



# How to get more out of Medicare

How to get more of the things you want from Medicare  
without losing the good things you've already got.



**Medicare Benefits**  
Solutions A non-government website

☎ 833-319-0079 or TTY 711

# About this eBook

A lot can change in a year. From your health, wealth and personal circumstances to your plan's costs, coverages and benefits.

If your current Medicare plan no longer meets your specific needs, there may be a more suitable plan for you.

Changing your Medicare plan is a big step, but if you need more from your plan – like access to different doctors, specialists or hospitals – it's a step you may have to take.

Thankfully, you don't have to work everything out on your own.

Broken into distinct chapters, this eBook looks at the key reasons why people should change their plan. It describes the options available, the pros and cons to consider and explains the different enrollment periods throughout the year.

# Table of contents

## **Inadequate benefits**

- How to improve your dental coverage
- How to improve your hearing coverage
- How to improve your vision care

## **Managing copays**

- How to reduce your doctor copays
- How to reduce your brand-name drug copays
- How to reduce your generic drug copays

## **Managing premium and out of pocket costs**

- How to reduce your Medicare out-of-pocket costs
- How to reduce your Medicare monthly premiums

## **Doctors, hospitals and networks**

- What to do if your preferred doctor isn't in your Medicare plan's network
- What to do if your Medicare Advantage (MA) plan doesn't cover care in your preferred hospital
- How MA plans can help you see specialists without a referral

## **Medicare switching checklist**

- 7 things to do before changing your plan



# Inadequate benefits

Sometimes people find their Medicare Advantage plan provides a particular benefit, but the benefit isn't as comprehensive as they'd hoped – or needed.

Vision, hearing and dental care are the most common MA benefits. If you're not satisfied with the level of coverage provided by your current plan, this chapter is for you.

# How to Get Better Medicare Dental Coverage

Regular dental care is important for everyone, but if you're eligible for Medicare, you may be concerned about the limited dental coverage with Original Medicare or your current Medicare Advantage (MA) plan.

You may be paying 100% of your dental care expenses – and that can add up over time. If you don't have enough help paying for routine dental care from your current Medicare plan, it may be time to consider switching to a plan with more dental coverage that could save you money.

Regular dental exams, cleanings, fillings and x-rays can play a pivotal role in identifying and treating tooth and gum problems. Thankfully, there are ways to get better coverage for these dental services if you're eligible for Medicare.

Medicare Advantage plans are required to provide at least the same coverage as Original Medicare Part A and Part B, but many plans offer additional benefits, including routine dentist visits and procedures. MA plans vary in dental coverage and costs,

though. There may be a Medicare Advantage plan in your area that will help pay for visits to a dentist, cleanings, x-rays, fillings, root canals and more, without costing you much more in monthly premiums.

## **Additional dental coverage with Medicare Advantage plans**

All Medicare Advantage plans will include Part A and Part B benefits for certain medically necessary dental procedures, including some outpatient oral surgeries, but routine dental care can vary among MA plans.

Some Medicare Advantage plans may cover more than others when it comes to dental services. Explore your options and compare benefits and costs, like premiums, copayments, and out-of-pocket expenses.

Some Medicare Advantage plans may cover:

- Dentures
- Bridges
- Extractions
- Crowns
- Implants

- Fillings
- Cleanings
- X-rays

## **When can you switch to a Medicare Advantage plan with additional dental coverage?**

If you are currently enrolled in a Medicare Advantage plan that doesn't give you enough dental coverage, you may be able to switch to another MA plan during the following enrollment periods:

- **The Annual Election Period (AEP)** runs from October 15 to December 7 every year. Coverage under your new plan starts on January 1.
- **The Medicare Advantage Open Enrollment Period** goes from January 1 to March 31 annually. During this period you can switch one time to a different MA plan if you're enrolled in one.
- You may qualify for a **Special Enrollment Period** if you experience certain life events, such as moving out of your current plan's service area.

## **Will a Medicare Advantage plan help you save money on dental services?**

Dental services are vitally important to your overall health. Problems in your teeth, mouth, and gums can lead to the development of bacteria, infections, cardiovascular problems and more. Getting regular dental check-ups can help identify issues before they cause more serious complications.

Dental care can be quite costly depending on your needs and where you live, so having coverage can help protect your health and your budget. A Medicare Advantage plan with dental coverage may provide the solution you're looking for. Working with a licensed Benefits Advisor to find a Medicare Advantage plan with additional dental coverage can save you time and money.

# How to Get Better Medicare Vision Coverage

If you're not satisfied with your current plan's vision care coverage, consider switching to a Medicare Advantage (MA) plan with more benefits, like routine eye tests, eyeglasses, and contact lenses. Switching plans now may save you money in the months and years ahead.

Medicare Advantage plans can vary in benefits and costs, so comparing the plans available in your area is a crucial step in finding a plan that meets your current needs. Since vision coverage can vary, you may find that some MA plans with higher monthly premiums cover more of the cost of eye exams and corrective lenses. Or that plans with lower monthly premiums require you to pay a higher copay and visit optometrists within the plan's provider network.

## Where to start

You should first take a look at what type of care and coverage is missing from your current Medicare plan's coverage. Maybe you

need additional help paying for routine eye exams or for your prescription glasses or contact lenses.

Because physicians recommend that adults over the age of 65 get their eyes checked every one to two years, having Medicare vision care coverage can be a valuable benefit. These annual exams are essential for the prevention and treatment of serious eye conditions that become more common as people age. Conditions like cataracts, glaucoma, macular degeneration, and diabetic eye disease can be caught early and treated more successfully when you get regular checkups.

Depending on where you live, routine vision checkups with an optometrist could cost between \$75-\$150. And if you need eyeglasses and/or contact lenses, your costs could be much higher.

## **Vision care benefits with a Medicare Advantage plan**

Medicare Advantage plans are sold by private insurance companies who choose to offer them. Most plans that do include vision care provide the following benefits:

- Routine Medicare eye exams on an annual or semi-annual basis
- Preventive eye exams
- Prescription eyeglasses and/or contact lenses
- Upgraded eyeglass frames – in some instances your plan may offer coverage for specific eyeglass retailers.

Because every Medicare Advantage plan is different, you should check the details of coverage carefully before enrolling to ensure you're getting the Medicare vision coverage you need at a cost you can afford.

Depending on the plan you choose, it may cover 100 percent of your costs for Medicare vision tests and eyeglasses, or you may have to pay a portion of your costs as a copayment.

