



spotlight on healthcare

Medicare Advantage Plans Are On The Rise

(NAPSA)—Is there a definite advantage to enrolling in a Medicare Advantage (MA) plan? More and more Medicare-eligible Americans have decided there is. MA plans are growing in popularity because they have relatively lower premiums and offer more benefits than original Medicare Part A and Part B.

As with all important health care choices, Medicare-eligible beneficiaries and their caregivers should weigh important factors when deciding what is the best type of coverage for them as well as what they would need from an MA plan.

As part of the Medicare program, MA plans allow private organizations to administer medical and prescription drug coverage to Medicare-eligible beneficiaries. There are several types of MA plans, the most common being Health Maintenance Organization, or HMO, plans. HMO plans often come with the option to receive additional benefits such as dental and vision. These plans can also offer beneficiaries a prescription drug benefit. An MA plan that combines medical coverage with a Medicare Part D prescription drug benefit is referred to as an MAPD plan. Because MAPD plans combine both medical and prescription drug coverage, they carry a single premium and are easier to manage than two separate plans, an advantage that makes them attractive to beneficiaries looking to simplify their health care.

“Medicare Advantage plans are a great way for Medicare beneficiaries to consolidate their health benefits into one program,” says Dr. Patricia R. Salber, chief medical officer and senior vice president with Universal American—the company that offers Today’s Options® Medicare Advantage plans. “It’s a matter of doing some homework to identify the plan that fits best.”

A Medicare Advantage plan may have a predetermined network of doctors, so checking to see if the beneficiary’s doctors are in-network (or if there is a new doctor he or she



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would be comfortable seeing) should be a part of the pre-enrollment homework. The same applies to hospitals. Certain plans may have specific networks for hospitals, so beneficiaries should learn which ones are covered.

Something else to consider before enrolling or changing Medicare plans is specific medical needs. For example, if you have Parkinson’s disease and your doctor recommends surgical treatment in addition to medication, you’ll want to review available plans to be sure those services are covered. Not all plans are created equal, and it is up to beneficiaries and/or their caregivers to find the right plan with the right coverage.

After an individual has finalized his or her plan choice, enrollment can take place during Medicare’s Annual Enrollment Period (AEP). During the AEP, a Medicare Part D (stand-alone prescription drug plan) or an MAPD (Medicare Advantage with prescription drug coverage) plan can be selected or changed. The AEP begins November 15 and ends December 31. There is a second opportunity for individuals to select or change a Medicare Advantage plan only during the Open Enrollment Period (OEP) from January 1 through March 31.

Current Medicare statistics show that approximately one-quarter of Americans enrolled in Medicare are enrolled in MA plans, and that number is expected to continue growing. For more information, call (866) 594-0565 or visit www.universalamerican.com and www.medicare.gov.