

A Guide to Original Medicare and Medicare Advantage (Part C) for Tribal Citizen

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We created this guide because we understand that...

- Tribal elders **may not be aware** of Medicare coverage and benefit options.
- Tribal elders **may not understand** Medicare Advantage (Part C) plan options.
- **Indian Health Care Providers may not be part of a Medicare Advantage plan's network of providers.**
- Tribal elders **enrolled in a Medicare Advantage plan may be limited to doctors and facilities in the plan's network, and covered medications may also be different**, but enrollees are entitled to the same benefits as they would receive under Original Medicare.

To advance health equity among American Indians and Alaska Natives (AI/ANs), this guide provides helpful information about Medicare coverage and benefits, including Medicare Advantage (Part C), so that Tribal elders can feel confident in their decisions about what Medicare options are right for them.



Before enrolling in a Medicare Advantage (Part C) Plan



**Contact your Indian Health Care
Provider (IHCP) to make sure the plan
is right for you based on the services
you receive from your IHCP.**

Medicare Eligibility

Medicare is health insurance for people:

- 65 and older.
- Who are permanently disabled and have received disability benefits for at least 2 years.
- Who have permanent kidney failure (also known as End-Stage Renal Disease or ESRD).
- Who have Lou Gehrig's Disease (also known as Amyotrophic Lateral Sclerosis or ALS).

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.

Enrolling in Medicare is Beneficial

If you've always gone to an Indian Health Care Provider (IHCP), it may not seem necessary to enroll in Medicare.

However, enrolling in Medicare will benefit you, your family, and your community.



You and your family benefit by having greater access to health services.

