



## **Key questions to think about when choosing your health plan**

### **Can I keep my doctor?**

That depends on what type of health plan you decide to join. If you join a Medicare Advantage Plan, you will be enrolled in a managed care plan. These plans, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), require that you choose a primary care physician (PCP) that is part of that health plan's physician network. If your current doctor is in the plan's network then you may keep your doctor. If not, you must choose a doctor that is in the plan's network.

If you join a Medicare Supplement plan you will be able to keep your current doctor if he/she is a Medicare participating doctor. Most doctors participate in Medicare, so it is very likely that you would be able to keep your current doctor if you join a Medicare Supplement plan.

### **Can I go to any hospital?**

If you join a Medicare Advantage Plan, you will be enrolled in a managed care plan. These plans, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), require that you go to a hospital that is part of that health plan's hospital network. Therefore, you will not be able to go to any hospital that you want.

If you join a Medicare Supplement plan you will be able to go to any hospital that participates in the Medicare program. Most hospitals participate in the Medicare program so, with a Medicare Supplement plan, you will most likely be able to go to any hospital that you choose.

### **Do I need referrals for specialty care?**

If you join a health maintenance organization (HMO), you will be required to get a referral from your PCP for specialists and specialty care and you must see providers and go to facilities that are part of that health plan's network.

If you join a Medicare Supplement plan you will be able to see any specialist or go to any specialist facility, without a referral, as long as that specialist or facility accepts Medicare. Most specialists and specialist facilities participate in Medicare, so it is very likely that you would be able to go to any specialist or facility that you choose.

**Will I be covered or will I have to pay more if I go out of network?**

If you join a Medicare Advantage Plan, usually a health maintenance organization such as an HMO, you will not be covered if you go out of network. If you join a preferred provider organization (PPO), you will be covered if you go out of network, but generally you will have to pay more for out of network services.

If you join a Medicare Supplement plan, there is no network, so you can go to any doctor or hospital that participates in Medicare.

**Are there copayments for doctor visits?**

If you join a Medicare Advantage Plan, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), you will have to pay a premium and additional out-of-pocket expenses, such as copayments for doctor visits, specialist visits, and coinsurance for durable medical equipment (such as a wheelchair).

If you join a Medicare Supplement plan, once you pay your monthly premium, you will not have any out-of-pocket costs for physician services. A Part B deductible, (which covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment) may apply on some plan options.

**Are there any premium savings if I join when I am first eligible for Medicare?**

If you join a Medicare Advantage Plan, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), there is no discount when you are initially eligible for Medicare and want to join a Medicare Advantage Plan.

In Massachusetts, when you turn 65 and become initially eligible for Medicare, you may qualify for a discounted premium rate for the first 3 years if you enroll in a Medicare Supplement plan.

**If I move out of the state can I still keep my plan?**

If you join a Medicare Advantage Plan, usually a health maintenance organization (HMO) or a preferred provider organization (PPO) you will not be able to keep your health plan. You must reside in the health plans' service area.

If you join a Medicare Supplement plan, your plan travels with you. You will be able to move anywhere in the United States and still be covered by your Medicare Supplement plan.

**Can I switch plans mid year?**

If you join a Medicare Advantage Plan, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), you are generally "locked into" that plan for one year. That means, in most instances you will not be able to switch to another health plan until the next Annual Open Enrollment Period (AOEP) unless you qualify for a Special Election Period (SEP) (i.e. if you move out of your plans service area).

In Massachusetts you can switch plans during the specific open enrollment period of the plan. Some plans may have continuous open enrollment which allows members to switch plans at anytime.

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**Am I covered if I travel?**

If you join a Medicare Advantage Plan, usually a health maintenance organization (HMO) or a preferred provider organization (PPO), you will only be covered for emergency and urgent care if you travel. Additionally, there are limits on how long you can be out of the service area.

If you join a Medicare Supplement plan, you will have coverage for all covered services, not just emergency and urgent care, in the United States or worldwide depending on the supplement plan that you choose.

**Is there a fitness benefit?**

Many health plans now offer a fitness benefit. This benefit has become an important feature for people, especially boomers, who are interested in maintaining their physical fitness. Some plans may either offer a discount on fitness programs or a cash reimbursement. If this is an important feature, check to see if the plan you are interested in offers a fitness benefit.

**What is the reputation of the company that is offering the plan?**

It is always a good idea to research the company that is offering the Medicare plan – Is it a reputable company? How long has it been serving Medicare beneficiaries? Are its current members satisfied? What is its financial status? Is it for profit or not for profit? Is it locally based? How committed is the company to serving their customers? All of these are very important questions that you should think about before choosing a health plan.

**Has the company won any awards for member satisfaction or for member service?**

Awards and accreditations from independent agencies are important indicators on how well a company is performing and serving its members. Check to see if the company that is offering the plan that you are interested in has won any awards for member satisfaction or quality of care. Often, there are consumer research groups that will compare and rank different health plans.