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February 2008

**To: Persons Considering the Purchase of a Medicare Advantage Plan**

From: Heather A. Bruemmer, Executive Director
Wisconsin Board on Aging and Long Term Care

Every week at this agency we receive hundreds of calls from older consumers seeking the right insurance policy to provide them the coverage they want to guard against health concerns. Not only do people want comprehensive coverage, but they are looking for the very best value for their insurance dollars.

We all want to be smart buyers.

More and more folks are drawn to "Medicare Advantage" plans that present a new approach to receiving Medicare benefits and services for Medicare beneficiaries. Low monthly premiums or no premiums at all, hold a very strong appeal to anyone looking for a good buy. Are you one of them?

We at the Medigap Helpline have put together this packet of information to help you better understand this concept of Medicare Advantage; what to be aware of including all the major costs associated with these plans, and that these can change on an annual basis.

We have included a list of all currently available plans and their contact information. A worksheet to compare health plan coverage is here for your use as well.

If you still have questions after reviewing this information and completing your own research, please contact us for a personal discussion with one of our insurance counselors. We can be reached at **1-800-242-1060**.

Decisions regarding insurance of any kind can be a real challenge. Good information is the key to being one of the smart consumers.

Addendum to Advantage Plans:

**Health Partners Insurance Co.** **(800) 247-7015**
www.healthpartners.com Counties: Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, Washburn.

**PFFS**: Health Partners Liberty Plan (w/RX)
**Cost**: Health Partners Freedom Plan 1

**Today's Options Powered by CCRX** **(866) 234-3801**
www.todaysoptionsccrx.com

***PFFS***: Today's Options Basic STATEWIDE
Today's Options Basic Plus (w/ RX)
Today's Options Value
Today's Options Value Plus (w/ RX)
Today's Options Premier
Today's Options Premier Plus (w/ RX)

Update: **HIRSP** requires all Medicare beneficiaries to enroll into a Medicare Part D Prescription Plan and be in Plan 2 of HIRSP.
Can no longer remain in Plan 1 of HIRSP.

# Medicare Advantage – Questions and Answers

**For more information on health insurance call:**
**MEDIGAP HELPLINE**
**1-800-242-1060**

**This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.**

**State of Wisconsin**
**Office of the Commissioner of Insurance**
**P.O. Box 7873**
**Madison, WI 53707-7873**

**OCI's World Wide Web Home Page:**
**oci.wi.gov**

PI-099 (R 09/2006)

**The mission of the Office of**

**the Commissioner of Insurance . . .**

**Leading the way in informing and protecting**

**the public and responding to their insurance needs.**

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

For information on how to file an insurance complaint call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail
complaints@oci.state.wi.us
Please indicate your name, phone number, and e-mail address.

OCI's World Wide Web Home Page
oci.wi.gov

For your convenience, a copy of OCI's complaint form is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site. You can print it, complete it, and return it to the above mailing address.

A list of OCI's publications is included at the back of this booklet. Copies of OCI publications are also available online on OCI's Web site.

**Deaf, hearing, or speech impaired callers may reach OCI through WI TRS**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

The Office of the Commissioner of Insurance does not represent that the information in this publication is complete, accurate, or timely in all instances. All information is subject to change on a regular basis, without notice.

Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, publications available on OCI's Web site are updated more frequently than the hard copy versions to reflect any necessary changes. Visit OCI's Web site at **oci.wi.gov**.

## Introduction

This pamphlet provides basic information to persons age 65 and over, and some disabled individuals under age 65, about the Medicare Advantage (formerly called Medicare+Choice) program. The Medicare Advantage program was enacted in 1997 to foster a Medicare program that relies on health maintenance organizations, managed care plans, and private fee-for-service plans to lower the costs of the Medicare program.

The Office of the Commissioner of Insurance (OCI) publishes two booklets to help people make decisions about their original Medicare coverage. If you need more information on Medigap (also called Medicare supplement) insurance policies approved in Wisconsin, contact the Commissioner's Office and request a copy of the booklets *Wisconsin Guide to Health Insurance for People with Medicare* and *Medicare Supplement Insurance Approved Policies*. These are available on OCI's Web site oci.wi.gov or can be obtained from our office by calling the toll-free number 1-800-236-8517.

## What is Medicare?

Medicare is the federal health insurance program for senior citizens and certain other qualifying people. Original Medicare includes Part A, which covers hospitalization, skilled nursing facility care, home health and hospice care. Medicare Part B, which is purchased at your option, covers physician services, therapies, diagnostic tests, and outpatient hospital services. You may also purchase a supplemental policy to cover deductibles, coinsurance, and some other Medicare noncovered services.

Under the original Medicare program, you can choose to see the doctor or hospital of your choice, but will be responsible for paying out-of-pocket expenses, such as Part A and B deductibles and coinsurance. You can purchase a Medicare supplement policy from an insurance company to cover some of these out-of pocket expenses. You can also purchase a Medicare supplement policy from an HMO, but your coverage will be limited to providers in the HMO's network.

## What is Medicare Advantage?

Medicare Advantage has been added to the Medicare program. Medicare Advantage offers people enrolled in Medicare Part A and Part B options for obtaining health services through the Medicare program. It is important to know that **you may choose to stay in original Medicare if you are satisfied with that program**, and that all Medicare Advantage plans must provide at least the same benefits as original Medicare. However, Medicare Advantage plans are not required to provide the same supplemental benefits that are provided under Medicare supplement policies available in Wisconsin. Whether you enroll in original Medicare or Medicare Advantage, you must continue to pay your monthly Medicare Part B premium.

Under Medicare Advantage, the Medicare program will, at your direction, purchase a private health plan on your behalf. Before Medicare will agree to pay for a plan, the plan must meet minimum state and federal requirements for licensure, benefits offered, access to providers, quality of care, and reporting. However, Medicare Advantage plans are annual contracts and are not guaranteed renewable as is required for Medicare supplement policies. As with Medicare supplement policies, the premiums you pay for the Medicare Advantage plan may increase. You may also be responsible for paying your doctor and hospital bills if you do not follow the Medicare Advantage plan's rules.

**What are the options under Medicare Advantage?**

Insurance companies offering Medicare Advantage health plans in Wisconsin must be licensed before Medicare will enter into an arrangement to purchase coverage for you. Medicare Advantage plans are based on your geographic location and are not available in all Wisconsin counties. The types of Medicare Advantage plans available in Wisconsin are:

- **Health Maintenance Organization (HMO):** A type of managed care health plan with a defined list of providers, often referred to as a network, that enrollees **must** use. HMOs generally have more restrictions on the providers you may use than other types of health plans in which you can enroll, although they often provide benefits, such as additional preventive care, that are not available from other types of health plans.

