



URL: www.libertymedicare.com **Phone:** 877-657-7477 **Email:** info@libertymedicare.com

ALL ABOUT MEDICARE – 2021

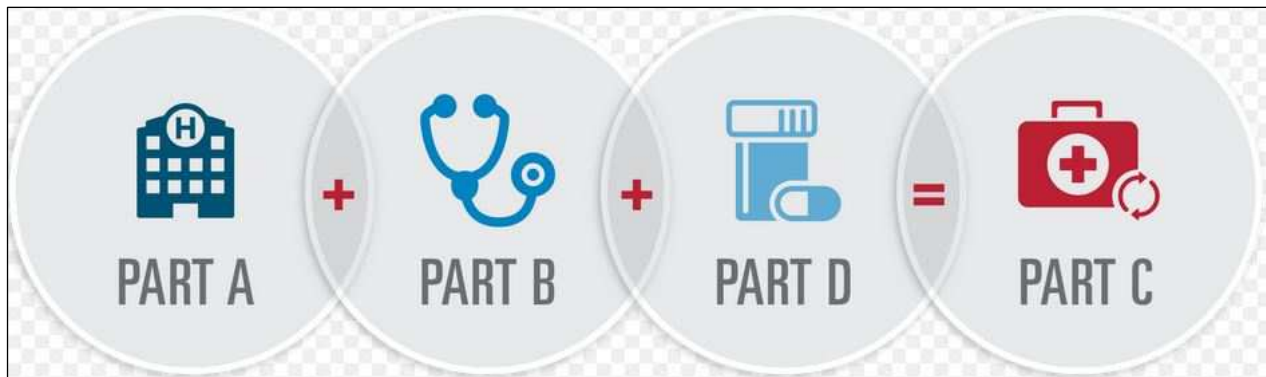
Medicare Advantage Plans

Gregory Lazarev, President

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What are Medicare Advantage Plans and how do they work?



Medicare Advantage Plans

- **Medicare Advantage Plan or Part C** - the type of plan offered by private insurance companies approved by the Medicare program.
- Medicare **pays a monthly fixed amount** for each Medicare Advantage company with which it has a contract.
- Medicare services are covered through the Medicare Advantage Plan, not Original Medicare. But you do not lose your Medicare.
- There are two options for Medicare Advantage plans: **Medicare Advantage without a Prescription Drug Plan (MA)** or **Medicare Advantage with a Prescription Drug Plan (MAPD)**.
- For visits, use the Medicare Advantage card instead of the Medicare card.

Advantages of Medicare Advantage Plans

Advantages

- **Medicare Advantage Plan** is required to **cover all benefits and services** covered by Medicare Parts A and B, but it is not necessary that this coverage be the same. The plan may decide not to cover services that Medicare does not consider as medically necessary.
- Medicare Advantage includes a wide range of services, and their monthly premiums are usually small. **Zero premium plans** can often be available in your geographic area.
- Your typical expenses (**deductible, coinsurance and copayment**) are lower than expenses in Original Medicare. Compare hospital costs (\$1,484 for Part A deductible in Original Medicare vs. \$290 copayment per day in a typical Medicare Advantage plan) or medical expenses (20% in Original Medicare vs. fixed copayment in a Medicare Advantage plan).
- Retirees with previous medical problems **cannot be denied** admission to the Medicare Advantage Plan. Enrollment with an increased premium is also illegal. Medical Underwriting is not permitted, and your admission to the Medicare Advantage Plan is guaranteed.



- Medicare Advantage Plan **includes additional benefits** not covered by Original Medicare, such as:
 - ✚ services of dentists, ear and eye doctors
 - ✚ gym membership
 - ✚ free transportation to doctors or medical procedures
 - ✚ the ability to visit doctors outside your area
 - ✚ a monthly pharmacy allowance for over-the-counter (OTC), etc.
- Most plans include prescription drugs coverage - **Part D**
- All Medicare Advantage plans have a **ceiling for your expenses** - no more than \$7,550 per year.

Disadvantages of Medicare Advantage Plans

Disadvantages

- You are always responsible for copayments and coinsurances, and sometimes even deductibles. Therefore, **your expenses can be very high** (but not higher than \$ 7,550 per year).
- **You are limited to a network of doctors and hospitals that are part of a network plan** (HMO plans). The cost of services is much higher for doctors and hospitals outside the network plan (PPO Plans).
- Doctors and hospitals that take Medicare **are not required** to take Medicare Advantage plans, so your choice may be limited. Some doctors and hospitals do not accept any Medicare Advantage plans, others only accept limited plans.
- Many plans **require referrals** for specialist visits and other services.
- Medicare Advantage plans are **subject to change annually**, and include changes in premiums, deductibles, copayments / coinsurances, as well as in the amount of additional services provided.

