

Three Questions and Answers
About Medicare Advantage Plans
by Sarah Jane Blake

WHAT IS A MEDICARE ADVANTAGE PLAN?

Most people get their Medicare coverage in one of two ways: Original Medicare or Medicare Advantage Plans.

Original Medicare has two parts: Part A (hospital insurance) and Part B (medical insurance). Original Medicare is a fee for service health plan. You pay deductibles and coinsurance and Medicare pays its share of the Medicare-approved amount.

A Medicare Advantage Plan is a type of Medicare plan offered by a private company that contracts with Medicare to provide you with all of your Medicare Part A and B benefits. Medicare Advantage Plans, or Medicare Health Plans as they are sometimes called, come in a variety of plans such as Health Maintenance Organization plans (HMO), Preferred Provider Organization plans (PPO), Private Fee-For-Service plans (PFFS), or Special Needs Plans (SNP). When you are enrolled in a Medicare Advantage Plan, Medicare services are paid for by the plan.

Medicare Advantage Plans can provide additional benefits that Medicare does not cover; they often charge a premium in addition to the Medicare Part B premium; and they also generally charge a fixed amount called a co-payment whenever you receive a service.

WHEN CAN I ENROLL IN A MEDICARE ADVANTAGE PLAN?

You become eligible to join a Medicare Advantage Plan if you have Medicare Parts A and B; if you live in the health plan's service area; and if you do not have End-Stage Renal Disease (ESRD). (If you do have ESRD, you may be able to join a Special Needs Plan).

You are limited as to when you can change your Medicare Advantage Plan during the year—this is known as lock-in. Four Medicare Advantage Plan enrollment periods include:

1. Initial Enrollment Period (IEP)

You may first enroll in Medicare in your IEP which is sometime during the three months prior to your 65th birthday, the month of your 65th birthday, and the three months after your 65th birthday. You may become eligible for Medicare prior to age 65, if you meet certain disability requirements. You may enroll in a Medicare Advantage Plan at this time.

2. Annual Coordinated Enrollment Period (ACEP)

November 15 through December 31st every year. You can make as many changes as you need during this period, but only your last coverage choice will take effect January 1st of the next year. You can change your health coverage, or add or drop Medicare drug coverage during this time. You may enroll in a Medicare Advantage Plan at this time.

3. Open Enrollment Period (OEP)

January 1 through March 31st every year. Your new coverage starts on the first of the month after you make your change. You cannot add or drop Medicare drug coverage during this time.

Note: In 2007 and 2008 you can switch from Original Medicare **without prescription drug coverage** to a Medicare Advantage Plan **without drug coverage** at any time.

4. Special Enrollment Period (SEP)

Under certain, and very specific circumstances, you may become eligible for a Special Enrollment Period to change your drug coverage and/or health plan. Your new coverage will begin on the first of the month after you enroll in or dis-enroll from a Medicare Advantage Plan. SEPs include such situations as: if your Medicare Advantage Plan leaves your area or if you move out of your Plan's service area.

WHAT SHOULD I ASK ABOUT A PARTICULAR MEDICARE ADVANTAGE PLAN BEFORE ENROLLING IN IT?

Medicare Advantage Plans vary from county to county in New York State. For 2007, there are 15 Medicare Advantage Plans available in Tompkins County: 11 Private Fee For Service Plans (PFFS), 3 Preferred Provider Organization Plans (PPO), and 1 Special Needs Plan (SNP). Before you join any Medicare Advantage Plan, make sure you understand that Plan's rules.

Remember that PPO and PFFS Plans can increase their premiums and change their additional benefits from one year to the next and may end their Medicare business altogether, forcing you to find a new Plan. PPO and PFFS Plans charge a monthly premium in addition to your Part B premium. If you decide to enroll in a PFFS Plan,

remember that you must check with your healthcare provider and hospital each time you have a visit to make sure that they will accept coverage from the PFFS.

The Medicare Rights Center, the largest independent non-profit source of Medicare information and assistance in the U.S., encourages your consideration of 6 key points—namely: choice of doctor; ease of access to specialists without unexpected bills; coverage away from home; prescription drug coverage; and whether the plan works with Medicaid when you are contemplating enrollment in a Medicare Advantage Plan. Conversations with your health care providers, your friends and family members, and with the health plan representatives may help define what a particular plan will offer you. Here are some of the questions the Medicare Rights Center suggests you ask and receive answers to before you enroll in a Medicare Advantage Plan:

- Will I be able to use my doctors?
- Are they in the plan's network and are they taking new patients?
- Do my doctors recommend joining this plan?
- What will happen if my doctors leave the plan?
- Which specialists, hospitals, home health agencies and skilled nursing facilities are in the plan's network?
- If I have or develop a complex illness, what disease-related services are covered?
- What extra benefits does the plan offer? (Physical exams, dental services, vision care) and what rules do I have to follow to get them?
- Are my prescription drugs on the plan's formulary (list of covered drugs)?
- Are there limits or caps on prescription drug coverage?
- Do I have to pay a monthly premium? If so, how much is it?
- How much is my co-payment for a visit with my Primary Care Physician or a visit with a specialist?
- How much will I pay for brand-name drugs? How much for generic drugs?
- How much will I pay for a hospital stay?
- How much will I pay if I use a non-network doctor or hospital?
- Are there higher co-pays for certain types of care, such as hospital stays or cancer treatment?
- What service area does the plan cover?
- What kind of coverage do I have if I travel outside of the service area?
- How often do members leave or dis-enroll from the plan?
- How do members rate the health care they get from the Plan?

Enrollment in any health insurance plan deserves a lot of homework because the health plan you choose can affect the kind of care you receive. For more details about Medicare Advantage Plans or any Medicare or other health insurance issues, contact the Tompkins County Office For the Aging (274-5482) or Lifelong (273-1511) and ask to speak with a HIICAP (Health Insurance Information Counseling and Assistance Program) counselor.