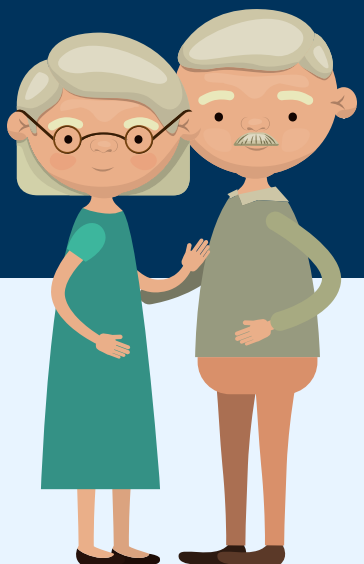
Top Medicare Advantage Myths

Myth #1: Medicare Advantage plans can make changes to your coverage or benefits without informing you.

Truth

Each year, Medicare Advantage enrollees are informed about changes in their MA plan when plans send enrollees the Annual Notice of Change (ANOC), which details the changes in plan benefits for the following year. The ANOC is sent prior to Open Enrollment (Oct 15 – Dec 7) so you could switch to a different Medicare Advantage plan if your current plan will no longer meet your needs. If you have questions about the information provided in your ANOC, please contact the appropriate health plan or CMS.

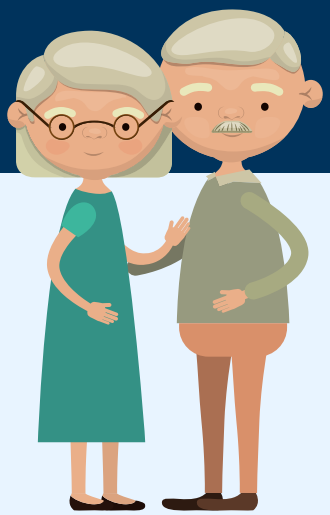


BETTER MEDICARE ALLIANCE

Myth #2: When choosing a Medicare Advantage plan with prescription drug coverage (MA-PD) there is no information available on drug formularies or costs.

Truth

Beneficiaries enrolling in MA may choose to purchase a prescription drug plan (Part D). Most plans offer a MA-PD plan, so the coverage is combined in one policy. The Medicare Plan Finder, an on-line tool for beneficiaries made available by the federal government is available to help enrollees pick the right plan to meet their needs and circumstances. The Plan Finder asks beneficiaries to enter their prescription drug information to allow comparison between plans based on formularies and drug costs. You can also contact the plan you are interested in joining to find out if the prescriptions you need are covered under their formulary. The Extra Help program is available to assist with the costs of prescription drugs.

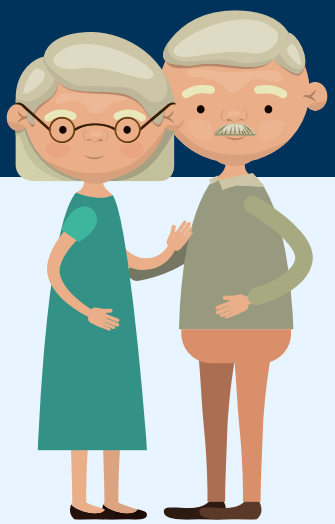


BETTER MEDICARE ALLIANCE

Myth #3: Enrolling in a Medicare Advantage plan means that you no longer have Medicare.

Truth

If you enroll in a Medicare Advantage plan, you still have Medicare. Medicare Advantage is also known as "Part C," and is another way to receive your Medicare coverage. Under Medicare Advantage, you receive your Part A and Part B benefits, as well as additional supplemental benefits. Like Traditional Medicare, Medicare Advantage beneficiaries are responsible for payment of the Medicare Part B premium.



BETTER MEDICARE ALLIANCE

Myth #4: Medicare Advantage plans are too expensive for most seniors.

Truth

It is important for enrollees to compare premiums and out-of-pocket costs when choosing between Traditional Medicare and MA plans. There are co-pays and deductibles in Traditional Medicare and many outpatient doctor visits and services are not covered. For this reason, beneficiaries often buy a supplemental insurance policy, called Medigap. Others look at the choice of Medicare Advantage which covers the outpatient visits without the need for a Medigap policy.

There are several types of Medicare Advantage plans, with different premiums, co-pays and deductibles. There are also Medicare Advantage plans that have zero premiums. Most beneficiaries have access to at least one zero premium Medicare Advantage plan.

Medicare Advantage plans also have a yearly cap on enrollees' out-of-pocket costs for medical care. Once you reach this limit, you'll pay nothing for covered services. This limit is set by the government but may change each year. Cost sharing refers to the out-of-pocket payments that beneficiaries are required to make when they receive health care, usually co-pays or deductibles.

Information on premiums, deductibles, and out-of-pocket costs is provided for each Medicare Advantage plan in the Medicare Plan Finder to allow beneficiaries to compare plans.

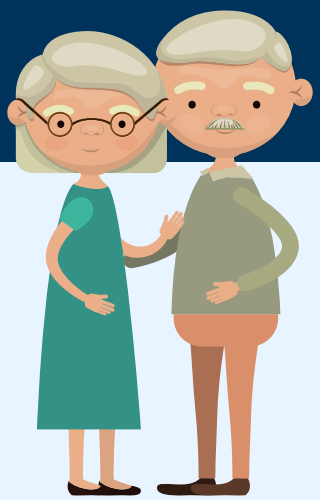
BETTER MEDICARE ALLIANCE

Myth #5: Once you enroll in a Medicare Advantage plan, you cannot switch to a different plan.

