

Alternatives to Medicare Supplement Insurance



You Have Options:

- Medicare Advantage
- QMB (Includes information on SLMB and QI coverage)
- Employer Health Insurance
- Medicaid

Medicare Advantage Plans

You may elect a Medicare Advantage option if you are entitled to Part A and enrolled in Part B of Medicare, you do not have end-stage renal disease, and you live in a geographic area served by the option. Possible Medicare Advantage options became available January 1, 1999. The Medicare Advantage options include:

Health Maintenance Organizations (HMOs)

HMOs provide or make available health care services that may include preventive medical care and pharmacy services for which an enrolled person pays a pre-determined monthly rate. HMOs are available to those persons living in specified geographical areas. Generally, members must receive health care services from the HMO staff at a designated HMO facility, although some emergencies are covered at facilities outside the normal service area.

Preferred Provider Organizations (PPOs)

Generally in a PPO you can see any doctor or provider that accepts Medicare. You don't need a referral to see a specialist or any provider out-of-network. If you go to doctors, hospitals or other providers who aren't part of the plan (out-of-network or non-preferred), you will usually pay more.

Private Fee-For-Service (PFFS) Plans

Medicare Private Fee-for-Service Plans are fee-for-service plans offered by private companies. The general rules for how Medicare Private Fee-for-Service Plans work are:

- You can go to any Medicare-approved doctor or hospital that accepts the terms of your plan's payment.
- You may get extra benefits not covered under the original

Medicare plan, such as extra days in the hospital.

- The private company, rather than the Medicare program, decides how much it will pay and what you pay for the services you get.
- If you're in a Medicare Private Fee-for-Service Plan, you can get your Medicare prescription drug coverage from the plan if it's offered, or you can join a separate Medicare Prescription Drug Plan to add prescription drug coverage if it isn't offered by the plan.

Enrollment/Disenrollment

Enrollment

Most Medicare beneficiaries are eligible for enrollment in a Medicare Advantage plan, and most parts of the country are served by one or more plans that have contracts with the Centers for Medicare and Medicaid Services (CMS) to serve Medicare beneficiaries. The only enrollment requirements are:

- You must at least be enrolled in Medicare Part B and continue to pay the Part B monthly premium. The premium is \$99.90 for 2012.
- You cannot have elected care from a Medicare-certified hospice, and you cannot be medically determined to have end-stage renal disease (ESRD).
- You must live within the area in which the plan has a Medicare contract to provide services.
- The plan must enroll Medicare beneficiaries, including younger disabled Medicare beneficiaries without health screening.