

Medicare



ICBN

INDEPENDENT COMMUNITY BROKER NETWORK



Course 3:

Medicare Advantage

— Part C



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888-341-4314

STEP 1 SIGN UP FOR ORIGINAL MEDICARE



Part A
Federal Government
Inpatient Hospital Care



Part B
Federal Government
Outpatient Care & Doctor Visits

STEP 2 SELECT AN OPTION FOR ADDITIONAL COVERAGE

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs



MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

OR

OPTION 2

MEDICARE ADVANTAGE
Private Insurance Company



Part C
Combination of Part A
& Part B coverage



Part D
Some plans include
prescription drug coverage



May offer benefits not
covered by Original Medicare

What's Covered?

OPTION 2

MEDICARE ADVANTAGE Private Insurance Company



Part C

Combination of Part A and Part B coverage



Part D

Some Plans include prescription drug coverage



May offer benefits not covered by Original Medicare

Medicare Advantage Plans

- Medicare-approved managed care medical insurance plans organized by a private insurance company; that must follow the rules set by Medicare
- Set limit on what you'll have to pay out-of-pocket each year for covered services
- Will have networks and co-pays therefore feels similar to health plans you're used to
- May offer extra benefits — fitness programs, vision, hearing, dental, and transportation services

Who's Can Join

- Must be Eligible and Enrolled in Part A **AND** Part B
- Live in the plan's service area

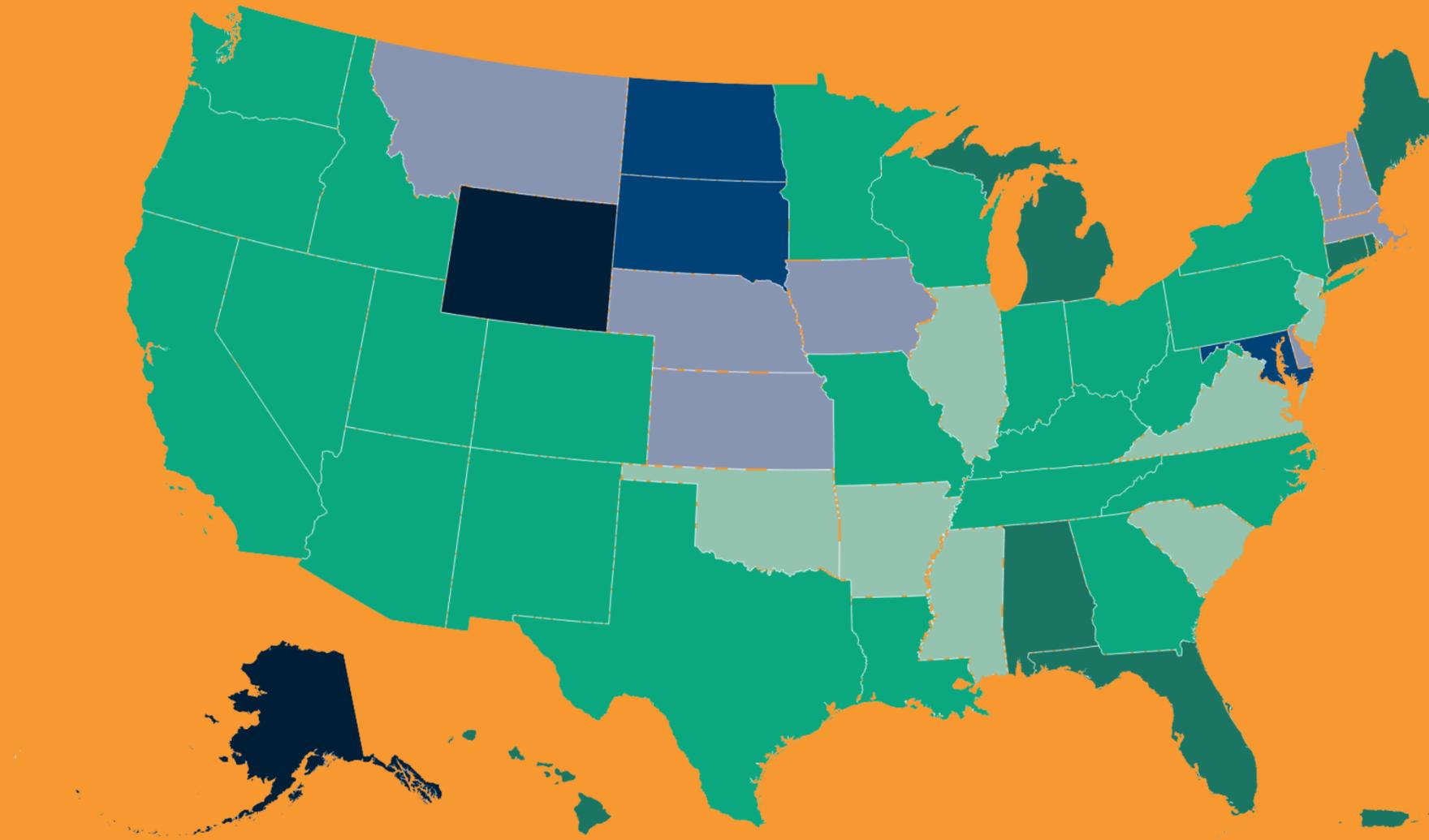
Original Medicare vs. Medicare Advantage

