

MEDICARE ADVANTAGE

IS IT RIGHT FOR YOU?

Do all of my medical providers accept the Plan?

Does the Plan cover the medications I take?

Will I need Prior Authorization for treatment or services?

What are the co-payments?

What Plans are available to me?

Do I need a referral to see a specialist?

Do I have to pay Part B premiums?

SHIP has answers.

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NC DEPARTMENT OF
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INFORMATION PROGRAM
MIKE CAUSEY COMMISSIONER



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TERMS You Need to Know

HMO (Health Maintenance Organization) – Medical care and services given through a network of providers. In most cases includes Medicare Part D prescription drug benefits. May need a referral to see a specialist.

HMOPOS (Health Maintenance Organization Point-of-Service) – HMO plans that may allow you to get some services out of network for a higher co-payment or coinsurance. It's important that you follow the plan's rules, like getting prior approval for a certain service when needed.

PPO (Preferred Provider Organization) – Can receive medical care and services inside or outside of network provider. In most cases includes Medicare Part D prescription drug benefits.

PFFS (Private-Fee-For-Service) – May require use of network providers, and provider must accept terms and conditions of the Plan's payments. May or may not have Medicare Part D prescription drug benefits.

SNP (Special Needs Plan) – Provides services through a network of providers to persons with certain chronic conditions, persons with full Medicaid and Medicare, or persons living in certain facilities. Always includes Medicare Part D prescription drug benefits.

MSA (Medical Savings Account) – These plans combine a high-deductible health plan with a bank account that the plan selects. The plan deposits money into an account which you can use to pay for your health care services during the year. These Plans will not provide Medicare Prescription drug coverage.

IF YOU JOIN a Medicare Advantage (MA) Plan

- You will present the Plan's card instead of the Medicare card for all medical care, but keep your original Medicare card in a safe place.
- You will still have Medicare and receive all Medicare benefits.
- You must continue to pay the Part B monthly premium plus any additional monthly premium charged by the Plan.
- You will have to pay other costs such as copayments or coinsurance for the services you receive.
- All Plans have an out-of-pocket annual maximum.
- You cannot have a Medigap and a Medicare Advantage Plan at the same time unless you are disenrolling in one of them.
- You should review your plans annually because benefits and costs may change.

Medicare Advantage ENROLLMENT PERIODS

Initial Enrollment Period (IEP) – The IEP is three months before, the month of, and three months after your 65th birthday.

Special Enrollment Period (SEP) – The SEP varies depending upon the situation.

Medicare Open Enrollment Period (OEP) – The OEP is October 15 – December 7 every year. During the OEP, a person who is enrolled in an MA or an MAPD may switch to another MA or MAPD plan or return to Original Medicare and select a PDP. Changes are effective January 1 of the following year.

Medicare Advantage Open Enrollment Period (MAOEP) – The MAOEP is between January 1 – March 31 each year. This period is primarily for those who have enrolled in a Medicare Advantage plan and want to make changes. During this time period...

- You cannot switch to an MA Plan from Original Medicare.

- If you're in an MA plan you can switch to another MA plan
- You can disenroll from your MA Plan and return to Original Medicare IF you enrolled in that MA plan during the Medicare OEP. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan at this time.
- If you enrolled in an MA Plan during the IEP, you can change to another MA Plan or go back to Original Medicare within the first 3 months of having Medicare.
- This enrollment period cannot be used to join a Medicare Prescription Drug Plan or switch from one PD Plan to another if you're in Original Medicare.

COMPARING Plans

Medical Providers

- Can you go to the hospital or doctor you prefer?
- Do you need a referral to see a specialist?
- What Plans will our providers accept?
- Do you pay less to go to certain providers?
- What Skilled Nursing Facilities and Home Health Agencies are contracted with the Plan?
- Contact the Plan for more provider information.

Benefits

- Are extra benefits and services (like dental, vision, hearing, fitness, emergency health care, etc.) outside the U.S. covered? (These may be covered by some Plans and there may be a cost for these extra benefits or services.)
- Does the Plan cover your prescription medications?

Cost

- What will you pay out-of-pocket, including premiums, deductibles and other cost-sharing (copayments or coinsurance) for medical services and prescription medications?
- Are your prescriptions covered under the Plan's formulary?