WHAT ARE THE ADVANTAGES AND DISADVANTAGES?

Medicare Advantage plans may seem appealing but review the details closely. Choosing between original Medicare and Medicare Advantage plans requires careful consideration of your health needs and finances. Medicare Advantage plans can carry hidden risks, especially for people with health conditions.

MEDICARE ADVANTAGE ADVANTAGES

- Many Medicare Advantage plans combine drug and medical coverage into a single plan.
- Medicare Advantage has an annual maximum out-of-pocket payment for covered services, unlike original Medicare.
- Medicare Advantage may provide additional services beyond original Medicare, such as vision, hearing and dental coverage without needing the Medicare Supplement Insurance plan, known as a Medigap.

MEDICARE ADVANTAGE DISADVANTAGES

- Medicare Advantage members may spend more than those with original Medicare coverage because of hidden costs and denied care.
- Medicare Advantage plans may have limited provider networks, meaning your physician or the specialist you need may not be in your network.
- Unlike original Medicare, most Medicare Advantage members must seek approval to see a specialist for treatments or other services. The care is not covered if the member is denied authorization to see a specialist.
- Unlike original Medicare, Medicare Advantage plans often require prior approval for most prescription drugs, inpatient hospital stays, therapy, dialysis and diagnostic services such as laboratory tests. The care isn't covered if the plan denies approval for these services.

Original Medicare might be right for you if:

➡ You have known health conditions. ➡ You prefer not to need a physician referral and want access to a broad scope of physicians and hospital networks across the nation.
➡ You require prescriptions. ➡ You want more predictable health care costs.

Medicare Advantage might be right for you if:

➡ You are a healthy adult who prefers low-cost premiums. ➡ You are comfortable with managed care risks, limited provider networks, and the need for prior approvals and referrals for most services.

MEDICARE OPEN ENROLLMENT: KNOW YOUR OPTIONS

Medicare open enrollment runs from **Oct. 15 to Dec. 7**. During that time, seniors may change their health care insurance and prescription drug plans.

Patients can choose from the following options:

- Original Medicare, managed by the Federal Government
- Medicare Advantage, managed by private insurance plans

Knowing and understanding your Medicare options is essential when making annual healthcare coverage decisions.

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Know what's important to you!

Use this checklist to ensure you've considered budgets, provider locations and what-ifs.

☐ **Am I comfortable with my insurance plan directing my care over the advice of my physician?**

☐ **Do I qualify for payment help or access to other coverage such as Medicare Savings Programs, Medicare Part D Low Income Subsidy or Medigap plans?**

☐ **Do I travel outside my general home area?**

☐ **Do I value coverage for services such as dental, hearing and complimentary health club memberships?**

☐ **Do I value the continuity of my provider network and covered services year over year versus annually checking to ensure my physicians are still in the network and coverage requirements are not changing?**

☐ **How do I feel about a Medicare Advantage plan challenging my physician's determination of the care I need?**

☐ **How important are limits on my annual maximum out-of-pocket costs?**

☐ **What medicines do I take?**

Will I be more likely to seek medical care if:

- ☐ **Coverage is available for care in most but not all geographic areas?**
- ☐ **It's easily accessible, and most physicians and facilities are in the network?**

1. Understand the Medicare Advantage plan's network
2. Compare out-of-pocket costs from past years
3. Investigate Medicare Advantage requirements (see below)
4. Consider the consequences of switching

Are you comfortable with your care being directed by the insurance company? Medicare Advantage plans often require pre-approval to see specialists or to receive health care services such as tests, treatments and laboratory work. It's the insurance company who frequently decides whether you need care, not your physician.

Questions to ask the insurance company:

• If the physician I need to see is out of the network, will the plan cover my visits? Will I pay more out-of-pocket for an out-of-network provider or facility?

• What is the service area for this insurance plan? How far must I travel to find an in-network specialist or facility for specialized services?

• Does my physician need approval from the plan to admit me to a hospital?

• Do I need a referral from my physician before I can see a specialist?
• Are co-payments and deductibles higher for certain types of care, such as hospital stays, home health care or rehabilitation?

• Does the Medicare Advantage plan cover services that original Medicare does not?

• Does the plan impose coverage restrictions on prescription drugs? Can we review my prescriptions to determine if they're on the insurance plan's list of covered drugs?

• How much will I have to pay for brand name drugs?

• Can I use my local pharmacy?

• Will I be covered when I travel out of state?

• Does the plan cover skilled nursing care after hospitalization? Are there rules, policies or restrictions I need to know?