  Normally, an HMO will make referrals to non-network providers only in unusual situations. The HMO may also require that you obtain a referral from your primary provider before seeing a specialist. Other than in an emergency situation, an HMO will not pay for services you obtain from a provider who is not part of the HMO's network. Before you enroll in an HMO, you should carefully review the list of providers that is available through the HMO. You should also review whether the HMO allows access to out-of-state provider networks. HMOs do not cover services provided by non-network providers that are not emergency or urgent care situations. Typically, an HMO has only small copayments for covered medical services.

- **Point of Service Plan (POS):** A type of managed care health plan with a network of providers that also permits you to use non-network providers, usually at some additional cost to you. The POS plan may also have requirements that you obtain a referral from your primary provider **before** the plan will agree to pay for out-of-network care. Similar to the HMO, the POS has small copayments for medical services received from providers in the network.

- **Preferred Provider Plan (PPP):** A type of managed care health plan offered by private health insurance companies that pays a specific level of benefits if certain providers are used, and a lesser amount if non-PPP providers are utilized. Like an HMO, a PPP operates in a certain geographic area and is limited to specific providers.

- **Private Fee for Service (PFFS):** A type of health plan offered by private health insurance companies. The plan allows you to go to any health care provider who accepts Medicare assignment or participates in the Medicare program but charges in excess of the Medicare assignment amount, **and** who accepts the PFFS's fee schedule. If you see a provider who does not accept Medicare assignment, you may be responsible for any charges that are up to 15 percent in excess of the Medicare allowed amount. If you see a provider who does not accept the PFFS's fee schedule or who does not participate in the Medicare program, you will not be covered and will be responsible for the entire amount charged by the provider. The plan may charge you, through premiums, additional out-of-pocket expenses (such as copayments and coinsurance), or both, for any costs that exceed what original Medicare would pay.

Other Medicare Advantage options you may hear about are:

- **Medicare Medical Savings Account (MSA):** A health plan option made up of two parts. One part is a high deductible health insurance policy that covers the same services as Medicare Part A and Part B. The other part is a special savings account where Medicare deposits money to help you pay for expenses to meet the deductible. The deductible may be as high as $6,000 annually.

- **Medicare Special Needs Plan (SNP):** A special type of health plan limited to people in certain institutions (such as nursing homes), or eligible for both Medicare and Medicaid, or with certain chronic or disabling conditions. SNPs are available in limited areas, and are designed to provide services to people who can benefit the most from special experts of plan providers and from care management.

**How do I choose among the different plans?**

**Remember, you do not have to leave original Medicare unless you choose to**. The cheapest policy may not be the best option for you. Some things you may want to consider if you decide to choose a Medicare Advantage plan include:

1. What providers are available to you?

2. Will the plan allow you to see the providers you want?

3. Are there any additional benefits that may be offered, and is there an additional charge for these benefits?

4. What are the benefits that are excluded but would be covered under an original Medicare supplement policy?

5. What is the total cost to you, including premiums, coinsurance, copayments, deductibles, or other out-of-pocket expenses?

6. How often and by how much can the plan raise your premiums?

7. If you have a specific health condition, is one type of plan better suited to provide the services you need?

Generally, plans that offer you more freedom in choosing providers or that cover additional benefits will cost you more.

**What happens under Medicare Advantage if I have a medical emergency?**

All Medicare Advantage plans are required to use what is known as the “prudent layperson” standard in making coverage decisions about emergency care. Under this standard, if you have acute symptoms, such as severe pain, that would cause a reasonably prudent layperson to expect that delay in treatment would cause serious jeopardy to health or impairment of bodily functions, you are permitted to obtain emergency services without prior approval from your health plan. Emergency services must be provided by a qualified provider and are limited to services needed to diagnose and stabilize your condition.

Urgent care is also required to be covered by a Medicare Advantage plan. An urgent care situation would include an accident or sudden illness while you are away from home. If you are a frequent traveler, you should inquire about the plan’s guidelines for services when you are

out of its geographic service area, including refills on prescription drugs and access to non-urgent or emergency medical services. Your Medicare Advantage plan may have a passport provision allowing you to see providers in other parts of the country. Under a PFFS plan your coverage is not limited by geographic service area. If you need medical attention, you may go to any doctor, specialist, or hospital that is approved for Medicare and accepts the plan's payment terms.

**What information should I ask for from a Medicare Advantage organization?**

Medicare Advantage plans must give you in writing all the information on the list below. If this information is not included in the plan's enrollment materials, you may call the plan and request it.

- Grievance and Appeal Procedures, or what happens if you are dissatisfied with a coverage decision made by your health plan. There are minimum requirements that all plans must meet.

- Outline of Coverage, or a summary of benefits provided by the plan indicating the scope of coverage offered by the plan.

- Prior Authorization Rules, or what you have to do to obtain specialty care or care from a non-network provider.

- Procedures to Protect Patient Confidentiality, or how the plan makes sure no one sees your medical records that should not.

- Provider Directory, or a list of providers who are contracted with the plan to provide services. This list could include clinics and hospitals available to plan enrollees.

**What if I have a problem with my Medicare Advantage plan?**

Medicare Advantage is an option under the Medicare program. If you have a complaint regarding enrollment, disenrollment, coverage, or a claim, you must follow Medicare rules for resolving the problem. State insurance departments, such as the OCI, do not have jurisdiction over the Medicare program or Medicare Advantage plans. However, if your problem involves the acts of a licensed insurance agent, you should file a complaint with the OCI.

**What happens if I am unhappy with my Medicare Advantage plan's claim decision?**

A Medicare Advantage plan decision regarding the type of service and the amount to reimburse for the service is known as an organization determination. Medicare Advantage plans are required to respond in a timely manner to appeals of organization determinations. Medicare Advantage plans are also required to provide you with written information on how to file an appeal.

- If you are unhappy with an organization determination, you must first file a request for reconsideration with the Medicare Advantage plan. The plan must issue its decision on your request within 60 calendar days and must issue an expedited decision within 72 hours.

- If you are still unhappy with the decision, you may then appeal to an independent reviewer. The time frames are the same as those described above.

- Additional reviews are conducted by an administrative law judge and also by the U.S. Department of Health and Human Service's appeals counsel. Finally, you may appeal the decision in federal court.

- If the organization determination affects coverage of a continuing inpatient hospital stay, it may be immediately appealed to a Medicare peer review organization. You are not responsible for any costs incurred while this decision is pending.

If you are unhappy with a plan decision to not expedite an appeal or with the way you have been treated by plan providers, you should file a grievance with your Medicare Advantage plan. Grievances are separate and different from appeals. A plan is required to explain its grievance process to you and to respond to your grievance in a timely fashion.