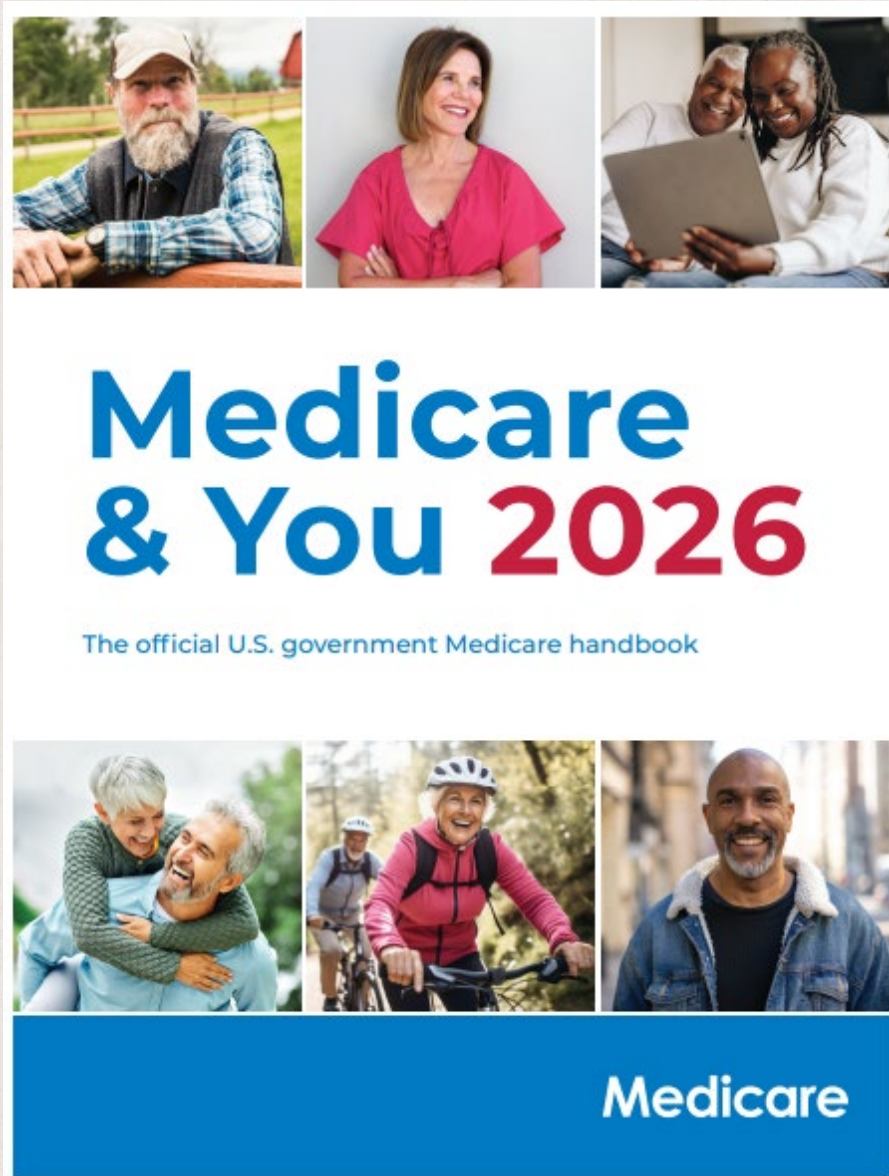


Your Tribal health program benefits through increased resources to provide more services.



Your Tribal community benefits because Tribal members stay healthy.

For more information about Medicare and eligibility



The “**Medicare & You**” handbook is your official guide to Medicare. It is mailed to every Medicare household each year in the fall.

Visit www.medicare.gov/medicare-and-you to view and download it electronically.

What are the Parts of Medicare?

- Part A (Hospital Insurance)
- Part B (Medical Insurance)
- Part C (Medicare Advantage)
- Part D (Prescription Drug Coverage)



To buy a Medicare Supplement Insurance (Medigap) policy.



To join a Medicare Advantage Plan.



Eligible for TRICARE for Life (TFL).



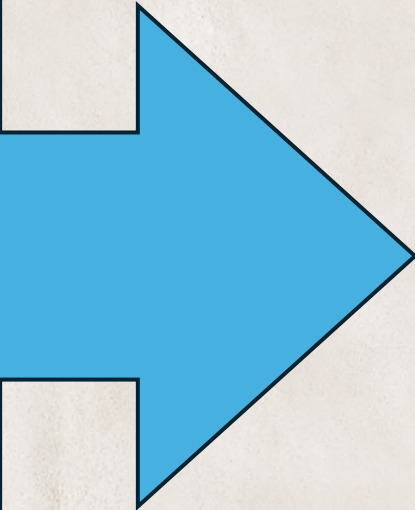
Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).



Employer coverage requires you to have it (if employer has fewer than 20 employees).



Original Medicare (Parts A and B) doesn't cover all health services and supplies, so you can buy a Medicare Supplement Insurance (Medigap) policy sold by a private insurance company.



Medigap policies **may** cover:

- ✓ Copayments.*
- ✓ Coinsurance.*
- ✓ Deductibles.*
- ✓ Other services and supplies.

*See the [CMS Tribal Glossary](#) for more information about these costs.

Medigap policies generally don't cover:

- ❖ Long-term care, such as care in a nursing home.
- ❖ Vision services.
- ❖ Dental services.
- ❖ Hearing aids.
- ❖ Eyeglasses.

Note: A Medigap policy is not the same as a Medicare Advantage (Part C) plan.

More information about Medigap policies:

<https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

You do not need a Medigap policy if you have Medicare Advantage (Part C)



Be aware, however, that if you have a Medigap plan before enrolling in Medicare Advantage (Part C), you may not be able to restart the same Medigap plan in the future if you want to switch back.

Contact your Indian Health Care Provider or Medigap policy provider before switching to Medicare Advantage (Part C).

Medicare Advantage (Part C)

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.

Medicare Part C

Part C (also called Medicare Advantage)

- Another way to get Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**.
- Offered by Medicare-approved **private companies** within rules set by Medicare.
- Most Medicare Advantage Plans include prescription drug coverage (Part D).
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer out-of-network coverage).

