

## How do Medicare Advantage Plans work?

	Health Maintenance Organization (HMO) Plan	Preferred Provider Organization (PPO) Plan
<b>Can I get my health care from any doctor, other health care provider, or hospital?</b>	No. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis). In some plans, you may be able to go out-of-network for certain services, usually for a higher cost. This is called an HMO with a point-of-service (POS) option.	In most cases, yes. PPOs have network doctors, other health care providers, and hospitals, but you can also use out-of-network providers for covered services, usually for a higher cost.
<b>Are prescription drugs covered?</b>	In most cases, yes. Ask the plan. If you want Medicare drug coverage, you must join an HMO Plan that offers prescription drug coverage.	In most cases, yes. Ask the plan. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage.
<b>Do I need to choose a primary care doctor?</b>	In most cases, yes.	No.
<b>Do I have to get a referral to see a specialist?</b>	In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.	In most cases, no.
<b>What else do I need to know about this type of plan?</b>	<ul style="list-style-type: none"> <li>▪ If your doctor or other health care provider leaves the plan, your plan will notify you. You can choose another doctor in the plan.</li> <li>▪ If you get health care outside the plan's network, you may have to pay the full cost.</li> <li>▪ It's important that you follow the plan's rules, like getting prior approval for a certain service when needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ PPO Plans aren't the same as Original Medicare or Medigap.</li> <li>▪ Medicare PPO Plans usually offer extra benefits than Original Medicare, but you may have to pay extra for these benefits.</li> </ul>

**There may be several private companies that offer different types of Medicare Advantage Plans in your area. Each plan can vary.** Read individual plan materials carefully to make sure you understand the plan's rules. You may want to contact the plan to find out if the service you need is covered and how much it costs. Visit the Medicare Plan Finder at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan), to find plans in your area. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Private Fee-for-Service (PFFS) Plan	Special Needs Plan (SNP)
<p>In some cases, yes. <b>You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan’s payment terms and agrees to treat you.</b> Not all providers will. If you join a PFFS Plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can also choose an out-of-network doctor, hospital, or other provider, who accepts the plan’s terms, but you may pay more.</p>	<p>You generally must get your care and services from doctors, other health care providers, or hospitals in the plan’s network (except emergency care, out-of-area urgent care, or out-of-area dialysis).</p>
<p>Sometimes. If your PFFS Plan doesn’t offer drug coverage, you can join a Medicare Prescription Drug Plan (Part D) to get coverage.</p>	<p>Yes. All SNPs must provide Medicare prescription drug coverage (Part D).</p>
<p>No.</p>	<p>Generally, yes.</p>
<p>No.</p>	<p>In most cases, yes. Certain services, like yearly screening mammograms, don’t require a <a href="#">referral</a>.</p>
<ul style="list-style-type: none"> <li>▪ PFFS Plans aren’t the same as Original Medicare or Medigap.</li> <li>▪ The plan decides how much you must pay for services.</li> <li>▪ Some PFFS Plans contract with a network of providers who agree to always treat you even if you’ve never seen them before.</li> <li>▪ Out-of-network doctors, hospitals, and other providers may decide not to treat you even if you’ve seen them before.</li> <li>▪ For each service you get, make sure your doctors, hospitals, and other providers agree to treat you under the plan, and accept the plan’s payment terms.</li> <li>▪ In an emergency, doctors, hospitals, and other providers must treat you.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A plan must limit membership to the following groups: 1) people who live in certain <a href="#">institutions</a> (like a nursing home) or who require nursing care at home, or 2) people who are eligible for both Medicare and Medicaid, or 3) people who have specific chronic or disabling conditions (like diabetes, ESRD, HIV/AIDS, chronic heart failure, or dementia). Plans may further limit membership. You can join a SNP at any time if you’re eligible.</li> <li>▪ Plans should coordinate the services and providers you need to help you stay healthy and follow doctor’s or other health care provider’s orders.</li> <li>▪ If you have Medicare and Medicaid, your plan should make sure that all of the plan doctors or other health care providers you use accept Medicaid.</li> <li>▪ If you live in an institution, make sure that plan providers serve people where you live.</li> </ul>

## When can I join, switch, or drop a Medicare Advantage Plan?

- **When you first become eligible for Medicare**, you can join during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
- **If you get Medicare due to a disability**, you can join during the 7-month period that begins 3 months before your 25th month of disability and ends 3 months after your 25th month of disability.
- **Between October 15–December 7** anyone can join, switch, or drop a Medicare Advantage Plan. Your coverage will begin on January 1, as long as the plan gets your request by December 7.