Who is eligible for the Medicare Advantage Plan?

- You must have **Medicare Part A** and **Medicare Part B**
- You must live in a geographic area with plan coverage

When to enroll in a Medicare Advantage Plan?



You can sign up for a plan or change one Medicare Advantage plan to another **only** during **one of the Medicare Advantage enrollment periods**.

People with **Medicare and Medicaid**, or people who have the right to **Extra Help** are exception to this rule. They can change plans once a quarter.

Initial Enrollment Period

- **Initial Enrollment Period or IEP** — A 7-month period that begins 3 months before you turn 65, or, in the event of a disability, 3 months before your 25th month of disability. It is used to register with Medicare Advantage, and includes 7 months adjacent to the 65th anniversary, i.e. 3 months before, month of the 65th anniversary, and 3 months after.

Open Enrollment Period or Annual Election Period (AEP)

- **The Open Enrollment Period or Annual Election Period (AEP)** occurs annually between October 15 and December 7. Coverage begins on January 1 of next year. At this time, you can add the Medicare Advantage plan, change it to another plan, or cancel it and return to Original Medicare.

You can register several times during the AEP; the last registration period becomes decisive.

Special Enrollment Period (SEP)

- **The Special Enrollment Period or SEP** allows you to change your coverage **outside** of the normal Enrollment Periods.

SEP Examples:

- ✚ you left the geographic coverage area of the plan
- ✚ you have lost health insurance from your employer
- ✚ you are entitled to an Extra Help program
- ✚ you have Medicare and Medicaid

Medicare Advantage Open Enrollment Period (MA OEP)

- **The Medicare Advantage Open Enrollment Period (MA OEP)** is open for people with the Medicare Advantage Plan. It occurs annually between January 1 and March 14, and **allows you to change your Medicare Advantage plan to another Medicare Advantage plan or return to Original Medicare**, supplementing it with a standalone Medicare Prescription Drug plan.

Cost of Medicare Advantage Plans

The cost of your Medicare Advantage plan depends on:

- Plan's monthly premium
- Does the plan pay your monthly premium for Part B?
- Does the plan have an annual deductible or any additional deductibles?
- **Copayments and coinsurances** that you pay for medical services. They may differ from the copayments and coinsurances in Original Medicare.
- What **type of plan do you have (HMO, PPO)**, and are you **going outside the network**?
- Do you pay for **the additional services** your plan provides?
- **The ceiling for your expenses** established by your plan (no more than \$7,550, but may be less)
- Are you qualified for a **Federal or State Extra Help program**?

Types of Medicare Advantage Plans

There are several types of Medicare Advantage plans. The most famous among them:

- **Health Maintenance Organization Plans (HMO)**
- **Preferred Provider Organization Plans (PPO)**
- **DUAL Special Needs Plans (DUAL SNPs)**

Let's look at them separately.

HMO Plans

HMO Plans

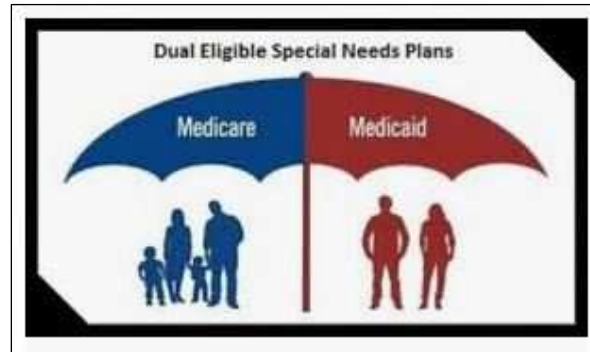
- In HMO plans, you must use hospitals and doctors **that belong to a network**, except for emergency and urgent care. **Otherwise, you must pay the full cost of the services.**
- In most cases, **you should choose your primary doctor.**
- Most HMO plans include drug coverage. These plans are known as **MAPD plans.**
- In many cases, you need a **referral** to visit a specialist and other services. For some services, referral is not required.

PPO Plans

PPO Plans

- In PPO plans you can use any hospitals and any doctors. **However, you pay less if doctors and hospitals belong to the network.** In some plans, the cost does not depend on whether the doctors and hospitals belong to the network of the plan or not.
- In PPO plans, you **don't have to make a choice of a primary doctor.**
- Most PPO plans include drug coverage. These plans are known as **MAPD plans.**
- In most cases, **you do not need a referral** to visit a specialist and other services.

