

Choosing a Medicare Advantage Plan

Medicare Advantage plans (Medicare private health plans):

- You can get your Medicare through Original Medicare or from a Medicare Advantage plan.
- Medicare Advantage plans are private plans that contract with the government to provide Medicare benefits. Original Medicare is from the federal government.
- Medicare Advantage plans must cover what Original Medicare covers. However, they can have different rules and costs. They may also cover extra services that Original Medicare doesn't cover.
- The most common types of Medicare Advantage plans are:
 1. Health Maintenance Organizations (HMOs)
 2. Preferred Provider Organizations (PPO)
 3. Private Fee-for-Service (PFFS) plans

Important points about Medicare Advantage plans:

- No two plans are alike. Even plans of the same type (like two HMOs) may have different rules.
- Find out the plan's rules before you enroll.
- If you want drug coverage and you're in an HMO or PPO, make sure the plan you choose has drug coverage.
- Medicare Advantage plans aren't the same as Medigap plans. Medigaps are supplemental insurance that work only with Original Medicare. You can't have a Medigap plan with a Medicare Advantage plan.
- You can't have a Medicare Advantage plan and Original Medicare at the same time. You must pick one or the other.

How to enroll:

- Most people can only enroll in a Medicare Advantage plan during Fall Open Enrollment (October 15 to December 7).
- Call Medicare at 800-633-4227 to enroll in a Medicare Advantage plan.
- To switch plans, it's best to do this by calling Medicare at 800-633-4227 and sign up for the new plan. You will automatically be disenrolled from your old plan.

The next step is to research plans you're interested in. Confirm important information directly with the plan. You may want to use the sheet "**Before signing up for a Medicare Advantage plan**" as a guide.

Before signing up for a Medicare Advantage plan

If you want a Medicare Advantage plan, use this sheet to help find a plan that fits your needs. Medicare Advantage plans are plans sold by private insurance companies that offer Medicare benefits.

- This form is for you to use. You don't need to give it to anyone else.
- **You may not be able to find all of this information in one place. You can find answers to these questions by contacting the plan directly, calling Medicare at 800-633-4227, and on www.medicare.gov.**

Plan name: _____

Circle the plan type: Health Maintenance Organization (HMO)

- Preferred Provider Organization (PPO) Private Fee-for-Service Plan (PFFS)
Medicare Savings Account (MSA) Special Needs Plan (SNP)

Coordination with other benefits (such as retiree insurance or Medicaid)

- How does the plan work with my current coverage?
Will Medicare pay first for my health care costs? Yes No
- If I join the plan, could I lose my retiree coverage? Yes No

Health Care Providers

- Are my doctors, hospitals, home health agencies and skilled nursing facilities in the plan's network? A network is a group of providers that contract with the plan to provide services to its members.

Doctor: _____	In the plan's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor: _____	In the plan's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor: _____	In the plan's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital: _____	In the plan's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital: _____	In the plan's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your doctors are in the plan's network, find out if they're taking new patients who have this plan.

If your doctors aren't in the plan's network, will the plan cover care you get from them?

Yes No

If **yes**, will you have to pay more? Yes No

Access to Health Care

- Where can I find out who I can choose as a Primary Care Provider (PCP)?

- Does my doctor need to get the plan's approval to admit me to a hospital?
 Yes No

- Do I need a referral from my PCP to see a specialist? Yes No

Service Area (the geographic area where you can use the plan)

- What service area does the plan cover? _____
- What kind of coverage do I have if I travel outside the service area?
 No coverage Increased costs

Plan Costs

- Monthly premium (amount you pay each month): \$ _____
- Deductible (amount you pay before coverage starts): \$ _____
- Copay for Primary Care Provider visit: \$ _____
- Copay for specialist visit: \$ _____
- Copay for out-of-network care: \$ _____
- Out-of-pocket maximum: \$ _____

This is the most you have to pay out of pocket for services from your plan.

Additional Benefits

- Does the plan offer extra benefits? (check all that apply)
 Hearing aids Cost: \$ _____ Are there any limitations? Yes No
 Dental services Cost: \$ _____ Are there any limitations? Yes No
 Vision care Cost: \$ _____ Are there any limitations? Yes No

Prescription Drug Coverage

- My plan covers prescription drugs Yes No (if no, do not fill out the rest of this worksheet)
- Are my drugs on the plan's formulary (list of covered drugs)? Are there restrictions such as **prior authorization**, **quantity limits** or **step therapy**?

Prior authorization is when the plan requires you to get permission before you can get your drug.

Quantity limits are when the plan restricts how much of a drug you can buy per month.

Step therapy is when the plan requires you to try other drugs before it will cover the drug you were prescribed.

Name of prescription	On the formulary?	Has restrictions?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Do I have to pay a deductible before the plan covers my drugs? Yes No
Deductible amount \$ _____
- Drug costs
What are the copays for brand-name drugs? \$ _____
What are the copays for generic drugs? \$ _____
- Is my pharmacy in the plan's network? Yes No
- Can I get my drugs by mail order? Yes No
- Can I fill my prescriptions if I travel away from the plan's network? Yes No