There are MA plans with coverage that allow you to buy any type of eyeglasses you want, including blended lenses or sunglasses. Other plans may only pay a portion of the cost, or just cover basic frames and lenses. If you're spending a lot on eyewear every year, this benefit may be a big advantage for you.

## **Types of Medicare Advantage plans to choose from**

There are several types of MA plans you may be able to choose from that vary in benefits and costs. In general, MA plans organized as HMOs (Health Maintenance Organizations) use specific network providers, suppliers, and facilities. To get your benefits for vision care, you must stick to the network providers. You may have to visit an optometrist within your plan's network. HMO plans can be inconvenient for those who prefer doctors outside the network, but they tend to cost less than PPOs.

## **Currently have Original Medicare?**

Original Medicare doesn't usually include prescription lenses or routine Medicare eye exams with an optometrist.

Many Medicare recipients with Original Medicare Part A (hospital insurance) and Part B (medical insurance) end up buying their own vision care coverage outside of their Medicare insurance. This may provide some benefits, but it may add an extra expense you can't afford. Having separate insurance plans can also seem daunting when bills arrive, and you may not be getting the coverage and benefits you deserve. Switching from

Original Medicare to an MA plan can give you more benefits, including help paying for vision care, at little-to-no additional cost.

## **When can you change your Medicare plan?**

When you find a Medicare plan with better vision coverage and you're ready to enroll, you may be able to switch to the new plan during the following enrollment periods:

- **The Annual Election Period** begins on October 15 and ends on December 7 annually. Your new coverage begins on the first of January.
- **The Medicare Advantage Open Enrollment Period** begins annually on January 1 and continues until March 31. You can make one switch from one Medicare Advantage plan to another, or you can choose to go back to Original Medicare.
- You may qualify for a **Special Enrollment Period** if you experience a certain life event, like moving out of your plan's service area.

## Importance of vision care

It's vital to maintain good eyesight over the years by getting regular refraction eye exams. Having good eyesight can help you maintain independence, continue a high quality of life, drive safely, and to avoid accidents at home or outside. If you need a new pair of eyeglasses or contact lenses for sharper vision, having vision insurance may save you money.

As we age, it's natural for healthcare needs to change. Because of these changes, it makes sense to review your current healthcare coverage every year to make sure you're getting the most benefits for the amount of money you are spending. Ensuring that you have the best coverage for yourself means you don't have to spend money out-of-pocket for something that could be included in your plan.

# How To Get Better Medicare Hearing Coverage

If you're on Medicare and you've been paying too much for hearing exams, hearing aids, and related services, you're not alone. Visiting your primary care doctor or an audiologist for hearing problems can lead to unexpectedly high medical bills. Thankfully, some Medicare Advantage (MA) plans may help cover these costs. Switching to an MA plan with better hearing coverage can be an easy process and may save you money, now and in the future.

Medicare Advantage plans vary, but you may find an MA plan in your area that offers more hearing coverage without costing more in monthly premiums.

## **Switching to a Medicare Advantage plan with better hearing coverage**

The MA plan you're currently enrolled in may only cover a small portion of your hearing aid expenses (or none at all). A different plan may offer you more coverage for the same (or just a slightly

higher) monthly premium. Some plans may cover 100% of hearing aid costs and any associated visits to an audiologist for fittings.

There may be different types of MA plans available that may offer you better hearing coverage. For instance, an HMO may have lower premiums, but higher copayments. An HMO may also require you to visit a doctor or specialist within the plan's network and purchase your hearing aids from an approved network supplier. A PPO, on the other hand, may have a higher monthly premium (like a PPO), but lower copays. A PPO may also allow you to visit a specialist (like an audiologist) without a referral from your primary care doctor.

## **How much does hearing care cost?**

If you currently have Original Medicare Part A and Part B, you already know that its limited hearing coverage may leave you paying out-of-pocket for regular hearing exams, hearing aids and fittings. For instance, Medicare Part B only helps cover diagnostic hearing and balance exams.

Your doctor can order medically necessary exams to see if you need medical treatment, but you'll still be responsible for 20% of

the Medicare-approved cost of those diagnostic tests and you will have to pay the Part B deductible before your benefits kick in. If you are an inpatient in a hospital or skilled nursing facility during these exams, you may also have a copayment for these tests. If your doctor recommends hearing aids, they can cost anywhere from \$1000- \$6000 per device, which you'd have to pay yourself.

## **When you can switch Medicare plans**

If you are currently enrolled in a Medicare Advantage plan that doesn't give you enough hearing coverage, you may be able to switch to another MA plan during any of the following enrollment periods:

- **The Annual Election Period** runs from October 15 to December 7 every year. Coverage under your new plan starts on January 1.
- **The Medicare Advantage Open Enrollment Period** goes from January 1 to March 31 annually. During this period you can switch one time to a different MA plan if you're enrolled in one.

- You may qualify for a **Special Enrollment Period** if you experience certain life events, such as moving out of your current plan's service area.

## Why Medicare hearing care coverage is important

Statistics from The National Institute on Deafness and Other Communication Disorders\* show that one in three people between the ages of 65 and 74 experience hearing loss. Almost 50 percent of adults over 75 have diminished hearing.

Hearing loss can come on gradually with age, making it more difficult for someone to realize their hearing is diminishing until there is a significant loss. Left untreated, hearing loss can lead to social isolation, cognitive decline, dementia, memory issues, and a lack of concentration. These conditions can be delayed or avoided by wearing hearing aids.

By getting regular hearing exams through Medicare, your healthcare provider can stay on top of conditions that might negatively affect your hearing. These conditions are much easier to catch and treat when diagnosed early on. With Medicare hearing insurance for seniors, you can be more proactive in your overall health.



# Managing copays

Copays are inevitable. And your costs can mount up quickly. Especially if you fill prescriptions regularly or often visit a doctor or specialist.

If your doctor or drug copays are too high, this section covers the options available and the steps you could take to bring your copays under control.

# How to lower your Medicare doctor copays

Copays for doctor visits can add up, especially if you get injured, sick, or develop a chronic illness. Depending on the Medicare Advantage plan you belong to, you may be paying anywhere from \$10 to \$45 (or more) each time you visit your primary care physician or a specialist. If your out-of-pocket costs are higher than you're comfortable with, it may be time to consider other Medicare plans.

Copays are just one of the out-of-pocket expenses you're responsible for when you're enrolled in a Medicare Advantage plan. Unlike coinsurance, copays are usually a fixed amount you have to pay each time you visit a physician. Copays can vary based on what plan you have and where you live. If you experience a change in your health requiring you to see doctors more often, the cost of copays could feel overwhelming.

