

MEDICARE ADVANTAGE

MEDICARE DECISION GUIDE




CareSource[®]

WHAT KIND OF COVERAGE DO I REALLY NEED?

Medicare is not one size fits all. There are a lot of choices and important differences among the choices. It is important for you to compare your needs to what's out there and find the best match. We'll help you get started by giving you some important questions to ask yourself:

What are your health needs? Are you in good health? Do you have chronic conditions? What plan best meets your needs?

Do you take prescription drugs? Which ones? How much are you spending on them? Are your drugs covered under the plan's formulary?

What doctors do you see? Who, where, for what kind of care? How often do you see your doctors? Do you need a referral? Are you willing to change doctors if it means lower health care costs?

How does health care fit into your budget? How much can you afford each month? How much will you be able to spend a year on your share of the costs? How much of a premium, deductible or copayment can you afford?

Did asking yourself these important questions bring up more questions? Call a licensed CareSource agent at 1-844-768-2015 to discuss your options and get some answers today.

DO YOU KNOW why they're called *Parts*?

HOW EXACTLY DOES MEDICARE WORK?

PART

A

Hospital Coverage (*Original Medicare*)

- Covers hospital and nursing home stays
- Government-provided
- Patient covers deductible + copayments

+

PART

B

Medical Coverage (*Original Medicare*)

- Covers doctor visits + outpatient care
- Government-provided, paid premium
- Patient covers deductible + copayments

+

PART

D

Prescription Drug Coverage

- Voluntary enrollment
- For drugs not covered with Original Medicare
- Private insurance coverage (*patient covers premium + copayments*)

=

PART

C

Medicare Cost Plans (*private insurance*)

- Covers all Part A + Part B benefits
- Often includes Part D benefits
- Can provide services Medicare does not cover
- May require premium + copayment

It's simply the term Congress used to label sections of the law that created Medicare. They could have called it *chapter* or *section* – but they chose *part*.

WHAT'S COVERED BY ORIGINAL MEDICARE?

PART A helps cover inpatient hospital stays and skilled nursing services plus additional skilled care.

Semi-private room

Hospital meals

Skilled nursing facilities

Special unit care
(i.e., ICU)

Inpatient drugs, supplies
and equipment

Inpatient lab tests,
X-rays and radiation

Operating and recovery
room services

Select blood transfusions

Selected rehabilitation
services

Part-time or intermittent in-
home skilled health care

PART B helps cover the cost of doctor visits and additional medically-necessary care and services.

Doctor's visits

Ambulatory surgery
center services

Outpatient medical
services

Some preventive care

Clinical laboratory
services

X-rays, MRIs, CT scans,
EKGs

Some diagnostic
screenings

Durable home-use
medical equipment

Emergency room services

DID YOU KNOW?

The list of covered drugs can change.

WHAT DO SOME COMMONLY-USED TERMS MEAN?

Coinsurance Cost sharing where costs are split on a percentage basis. For example, Part B may pay 80% and you would pay 20%.

Copayment (copay) Cost sharing where you pay a preset, fixed amount for each service. For example, in a Medicare Part D plan, you might pay \$7 for each prescription you receive.

Coverage Gap A yearly limit on what your Medicare prescription drug plan will pay. After reaching it, you'll pay out of your own pocket for drugs up to a certain out-of-pocket limit – then your plan kicks back in.

Deductible Cost sharing where you pay a preset, fixed amount first before your Medicare plan starts to pay.

Formulary A list of the prescription drugs that are covered by a Medicare Part D plan and their cost to you.

Maximum Out-of-Pocket Limit A dollar limit that Medicare Advantage plans set on the amount of money you will have to spend out of your own pocket in a plan year.

Premium A fixed amount you have to pay to participate in a plan or program. With private insurance, it's the price you pay for a policy – usually as a monthly payment.

Check your plan's formulary each year during the Annual Enrollment Period (AEP) and make sure your drugs are still there. If not, consider changing plans.

SO, WHAT DOES THIS LOOK LIKE IN REAL LIFE?

Medicare covers thousands of medical treatments and procedures and decides how much it is willing to pay for each (the *Medicare-approved amount*). Most doctors agree to take Medicare's payment of the *Medicare-approved amount* as full payment. This is called *accepting assignment*. If your doctor *accepts assignment*, your share is usually limited to just 20% of the Medicare-approved amount.

Meet Lynda

She just visited a doctor who *accepts Medicare assignment.*[†]

Doctor visit	\$300
Medicare-approved	\$220
Medicare (80%)	\$176
Coinsurance (20%)	\$44
LYNDA PAYS	\$44

Meet Kathy

She just visited a doctor who *doesn't accept Medicare assignment.*

Doctor visit	\$300
Medicare-approved	\$220
-5% reduction	\$209*
+15% doctor markup	\$240**
Medicare (80%)	\$167
Coinsurance (20%)	\$42
Excess charge (15%)	\$31
KATHY PAYS	\$73

*5% reduction of the Medicare-approved amount for doctors that don't take the Medicare-assignment as full payment.

**Doctors can charge up to an additional 15% of the reduced Medicare-approved amount. This is less than the actual cost of \$300, but more than the full Medicare-approved amount. This limiting charge applies only to certain Medicare-covered services and not to some supplies and durable medical equipment.

DID YOU KNOW?

The average Medicare beneficiary spends \$7,820 per year for out-of-pocket medical expenses***

HOW DOES MEDICARE ADVANTAGE PROVIDE ME **more?**

What is Medicare Advantage? Am I eligible?

Medicare Advantage, sometimes referred to as Part C, is offered by commercial insurance companies approved by Medicare. If you join a plan, you'll have the Part A and Part B coverage just like Original Medicare but usually with added benefits provided by the insurance company.

How can I get dental and vision coverage?

Original Medicare does not offer dental and vision coverage. In order to get these benefits, you can register for a Medicare Advantage plan with a commercial insurance company. Plans vary on whether they offer dental and vision benefits, so be sure to do your homework.

What is Medicare Part D and how does it work?

To get Medicare Part D coverage, you must join a plan run by a commercial insurance company approved by Medicare. Part D coverage can be included with Medicare Advantage plans, too. Plans can vary in cost and drug coverage. Most plans have a list of covered drugs placed into different tiers. Drugs in each tier have a different cost.

What's the Medicare Open Enrollment Period?

Medicare health and drug plans can make changes each year—things like cost, coverage, and what providers and pharmacies are in their networks. October 15 to December 7 is when all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs.

Make sure you get the most coverage for your Medicare dollar.
(*[**medicare.gov/find-a-plan/staticpages/medigap-out-of-pocket-costs.aspx](https://www.medicare.gov/find-a-plan/staticpages/medigap-out-of-pocket-costs.aspx))

QUESTIONS? WE'RE HERE TO HELP

1-844-768-2015

TTY: 1-800-750-0750 or 711

Oct. 1 – Mar. 31: 7 days a week, 8 a.m. – 8 p.m.

Apr. 1 – Sept. 30: Mon. – Fri., 8 a.m. – 8 p.m.

CareSource.com/Medicare



†This example is not for preventive services most of which do not have a charge if provided by a provider who accepts assignment. Additionally, a Part B deductible may apply in some instances.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium™ (HMO), CareSource Advantage® (HMO), and CareSource Advantage Plus® (HMO) depends on contract renewal. This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. Call 1-844-607-2827 (TTY: 1-800-750-0750 or 711) for more information.

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Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2827.

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-844-607-2827。