

BETTER MEDICARE

ALLIANCE

A photograph of three elderly women of diverse backgrounds laughing joyfully together. The image is overlaid with a semi-transparent blue filter. The women are huddled close, with their heads tilted back and mouths open in laughter. The woman on the left is wearing a blue top, the middle woman is wearing a pink top, and the woman on the right is wearing a light-colored top.

ADVOCACY TOOLKIT

CONTENTS

MEDICARE ADVANTAGE 101: FREQUENTLY ASKED QUESTIONS (FAQS)	3
TOP MEDICARE ADVANTAGE MYTHS	8
HOW MEDICARE ADVANTAGE IS AFFECTED BY DECISIONS IN WASHINGTON	12
JOIN OUR ADVOCACY EFFORTS: HOW TO PARTICIPATE IN BETTER MEDICARE ALLIANCE	14
TALKING POINTS FOR BETTER MEDICARE ALLIANCE ADVOCATES	18
JOIN BMA TASK FORCES	21

MEDICARE ADVANTAGE 101: FREQUENTLY ASKED QUESTIONS (FAQS)

What is Medicare Advantage?

Medicare Advantage, also known as Medicare Part C, is a Medicare coverage option in which your Part A, B, and oftentimes Part D Medicare benefits are provided through a public-private partnership, rather than the federal government. This means beneficiaries like yourself receive health insurance through private companies, many of whom are the same companies you received insurance through when you were employed.

If you enroll in a Medicare Advantage plan, you still have Medicare. But you will receive your Medicare Part A and Medicare Part B coverage from a Medicare Advantage plan, instead of through Traditional Medicare. Under Traditional Medicare, the government pays for your Medicare benefits when you are eligible to receive them. Under Medicare Advantage plans, the government pays private insurance companies who then cover your health care coverage.

What is the difference between Medicare Advantage and Traditional Medicare?

Under Medicare Advantage, your health coverage is provided through a Medicare Approved Organization (a private insurance company); under Traditional Medicare, it is provided through the federal government.

Unlike Traditional Medicare, for which you pay a separate monthly premium for Part A (Hospital), Part B (Doctors, Outpatient), and Part D (Prescription Drugs), Medicare Advantage covers all Parts A, B, and if selected, Part D all in one monthly premium, often at a lower cost to you.

Most Medicare Advantage plans also cover additional benefits, such as dental, hearing, vision and transportation at no additional cost.

If I'm in a Medicare Advantage plan, will I receive Part A and B benefits? Will I receive Part D?

Medicare Advantage plans are required to cover all Parts A and B benefits provided under Traditional Medicare. Medicare Advantage is not required to cover Part D benefits. However, most Medicare Advantage plans offer Part D prescription drug coverage to their members.

What are the types of plans (HMO, PPO, etc.) offered under Medicare Advantage?

Medicare Advantage offers the following types of plans:

- **Health Maintenance Organization (HMO):** In most HMOs, you can only go to doctors or hospitals in the plan's network, except in an urgent or emergency situation. You may also need to get a referral from your primary care doctor for tests or to see other doctors or specialists.
- **Preferred Provider Organization (PPO):** In a PPO, you pay less if you use doctors and hospitals that belong to the plan's network. You usually pay more if you use doctors and hospitals outside of the network.
- **Private Fee-for-Service (PFFS):** PFFS plans are similar to Traditional Medicare because you can usually go to any doctor or hospital as long as they accept the payment terms of your health insurance plan. Your health insurance company determines how much it will pay doctors and hospitals, and how much you must pay when you visit a doctor or hospital.
- **Special Needs Plan (SNP):** SNPs provide specialized health care for frail, disabled, and older adults with certain chronic medical conditions.
- **Health Maintenance Organization Point-of-Service (HMO-POS):** These are HMO plans that may allow you to get some services out-of-network for additional costs.
- **Medical Savings Account (MSA):** these are health insurance plans where the government deposits money into a savings account. You can then use that money for doctor and hospital visits. The plans do not offer Medicare drug coverage (Medicare Part D). If you want drug coverage, you have to join a Medicare Prescription Drug Plan.

