



THIS IS A SUMMARY - THIS IS NOT LEGAL ADVICE!



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MEDICARE ADVANTAGE (PART C) ENROLLMENT GRID AND INFO

	INITIAL OR SWITCHING ENROLLMENT											
	Mo 1	Mo 2	Mo 3	Age 65	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Advantage Initial Sign-up												
Other Part D Events:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Switching Plans Back to Original												
Dropping												
Late Enroll												
Drop and Go To 5-Star Plan												
Move Away; On Medicaid Nursing Home												

 = Enrollment Period
 = No Sign-up Available

CAUTION: ♦ If you move from an Advantage Plan WITH a Drug Plan to an Advantage Plan WITHOUT a Drug Plan, you won't be able to change until an allowable period (above) – you will likely have a 63+ day gap in creditable drug coverage and will pay a penalty if try to sign up for Part D Drug Plan later. ♦ If you leave Original Medicare to go Advantage your Medigap cannot be used and no one can sell you a Medigap policy; if you go back to Original Medicare and want a Medigap policy you will be "rated" (and may pay higher premiums or be denied Medigap coverage).

TYPES OF PLANS AND PLAN COVERAGE: There are several types of Advantage Plans. **See Table on back.**



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	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Private Fee-For-Service (PFFS)	Special Needs Plan (SNP)
Can I get my health care from any doctor, other health care provider, or hospital?	You generally must get your care services from HMO network providers. Some plans may exceptions.	Usually. PPOs may have a network, but you can also use out-of-network providers, usually for a higher cost.	In some cases, yes. Use any Medicare-approved health care provider that accepts the plan's payment terms and agrees to treat you. Not all do. If Plan has a network, use any network provider. Use an out-of-network provider, but pay more.	Usually must use network providers.
Are prescription drugs covered?	Usually. Ask. Join an HMO Plan that offers prescription drug coverage.	Usually. Ask. Join a PPO Plan that offers prescription drug coverage.	Sometimes. If the Plan doesn't offer drug coverage, join a Part D plan.	Yes.
Do I need to choose a primary care doctor?	Usually.	No.	No.	Generally, yes.
Do I have to get a referral to see a specialist? HMO	Usually. Certain services may not require a referral.	In most cases, no.	No.	In most cases, yes. Certain services don't require a referral
What else do I need to know about this type of plan?	<ul style="list-style-type: none"> ■ If your health care provider leaves the plan, you'll need to choose another doctor. ■ If you get health care outside the network, you may have to pay full cost. ■ Important to follow plan rules, like getting prior approval for a certain service when needed. 	<ul style="list-style-type: none"> ■ Two types: Regional PPOs and Local PPOs. ■ If your health care provider leaves the plan, you'll need to choose another doctor in the plan. ■ Services outside the plan you pay full cost. 	<ul style="list-style-type: none"> ■ The plan decides how much you must pay for services. ■ Out-of-network providers may decide not to treat you even if you've seen them before. ■ For each service make sure your provider agrees to treat you under the plan. ■ In an emergency, doctors, hospitals, and other providers must treat you. 	<ul style="list-style-type: none"> ■ Plan must limit membership to: 1) people who live in a nursing home or who require nursing care at home, or 2) people eligible for both Medicare and Medicaid, or 3) people who have specific chronic or disabling conditions (like diabetes, ESRD, HIV/AIDS, chronic heart failure, or dementia). Plans may further limit membership. Join a SNP at any time.