Medicare Advantage Plans

A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

How do Medicare Advantage Plans work?

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare.

Covered services in Medicare Advantage Plans

Medicare Advantage Plans cover all Medicare services. Medicare Advantage Plans may also offer extra coverage. Learn more about what Medicare Advantage Plans cover.

Rules for Medicare Advantage Plans

Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare.

However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year.

Different types of Medicare Advantage Plans

- Health Maintenance Organization (HMO) Plans
    - In most HMO Plans, you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency. You may also need to get a referral from your primary care doctor.
    - In most cases, prescription drugs are covered in HMO Plans. Ask the plan. If you want Medicare prescription drug coverage (Part D), you must join an HMO Plan that offers prescription drug coverage.
    - In most cases you have to get a referral to see a specialist and choose a primary care doctor in HMO Plans. Certain services, like yearly screening mammograms, don't require a referral.
- Preferred Provider Organization (PPO) Plans
    - A Medicare PPO Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network . You pay more if you use doctors, hospitals, and providers outside of the network.
    - In most cases, you can get your health care from any doctor, other health care provider, or hospital in PPO Plans. PPO Plans have network doctors, other health care providers, and hospitals. Each plan gives you flexibility to go to doctors, specialists, or hospitals that aren't on the plan's list, but it will usually cost more
    - In most cases, prescription drugs are covered in PPO Plans. Ask the plan. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage. Remember, if you join a PPO Plan that doesn't offer prescription drug coverage, you can't join a Medicare Prescription Drug Plan (Part D).
    - You don't need to choose a primary care doctor in PPO Plans. In most cases, you don't have to get a referral to see a specialist in PPO Plans. If you use plan specialists, your costs for covered services will usually be lower than if you use non-plan specialists
    - A PPO Plan isn't the same as Original Medicare or a Medicare Supplement Insurance (Medigap) policy.
    - PPO Plans usually offer extra benefits than Original Medicare, but you may have to pay extra for these benefits.

- Private Fee-for-Service (PFFS) Plans
    - A Medicare PFFS Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PFFS plans aren't the same as Original Medicare or Medigap. The plan determines how much it will pay doctors, other health care providers, and hospitals, and how much you must pay when you get care.
    - In some cases, you get your health care from any doctor, other health care provider, or hospital in PFFS Plans. If you join a PFFS Plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can also choose an out-of-network doctor, hospital, or other provider, who accepts the plan's terms, but you may pay more.
    - Prescription drugs may be covered in PFFS Plans. If your PFFS Plan doesn't offer drug coverage, you can join a Medicare Prescription Drug Plan to get coverage.
    - You don't need to choose a primary care doctor in PFFS Plans. You don't have to get a referral to see a specialist in PFFS Plans.
    - Some PFFS Plans contract with a network of providers who agree to always treat you even if you've never seen them before.
    - Out-of-network doctors, hospitals, and other providers may decide not to treat you even if you've seen them before.
    - For each service you get, make sure your doctors, hospitals, and other providers agree to treat you under the plan, and accept the plan's payment terms.
    - Show your plan membership ID card each time you visit a health care provider. Your provider can choose at every visit whether to accept your plan's terms and conditions of payment. You can't use your red, white, and blue Medicare card to get heath care because Original Medicare won't pay for your health care while you're in the Medicare PFFS Plan. Keep your Medicare card in a safe place in case you return to Original Medicare in the future.
    - You only need to pay the copayment or coinsurance amount allowed by the plan for the type(s) of service you get at the time of the service
- Special Needs Plans (SNPs)
    - Medicare SNPs are a type of Medicare Advantage Plan (like an HMO or PPO). Medicare SNPs limit membership to people with specific diseases or characteristics, and tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.

- Generally, you must get your care and services from doctors or hospitals in the Medicare SNP network (except emergency or urgent care, such as care you get for a sudden illness or injury that needs medical care right away, or if you have End-Stage Renal Disease (ESRD) and need out-of-area dialysis). Medicare SNPs typically have specialists in the diseases or conditions that affect their members.
- All SNPs must provide Medicare prescription drug coverage.
- In most cases, SNPs may require you to have a primary care doctor, or the plan may require you to have a care coordinator to help with your health care. In most cases, you have to get a referral to see a specialist in SNPs. Certain services, like yearly screening mammograms or an in-network pap test and pelvic exam (covered at least every other year), don't require a referral.
- A plan must limit membership to these groups: 1) people who live in certain institutions (like a nursing home) or who require nursing care at home, or 2) people who are eligible for both Medicare and Medicaid, or 3) people who have specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease (ESRD), HIV/AIDS, chronic heart failure, or dementia). Plans may further limit membership. You can join a SNP at any time.
- Plans should coordinate the services and providers you need to help you stay healthy and follow doctor's or other health care provider's orders.
- If you have Medicare and Medicaid, your plan should make sure that all of the plan doctors or other health care providers you use accept Medicaid.
- If you live in an institution, make sure that plan providers serve people where you live

There are other less common types of Medicare Advantage Plans that may be available:

- **HMO Point of Service (HMOPOS) Plans**: An HMO Plan that may allow you to get some services out-of-network for a higher cost.
- **Medical Savings Account (MSA) Plans**: A plan that combines a high deductible health plan with a bank account. Medicare deposits money into the account (usually less than the deductible). You can use the money to pay for your health care services during the year.

Who can join a Medicare Advantage Plan?

You can generally join a Medicare Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Private Fee-for-Service (PFFS), or Medicare Medical Savings Account (MSA) Plan if you meet all of the following conditions

- You live in the service area of the plan you want to join. The plan can give you more information about its service area. If you live in another state for part of the year, check to see if the plan will cover you there.
- You have Medicare Part A and Part B.
- You **don't** have End-Stage Renal Disease (ESRD).

Drug coverage in Medicare Advantage Plans

You usually get prescription drug coverage (Part D) through the plan. In some types of plans that don't offer drug coverage, you can join a Medicare Prescription Drug Plan.

You can't have prescription drug coverage through both a Medicare Advantage Plan and a Medicare Prescription Drug Plan. If you're in a Medicare Advantage Plan that includes drug coverage and you join a Medicare Prescription Drug Plan, you'll be disenrolled from your Medicare Advantage Plan and returned to Original Medicare.

How Medicare Supplement Insurance (Medigap) policies work with Medicare Advantage Plans

Medigap policies can't work with Medicare Advantage Plans.