Truth

Medicare Advantage beneficiaries can switch plans during Open Enrollment which occurs every year between October 15 – December 7. There is also a Special Enrollment Period (SEP) for 5-star Medicare Advantage plans. If you would like to switch into a 5-star Medicare Advantage plan, you may do so until the last Friday of November.

If you enroll in Medicare Advantage and decide that you want to return to Traditional Medicare, you can do so during the Annual Disenrollment Period (January 1- February 14). MA enrollees are also allowed to change back to traditional Medicare if they enter a long-term care facility or move out of the geographic area or have certain lifestyle changes.

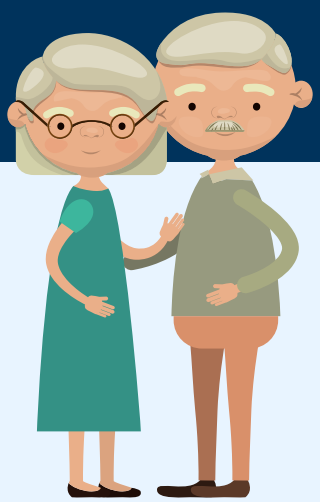


BETTER MEDICARE ALLIANCE

Myth #6: Seniors do not have access to dental, vision, or hearing coverage under Medicare Advantage.

Truth

97% of Medicare Advantage plans offer at least a vision, hearing, or dental benefit, and half of Medicare Advantage plans offer all three benefits. Traditional Medicare does not cover these benefits.



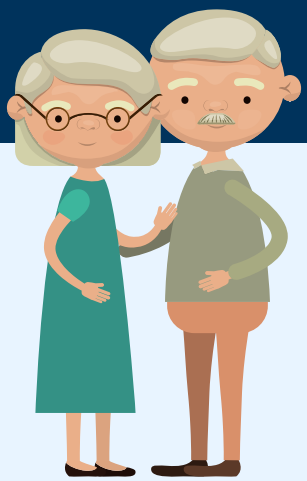
BETTER MEDICARE ALLIANCE

Myth #7: If you disenroll from Medicare Advantage, you cannot join a Medigap plan.

Truth

There are opportunities to go back to Traditional Medicare and buy a supplemental Medigap insurance policy. If you joined a Medicare Advantage plan when you were first eligible for Medicare Part A at 65 and you decide to disenroll from Medicare Advantage to return to Traditional Medicare within one year of joining Medicare Advantage, you may join a Medigap plan; this is called a trial right. You also have a trial right if you initially enrolled in Traditional Medicare + Medigap, switched to Medicare Advantage for less than a year, and wish to return to Traditional Medicare + Medigap. You can request that your new Medigap policy starts when your Medicare Advantage plan enrollment ends, so you'll have continuous coverage.

Medigap insurance companies are generally allowed to use medical underwriting to decide whether to accept your application and how much to charge you for the Medigap policy based on your health status and health history. This means, for example, that you can be denied or charged higher premiums for pre-existing conditions.

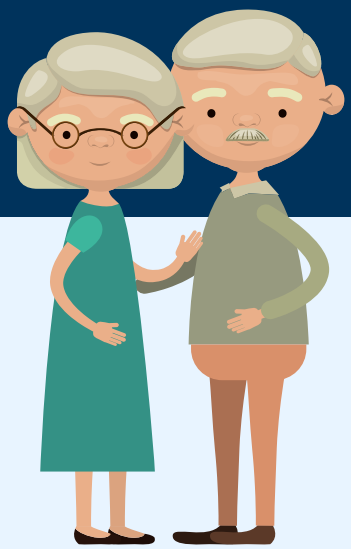


BETTER MEDICARE ALLIANCE

Myth #8: Medicare Advantage plans are only for seniors with excellent health

Truth

Plans are not allowed to deny coverage based on health status. Since payments are adjusted based on health conditions, there is no incentive to deny coverage. Many seniors with chronic illnesses enroll in Medicare Advantage. Because of the payment model, many Medicare Advantage providers offer care coordination and disease management, as well as special programs for those with chronic conditions. Also, Special Needs Plans (SNPs) are a type of Medicare Advantage plan for beneficiaries who are chronically ill, dually eligible for Medicare and Medicaid, or institutionalized (i.e. live in a nursing home). Under SNPs, plans coordinate the services and providers you need to help you stay healthy and follow doctors' or other health care providers' recommendations.

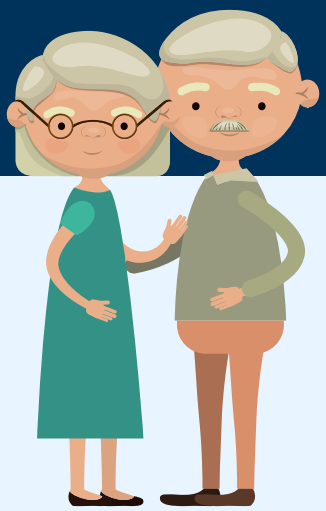


BETTER MEDICARE ALLIANCE

Myth #9: Medicare Advantage plans force you to see a certain group of providers.

Truth

Medicare Advantage plans have a network of providers to provide all the care and services covered by Medicare, including primary care physicians, specialists, hospitals, etc. Standards for provider networks are set by the federal government. Most Medicare Advantage HMO plans have a panel of providers from you to choose from and you are expected to use these providers and other providers they refer to for specialty care. If you go to a provider outside the network without approval, the cost will be yours to pay. Another type of MA plan, is a PPO plan which will allow you to visit providers outside of the network, but they typically only pay a portion of the cost. Other Medicare Advantage plans have provider networks which include a specific group of providers. Your Medicare Advantage Plan has information on which providers are in their network and can inform you of any potential costs of visiting doctors outside the network.



BETTER MEDICARE ALLIANCE