## How to lower your doctor copays

Take a look at what you've paid for doctor visits over the past year. Ask yourself:

- How much are your Medicare doctor copays?
- How many times did you have to visit a doctor or specialist?
- What was the total amount you had to pay out-of-pocket in copays?

If the answer to any of these questions is “too much,” you may want to check out other plans available in your area. You may find a different MA plan with lower doctor copays that still includes the comprehensive care you deserve.

Medicare Advantage plans vary in deductibles, premiums, copays, and annual out-of-pocket maximum limits. Even MA plans from the same insurance company can differ in costs and benefits. Compare MA plans to help you determine if there is a different plan that may better suit your current needs. Online, side-by-side plan comparison tools make it easier than ever to make sure you still have the Medicare coverage that's right for you. If you find a plan you'd like to switch to, you may be able to make a change during a Medicare enrollment period.

## The type of MA plan you choose may affect your copays

Some of the most popular Medicare Advantage plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Special Needs Plans. Let's take a look at how doctor copays may differ among these plans.

**Health Maintenance Organizations:** If you enroll in an HMO, you may have to visit doctors and specialists within your plan's network of providers. Many HMOs require you to visit your primary care physician to get a referral to a specialist. You'll have a fixed doctor copay amount to pay at the time of service, and some plans may charge higher copays to see a specialist or get urgent care. If you choose to go outside the network for care, you may be responsible for 100% of the expenses incurred.

**Preferred Provider Organizations:** PPOs, on the other hand, may give you more flexibility. Like HMOs, you will likely pay a fixed doctor copay when you visit providers within the plan's network, but some PPO plans will allow you to go to a doctor outside of the plan's network for a higher copay.

**Special Needs Plans (SNPs):** If you have a Dual-eligible Special Needs Plan (D-SNP) because you qualify for both Medicare and

Medicaid, your copays may be completely covered while seeing providers within the plan's network. If you are not eligible for Medicaid and enroll in a Special Needs Plan due to specific care needs, your copay costs may depend on the plan you enroll in.

While Medicare Advantage plans are required by law to not charge more than Original Medicare for certain kinds of care, they may have higher copays for other services and supplies, like durable medical equipment (DME). If your copay amounts have been too high with your current MA plan, you may find that a different type of Medicare Advantage plan may be able to save you money .

### **When can you switch Medicare plans to get lower doctor copays?**

You may be able to switch to a different Medicare Advantage plan during the following enrollment periods:

- **Annual Election Period (AEP):** From October 15 through December 7, you can make changes to your Medicare coverage. If you choose to enroll in a new plan, your coverage will take effect on January 1.

- **Medicare Advantage Open Enrollment Period:** From January 1 through March 31, you can make one change to your Medicare coverage and switch from one plan to another (or even revert back to Original Medicare.)
- **Special Enrollment Period (SEP):** You may qualify for an SEP if you experience certain changes in your life. For instance, if you move out of your current plan's service area, you will be able to switch plans the month before you move through two months after you move.

## **Take the next step to lower your doctor copays**

If your doctor visit copays are too high, compare the costs and benefits of other plans in your area. If you have questions along the way, a knowledgeable, licensed sales agent may be able to help you narrow down your options based on your needs and preferences and even help you enroll when you're ready.

# How to lower your brand-name drug copays with Medicare

Copays for brand-name prescription drugs can be much higher than generic medications. If a generic alternative isn't available, or you need to take a brand-name drug for any reason, the cost of copays may add up.

If you're enrolled in a Medicare Advantage plan with prescription drug coverage and have been paying too much for your brand name drugs, you may want to consider your options. You may be able to lower your brand-name copays by switching to a different plan.

Medicare Advantage plans with prescription drug coverage, also known as MA-PDs, have different formularies, tiers of pricing, and costs. Compare your current brand-name copays with other MA-PD plans available in your area. If you find a plan with lower brand-name drug copays that will save you money overall, you may be able to switch during an enrollment period.

## Finding a plan with lower brand-name drug copays

Review your current coverage. How much did you spend on brand-name copays in the last year? If your out-of-pocket costs have been too high, check out other plans available in your area. Make sure that any current medications you take are included in a plan's formulary, and compare the cost of copays.

Tiers of pricing can vary among MA-PD plans. Tier 1 usually consists of generic drugs that have the lowest copays. Tier 2 will include preferred brand-name drugs and non-preferred generics. Tier 3 may include non-preferred brand name drugs. Tier 4 (and above) may include specialty or high-cost prescription medications. Costs can vary, but you may be able to find a plan with lower copay costs for the brand-name medications you need by comparing plans.

As you compare MA-PD plans, consider other factors that contribute to your overall costs as well. Even though brand-name drugs may cost less through a particular MA-PD plan, you may find that other costs are higher. Compare out-of-pocket expenses, including monthly premiums, doctor copays, and annual maximum out-of-pocket limits. You may find a plan that lowers your brand-name drug copays, reduces your overall out-

of-pocket expenses, and gives you the comprehensive coverage you need.

It can sound a bit complicated to weigh the costs and benefits of different MA-PD plans, but help is available. A knowledgeable, licensed sales agent may be able to help answer your questions and narrow down options based on your personal needs and preferences. And, when you're ready, they may even help you enroll.

### **The type of plan you choose may affect your brand-name copays**

There are different MA-PDs to choose from. Many Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs) include prescription drug benefits, but costs and coverage can vary. HMOs generally have lower overall out-of-pocket costs than PPOs, but PPOs may allow you greater flexibility.

Medicare Advantage Special Needs Plans are required to include prescription drug coverage, but formularies and costs can vary. If you qualify for Medicare and Medicaid and enroll in a Dual-

eligible Special Needs Plan (D-SNP), you may get help paying for prescription drugs, and brand-name drug copays may be much lower.

## **When can you switch to an MA-PD to lower your brand-name drug copays?**

You may have the opportunity to make changes to your coverage throughout the year. If you find a plan that will lower your brand-name drug copays and save you money, you may be able to switch during one of the following enrollment periods:

- **Annual Election Period (AEP).** From October 15-December 7, you have the chance to switch from one Medicare Advantage plan (with or without prescription drug coverage) to another MA plan. During this time, you can also switch from one Prescription Drug Plan (PDP) to another, or switch from Original Medicare to a Medicare Advantage plan (with or without prescription drug coverage). You could also drop your MA plan, revert back to Original Medicare, and enroll in a stand-alone PDP.