**Am I allowed to change Medicare Advantage plans?**

Medicare Advantage plans are required to have an annual election period (AEP) from November 15 through December 31 of each year. During the AEP, Medicare beneficiaries may enroll in or disenroll from any type of Medicare Advantage plan. You may change plans more than once during this timeframe. The plan you are in on December 31 becomes your official plan effective January 1. Medicare Advantage plans also have an open enrollment period (OEP) from January 1 through March 31. During the OEP Medicare beneficiaries can disenroll from an Advantage plan and go back to original Medicare Part A and Part B, or switch from one Advantage plan to another Advantage plan that is the same type of plan. You can have only one election during this timeframe. To switch plans, you simply enroll in the plan you want and you will automatically be taken out of the current plan. If you try to disenroll from your current plan to enroll in a different plan, you are using your one election by disenrolling and will not be allowed to enroll in the plan you want. If you are happy with your current plan, you do not have to do anything.

**Can my Medicare Advantage plan drop me?**

Medicare Advantage plans can drop you at the end of the plan year if the plan does not renew its contract with Medicare. A plan that does not renew its contract with Medicare may decide to drop select geographic areas of service, or it may decide to nonrenew the entire plan. A plan may involuntarily disenroll you for failure to pay premiums timely, for causing a disruption in the plan's ability to deliver health care services, or if it cannot meet your medical needs. If you are involuntarily disenrolled, you are automatically returned to coverage under original Medicare at the beginning of the month following your involuntary disenrollment.

**If I lose my Medicare Advantage coverage and return to original Medicare, can I get Medicare supplement coverage?**

If you are involuntarily disenrolled from Medicare Advantage because the Medicare Advantage plan nonrenews its plan, you have the right to apply for a Medicare supplement policy, as long as you do so within 63 days of notice of the nonrenewal. If you voluntarily disenroll because you decide a Medicare Advantage plan is not right for you, you may have a right to Medicare supplement coverage as long as you have not been covered by a Medicare Advantage plan before and you disenroll from the Medicare Advantage plan within 12 months of your enrollment. This right is limited to the same Medicare supplement in which you were most recently previously enrolled, excluding any outpatient prescription drug coverage.

**How can I determine if a Medicare Advantage plan is a good choice for me?**

Currently, the monthly premiums you will pay for a Medicare Advantage plan are less than the premiums you pay for a Medicare supple-

ment policy. However, Medicare Advantage plans require that you pay a copayment each time you visit your doctor and for physicals, screening, vision and hearing exams, therapy, and rehabilitation services. You also pay a $150 copayment for the 1st through the 5th day of inpatient hospital care and a $50 copayment for emergency room visits. You should compare not only the difference in the monthly premium between a Medicare supplement policy and a Medicare Advantage plan, but also the copayment amounts you will pay for Medicare Advantage coverage. Your annual out-of-pocket expenses for a Medicare Advantage plan could range from approximately $500 to $5,900 depending on your health status. (2006 Medicare Advantage Costshare Report, Milwaukee Area Comparisons.)

**Can I keep my Medicare supplement policy and also have a Medicare Advantage plan?**

Your Medicare supplement policy is designed to pay 20% of Medicare approved charges, or to "supplement" the benefits payable under original Medicare. If you enroll in Medicare Advantage, you are no longer covered by original Medicare and your Medicare supplement policy will not pay any benefits toward Medicare Advantage out-of-pocket expenses. You should decide whether you want coverage under original Medicare with a Medicare supplement insurance policy, or if you want coverage under a Medicare Advantage plan.

**Am I entitled to the mandated benefits required by Wisconsin insurance law under Medicare Advantage plans?**

Medicare Advantage policies are not subject to the mandated benefit requirements under Wisconsin insurance law. Insurance laws in Wisconsin mandate the coverage of specific services, including diabetic supplies, chiropractic care, limited home health care, and skilled nursing care. You can obtain a copy of the pamphlet, *Fact Sheet on Mandated Benefits in Health Insurance Policies*, that explains the benefits mandated under Wisconsin insurance law by contacting the OCI.

**What are Medicare Advantage Prescription Drug (MA-PD) plans?**

The Medicare prescription drug plan program, also referred to as Medicare Part D, became effective January 1, 2006. Most Medicare Advantage plans available in Wisconsin include prescription drug plan coverage and are referred to as Medicare Advantage prescription drug (MA-PD) plans. MA-PD plans are subject to the same requirements as stand-alone prescription drug plans (PDPs).

**How much will Medicare Advantage prescription drug (MA-PD) plan coverage cost?**

In most circumstances, you will pay a premium for the prescription drug coverage under a Medicare Advantage plan. In addition to monthly premiums, you will pay an annual deductible which is $265 in 2007, plus copayments for each of your prescription drugs. You will pay 100% of the cost of covered drugs between $2,401 and $5,451.25 in 2007, called a coverage gap. The amount of your monthly out-of-pocket expenses will depend on how many prescriptions you need. After you have spent $3,850 in out-of-pocket costs in 2007, you will have to pay only 5% of the cost of covered prescriptions for the rest of the year. (Office of the Actuary, Centers for Medicare and Medicaid Services.)

**I don't understand all the terms associated with Medicare Advantage**

Here is a list of some of the terms you are likely to hear with Medicare Advantage plans:

**Annual Election Period (AEP):** An annual period during which Medicare beneficiaries may enroll in or disenroll from a Medicare Advantage plan. The AEP occurs November 15 through December 31 each year. The plan coverage becomes effective on January 1 of the coming year.

**Appeal:** The process for resolving a dispute about a Medicare Advantage plan's failure to provide benefits that you believe are Medicare covered services.

**Benefit Determination:** A decision from the Medicare managed care plan to offer coverage under the provisions of the policy. The benefit could require a deductible or copayment. The benefit could also be limited to a certain amount by the plan.

**Coordinated Care Plan:** Any form of Medicare Advantage plan that relies on a provider network to deliver care to enrollees, including HMOs and other managed care plans. Most coordinated care plans will make you pay for all or part of the cost of using a provider who is not part of their network.

**Coverage:** Services that meet the plan requirements for reimbursement. A medical service is not necessarily covered, even if your health care provider says you need it, unless the service meets the terms of the health plan.

**Disenrollment:** Leaving a Medicare managed care plan to go to another health plan. There are certain plan rules that must be followed in order to leave the plan officially. Your disenrollment will be effective the first of the month following the submission of your disenrollment form.

**Disenrollment form:** The form necessary to submit to your present Medicare managed care plan indicating your decision to leave the plan. This could be a simple written statement from you to the insurance company, or you can get this form from your local Social Security office or from the plan in which you are presently enrolled.

**Emergency Services:** Services delivered by an appropriately trained health care professional that are required to diagnose and stabilize an emergency condition.

**Grievance:** A written complaint from you or from an individual on your behalf filed with the plan involving issues such as waiting periods, physician behavior, involuntary disenrollment situations, quality of service, and premiums.

**Mandatory Supplemental Benefits:** Additional benefits included in Medicare coordinated care plans that are required to be purchased by you. These benefits will differ among Medicare Advantage plans.