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

Medicare Part D

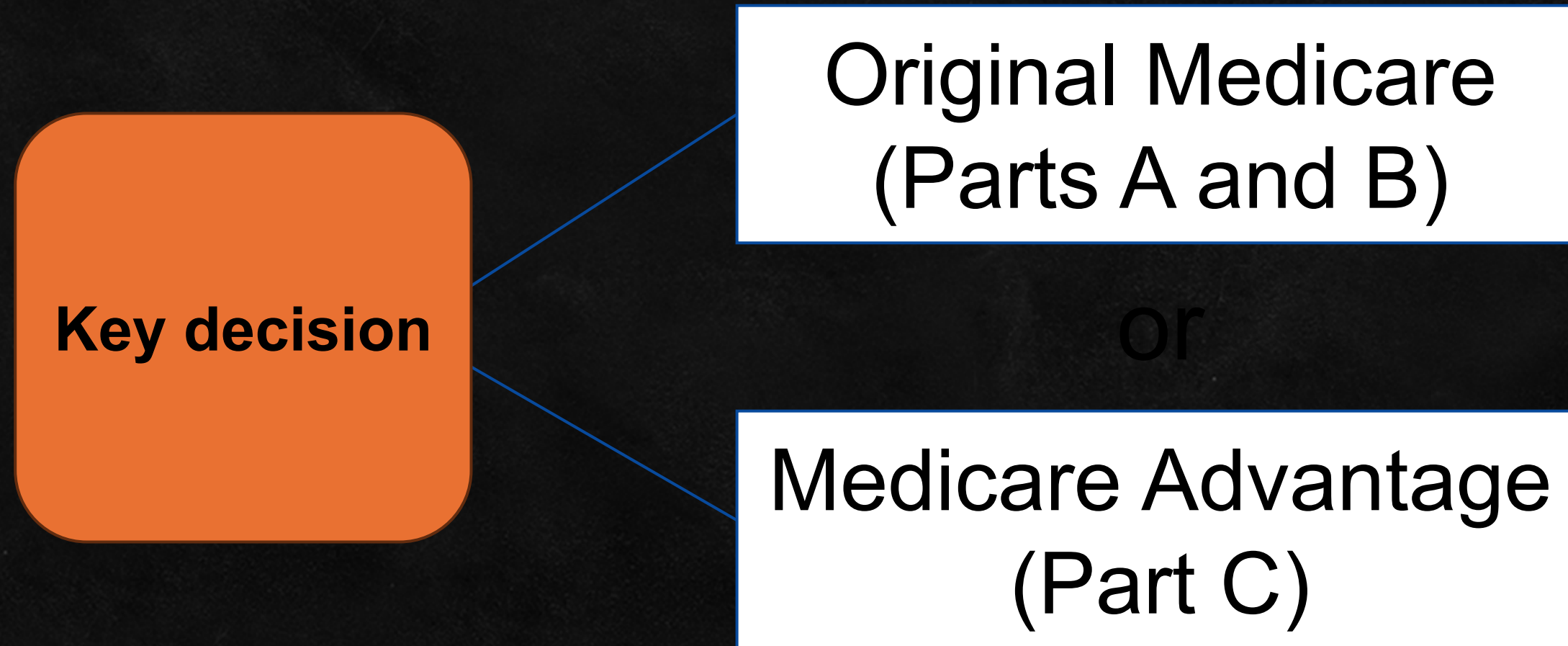


Part D (Drug Coverage)

Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

When enrolling in Medicare, you can choose:



Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance ([Medigap](#)). Or, you can use coverage from a former employer or union, or [Medicaid](#).

Medicare Advantage (Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

Original Medicare

You can use **any doctor or hospital that takes Medicare, anywhere in the U.S.**

Your IHCP will be paid for Medicare covered services provided.