- **Medicare Advantage Open Enrollment Period.** From January 1-March 31, you can make one change from one MA plan (with or without prescription drug coverage) to another.
- **Special Enrollment Period.** You may be able to switch plans outside of a regular enrollment period if you experience certain life events. For instance, if you move out of your current plan's service area, move into a skilled nursing facility, or qualify for Medicaid, you may be eligible for a Special Enrollment Period.

## **Ready to lower your brand-name copays?**

Brand-name drugs can be costly, but if you don't have the option of using a generic alternative, you may be able to lower your copays by switching to a different Medicare Advantage plan. If you have questions, or need help narrowing down your options, speak to a knowledgeable, licensed sales agent who can help you find the plan that's right for you.

# How to lower your generic drug copays

Even though generic drugs are less expensive than brand-name medications, the costs of copays can add up.

Depending on the Medicare Advantage plan you have, how many medications you take and how often you take them, you may be feeling like you're paying too much for generic prescription drugs.

If that's the case, it might be time to explore your options. You may be able to lower generic drug copays - and save money overall - by switching to a different Medicare Advantage plan.

## Finding a plan with lower generic drug copays

Before you start exploring other plans, review the total amount you paid for generic prescription drugs during the last year. Other Medicare Advantage plans with prescription drug coverage (also referred to as MA-PDs) available in your area may offer lower copays for the same generic drugs you currently take.

Compare your current coverage with other plans. If you find a plan that gives you lower generic drug copays, saves you money overall, and still provides you with the coverage you need, you may be able to switch plans during an enrollment period.

If you have questions as you compare plans or need help narrowing down your options based on your personal needs and preferences, a knowledgeable, licensed sales agent is available to help you find the plan that's right for you.

## **Comparing generic drug costs**

As you compare your current MA-PD generic copays to other available plans, make sure that any MA-PD you consider switching to includes your current medications in their formularies. The formulary is the list of covered drugs. Even though MA-PDs are required to offer a wide range of prescription drugs, the formularies can vary.

Some plans may only cover the brand-name version of a medication. If a plan doesn't include coverage for a generic drug you take, you may end up having to buy the brand-name version that would likely have higher copays. Other plans may not cover

the generic drug you currently take – but may cover a different generic version of the same medication with a lower copay.

As you know, Medicare Advantage plans that include prescription drug coverage have tiers, or levels, of pricing based on the categories of covered drugs. Tiers of pricing can vary among plans - and so can the costs of drugs within those tiers.

Tier 1 drugs usually have the lowest copayments and include generic medications. Tier 2 may include non-preferred generic drugs and brand-name medications. Generally the costs go up with each tier.

Aside from the cost of generic drug copays, consider a plan's benefits and overall costs, including plan premiums, doctor copays and annual out-of-pocket maximum limits. You may find a plan that lowers your generic drug copays, gives you the comprehensive coverage you want, and helps you save money.

## **The type of Medicare Advantage plan you have may affect your drug costs**

Many Medicare Advantage Health Maintenance Organizations

(HMOs) and Preferred Provider Organizations (PPOs) offer prescription drug benefits, although they are not required to do so. As you compare generic drug copays and other costs, you may find that you'll pay less overall for an HMO, but may have greater flexibility in your care with a PPO.

Medicare Advantage Special Needs Plans (SNPs) are required to include prescription drug coverage. Special Needs Plan formularies are designed to meet the specific needs and circumstances of their enrollees, but costs among plans vary. If you qualify for Medicare and Medicaid and enroll in a Dual-eligible Special Needs Plan (D-SNP), your out-of-pocket costs for drug copays may be much lower.

## When can you switch plans?

Once you find a plan with lower generic drug copays, you may be able to switch plans during one of the following Medicare enrollment periods:

- **Annual Election Period (AEP).** From October 15 through December 7, you can switch from one Medicare Advantage plan (with or without prescription drug coverage) to another

MA plan (with or without prescription drug coverage). If you have Original Medicare and have a stand-alone Prescription Drug Plan (PDP), you can switch from one PDP to another. Or, you can drop Original Medicare and your PDP and enroll in a Medicare Advantage plan with prescription drug coverage. During AEP, you could also drop your MA plan and revert to Original Medicare (and enroll in a PDP at that time).

- **Medicare Advantage Open Enrollment Period.** From January 1 through March 31, you have the opportunity to make one change from one Medicare Advantage plan to another.
- **Special Enrollment Periods.** If you experience certain life events, you may be able to take advantage of a Special Enrollment Period. For instance, if you move out of a plan's service area, move into assisted living, or become eligible for Medicaid, you may be able to switch plans.

## **Ready to lower your generic drug copays?**

If your out-of-pocket costs for medications are too high through your Medicare Advantage plan with prescription drug coverage, explore other MA-PD options. You may find a plan with lower

copays for the generic drugs you take, reduce your overall costs, and give you access to the coverage you need.

If you have questions as you compare plans, take advantage of the expertise of a knowledgeable, licensed sales agent who may be able to help narrow down your choices based on your personal needs and preferences, and even help you enroll.



# Managing premium and out-of-pocket costs

Generally, healthcare is expensive, so anything you can do to reduce your monthly premium, or lower your maximum out-of-pocket costs may make good financial sense.

As with many things, the devil is in the detail. Lowering one cost could increase another somewhere else – or reduce the level of coverage you receive.

In this section you'll find the information you need to help better manage your monthly premium and your out of pocket cost.

# How to reduce your Medicare out-of-pocket costs

If you're enrolled in a Medicare Advantage (MA) plan, you might be paying quite a bit in annual deductibles, monthly premiums, coinsurance, and copays. If your out-of-pocket costs last year were too high, you may want to explore your options. You may be able to lower your out-of-pocket costs by switching to another MA plan.

Other plans available in your area may offer lower Medicare Advantage plan premiums, copays for doctor visits or prescription drugs, and/or a lower maximum out-of-pocket limit. If you compare your current coverage with other plans, and decide to switch, you may be able to change your coverage during an enrollment period.

## Comparing out-of-pocket costs

If you feel like you paid too much out-of-pocket last year, take some time to review your current coverage. What was the total amount you spent for Medicare-covered services in premiums,

copays, and coinsurance? Did you reach your maximum out-of-pocket limit? If you've been spending more than you're comfortable with, check out other MA plans. You may find one that lowers your out-of-pocket costs and still provides you with the benefits you need.