**Medicare Advantage Eligible Individual:** Anyone eligible for Medicare Part A and enrolled in Medicare Part B who is not receiving end stage renal disease (ESRD) benefits.

**Medicare Advantage Organization:** A private or public entity that agrees to meet the contractual requirements to offer a Medicare Advantage health plan. A Medicare Advantage organization may offer more than one plan or type of plan.

**Medicare Advantage Plan:** (formerly known as Medicare+Choice Plan) A private health plan offered by a Medicare Advantage organization.

**Open Enrollment Period (OEP):** An annual period during which Medicare beneficiaries can switch Medicare Advantage plans or leave Medicare Advantage altogether and go back to original Medicare. The OEP occurs January 1 through March 31 each year. Medicare Advantage plans are not required to open their plans for enrollment during an OEP.

**Optional Supplemental Benefits:** Additional benefits offered by Medicare coordinated care plans that you may choose and that may include additional premiums.

**Organization Determination:** A decision by a Medicare Advantage organization regarding the amount of service provided or the price the plan will reimburse for the service.

**Out-of-pocket Expenses:** Expenses paid by you in addition to plan premiums, which may include any or all of the following:

- **Deductible:** A fixed amount paid for covered services prior to the plan making payments. Deductibles are usually required to be paid annually. Expenses counted towards your Medicare deductible are the amounts that Medicare would pay for the service, not what you may have actually paid.

- **Copayment:** A fixed dollar amount for use of medical services. For example, many health plans require that you pay a fixed amount for each drug prescription you receive.

- **Coinsurance:** A fixed percentage of the total cost of services, paid each time you use the service.

Your health plan may have an annual cap on total out-of-pocket expenses. This information is included in your initial enrollment materials.

**Passport Plan:** A network of providers who are outside of your plan's geographic service area, usually in a different state, which can be used by you in non-emergency or urgent care situations. Some managed care plans have these networks available to individuals who travel to certain states. Check with your plan on the availability of this provision.

**Plan Determination:** A decision by a Medicare Advantage plan regarding the amount of service it will provide you or the price the plan will reimburse the provider for the service.

**Prescription Drug Plan (PDP):** Medicare offers optional prescription drug plan coverage, also called Medicare Part D. There are two types of Medicare plans that offer prescription drug coverage: stand-alone PDPs, and Medicare Advantage prescription drug plans.

**Service Area:** The area where the plan accepts enrollees and, for managed care plans, where the plan has contracted providers that you are required to use. Most coordinated care plans operate in a limited geographic area known as a service area. It is usually stated as county or zip code of operation.

**Urgent Care:** Covered services when you are temporarily out of the area **and** that are medically necessary and immediately needed as a result of an unforeseen illness, accident, or injury, and when it is not reasonable to obtain services from a network provider.

### What are the advantages of Medicare Advantage plans?

- Most Medicare Advantage plans have low monthly premiums. Some may not charge any monthly premium.
- Some plans may provide more benefits than are covered under original Medicare.
- You generally can enroll regardless of your health history, unless you have end-stage renal (kidney) disease.

### What are the disadvantages of Medicare Advantage plans?

- Medicare Advantage plans are annual contracts. Plans may decide not to negotiate or renew their contracts.
- Plans are annual contracts and may change benefits, increase premiums, and increase copayments at the end of each year.
- You may have higher annual out-of-pocket expenses than under original Medicare with supplemental insurance coverage.
- Your current doctors or hospitals may not be network providers or may not agree to accept the plan's payment terms.

### Conclusion

**Remember, if you are happy with your current coverage, you don't have to make a change.**

If you want to switch to a Medicare Advantage plan, read all the materials from the plan carefully before enrolling. You should also contact the plan's customer service department before enrolling in the plan. Each plan should provide written information on covered benefits, total costs to you, lists of available providers, and restrictions on access to providers. If it is important to you to stay with a specific doctor or hospital, you should make sure that provider is part of the health plan you choose.

If you have internet access, you can review periodic updates to this booklet on OCI's Web site at oci.wi.gov.

### Other Resources Available Regarding Medicare Supplement and Medicare Advantage Plans

Questions or problems with a Medicare Advantage plan must first be referred to the plan. If you do not receive resolution to your problem, you should contact the customer service department for CMS Region 5 at (312) 353-7180.

The federal government has made arrangements with the Board on Aging and Long-Term Care to provide additional information on Medicare Advantage plans. You may reach them at **1-800-242-1060** or on the Web at longtermcare.state.wi.us/home/publications.htm.

In addition, you can obtain information at **1-800-MEDICARE** or on the CMS Medicare Web site at www.medicare.gov.

## Where to Go for Help

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance.

For your convenience, a complaint form is included in the back of this booklet and on OCI's Web site, **oci.wi.gov/com_form.htm**. For information on how to file insurance complaints call:

(608) 266-0103 (In Madison) or
1-800-236-8517 (Statewide)

**Mailing Address**
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

**Electronic Mail**
complaints@oci.state.wi.us
(Please indicate your name, phone number, and e-mail address)

# MEDICARE ADVANTAGE
# ENROLLMENT/DISENROLLMENT EXPLAINED

As of January 1, 2006, there are specific Enrollment Periods when changes can be made into and out of a Medicare Advantage Plan:

**Initial Coverage Election Period (ICEP) –** When first becoming eligible for Medicare, a decision needs to be made if you want to stay with Original Medicare or if you want to enroll into a Medicare Advantage Plan. This election runs from 3 months before starting Medicare, the month Medicare begins, thru 3 months after (7 month timespan). All Medicare Advantage Plans must accept an election into their plan (unless closed due to capacity limit). Once an election is made, then the ICEP has been used.

**Annual Election Period (AEP)** - November 15 through December 31 of every year is the Annual Election Period. During this time frame, individuals may enroll into or disenroll from a Medicare Advantage Plan. Only one election may be used during this period. All Medicare Advantage Plans **must accept** an election into their plan (unless closed due to capacity limit). During the AEP you may also elect to enroll into a Medicare Prescription Drug Plan.

**Open Enrollment Period (OEP)** – An opportunity to either switch to a different Medicare Advantage Plan or to enroll into or disenroll from a Medicare Advantage Plan. The OEP runs January through March each year. A Medicare Advantage Plan **does not** have to accept new elections during this time. However, they have to accept valid requests for disenrollment. Only one election may be made during the OEP. You may not add or drop Part D coverage at this time. You may only switch to another option with drug coverage or back to Original Medicare and a separate Prescription Drug Plan (PDP).
*(Do not confuse this election period with the 6 month "Open Enrollment" for a Medicare Supplement when first starting Medicare Part B or when turning 65)*

**Special Election Period (SEP)** – There are special circumstances which gives a person the right to change their current coverage. If you move out of the Medicare Advantage Plan's service area or lose their current health care coverage through no fault of your own, you will be allowed an election into a different Medicare Advantage Plan or return to Original Medicare. If you become institutionalized or become eligible for Medicaid or a Medicare Buy-In Program (QMB, SLMB, QI-1) you will have a continuous enrollment. (To mention a few examples of SEP)

**Trial Period** - If a person has elected to be in a Medicare Advantage Plan when they first joined Medicare or if they switched from Original Medicare and supplement for a Medicare Advantage plan, they will have a SEP. This SEP to disenroll from the Advantage plan can be used only one time during the first 12 months of enrolling into the first Medicare Advantage Plan. They will return to Original Medicare. These persons are provided a Guarantee Issue right of 63 days from the date the Advantage plan ends with which to purchase a Medicare Supplemental Policy.

