

QUESTIONS TO ASK

Medicare Advantage Plans

BEFORE YOU ENROLL...

**CHOOSING THE RIGHT MEDICARE ADVANTAGE PLAN IS AN IMPORTANT DECISION.
USE THESE QUESTIONS TO GUIDE YOUR CONVERSATION WITH POTENTIAL PLANS
AND MAKE SURE YOUR HEALTHCARE NEEDS ARE COVERED.**

Providers

- Are all my doctors, hospitals, rehabilitation facilities, and home health agencies in-network?
- What could cause the provider network to change, and how often does that happen?
- How will I be notified if my providers' network status changes?

Costs

- What is the monthly premium?
- What are the copays for primary care, specialists, hospital stays, etc.?
- What are the in-network and out-of-network out-of-pocket maximums each year?
- How often could my out-of-pocket costs change?
- Are there any additional benefits available to me at no cost?

Prior Authorization

- Which services require prior authorization?
- What services are most often denied?
- How long does it take to get a decision?
- How often are requests processed without contacting the provider for more information?

Appeals & Help

- How can I get help from or speak with someone if I have questions?
- How do I file an appeal if care is delayed or denied, and how long does it take to receive a decision?
- How do I file a grievance if I'm unhappy with the plan or its coverage?

Drugs

- Are all my medications on the plan's formulary?
- What tier(s) are my medicines in?
- How often does the formulary change?
- How will I be notified if my medications are no longer covered?
- Are my pharmacies in network?
- Are there additional medicine or supply benefits available?

Travel & Rural Care

- How does the plan cover routine, non-emergency care when I'm out of the area?
- Is there any international coverage?
- Is there a visitor/travel program for snowbirds? What's covered when I'm out of area for several months?