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MEDICARE AT-A-GLANCE

Knowing whether to select a Medicare Advantage (Medicare Part C) or a Medicare Supplement (Medigap) Plan can be confusing. To guide you through your supplemental Medicare purchasing decisions, we've developed this Medicare At-a-Glance summary of the different plans and to help you understand what's best for you.

First things first – you need Medicare Part A & B before you can sign up for a supplemental plan. Also, you can't sign up for both a Medicare Advantage and a Medicare Supplement Plan. You must select one or the other.

Medicare Advantage plans take the place of Medicare and can be a HMO (Health Maintenance Organization), PPO (Preferred Provider Organization), PFFS (Private Fee-for-Service), SNP (Special Needs Plan), HMO-POS (Health Maintenance Organization Point-of-Service) and MSA (Medical Savings Account). To receive a quote for any of these types of plans, click here.

There are different types of Medicare Supplement or Medigap polices offering different levels of coverage. **Please review this Q&A to find more relevant information about Medicare Advantage and Medicare Supplement Plans. When you're ready to enroll, contact one of our Insurance Advocates at 888.334.7950 or visit us online.**

Q. WHO IS ELIGIBLE?

To be eligible for **Medicare Advantage**, you must have Original Medicare, Part A and Part B, and live in the service area.

Medicare Advantage takes all applicants other than those with end-stage renal disease, except in certain circumstances.

To be eligible for **Medicare Supplement**, you must have Original Medicare with both Part A and Part B.

If you enroll during your Medigap Open Enrollment period or if you qualify for guaranteed issue, the insurance company may not deny your application or charge you more if you have certain health conditions.

If you don't enroll during your Medigap Open Enrollment period, the insurance company can use medical underwriting to decide whether to accept your application or not.

Generally, your open enrollment period begins as soon as you're eligible for Medicare and continues for six months. See medicare.gov.

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Q. HOW MUCH WILL THE PLAN COST?

The cost for **Medicare Advantage** plans vary by location and company. Many are available with no premium cost. You typically pay copayments or cost sharing for most medical services.

Many plans have an out-of-pocket annual maximum and you still need to pay your Medicare Part B premium.

For **Medicare Supplement** plans vary by location and company. Premiums may increase with age. You pay NO copayments, deductible or coinsurance and the plans do not have an out-of-pocket maximum.

Companies may underwrite and deny coverage unless you sign up during your Medigap Open Enrollment Period or you qualify for guaranteed issue.

Q. WHICH DOCTORS ARE AVAILABLE?

Under the **Medicare Advantage** plans, HMOs and PPOs maintain provider (doctor) networks. They must have available Medicare-assigned providers in order to accept new members. For an HMO, you will have to choose a Primary Care Physician and obtain referrals when needed.

PFFS plans have no provider network. It may be hard to find providers who accept to accept the terms and conditions of the plan.

HMOs generally cover in-network only.

With **Medicare Supplement**, you can go to any doctor or other health care provider that accepts Medicare assignment. Referrals by your doctor aren't required when you need to see a specialist.

You can get medical services in any state or U.S. territory.

Q. ARE PRESCRIPTIONS COVERED UNDER THE PLAN?

If you want drug coverage with a **Medicare Advantage** plan, make sure your plan includes this before your enroll.

With a PFFS plan, you may choose either the plan's prescription drug coverage, if offered, or a stand-alone Medicare Prescription Drug Plan.

Under **Medicare Supplement**, prescriptions are not included. To make sure you have this coverage, you may want to enroll in a stand-alone Medicare Part D Prescription Drug Plan.

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Q. DO BENEFITS CHANGE AND IS THE PLAN RENEWABLE?

With a Medicare Advantage, benefits may change yearly. You usually remain in a plan unless you enroll in a new plan during the Annual Election Period (AEP).

For **Medicare Supplement**, benefits don't generally change. Plans are guaranteed renewable as long as you pay the premium. There is no Annual Election Period (AEP) for Medigap plans. However, if you drop this plan, you might never get it again as you will have to go through Medical Underwriting.