HICAP

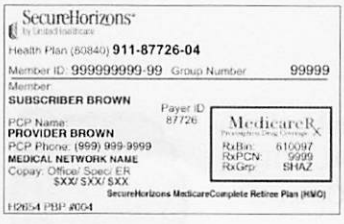
COUNTY of VENTURA
Human Services Agency
Area Agency on Aging

Medicare Part C — Medicare Advantage

Traditional Medicare — Parts A, B, D, and Optional Medigap

1. **Part A** covers hospital services, hospice, blood transfusions (limited), and other care. It has a deductible for each STAY OF CARE. It has copays when your hospital stay is longer than 60 days. For most Medicare beneficiaries, there is $0 premium if you worked at least 40 quarters.
2. **Part B** covers Medicare-approved outpatient care like office visits, therapy, x-rays, chemotherapy, and more. For most Medicare beneficiaries, there is a premium, a modest ANNUAL deductible, and a 20% coinsurance for each service.
3. **Part D** covers Prescription Drugs. There are dozens of different plans. Because they change every year, it is important to make sure that your plan will continue to provide the drugs you take, at the best cost to you. You can use PlanFinder on Medicare.gov, or come to HICAP, and we will review your medications and help you pick the best plan for YOU. Part D plans have premiums, some have deductibles, and there may be co-pays for each prescription.
4. **Optional Medicare Supplement Insurance (Medigap)** covers some or all of your out-of-pocket costs that Medicare does not cover. These are standardized plans that will cover less for a smaller premium to more/all for a larger premium. Many insurance companies offer policies in Ventura County. Without Medigap, there is no cap to your medical cost.

What is Medicare Part C (Medicare Advantage or MA plan)?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Member
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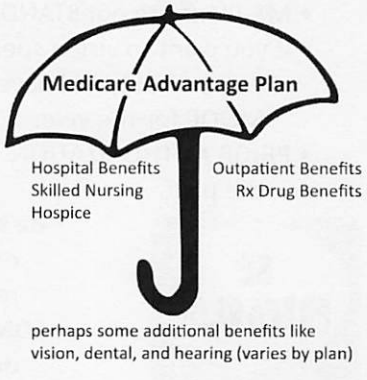
SecureHorizons MedicareComplete Retiree Plan (HMO)
H2654 PBP #004

Medicare Advantage (MA), Part C began in 2006 as an alternate way to receive Medicare benefits. These "Managed care plans" are offered by private insurance companies who have contracted with CMS to provide the same services as Medicare but in a different way. A little more than half of Medicare beneficiaries receive their Medicare through MA plans via private policies and employer/union retiree benefits. You need Medicare Part A and Part B to join.

How do MA Plans Differ from Traditional Medicare?



The MA plan acts as an UMBRELLA providing all your Medicare services. You transfer your Medicare Part A and B to one of the MA insurance companies available. You continue to pay your Medicare Part B premium. Some MA plans have a monthly premium, some are $0. Medicare-eligible services will have either a copay or a coinsurance *(see Ventura County Part C MA Comparison Chart)*. If you have questions or problems with coverage or billing, you contact your MA Plan, not Medicare. DO NOT use your red, white and blue Medicare card. Most MA plans in Ventura County are HMOs. HMOs operate by providing you with coverage within a contracted provider network. Your treatment is managed by your plan through your Primary Care Provider (PCP). When you want to see a specialist, ask your PCP for a referral. The HMO insurance company decides if they will approve and pay for the specialist. The specialist must also be in the HMO's network. The physicians, hospitals, labs, therapy units, and ancillary hospital staff you may use could be different under each MA plan. If you want to see a doctor who is not in your plan's network or see a plan specialist without PRIOR AUTHORIZATION, the total cost could be your responsibility. Certain tests and treatments ordered by your PCP or Specials often require pre-approval.

A PPO allows more flexibility and therefore is more expensive. No permission is required to see a specialist. You may see any Medicare provider at a higher out-of-network cost. There is a Maximum-Out-Of-Pocket (MOOP) for in-network and a higher MOOP for out-of-network services. PPO has a monthly premium **($45-84)** and a health deductible **($0-250)** for 2025.

When Can I Enroll in or Change my MA Plan?

- When you are first eligible for Medicare (your Initial Enrollment Period — IEP).
- During the Annual Enrollment Period **(10/15-12/7)** effective 1/1 the following YEAR.
- During Medicare Advantage Disenrollment Period-MADP **(January-March)** effective the following MONTH (**only if** you have an MA plan).
- ONE-TIME switch from a low-star to a 5-Star MA plan **(12/8-11/30)**. **None in 2025**.