What's the Difference?

Original Medicare	Medicare Advantage Plans
Any doctor or hospital that takes Medicare anywhere in the U.S.	In many cases, you can only use doctors and other providers that are in-network and service area (for non-emergency care).
Most cases, no referral required.	May need a referral to use a specialist.
Part A- deductible Part B – Monthly premium + annual deductible + 20% of Medicare Approved amount (co-insurance).	Out-of-pocket costs vary — plans may have lower or higher out-of-pocket costs for certain services You pay the monthly Part B premium + pay the plan's premium. Some plans may have \$0 premium. May include Medicare drug coverage (Part D).
No yearly limit on out-of-pocket payments unless you have Medicare Supplemental coverage (Medigap).	Plans have a yearly limit on what you pay out of pocket for services Medicare Part A and Part B cover. Once you reach the plan's limit, you'll pay nothing for services Part A and Part B cover for the remainder of the year.
Can choose to buy Medigap/Supplemental insurance	You CANNOT buy Medigap/ Medicare Supplemental plans.
Covers most medically necessary services & supplies in hospitals, doctor's offices, & other health care facilities	Plans must cover all medically necessary services that Original Medicare covers. Plans may also offer some extra benefits like certain vision, hearing, and dental services.
Separate Medicare Drug Plan (Part D)	Medicare drug coverage (Part D) is included in most plans. In most MA plans, you can't join a separate Medicare Drug Plan.
In most cases, you don't need approval for Original Medicare to cover your services or supplies	In many cases, you may need to get approval from your plan before it covers certain services or supplies.
Generally, does not cover medical care outside the U.S. (May purchase Med Supp plan that covers emergency care outside the U.S.)	Plans generally don't cover medical care outside the U.S. Some plans may offer a supplemental benefit that covers emergency and urgently needed services when travelling outside the U.S.

Share of Beneficiaries Enrolled in Medicare Advantage in 2014, by State

■ < 20%
 ■ 20%–30%
 ■ 30%–40%
 ■ 40%–50%
 ■ 50%–60%
 ■ ≥ 60%



Note: Includes only Medicare beneficiaries with Part A and B coverage.

