

Turning 65?

Feel your best
..... with Colorado
Physician Partners



Discover and navigate
your Medicare options.



Colorado Physician Partners Serving Front Range communities



A foundation for value-based care for older adults

Colorado Physician Partners focuses on providing team-based, coordinated, preventive primary care to improve the lives of older adults.

When you see a Colorado Physician Partners clinician, you can take comfort knowing they're dedicated to being your health and wellness partner and to helping you feel your best. At Colorado Physician Partners, we focus on staying on top of your health so you can focus on what matters most.



Our community, our health

The foundation and strength of the Colorado Physician Partners family of clinics is rooted in history and connection to the local community. Our leaders, clinicians and staff are part of your community and care deeply about improving access to and providing high-quality, compassionate care.

As a team, Colorado Physician Partners will provide you the care you need to support your unique and individual goals.



100+
Clinicians



20+
Locations



4.9
Overall Google
Rating¹

¹ Google Star Rating as of all Colorado Physician Partners locations as of July 2025.



Specializing in care for older adults

Colorado Physician Partners specializes in caring for older adults because we believe they deserve the highest level of care possible – with a focus on prevention.

The Colorado Physician Partners care model

Your foundation **for health**

As primary care clinicians, our goal is to partner with you so you can be the healthiest version of yourself to reach your health and wellness goals.

This singular goal shapes Colorado Physician Partners' **value-based care (VBC) model**. Working within the VBC model, our team works together to provide you with a higher level of preventive care and to connect you with community resources when you need extra support. We even coordinate care with your specialists and mental health providers – all at no extra cost to you.



We offer services that are convenient and designed with you in mind.



Flexible appointment options

- Same-day appointments
- Virtual video appointments
- Walk-in appointments²



After-hours care



We work with your specialists



House calls



On-site services, such as lab & x-ray²



Multiple locations



Care coordinators

who help connect you to extra help in the community, such as meals, transportation and more.

Your primary care doctor

A primary care physician (PCP) is an important part of overall health and wellbeing. PCPs provide comprehensive, preventive healthcare, managing your overall health by conducting regular checkups, identifying and treating common illnesses, monitoring chronic conditions and referring you to specialists when needed. Ultimately, a PCP helps you stay healthy and catch potential issues early on before they become more serious.

And they're rewarded for working with you to keep you healthy, including:

- Preventive care such as checkups, screenings and immunizations
- Personal coaching to help you live healthier, longer
- Care that helps you get any conditions and their symptoms under control
- 24/7 support for urgent issues and where to go for care
- Coordinated care with your specialists and mental healthcare providers



Prevention and healthy aging are important.

Preventive services can help you stay healthy, detect health problems early, determine the most effective treatments and help prevent certain diseases. Preventive services include exams, shots, lab tests and screenings. Talk with your doctor about which may be right for you.





Your health plan

When you choose a partner in care that offers VBC like Colorado Physician Partners, the health insurance plan you choose also matters.

The combination of a Medicare Advantage plan and doctors who specialize in caring for older adults helps you get the preventive care you need to help you stay healthy. Together, you and your doctor create a customized plan that fits you, your health needs and your dreams for your best life.

Most Medicare Advantage plans cover preventive care at no additional cost to you.

Not sure yet? The good news is, there are licensed insurance agents who can help you understand your needs, compare plan options and find a plan that works best for you. If you don't have a licensed insurance agent, one of our community outreach representatives can connect you with one we trust.



When you're ready to explore your Medicare options, contact us at **1-833-202-6277** or visit **ColoradoPhysicianPartners.com/T65**.

Be sure to complete the "**Permission to Contact**" form at the bottom of the page so we can call you about your Medicare options. To learn more about Medicare visit **[Medicare.gov](https://www.Medicare.gov)**.

If you'd like to explore your options a little bit more, you can do that right here, too.

Choosing the Medicare plan that's **right for you**



When you reach a milestone birthday like 65, choosing the right health plan is even more important as it can have a lasting impact on your future health.