To research plans and determine which plan may be right for you, visit

<https://www.medicare.gov/ind-a-plan> or call 1-800-MEDICARE.

Who will my doctor be?

Medicare Advantage plans provide a list of doctors and hospitals for your review. The providers you can visit depend on the type of Medicare Advantage plan you choose. More information on providers under Medicare Advantage plans can be found at <https://www.medicare.gov/sign-up-change-plans>.

What are the Medicare Advantage eligibility requirements?

If you are eligible for Traditional Medicare, you are generally eligible to choose a Medicare Advantage plan. To be eligible for a Medicare Advantage plan, you must be enrolled in Medicare Parts A and B, and live in a Medicare Advantage service area.

You can join a Medicare Advantage plan even if you have a pre-existing condition, except for End-Stage Renal Disease (ESRD) (dialysis patients). There are also other special circumstances under which you can enroll in a Medicare Advantage plan. The chance to enroll or change plans occurs when you first become eligible for Medicare, or once a year between October 15 – December 7, a period called “open enrollment.”

When is the open enrollment period?

The Annual Enrollment Period runs each year from October 15 to December 7. Except for the initial sign up period when you turn 65, your coverage will begin January 1 of the following year, as long as the plan receives your enrollment request by December 7.

You have the opportunity to change your plan annually during open enrollment, which is from October 15 – December 7 each year.

The **NEW** Medicare Advantage Open Enrollment period allows those beneficiaries already enrolled in a Medicare Advantage plan to change their coverage from January 1st to March 31st annually.

What can I do during the annual enrollment period?

- Change from Traditional Medicare to a Medicare Advantage plan.
- Change from a Medicare Advantage plan to Traditional Medicare.
- Switch from one Medicare Advantage plan to another Medicare Advantage plan.
- Switch from a Medicare Advantage plan that does not offer drug coverage to a Medicare Advantage plan that offers drug coverage.
- Switch from a Medicare Advantage plan that offers drug coverage to a Medicare Advantage plan that does not offer drug coverage.

What can I do during the Medicare Advantage open enrollment period?

- Change from a Medicare Advantage plan to Traditional Medicare.
- Switch from one Medicare Advantage plan to another Medicare Advantage plan.
- Switch from a Medicare Advantage plan that does not offer drug coverage to a Medicare Advantage plan that offers drug coverage.
- Switch from a Medicare Advantage plan that offers drug coverage to a Medicare Advantage plan that does not offer drug coverage.
- Purchase a stand alone prescription drug coverage if returning to Traditional Medicare.

What does “initial enrollment period” mean?

Your Initial Enrollment Period is when you first become eligible for Medicare or when you turn 65. In general, you can enroll in any Medicare plan during your Initial Enrollment period, which is the 7 months surrounding your 65th birthday.

Under what special circumstances can I sign up for Medicare Advantage outside of open enrollment?

There are special circumstances when individuals can sign up for Medicare Advantage outside of the open enrollment period, including if:

- You're no longer eligible for Medicaid.
- You find out that you won't be eligible for Extra Help for the following year.
- You leave coverage from your employer or union.
- You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) plan.

What is the difference between a Medicare Advantage Plan and a Medigap Plan?

Medigap provides supplemental coverage that pays for all or most of Medicare Parts A and B out-of-pocket costs. Medigap is only available to older adults enrolled in Traditional Medicare because Medicare Advantage plans generally already cover these additional out-of-pocket costs. Medigap does not cover Part D (drug) coverage.

Under Medigap, beneficiaries must be at least 65 years old, and may enroll in Medigap in the first six months after they sign up for Medicare Part B. After that period, people in most states can be turned down by Medigap, or charged extra for pre-existing conditions. Medicare Advantage Plans and Medigap Plans are both provided through private insurance companies.

