to see certain specialists?
- Are there higher copays and deductibles for certain types of care, such as hospital stays, home health care or rehabilitation care?
- Does the plan cover any services that Original Medicare does not? Are there any rules, policies or restrictions I should know before accessing these benefits?
- Does the plan impose any coverage restrictions on prescription drugs? Can we review my current prescriptions to determine whether they are on the plan's formulary?
- How much will I have to pay for brand-name drugs?
- Will I be able to use my local pharmacy?
- Will the insurance plan cover me when I travel out-of-state?
- Does the plan cover skilled nursing care after hospitalization and are there any rules, policies or restrictions that I need to be aware of?

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8 Consider the consequences of switching.

Your federal Medigap Open Enrollment Period generally lasts six months, beginning the first month you have Medicare Part B and are age 65 or older. During this period, insurers generally cannot deny Medigap coverage or charge more because of health problems. After your Medigap Open Enrollment Period, you may have fewer options, pay more, or be denied a policy based on medical underwriting unless you qualify for a guaranteed-issue right or other applicable protection.

9 Consult your physician and local hospital.

One way to learn about a Medicare Advantage plan's approval and authorization practices is to ask your physician and local hospital.

Original Medicare

MEDICARE PART	DESCRIPTION	EXAMPLE OF COSTS
Part A (Hospital Insurance)	Helps cover inpatient care in hospitals, skilled nursing facility, hospice care and home health care.	Most people pay $0 Monthly Premium. $1,736 deductible per benefit period for the first 60 days. Please reference Medicare.gov for the definition of benefit period.
Part B (Medical Insurance)	Helps cover: • Services from physicians and other health care providers; • Outpatient care; • Home health care; • Durable medical equipment; and • Preventative services such as vaccines and wellness visits.	Monthly Premium: $203 (or higher depending on your income). $283 Annual Deductible. Generally, 20% coinsurance for most Part B-covered services after the deductible is met.
Part D (Drug Coverage)	Helps cover the cost of prescription drugs including many recommended shots or vaccines.	Varies by plan. Premiums, deductibles, formularies and cost sharing vary by plan.
Medigap (Original Medicare Supplemental Insurance)	Extra insurance you can buy that helps pay your share of costs in Original Medicare.	Varies by plan.

******A Medigap policy is different from Medicare Advantage plans (Part C). Be cautious. Medigap and Medicare Advantage are different types of coverage. Medigap supplements Original Medicare; Medicare Advantage is an alternative way to receive your Medicare Part A and Part B benefits. See Medigap options on next page.***

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Medicare Advantage

MEDICARE ADVANTAGE	DESCRIPTION	EXAMPLE OF COSTS
*Part C (Medicare Advantage) * You remain enrolled in Medicare Parts A and B but receive those benefits through your Medicare Advantage plan.*	Medicare approved plan from a private insurance company that offers an alternative to Original Medicare for health and drug coverage.	Varies by plan. Premiums, deductibles, formularies and cost sharing vary by plan.
Part D (Drug Coverage)	Helps cover the cost of prescription drugs including many recommended shots or vaccines.	Varies by plan. Premiums, deductibles, formularies and cost sharing vary by plan.

Medigap Options

Please note: Plans C and F generally aren't available to people who were newly eligible for Medicare on or after January 1, 2020. People eligible for Medicare before that date may still be able to purchase these plans.

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	√	√	√	√	√	√	√	√	√	√
Part B coinsurance and copayment	√	√	√	√	√	√	50%	75%	√	√
Blood (first 3 pints)	√	√	√	√	√	√	50%	75%	√	√
Part A hospice care coinsurance or copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled nursing facility care coinsurance			√	√	√	√	50%	75%	√	√
Part A deductible		√	√	√	√	√	50%	75%	50%	√
Part B deductible			√		√					
Foreign travel exchange			80%	80%	80%	80%			80%	80%
Out-of-pocket limit							$8,000	$4,000		

There is help out there.

Contact your local health care providers. They can connect you with individuals who can help you navigate the differences between Original Medicare and Medicare Advantage.