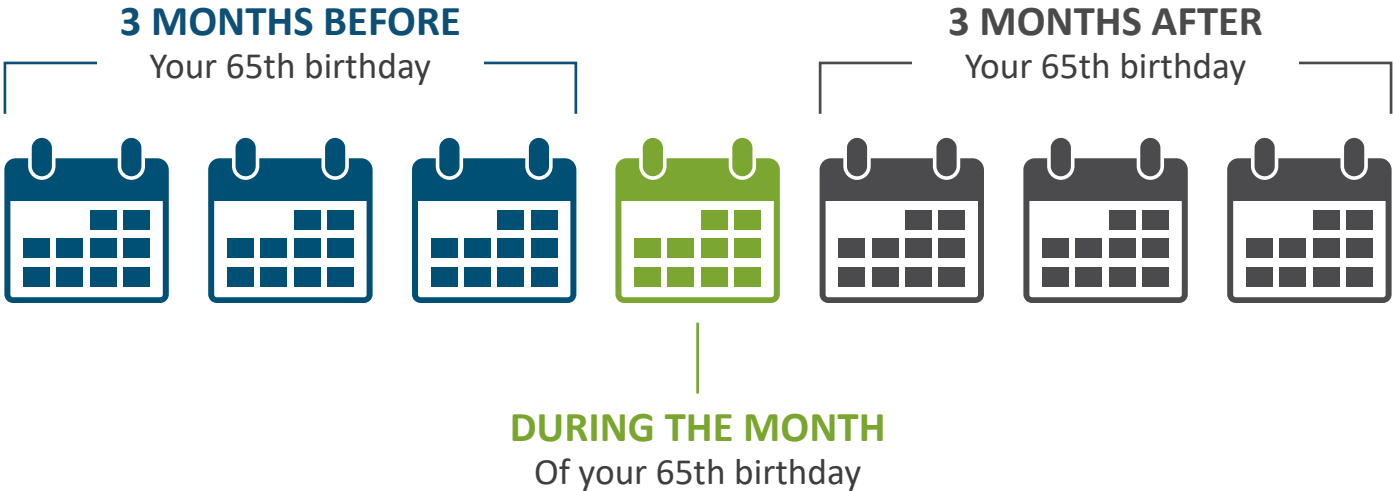
When it comes to Medicare plans, you have a lot of choices. While options are good, with Medicare plans, too many options can be overwhelming. We're here to help you cut through the clutter and identify which types of plans might work best for you.

Get started in three easy steps:

- 1 Review the Medicare basics
- 2 Explore your options while considering your unique needs
- 3 Enroll in your plan

1 Review the Medicare basics

When you reach age 65, you have a **seven month** initial Medicare enrollment period.



Medicare can include several parts.

Some parts are offered by the government, while others are offered by private insurance companies. This picture shows the different parts and how you can choose to receive them.

ORIGINAL MEDICARE (Government-provided)



PART A

Covers hospital stays and inpatient care



PART B

Covers doctor visits and outpatient care

Once you enroll in Original Medicare, there are two ways to get additional coverage since Original Medicare does not cover all medical expenses or prescription drugs.

OPTION 1

Keep Original Medicare and add:

MED SUPP

Medicare supplement insurance helps covers some or all of the costs not covered by part A & B.

Offered by private companies

And/or:



PART D

Covers prescription drugs

Offered by private companies

OPTION 2

Choose a Medicare Advantage plan:



PART C

Combines part A & B in one plan.

May offer additional benefits not provided by Original Medicare.



PART D

Many plans cover prescription drugs

Offered by private companies



If you are over the age of 65 and want to change your insurance plan you can do that during **Medicare's Annual Enrollment Period** from **October 15 – December 7** with a plan effective date of January 1.

And, did you know, you can make changes to your Medicare Advantage and Medicare drug coverage to better fit your needs when certain events happen in your life, like if you move or lose other coverage? These chances to make changes are called **Special Enrollment Periods**. The types of changes you can make, and the timing depend on your life event.



These life events include:

- Moving to a new address
- Moved into or discharged from a long-term facility
- Lost coverage or Medicaid coverage
- Left employer or union plan
- Health plan is no longer available
- Having a 5-star Medicare Advantage plan available
- Eligible for Medicaid, Extra Help or other government assistance program
- Currently in a plan with less than a 3-star rating for the last three years
- Have or recently been diagnosed with diabetes, COPD or heart disease
- Natural disasters (drought, hurricane, fire, etc.)
- Social, i.e. border crisis



If your current Medicare insurance plan doesn't meet your needs, you may be able to switch to a new plan.

