



## Medicare Advantage Plans

You can get your Medicare coverage through Original Medicare or by joining a Medicare Advantage plan. This fact sheet reviews Medicare Advantage plans.

### What are Medicare Advantage plans?

Medicare Advantage plans are approved by Medicare but are run by private companies. These companies provide Medicare Part A and Part B covered services and may include Medicare drug coverage too. Medicare Advantage plans are sometimes called “Part C” or “MA” plans. MA plans are not supplemental insurance.

MA plans may not be free. It is important to understand the cost sharing of each plan’s premiums, deductibles and copayments. MA plans may require you to use only doctors and hospitals in their network.

### How do Medicare Advantage plans work?

- Medicare-covered services are provided through the plan.
- Medicare Advantage plans may include prescription drug coverage.
- Members may be required to use only those doctors and hospitals participating in the plan.
- Members may pay an additional monthly premium and copayments and coinsurance for services.
- Like any insurance plan, show your Medicare Advantage plan card to all of your health care providers.

### Eligibility requirements to join a Medicare Advantage Plan

- Must live in the plan’s service area
- Must be enrolled in both Medicare Part A and Part B
- Cannot have End Stage Renal Disease (ESRD) at time of enrollment

## What are the types of Medicare Advantage plans?

- ✓ **Medicare Health Maintenance Organization (HMO) plans** are plans that cover all Part A and Part B Medicare services.

Members are required to use only doctors, specialists or hospitals that are part of the plan's network. Usually a primary care doctor coordinates all of your health care. If the plan's network of providers is not used, the cost of the care may not be covered at all.

- ✓ **Medicare Preferred Provider Organization (PPO) plans** are plans where if members use in-network providers they will generally pay less. They may use any provider that accepts Medicare and may not need a referral to see a specialist. But going to a provider that is not in the plan's network will usually cost more and some types of care may require prior approval, such as scheduled in-patient hospital or skilled nursing facility stays.

- ✓ **Medicare Private Fee-for-Service (PFFS) plans** are plans where members may go only to a provider that accepts the plan's terms. This means that providers get to decide every time a person with Medicare needs care whether or not to accept the plan and treat the patient. The plan decides how much it will pay the provider and how much the member pays for each service.

- ✓ **Medicare Special Needs plans (SNP)** are plans where membership is limited to specific groups of people, those in nursing homes, those eligible for both Medicare and Medicaid (known as "dual-eligibles") or those with certain chronic conditions. These plans must offer Medicare drug coverage.

- ✓ **Medicare Medical Savings Account (MSA) plans** have two parts: The first is a Medicare Advantage plan with a high deductible, and the second is a Medical Savings Account. People with Medicaid and federal retirees are not allowed to join these plans.

**Know your Rights when Shopping for a**

## Medicare Advantage Plan

### Medicare Advantage plans **MUST**:

- Only use marketing materials approved by CMS (Centers for Medicare & Medicaid Services), the federal agency with responsibility for Medicare and Medicaid
- Comply with the Do Not Call Registry
- Provide information in a professional manner
- Comply with state regulations on who may market plans

### Medicare Advantage plans may **NOT**:

- Solicit Medicare beneficiaries door-to-door
- Send unsolicited e-mail
- Enroll people by phone – unless the person calls them
- Offer cash payments as an inducement to enroll
- Provide free gifts or meals when trying to sell plans
- Misrepresent or use high-pressure sales tactics

## Questions to Ask Before Joining a Medicare Advantage Plan

### Primary Care Physician

- Is my primary care physician in the plan? Do they intend to stay with the plan?
- What is the procedure to change primary care physicians?
- What hospitals are in the plan?
- In which hospital does my primary care physician have privileges?
- What is the copayment/coinsurance for primary care visits?

### Specialists

- Are there sufficient numbers of specialists in the plan?
- Are my specialists in the plan? Do they intend to stay with the plan?
- Are the specialists conveniently located?
- If a specialist is seen regularly, is a referral needed each time?
- What is the procedure to see a specialist outside the plan's network?
- What is the copayment/coinsurance to see a specialist?

Questions to Ask Before Joining a Medicare Advantage Plan, *continued*

## Prescription Drug Benefits

- Are my drugs on the list (formulary) paid for by the plan?
- Do any of my current drugs require permission from the plan before I can get them?
- Does the plan require that I try another drug before I can take the drug I was prescribed?
- Are any of my drugs limited to a quantity that is less than I take in a month?
- Does the plan pay for both the brand name and generic drugs I take?

## Mental Health Benefits

- What type(s) of mental health practitioners (e.g., social worker, psychologist, psychiatrist) are paid for by the plan?
- What is the limit (# of visits) for outpatient mental health benefits?

## Customer Service

- Are providers' offices conveniently located?
- How long is the waiting time for a routine exam? For an emergency exam?
- What additional services/benefits does the plan offer?
- What is the procedure if I am outside the plan's service area?

## Appeals Process

- What is the plan's appeal process if a service I need is denied or not covered?
- What if the plan decides to stop covering a service I am receiving?

**Knowing your Medicare Advantage rights is one of the ways that you can help **protect** yourself and the Medicare program.**

## Call Your Senior Medicare Patrol (SMP): 1-800-247-4422

Your local SMP is ready to provide you with the information you need to **PROTECT** yourself from Medicare error, fraud, and abuse; **DETECT** potential error, fraud, and abuse; and **REPORT** your concerns. SMPs and their trained volunteers help educate and empower Medicare beneficiaries in the fight against health care fraud. Your SMP can help you with your questions, concerns, or complaints about potential fraud and abuse issues. It also provides information and educational presentations.