Can I enroll in both a Medicare Advantage Plan and a Medigap Plan?

No, you are not permitted to enroll in both a Medicare Advantage plan and a Medigap plan simultaneously. Medigap plans are generally not needed if you choose a Medicare Advantage plan because Medicare Advantage plans cover the additional out-of-pocket costs that Medigap plans are designed to cover.

What if I receive benefits from Social Security or the Railroad Retirement Board?

When you turn 65, you will automatically be enrolled in Traditional Medicare Parts A and B if you are already receiving benefits from Social Security or the Railroad Retirement Board. You may still choose to enroll in a Medicare Advantage plan.

Where can I go to explore my Medicare options?

To research plans and determine which plan may be right for you, visit <https://www.medicare.gov/ind-a-plan> or call 1-800-Medicare.



I have been with Medicare Advantage since January 2014. When I was placed on permanent social security disability and needed health coverage I decided to keep Medicare and chose a prescription drug plan.

In 2016, I realized that with my chronic illnesses, it would be more beneficial to have a full Medicare Advantage plan. With Medicare Advantage, I receive my multiple medications at a reduced price and my premiums that I choose are affordable. I am also fond of my wellness benefits like Silver Sneakers, the low co-pays, mail order pharmacy, and the excellent specialty doctors all available through my plan.”

-Geneva V. – BMA Ambassador (Sayerville, New Jersey)

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 the 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.

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 online 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.

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.

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 copays 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.

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.

You can switch to a Medicare Advantage Plan that has 5 stars for its overall star rating from December 8, 2018 to November 30, 2019. You can only use this Special Enrollment Period once during this timeframe. The overall star ratings are available at [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan).

The **NEW** Medicare Advantage Open Enrollment period allows those beneficiaries already enrolled in a Medicare Advantage plan to change their coverage annually from January 1st to March 31st.

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.

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.

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

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.

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

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 for 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.



“I love the great partnership between the government and the private sector. More insurance companies should join Medicare Advantage. I’ve had Medicare Advantage since turning 65 and I’ll be 73 this year.

I am happy with my plan because it works for people of all economic statuses and is a great bargain got for most people.” Medicare Advantage is a leader for senior health, and as an insurance broker and beneficiary, I appreciate this partnership between the government and the private sector.

More insurance companies joining Medicare Advantage would be helpful to increase available plan choices.”

– Steve N., BMA Ambassador (Las Vegas, Nevada)

HOW MEDICARE ADVANTAGE IS AFFECTED BY DECISIONS IN WASHINGTON

- When a law is passed by Congress, the appropriate regulatory agency creates regulations necessary to implement the law.
- The Centers for Medicare and Medicaid Services (CMS) is the regulatory agency responsible for overseeing Medicare Advantage.

How Better Medicare Alliance Protects Medicare Advantage

- Better Medicare Alliance (BMA) regularly monitors and comments on policy actions by CMS that impact Medicare Advantage. BMA also monitors legislative activity in Congress and how Medicare Advantage is working.
- Better Medicare Alliance carefully monitors, analyzes, and responds to proposed policies during the rate notice (the annual public comment period for Medicare) that impact Medicare Advantage.
- Sometimes, the new policies result in cuts to funding for Medicare Advantage, which can lead to an increase in premiums and a decrease in supplemental benefits for Medicare Advantage beneficiaries.
- During the rate notice, BMA develops its position on numerous issues. BMA works closely with its 400,000+ advocates to send letters to members of Congress, sign petitions and more. Our advocates are a critical part of our success because they help demonstrate the unique perspective of Medicare Advantage beneficiaries to CMS and members of Congress.

How can the public impact regulatory decisions, including Medicare Advantage?

- Regulatory agencies are required to publish all proposed new policies at least 30 days before they take effect to allow the public to comment.
- Medicare beneficiaries can comment on proposed policies for Medicare Advantage during the rate notice period. Beneficiaries can do so by sending letters to the Administrator at the Centers for Medicare and Medicaid Services (CMS) .

