

# Demystifying the Medicare Advantage myth

## Why your Medicare supplement policy is worth keeping!

In the upcoming months you may be contacted by insurance companies and independent agents regarding different Medicare Advantage products known as HMO and Private Fee for Service (PFFS). They will be aggressively marketing these new products to you to replace your existing health insurance coverage under the original Medicare Part A and Part B plans and your Medicare supplement policy.

**Please note that you may purchase prescription drug coverage and keep your Medicare Part A and Part B and your Medicare supplement coverage by signing up for a “Part D” prescription drug plan only.** You do not need a Medicare Advantage product (HMO, or Private Fee for Service) to get prescription drug coverage. Signing with a company for “Part D” prescription drug coverage will cause no disruption to the care and service you currently receive for your healthcare. Part D prescription drug coverage is available through United Commercial Travelers (UCT) and other insurers.

If you are considering Medicare Advantage products, make certain you fully understand them before you leave Medicare and drop your Medicare supplement policy. Please ask questions and confirm the answers you are given. Although these new products vary, they share some important common characteristics including out of pocket costs to you that you are not subject to under Medicare and your Medicare supplement policy.

Medicare Advantage Policy HMO, Private Fee for Service	Your Medicare Supplement Policy *
You will no longer have Medicare as your primary insurance.	Medicare remains your primary insurer.
Your policy is <u>not guaranteed renewable</u> . These insurance companies decide each year whether or not they want to continue the policies in these products.	Your Medicare supplement policy is guaranteed renewable.
Freedom of choice is limited in Medicare Advantage HMO products.	You have freedom of choice. There are no restrictions on who you see or what facility you use for your medical care. **
Although PFFS (Private Fee for Service) plans allow you to see any provider you choose it requires your physician to agree with their payment rules and procedures. If your doctor doesn't agree this may result in you paying him up front and having to complete claim forms to recuperate your costs from the PFFS insurance company.	All claims are processed automatically by your physician through Medicare's system and Medicare automatically forwards your claim information to your insurer. There are no claim forms to complete and no up front costs to you.
Co-payments are required if you are hospitalized and could range from \$500 to \$1,260 out of pocket per hospitalization.	Your Medicare supplement policy pays for co-payment amounts applied by Medicare. ***
Co-pay's apply to Doctor's & Specialist's office visits, Emergency Room, Outpatient Surgical Centers, Ambulance, medical equipment like hospital beds, wheelchairs etc.	Your Medicare supplement policy pays for co-payment amounts applied by Medicare.

\* Based on Plan F coverage only.

\*\* Providing doctors and hospitals accept Medicare assignments.

\*\*\* May be lower or higher in some areas.