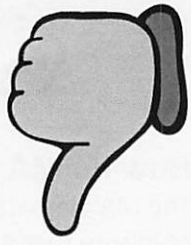
Strengths

- For someone who doesn't use medical services often, Medicare Advantage is usually a less expensive way to receive Medicare Benefits.
- MA Plans "cap" your annual out-of-pocket costs called Maximum-Out-Of-Pocket or MOOP.
- There is never health screening or "underwriting", MA accepts anyone Medicare-eligible.
- You use one plan ID for all of your bundled services: Hospital, Outpatient, and Rx Drugs.

IMPORTANT: Present your **Plan ID** card (NOT your Medicare card) to ensure proper billing.

- You may change your MA plan every year during Fall Annual Enrollment (10/15-12/7) effective 1/1.
- From 1/1-3/31, you may 1) switch to a different MA plan; 2) drop MA and go to Traditional Medicare + Part D plan.
- Plans may offer additional non-Medicare benefits for a low premium like Vision, Dental, Hearing, and more. Check with each plan for details on their unique non-Medicare coverage benefits.

Limitations



- Plans are one-year contracts and can change costs and benefits every year. It is important to know how these changes affect you during fall **Annual Enrollment**. Read your plan's ANNUAL NOTICE OF CHANGE (mailed in September). Learn about what is offered for next year during Open Enrollment.
- Provider/Doctors can join or leave the network at any time.
- MA Plans are not STANDARDIZED and are more difficult to compare.
- If you want to visit a specialist more often than your MA insurance company feels is necessary, you probably will have to pay cash for those visits. Additionally, these unapproved costs will not apply to your MOOP for the year.
- PRIOR AUTHORIZATION — Some diagnostic tests, medical interventions, and procedures must be preauthorized by the plan.

- **Be sure to understand the plan appeal process in advance** and use it for any denial of treatment, procedures or referrals your doctor says you need. When you are sick, researching how to do this may not be easy or convenient.
- **LONG TERM:** When your health declines as you age, you may not qualify for a Medigap plan due to UNDERWRITING. You may want to go to a hospital or renown specialist to treat your condition. Your MA plan will not pay for services out-of-network without an EXCEPTION.

Protections

- **Financial** — Each company sets a Maximum-Out-Of-Pocket (MOOP) for January 1-December 31 each year for all in-network medical co-pays and co-insurance. MOOP does NOT include your premiums or your Prescription Drugs. Once you reach your annual MOOP, any medically necessary services you receive in-network for the remainder of the year, are at **no cost to you**. Medicare beneficiaries who have Traditional Medicare WITHOUT a Medigap plan do not have this protection. The maximum MOOP for HMOs is set by Medicare — **$9,350**. A plan may elect to set a lower but not higher MOOP.
- **Emergency Services** — You have coverage for emergency services when traveling out of Ventura County. Once stabilized, they may require you to travel home for further treatment. Urgent care services may require an ADVANCE authorization by your plan. Understand how the plan handles international travel emergencies. It is best for all Medicare beneficiaries to purchase "Travel Health Insurance" if you travel out of the U.S.
- **Disclosure** — Plans supply "Evidence of Coverage" and "Annual Notice of Change" before Annual Enrollment, so you know what changes to expect in your plan next year. All MA plans must provide an "appeals process" when they deny a claim or deny a procedure or care. It is important that you review and understand this process before you need it.

How to Leave an MA Plan

- If at 65, you have been enrolled for **11 months or less** in any MA plan (called the MA trial period), you may switch ONE TIME to a Medigap and enroll in a Part D plan. You have a Guaranteed Right to purchase a Medigap policy without underwriting only at this time.
- If you move out of your plan's service area, you have a Special Enrollment Period lasting **one month before to two months after you move**. You may choose any MA plan in your new area, or if your MA plan drops you, you have a Guaranteed Right (no health questions) to enroll in a Medigap plan. If your MA plan's parent insurance company sells a Medigap in your new area, they may require you to buy one of their Medigap plans.
- Enrolling in a Stand-Alone Part D plan during Annual Enrollment (10/15-12/7 and 1/1-3/31) **dis-enrolls** you from your MA plan. Make sure you have a Medigap in place to be effective when you drop your MA before enrolling in Part D. You will go through underwriting (health questions) if you don't have a Guaranteed Right. Be sure to understand all your potential costs if you cannot get a Medigap and only have Traditional Medicare.
- If your Plan is discontinued for next year, you have a Guaranteed Right with no health questions to enroll in a Medigap plan and a Drug Plan (PDP).

