

# Medicare Advantage Plans Medicare "Part C"

## What are Medicare Advantage Plans?

- Medicare Advantage Plans are private insurance plans that contract with Medicare. They provide health benefits covered under Parts A and B. When a Medicare beneficiary enrolls in a Medicare Advantage Plan, Medicare pays the plan on a monthly basis to provide medical coverage for that beneficiary.
- ▶ Medicare Advantage Plans are managed care plans. Typically, a primary care physician works with each plan member to manage their medical care. Specialty services must generally be authorized by the plan or the medical group.
- ► Most Medicare Advantage Plans also include Part D prescription drug coverage. These plans are called Medicare Advantage Prescription Drug (MAPD) plans.

## Who can join a Medicare Advantage Plan?

► If you have Medicare Part A and Part B, you can join a Medicare Advantage Plan.

For more information, call Center for Health Care Rights at 1-800-824-0780 or visit www.healthcarerights.org

## When can I enroll in a Medicare Advantage Plan?

#### ► Initial Enrollment Period

A 7-month period that starts 3 months before you become eligible for Medicare and ends 3 months later. You must enroll in Parts A and B through Social Security before you can enroll in a Medicare Advantage plan.



#### **▶** Open Enrollment Period

October 15 through December 7 of each year.

#### ▶ Medicare Advantage Open Enrollment Period

January 1 through March 31 of each year.
You can only use this enrollment period if you

You can only use this enrollment period if you are in a Medicare Advantage Plan on January 1. You can either switch to a different Medicare Advantage plan, or switch to Original Medicare by changing to a stand-alone Part D Prescription Drug Plan.

#### **▶** Special Enrollment Period

When certain life events happen, you can enroll in or change your Medicare Advantage Plan. For example:

- You lose your employer or retiree drug coverage;
- You move outside your Part D plan service area;
- You had a recent nursing home stay.

## What are the different types of Medicare Advantage plans available?

#### Medicare Advantage HMO

These plans have a specific network of health care providers and hospitals that you must use. The plan will usually only pay for care received outside the network when you need emergency or urgent care.

#### ▶ Medicare Advantage PPO

These plans allow you to see providers outside the plan network, but your copays will be higher than when you see providers within the plan network.

#### ▶ Medicare Advantage SNP

Special Needs Plans are for people who meet certain requirements. There are three types of Special Need Plans for people who:

- ► Are institutionalized; or
- ► Have Medicare and full Medi-Cal benefits; or
- Have certain chronic conditions like diabetes, heart disease, or kidney failure.



## What is the difference between Medicare Advantage Plans and Original Medicare?

There are big differences between staying on Original Medicare and joining a Medicare Advantage Plan. Use the table below to help you decide which option is better for you.

	Original Medicare	Medicare Advantage (MA)
Also called	<ul><li>Straight Medicare</li><li>Medicare Fee-for-Service</li></ul>	• Part C
Your costs	<ul> <li>Monthly Part B premium.</li> <li>Standard Medicare Part A and Part B copays and deductibles. For example, the 20% for Part B services.</li> <li>No annual out-of-pocket limit.</li> </ul>	<ul> <li>Monthly Part B premium.         Some plans may charge an additional monthly premium.     </li> <li>MA plans have lower copays compared to Original Medicare, but costs can vary from plan to plan.</li> <li>MA plans are required to set an annual out-of-pocket limit.         Once you reach the limit, the plan pays the full cost of your covered services.     </li> </ul>
Supplemental Insurance (Medigap)	<ul> <li>You can buy Medigap insurance to help cover some or all of your Part A and Part B copays and deductibles.</li> </ul>	You cannot buy Medigap insurance.
Access to doctors, hospitals and other medical providers	You can go to any provider or facility that accepts Medicare.	You can only see providers that are in your plan network, except for emergency or urgent care, or if you are in a Medicare Advantage PPO.

	Original Medicare	Medicare Advantage (MA)
Referrals and authorizations	<ul> <li>You do not need referrals to see specialists and generally do not need authorization for most services.</li> </ul>	<ul> <li>You may need referrals in order to see specialists and you will need authorization for most plan services.</li> </ul>
Part D Prescription Drug Coverage	<ul> <li>Sign up for a stand-alone Prescription Drug Plan, which may require you to pay an additional monthly premium.</li> </ul>	Most MA plans include prescription drug coverage.
Extra benefits	<ul> <li>Original Medicare does not cover routine vision, hearing, dental, transportation, or gym memberships.</li> </ul>	MA plans can include extra benefits but they vary from plan to plan and may require an additional monthly premium.
Coordination with Medi-Cal	<ul> <li>If you have full Medi-Cal (no Share of Cost), you cannot be charged Medicare copays and deductibles.</li> <li>Medi-Cal covers extra benefits that Medicare does not.</li> <li>Some doctors who accept Original Medicare may refuse to see patients who have Medi-Cal as their secondary coverage.</li> </ul>	<ul> <li>If you have full Medi-Cal (no Share of Cost), you cannot be charged MA plan copays.</li> <li>If your MA plan covers extra benefits, Medi-Cal may not coordinate with your MA plan to help pay for those extra benefits.</li> <li>Doctors who contract with Medicare Advantage plans are not allowed to turn away patients who have Medi-Cal as their secondary coverage.</li> </ul>

## How do I compare Medicare Advantage Plans?

Before joining a Medicare Advantage plan, make sure you know the answer to these questions:

- Do my doctors, hospital, and pharmacy contract with Medicare Advantage plans? If so, which ones?
- ► What copays will I have to pay for different services?
- ▶ What is the annual out-of-pocket limit?
- Does the plan cover my prescriptions, and what are the copayments?
- Does the plan cover extra benefits like dental care, vision services, hearing aids, or gym membership?
- Does the plan charge an additional monthly premium to have access to these extra benefits?



### Am I required to join a Medicare Advantage Plan?

No. Joining a Medicare Advantage Plan is optional. You do not have to join a Medicare Advantage Plan unless you want to.

## Medicare Advantage Marketing

Do not let anyone pressure you into joining a Medicare Advantage Plan and watch out for marketing scams and enrollment fraud. Plans and insurance agents are not allowed to:

- Say they are calling on behalf of Medicare
- Send unsolicited text messages or leave voicemail messages
- Provide misleading or inaccurate information about the plan such as whether your current doctors are in the plan's network and whether your prescription drugs are covered by the plan.
- Pressure you into joining a plan or enroll you without your permission

It's always a good idea to check with your doctors before making any changes to your Medicare coverage, even if an insurance agent promises you that you will be able to continue to see your doctors. Sometimes insurance agents mean well, but may not always have up-to-date information about Medicare Advantage Plan networks.

If you have been misled into joining a Medicare Advantage plan or were enrolled into a plan without your consent, call Center for Health Care Rights at 1-800-824-0780 for help.

## Need information or help with Medicare?



Call us at 1-800-824-0780



Visit our website at www.healthcarerights.org



The Center for Health Care Rights (CHCR) is a California non-profit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at 800-434-0222.



**Navigating Medicare** 

This project was supported, in part, by grant number CFDA 93.324 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official