Having the right Medicare plan is a big deal. There are plans designed to provide affordable healthcare if you have diabetes, heart disease, COPD, have difficulty paying for your medical and prescription care, and plans that offer extra benefits like dental and vision at no additional cost. We're happy to connect you with resources to help you navigate your options.

2

Explore your options while considering your unique needs

Choosing the right plan is a big deal. As primary care clinicians, we think it's important to clearly understand your options. As you turn 65, our team wants to support you as you prepare for changes in your health insurance coverage, including enrolling in a Medicare health plan.



Medicare plan comparison

	Original Medicare	Medicare Supplement	Medicare Advantage HMO	Medicare Advantage PPO
\$0 Monthly premium	No	No	Most	No
Low deductibles	No	No	Most	No
Low copays	No	No	Most	No
Limits how much you pay each year (max out-of-pocket)	No	No	Yes	Yes
Trial period	No	No	Yes	Yes
Emergency coverage while traveling	Yes	Yes	Yes	Yes
General coverage while traveling for extended period	Yes	Yes	No	Yes
Hospital stays	Yes	Yes	Yes	Yes
Doctor visit costs	20% Coinsurance	Coinsurance varies by plan	Copay	Copay
PCP required	No	No	Many	No
Specialist referrals required	No	No	Many	No
Short-term care or skilled nursing facilities	Yes	Yes	Most	Most
Long-term care	No	No	No	No
Online (telehealth) visits	Some	Some	Most	Most
Annual wellness visit	No	No	Yes	Yes
PCPs paid for achieving national quality standards	No	No	Yes	Some
Rates increase as you age	No	Yes	No	No
Prescription drug coverage	No	No	Yes	Yes
Over-the-counter benefits	No	No	Some	Some
Transportation assistance	No	No	Many	Some
Additional value-adds like meals and housing assistance	No	No	Some	No
Dental, vision, hearing aid coverage	No	No	Most	Most
Gym memberships	No	No	Most	Most
Connection to community programs	No	No	Many	Some

Now that we've reviewed the basics of Medicare, it's time to ask yourself some questions.



How is your health? Do you take medicines or have special health needs? How much do you travel? If you're already working with a Colorado Physician Partners value-based care (VBC) team, which plans include your doctor(s)? Which plans pay your doctor(s) for achieving national quality standards? Are annual wellness visits covered?

Before you select a Medicare plan, here are some key considerations for each option:

Original Medicare

Plan basics	VBC features to watch for
<ul style="list-style-type: none"> • Most people get Part A at no cost. You will pay a monthly premium for Medicare Part B. • There is no limit to how much you will pay annually for care. • You will pay 20% coinsurance for your care. • You can see any healthcare provider who accepts Original Medicare. Note, not all doctors accept Medicare. • Original Medicare does not cover excess charges a healthcare provider may charge if they want to charge more than what the government (Medicare) agrees to pay for care. • Original Medicare does not cover prescription drugs. If you want prescription drug coverage you will have to buy a Medicare Part D drug plan or select a Medicare Advantage plan. 	<ul style="list-style-type: none"> • Original Medicare offers an initial preventive exam when you join Medicare. However, it does not cover an annual wellness visit like Medicare Advantage plans do. • Doctors are paid on the volume of services they provide. They are not incentivized to help keep you healthy by providing care based on proven national quality standards. • Some doctors may participate in a Medicare Shared Savings Program that will reward them for keeping their patients healthier. • Doctors generally do not work together to coordinate and discuss your health and care plans.



Original Medicare doesn't cover everything.

You can purchase a Medicare Supplement (Medigap) plan to help cover what Original Medicare doesn't cover. But even Medicare Supplement plans with 100% coverage do not cover everything.