DUAL Special Needs Plans (Special plans for people with Medicare and Medicaid)



DUAL Special Needs Plans

People having Medicare and Medicaid are known as **Dual-eligible**. They usually do not incur any costs for Medicare / Medicaid coverage. **However, this coverage is far from comprehensive.**

DUAL Special Needs Plans (SNPs) also **fully cover** everything that Medicare / Medicaid covers. You must use hospitals and doctors within the network, except for emergency and urgent care. All must take Medicaid.

- In most cases, you **should choose your primary doctor**
- All DUAL Special Needs plans include **drug coverage (Part D)**
- In most cases, you **need a referral** to visit a specialist and other services. For some services, referral is not required.
- DUAL Special Needs plans **do not have premiums, deductibles and copayments.**

DUAL Special Needs Plans include **many additional benefits** that either expand existing benefits or **add new benefits** that do not exist in Original Medicare or Medicaid, such as:

- Expanded services for dentists, ear and eye doctors, including hearing aids, eyeglass frames and contact lenses
- Membership in the gym
- Free round-trip transportation to doctors or medical procedures (limited number)
- A monthly pharmacy allowance for over-the-counter products (OTC)

In a typical DUAL plan, you can find the following benefits:

- \$3,500 per year allowance for multiple dental procedures
- Benefit for covering glasses, contact lenses and other eye procedures (\$200 per year)
- \$1,500 allowance for hearing aids
- \$0 copay for *SilverSneakers* fitness program
- A quarterly \$300 allowance for prescription drugs (Over-the-counter, also known as OTC). OTCs typically include medicines or products such as bandages, pain medications, cold medicines, toothpaste, vitamins, and more.
- Special Transportation Service Coverage, which provides transportation to and from your medical appointments - typically 80 one-way trips annually.

Note that you can use Medicaid benefits at the same time as the additional benefits of DUAL plans.

As long as you have Medicaid (or Extra Help), you can change your Medicare Advantage plan or Prescription Drug plan **once a quarter**.

Medicare Advantage Frequently Asked Questions



1. Will I lose Medicare if I join Medicare Advantage?

NO, if you joined the Medicare Advantage Plan, you still have Medicare.

2. Does Medicare Advantage cover everything that covers Original Medicare?

Medicare Advantage includes all benefits included in Part A and Part B, but not all Medicare benefits will be included in the same way.

3. Am I limited in choosing doctors and hospitals?

Yes, you are limited to the network of the plan. If you have a PPO plan, you can visit doctors or hospitals outside the network, but with higher personal expenses.

4. Are Medicare Advantage prescription drug plans included?

Most Medicare Advantage plans include prescription drug coverage (Part D). Some plans do not cover drug costs (for example, Medical Saving Account plans or PFFS plans).

5. When can I change my Medicare Advantage plan?

During the **Annual Election Period (AEP)**, the **Medicare Advantage Open Enrollment Period (MA OEP)**, or the **Special Enrollment Period (SEP)**.

6. Do I have to contact an insurance company to abandon my old plan?

No, you will be automatically excluded from the old plan when your new coverage begins.

7. What happens if I enroll in a standalone Prescription Drug Plan having Medicare Advantage plan with Prescription Drug Coverage(MAPD)?

You will be disenrolled from the MAPD plan.



About Us – Liberty Medicare

- **Liberty Medicare** is an independent insurance agency specializing in a **variety of Medicare plans** for people over 65, or for people under 65 who are on a disability. These plans include: **Medicare Supplement Plans (Medigap Plans), Medicare Advantage Plans, and Medicare Prescription Drug Plans.**
- Our services are offered in many US states, including six states in the Central Atlantic (**Pennsylvania, New Jersey, New York, Maryland, Virginia, and Delaware**) and two states in the Midwest (**Illinois and Ohio**).
- Our service for you is **ABSOLUTELY FREE**
 - ✚ For independent insurance agencies like ours, insurance companies provide a commission whenever we register a client with one of their plans. Whether you apply to the insurance company yourself or through us, **your premium will be EXACTLY SAME - the commission is always part of the premium.**
- We represent only **nationally famous insurance companies.**
- While you are our client, we present a LIFE COMMITMENT, including servicing your policy and suggestions for improving it. This is especially important at the end of the year during the **Annual Election Period**, when many senior citizens change their plans for the next year.

- **Medicare** is a complex and confusing subject. Choosing and maintaining a Medicare plan yourself can be very time consuming for you.
 - ✚ Instead of calling numerous insurance companies when you sit endlessly waiting for an answer, and after getting the answer constantly retell the same story, you can dial one number: **877-657-7477**. Our ten years of experience **will help you save time, money, and avoid future surprises and disappointments.**
- **Contact Us:**
 - ✚ **веб-сайт:** www.libertymedicare.com
 - ✚ **e-mail:** info@libertymedicare.com
 - ✚ **by phone:** **877.657.7477**