



Open Enrollment 2021

Medicare Step-by-Step Guide

NPAF

National Patient
Advocate Foundation



Medicare becomes available to most people when they turn 65.

Individuals with certain conditions or disabilities may be eligible sooner. Some people also have other insurance that can work with their Medicare coverage. When you first enroll, you can choose how your Medicare is structured based on the benefits you need and how much flexibility you want. Penalties may apply if you don't sign up for Medicare coverage when you are first eligible.

[Visit the Medicare Plan Finder tool here](#) to get started and use this NPAF step-by-step guide to help you compare options in making the best Medicare choice for you.

For free personalized help, contact your State Health Insurance Assistance Program at www.shiptacenter.org or 877-839-2675. A trained counselor will walk you through your Medicare options.

This guide provides basic information with:

- links to other helpful resources
- tips for comparing Medicare options
- worksheets to help you organize the plan selection factors that matter to you

Some of the language about coverage can be confusing. Medicare comes in two main structures: (1) **Original Medicare** and (2) **Medicare Advantage**. With **Original Medicare**, you can also add a *supplemental* (“Medigap”) plan.

This chart summarizes key coverage components under the two main Medicare structures:

Original Medicare		Medicare Advantage (Part C)
Part A – Hospital		Part A – Hospital
Part B – Doctor Visits		Part B – Doctor Visits
Part D – Medications (add on separately)	- OR -	Part D – Medications (usually included)
Supplemental plan you can add to help pay for costs (Medigap or retiree plan)		Most plans include extra benefits like vision, hearing, and dental.

Choose Your Preferred Plan Structure – Original Medicare or Medicare Advantage

Your first choice is to select either the **Original Medicare** or **Medicare Advantage (MA)** plan format.

Under either option, you can get coverage for:



Hospital care (part A)



Doctor visits (part B)



Prescription medications (part D)

In **Original Medicare**, you have to proactively add Part D on top of Parts A and B coverage to obtain prescription drug coverage. With **MA plans**, Parts A, B and (usually) D are already bundled together in one package.

The total premiums for Original Medicare and MA plans can be very similar. Part B premiums start at about \$144 monthly, with Part A hospital benefits included at no additional premium cost. Adding Part D and other coverage features is where your costs are likely to vary among the options.

**Pro Tip: Think of the plan's monthly premium, annual deductible and cost-sharing (copayments and coinsurance) as three equally important components affecting your total costs.*

Here are a few key factors to consider in choosing between the two structures:

Original Medicare is administered through the government and has standard benefits and rules.



You would have access to any doctors and facilities across the U.S. who accept Medicare. No in-network doctor restrictions apply, and in most cases, you don't need a referral to see a specialist.



For prescription drug coverage, you need to choose and add a Part D plan on top of Part A and B coverage. The Part D premium would be added to your base premium amount.



You can also supplement coverage with a "Medigap" plan that lowers your out-of-pocket costs like copayments. Like Part D, Medigap plans will have their own monthly premiums that you add to the original Medicare \$144/month base premium cost.

Medicare Advantage plans are *administered by private health insurance companies with varying benefits and rules.*



You need to check that your preferred doctors are in the plan's network to be sure their services would be covered. In emergencies, most doctors are covered.



MA plans include "Part D" coverage for prescription medications as part of the bundle, which may also include other extra benefits. You don't have to shop separately for this.



MA plans often require pre-approval for covering certain tests like CT scans, MRIs or other services. You may also need a referral to see a specialist.



You cannot use a Medigap plan with an MA plan to help lower out-of-pocket costs.

The Two Medicare Structure Choices: Check the boxes for features that matter most to you.

Original Medicare	Features	Medicare Advantage
Through the government	How administered	Through private plans
No	Require pre-approval for services?	Yes
Most doctors accept Medicare across the U.S.	Participating providers	Have smaller, more local networks of doctors
No out-of-pocket cap	Limits on Costs	Has maximum out-of-pocket cap up to \$7,550 (for 2021 plan year)
Expected premiums and OOP costs		
<p>Total premiums for Original Medicare and MA plans can be very similar. If a plan's monthly premiums are low, its deductible or copayments may be higher. Out-of-pocket costs can vary considerably across plans.</p>		

Visit the [Medicare Plan Finder tool here](#) to compare costs. Patient Advocate Foundation also has [more pro tips here](#).

Consider Your Doctors – and any changes you may want

Under either Medicare structure option, enrollment is a good time to think about making wanted changes, including the possibility of picking a different doctor if you are not satisfied with your current one. It's important to your well-being and patient experience that you feel confident in the care provided by your doctors. [Refer to this NPAF resource](#) as a guide for talking with your doctor about what is important to you.