*(Note: The State of Wisconsin recognizes a "special state trial period" where if a person left an employer sponsored coverage to enroll into a Medicare Advantage plan, they would also have a 12-month trial period. However, they may only disenroll out of the Advantage plan during a recognized election period (ie AEP/OEP) They will have Guarantee Issue to then purchase a Medicare Supplemental policy.)*

*****Before a decision is made whether or not to enroll into or disenroll out of a Medicare Advantage Plan, be sure to understand your options and timelines so you don't use up your "one time" election for change in each enrollment period. Call the State of Wisconsin Medigap Helpline at 1-800-242-1060 if you have any questions regarding your coverage in a Medicare Advantage Plan.**

STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
(608) 246-7013
Ombudsman Program (800) 815-0015
Medigap Helpline (800) 242-1060
Fax (608) 246-7001
http://longtermcare.state.wi.us



FOR IMMEDIATE RELEASE

27 Oct 2006
Contact: Medigap Helpline
(800) 242.1060

## Yes, Virginia, There is a Trial Period-
## *But You Have to Ask for It!*

Trial Period: the 12 month period of time when you can disenroll from or drop your Medicare Advantage plan, regardless of lock-in or open enrollment. Lock-in and open enrollment do not take away your trial period rights. Those time frames do not apply to trial period.

There has been confusion regarding "trial period" when you join a Medicare Advantage plan. There are two federally recognized events which provide you with a "trial period".

1. When you very first go onto Medicare and your very first vehicle for receiving your Medicare benefits and services is through a Medicare Advantage plan and not through original Medicare Part A and Part B. Example: If your Medicare begins October 1, 2006, and you join an Advantage plan as your first Medicare vehicle, you have until September 2007 to exercise your right to come out of the Advantage plan any time during those 12 months and go to original Medicare.

   The right to a "trial period" is also extended to individuals who are entitled to Medicare by reason of disability and join an Advantage plan when they are first eligible for Medicare. Tell the company you are using your trial period to leave the plan.

2. If you have a Medicare supplement insurance policy and you enroll for the first time into a Medicare Advantage plan, your first 12 months in the Advantage plan is your "trial period". Call the plan to disenroll and tell them you are using your trial period to leave the plan. You can drop the Advantage plan any time during the first 12 months and go back to your Medicare supplement insurance policy. The Medicare supplement insurer must give your policy back without asking any health questions. You cannot be made to serve a pre-existing condition waiting period because you have guarantee issue back into a Medicare supplement policy.

As of January 2006, the state of Wisconsin created another protection for its Medicare beneficiaries: if you leave your retiree group plan to join a Medicare Advantage plan for the first time, the first 12 months are your trial period. If you can get out of the Advantage plan, you are entitled to guaranteed issue of a Wisconsin Medicare supplement policy. No denial of policy. No asking health questions. No pre-existing condition waiting period.

The most important thing:

- Tell the Advantage plan that you are using your trial period to leave the plan.
- If you do not tell the plan you want to use your trial period, they will tell you that you cannot leave the plan because of lock in or because open enrollment has ended.

******

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FOR IMMEDIATE RELEASE

20 March 2006
Contact: Medigap Helpline
1-800-242-1060

# Trial Period and Your Medigap Policy

In previous articles by Medigap program staff, information has been provided about new lock-in provisions. Lock-in will affect the ability of enrollees in Medicare Advantage Plans to go back to the original federal Medicare program and back to coverage they had in place previous to the Medicare Advantage Plan enrollment. An important protection that will remain in place even after the start up of lock-in is called Trial Period.

If a person enrolls into a Medicare Advantage Plan for the first time, he or she is eligible for a Trial Period. This gives an enrollee twelve months to try out the new plan and see if it is what they expected it to be and if it will work for them. If at any time during the first twelve months of enrollment in the Medicare Advantage Plan the enrollee decides to go back to the original federal Medicare program, they have the right to do so.

If the enrollee in the Medicare Advantage Plan had a Medigap or Medicare Supplemental Insurance Plan along with their Medicare, the Trial Period also applies to getting coverage back with that previous insurance company. If the enrollee goes back to Medicare and the previous medigap insurance company within twelve months of joining the Medicare Advantage Plan, the medigap company must take the person back. The enrollee cannot be excluded from coverage regardless of any pre-existing conditions that may exist.

There is no guarantee that the premium will be the same, and the company must provide the returning enrollee with the medigap policy they are approved to sell in Wisconsin at that point in time. If the medigap policy the person previously had is no longer being sold, that policy will not be available to them when returning to that medigap insurance company.

**Cautionary note**: Do not wait until the "twelfth hour" to go back to Medicare and a previous policy. Disenrollment issues from Medicare Advantage Plans are one of the most frequent complaints we hear about at the Medigap Helpline. It takes more than one month to disenroll from a Medicare Advantage Plan to go back to original Medicare and your former medigap policy. We are hearing from several callers that they have been attempting to disenroll from their Medicare Advantage Plan for months, only to find out they are still enrolled.

If there is any doubt in anyone's mind that a Medicare Advantage Plan is right for them and it is during the Trial Period, begin the disenrollment process as soon as possible. Disenroll in writing to the Medicare Advantage Plan's home office or by calling the Medicare Disenrollment Center at 1-800-633-4227.

Trial period also applies to other circumstances so the Medigap Helpline will provide additional information about Trial Period in future articles. In the mean time, if you are a Medicare beneficiary and have questions about your insurance, please call the Medigap Helpline at 1-800-246-1060.

*by: Vickie Baker*

* * * * *

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**FOR IMMEDIATE RELEASE:**
21 July 2006

**CONTACT:** Medigap Helpline
1 800 – 242.1060

## Medicare Supplement or Medicare Advantage coverage - Which is best for you?

The short answer is - it depends. It is important to know how the two kinds of plans differ so you can make an informed choice.

First type: Medicare Supplement is a contract between you and an insurance company. The contract does not change from year to year. An insurance company cannot unilaterally change the benefits in a Traditional Medicare Supplement policy contract. If any change were to occur, the change to the contract is made as a result of a change in the law.