Key Terminology and Dates

- New policies or amendments to existing policies are called ‘proposed rules.’
- The time period when the Centers for Medicare and Medicaid Services (CMS) introduces proposed changes to Medicare Advantage and the public can offer comments/opinions is known as the ‘rate notice’. The proposals within the final rate notice become effective on the following January 1.
- Once a policy becomes effective, it is called a ‘final rule’ and is printed online and may also be posted on the website of the regulatory agency. CMS releases their final rate notice in early April.
- The proposals within the final rate notice become effective on the following January 1.



Through my Humana Medicare Advantage plan, I can better manage my Chronic Obstructive Pulmonary Disease (COPD) while saving money. I was happy to be able to keep my existing doctors after choosing my Medicare Advantage plan.

In addition to excellent preventative care, my over-the-counter medications and Generic 1 and 2's are free, I receive a free membership, and I am signed up for Vitality Bucks, which provides incentives like gift cards and movie tickets for engaging in preventative care.”

– Pat R., BMA Advocate (Phoenix, Arizona)

JOIN OUR ADVOCACY EFFORTS: HOW TO PARTICIPATE IN BETTER MEDICARE ALLIANCE

Better Medicare Alliance (BMA) wants your voice to be heard in Washington, D.C. Only you can explain the true value of Medicare Advantage for yourselves, and for other seniors and people with disabilities enrolled in the program. The Centers for Medicare and Medicaid Services (CMS) needs to hear from real people enrolled in Medicare Advantage, particularly as they seek to make changes each year during the rate notice. We invite you to join in our advocacy efforts - being a BMA advocate is completely free and voluntary - read the questions below to learn more. Please feel free to email us with any questions at community@bettermedicarealliance.org.

What makes Medicare Advantage special/important?

BMA has over 400,000 senior advocates who serve as the face and voice of our organization. Advocates help influence policy decisions in Washington by contacting their members of Congress through letters and phone calls, pledging support on issues by signing petitions, having Letters to the Editor published in their local newspapers, and visiting Capitol Hill. Advocates also have access to a community of like-minded seniors, which is especially important for those with special needs or chronic diseases.

Advocacy Successes

Over the past three years, we've made significant strides protecting Medicare Advantage. Your Medicare Advantage experiences, stories, and actions have had an impact on members of Congress, the CMS, our staff, and many others.

Thanks to the efforts of our advocates, BMA has reached a number of critical milestones including:

- Recruited over 100,000 new senior advocates in 2018
- Engaged over 100 ally organizations, like the YMCA and Meals on Wheels, who support Medicare Advantage
- Rallied over 130,000 supporters to participate in a digital March on Washington in 2017, urging Congress and CMS to protect Medicare Advantage
- Educated more than 13,000 seniors about their Medicare open enrollment options
- Galvanized over 2,500 seniors to stand up for Medicare Advantage retiree coverage

- Called on Congress and achieved the successful reauthorization of Special Needs Plans (SNPs)

Advocacy efforts from older adults like you help ensure Medicare Advantage remains stable and secure for years to come. If you support Medicare Advantage, we welcome you to join our community and stay involved.

