ASAS HEALTH

Medicare

Breakthrough the clutter,
what you should know



Medicare is confusing. Choosing the right plan is a big deal. As primary care providers, we think it's very important to clearly understand your options. We hope this guide will help you understand your options, and answer some of your most pressing questions.

We're also happy to connect you with a licensed insurance agent who we trust with our patients.

Medicare plan comparison

	Original Medicare/ Fee-for-Service	Medicare Supplement	Medicare Advantage HMO	Medicare Advantage PPO
$0 monthly premium	No	No	Most	No
Low deductibles	No	No	Most	No
Low co-pays	No	No	Most	No
Limit on how much you pay out-of-pocket annually (max out-of-pocket, MOOP)	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



Did you know?

The no. 1 reason why people file for bankruptcy is due to medical costs. Picking the right Medicare plan is a major decision that could impact your finances for the rest of your life.[1]

Medicare overview: Explore the differences

Part A (hospital insurance)

Part A helps cover inpatient care in hospitals and care at skilled nursing facilities, hospice and home health. Some things to think about with Medicare Part A:

- Most people don't pay for Medicare Part A. This is because you or a spouse paid Medicare taxes while working. If you don't qualify for premium-free Part A, you may be able to buy it.

Part B (medical insurance)

Part B, also called Original Medicare or Medicare Fee-for-Service, helps cover services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, like wheelchairs, walkers and hospital beds, and many preventive services, like screenings, shots or annual wellness visits. Some things to think about with Original Medicare:

- You will pay a monthly premium for Medicare Part B.
- This is no limit to how much you will pay annually for care.
- You will pay 20% coinsurance for your care.
- Original Medicare offers an initial preventive exam when you join Medicare. However, it does not cover an Annual Wellness Visit which is covered in Medicare Advantage plans.
- 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.
- You can see any health care provider who accepts Original Medicare. Note- not all doctors accept Medicare.
- Original Medicare does not cover costs a healthcare provider may charge if they want to charge more than what the government (Medicare) agrees to pay for care.
- Doctors are paid on the volume of services they provide. They are not incented to help keep you healthy by providing care based on proven national quality standards. Although some 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 care plans.

Did you know?

Many people do not know that 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

Medicare Supplement insurance, sometimes called Medigap, is extra insurance you can buy from a private health insurance company to supplement the coverage not provided by Original Medicare. It helps pay your share of out-of-pocket costs that come with Original Medicare plans. It does not offer many of the added benefits that usually come with most Medicare Advantage plans, like prescription drugs, dental and vision. Generally, you must have Original Medicare (Part A and Part B) to buy a Medicare Supplement plan.

Some things to think about with a Medicare Supplement:

- 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.[3]
- 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.
- 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 care plans.



Did you know?

Many people mistakenly believe that Medicare Supplement plans will cover all of their healthcare costs. You can purchase a Medicare Supplement (Medigap) plan to help cover deductibles, copays and co-insurance 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.

Part D (prescription drug coverage)

Part D helps cover the cost of prescription drugs, including many recommended shots and vaccines. If you have Original Medicare or Fee-for-Service and want prescription drug coverage, you will need to buy a separate Part D plan in addition Original Medicare. Or you can get Part D by enrolling in a Medicare Advantage plan with drug coverage.

Part C (Medicare Advantage)

Part C, also called Medicare Advantage, is a Medicare-approved plan offered by private insurance companies. It's an alternative to Original Medicare and offers everything that Original Medicare does and more, usually at no extra cost.

Medicare Advantage plans include Medicare Part A, Part B of Original Medicare, most have Part D prescription benefits, and most offer extras such as vision, dental, hearing aids, transportation and more.

Medicare Advantage plans usually have lower out-of-pocket costs than Original Medicare and some, mostly PPOs, have an additional premium.

Some things to think about with Part C Medicare Advantage:

- Some Medicare Advantage plans now offer additional extra benefits to help with meals, transportation, over-the-counter medications, housing and more.
- Offers a covered Annual Wellness Visit (every year) to help ensure that you're maintaining your health.
- Some Medicare Advantage plans incent doctors who provide quality care that helps keep you healthy. This type of care is called "value-based care." The purpose is to stay on top of your health to keep you healthy and better manage conditions and symptoms, which keeps you feeling your best while keeping overall healthcare costs down.
- Medicare Advantage beneficiaries report spending $2,434 less annually in total healthcare spending compared to individuals on Original Medicare or Fee-for-Service Plans.1
- Medicare Advantage has a 12-month trial period. The trial period gives you a chance to try out the benefits of a specific Medicare Advantage plan to see if it's right for you. You're eligible for this trial if you enrolled in a Medicare Advantage plan when you were 65 years old or if you initially enrolled in Original Medicare and Medigap, but then decided to switch to Medicare Advantage. Just ask a Medicare licensed broker how it works.



Did you know?

95% of Medicare Advantage members are satisfied with their plan.[2]

Medicare Advantage **PPO** vs **HMO**

There are two main kinds of Medicare Advantage plans: Preferred Provider Organizations (PPOs) and Health Maintenance Organizations (HMOs). 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. HMOs typically have lower out-of-pocket costs if you get your care from healthcare providers within the plan's preferred network of doctors. An HMO covers all the benefits of Original Medicare, and extras all in one plan, for generally less than you would pay out-of-pocket for Original Medicare, Medicare Supplement or Medicare Advantage PPO plans. And, it puts a maximum on how much you will pay out-of-pocket every year.

Some things to keep in mind with a Medicare Advantage HMO:

- 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 require you to see a PCP who will coordinate, communicate and direct all of your care with specialists.
- 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.
- Most encourage preventive health care 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.

Medicare Advantage PPO

PPOs are offered by private insurance companies. It covers all the benefits of Original Medicare with a network of preferred and out-of-network doctors. PPOs have higher premiums and out-of-pockets than HMOs. It includes extras not offered with Original Medicare or a Medicare Supplement and extras like dental, vision, hearing aids, gym memberships and more. PPOs, like HMOs, also limit how much you pay every year but your out-of-pocket maximum will generally be higher with a PPO plan.



Did you know?

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.*

Some things to keep in mind with a Medicare Advantage PPO:

- 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, that you must meet 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 difference of a PPO preferred network and HMO network do not vary greatly.
- 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.



Did you know?

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

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 health care 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.

If you would like to talk with a licensed insurance agent
who we trust with our patients, contact us at 1-956-406-2727 (ASAS)
or visit **ASASHealthPartners.com/AEP**

To learn more about Medicare visit medicare.gov

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* Statistics sourced from https://bettermedicarealliance.org/medicare-advantage/about-medicare-advantage/

1. Health Care Costs Number One Cause of Bankruptcy for American Families. Retrieved from: https://www.abi.org/feed-item/health-care-costs-number-one-cause-of-bankruptcy-for-american-families
2. Better Medicare Alliance. Retrieved from https://bettermedicarealliance.org/medicare-advantage/about-medicare-advantage/
3. Learn What MediGap Covers. Medicare.gov. Retrieved from: https://www.medicare.gov/health-drug-plans/medigap/basics/coverage#:~:text=Medigap%20plans%20generally%20don't,Hearing%20aids

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