Comparing plans is the first step toward reducing your out-of-pocket costs. The amount you spend each year may depend on the plan premium, doctor and prescription copays, how often you need to use your benefits, and the plan's annual maximum out-of-pocket (MOOP) limit.

Let's consider how you can lower these costs – and what factors you may want to consider before switching plans.

- **Plan premiums**

If you've been relatively healthy, rarely visit a doctor, and don't take prescription medications regularly, your monthly premiums may account for the bulk of your Medicare out-of-pocket costs. If that's the case - and your needs don't change – enrolling in an MA plan with lower plan premiums may save you money overall. MA plan monthly premiums can vary, but in many areas, you may even be able to find a plan with a \$0 plan premium. You'll still be responsible for your Part B premium,

unless you qualify for a Medicare Advantage plan that helps pay all or part of it.

- **Deductibles**

Medicare Advantage plans may have different annual deductibles. Plans with higher deductibles may have lower monthly premiums. A plan with a lower deductible may be more cost effective for you if you use your benefits frequently.

- **Doctor copays**

If you visit a doctor frequently, your copays can add up quickly. In this case, you may find that an MA plan with lower copays may help save you money. How often you require care can affect your annual out-of-pocket costs. Many Medicare Advantage plans have a fixed doctor copay, while some will have higher copays when you see a specialist or visit an out of network provider.

- **Annual maximum out-of-pocket limits**

If you require frequent Medicare-covered services, your plan's annual maximum out-of-pocket limit can make a difference in your overall costs. Medicare Advantage plans are required by the Centers of Medicare & Medicaid Services (CMS) to provide a fixed maximum amount that you'll have to pay out-of-pocket

each year. Once you've spent that amount, your plan will pay 100% of your covered benefits for the remainder of the year.

In 2021, the MOOP can't exceed \$7550, but many plans set lower limits. If you use your benefits often, a plan with a lower MOOP may save you money. It's important to consider other factors before switching plans, though. While Medicare-covered services count toward your plan's maximum out-of-pocket limit, monthly premiums and prescription drug costs do not.

If you need some assistance as you compare plans and or have questions along the way, a knowledgeable licensed sales agent may be able to help you find a plan that's right for you.

## **The type of plan you choose may affect your out-of-pocket Medicare costs**

You may be able to lower your out-of-pocket costs by switching to a different type of MA plan, but it's important to consider the big picture. Let's take a look at a few of the most common types of MA plans and how they may affect your overall out-of-pocket costs and coverage.

- **HMO.** A Medicare Advantage Health Maintenance Organizations (HMO) may offer you a lower monthly premium and you may pay less out-of-pocket, but you'll likely have to see providers within the plan's network or risk having to pay 100% of your expenses if you go out of network. In an HMO, you may also have to visit your primary care physician before getting a referral to see a specialist.
- **PPO.** A Medicare Advantage Preferred Provider Organization (PPO) may have higher out-of-pocket costs than an HMO, but allow more flexibility. In a PPO, you may be able to visit a specialist without a referral. A PPO may also allow you to visit providers outside the plan's network for a higher price, but the plan may set two different maximum out-of-pocket limits based on whether your care is in or out of network.

**D-SNP.** If you qualify for Medicare and Medicaid and enroll in a Medicare Advantage Dual-eligible Special Needs Plan (D-SNP), you may have much lower out-of-pocket costs. Your costs may be based on whether you are eligible for full or partial Medicaid benefits, what state you live in, and which plan you have.

## When can you switch to a plan with lower overall costs?

If you find a Medicare Advantage plan with lower out-of-pocket costs that still provide you with the benefits you need, you may be able to switch plans during one of the following enrollment periods:

- **Annual Election Period (AEP).** From October 15 through December 7, you can switch from one MA plan (with or without prescription drug coverage) to another (with or without prescription drug coverage). If you have Original Medicare currently, you could enroll in an MA plan during AEP. Or, you can also drop your MA plan and revert to Original Medicare.
- **Medicare Advantage Open Enrollment Period (MA-OEP).** If you're already enrolled in an MA plan, you can make one change and enroll in a different plan between January 1 and March 31.
- **Special Enrollment Period (SEP).** If you experience certain events in your life, you may qualify for a Special Enrollment Period. For example, if you move out of your current plan's service area, move into a long term care facility, or become

eligible for Medicaid, you may be able to switch Medicare plans.

## **Ready to lower your Medicare out-of-pocket costs?**

There are a few factors that can affect your Medicare out-of-pocket costs, such as the plan you're enrolled in, what type of plan you have, where you live, your income, and how often you need to use your benefits. It's easy to compare your current coverage to other plans in your area. You may find a plan that lowers your out-of-pocket costs without having to give up the coverage you need. If you'd like help narrowing down your choices based on your personal needs and preferences, a knowledgeable licensed sales agent may be able to help you find a plan that will lower your out-of-pocket costs and save you money, now and in the future.

# How to reduce your Medicare Advantage monthly premium

Depending on your income and the Medicare Advantage (MA) plan you have, you could be paying hundreds, if not thousands, of dollars in monthly premiums each year.

If you're paying a Part B premium and an additional premium for your Medicare Advantage plan, you may be able to lower your monthly costs by switching to a different MA plan.

In many areas, you may be able to find an MA plan with a \$0 premium. You may even qualify for an MA plan that helps pay all or part of your Part B premium. It doesn't take much time to compare your current coverage to other plans available in your area. You may find a Medicare Advantage plan with a lower monthly premium that saves you money overall - and still provides you with the benefits you need. If you find a plan that's right for you, you can enroll during an enrollment period.

## **Comparing premium costs**

Most Medicare recipients are responsible for paying a monthly Part B premium. The standard amount for the Part B premium in 2021 is \$148.50, but you could be paying more based on the income you filed on your IRS tax return. If you qualify, you may be able to enroll in a Medicare Advantage plan that helps pay some or all of your Part B premium.

The Centers for Medicare & Medicaid Services\* reported the average Medicare Advantage premium in 2021 is \$21 per month. This average goes up to \$36 per month for Medicare Advantage plans that include Part D prescription drug coverage. The benefits you need and type of plan you choose may affect the plan's premium.

## **The type of MA plan you choose can affect your premium costs**

There are different types of MA plans to choose from, such as HMOs, PPOs, and Special Needs Plans. They vary in costs, benefits, and flexibility and monthly plan premiums may depend on what benefits and other costs are covered.