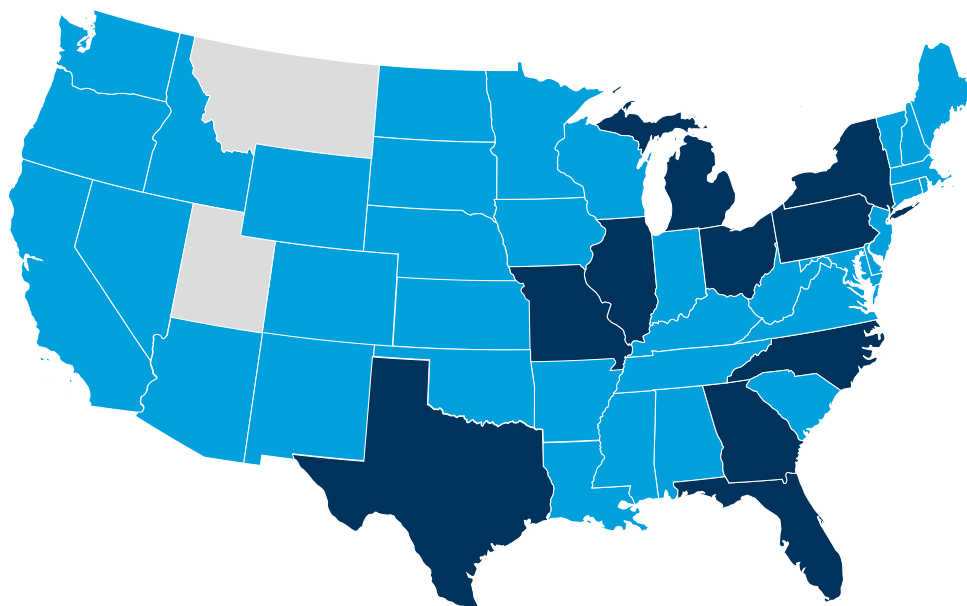
About Our Top Advocates

Our community is made stronger by our 400,000+ seniors that are racially, socio-economically, and geographically diverse and engage with policymakers on both sides of the aisle.

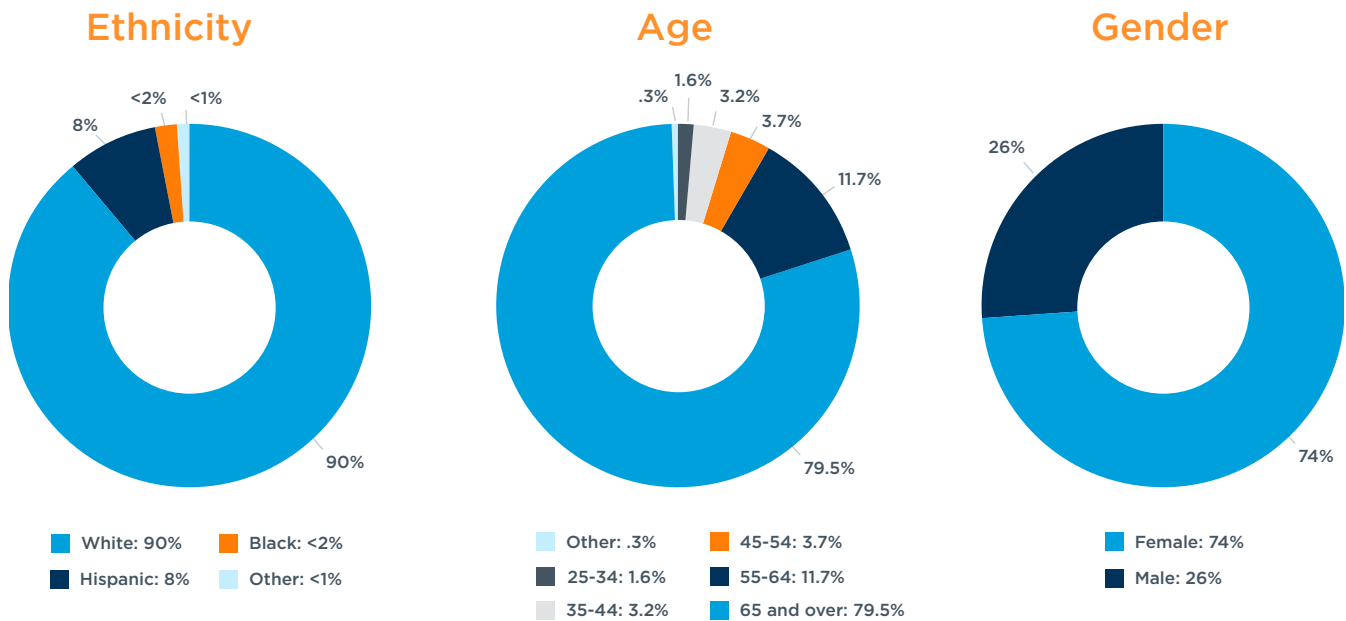
We have senior advocates from every state across the country who regularly engage with BMA to advocate for the Medicare Advantage plans they know and love.