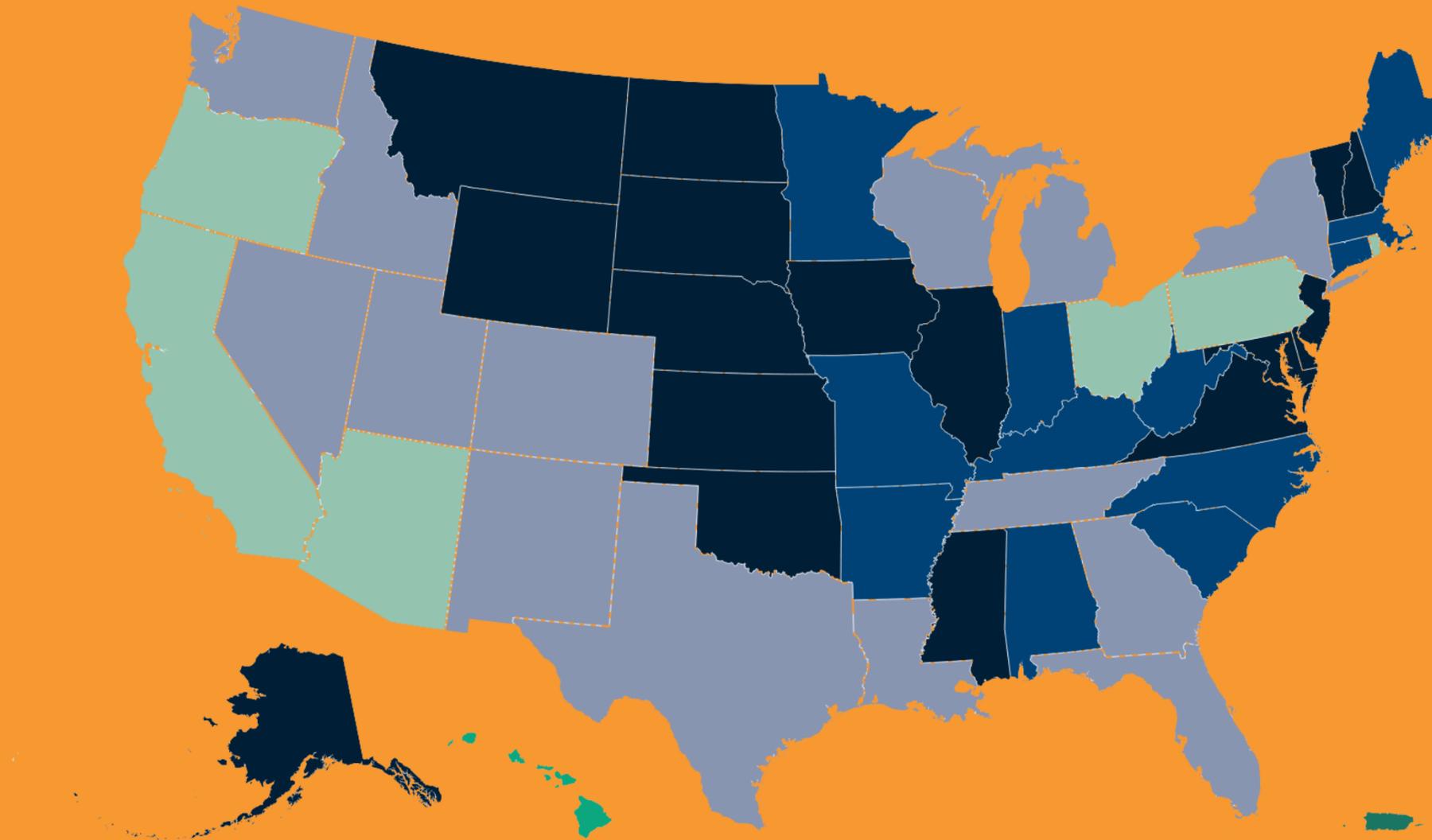
Source: KFF analysis of CMS Medicare Advantage Enrollment Files and March Medicare Enrollment Dashboard, 2014 and 2024.

KFF

What this Mean for You?

Share of Beneficiaries Enrolled in Medicare Advantage in 2024, by State

■ < 20%
 ■ 20%–30%
 ■ 30%–40%
 ■ 40%–50%
 ■ 50%–60%
 ■ ≥ 60%



Note: Includes only Medicare beneficiaries with Part A and B coverage.

