

Open Enrollment Period

The Open Enrollment Period is from October 15 - December 7 each year and is the time period when you can change your Medicare health and drug coverage. Plans are allowed to begin marketing on October 1st each year. Keep in mind that plan benefits and costs can change annually. Compare all of your options during Open Enrollment in case another plan may better suit your individual needs in the next year.

Ways to Receive Medicare Benefits

There are two ways to receive your Medicare benefits: Original Medicare or a Medicare Advantage Plan.

Original Medicare

- Parts A and B
- 20 percent coinsurance for most outpatient care
 - Can purchase a Medigap plan
- Don't need physician referral
- Can see any doctor in U.S. who accepts Medicare

Part D

- Offered through stand-alone drug plans or Medicare Advantage Plans.
- Covered drugs and costs vary by plan
- Preferred network pharmacies offer the lowest costs

Medicare Advantage

- Typically includes Parts A, B, D benefits, costs/rules vary by plan
- May need primary care referral
- Usually must see in-network providers
- May cover limited extra benefits (e.g., vision, dental, hearing care)
- Cannot purchase a Medigap plan

Note: You may hear about the Marketplace, or Insurance Exchanges, created by the Affordable Care Act. The Marketplace does not affect Medicare. If you already have Medicare, the Marketplaces are not for you.

Choosing a Plan That Best Meets Your Needs

For unbiased information about your plan options, go to the Medicare Plan Finder at www.medicare.gov, call 1-800-Medicare (1-800-633-4227), or contact your State Health Insurance Assistance Program (contact info on back page). Use the following questions to help you determine which type of coverage best meets your health care and prescription drug needs:

- What are your current health and drug costs?
- How often do you see your doctors, including specialists?
- What types of insurance do your doctors and other health providers accept?
- What prescription drugs do you take and which pharmacies do you use?
- What rules must you follow to access health care services and drugs?
- Do you travel often?
- What is the plan's star rating?

Terms to Know During Open Enrollment

Original Medicare: The fee-for-service health insurance program run by the federal government. Original Medicare consists of the following parts:

- **Part A** covers inpatient services and is also called hospital insurance.
- **Part B** covers outpatient services and is also called medical insurance.

Medicare Advantage Plans: Private plans that provide Medicare health benefits and usually drug benefits under contract with Medicare. Typically, you must see an **in-network provider** that works with the plan, in order for your plan to cover health care services you receive.

- **Prior Authorization:** A requirement to get prior approval before getting certain services, items or drugs.
- **Referral:** A requirement to get a formal recommendation from your primary care doctor before getting services from another doctor/specialist.

Part D: The part of Medicare that covers prescription drugs and is only offered through private insurance companies. It's best to get your medications at a **preferred, in-network pharmacy** that works with your Part D plan.

- **Prior Authorization:** A requirement to get prior approval before the plan will cover a prescription drug.
- **Step Therapy:** A requirement for you to try other drugs that treat your condition before the plan will cover more expensive medications.
- **Quantity Limits:** A restriction limiting drug coverage to a specific amount of drugs over a certain period of time.

Coinsurance / Copayment: The amount you must pay for each service or item.

- A **coinsurance** is a percentage of the total cost.
- A **copayment** or **copay** is a fixed amount.

Deductible: The amount you must spend on health care or drugs before your insurance begins to pay.

Premium: The monthly amount you pay to have health insurance.

Medigaps: Supplemental insurance policies sold by private insurance companies to fill gaps in Original Medicare, including the 20 percent coinsurance charge and other costs, depending on the policy. You can only purchase a Medigap if you have Original Medicare (not if you have a Medicare Advantage Plan). Medigaps are usually available in the form of 10 different standardized plans.

Programs That Can Help You During the Open Enrollment Period

Contact your State Health Insurance Assistance Program (SHIP) for unbiased, one-on-one assistance with reviewing your plan options for 2016. Contact your Senior Medicare Patrol (SMP) if you suspect suspicious plan marketing practices, such as unsolicited calls and visits, pressure to enroll, or requests for your Medicare number, Social Security number, or bank account number.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free:	SMP toll-free:
SHIP email:	SMP email:
SHIP website:	SMP website:
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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