



Fall Open Enrollment

Fall Open Enrollment (October 15th - December 7th) is the time of year you can change your Medicare health and drug coverage. Plan benefits and costs change each year. It's important to compare all your options every year during Fall Open Enrollment .

Ways to Receive Medicare Benefits

There are two ways to receive your Medicare benefits: Original Medicare or a Medicare Advantage plan.

Original Medicare	Medicare Advantage
<ul style="list-style-type: none"> Parts A and B 20% coinsurance for most outpatient care <ul style="list-style-type: none"> Can purchase a Medigap plan Don't need physician referral Can see any doctor in U.S. who accepts Medicare 	<ul style="list-style-type: none"> Typically includes Parts A, B, D Costs/rules vary by plan May need primary care referral Usually must see in-network providers May cover limited extra benefits (e.g., vision, dental, hearing care) Cannot purchase a Medigap plan <p>Note: You may hear about the Marketplaces, or Insurance Exchanges, created by the Affordable Care Act. The Marketplaces do not affect Medicare. If you already have Medicare, the Marketplaces are not for you.</p>
<p>Part D</p> <ul style="list-style-type: none"> Costs vary by plan Covered drugs vary by plan See preferred network pharmacies for lowest costs Drug access rules and restrictions vary by plan 	

Choosing a Plan That Best Meets Your Needs

Use the following questions to help you determine which type of coverage best meets your health care and prescription drug needs:

- What are your current health and drug costs?
- How often do you see your doctors, including specialists?
- What types of insurance do your doctors and other health providers accept?
- What prescription drugs do you take and which pharmacies do you use?
- What rules must you follow to access health care services and drugs?
- Do you travel often?
- What is the plan's star rating?

Terms to Know

Original Medicare: The fee-for-service health insurance program run by the federal government. Original Medicare consists of the following parts:

- **Part A** covers inpatient services and is also called hospital insurance.
- **Part B** covers outpatient services and is also called medical insurance.

Medicare Advantage plans: Private plans that provide Medicare health benefits and usually drug benefits. Typically, you must see an **in-network provider** that works with the plan, in order for your plan to cover health care services you receive.

- **Prior Authorization:** A requirement to get prior approval before getting certain services, items or drugs.
- **Referral:** A requirement to get a formal recommendation from your primary care doctor before getting services from another doctor/specialist.

Part D: The part of Medicare that covers prescription drugs and is only offered through private insurance companies. It's best to get your medications at a **preferred, in-network pharmacy** that works with your Part D plan.

- **Prior Authorization:** A requirement to get prior approval before the plan will cover a prescription drug.
- **Step Therapy:** A requirement for you to try other drugs that treat your condition before the plan will cover more expensive medications.
- **Quantity Limits:** A restriction limiting drug coverage to a specific amount of drugs over a certain period of time.

Coinsurance / Copayment: The amount you must pay for each service or item.

- A **coinsurance** is a percentage of the total cost.
- A **copayment** or **copay** is a fixed amount.

Deductible: The amount you must spend on health care or drugs before your insurance begins to pay.

Premium: The monthly amount you pay to have health insurance.

Medigap plans: Supplemental insurance policies that are sold by private insurance companies to fill "gaps" in Medicare. Medigap plans help cover Original Medicare's 20% coinsurance. You can only purchase a Medigap if you have Original Medicare (not if you have a Medicare Advantage plan). Medigaps are usually available in the form of twelve different plans labeled A through L.