



## MEDICARE ADVANTAGE PLANS

If you are enrolled in Medicare Part A and Part B, you can join a Medicare Advantage Plan (“Part C”). This type of health plan is offered by Medicare-approved private companies that must follow the rules set by Medicare. Most Medicare Advantage Plans include prescription drug coverage (Part D). With a Medicare Advantage Plan, you may have coverage for things Original Medicare doesn’t cover, like fitness programs (gym memberships or discounts) and some vision, hearing, and dental services (like routine checkups or cleanings). Plans also have a yearly limit on your out-of-pocket costs for all Part A and Part B services. Once you reach this limit, you’ll pay nothing for services that Part A and Part B cover.

Insurance companies can decide if a plan will be available to everyone with Medicare in a state, or only in certain counties. Insurance companies may also offer more than one plan in an area, with different benefits and costs. Each year, insurance companies can decide to join or leave Medicare. If a plan decides to stop participating in Medicare, you’ll have to join another Medicare health plan or return to Original Medicare.

## NETWORKS

### **HMO (Health Maintenance Organization)**

An HMO is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. When you have an HMO, you generally must get your care and services from doctors, other health care providers, and hospitals in the plan’s network, with the exceptions of emergency care, out-of-area urgent care, and temporary out-of-area dialysis.

Some HMOs are Point-of-Service (HMOPOS) plans that may allow you to get some services out-of-network for a higher copayment or coinsurance. It’s important that you follow the plan’s rules, like getting prior approval for a certain service (when required).

### **PPO (Preferred Provider Organizations)**

A PPO is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PPOs have networks of doctors, other health care providers, and hospitals. You pay less if you go to providers and facilities that belong to the plan’s network. You can generally go to out of network providers for covered services, but you’ll usually pay more.