Top States for Facebook Likes

State	Likes
Florida	15,009
Texas	12,681
Ohio	8,110
New York	7,658
Michigan	7,433
Pennsylvania	6,871
Illinois	6,479
Georgia	5,710
North Carolina	4,926
Missouri	4,852



We have male and female advocates and advocates of all races, ages, and abilities.



We invite you to get to know a few of our most active advocates:



Carol F.



Harry G.



Pat R.



Richard B.



Steve N.

How to Get Involved as an Advocate for Medicare Advantage

Below are two immediate ways in which you can get involved with Better Medicare Alliance (BMA) to advocate for a strong and secure Medicare Advantage:

1. Sign up to be a BMA Advocate at medicaremyway.com to receive policy updates, advocacy alerts, and a monthly newsletter. Activities that BMA Advocates participate in include: answering surveys, signing petitions and sharing their experiences on Medicare Advantage with BMA.
2. Request to join the “BMA Ambassadors,” a group of our most engaged BMA advocates who volunteer to work directly with BMA staff to further participate in advocacy activities for Medicare Advantage. If you would like to become a BMA Ambassador, please email us at

community@bettermedicarealliance.org and request to join our private Facebook group at: <https://www.facebook.com/groups/BMAAmbassadors/>

Why You Should Become a BMA Ambassador

BMA Ambassadors are a self-selected committee of the Better Medicare Alliance's most engaged advocates dedicated to strengthening health care for the over 20 million seniors with Medicare Advantage.

BMA Ambassadors activities include:

- Joining the BMA Ambassador private Facebook group
- Participating in a monthly conference call to discuss Medicare Advantage policy updates
- Contacting members of Congress or other policymakers
- Sharing information in your community about Medicare Advantage
- Hosting an event (i.e., coffee chat, Medicare Advantage workshop, fitness class) in your community
- Organizing trips to Washington to advocate for Medicare Advantage
- Connecting with other advocates nationwide



“Medicare Advantage allows me to afford quality health care and stay healthy. It has no deductible and a maximum out of pocket cap. My wife turns 65 in May and has already signed up for a different insurer’s Medicare Advantage Policy. We have a choice of different plans. I can afford my medications and required doctors’ visits.

In addition, I get one affordable routine vision examination each year. Traditional Medicare with the deductible 20% copayments separate Part D premium and no maximum out of pocket would doom me to not having ANY health care. I simply couldn’t afford it. Medicare Advantage is necessary for my survival. It is far closer to the health insurance I had while I was working than original Medicare. Medicare Advantage plans work with me and my PCP to keep me healthy unlike traditional Medicare.”

-Harry G. BMA Ambassador (Kingsport, Tennessee)

TALKING POINTS FOR BETTER MEDICARE ALLIANCE ADVOCATES

What is Medicare Advantage?

- Medicare Advantage is the option within Medicare that allows beneficiaries to enroll in health care plans offered through private companies.
- Medicare Advantage is sometimes referred to as Medicare Part C.
- There are nearly 22 million Medicare Advantage beneficiaries across the U.S. This is one third of all Medicare beneficiaries.

What makes Medicare Advantage special/important?

