**Medicare Advantage Supplemental Benefit Comparison Tool**

For the Medicare annual election period/open enrollment for 2019, beneficiaries will have more Medicare plan choices to sift through than in past years. The Centers for Medicare & Medicaid Services (CMS) will now allow Medicare Advantage (MA) plans to offer an increased number and variety of plans in a service area. Additionally, Medicare Advantage plans are also able to provide benefits not previously covered by Medicare. These “supplemental benefits” include offerings such as transportation vouchers, meals, and bathroom grab bars. Along with the additional benefits plans may also provide opportunities to reduced enrollee cost-sharing.

The increased number of plan choices means you may need to spend more time analyzing the wider variety of plan offerings as you shop for coverage in 2019.

Prior to enrolling in any plan, contact your health care providers to confirm their participation in the MA 2019 plan network. You’ll also want to ask each plan whether you are eligible for supplemental benefits or discounts on costs based on your health conditions or the providers you use. Use the checklist of questions below to help you research and compare MA plans.

**Questions to ask your providers (doctors, hospitals, labs, suppliers)**

*Are you a participating provider in the “ABC Medicare Plus Plan” network in 2019?*

* Tip: Be sure to use the entire name of the new plan you are considering enrolling into since some providers may participate with some but not all plans offered by a Medicare Advantage organization. For example, a provider may participate in the ABC Medicare Plus Plan network but not be a participating provider under the ABC Medicare Standard Plan network.

*Are you accepting any new ABC Medicare Plus Plan patients?*

* Tip: Doctors may close their practice to new enrollees or leave a plan during the year. Again, when contacting plans be sure to use the entire name of the plan because providers may close their practice to some but not all plans offered by a Medicare Advantage organization. For example, a provider may close a practice to ABC Medicare Standard Plan enrollees but remain open to ABC Medicare Plus Plan enrollees.

*If I join your plan as of January 1, when will I be able to schedule an appointment?*

*Under the ABC Medicare Plus Plan, what would my copayment be for services at your office or facility?*

* Tip: Be sure to mention any health conditions or diagnosis, for it may impact the amount you pay when seeing a provider.

*With ABC Plus Plan will I need a referral to be seen at your office or facility?*

* Tip: Most HMOs require a referral to see specialists.

**Health benefits questions to ask MA plans before enrolling**

*Are the primary care physicians, specialists, hospitals, and labs I use in your plan network for 2019?*

* Tip: Make a list of providers that you want to continue to see.

*Are the doctors and specialists I use currently accepting new patients?*

*Does your MA plan offer supplemental benefits?*

*Please describe the supplemental benefits, their maximum dollar value and limitations.*

* Tip: Examples of benefits limitation are provided for your reference but are not limited to: a meal delivery program may be available to plan enrollees but only after a hospitalization and for a limited number of meals; a transportation voucher program may be limited to an annual or monthly cap or participating taxi service providers.

*Can I further reduce my cost-sharing/copay by using designated in-network providers?*

* Tip: Some MA plans have designated specific providers as highly efficient and enrollees’ cost-sharing may be reduced by seeing these designated providers. Providers can include hospitals, suppliers, physicians, or laboratories.

*Can my diagnosis or health status affect or reduce what I pay for services?*

* Tip: Some MA plans offer reduced cost-sharing to targeted populations (individuals with diabetes, hypertension for example). So, you should ask the plan if it offers reduced costs sharing for targeted populations.

*Does the plan’s drug management policy allow for step therapy on Part B drugs?*

* Tip: Some MA plans now allow step therapy restrictions on drugs administered in a physician office, like infusions or some chemotherapy drugs. Step therapy requires you to try one or more similar lower priced drugs to treat a condition before the plan covers a higher priced medication.
* Tip: Know that Part B step therapy requirement can only be placed on newly prescribed drugs and you can appeal a plan’s step therapy provision.

*If an MA plan uses a Part B drug management care coordination service, how does it pass savings on to me and other beneficiaries?*

* Tip: Any savings experienced by the plan because of the step therapy restrictions must be shared with the affected enrollee. Plans may utilize incentives such as gift cards to pass along savings.

**Prescription drug benefits questions to ask MA plans before enrolling**

*Does the plan under consideration cover all the drugs I believe I’ll need in 2019?*

* Tip: Have a list of drugs that you take, along with the prescribed strength, dosage, and route of administration prepared before contacting the plan. Determine if the drugs as prescribed (dosage, strength, and route of administration) are on the plan formulary and if the plan imposes any restrictions such as prior authorization, step therapy, or quantity limits.

*Am I able to get my medications at a preferred price at my pharmacy of choice?*

* Tip: Often a preferred pharmacy offers drugs at the lowest copay or co-insurance. Ask the plan representative to determine costs at several local pharmacies and the mail order option if available. Keep in mind that the lower cost must always be weighed against convenience. A lower cost at a pharmacy across town or not on a bus route may not be worth the reduced accessibility.
* Tip: You can go to the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov) to compare your own prescription drug costs and coverage.
* *Will I receive notice of prescription drug formulary changes? If so, how will I receive it and when? Will I be notified in advance when newly available generics are substituted for brand name drugs currently on the formulary? If so, how will I receive it and when?*
* *Will I receive copies of plan documents including: provider directories, formularies, and evidence of coverage? If so, how will I receive them and when?*

*Will the Medicare Advantage plan be open during the new Medicare Advantage Open Enrollment Period (MA-OEP) that runs from January 1 – March 31?*

* Tip:The new MA-OEP allows individuals enrolled in an MA plan as of January 1 to make a one-time election to another MA plan or return to Original Medicare and a stand-alone Medicare Part D plan. This enrollment period does not allow for Part D or Medigap changes for individuals enrolled in Original Medicare. An MA organization can choose to be open or closed for enrollments during this period.

**Additional resources**

The Medicare Plan Finder ([www.medicare.gov](http://www.medicare.gov)/find-a-plan) allows you to compare up to three Medicare plans on your own.

For free and unbiased Medicare counseling in your state contact your local [State Health Insurance Assistance Program](https://shiptacenter.org/) or 1-877-839-2675.

The attached CMS fact sheet provides additional information on the Medicare Advantage Open Enrollment Period and a summary of Medicare program changes: [CMS fact sheet on changes to Medicare Advantage and the Prescription Drug Benefit Program in 2019](https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-policy-changes-and-updates-medicare-advantage-and-prescription-drug-benefit-program)

Contact Medicare at 1-800-633-4227 or [www.medicare.gov](http://www.medicare.gov)