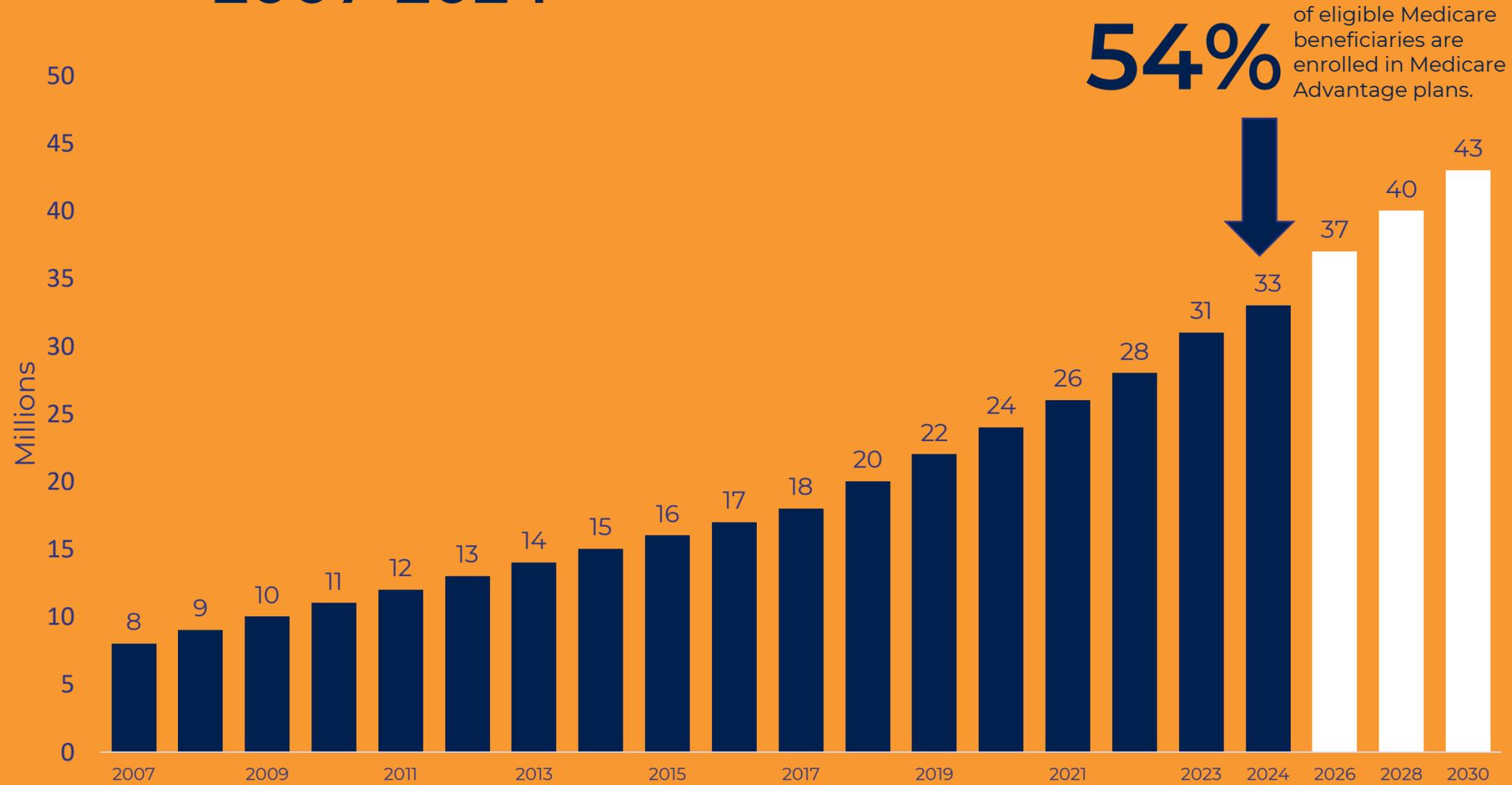
Source: KFF analysis of CMS Medicare Advantage Enrollment Files and March Medicare Enrollment Dashboard, 2014 and 2024.

KFF

What this Mean for You?

Total Medicare Advantage Enrollees

2007-2024



Medicare Advantage enrollment as a share of the eligible Medicare population has jumped from 19% in 2007 to 54% in 2024.

NOTE: Enrollment data are from March of each year. Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 60.0 million people are enrolled in Medicare Parts A and B plans in 2023. SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2023; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; and Medicare Enrollment Dashboard 2021-2023. Data: Centers for Medicare and Medicaid Services, Medicare Advantage State/County Penetration File, Mar. 2021. Projected enrollment rates are calculated from CBO projections of Medicare Advantage enrollment and Part A eligibility (July 2021). 2021 Edition of Centers of Medicare and Medicaid Services Statistical Supplement for 1990-2009 data. Source: Steven Findlay, Gretchen Jacobson, and Aimee Cicchiello, "Medicare Advantage: A Policy Primer," explainer, Commonwealth Fund, May 2022.

