

## **MAKING MEDICARE MAKE SENSE**

*Answers To Some of The Most Commonly Asked Medicare Questions*

**Q: Open Enrollment into a Medicare Advantage Plan is still going on until March 31. How does that work, and how is that different than the Medicare Prescription Drug Plan Annual Enrollment Period that Ended in December?**

**A: First here is an explanation of Medicare Advantage Plans:**

- Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies. They are part of the Medicare program and sometimes called, “Part C.” When you join a Medicare Advantage Plan, you are still in Medicare. With some of these plans, you must get a referral before seeing specialists.
- Medicare Advantage Plans provide all of your Part A (hospital) and Part B (medical) coverage and must cover medically-necessary services. Basically, Medicare Advantage plans replace your original Medicare, and therefore you would still incur the Medicare Part B premium each month. They generally offer extra benefits, and many include Medicare prescription drug coverage. These plans often have networks which mean you may have to see doctors who belong to the plan or go to certain hospitals to get covered services. Some of these plans coordinate and help manage your overall care and can also result in savings to you.
- Medicare pays an amount of money for your care each month to these private health plans, whether or not you use services. Medicare Advantage Plans also include options that provide specialized care for people who need a lot of health care services. Even if you are out of the service area of the plan, you are still covered for emergency or urgently needed care.
- Types of Medicare Advantage Plans include:
  - Preferred Provider Organizations, (PPOs);
  - Medicare Health Maintenance Organizations (HMOs);
  - Medicare Private Fee-for-Service (PFFS) Plans;
  - Medicare Special Needs Plans and
  - Medicare Medical Savings Account (MSA) Plans
- The Medicare Modernization Act (MMA) of 2003 contained legislation that expanded Medicare Advantage Plan options in almost every area of the nation.
- You can join a Medicare Advantage Plan if:
  - You live in the service area of the plan you want to join
  - You have Medicare Part A and Part B.
  - You don't have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant-which Original Medicare covers).
- You can enroll in a Medicare Advantage Plan when you first become eligible for Medicare. You can switch plans each year between November 15 and December 31, the same time frame for switching your Medicare Prescription Drug Coverage. You can also join or switch plans from January 1, through March 31 of any year, which is called the Medicare Advantage Open Enrollment Period, or (MA OEP) but during this time frame you *cannot change* whether or not you have Medicare prescription drug coverage. You can only change prescription drug coverage during the annual enrollment period each year, which is November 15 through December 31.

- So now until March 31, if you are in a Medicare Advantage Plan you can switch to a different Medicare Advantage Plan. If your current Medicare Advantage Plan has prescription drug coverage through Medicare Part D and you would like to switch to a different Medicare Advantage Plan you *will have to* choose another plan with Medicare prescription drug coverage through Part D. Another option would be to switch to the Original Medicare Plan with a stand-alone Medicare Prescription Drug Plan. Again, the MMA legislation of 2003 *does not allow* joining or dropping Medicare Prescription Drug Coverage anytime other than annual enrollment.