Medicare Advantage (Part C)

You can still see your IHCP, but if the IHCP is out-of-network, they may not be paid for services provided.

Medicare Advantage plans typically limit you to providers in their network.

In-Network

These are facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Network

A provider who does not have a contract with your health insurer or plan to provide services to you. You will pay more to use them.

Original Medicare

For Part B-covered services you receive at non-tribal facilities, **you usually pay 20% of the Medicare-approved amount** after you meet your deductible. This amount is called your coinsurance.

You **pay a premium (monthly payment) for Part B**. This is deducted from your Social Security check. If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).

Medicare Advantage (Part C)

Out-of-pocket costs vary—plans may have lower or higher out-of-pocket costs for certain services.

You pay the monthly **Part B premium** and may also have to **pay the plan's premium**. Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).



NOTE

Some Tribes will pay Medicare premiums on behalf of Tribal citizens – this is called “Sponsorship.”



Contact your IHCP to learn whether your Tribe will sponsor your premiums.

Original Medicare

There is **no yearly limit** on what you pay out of pocket, unless you have supplemental coverage—like Medicare Supplement Insurance (Medigap). Out-of-pocket costs should be limited if you see an IHCP, though.

You **can choose to buy Medigap** to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or, you can use coverage from a current or former employer or union, or Medicaid.

Medicare Advantage (Part C)

Plans **have a yearly limit** on what you pay out of pocket for services Medicare Part A and Part B cover. Once you reach your plan's limit, you'll pay nothing for services Part A and Part B cover for the rest of the year.

You **can't buy** Medigap.

Original Medicare

Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities.

Original Medicare doesn't cover some benefits like eye exams, most dental care, and routine exams.

In most cases, you don't need approval for Original Medicare to cover your services or supplies.

Medicare Advantage (Part C)

Plans must cover all medically necessary services that Original Medicare covers.

Plans may also offer some **extra benefits that Original Medicare doesn't cover**—like certain vision, hearing, and dental services.

In many cases, you may need to get approval from your plan before it covers certain services or supplies.

Original Medicare

You can join a **separate Medicare drug plan** to get Medicare drug coverage (Part D).

Medicare Advantage (Part C)

Medicare drug coverage (Part D) is included in some plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.

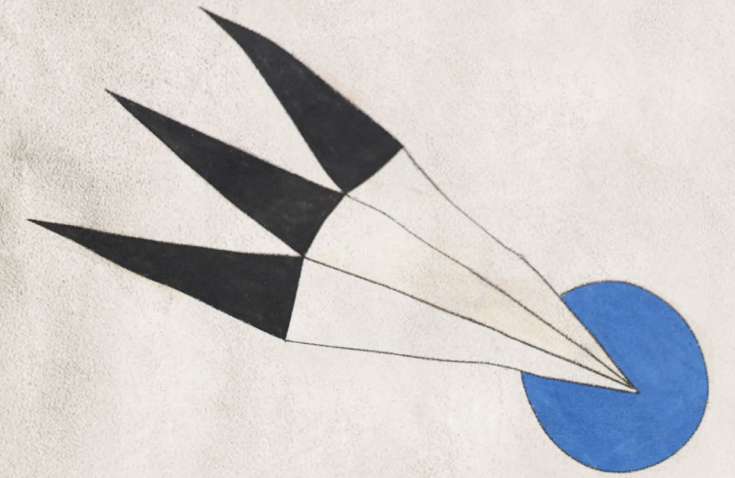
Original Medicare

Original Medicare generally **doesn't cover medical care outside the U.S.** You may be able to buy a Medicare Supplement Insurance (Medigap) policy that covers emergency care outside the U.S.

Medicare Advantage (Part C)

Plans generally **don't cover medical care outside the U.S.** Some plans may offer a supplemental benefit that covers emergency and urgently needed services when traveling outside the U.S.