- **With Original Medicare**, you can go to any doctor or hospital that takes Medicare anywhere in the U.S. As long as your doctor participates in Medicare, they will be covered.
- **In Medicare Advantage**, you'll need to use doctors who are in the plan's network in most cases - unless it's emergency care. You can ask your preferred doctor whether they participate in Medicare Advantage plans and note which plans those are.

DOCTORS COVERED WORKSHEET

List the names of your preferred primary care doctor and specialists that you want to keep seeing in the numbered boxes. Then use the [Plan Compare tool](#) to see if your doctors are covered in the MA plans you are considering.



- 1) Select the particular plan you are looking at and *click "Plan Details"*
- 2) Scroll to "Benefits & Costs" and *click the "View Provider Network Directory" link*
- 3) Look for your doctor's name to see if they are listed in the network
- 4) **Write yes or no** indicating whether each doctor is listed on the plan network

Preferred Doctor names	Plan #1	Plan #2
1.		
2.		
3.		
4.		

Check Your Medication Coverage in Part D or MA Plans

Private insurance companies that administer Part D or MA plans will have different lists of covered/preferred drugs or “formularies”. These may change from year to year so make sure to check that the medications you take are covered. This step will help you avoid unexpected costs.

MEDICATIONS COVERAGE WORKSHEET

List all the medications you are taking now in the numbered boxes below. Use the [Plan Compare tool](#) to check if your medications are covered.

- 1) Select that you want a “Drug Plan (Part D)” and select “yes” when asked if you want to see your drug costs.
- 2) “Add to your drug list” each of your prescription drugs, dosing and quantity.
- 3) For accurate cost information, you must also choose a pharmacy (up to five) in your area, then click “Done”.
- 4) The results page will list all Part D plans in your area. Click “View Drugs and their Costs” to see cost and coverage information.



For each prescription, check the list of covered drugs (called the “formulary”) and **write yes or no** to indicate whether your medication is included in the formulary. You may also want to note which cost tier the medication is listed under to compare that information across the plan options.

Medication	Plan #1	Plan #2
1.		
2.		
3.		
4.		
5.		

***Pro Tip:** Do a medication review with your doctor. Your initial Medicare wellness visit or any other checkup is a good opportunity to review with your doctor all the medications you are taking.

- You can go through your list of prescriptions, the amount you are spending for each, talk about how these medications make you feel, and discuss whether any changes are needed.
- In some cases, a more effective or lower cost medication may be available, or your doctor may suggest discontinuing some prescriptions that are no longer needed.
- This will help you get the best care possible and may also reduce your out-of-pocket spending on prescription medicines. You may also have the option to save money by switching from a brand drug to a generic drug.

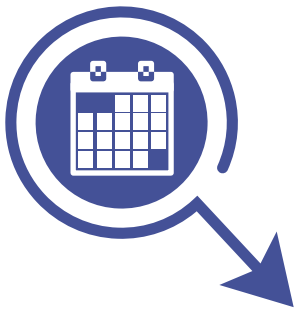
To learn about cost-saving options that may apply for your medication, review [this PAF resource about drug tiering](#).

Pick Your Plan and Any Extras

Evaluate each plan against what you have determined are important coverage features, doctors, prescription medicines and your budget to make sure you can afford **the fixed costs** (monthly premiums and deductibles) plus the **cost-sharing** (coinsurance and copayments) you would have to pay when you receive care.

While you typically won't pay more than the maximum out-of-pocket limit in **MA plans**, consider whether you could shoulder the upfront costs and pay the deductible over a short period of time if a medical emergency arises, especially if you go with **Original Medicare**.

After you've decided whether an **Original Medicare** or **MA plan** better suits you, think about whether you'll want supplemental coverage in a **Medigap plan** to help cover out-of-pocket costs like copayments. [Read more about it here.](#) If you're retired you might also consider whether your [retiree coverage](#) from a former employer will help pay for your costs.



Two Open Enrollment Periods Every Year

You can switch Medicare options at two times during the year if your circumstances change.

1 Annual election period runs from October 15 through December 7

This is your first opportunity to make changes to your coverage. You can switch between Original Medicare or an MA plan or switch between MA plans. You can also add, change or remove your Part D plan.

2 Medicare Advantage Open Enrollment period runs from January 1 to March 31

During this time, you can only return to Original Medicare (and add drug coverage) or switch between MA plans with or without drug coverage.



**Personalized Medicare Plan Assistance
for people with complex, chronic or disabling conditions**

PRECISION NAVIGATION

Patient Advocate Foundation's case managers
can help guide your plan choice process

For personalized help, go to www.patientadvocate.org
or [click here](#) to fill out the PAF request for assistance form.

You can also visit the [PAF National Financial Resource Directory](#) to
find nationwide financial assistance support for medications,
other health care needs and non-medical daily living expenses.