

## Medicare Advantage Plans (Part C)

A Medicare Advantage Plan (like an HMO or PPO) is another health coverage choice you may 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 plan types, you are 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 are in a Medicare Advantage Plan. Medicare Advantage Plans aren’t considered 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. In addition to your Part B premium, you usually pay one monthly **premium** for the services provided.



Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a **referral** to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan).

### Medicare Advantage Plans include the following:

- Health Maintenance Organization (HMO) Plans. See page 55.
- Preferred Provider Organization (PPO) Plans. See page 55.
- Private Fee-for-Service (PFFS) Plans. See page 56.
- Medical Savings Account (MSA) Plans. See page 56.
- Special Needs Plans (SNP). See page 57.



Make sure you understand how a plan works before you join. See pages 55–57 for more information about Medicare Advantage Plan types.

**Medicare Advantage Plans include the following: (continued)**

There are other less common types of Medicare Advantage Plans that may be available:

- Point of Service (POS) Plans—Similar to HMOs, but you may be able to get some services out-of-network for a higher cost.
- Provider Sponsored Organizations (PSOs)—Plans run by a provider or group of providers. In a PSO, you usually get your health care from the providers who are part of the plan.

Not all Medicare Advantage Plans work the same way, so before you join, find out the plan's rules, what your costs will be, and whether the plan will meet your needs.

Find out what types of plans are available in your area by visiting [www.medicare.gov](http://www.medicare.gov) and selecting “Compare Health Plans and Medigap Policies in Your Area.” You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Contact the plans you are interested in to get more information.

**More About Medicare Advantage Plans**

- As with Original Medicare, you still have Medicare rights and protections, including the right to appeal. See pages 86–89.
- Check with the plan before you get a service to find out whether they will cover the service and what your costs may be.
- You must follow plan rules, like getting a [referral](#) to see a specialist or getting prior approval for certain procedures to avoid higher costs. Check with the plan.
- You can join a Medicare Advantage Plan even if you have a pre-existing condition, except for End-Stage Renal Disease.
- You can only join a plan at certain times during the year. See page 58. In most cases, you are enrolled in a plan for a year.
- If you go to a doctor, facility, or supplier that doesn't belong to the plan, your services may not be covered, or your costs could be higher, depending on the type of Medicare Advantage Plan.
- If the plan decides to stop participating in Medicare, you will have to join another [Medicare health plan](#) or return to Original Medicare. See page 59.

Blue words in the text are defined on pages 115–118.

## More About Medicare Advantage Plans (continued)

- You usually get prescription drug coverage (Part D) through the plan. **If you are in a Medicare Advantage Plan that includes prescription drug coverage and you join a Medicare Prescription Drug Plan, you will be disenrolled from your Medicare Advantage Plan and returned to Original Medicare.**
- You don't need to buy (and can't be sold) a Medigap (Medicare Supplement Insurance) policy while you are in a Medicare Advantage Plan. It won't cover your Medicare Advantage Plan **deductibles, copayment, or coinsurance.**

Blue words in the text are defined on pages 115–118.

### Who Can Join?

You can generally join a Medicare Advantage Plan if you meet these conditions:

- You have Part A and Part B.
- You live in the service area of the plan.
- You don't have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) except as explained on page 53.

**Note:** In most cases, you can join a Medicare Advantage Plan only at certain times during the year. See page 58.

### If You Have Other Coverage

Talk to your employer, union, or Indian or Tribal Health Program 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.**

### If You Have a Medigap (Medicare Supplement Insurance) Policy

If you already have a Medigap policy, you can't use it to pay for any expenses you have under a Medicare Advantage Plan. If you drop your Medigap policy to join a Medicare Advantage Plan, in most cases, you won't be able to get it back. See pages 74–75.

### If You Have End-Stage Renal Disease (ESRD)

If you have End-Stage Renal Disease (ESRD) and Original Medicare, you may join a Medicare Prescription Drug Plan. However, you usually can't join a Medicare Advantage Plan.

- If you are already in a Medicare Advantage Plan when you develop ESRD, you can stay in your plan or join another plan offered by the same company under certain circumstances.
- If you have an employer or union health plan or other health coverage through a company that offers Medicare Advantage Plans, you may be able to join one of their Medicare Advantage Plans.
- If you've had a successful kidney transplant, you may be able to join a Medicare Advantage Plan.



If you have ESRD and are in a Medicare Advantage Plan, and the plan leaves Medicare or no longer provides coverage in your area, you have a one-time right to join another Medicare Advantage Plan. You don't have to use your one-time right to join a new plan immediately. If you go directly to Original Medicare after your plan leaves or stops providing coverage, you will still have a one-time right to join a Medicare Advantage Plan later.

You may also be able to join a Medicare Special Needs Plan (SNP) for people with ESRD if one is available in your area.

For questions or complaints about kidney dialysis services, call your local ESRD Network Organization. An ESRD Network Organization is a group of kidney care experts paid by the Federal government to check and improve the care given to Medicare patients who get dialysis treatments for kidney care. Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number. **TTY** users should call 1-877-486-2048.