Medicare Advantage Coverage Options



HMO Health Maintenance Organization

Advantages:

- You have to choose a designated primary care physician
- You will have a network of providers available to you to coordinate your care
- Typically, it will have lower monthly premiums

Disadvantages:

- If you need specialized care, you may need a referral from your primary care physician to an in-network provider
- Must see in-network providers for care. Less flexibility than a PPO plan

PPO Preferred Provider Organization

Advantages:

- Do not have to select a primary care physician
- Can choose any doctor you want but get discounts to those within their preferred network
- No referral required to see a specialist*
- More flexibility than other plan options
- Greater control over your choices as long as you don't mind paying for them

Disadvantages:

- Potentially higher monthly premiums (trend to \$0 premiums)
- Potentially higher out-of-pocket expenses**
- Must monitor in-network vs. out-of-network to control costs

*Insurance may not require a referral BUT the specialist may require one

**It's only more than an HMO if you go out of network

Medicare Advantage Coverage Options

	HMO Health Maintenance Organizations	PPO Preferred Provider Organizations	PFFS Private Fee-for-Service Plans	SNP Special Needs Plans	MSA Medicare Medical Savings Accounts
Premium Do most plans charge a monthly premium?	Yes. Many charge a premium in addition to the monthly Part B premium.	Yes. Many charge a premium in addition to the monthly Part B premium.	Yes. Many charge a premium in addition to the monthly Part B premium.	Yes. Many charge a premium in addition to the monthly Part B premium.	No. You won't have to pay a separate monthly premium, but you'll continue to pay the monthly Part B premium.
Drugs Does the plan offer Medicare drug coverage (Part D)?	Usually. If you join an HMO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	Usually. If you join a PPO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	Usually. If you join a PFFS Plan that doesn't offer drug coverage, you can get a separate Medicare drug plan.	Yes. All SNPs must provide Medicare drug coverage (Part D).	No. You may join a separate Medicare drug plan.
Providers Can I use any doctor or hospital that accepts Medicare for covered services?	Sometimes. You generally must get your care and services from doctors, other providers, or hospitals in the plan's network (except emergency or urgent care or out-of-area dialysis). In an HMO Point-of-Service (HMOPOS) Plan, you may be able to get some services out of network for a higher copayment or coinsurance.	Yes. Each plan has a network of doctors, hospitals, and other providers that you may go to. You may also go out of the plan's provider network, but your costs may be higher.	Yes. You can go to any Medicare approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. If the plan has a network, you can use any of the network providers. (If you go to an out-of-network provider that accepts the plan's terms, you may pay more).	Sometimes. If your SNP is an HMO, you must get your care and services from doctors or hospitals in the SNP's network (except emergency or urgent care or out-of-area dialysis). However, if your SNP is a PPO, you can get Medicare covered services out of network.	Yes. MSA plans generally don't have network providers. You may go to any Medicare approved provider for services Original Medicare covers.
Primary Care Do I need to choose a primary care doctor?	Usually.	No.	No.	Varies by plan. Some SNPs require you to choose a primary care doctor and others don't.	No.
Referrals Do I need a referral from my doctor to use a specialist?	Yes.	No.	No.	Maybe.	No.



How to Sell a Medicare Advantage Plan



1. Our job is to **educate** consumers and make the information more easily understandable
2. Tell people about **OPTION 1** and **OPTION 2**
 - i. Cover the Pros and Cons of each
 - ii. Ask which option feels more right for your client
 - iii. Remain agnostic. Not our place to judge what your client values.
 - iv. Let the customer decide what's right for them

What type of person may prefer Medicare Advantage plans.

- Low to medium income
- Price shoppers drawn to \$0 or low premium policies
- Like Part D Prescription Drug plan inclusion
- Like a known annual out-of-pocket limit
- Like reduced cost-sharing, dental coverage, gym memberships, and debit cards for over-the-counter medical supplies, not covered by Original Medicare
- Simplicity and convenience in one plan

Option 1 Medicare Supplement

The Pros:

1. Controlled Costs
2. No Network
3. Set it and Forget It

The Cons:

1. Expensive
2. Requires more insurance (Part D)
3. No “Extras”



Option 2 Medicare Advantage (Part C)

The Pros:

1. Low Cost (Potential \$0 premium)
2. One-piece of Insurance
3. The “Extras” – Dental, Vision, Hearing, Transportation, OTC, Gym, etc.

The Cons:

1. Pay as you go - Co-pays | Co-insurance; Annual maximum-out-of-pocket
2. Network!
3. Need to review annually – formulary, network, changing benefits, etc.

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Save the Dates

Tuesday, February 3rd: Agents Answered @ 11:30 a.m. EST

Wednesday, February 4th: Mastering Medicare @ 3:00 p.m. EST

Thursday, February 5th: Next Level @ 3:00 p.m. EST



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Thank you!