Generally, Medicare Advantage Health Maintenance Organizations (HMOs) will offer lower monthly premiums than Preferred Provider Organizations (PPOs). HMOs may have lower monthly premiums, but you may be required to visit doctors within the plan's network of providers. You may also need to get a referral from your primary care doctor before seeing a specialist. You may also have a higher annual deductible in an HMO.

On the other hand, a PPO may have a higher monthly premium, but will allow you more flexibility. In a PPO, you may be able to visit specialists without a referral and see providers outside the network for a higher copay. You may also have a lower annual deductible.

If you qualify for a Medicare Advantage Special Needs Plan because of a specific circumstance, you may have a monthly premium in addition to your Part B premium, unless you qualify for Medicare and Medicaid. If you're enrolled in a Dual-eligible Special Needs Plan (D-SNP), you may get help paying for some or all of your monthly Medicare premiums. Your costs may depend on whether you qualify for full or partial Medicaid benefits, what state you live in, and which plan you have.

## Understanding how monthly premiums may affect your overall out-of-pocket costs

Premiums are part of your Medicare out-of-pocket costs, along with annual deductibles, doctor visit copays, and prescription drug copays. After comparing other plan premiums to your current coverage, you may find MA plans with lower monthly premiums than you pay now, but consider the overall picture before enrolling.

For instance, if you are relatively healthy and do not need to visit the doctor often or take prescription medications, the most prominent part of your Medicare costs may be your premiums. If you find a plan that offers a \$0 monthly premium instead of the \$25 premium you pay now, you may be tempted to switch. Consider the other out-of-pocket costs and benefits before enrolling. The plan with the \$0 premium may have a higher annual deductible and/or may charge more in doctor visit copays or prescription copays than your current plan. If you face an illness or injury that requires more care than you currently require, your new plan might actually end up costing you more in the long run.

## When can you switch to a plan with lower monthly premiums?

If you find a different Medicare Advantage plan with a lower monthly premium that you'd like to switch to, you may be able to change your coverage during one of the following enrollment periods:

- **Annual Election Period (AEP).** AEP starts on October 15 and ends December 7. During this period, you can switch from one MA plan (with or without prescription drug coverage) to another (with or without prescription drug coverage) to lower your monthly premiums. (If you have Original Medicare currently, you could enroll in an MA plan during AEP. Or, you can drop your MA plan and revert to Original Medicare.)
- **Medicare Advantage Open Enrollment Period (MA-OEP).** From January 1 through March 31, you can make one change if you're already enrolled in a Medicare Advantage plan.
- **Special Enrollment Period (SEP).** If you experience certain events in your life, you may qualify for a Special Enrollment Period. For example, if you move out of your current plan's service area, move into a long term care facility, or become

eligible for Medicaid, you may be able to switch Medicare plans.

## **Ready to lower your monthly Medicare premiums?**

Take the time to explore your options and compare plans. You may find plans with lower monthly premiums and the benefits you need. A knowledgeable, licensed sales agent may be able to answer questions, address your concerns, help you find a plan that's right for you - and help you enroll when you're ready.



# Doctors, hospitals and referrals

If you want to see your primary care physician. Only want to be treated in a particular hospital. Or have recently found out you need a referral to see a particular specialist then you have options.

This section covers each of these situations in more detail, explaining the options available and the steps you can take to find a plan that better suits your needs.

# What to do if your preferred doctor isn't in your Medicare plan's network

After building a relationship with a doctor who understands your medical needs and health history, you may not want to start all over with a new physician.

If your Medicare Advantage (MA) plan's network doesn't include your preferred doctor, or if your doctor suddenly leaves your plan, you may want to consider making a change.

If your favorite physician is not part of your Medicare Advantage plan's network and you visit them anyway, you may be responsible for 100% of the costs of your visit and any services provided.

Depending on your needs, these visits could cost you hundreds or thousands of dollars. You don't have to risk your finances to see your preferred doctor. In fact, you may be able to switch to an MA plan that lets you see the doctors you want and gives you the coverage you need at a price you can afford.

You deserve to have Medicare coverage that meets your needs, including giving you access to the doctors you want to see. If your current plan doesn't give you the flexibility you'd like, consider your options. Compare other MA plans in your area. You may find a plan that includes your preferred doctor for little to no additional cost. If you find a plan you prefer, you may be able to switch during an enrollment period.

### **The type of Medicare Advantage plan you choose may affect the doctors you can see**

Depending on the type of MA plan you currently have, you may want to consider a range of options including:

- Health Maintenance Organizations (HMOs). HMOs generally require you to visit a doctor within your plan's network, but networks vary from plan to plan. If you currently have an HMO, you may find a similar one that includes your doctor in its network.
- Preferred Provider Organizations (PPOs). PPOs usually offer more flexibility and bigger networks, but may have higher out-of-pocket costs than an HMO. You may find a PPO that

includes your doctor in its network, or at least allows you to visit out-of-network providers for a higher copay.

- Private Fee-For-Service (PFFS) plans. Many PFFS plans will allow you to see any doctor that accepts Medicare, but some PFFS plans will have a network of providers to choose from. If a PFFS plan has a network, you may be able to see an out-of-network physician for a higher cost.
- Medical Savings Account (MSA) plans. Most MSA plans will allow you to visit any doctor that accepts Medicare.
- Special Needs Plans (SNPs). Many Special Needs Plans (SNPs) will have a network of providers, and you'll have to choose a primary care physician who will coordinate your care and refer you to a specialist when deemed necessary. If the SNP is a PPO, you may be able to pay more and visit a doctor out of network.

## **Other factors to consider as you compare plans**

Aside from getting access to your preferred doctor, other factors will contribute to your choice of Medicare Advantage plans. Consider a plan's benefits package, including coverage

for prescription drugs, vision care, routine dental care, fitness programs, and more.

MA plans can vary in costs, including monthly premiums, deductibles, coinsurance, and copays. Some plans have higher maximum out-of-pocket limits than others. If you have questions as you narrow down your choices, help is just a call or click away. A knowledgeable, licensed sales agent may be able to help you find the plan that's right for you – and even help you switch plans when you're ready.

### **Make sure you can see your preferred doctor before enrolling**

When you narrow down your choices, make sure that any plan you are considering lists your physician in their network of providers. Confirm that your preferred doctor is open to accepting new patients before switching plans. (Even if you've previously seen a doctor, you may be considered a new patient due to the change in insurance. If your preferred provider is not accepting new patients, you may be able to ask for an exception.)

