

SENIOR HEALTH NEWS

New To Medicare Or Need A Refresher? Here Are The ABCs—And D

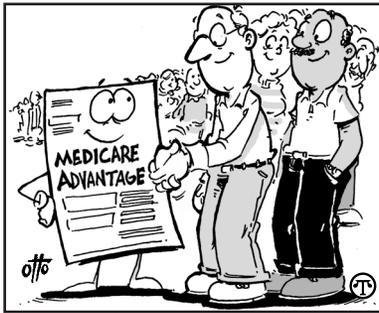
(NAPSA)—You may have learned the alphabet in first grade, but now, if you or someone you love is a senior citizen, it may be time to learn the Medicare alphabet. Medicare has several different parts. Knowing how they work could save you or someone you love money—and could even help you get better care.

Medicare Parts A and B have been around since the beginning of Medicare in the 1960s. Part A covers hospital visits, skilled nursing facilities and some home health care. Part B covers doctor visits, outpatient visits and durable medical equipment. Together, Parts A and B are referred to as “traditional” fee-for-service (FFS) Medicare, or sometimes as “Original Medicare.” It is estimated that FFS Medicare only covers about 50 percent of the health care costs incurred by beneficiaries. That is why some people who choose FFS Medicare also obtain a Medicare Supplemental plan. This type of health insurance is also known as Medigap coverage. Medigap plans do just that—cover the “gaps” that FFS Medicare does not cover. However, Medigap plans can be extremely costly. As a result, many seniors are attracted to the broader coverage and more predictable costs of Medicare Part C, commonly called Medicare Advantage.

Extra Benefits

Medicare Advantage plans offer extra benefits such as vision coverage, annual physicals and chiropractic, and many also include coverage for medications. These plans help with your coordination of care across the provider spectrum. A newer type of Medicare Advantage plan, the private fee-for-service plan, gives members the freedom to obtain care from any doctor or hospital that accepts payment from Medicare, with no network restrictions and no need for referrals.

Part D is prescription drug cov-



Many seniors are attracted to the broader coverage of Medicare Part C, called Medicare Advantage.

erage, which started in early 2006 and has turned out to be more popular than expected. Both Part D and Medicare Advantage plans are offered through private health care companies, either as separate options or together in one plan. Some of the plans do not have premiums while others do have monthly premiums. Those plans can vary depending on where you live and the services covered.

“It all sounds confusing at first,” said Mark El-Tawil, chief Medicare officer of Health Net, Inc. “But you don’t need to be an expert to figure out what’s best for you. The important thing is to understand your personal options, and to choose the one that will provide you with the most comprehensive benefits at the lowest cost.”

Dates To Keep In Mind

In addition to the Medicare alphabet, there are some numbers you should keep in mind as well. You are eligible to join Medicare on the first day of the month in which you turn 65—so if your birthday is June 24, you can start on June 1. Most people will automatically get a Medicare card in the mail a few months beforehand.

Once you are on Medicare, you can change your Medicare Advantage or prescription drug plan each year during the Annual Election Period, which runs from November

15 to December 31. During this period, you can pick any plan that is offered in your area. Most beneficiaries can choose between dozens of plans. To see your options, go to www.medicare.gov.

The dates from January 1 to March 31 are called the Open Enrollment Period. During this time, you can make one “lateral move” to a different plan of the same type. For example, if you have a plan with drug coverage, you can switch to a different plan that also has drug coverage.

“With the wide array of Medicare options, you have the ability to customize your coverage to really meet your needs,” said Health Net’s El-Tawil. He recommends one other alphabetical aid, saying, “In reviewing your options, the most important factors are often the 4 Cs—Cost, Customer Service, Convenience and Coverage.”

Start by looking for reasonable costs for monthly premiums and deductibles, along with low co-payments for your particular prescriptions. Look at customer service. Are the people at the plan helpful? Do they understand your personal needs? Then think about convenience. If your plan does not have an agreement with your favorite pharmacy, you will spend time traveling to different drugstores. Coverage is one of “the 4 Cs” because every Medicare plan does not cover every medication. If there are prescription drugs you currently take or expect to take, make sure they are covered. Otherwise, you could be enrolled in a plan that does not pay for the medications you need.

Soon you will begin thinking about your Medicare coverage for 2008. Consider your choices and remember the 4 Cs. Get help if you need it. Start with your friends and family or neighborhood senior and community centers. Also, you can go to www.medicare.gov.