

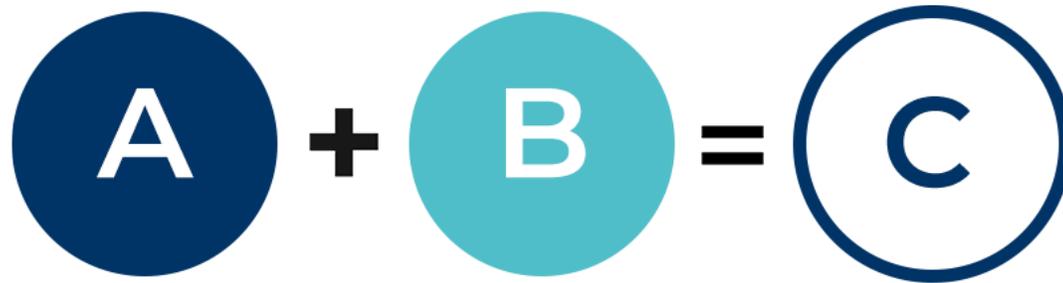


# Medicare Advantage 101

A Medicare Scholar Presentation

# What is a Medicare Advantage plan?

- Medicare Advantage plans, sometimes called “Part C” or “MA Plans”, are another way to get your Medicare Part A and Part B coverage
- Offered by Medicare-approved private insurance companies
- Must follow rules set by Medicare





# Qualifications

- Have Medicare Part A and Part B
- Live in the plan's service area (county)
- U.S. citizen or lawfully present in the U.S.
- Ability to make an informed decision



# Plan Designs

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Private Fee-for-Service (PFFS)
- Special Needs Plans (SNPs)

# Health Maintenance Organization (HMO)

- Must get care and services from doctors, facilities, and other health care providers in the plan's network
- Emergency care, urgent care and temporary out-of-network dialysis are covered outside the network
- Must choose a Primary Care Physician
- May require a referral to see a specialist

# Preferred Provider Organization (PPO)

- Has a network of doctors, hospitals, and other health care providers that offer the lowest cost for services
- Covers all services outside the network, usually at a higher cost, if the provider agrees to treat you and hasn't opted out of Medicare
- Always covered for emergency and urgent care
- Does not require a Primary Care Physician
- In most cases, you do not need a referral to see a specialist

# Private Fee-for-Service (PFFS)

- You can go to any Medicare-approved doctor, hospital, or other health care provider that accepts the plan's payment terms, agrees to treat you, and hasn't opted out of Medicare
  - This is called **deeming**, and must be done prior to each appointment or service
- Some PFFS plans have a network of doctors and hospitals that always accept the plan
- Does not require a Primary Care Physician or referrals to see a specialist

# Special Needs Plans (SNPs)

- Specially designed for individuals with both Medicare and Medicaid (Dual SNP), individuals dealing with one or more qualifying chronic illnesses (Chronic SNP), or those residing in a nursing facility (Institutional SNP)
- May be either an **HMO** or **PPO**, requires a Primary Care Physician
- Must include prescription coverage
- Benefits and services targeted to its members' special needs, including Care Coordination



# Benefits

- Each Medicare Advantage plan can charge different out-of-pocket costs, including premiums, deductibles, and copays
- All costs are outlined in the [Summary of Benefits](#)
- Plan benefits can change each calendar year



# Copay vs. Coinsurance

**Copay** – set amount for specific services

- Example - \$5 copay for Primary Care Physician visit

**Coinsurance** – percentage of the approved amount

- Example – 20% coinsurance for outpatient cataract surgery

# Maximum Out-of-Pocket

- Each Medicare Advantage plan has a Maximum Out-of-Pocket (**MOOP**)
- Any copay or coinsurance paid for approved services applies
- Once the **MOOP** is reached within a plan year, you are not responsible for any additional copays or coinsurance for covered services for the rest of the year
- Does not apply to prescription costs

# Additional Benefits

May have coverage for things Original Medicare doesn't cover, like:

- Fitness
- Dental, Vision or Hearing
- Transportation
- Over-the-Counter Drugs
- Services that promote health and wellness

Benefits will vary by plan

# Prescription Coverage

- Many Medicare Advantage plans include prescription drug coverage (Part D), sometimes referred to as MAPD plans
- Plans without drug coverage are referred to as MA-Only
- MA-Only **HMOs** and **PPOs** cannot be combined with a stand-alone Part D plan
- MA-Only **PFFS** plans can be combined with a stand-alone Part D plan
- You will be disenrolled from your HMO or PPO plan and returned to Original Medicare if you join a stand-alone Part D plan

# When can you join a Medicare Advantage plan?

You can join a Medicare Advantage plan during a valid enrollment period

- **Initial Enrollment Period** – around your 65<sup>th</sup> birthday and first time on Medicare Part A and Part B
- **Annual Enrollment Period** – October 15 through December 7
- **Special Enrollment Period** – various scenarios that can occur any time of the year, like loss of group coverage or moving outside your current plan's service area.

# When can you change your Medicare Advantage Plan?

You can change from one Medicare Advantage plan to another during a valid enrollment period

- **Annual Enrollment Period** – October 15 through December 7
- **Open Enrollment Period** – January 1 through March 31
- **Special Enrollment Period** – various scenarios that can occur at any time of the year, like moving outside of your current plan's service area or if you receive Extra Help with Part D

# When can you leave your Medicare Advantage plan?

You can leave your Medicare Advantage plan and return to Original Medicare during a valid enrollment period

- **Annual Enrollment Period** – October 15 through December 7
- **Open Enrollment Period** – January 1 through March 31
- **Special Enrollment Period** – various scenarios that can occur at any time of the year, like moving out of your current plan's service area or if you qualify for Medicaid

# Things to Consider about Medicare Advantage Plans

- You're still in the Medicare program
- You still have Medicare rights and protections
- You still get complete Part A and Part B coverage through the plan
- You can't buy and don't need a Medigap
- Go to a doctor, facility, or other health care provider that's part of your plan's network (**HMO** and **PPO**) for lowest cost
- Plans can change year over year



# Questions?



Thank you for  
attending!



# Sources

- <https://www.medicare.gov/types-of-medicare-health-plans/medicare-advantage-plans>
- <https://www.medicare.gov/types-of-medicare-health-plans/things-to-know-about-medicare-advantage-plans>