Medicare Supplement

Plan basics	VBC features to watch for
<ul style="list-style-type: none">• You will pay a monthly premium for Medicare Supplement insurance. This is in addition to the premium you pay for Medicare Part B.• Most plans do not limit how much you will pay annually.• Medigap plans generally don't cover: Long-term care (like care in a nursing home), private nursing duty, vision, dental care or hearing aids.• You can see any provider who accepts Medicare, but most Medicare Supplement plans do not cover costs if the provider wants to charge more than what Medicare will reimburse. You will be responsible for paying 100% of these "excess charges" out of your own pocket.• Some plan premiums may increase as you age.	<ul style="list-style-type: none">• Doctors are generally not paid to help keep you healthy by providing care based on proven national quality standards.• Doctors generally do not work together to coordinate and discuss your health and care plans.• Does not offer coverage for things like vision, dental, hearing aids and more that are important for overall health.



Medicare Supplement plans will not cover all your healthcare costs.

You can purchase a Medicare Supplement (Medigap) plan to help cover deductibles, copays and coinsurance costs. But even Medicare Supplement plans with 100% coverage do not cover long-term care (nursing homes), private nursing, hearing aids, vision or dental care.

Medicare Advantage HMO vs. PPO

There are two main kinds of Medicare Advantage (MA) plans: Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).

Here, we'll help break down the differences for you.



Medicare Advantage HMO

This is a type of managed care plan offered by private insurance companies.

Plan basics	VBC features to watch for
<ul style="list-style-type: none"> • Most have \$0 monthly premiums, depending on your area. • Monthly premiums do not increase based on age. • To keep costs down, you'll need to get care from healthcare providers within the plan's network, except in emergencies. • Some do not require referrals to see specialists who are in the preferred network. • Healthcare providers may refer individuals to specialists who are not in-network at in-network rates in certain circumstances. • Some, not all, HMOs have smaller networks of providers who are selected to participate in the network. • Dental, vision, hearing aid coverage and more are included at no additional cost. 	<ul style="list-style-type: none"> • Some require you to see a PCP who will coordinate, communicate and direct all of your care with specialists. • Most encourage preventive healthcare to help keep you healthy by covering entire costs or offering low copays. • Some offer access to doctors who are held responsible and paid to help keep you healthy by using proven national standards that encourage medical teams (primary care doctors and specialists) to work and communicate with each other to coordinate your care. Also, you will not pay extra for more PCP visits, it's all a part of staying on top of your health to keep you healthy. • Value-adds, like meals and housing assistance, gym memberships and connections to community programs, may also be available.

Medicare Advantage PPO

PPOs are also offered by private insurance companies.

Plan basics	VBC features to watch for
<ul style="list-style-type: none">• Monthly premiums and out-of-pockets are higher than Medicare Advantage HMOs (most HMO plans have a \$0 monthly premium).• PPOs have higher deductibles than HMOs. You must meet those before the plan's coverage starts.• Monthly premiums do not increase based on age.• You can choose to get care at in-network or out-of-network doctors. Note that out-of-network providers will cost more.• In some areas, the size of a PPO preferred network and HMO network do not vary greatly.	<ul style="list-style-type: none">• Most don't require a PCP, so you don't have anyone to oversee all of your healthcare needs. You will be responsible for managing and coordinating your care, and for identifying your specialists.• Healthcare providers are not held responsible for delivering care based on national standards and evidence-based medicine.• Value-adds, like gym memberships and connections to community programs, may also be available.



MA members are overwhelmingly satisfied with their plans.

A December 2021 survey from Morning Consult reported that Medicare Advantage has a 95% consumer satisfaction rating. In fact, 98% of people elect to stay in a Medicare Advantage plan upon renewal.³



MA members have lower hospitalization rates.

The rate of potentially avoidable hospitalizations in Medicare Advantage beneficiaries is 43% lower than Original Medicare beneficiaries.

³ HMP Global Learning Network

3 Enroll in your plan

Before you select a plan, it's important to note that **not all Medicare plans** will allow you to continue to see us as your in-network primary care doctor and care team. That's why before you make any changes, you may want to contact our clinic to make sure we accept any plan you are considering and to ensure your coverage remains uninterrupted.

Once you're ready to select a plan, if you don't already have a licensed insurance agent, we're more than happy to connect you with one who we trust with our patients.