Things to Consider When Picking your Medicare Plan

- Do you have other insurance like employer coverage or VA benefits? If so, how do they work with Medicare?
- Which Medicare Advantage plans do your primary doctor and specialists contract with?
- Do you travel often? How is "out-of-area care" covered if you need medical treatment when on the road?
- What is your monthly budget for medical insurance/costs?
- How often do you use medical services? What kind of medical services do/did your parents use when older?
- How important is flexibility to see specific providers or hospitals to you?
- If you have been on a Medicare Advantage plan for more than one year, do you have serious medical conditions that would preclude you from getting Medicare Supplement insurance (Medigap)?

How to Compare Medicare Advantage Plans

Medicare Advantage (MA) plans are "one-year" contracts. That means they change the cost, the doctors, networks and drugs each year. Luckily, YOU can change too. In September, plans mail members an "ANNUAL NOTICE OF CHANGE". Read it to make sure the changes don't adversely affect you. But if they do, switch plans.

	What to Consider	Action Item
1	**Cross-reference your health care providers.** If you have doctor(s) you like as well as favorite medical facilities, you will want a plan that includes them in their network.	☐ Ask the plan AND your doctor if they have a contract. ☐ Which hospitals are "in-network"?
2	**Check the numbers.** The two primary cost considerations are a plan's premium and the Maximum Out-Of-Pocket (MOOP) cost. MOOP is the most you will pay next year for all copays and coinsurance for covered medical services (not drug costs). MOOP resets January 1.	☐ Premium _____MOOP_____ ☐ If you plan a treatment or surgery, next year, estimate those costs for each Plan.
3	**Consider your medications.** To estimate the cost of your drugs, enter Rx drugs you will take next year in Medicare.gov/PLANFINDER.	☐ Record current Rx drugs, dose and how often you take or buy them. ☐ Pharmacies often will print your drug list for you.
HICAP HINT	***Create a personal Medicare Account at Medicare.gov. The drugs you bought with your plan are listed. Update the list to remove those you don't use and add any new ones. Links to PlanFinder.***	
4	**Think about your preferences.** If you see specialists frequently and you don't want to request a referral for every office visit, a PPO plan (or Traditional Medicare with a Medigap) will be a better option than an HMO. If you don't have pre-existing conditions and see mostly your primary care physician, an HMO can be more affordable.	☐ PPO for higher cost but higher flexibility. ☐ HMO for lower cost but limited to a network and pre-authorizations.
5	**Visit the plan's website.** Understand all the benefits and limitations. Dig deeper into supplementary (non-Medicare) benefits. Do you qualify? Are providers near you? Are they taking new patients? What does it cost and what does it cover? Check the plan directly before enrolling. **The last plan you enroll in by 12/7 is the one you will have for next year.**	☐ Look at plan details on Medicare PlanFinder. ☐ Visit the plan website and download Explanation of Benefits. ☐ Attend events put on by plans in Ventura County or online. ☐ Call the plans you are considering and ask specific questions.
HICAP HINT	***Take your time. Do not feel pressured. Do your homework. Don't enroll in a plan based on an unsolicited phone call or a plan meeting.***	
6	**Find the Star rating.** Data on plans from member surveys, plans, and providers comprise Medicare's rating. Find ratings on Medicare.gov.	☐ Star ratings range from 1 to 5 stars, 5 = Excellent.

HICAP HINT

How to leave an MA plan that does not suit you after Open Enrollment ends:

1. Between 1/1 and 3/31 next year anyone with an MA plan may **EITHER**:
   a. Switch to another MA plan or
   b. After securing a Medigap policy with UNDERWRITING, enroll in a Part D plan (cancelling the MA plan).
2. Change (one time) to a **5-Star** MA plan (in Ventura County that is Kaiser Permanente or WellCare MAs).
3. **QUALIFIED:** If you have an MA plan and <u>are not yet 66</u> (you have been enrolled <u>less than 12 months</u>) you have a Guaranteed Right to buy a Medigap <u>without</u> underwriting and a Part D Plan for Rx drugs.

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SMP California Department of AGING SHIP

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $363,309 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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