



Learn How to Compare Medicare Replacement Plans

Description

Private insurers provide Medicare Advantage Plans as an alternative to Original Medicare. Here's how to go shopping. You've probably heard of Medicare Advantage plans, but do you know how to shop for one (or how they fit into the Medicare world)?



Medicare Advantage plans are a packaged option to Original Medicare, which includes Medicare Part A (hospital coverage), Medicare Part B (medical insurance), and, in many cases, Medicare Part D. (drug coverage). Furthermore, the premiums are set so that you do not require an additional Medigap plan. (In fact, if you have a Medicare Advantage plan, it is illegal for an insurance provider to sell you Medigap coverage.)

Also known as Medicare Part C, Medicare Advantage plans are offered by commercial insurers that

Medicare has approved. Most plans provide extra benefits not provided by Original Medicare, such as cost-sharing for dental, hearing, and eye care. In addition, you'll almost certainly be obliged to use doctors in the plan's network, but your out-of-pocket payments may be reduced.

Where should you begin?

The Medicare.gov comparison tool is the ideal location to start looking for Medicare Advantage plans (or a Part D or Medigap coverage). After you complete a few questions about your location and any financial assistance you may be receiving — such as Medicaid — the tool will show you all available plans that fulfill your criteria.

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When comparing plans, you can enter the name, dose, quantity, and frequency of any drug you take regularly — as well as the pharmacy where you get prescriptions filled — if you want to view drug expenses. The final list will then be filled in with your anticipated drug prices for each plan. Plan benefits, plan type, ratings, insurance provider, and drug coverage options can be filtered. Choose up to three plans to compare side by side.

State Health Insurance Assistance Programs can provide real person assistance (called the SHIP network). Although they cannot make individual plan suggestions, they can assist you in selecting a plan. Each state has its SHIP program; discover yours at shiphelp.org.

What are the Medicare Advantage plans available?

Medicare Advantage programs are classified into five types:

- Plans offered by health maintenance organizations or HMOs: Unless it's an emergency, you must see an in-network physician, and most require a referral to see a specialist.
- Plans with a preferred provider organization, or PPO: Allow you to see both in-network and out-of-network health care providers, albeit going out of network is usually more expensive. PPOs are often networked in a local area, although they may grow larger.
- PFFS (private fee-for-service) plans: Allow you to see any Medicare-approved healthcare provider as long as they accept the plan's payment terms and agree to see you. You may also have access to a provider network. You can see doctors who do not accept the plan's payment terms, but you may have to pay more.
- **SNPs, or special needs plans:** Created to improve care management for Medicare beneficiaries who are dual-eligible for Medicare and Medicaid, require an institutional level of care, or have certain chronic or debilitating diseases such as diabetes, chronic heart failure, or dementia.
- Plans for medical savings accounts, or MSAs: Combine a high-deductible insurance plan with medical savings account for healthcare expenses.

Providers of Medicare Advantage

More information about some of the main Medicare Advantage providers can be found below. These insurers provide coverage in the majority of states. Your ZIP code and county will determine the plans

available to you.

- AARP Medicare Advantage plans.
- Aetna Medicare Advantage plans.
- Anthem Medicare Advantage plans.
- Blue Cross Blue Shield Medicare Advantage plans.
- Cigna Medicare Advantage plans.
- Humana Medicare Advantage plans.
- Kaiser Permanente Medicare Advantage plans.
- UnitedHealthcare Medicare Advantage plans.
- Wellcare Medicare Advantage plans.

What should you think about it?

While you may not have many Medicare Advantage options if you reside in a rural region, city dwellers may have two dozen or more possibilities. Use the following ways to narrow the field:

Locate the star rating. Medicare gathers information about Medicare Advantage plans from member surveys, the plans themselves, and health care providers and then assigns a star rating based on its results. “It’s based on performance on a variety of different quality metrics, such as ‘How responsive is the plan to any concerns or questions?’” says Anne Tumlinson, CEO of health care research and consulting firm ATI Advisory. The star rating ranges from 1 to 5, with 5 being exceptional.

Examine the figures. The premium for a plan and the maximum out-of-pocket cost, which is the most you’ll pay in a year for covered health care, are the two key cost concerns. Maximum out-of-pocket expenditures are typically between \$3,000 and \$7,550, with higher premiums for plans with lower out-of-pocket maximums.

Consider your medications. You can enter your usual prescriptions into the plan comparison tool on Medicare.gov and some private comparison sites to assess plan coverage and cost.

Please make a list of your healthcare providers and cross-reference them. If you have a regular network of caregivers and medical institutions, you’ll want a plan that covers them all. However, it is your responsibility to determine whether the doctors, specialists, and facilities accept the specific Medicare Advantage plan you are considering.

Consider your preferences. If you see specialists regularly and do not require a referral for each office visit, a PPO plan is a better choice than an HMO. On the other hand, if you use health care only infrequently and mostly see your primary care physician, an HMO may be more cost-effective.

Visit the webpage for the plan. Before committing to a plan, visit the provider’s website to ensure you understand all of the perks — and limits. “What we’re seeing is that plans are introducing new and unique advantages, such as in-home palliative care,” Tumlinson says. Those are exciting, and if you need them, they are something to think about. However, these additional benefits are frequently limited, so double-check the plan.

Contact the carriers. If you’re considering enrolling in or moving to a different plan, contact the provider

directly to ensure that all of the specifics match what you see online.

When will you be able to sign up?

During the following times, you can enroll in a Medicare Advantage plan (or switch from one to another):

During the first few weeks of your enrollment.

Every year from October 15 to December 7, during open enrollment.

During Medicare Advantage open enrollment, which runs from January 1 to March 31, you can switch from one Medicare Advantage plan to another (but you can't enroll in a Medicare Advantage plan if you don't already have one).

You will be automatically unenrolled from your old one if you transfer plans when your new one begins.

If you have any questions regarding the process, call Medicare at 800-MEDICARE (800-633-4227), or visit Medicare.gov.

Category

1. Insurance

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