Second type: Medicare Advantage is a contract between the Medicare Advantage Company and the Center for Medicare and Medicaid Services (CMS). The Medicare Advantage company agrees with CMS to provide your Medicare health care. That is, the Medicare Advantage company you sign up with replaces your Medicare A, B and your Part D if offered. Sometimes Medicare Advantage is called a replacement plan because in essence it replaces your federal Medicare A&B coverage.

Each year the Medicare Advantage Company sends their enrollees an Explanation of Coverage (EOC). The EOC outlines your benefits the Medicare Advantage company is obligated to provide to you on behalf of CMS. The insurance company can make changes to your premiums deductibles and co-payments each year. Any changes made to your coverage are not by operation of law, but at the discretion of the insurance company.

Essentially, there is a greater risk with the Medicare Advantage plan because of the possibility of changes to the coverage each year. A Medicare Supplement contract does not change from year to year. If you are comfortable with your plan coverage changing each year, you may be a candidate for a Medicare Advantage plan. If you are not comfortable with your coverage changing each year, a Medicare Supplement is a safer choice.

The Costs: A Medicare Supplement costs about $125 - $150 a month for a 65 year old. Some Medicare Advantage plans do not charge a premium – but do have co-payments each time you receive medical care.

Understanding your policy options before you decide helps you choose one based on your own circumstances. If you are in good medical health now and expect to stay in good health, a Medicare Advantage plan could be for you. “How can I predict if I will stay in good heath?” The best indicator to your health is if you are doing all the right things, . . . eating right, getting exercise, regularly seeing your doctor, and you have good family health history. The Advantage plan choice is a calculated risk that can pay off. If you are in poor health or expect to be at some point in the future, a Medicare Supplement is a better choice.

*****

ME/wpd

# Medicare Advantage Plans
# Wisconsin
# 2008

This is a listing of the Medicare Advantage Plans available in the State of Wisconsin. The counties that the plans are available in are listed, however, please be sure to check with the plan as a plan's approved service area are by Zip Code of the residence. Even if a plan is in your county, it may not cover your specific Zip Code. These plans may or may not also include a Part D prescription drug plan.

Brief description of the types of Medicare Advantage Plans:

**PFFS – Private Fee for Service**. These plans have no identified network of providers so you can go to whomever you chose if that provider accepts the terms and conditions of reimbursement by the plan. (If your PFFS does not include an RX plan, you can have a separate Drug plan with it.)

**PPO – Preferred Provider Organization**. These plans have a defined network where your co-pays are typically less than if you went to a non-network provider.

**HMO – Health Maintenance Organization**. These are managed care plans with a defined network of providers you must use. You are still covered in Emergency/Urgent care situations if out of the network area.

**POS – Point of Service**. This option is sometimes included in an HMO which gives you the ability to go to any provider who accepts the terms and conditions of reimbursement. A higher co-pay rate is typically charged. (*Check with plan for details on POS coverage area).*

**COST Plans.** These plans are Medicare approved Managed Care Products where the HMO provides Medicare benefits. Includes Basic and Enhanced coverages. Cost Plans will pay full supplemental benefits if covered services are through Network providers if enhanced plan is selected. If you go out-of-network, Medicare will still cover the basic costs.

**SNP – Special Needs Plans**. These are plans geared for a targeted population. They can be for Dual-Eligibles (both on Medicare and Medicaid); Institutionalized persons; or those with identified Chronic/ Disabling illnesses. Contact the plan to get further information.

**MSA – Medicare Medical Savings Accounts.** A Medicare Advantage Plan that includes a special savings account with funds deposited by Medicare to be used to pay for medical services. Plan usually has higher copays. Once plan deductible is met, services are covered at 100%. Any left over funds are rolled over to the next year's deposit.

# Medicare Health Plans

## Aetna — (800) 832-2640

www.aetnamedicare.com

| | | |
|---|---|---|
| ***PFFS***: | Aetna Medicare Open Value Plan<br>Aetna Medicare Open Value Plan w/ RX<br>Aetna Medicare Open Premier Plan<br>Aetna Medicare Open Premier Plan w/ RX | Brown, Calumet, Columbia, Dane, Dodge, Door, Fond du Lac, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Manitowoc, Marathon, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood |

## Advantra Freedom — (800) 711-1607

www.advantrafreedom.com

| | | |
|---|---|---|
| ***PFFS***: | Advantra Freedom 1<br>Advantra Freedom 2<br>Advantra Freedom 3<br>Advantra Freedom 5 (w/ RX) | STATEWIDE |

## Advocare - Security Health Plan of Wisconsin — (877) 998-0998

www.securityhealth.org (visitors)

| | | |
|---|---|---|
| ***HMO***: | Advocare Plan 1 (w/ RX)<br>Advocare Plan 2<br>Advocare Plan 3 (w/ RX)<br>Advocare Plan 4<br>*(with POS option)* | Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Taylor, Vilas, Washburn, Waupaca, Waushara, and Wood counties. Partial counties: Monroe, Shawano and Trempealeau |

## Anthem Blue Cross and Blue Shield — (888) 211-9815

www.anthem.com/medicare

| | | |
|---|---|---|
| ***PFFS***: | Smart Value Classic<br>Smart Value Plus (w/ RX)<br>Smart Value Enhanced<br>Smart Value Enhanced Plus (w/ RX) | STATEWIDE |
| ***PPO***: | Anthem Medicare Preferred Standard (w/ RX) | Kenosha, Milwaukee, Racine, Waukesha |
| ***HMO***: | Anthem Senior Advantage Enhanced (w/ RX) | Kenosha, Milwaukee, Racine, Waukesha |

## Dean Health Plan — (888)422-3326

www.deancare.com (Deancare Gold)

| | | |
|---|---|---|
| ***COST:*** | Dean Care Gold (Basic, Enhanced, Shared) | Dane and Rock counties. |

## Gundersen Lutheran Health Plan — (800) 394-5566

www.gundluth.org/healthplan

| | | |
|---|---|---|
| ***HMO***: | Gundersen Lutheran Senior Preferred Value<br>Gundersen Lutheran Senior Preferred Value w/RX<br>Gundersen Lutheran Senior Preferred Elite<br>Gundersen Lutheran Senior Preferred Elite w/RX | Crawford, Jackson, La Crosse, Monroe, Trempealeau, and Vernon Counties. Partial Counties: Buffalo, Grant, Juneau, Richland, and Sauk. |

## HealthMarkets Care Assured — (800) 892-3351

www.hmcareassured.com

| | | |
|---|---|---|
| ***PFFS***: | The Care Assured Value Plan<br>The Care Assured Value Plus Plan<br>The Care Assured Premier Plan<br>The Care Assured Premier Plus Plan | Ashland, Barron, Brown, Burnett, Calumet, Chippewa, Columbia, Dane, Dodge, Douglas, Dunn, Eau Claire, Fond du Lac, Green, Green Lake, Iowa, Jefferson, Juneau, Kewaunee, La Crosse, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Monroe, Oconto, Outagamie, Ozaukee, Pierce, Portage, Racine, Richland, Rock, Sauk, Sawyer, Shawano, Sheboygan, St Croix, Trempealeau, Vernon, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood. |