Tribal Member Considerations



**Tribal Citizens should
consider several things when
deciding between Original
Medicare and Medicare
Advantage (Part C).**

Do you see an Indian Health Care Provider?

Your Indian Health Care Provider (IHCP) may not be paid for services under some Medicare Advantage (Part C) plans.

Original Medicare

With Original Medicare, you can continue to see your IHCP. Most IHCPs are reimbursed for Medicare-covered services provided.

Medicare Advantage (Part C)

You can always see your IHCP, however, not all IHCPs are in-network. Plans may pay less or not pay IHCPs for the Medicare covered services provided.

Will you ever need to see a specialty provider?

Access to specialty providers (e.g., cardiologists, podiatrists) may be limited under a Medicare Advantage (Part C) plan.

Original Medicare

With Original Medicare, you can go to any doctor or hospital that takes Medicare, anywhere in the U.S.

Medicare Advantage (Part C)

In many cases, you can only use doctors and facilities who are in the plan's network and service area. The MA plan may require a prior authorization on certain items and services.

Does your IHCP coordinate and pay for referrals?

Under a Medicare Advantage plan, you may have to pay for out-of-network care.

Original Medicare

With Original Medicare, the Purchased/ Referred Care Program (PRC) (formerly Contract Health) through your IHCP will coordinate referrals and often pay any Medicare deductibles, co-pays, and coinsurance.

You should contact your IHCP for more information on PRC eligibility and authorization for payment.

Medicare Advantage (Part C)

Only certain MA plans provide coverage for out-of-network care, so you may be required to see an in-network provider. In rural areas, there may be limited options for in-network coverage through the MA plan.

Do you get medications from a pharmacy?

You should confirm that the Medicare Advantage (Part C) plan will cover your medications.

Original Medicare

You may choose to enroll in a Part D plan if you have medications not available or covered by your IHCP.

A Part D plan allows your IHCP pharmacy to bill the plan and meet your deductible. This not only benefits your IHCP, but it may also eliminate or significantly reduce any out-of-pocket costs you have when you fill a prescription through an outside pharmacy.

Some Tribes have Part D sponsorship programs that will pay your premiums.

Medicare Advantage (Part C)

Some MA plans may not offer pharmacy benefits for AI/AN enrollees because the IHCP provides a pharmacy benefit.

If your IHCP does not cover your medication, you will be responsible for all costs.

If you are currently enrolled in a Part D plan sponsored by a Tribe, your Part D plan may be cancelled if you select an MA plan that includes prescription drug coverage.

Are you receiving calls about signing up for Medicare?

Never say “Yes” over the phone without first checking with a trusted advisor or an IHCP patient benefit coordinator.

Original Medicare

Medicare will **NEVER** call you.

Information is available at
www.Medicare.gov.

Medicare Advantage (Part C)

Agents and brokers use advertisements (TV, radio, mail, social media, telemarketing). Celebrities are often used to catch your attention.

Agents and brokers receive commissions for enrolling members in MA plans. There is no financial incentive for them to enroll you in Original Medicare.

Medicare Advantage agents and brokers may call you, talk to you at a Tribal event, or contact you other ways and encourage you to enroll during a Special Enrollment Period (SEP).



It is important to contact your Indian Health Care Provider to make sure the plan is right for you and the SEP is recognized.

Medicare Advantage plans must follow new rules.

MA Organizations cannot:

- Advertise benefits that aren't available to beneficiaries in the service area(s) where the marketing appears.
- Market any products, plans, benefits, or costs, without clearly using their approved MA organization or marketing name(s).
- Advertise about savings available that are based on a comparison of typical expenses for uninsured individuals, unpaid costs of dually eligible beneficiaries, or other unrealized costs of person with Medicare.

Frequently Asked Questions

The following are questions frequently asked by Tribal Citizens about Medicare Advantage (Part C).



Frequently Asked Questions

Question:

Will I still be able to see my direct care Indian Healthcare Provider (IHCP) if enroll in a Medicare Advantage (Part C) plan?