For more information about ESRD, visit [www.medicare.gov/Publications/Pubs/pdf/10128.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10128.pdf) to view the booklet, "Medicare Coverage of Kidney Dialysis and Kidney Transplant Services."

## What You Pay

Your out-of-pocket costs in a Medicare Advantage Plan depend on the following:

- Whether the plan charges a monthly **premium** in addition to your Part B premium.
- Whether the plan pays any of the monthly Part B premium. Some plans offer this option, usually for an extra cost.
- Whether the plan has a yearly **deductible** or any additional deductibles.
- How much you pay for each visit or service (**copayments**).
- The type of health care services you need and how often you get them.
- Whether you follow the plan's rules, like using network providers.
- Whether you need extra coverage and what the plan charges for it.
- Whether the plan has a yearly limit on your out-of-pocket costs for all medical services.

To learn more about your costs in specific Medicare Advantage Plans, contact the plans you are interested in to get more details. Visit [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to find plans in your area. TTY users should call 1-877-486-2048.

**If you have limited income and resources, you may qualify for the following:**

- **Extra Help** paying your Part D premium and other prescription drug coverage costs. See pages 78–81.
- Help from your state to pay your Part B premium. See page 83.

Blue words in the text are defined on pages 115–118.

## How Do Medicare Advantage Plans Work?

(Chart continues on next page.)

	Health Maintenance Organization (HMO) Plan	Preferred Provider Organization (PPO) Plan
<b>Can I get my health care from any doctor or hospital?</b>	No. You generally must get your care and services from doctors or hospitals in the plan’s network (except emergency care, out-of-area urgent care, or out-of-area dialysis). In some plans, you may be able to go out-of-network for certain services usually for a higher cost.	Yes. PPOs have network doctors and hospitals, but you can also use out-of-network providers for covered services, usually for a higher cost.
<b>Are prescription drugs covered?</b>	In most cases, yes. Ask the plan. If you want drug coverage, you must join an HMO Plan that offers prescription drug coverage.	In most cases, yes. Ask the plan. If you want drug coverage, you must join a PPO Plan that offers prescription drug coverage.
<b>Do I need to choose a primary care doctor?</b>	In most cases, yes.	No.
<b>Do I have to get a referral to see a specialist?</b>	In most cases, yes. Yearly screening mammograms and in-network Pap tests and pelvic exams (at least every other year) don’t require a referral.	No.
<b>What else do I need to know about this type of plan?</b>	<ul style="list-style-type: none"> <li>▪ If your doctor leaves the plan, your plan will notify you. You can choose another doctor in the plan.</li> <li>▪ If you get health care outside the plan’s network, you may have to pay the full cost.</li> <li>▪ It’s important that you follow the plan’s rules, like getting prior approval for a certain service when needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There are two types of PPOs—Regional PPOs and Local PPOs.</li> <li>▪ Regional PPOs serve one of 26 regions set by Medicare.</li> <li>▪ Local PPOs serve the counties the PPO Plan chooses to include in its <b>service area</b>.</li> </ul>

**Medicare Advantage Plans can vary. Read individual plan materials carefully to make sure you understand the plan’s rules. You may want to contact the plan to find out if the service you need is covered and how much it costs. Visit [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to find plans in your area. TTY users should call 1-877-486-2048.**

## How Do Medicare Advantage Plans Work? (continued)

	Private Fee-for-Service (PFFS) Plan	Medical Savings Account (MSA) Plan
Can I get my health care from any doctor or hospital?	In some cases, yes. <b>You can go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and agrees to treat you. Not all providers will. If you join a PFFS Plan that has a network, you will usually pay more to see out-of-network providers.</b>	Yes. Some plans may have preferred doctors and hospitals you could go to for a lower cost.
Are prescription drugs covered?	Sometimes. If your PFFS Plan doesn't offer drug coverage, you can join a Medicare Prescription Drug Plan to get coverage.	No. You can join a Medicare Prescription Drug Plan to get drug coverage.
Do I need to choose a primary care doctor?	No.	No.
Do I have to get a referral to see a specialist?	No.	No.
What else do I need to know about this type of plan?	<ul style="list-style-type: none"> <li>▪ <b>PFFS Plans aren't the same as Original Medicare or Medigap.</b></li> <li>▪ The plan decides how much you must pay for services.</li> <li>▪ <b>Doctors, hospitals, and other providers may decide on a case-by-case basis not to treat you even if you've seen them before.</b></li> <li>▪ For each service you get, check to make sure your doctors, hospitals, and other providers will agree to treat you under the plan, and that they will accept the PFFS Plan's payment terms.</li> <li>▪ In an emergency, doctors, hospitals, and other providers must agree to treat you.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medicare MSA Plans have two parts: a high deductible health plan and a bank account. Medicare gives the plan an amount each year for your health care, and the plan deposits a portion of this money into your account. The amount deposited is less than your deductible amount, so you will have to pay out-of-pocket before your coverage begins.</li> <li>▪ Money spent for Medicare-covered Part A and Part B services counts toward your plan's deductible. After you reach your out-of-pocket limit, your plan will cover your Medicare-covered services in full.</li> <li>▪ Any money left in your account at the end of the year remains in your account along with the deposit for next year.</li> </ul>