## HealthPartners — (800) 247-7015

www.healthpartners.com/medicare

| | | |
|---|---|---|
| ***PFFS:*** | HealthPartners Liberty Medicare RX | Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, and Washburn Counties. |
| ***COST:*** | HealthPartners Freedom Plan 1 | |

## Humana Insurance Company — (800) 833-2312

www.humana-medicare.com

| | | |
|---|---|---|
| ***PFFS***: | Humana Gold Choice (w/ RX) (2 Plans) | STATE WIDE |

**(800) 833-2364**

| | | |
|---|---|---|
| ***PPO***: | Humana Choice PPO/Regional (w/ RX) | |
| | Humana Choice PPO/Regional | STATEWIDE |
| | Humana Choice PPO/Local (w/ RX) | Milwaukee, Ozaukee, Racine, Waukesha Counties only. |

## Medica Health Plans of Wisconsin — (800) 906-5432

www.medica.com

***PFFS***: Medica Advantage Solution Standard — Chippewa, Dunn, Eau Claire
Medica Advantage Solution Standard (w /RX)

***COST***: Medica Prime Solutions — Ashland, Barron, Bayfield, Burnett, Douglas, Pierce, Polk, Sawyer, St. Croix, and Washburn counties.

## Medical Associates Clinic Health Plan — (800) 747-8900

www.mahealthcare.com

***COST:*** Medical Associates Advantage Plan — Crawford, Grant, Iowa, and Lafayette
MAHP Medicare Community Plan

## Network Platinum Plus — (800) 983-7587

www.nppdrugplans.com

***PPO***: Network Platinum Plus
Network Platinum Plus-Pharmacy
Network Platinum Premier
Network Platinum Premier-Pharmacy
— Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago counties

***PFFS***: Network Selective Choice

## SecureHorizons/United Health Care — (800) 547-5514

www.aarpmedicarecomplete.com
*(Some POS)*

***HMO***: AARP MedicareComplete Plus 1 (w/RX) — STATEWIDE
AARP MedicareComplete Plus 2 — *(NOT in following counties: Adams, Clark, Grant, Kenosha La Fayette, and Walworth)*

www.securehorizons.com — **(800)-555-5757**

***PFFS***: MedicareDirect Plan 1, 1A, 100
MedicareDirect Plan 50, 50A, 51, 150 (w/ RX)

## Sterling Life Insurance Co. — (888) 858-8572

www.sterlingplans.com

***PFFS***: Sterling Option I
Sterling Option II (w/ RX)
Sterling Option III
Sterling Option IV (w/ RX)
— Barron, Brown, Buffalo, Burnett, Calumet, Columbia, Dane, Dodge, Door, Dunn, Fond du Lac, Green, Iowa, Jefferson, Kewanee, La Fayette, Manitowoc, Marinette, Oconto, Outagamie, Pepin, Pierce, Polk, Rock, Sauk, Shawano, Sheboygan, St Croix, Washburn, Waupaca, Winnebego counties.

## Today's Health of Wisconsin — (800) 958-2704

www.todayshealthwi.com

| | | |
|---|---|---|
| ***HMO***: | Today's Health Value | Milwaukee, Ozaukee, Racine |
| | Today's Health Plus (w/ RX) | Waukesha Counties |
| | Today's Health Premier | |
| | Today's Health Premier Plus (w/ RX) | |
| | Today's Health Select (w/ RX) | |

## Today's Options — (800) 360-5735/(800) 996-8867

www.todaysoptions.com

| | | |
|---|---|---|
| ***PFFS***: | Today's Options Basic | STATEWIDE |
| | Today's Options Basic Plus (w/ RX) | |
| | Today's Options Value | |
| | Today's Options Value Plus (w/ RX) | |
| | Today's Options Premier | |
| | Today's Options Premier Plus (w/ RX) | |

## Today's Options Powered by CCRX — (866) 234-3801

www.todaysoptionsccrx.com

| | | |
|---|---|---|
| ***PFFS***: | Today's Options Basic | STATEWIDE |
| | Today's Options Basic Plus (w/ RX) | |
| | Today's Options Value | |
| | Today's Options Value Plus (w/ RX) | |
| | Today's Options Premier | |
| | Today's Options Premier Plus (w/ RX) | |

## Ucare — (877)523-1518

www.ucare.org

| | | |
|---|---|---|
| ***HMO*** w/POS: | UCare for Seniors Value<br>UCare for Seniors Value Plus<br>UCare for Seniors Classic | Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn Counties. |

## WellCare — (866) 238-9898

www.wellcare.com

| | | |
|---|---|---|
| ***PFFS***: | Prelude | STATEWIDE |
| | Sonata | |
| | Concert (w/ RX) | *(NOT in following counties: Adams, Ashland Bayfield, Clark, Florence, Grant, Lafayette, Langlade, Menomonie, Oneida, Pepin, Price, St Croix, and Taylor counties)* |
| | Duet *(intended for Dual-Eligibles)* | |

# Special Needs Plans

## Advantage by Managed Health Services — (888) 713-6180

***SNP***: Managed Health Services – Dual Eligible — Langlade, Marathon, Milwaukee, Ozaukee, Racine, and Taylor counties.

## Care Wisconsin Health Plan, Inc. — (800) 963-0035

***SNP***: InFocus Health – Institutional — Columbia, Dane, Dodge and Sauk counties.

Partnership – Dual Eligible — Columbia, Dane, Dodge, Jefferson, and Sauk counties.

## Community Care — (866) 992-6600

***SNP***: Community Care's Partnership Program - Dual Community Care WPP Disabled – Dual Eligible — Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha Counties.

