

Medicare Advantage Frequently Asked Questions

What is Medicare Advantage?

Medicare Advantage plans are offered by private insurance companies approved by Medicare. Medicare Advantage provides all your Part A (hospital insurance) and Part B (medical insurance) coverage. Some Medicare Advantage plans also often offer extra coverage such as vision, hearing, dental and/or health and wellness programs. Most Medicare Advantage plans also include Part D (prescription drug) coverage.

Is Medicare Advantage new?

The concept has been around since the 1970s, but was renamed “Medicare Advantage” in 2003. As of 2014, there were 15.7 million people enrolled in Medicare Advantage plans, accounting for about 30 percent of all Medicare beneficiaries.

Is Medicare Advantage going to cost me more money?

You will always have to pay the Part B premium – whether you are on traditional Medicare, adding supplemental coverage, or choosing Medicare Advantage.

Do I pay for Medicare Advantage?

The Medicare Part B premium is always deducted from the monthly check from Social Security. When you enroll in a supplemental plan, Medicare Advantage plan or Part D plan – you can pay for your premiums in one of three ways:

- Have it deducted from your monthly Social Security check
- Auto-pay through a checking or savings account
- Receive direct, monthly billing.

Who is eligible for Medicare Advantage plans?

- People 65 and older
- People under the age of 65 with disabilities (except those with end-stage renal disease)
- Participants who live within the service area of their chosen Medicare Advantage plan

What are some benefits of choosing Medicare Advantage over Medicare?

- Medicare Advantage plans are required to cover benefits (such as doctor’s office visits, lab visits, MRI’s, etc.) that are equal to or better than Medicare. Some Medicare Advantage plans also include additional benefits such as gym memberships, dental, vision and hearing not otherwise covered through traditional Medicare.
- Medicare Advantage plans have a yearly Maximum Out-Of-Pocket (MOOP) for the medical expenses. If someone has a high medical expense year, the plan picks up at 100% once the MOOP has been reached. There is no MOOP with traditional Medicare.
- Many times, your prescription drugs are less expensive with Medicare Advantage. That is because you don’t have to pay the monthly premium for the stand-alone Part D plan as with traditional Medicare. Your insurance agent will be able to show you the up-front cost savings in premium and prescription co-payments.
- If someone has questions/concerns about their Medicare Advantage plan, the customer service department at their insurance company (or their insurance agent) can help with most of the questions. When someone has traditional Medicare, all of their questions and concerns need to be directed through Medicare.

It seems like many private insurance companies have several different types of supplemental plans to offer. Is Medicare Advantage comparable to those other supplemental plans? What makes Medicare Advantage better than other plans?

Think of it like car insurance. You are paying the monthly premium for coverage whether you use the plan or not. When you do use the plan and need something covered – traditional Medicare pays toward your claim first and then the supplemental plan generally pays the balance of the bill. There are several supplemental plans available. The more coverage you need/want – the more you are going to pay. Supplemental plans DO NOT COVER PRESCRIPTION DRUGS. Therefore, you would also need to pay an additional monthly premium for Part D prescription drug coverage.

Many of the Medicare Advantage plans – which have low-to-zero monthly premiums INCLUDE THE PART D PRESCRIPTION DRUG coverage, so this will save you up-front on the monthly premium cost. In return, you pay co-payments/co-insurances toward the medical services you need.

How do I sign up/enroll for Medicare Advantage?

Medicare Advantage plans are offered through private insurance companies. Check with your chosen private insurance companies on the Medicare Advantage plans they offer.

If you are turning 65:

- You have up to 7 months to enroll (3 months before your birthday, your actual birthday month and then 3 months after your birthday).

If you are over 65 and are currently covered by traditional Medicare:

- Enroll in Medicare Advantage during the annual election period (AEP) between October and December. Your new Medicare Advantage plan would then take effect on the first of the new year.

What if I sign up for Medicare Advantage and then decide I'd like to switch back to a different plan?

Within the first year of participating in a Medicare Advantage plan, you have a one-time special enrollment option to switch back to traditional Medicare and add a stand-alone Part D Prescription Drug plan. Also, the annual disenrollment period (ADP), from January 1 to February 14, allows you to switch back to a traditional Medicare and Part D Prescription Drug plan.

What if I sign up for a Medicare Advantage plan, then move to an area that isn't covered by the plan I chose?

If you move out of your plan's selected service area or lose Medicare coverage from your employer at any time during the year, the special election period (SEP) allows you to choose another plan.

When I need to visit the doctor or have a medical procedure, how will I know what I am responsible for paying for and what Medicare Advantage is covering?

Before you enroll in a Medicare Advantage plan, your insurance agent will go through your plan's summary of benefits with you and give you a copy to keep. The summary of benefits lists the co-payment or co-insurance costs for the year. Once you enroll in a plan, you'll receive an insurance card in the mail, which you'll need to show to your health care provider to make sure your claims are billed correctly.

I'm still confused. Is there someone else I could talk to – or somewhere else I could go for more information?

Call 1-866-391-7763 and/or visit www.medicarecompareusa.com.