- Medicare Advantage plans generally are different from Traditional Medicare because they are paid a monthly amount for each enrollee by the federal government. This encourages the health care industry to make sure patients get and stay healthy. This means that there is often a greater emphasis on primary care and better coordination between a patient's doctors than in Traditional Medicare.
- Medicare Advantage plans encourage beneficiaries to have a primary care doctor and preventive care. Many plans have care managers who help patients get the care they need.
- Medicare Advantage plans often cover supplemental benefits at no additional cost including dental, vision, and hearing, which are not covered by Traditional Medicare plans.
- Medicare Advantage provides high quality, affordable health care coverage for its beneficiaries.
- Research has found that Medicare Advantage beneficiaries experience fewer avoidable hospitalizations and better chronic disease management than Traditional Medicare beneficiaries.
- Medicare Advantage beneficiaries have fewer inpatient hospital stays than Medicare beneficiaries enrolled in Traditional Medicare.
- Seniors on Medicare Advantage have fewer emergency room visits than seniors on Traditional Medicare.

- Approximately 90% of Medicare Advantage beneficiaries are satisfied with the quality, value, and preventive care coverage they receive.

Why does Medicare Advantage need protecting and strengthening?

- Each year, from February to April, the Administration proposes new policies that impact Medicare Advantage beneficiaries.
- Sometimes, the new policies result in cuts to funding for Medicare Advantage, which can lead to an increase in premiums and a decrease in supplemental benefits for Medicare Advantage beneficiaries.
- A significant portion of Medicare Advantage beneficiaries are over the age of 75 and live on incomes below \$20,000 per year, so it's important to keep Medicare Advantage stable and sustainable.

What is Better Medicare Alliance?

- Better Medicare Alliance (BMA) is a nonprofit organization that advocates for Medicare Advantage as an option under Medicare.
- BMA is a coalition of more than 100 organizations including providers, community-based organizations, health insurance plans, aging organizations, and advocacy groups, as well as 400,000+ senior advocates.
- Better Medicare Alliance works to make the voice of beneficiaries heard during the regulatory process and in Washington D.C. to prevent cuts and harmful proposals to Medicare Advantage.



“My wife and I are retired teachers from Michigan. For 32 years I taught mostly math and science to students in grades K-12 in the public school system in Michigan before teaching handicap school children for another ten years. My wife was a school librarian in the public school system. During all those years serving the Michigan public school system, we knew we were paying into our future care. When my wife and I turned 65, we drove up to East Lansing to sit down with a Blue Cross Blue Shield counselor to discuss our health care options for retirement. At the time, we were inundated with many, many choices. Since we once had Blue Cross Blue Shield and had been happy with them in the past, it made sense to talk to people we know and trust. We figured that a Medicare Advantage plan would help us in the long run pay less.

My wife and I have been pleased with the coverage we have received for the past three to four years from our Blue Cross Blue Shield Medicare Advantage plan sponsored by the Michigan Public School Employees Retirement System. Our premiums are about \$45 a month for the both of us. In return, we have access to vision and dental benefits we need. Though we have since moved to Colorado, our coverage has not changed. However, every year we are concerned about out of pocket costs going up and if funding to Medicare Advantage for retirees like myself is cut, my wife and I’s out of pocket costs will soar. The prospect of higher bills is very worrisome for us as our combined fixed annual income is around \$72,000. Not only that, we are concerned about the impact cuts to funding will have on access to doctors and supplemental benefits.”

- Kirby F., BMA Advocate (Michigan)

JOIN BMA TASK FORCES: ISSUE BASED ADVOCACY GROUPS

Our task forces are smaller groups of senior advocates that are passionate about certain Medicare Advantage issues. Participation is free and completely volunteer-based – we just ask for approximately 1-2 hours of your time each month.

Below is a list of our current task forces and information on signing up. Are there other Medicare Advantage issues that you're passionate about? Email us at community@bettermedicarealliance.org.

Medicare My Way Task Force

Our Medicare My Way task force is a group of our most dedicated advocates who have chosen to work directly with Better Medicare Alliance to advise the Centers for Medicare and Medicaid Services on the Medicare THEY want and need. The immediate focus of the task force will be to evaluate the supplemental benefits offered through Medicare Advantage, such as routine eye check-ups, hearing or dental care, transportation, and Silver Sneakers memberships.