## **When can you switch to a plan that includes your preferred doctor in its network?**

If you find a plan that gives you access to your preferred doctor  
- and gives you the benefits you need at a price you can afford  
- you may be able to switch plans during one of the following enrollment periods:

- **Annual Election Period (AEP), October 15 - December 7.** During AEP, you can switch from one MA plan to another, drop Original Medicare and enroll in a Medicare Advantage plan, switch PDPs (Prescription Drug Plans), or even drop your MA plan and revert to Original Medicare (and enroll in a PDP at that time).
- **Medicare Advantage Open Enrollment Period (MA-OEP), January 1 - March 31.** During the MA-OEP, you may make one change to your coverage. For instance, you may switch from your current MA plan to one that includes your doctor in the plan's network.
- **Special Enrollment Periods.** You may be eligible to switch Medicare plans outside of a regular enrollment period if certain events occur in your life. For instance, if you move

out of your plan's service area, move into a nursing home, or qualify for Medicaid, you may be eligible for a Special Enrollment Period.

## **Ready to enroll?**

If your preferred doctor is not included in your Medicare Advantage plan's network, you may consider other plans in your area that will give you access to the physicians you want to see and the coverage you need. As you explore your options, a licensed sales agent may be able to help answer questions you have - or even help you enroll when you're ready.

# What to do if your MA plan doesn't cover care in your preferred hospital

You may prefer to receive care from a particular hospital because of its reputation, your experience, or its proximity to your home. But, you may be disappointed to learn that it's not included in your Medicare Advantage (MA) plan's network of providers. If you can't go to your preferred hospital for care when you need it, you may want to consider your options.

If you are admitted to a hospital regularly for care, or you simply want the option of getting covered care at the hospital of your choice, you may want to consider switching to an MA plan that allows you more flexibility.

If you're unsatisfied with your hospital options with your current Medicare Advantage plan, explore other plans available. You may find a Medicare Advantage plan that gives you access to the hospital you prefer – and gives you the benefits you need at a price you can afford.

If you need help narrowing down your choices, or you have questions along the way, a knowledgeable, licensed sales agent

may be able to help you find a plan that's right for you – and help you enroll when you're ready.

## **Comparing Medicare Advantage plans**

As you know, Medicare Part A helps cover services and supplies you receive once you are formally admitted into a hospital. Medicare Advantage plans include your Part A benefits, but many MA plans offer additional hospital-related benefits. The type of plan you choose can affect your coverage and costs.

Some plans, like Health Maintenance Organizations (HMOs), may require you to visit hospitals within the plan's network, but MA plans have different networks of providers. You may find that another HMO plan in your area has similar benefits and lets you visit your preferred hospital.

Or, you may consider a different type of Medicare Advantage plan. For instance, a PPO (Preferred Provider Organization) may have a bigger network of providers to choose from than an HMO. A PPO may also allow you to visit an out-of-network hospital for a higher cost. Other types of MA plans, like PFFS (Private Fee-For-Service) or MSA (Medical Savings Account) plans, may allow

you to visit any facility that accepts Medicare, but costs vary. Generally speaking, HMOs usually have lower out-of-pocket costs like premiums and copays.

If your preferred hospital isn't included in your Medicare Advantage plan's network, or the hospital no longer accepts your Medicare insurance, consider your options. You may find a different plan that allows you access to your preferred provider with little to no additional cost.

## **Considering the big picture**

As you weigh the pros and cons of other MA plans, there are a number of factors that you can consider. Aside from the plan's network of hospitals and providers, compare benefits and overall costs. Many MA plans include additional benefits beyond Part A and Part B, such as prescription drug coverage, vision and dental care, hearing exams, and fitness programs. If you already have prescription drug coverage, you need to make sure that any medications you currently take are included in a new plan's formulary as well.

Costs such as monthly premiums, deductibles, coinsurance and copays can affect your choice in plans as well. Plans with greater flexibility may have higher premiums and doctor copays. If you find a plan that meets your personal needs and preferences - and gives you access to your preferred hospital - you may be able to switch plans during an enrollment period.

## **When can you switch Medicare Advantage plans?**

There are certain times of the year when you can make changes to your Medicare coverage, including:

- **Annual Election Period (AEP).** From October 15 through December 7, you have the opportunity to switch from one MA plan to another, or drop Original Medicare and enroll in a Medicare Advantage plan. You could also switch PDP plans, or drop your MA plan and revert to Original Medicare (and enroll in a stand-alone PDP at that time.)
- **Medicare Advantage Open Enrollment Period.** From January 1 through March 31, you may make one switch from your MA plan to another.

- **Special Enrollment Period.** You may be able to switch plans if you experience certain life events. If you move out of your current plan's service area, move into a nursing home, or qualify for Medicaid, you may be able to drop your MA plan and enroll in a different one.

## **Ready to switch plans and get Medicare coverage at your preferred hospital?**

If your current plan doesn't give you access to the hospitals and providers you prefer, consider switching to a plan that includes them in their network.

Compare your current coverage to others available in your area. You may find a plan that gives you the benefits you need and allows you to visit the hospital you prefer when it's necessary. If you have questions along the way, don't hesitate to reach out to a licensed sales agent who may be able to help you find a plan that meets your needs – and even enroll when you're ready.

# How Medicare Advantage plans can help you see specialists without a referral

Many Medicare Advantage (MA) plans require you to visit your primary care physician (PCP) for a referral before seeing a specialist. If you've had to see specialists and have been frustrated by the process of getting your visits approved, you may consider switching to a different MA plan that will let you see a specialist without a referral.

There may be Medicare Advantage plans available in your area, like some HMOs and most PPOs, that won't require you to get a referral before seeing a specialist. Some plans allow you to visit any specialist within the plan's network without getting approval from your primary care doctor first, and may even allow you to go out-of-network for a higher copay.

If you aren't satisfied with your current coverage, take time to explore your options. Compare your current plan to others in your area that will allow you to see specialists without a referral from your primary doctor. If you have questions along the way,

or need help narrowing down your choices, a knowledgeable, licensed sales agent may be able to help you find a plan that's right for you.

## **The type of MA plan you choose can affect your need for a referral**

Many Health Maintenance Organizations (HMOs) and Special Needs Plans (SNPs) require you to get a referral from your primary care physician before seeing a specialist. Some people can benefit from this kind of care coordination or the lower out-of-pocket costs that are associated with an HMO.

Unfortunately, there are downsides to needing a referral before seeing a specialist. You may have to wait days or weeks for an appointment with your primary care physician (PCP) just to get approval to see a specialist. You may be responsible for copays at your PCP's office as well as your specialist's office.