When you meet with the licensed insurance agent, be sure to have the following information handy for you and your spouse:



Your personal information

- Name
- Social security number
- Medicare number
- Effective dates for Parts A and B of your current Medicare plan



Your medications

- Including:**
- Medicine name
 - Dosage
 - Form
 - Quantity



Your doctors' information

- Name
- Phone
- Address



When you're ready, contact us at **1-833-202-6277** or visit **ColoradoPhysicianPartners.com/T65**.

Be sure to complete the "**Permission to Contact**" form at the bottom of the page so we can call you about your Medicare options. To learn more about Medicare visit **[Medicare.gov](https://www.Medicare.gov)**.

Not ready to try Medicare Advantage?

There are options. If you aren't ready to make the switch from Original Medicare to Medicare Advantage, there are options that will allow you to get the benefits of Medicare Advantage while sticking with a plan that makes you comfortable.



Medicare Accountable Care Organization Reach program

If you aren't ready to make the switch from Original Medicare to Medicare Advantage, a **Medicare Accountable Care Organization (ACO) Reach program** may be right for you.



ACO Reach is a program offered by the Centers for Medicare & Medicaid Services (CMS) that incentivizes healthcare providers to achieve national standards on the quality of care they provide and the coordination of a patient's care with other healthcare clinicians, like specialists.

An ACO Reach program is a good option for people who aren't quite ready to switch to a Medicare Advantage plan but who also want the benefit of knowing their PCP is incentivized to meet quality care standards. ACO Reach even includes health equity requirements that encourage doctors to address health disparities, like housing or food insecurity. Ultimately, ACO Reach allows patients and doctors to better engage in preventive care to help prevent illness and better manage chronic conditions before they become bigger issues.

Don't make a decision about your health **based on a Medicare myth.**

Medicare Advantage plans are a helpful, trustworthy option for adults ages 65 and older looking for comprehensive healthcare coverage. When paired with Colorado Physician Partners' primary care, you can experience quality healthcare as it should be.

But don't be fooled by the myths surrounding these plans that may cause confusion and make it difficult to understand their benefits.

Here are **some common myths and truths** about Medicare Advantage plans.



MYTH #1:

Medicare Advantage plans are more expensive than Original Medicare.

TRUTH: Medicare Advantage beneficiaries spend an average of \$2,434 less per year on out-of-pocket costs and premiums compared to those enrolled in fee-for-service Medicare, according to an independent analysis released by ATI Advisory and commissioned by Better Medicare Alliance.

With Medicare Advantage, you may be entitled to extras such as dental, vision, hearing, hearing aids, prescriptions and over-the-counter medicine discounts, as well as access to value-based care by doctors trained in advanced preventive medicine.

Medicare Advantage plans are the only plans that limit MOOP (Max Out of Pocket) & offer additional benefits.



**ADDITIONAL
BENEFITS**

MYTH #2:

Medicare Advantage plans restrict your choice of doctors and hospitals.

TRUTH: Many Medicare Advantage plans have networks of doctors and hospitals that you can choose from, just like regular health insurance plans. Some Medicare Advantage plans offer “out-of-network” coverage, which means that if you need to see a doctor or go to a hospital not in the plan’s network, the plan will cover some or the entire cost.

Medicare Advantage plans have networks of doctors & hospitals to choose from.



MYTH #3:

Medicare Advantage plans limit your ability to change plans.

TRUTH: If you're already enrolled in a Medicare Advantage (MA) plan, you have a one-time opportunity during the **Medicare Advantage Open Enrollment Period** from **January 1 – March 31** to switch to another MA plan, return to Original Medicare, and sign up for a standalone Part D prescription drug plan (if you're returning to Original Medicare).

MYTH #4:

Original Medicare covers all my medical needs and costs.

TRUTH: Original Medicare only covers Part A (hospital visits) and Part B (medical services). Private insurance companies cover Part C (also known as Medicare Advantage plans). Part C offers additional benefits such as dental, vision, hearing aids, etc. and Part D (prescription drug coverage). Unlike Original Medicare, many Medicare Advantage plans already include Part D.

MYTH #5:

Medicare Advantage is the same thing as Medicare Supplemental plans (i.e., MedSupp, Medigap).

