

What You Should Know About Medicare Advantage Plans



What are Medicare Advantage Plans?

A Medicare Advantage Plan (like an HMO or PPO) is another Medicare Health plan choice you have as part of Medicare. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. In all types of Medicare Advantage Plans, you’re always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you’re in a Medicare Advantage Plan. Medicare Advantage Plans aren’t supplemental coverage.

Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

Make sure you understand how a plan works before you join to determine if the plan will meet your needs. You should:

- Find out the plan’s rules. For example, ask if a referral is needed to see a specialist, have an X-ray, or schedule a procedure.
- Find out what your costs will be. For example, in some plans if you see a provider who doesn’t

participate with the plan, your services may not be covered at all, or your costs will likely be higher.

Do You Have Other Coverage?

Talk to your employer, union, or other benefits administrator about their rules before you join a Medicare Advantage Plan. In some cases, joining a Medicare Advantage Plan might cause you to lose employer or union coverage. In other cases, if you join a Medicare Advantage Plan, you may still be able to use your employer or union coverage along with the plan you join. **Remember, if you drop your employer or union coverage, you may not be able to get it back.**

How do Medicare Advantage Plans work?

In addition to the Part B premium, you usually pay a monthly premium for the services provided. Since private insurance companies run the Medicare Advantage Plans, costs will vary. However, the plans must follow rules set by Medicare. Generally, Medicare Advantage Plans involve a network of providers (some networks are local and some are regional). You are responsible for a co-payment every time you use a service and a referral may be required from your primary care physician for services.





Questions you should ask when choosing a Medicare Advantage Plan include:

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1. Do your doctors and specialists participate in the plan?

 2. Does the hospital you prefer participate in the plan?
(Contact your doctors' offices and ask what Medicare Advantage Plans they will accept and what hospitals they use).

 3. Does the plan have a yearly deductible?

 4. Does it charge any deductibles for any of the services?

 5. How much will you pay for each service or visit (co-payments)?

 6. Does the plan have a yearly limit on your out of pocket costs for all your medical services?

 7. How does the plan define emergency or urgent care? (Especially if you travel outside the plan area)

 8. Will your prescription drugs be covered by the plan? What will your co-payment be at the pharmacy?

 9. What type of health services do you need?
How often?

 10. Will you be using network providers or out-of-network providers?

 11. Are there extra benefits in the plan?
Do you need them?
What do these benefits cost?
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Medicare Advantage Plans

When may I enroll or make changes to my Medicare Advantage coverage?

You may enroll in a Medicare Advantage Plan when you are first eligible for Medicare. If you don't enroll when you are first eligible you may join during the Medicare Fall Open Enrollment Period, **October 15th - December 7th**, and your coverage will be effective January 1st of the next year.

During this time you can make any changes you want to your health and drug coverage including:

- Change from Original Medicare to a Medicare Advantage Plan.
- Change from one Medicare Advantage Plan to another Medicare Advantage Plan.
- Change from a Medicare Advantage Plan back to Original Medicare.
- Switch from a Medicare Advantage Plan that offers drug coverage to another Medicare Advantage Plan that doesn't offer drug coverage.
- Drop your Medicare Advantage Plan coverage completely.

In most cases, the plan you choose will be the one you have to stay in for the entire calendar year (or the rest of the year if you're new to Medicare and joining a plan partway through the year). However, in certain situations you may be able to make changes at different times.

These include:

- If you move out of the plan's service area.
- If you have both Medicare and Medicaid.
- If you qualify for the Extra Help.
- If you live in a institution.

To enroll in a Medicare Advantage Plan, contact the plan, or call Medicare (800)-633-4227.

Do I Need a Medicare Supplement?

If you join a Medicare Advantage Plan, you don't need and can't be sold a Medicare Supplement Insurance policy.

The Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services is a partnership with Oklahoma Insurance Department, and does not promote any specific health plan provider or prescription drug plan.

NEW - Medicare Advantage Disenrollment Period

Between January 1st and February 14th of each year, if you are in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch during this period, you may also join a Medicare Prescription Drug Plan. Your coverage begins the first day of the month after the plan gets your enrollment form.

What Medicare Advantage Plans are in my area?

1. A list of Medicare Advantage Plans for the Tulsa metro area are available in LIFE Senior Services' annual *Guide to Medicare Part D*. This publication is updated each fall. Contact the Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009 for a copy.
2. Visit www.Medicare.gov to compare Medicare Advantage Plans in Oklahoma.
3. Call Medicare at (800) 633-4227 [TTY (877) 486-2048] for assistance comparing plans in your area.

What is the Extra Help or Low-Income Subsidy Program?

If you have limited income and resources, you may qualify for Extra Help, also called the Low-Income Subsidy (LIS). This program helps pay a portion of the drug coverage premium of your Medicare Advantage Plan and lowers your prescription drug cost.

For help understanding and applying for Extra Help:

- Contact the Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services (918) 664-9000 or toll-free at (866) 664-9009.
- Contact Social Security at (800) 772-1213.