If you would prefer to see a specialist without needing a referral from your PCP, you may consider other types of MA plans, such as Preferred Provider Organizations (or PPOs), Private Fee-For-Service (PFFS) plans, or Medical Savings Account (MSA) plans.

These plans may give you the flexibility you need. PPOs are popular plans that allow you to visit specialists without a referral. A PPO may even allow you to see a specialist outside of the plan's network for a higher copay. After comparing plans to your current coverage, you may find a PPO that gives you the benefits you want at little-to-no additional cost. Or, you may realize that you're comfortable paying more for a PPO in exchange for greater flexibility in your care.

As you compare plans, consider the overall benefits package and potential out-of-pocket costs. Weigh the costs and benefits based on your personal needs and preferences. Some MA plans offer a wide range of benefits, including prescription drug coverage, vision care, dental care, and fitness programs. Out-of-pocket costs, like coinsurance, premiums, and copays can vary. Some plans will have lower annual out-of-pocket maximum limits.

If you find an MA plan that gives you the freedom to see a specialist without a referral, and still includes the coverage you need at a price you can afford, you may be able to enroll during an enrollment period.

## When can you switch plans?

You may be able to switch to a Medicare Advantage plan that doesn't require you to see your primary care physician for a referral during one of the following enrollment periods:

- **Annual Election Period (AEP).** From October 15 through December 7, you have the opportunity to make a change to your Medicare coverage. You can switch from one MA plan to another, drop Original Medicare and enroll in a Medicare Advantage plan, switch PDPs (Prescription Drug Plans), or even drop your MA plan and revert to Original Medicare (and enroll in a PDP at that time).
- **Medicare Advantage Open Enrollment Period (MA-OEP).** From January 1 through March 31, you may make one change to your coverage. For instance, you may switch from your current MA plan to another one that will allow you to see a specialist without a referral.
- **Special Enrollment Period (SEP).** You may be eligible to make a change to your Medicare plan outside of a regular enrollment period if you experience certain life events, including but not limited to moving out of your plan's service area, moving into a

nursing home, or qualifying for Medicaid.

## **Ready to switch to a plan that doesn't require a referral to see a specialist?**

If you've needed to see a specialist with Medicare and have been frustrated by the referral process, consider MA plans that may give you greater flexibility. Compare your current coverage to other plans available in your area. As you explore your options, a knowledgeable, licensed sales agent may be able to help you narrow down your choices and find the plan that meets your needs. And, they may be able to help you enroll when you're ready. If seeing a specialist without a referral is important to you, find a plan that will meet your needs now and in the future.



# Medicare switching checklist

If you're thinking of changing your Medicare Advantage plan, these 7 key steps may help you get more of the things you want – without losing any of the good things you've already got.

# Unhappy with your Medicare Advantage plan? Don't switch until you've checked this list

There are many reasons why you might be thinking about changing to a new Medicare Advantage plan. Whatever the reason, here are seven things you need to consider – brought together in our handy checklist. It could help you get more of the things you want, without losing any of the good things you have already.

## Your Essential Medicare Advantage Checklist

### 1. Look at your reasons for switching

What do you want from a new plan? Is it a lower monthly premium? Do you want dental, vision or hearing coverage? Are you unhappy with your current insurer, or with the network of healthcare providers it makes available? These are things you need to be clear on before you take any steps towards enrolling in a new plan.

## **2. List what's good about your current plan**

There's a good chance your existing plan has some features that you'd like to keep. Work out what these are, so that you can make sure any new plan offers you the same or similar benefits. That might be affordable doctor copays, availability of the prescription drugs you need, or access to a preferred medical professional or clinic.

## **3. Do a side-by-side comparison of plans**

When you look at your current plan's offering alongside that of a recommended plan, make sure as many of the things you want are available. You can use our [Plan Finder](#) to make this process quick, simple and effective. It gives you a clear, at-a-glance view, making it easier for you to decide what's right for you.

## **4. Think about how you use your plan**

This is important if you use your plan a lot. Finding a new plan that reduces your monthly premiums to \$0 is all well and good. But if your maximum out-of-pocket costs go up significantly as a result, you may end up paying a lot more in the long run – especially if you have ongoing health issues, or need to make frequent doctor visits.

## **5. Make sure you understand any restrictions**

Not all types of Medicare Advantage plans operate in the same way. So it's important to understand how any new plan might work – for example, the difference between HMOs and PPOs. Because while HMOs may have lower premiums, they tend to restrict you to only those doctors and specialists within your plan provider's network.

## **6. Don't miss your chance to switch!**

Mark these dates in your calendar:

**Oct 15 to Dec 7**

### **Annual Election Period**

You can switch your Medicare Advantage plan or your Prescription Drug Plan. You can also leave Original Medicare and enroll in Medicare Advantage, or leave Medicare Advantage and return to Original Medicare.

**Jan 1 to Mar 31**

### **Medicare Advantage Open Enrollment Period**

If you already have a Medicare Advantage plan (with or without prescription drug coverage), you can make one change to a different plan between these dates.

## **No Fixed Dates**

### **Special Enrollment Period**

If you experience certain life events, you may qualify to switch plans in what's known as a Special Enrollment Period. This could happen because (but is not limited to) one of the reasons below.

### **Reasons for Special Enrollment Period**

- You may also qualify for a Special Enrollment Period if:
- You move out of your current plan's service area
- You move into or out of a long-term care facility
- You lose other creditable coverage through an employer or union
- You qualify for Medicaid
- Medicare ends your plan's contract
- You are diagnosed with a chronic illness and qualify for a Medicare Advantage Special Needs Plan

## **7. Call on the experts here to help you**

Always remember you're not on your own – and you certainly don't need to know everything. We have friendly, knowledgeable licensed sales agents ready to guide you step by step through the whole process. They may help you get the benefits and features you want, without losing the cost and coverage you want to keep.

## Ready to take the next step?

You can use our **Plan Finder** to compare plans where you live. The easy to use tool provides plan recommendations that you can compare against your current plan. Seeing the options side-by-side makes it easier for you to find a plan that gives you more of the things you want.

If you'd rather speak to someone about your plan options, we have over 200 licensed sales agents who can help you find a plan that's right for you.

Call us today on: 833-319-0079 or TTY 711



# Medicare Benefits

Solutions A non-government website

[www.medicarebenefits.com](http://www.medicarebenefits.com)  
833-319-0079 or TTY 711

2021 - 2022