**Note:** In 2010, Medicare MSA Plans are only available in Pennsylvania.

## How Do Medicare Advantage Plans Work? (continued)

	Special Needs Plan (SNP)
Can I get my health care from any doctor or hospital?	You generally must get your care and services from doctors or hospitals in the plan’s network (except emergency care, out-of-area urgent care, or out-of-area dialysis). Plans typically have specialists for the diseases or conditions that affect their members.
Are prescription drugs covered?	Yes. All SNPs must provide Medicare prescription drug coverage (Part D).
Do I need to choose a primary care doctor?	Generally, yes, or you may need to have a care coordinator to help plan your care.
Do I have to get a referral to see a specialist?	In most cases, yes. Yearly screening mammograms and an in-network Pap test and pelvic exam (at least every other year) don’t require a referral.
What else do I need to know about this type of plan?	<ul style="list-style-type: none"> <li>▪ A plan must limit plan membership to people in one of the following groups: 1) people who live in certain institutions (like a nursing home) or who require nursing care at home, or 2) people who are eligible for both Medicare and Medicaid, or 3) people who have one or more specific chronic or disabling conditions (like diabetes, congestive heart failure, a mental health condition, or HIV/AIDS).</li> <li>▪ Plans may further limit membership within these groups.</li> <li>▪ Plans should coordinate the services and providers you need to help you stay healthy and follow your doctor’s orders.</li> <li>▪ If you have Medicare and Medicaid, your plan should make sure that all of the plan doctors or other health care providers you use accept Medicaid.</li> <li>▪ If you live in an institution, make sure that plan doctors or other health care providers serve people where you live.</li> </ul>

Visit [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to find plans in your area. TTY users should call 1-877-486-2048.

## When Can You Join, Switch, or Drop a Medicare Advantage Plan?

You can join, switch, or drop a Medicare Advantage Plan at these times:

- When you first become eligible for Medicare (the 7-month period that begins 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65).
- If you get Medicare due to a disability, you can join during the 3 months before to 3 months after your 25<sup>th</sup> month of disability. You will have another chance to join 3 months before the month you turn age 65 to 3 months after the month you turn age 65.
- Between November 15–December 31 each year. Your coverage will begin on January 1 of the following year, as long as the plan gets your enrollment request by December 31.
- Between January 1–March 31 of each year. Your coverage will begin the first day of the month after the plan gets your enrollment form. During this period, you can't do the following:
  - Join or switch to a plan with prescription drug coverage unless you already have Medicare prescription drug coverage (Part D).
  - Drop a plan with prescription drug coverage.
  - Join, switch, or drop a Medicare Medical Savings Account Plan.

In most cases, you must stay enrolled for that calendar year starting the date your coverage begins. However, in certain situations, you may be able to join, switch, or drop a Medicare Advantage Plan at other times. Some of these situations include the following:

- If you move out of your plan's **service area**
- If you have both Medicare and Medicaid
- If you qualify for **Extra Help** to pay for your prescription drug costs (see pages 78–81)
- If you live in an **institution** (like a nursing home)

You can call your State Health Insurance Assistance Program (SHIP) for more information. See pages 110–113 for the telephone number.



No one should call you or come to your home uninvited to sell Medicare products. See pages 94–97 for more information about how to protect yourself from identity theft and fraud. If you believe a plan has misled you, call 1-800-MEDICARE (1-800-633-4227).

Blue words in the text are defined on pages 115–118.

## How Do You Join?

If you choose to join a Medicare Advantage Plan, you may be able to join by completing a paper application, calling the plan, or enrolling on the plan's Web site or on [www.medicare.gov](http://www.medicare.gov). You can also enroll by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Talk with the plan to find out how you can join.

When you join a Medicare Advantage Plan, you will have to provide your Medicare number and the date your Part A and/or Part B coverage started. This information is on your Medicare card.

## How Do You Switch?

If you are already in a Medicare Advantage Plan and want to switch, this is what you need to do:

- To switch to a new Medicare Advantage Plan, simply join the plan you choose. You will be disenrolled automatically from your old plan when your new plan's coverage begins.
- To switch to Original Medicare, contact your current plan, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You will also need to decide about Medicare prescription drug coverage (Part D).

**Note:** You can only switch plans at certain times. See page 58.

## If Your Plan Decides Not to Participate in Medicare

Your plan will send you a letter about your options. Generally, you will automatically return to Original Medicare if you don't choose to join another Medicare Advantage Plan. You will also have the right to buy certain Medigap policies.

## If Your Plan Stops Providing Service in Your Area

You may be able to keep your coverage with that plan if there are no other Medicare Advantage Plans in your area. If your plan offers this option, you must agree to travel to the plan's service area to get all your services (except for emergency and urgently-needed care). If your plan doesn't have this option, you will automatically return to Original Medicare. In this case you will have the right to buy a Medigap policy. If you decide to return to Original Medicare and you want drug coverage, you will need to join a Medicare Prescription Drug Plan.