

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?