We are interested in hearing what supplemental benefits you currently use and what health-related benefits you would like to see from Medicare Advantage plans in the future. Join the Medicare My Way Task Force to collaborate with other older adults to help shape the future of Medicare.

Sign up at
medicaremyway.com/take-action/join-the-medicare-my-way-task-force/

Medicare Advantage Retiree Plans Task Force

Our Medicare Advantage Retiree Task Force is a group of supporters who advocate for the millions of seniors in the U.S. who are enrolled in Medicare Advantage health plans sponsored by a former employer.

In 2018, the Centers for Medicare and Medicaid Services (CMS) proposed cuts to Medicare Advantage retiree coverage, which would have raised costs and disrupted coverage for thousands of seniors around the country. Better Medicare Alliance advocates would not let this happen and made their collective voice be heard. Many older adults called offices of Members of Congress, wrote letters about their positive experiences, and had opinion pieces published in local newspapers. These advocacy actions were essential to helping CMS understand the value of these health insurance plans. Join the Medicare Advantage Retiree Plan Task Force to help us maintain these efforts.

Sign up at

medicaremyway.com/take-action/join-our-medicare-advantage-retiree-plans-task-force/

Affordable Drug Pricing Task Force

The Prescription Drug Pricing (Medicare Part D) Task Force is comprised of older adults who are affected by rising drug prices and gives them a collective voice to advocate for stable and affordable prices for their medications.

Prescription drug prices are on the rise and affecting millions of seniors on Medicare Advantage, many of whom struggle to pay the out-of-pocket costs for their life-saving medications. Better Medicare Alliance understands the negative impact high drug prices have on beneficiaries and supports developing policies that make prescription drugs more affordable for everyone.

Over the last few years, drug prices have continued to rise. Millions of older adults like you rely on medications to treat their chronic diseases and take on average 4-5 different medications a month. If you are affected by high drug costs or support making prescription drugs more affordable for Medicare Advantage beneficiaries, **join our Drug Pricing (Medicare Part D) Task Force to ensure seniors on Medicare Advantage have access to affordable and effective prescription medicines.**

Sign up at

<http://medicaremyway.com/take-action/join-the-keep-our-prescription-drugs-affordable-task-force/>

Chronic Disease Task Force

The Chronic Disease Task Force is comprised of older adults and care givers who either have chronic diseases or support loved ones those that do. Chronic disease is a growing crisis in the United States, but luckily Medicare Advantage has been at the forefront of developing and incentivizing ground-breaking ways to prevent, diagnose and treat chronic diseases such as diabetes, hypertension and heart disease. We want to ensure that seniors with chronic disease continue to get the high-quality, affordable health care they deserve through Medicare Advantage.

Join our Chronic Disease Task Force to work directly with Better Medicare Alliance to shape the future of Medicare Advantage chronic disease care.

Sign up at
medicaremyway.com/take-action/join-our-chronic-disease-task-force/



As a senior with multiple chronic conditions, my Medicare Advantage plan gets me access to quality health care that works for me. I'm 67 and work part-time because my health care needs are met through Medicare Advantage. I have sleep apnea, and when I retired I was concerned that I wouldn't get the supplies that I need when I switched to Medicare.

Since enrolling in Medicare Advantage, I get the supplies every three months. I also get to see my specialist for my high blood pressure and the visits and medication are covered with zero to minimal co-pays. Another benefit is getting to participate in Silver Sneakers through my Medicare Advantage Plan.

Silver Sneakers is a minimal impact exercise group where I also have access to gym equipment. I find that exercise is an important part of controlling my high blood pressure and managing my osteoarthritis pain, so it is a great benefit for me!" – Mary Lou C., BMA Ambassador (North Warren, Pennsylvania)

– Mary Lou C., BMA Ambassador (North Warren, Pennsylvania)