### Can I make changes to my coverage after December 7?

Between January 1–February 14, if you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment request.

During this period, you **can't**:

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from one Medicare Advantage Plan to another.
- Switch from one Medicare Prescription Drug Plan to another.
- Join, switch, or drop a Medicare Medical Savings Account Plan.

### Special Enrollment Periods

In most cases, you must stay enrolled for the calendar year starting the date your coverage begins. However, in certain situations, you may be able to join, switch, or drop a Medicare Advantage Plan during a Special Enrollment Period. Contact your plan if:

- You move out of your plan's [service area](#).
- You have Medicaid.
- You qualify for [Extra Help](#). See pages 95–98.
- You live in an [institution](#) (like a nursing home).

Definitions of [blue](#) words are on pages 133–136.

### 5-Star Special Enrollment Period

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A plan can get a rating between 1 and 5 stars. A 5-star rating is considered excellent. These ratings help you compare plans based on quality and performance. These ratings are updated each fall and can change each year.

You can switch to a Medicare Advantage Plan that has **5 stars for its overall plan rating** from December 8, 2012 through November 30, 2013.

- The overall plan ratings are available at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan).
- You can only join a 5-star Medicare Advantage Plan if one is available in your area.
- You can only use this Special Enrollment Period once during the above timeframe.

Visit the Medicare Plan Finder at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan) to search for plans. For more information about overall plan ratings, visit [www.medicare.gov](http://www.medicare.gov).

#### Important!

You may lose your prescription drug coverage if you move from a Medicare Advantage Plan that has drug coverage to a 5-star Medicare Advantage Plan that doesn't. You'll have to wait until the next Open Enrollment Period to get drug coverage, and you may have to pay a late enrollment penalty. See pages 88–89.

### How do I join?

You can join a Medicare Advantage Plan by:

- Enrolling on the plan's website or on [www.medicare.gov](http://www.medicare.gov).
- Completing a paper enrollment form.
- Calling the plan.
- Calling 1-800-MEDICARE.

When you join a Medicare Advantage Plan, you'll have to provide your Medicare number and the date your Part A and/or Part B coverage started. This information is on your Medicare card.

**Important!****Don't give out personal information**

In most cases, Medicare Advantage Plans can't:

- Call you to enroll you in a plan.
- Ask you for financial information, including credit card or bank account numbers, over the phone. Don't give your personal information to anyone who calls you to enroll in a plan.
- Call you or come to your home uninvited to sell Medicare products.

See pages 112–115 for more information about how to protect yourself from identity theft and fraud. If you believe a plan has misled you, call 1-800-MEDICARE. TTY users should call 1-877-486-2048.

**How do I switch?**

Follow these steps if you're already in a Medicare Advantage Plan and want to switch:

- **To switch to a new Medicare Advantage Plan**, simply join the plan you choose during one of the enrollment periods explained on pages 76–77. You'll be disenrolled automatically from your old plan when your new plan's coverage begins.
- **To switch to Original Medicare**, contact your current plan, or call 1-800-MEDICARE. If you don't have drug coverage, you should carefully consider Medicare prescription drug coverage (Part D). You may also want to consider a Medicare Supplement Insurance (Medigap) policy if you're eligible. See pages 64–67 for more information about buying a Medigap policy.

For more information on joining, dropping, and switching plans, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the fact sheet "Understanding Medicare Enrollment Periods." You can also call 1-800-MEDICARE to find out if a copy can be mailed to you.

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