

Questions to ask before joining a Medicare Advantage Plan

These are some questions a beneficiary can keep in mind when making a choice about how to receive their Medicare coverage.



Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers aren't in-network, will the plan still cover my visits?
- Which specialists, hospitals, home health agencies, and skilled nursing facilities are in the plan's network?



Access to health care

- What is the service area for the plan?
- Do I have any coverage for care received outside the service area?
- Who can I choose as my Primary Care Provider (PCP)?
- Does my doctor need to get approval from the plan to order tests or admit me to a hospital?
- Do I need a referral from my PCP to see a specialist?



Benefits

- Does the plan cover any services that Original Medicare does not?
 - Dental services
 - Vision care
 - Hearing aids
 - Other benefits like eyeglasses and transportation to doctor appointments
- Are there any rules or restrictions I should be aware of when accessing these benefits?

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Costs

- What costs should I expect for my coverage (premiums, deductibles, copayments)?
- What is the annual maximum out-of-pocket (MOOP) cost?
- How much will I have to pay out of pocket before coverage starts (what is the deductible)?
- How much is my copayment for services I regularly receive, such as PCP or specialist care?
- How much will I pay if I visit an out-of-network provider or facility?
- Are there higher copays for certain types of care, such as hospital stays or home health care? Can I afford the copays if I need the care over a long time period?



Prescription drugs

- Does the plan cover outpatient prescription drugs?
- Are my prescriptions on the plan's formulary?
- Does the plan impose any coverage restrictions?
- What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)?
- How much will I have to pay for brand-name drugs? How much for generic drugs?
- What will I pay for my drugs during the coverage gap?
- Will I be able to use my pharmacy? Can I get my drugs through mail order?
- Will the plan cover my prescriptions when I travel?



Coordination of benefits

- How does the plan work with my current coverage?
- If I join, would I lose my job-based insurance or retiree coverage?

Ohio Senior Health Insurance
Information Program (OSHIIP)

800-686-1578

The Ohio Senior Health Insurance Information Program (OSHIIP) is a division of the Ohio Department of Insurance that provides free information and education to people covered by Medicare and their caregivers.

- Email oshiipmail@insurance.ohio.gov or call 800-686-1578
- Visit the Ohio Department of Insurance's Medicare Services/OSHIIP at insurance.ohio.gov/medicare



The Ohio Department of Medicaid (ODM) provides health care coverage to individuals with limited income.

- Visit the Ohio Department of Medicaid at medicaid.ohio.gov
- Go to benefits.ohio.gov or call the Ohio Medicaid Consumer Hotline at 800-324-8680 to apply

**Contact the Ohio
Senior Health Insurance
Information Program
(OSHIIP)**

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