TRUTH: These are two different types of plans, and you cannot have both types of coverage. For example, Medigap is a plan that fills in the healthcare “gaps” not covered in Original Medicare, such as eye check-ups or coverage for new glasses.

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health coverage. These “bundled” plans include Part A, Part B, and most all include Part D. You'll typically need to use doctors in the plan's network, but there are usually a wide range of options.

A



B



Original Medicare covers Part A (hospital visits) & Part B (medical services) only.

D



Many **Medicare Advantage** plans include Part D (prescription drug coverage) & other benefits such as dental & vision.

MYTH #6:

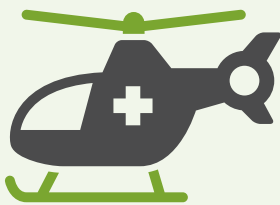
Travel is not covered with Medicare Advantage.

TRUTH: Medicare Advantage takes care of urgent care coverage and emergencies for travel, with some plans having worldwide coverage. Be sure to check which doctors and hospitals are in a plan's network before you choose a plan, so you can ensure you receive care from the providers you want. In most situations, Original Medicare plans don't cover medical costs outside the U.S.

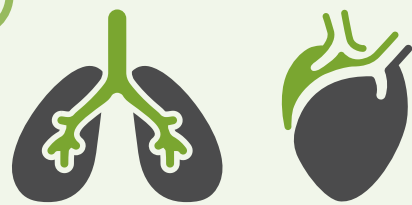
MYTH #7:

Medicare Advantage does not cover chronic diseases.

TRUTH: Medicare Advantage plans cannot deny coverage based on your health status. If you are sick or have a chronic disease such as COPD, heart disease or diabetes, you can get coverage and great healthcare. Certain areas even have special Medicare Advantage plans called "Chronic Condition Special Needs Plans" to ensure you get quality care for your condition at an affordable price.



Medicare Advantage takes care of urgent care & emergencies for travel.



Medicare Advantage provides care for chronic diseases (COPD, heart disease, diabetes).

MYTH #8:

Medicare Advantage plans are difficult to enroll in.

TRUTH: Enrolling in a Medicare Advantage plan is a simple process. To enroll in a Medicare Advantage plan, you can do your own research, or we can connect you with a licensed insurance agent who can help you find the right plan. They can explain how Medicare Advantage plans work; what each plan exactly covers and how much it costs; and see factors such as which doctors and hospitals are included per plan.

MYTH #9:

Medicare Advantage plans are not as reliable as Original Medicare.

TRUTH: The law requires that Medicare Advantage plans follow the same rules and regulations as Original Medicare and cover all the same services. In fact, some Medicare Advantage plans offer additional benefits that Original Medicare does not cover, like gym memberships and transportation to medical appointments.

MYTH #10:

Medicare Advantage plans have high deductibles and copays.

TRUTH: Medicare Advantage plans often have lower deductibles and copays than Original Medicare, making healthcare more affordable. The important thing to remember is that there are plenty of Medicare Advantage plans out there that can offer you great benefits without high deductibles and copays.



Medicare Advantage plans follow the same rules & cover the same services as Original Medicare.



Medicare Advantage plans often have lower deductibles & copays.

MYTH #11:

You can only enroll in Medicare Advantage during Medicare Annual Enrollment Period (AEP).

TRUTH: You can enroll in Medicare Advantage if you have moved, have a chronic condition (such as diabetes, heart disease or COPD), have been impacted by a natural disaster, or if there is a 5-star plan in your neighborhood. Other situations may allow you to switch plans. Check with a licensed insurance agent to learn more.



Get the facts about Medicare Advantage



We get it. Choosing the right plan – or coverage to meet your needs is a big deal. You want to make the right decision and avoid all the confusion. We’re here to help you every step of the way by connecting you with a trusted and licensed insurance agent. They will help you explore your options, answer questions, and help you enroll in the plan that’s right for you.

Ready to see how Colorado Physician Partners and Medicare Advantage can help you live your best life?

- Take a doctor-led tour of our clinics.
- Meet our clinicians and care team.



When you’re ready, contact us at **1-833-202-6277**
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