



MEDICARE OPEN ENROLLMENT

Know what's important to you

Use this checklist to ensure you've considered budgets, provider locations and what-ifs.

Ask yourself:

- Am I comfortable with my insurance plan directing my care over the advice of my physician?
- Do I qualify for payment help or access to other coverage such as Medicare Savings Programs, Medicare Part D Low-income Subsidy or Medigap plans?
- Do I travel outside my general home area?
- Do I value coverage for services such as dental, hearing and complimentary health club memberships?
- Do I value the continuity of my provider network and covered services year over year versus annually checking to ensure my physicians are still in the network and coverage requirements are not changing?
- How do I feel about a Medicare Advantage plan challenging my physician's determination of the care I need?
- How important are limits on my annual maximum out-of-pocket costs?
- What medicines do I take?
- Will I be more likely to seek medical care if:
 - Coverage is available for care in most but not all geographic areas?
 - It's easily accessible, and most physicians and facilities are in the network?



Assess your coverage

If you're enrolled in Medicare Advantage, you will receive an Annual Notice of Change letter in September detailing your plan's cost and benefit changes, which will take effect on Jan. 1 next year.

Know your Medicare options

Research the difference between Medicare Part A, Medicare Part B, Medicare Part C and Medigap. Contact your local SHIIP office to help navigate the differences among Medicare plans and coverage.

Before Signing Up for a Medicare Advantage Plan

1. Understand the Medicare Advantage plan's network

Medicare Advantage plans may have a limited network of health care providers. Call your physician and local hospital or check their websites to determine which Medicare Advantage plans they accept.

2. Compare out-of-pocket costs

Examine your benefit statements and medical bills from the past year and add what you paid in deductibles, co-payments and monthly premium costs. Medicare Advantage can look inexpensive compared to original Medicare, but you must dig a little deeper to fully understand your potential out-of-pocket costs with a Medicare Advantage plan because not all medical services are covered. For many people, opting for original Medicare plus a Medigap plan offers more financial security with no surprises.

3. Investigate Medicare Advantage requirements

Are you comfortable with your care being directed by the insurance company? Medicare Advantage plans often require pre-approval to see specialists or to receive health care services such as tests, treatments and laboratory work. It's the insurance company who frequently decides whether you need care, not your physician.

Call the insurance company and ask:

- If the physician I need to see is out of the network, will the plan cover my visits? Will I pay more out of pocket for an out-of-network provider or facility?
- What is the service area for this insurance plan? How far must I travel to find an in-network specialist or facility for specialized services?
- Does my physician need approval from the plan to admit me to a hospital?
- Do I need a referral from my physician before I can see a specialist?
- Are co-payments and deductibles higher for certain types of care, such as hospital stays, home health care or rehabilitation?
- Does the Medicare Advantage plan cover services that original Medicare does not?
- Does the plan impose coverage restrictions on prescription drugs? Can we review my prescriptions to determine if they're on the insurance plan's list of covered drugs?
- How much will I have to pay for brand name drugs?
- Can I use my local pharmacy?
- Will I be covered when I travel out of state?
- Does the plan cover skilled nursing care after hospitalization? Are there rules, policies or restrictions I need to know?

4. Consider the consequences of switching

When you enroll in Medicare at 65, you have a guaranteed right to purchase a Medigap plan. Insurers must renew coverage each year if you continue to pay your premiums.

If you try to buy a Medigap policy after the enrollment window, insurance plans can turn you down or charge you more because of preexisting conditions.

This information is a general guide and should not be construed as formal advice. Every step may not be necessary or available for everyone. For more information, contact the Iowa Senior Health Insurance Program at 800-351-4664 or SHIIP@iid.iowa.gov.



MEDICARE OPEN ENROLLMENT: KNOW YOUR OPTIONS

Original Medicare vs. Medicare Advantage

Medicare open enrollment runs from Oct. 15 to Dec. 7. During that time, seniors may change their health care insurance and prescription drug plans.

Seniors can choose to select original Medicare coverage, managed by the federal government, or Medicare Advantage, managed by private insurance plans. Understanding the differences between these options is essential when making annual health coverage decisions.



What do the different Medicare letters mean?

There are four parts of Medicare:



PART A
provides inpatient
hospital coverage.



PART C
offers an alternate way to receive
your Medicare benefits through
a private health insurance plan
called Medicare Advantage.



PART B
provides outpatient and
physician coverage.



PART D
provides prescription
drug coverage.

Medicare Advantage plans may seem appealing but review the details closely. Choosing between original Medicare and Medicare Advantage plans requires careful consideration of your health needs and finances. Medicare Advantage plans can carry hidden risks, especially for people with health conditions.

Medicare Advantage *advantages*

- Many Medicare Advantage plans combine drug and medical coverage into a single plan.
- Medicare Advantage has an annual maximum out-of-pocket payment, unlike original Medicare.
- Medicare Advantage may provide additional services beyond original Medicare, such as vision, hearing and dental coverage without needing the Medicare Supplement Insurance plan, known as a Medigap.

Medicare Advantage *disadvantages*

- Medicare Advantage members may spend more than those with original Medicare coverage because of hidden costs and denied care.
- Medicare Advantage plans may have limited provider networks, meaning your physician or the specialist you need may not be in your network.
- Unlike original Medicare, most Medicare Advantage members must seek approval to see a specialist for treatments or other services. The care is not covered if the member is denied authorization to see a specialist.
- Unlike original Medicare, Medicare Advantage plans often require prior approval for most prescription drugs, inpatient hospital stays, therapy, dialysis and diagnostic services such as laboratory tests. The care isn't covered if the plan denies approval for these services.



Original Medicare is best for you if:

- You have known health conditions, prefer not to need a physician referral and want access to a broad scope of physicians and hospital networks.
- You require prescriptions.
- You want more predictable health care costs.



Medicare Advantage is best for you if:

- You're a healthy adult who prefers low-cost premiums.
- You're comfortable with managed care risks, limited provider networks and the need for prior approvals and referrals for most services.