Original Medicare

Yes, you can continue to see your IHCP. Most IHS, Tribes, and Urban Indian Clinics are reimbursed for Medicare-covered services provided.

Medicare Advantage (Part C)

You can always see your direct care IHCP, however, the IHCP may not be in-network. Plans may pay less or not pay IHCPs for the services they provide.

Frequently Asked Questions

Question:

Will I still be able to see the specialists I've been seeing if I enroll in a Medicare Advantage (Part C) plan?

Original Medicare

Yes, you can continue to see your specialists if they are Medicare providers.

Medicare Advantage (Part C)

You may need to switch to an in-network specialist.

Frequently Asked Questions

Question:

How will my selection impact my IHCP?

Original Medicare

Selecting Original Medicare provides your IHCP with more control and flexibility to address your healthcare needs. PRC will be able to approve and coordinate your referral. PRC may also cover your deductible and co-pay costs on IHCP referrals.

Your IHCP will be able to bill for Medicare-covered services provided.

Medicare Advantage (Part C)

Your IHCP may not be contracted with the MA plan. Payments from MA plans may be lower than from Original Medicare. In addition, PRC referrals for care may be subject to prior authorization requirements and limited to the plan's in-network providers.

Frequently Asked Questions

Question:

Are insurance agents and brokers compensated for assisting with my enrollment?

Original Medicare

No, agents and brokers do not receive commission for enrolling you in Original Medicare (Parts A, B, and D).

Medicare Advantage (Part C)

Yes, agents and brokers receive commissions for enrolling you in MA plans.

Remember!

Before you enroll in a Medicare Advantage plan:

**Contact your IHCP to make sure
the plan is right for you based on
the services you receive from
your IHCP.**

Report potential Medicare marketing violations and/or enrollment concerns if you see these red flags:

- You received an unsolicited phone call from a company you have no prior relationship with.
- A company represents itself as coming from or sent by Medicare, Social Security, or Medicaid.
- You received information such as leaflets, flyers, door hangers, etc., in your car or at your residence from a company you did not have an appointment with.
- An agent initiates a discussion about other insurance products, such as life insurance annuities, during a visit or meeting about a Part C or Part D Medicare product.

Report potential Medicare marketing violations and/or enrollment concerns if you see these red flags (continued):

- An agent returns uninvited to your residence after missing an appointment with you earlier.
- You signed up for a plan after being told by a company that certain prescriptions or services were covered, but after reviewing your Explanation of Benefits (EOB), you found they were not covered by the plan, and you will be charged instead.
- You were told you could keep your Medigap (or supplemental) plan when you sign up for a Medicare Advantage plan, when in reality, you cannot have both a Medigap plan and a Medicare Advantage plan.

How to report potential Medicare marketing violations and enrollment fraud

- Visit the [Fraud Schemes website](#) for more information.
- To report Medicare fraud, errors, or abuse:
 - Visit <https://www.medicare.gov/basics/reporting-medicare-fraud-and-abuse> or call 1-800-MEDICARE (1-800-633-4227).
 - OR
 - Visit www.smpresource.org or call 1-877-808-2468.

Helpful Resources

- **Medicare & You Handbook:** <https://www.medicare.gov/medicare-and-you>
- **Tribal Glossary:** <https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/downloads/tribal-glossary-brochure.pdf>
- **10 Important Facts about Indian Health Service and Health Insurance:** <https://www.cms.gov/files/document/10-important-facts-about-ihs-and-health-insurance-pdf.pdf>
- **American Indian/Alaska Native CMS resources:** <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native>
 - [Important Facts about Medicare](#)
- **Indian Health Service PRC resources:** <https://www.ihs.gov/prc/>
- **Cost Sharing Protections Brochure:** <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Understanding-Cost-Sharing-brochure.pdf>

Reminder



IMPORTANT: Fill out the evaluation