## Community Health Partnership — (800) 842-1814

***SNP***: Community Health Partnership – Dual Eligible — Chippewa, Dunn, Eau Claire, Pierce, St. Croix

## Health Plan for Community Living — (888)459-5255

***SNP***: Partnership – Dual Eligible — Dane

## Humana Insurance Co. — (800) 833-2364

***SNP***: HumanaChoicePPO – Chronic/Disabling — STATEWIDE

## ICare — (800) 777-4376

***SNP***: ICare Medicare Plan – Dual-Eligible — Kenosha, Milwaukee, Ozaukee, Racine Sheboygan, Washington, Waukesha

## Network Health Insurance — (800) 983-7587

***SNP***: Network Cares – Dual Eligible — Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago counties

| | | |
|---|---|---|
| **SecureHorizons** | | **(888) 834-3721** |
| ***SNP***: | EverCare Plan DH – Dual Eligible<br>EverCare Plan IH – Institutional<br>EverCare Plan MH – Chronic/Disabling | Brown, Calumet, Dane, Green Lake, Kewaunee, La Crosse, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waupaca, Waushara, and Winnebago counties. |
| **Today's Health** | | **(800) 958-2704** |
| ***SNP***: | Today's Health Choice – Dual Eligible | Milwaukee, Ozaukee, Racine, and Waukesha Counties. |
| **UnitedHealthCare of WI/Personal Care Plus** | | **(800) 504-9660** |
| ***SNP***: | UnitedHealthCare of Wisconsin – Dual Eligible | Milwaukee |
| **Wisconsin Personal Care Plan** | | **(888) 203-7770** |
| ***SNP***: | Wisconsin Personal Care Plan – Dual Eligible | Buffalo, Jackson, La Crosse, Monroe, Trempealeau, and Vernon counties. |

## Medicare Medical Savings Accounts

| | | |
|---|---|---|
| **Anthem Blue Cross and Blue Shield** | | **(800) 765-2585** |
| ***MSA***: | SmartSaver | STATEWIDE |

# Medicare Part D Prescription Plan

## 2008

*Available as stand alone (PDP) or as part of Medicare Advantage Plan (MA-PD)*

**Standard Plan:**
Est: $32 Monthly Premium
**You Pay**: *Initial Coverage $2510*
$275 Deductible
25% of $2235 worth of Drugs
100% of next $3216.25 of Drugs
**True Out of Pocket: $4050**
5% thereafter for costs

**Enrollment Periods:**
Annual Enrollment: Nov 15th – Dec 31st.
Initial Enrollment: First eligible for Medicare
Special Enrollment: Call for information

**No Rx or Limited Rx Coverage**

- Able to obtain Rx coverage during enrollment periods
- Penalty if do not enroll unless have "creditable" RX coverage
- **Compare all Options**

**Employer/Retiree Group Plans**

- May offer Prescription coverage "**as good as**" Part D
- May be more costly to the consumer (premiums/co-pays)
- Plan may choose to "**wrap around**" or supplement Part D
- Check with Employer BEFORE enrolling into a Part D plan to avoid risk of losing your Group coverage.

**Medicare Supplement**

- If current policy has Rx coverage, you may keep, but if enrolling into Part D, will lose that RX coverage
- Policies purchased after January 1, 2006 do not include RX provisions
- Most policies are not "**as good as**" Part D, contact your insurance agent.

**Health Insurance Risk Sharing Plan**

- HIRSP **Plan 2**, you have to enroll into a Part D Plan, HIRSP will "wrap around" that plan's Formulary.
- HIRSP **Plan 1,** *No longer allowed to remain in this plan if on Medicare*.

**Medicare Advantage Plan**

- If you want Part D, you need to take that Advantage Plan's prescription coverage.
- Exception: Can choose any PDP if enrolled in a "Private Fee for Service" Advantage Plan with no Rx coverage included.
- Follow the Advantage Plan's Enrollment Periods.

**Veteran's Benefits or Tricare Military Coverage**

- Do not need to enroll into Part D
- Coverage is "**as good as**"
- Can enroll into Part D during Annual Election.

**Wisconsin SeniorCare (for 65 & over)**

- Reported to continue thru 2009
- Is "**AS Good AS**" Part D
- Coordination issues may arise when enrolled in both SeniorCare & Part D

**Medical Assistance and Buy-in-Programs (QMB, SLMB, Q1)** **Eligible for Extra Help*

- Dual-eligibles and Buy-In Programs will be "automatically" enrolled in Part D plan if one is not chosen.
- Monthly Special Enrollment to change Part D plans.

# Important Numbers for Help in Understanding Medicare Part D

## Part D Prescription Drug Helpline:
Over 60 **1-866-456-8211**

## Part D Disability Drug Benefit Helpline:
Disabled on Medicare **1-800-926-4862**

## Medigap Helpline: 1-800-242-1060
(Help with Insurance needs)

## Medicare: 1-800-633-4227
Specific Prescription Plans "1-800-Medicare"

## Or Call Your County Benefit Specialist:
www.dhfs.state.wi.us/Aging/Genage/benspecs.htm

## Call Social Security to apply for Extra Help on Part D Drug Plans: 1-800-772-1213

**** Please Call the Medigap Helpline if you are unable to reach any of the other telephone numbers.***

## Websites with Part D Information:
www.WisMedRx.org
www.medicare.gov

*"This publication has been produced by the State of Wisconsin Board on Aging and Long Term Care with financial assistance, in whole or in part, through a grant from the Centers for Medicare & Medicaid Services, the Federal Medicare Agency."*

2/2008 BOALTC

OUT-OF POCKET EXPENSES

# Advantage Plan Comparison WorkSheet

*Use this worksheet to evaluate and compare the different Advantage Plans in your zip code/county area.*

| **Plan Name** | | | | |
|---|---|---|---|---|
| **Premium** (in addition to Medicare Part B premium) | **$_____.__** | **$_____.__** | **$_____.__** | **$_____.__** |
| **Out-of Pocket Co-Pay Maximum** (is there a limit per year?) Will Providers "balance bill"? | **$_____ Limit or NO Limit** | **$_____ Limit or NO Limit** | **$_____ Limit or NO Limit** | **$_____ Limit or NO Limit** |
| **Deductible** | | | | |
| **Primary Doctor Co-pays** | | | | |
| **Specialist Co-pays** | | | | |
| **Chiropractor Co-pays** (*Medicare approved only*) | | | | |
| **Outpatient Mental Health** (Individual/Group) | | | | |
| **Inpatient Hospital Copay** (per day/# of days or per stay) | | | | |
| **Outpatient Hospital Services/Surgery** | | | | |
| **Skilled NH facility** (per day up to max 100 days) | | | | |
| **Ambulance** | | | | |
| **Emergency Room Care** (typically waived if hospitalized) | | | | |
| **Urgent Care** | | | | |
| **Durable Medical Equipment** (ie. wheelchairs, oxygen, etc) | | | | |
| **Diabetic Testing supplies** (*a supplement would pay 100% after Medicare*) | | | | |
| **Diagnostic Tests and Lab services** (in % of cost or set co-pays) | _____ Lab<br>_____ Radiation<br>_____ X-Rays | _____ Lab<br>_____ Radiation<br>_____ X-Rays | _____ Lab<br>_____ Radiation<br>_____ X-Rays | _____ Lab<br>_____ Radiation<br>_____ X-Rays |
| **Routine Physical or Other Services** (ie:Vision/Hearing; Dental; Routine Physicals) | | | | |
| **Prescription Drugs** (**Part D drugs**: deductible, tier copays, coverage in gap) (**Part B drugs**: % you pay - *a supplement would pay 100% after Medicare*) | | | | |