BlueCross BlueShield of Oklahoma

Medicare Plan Types

Your overall health, your budget, the medications you take—they can all impact the kind of Medicare plan you choose.

Medicare Advantage – Part C Plans

All the coverage of Original Medicare – and more.

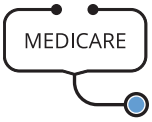
Medicare Advantage plans, sometimes called Part C or MA Plans, are an all-in-one alternative to Original Medicare. They are offered by private companies that have a contract with the government, such as Blue Cross and Blue Shield of Oklahoma. These bundled plans include Medicare Part A (hospital insurance) and Medicare Part B (medical insurance), and often Medicare Part D drug coverage.

A Medicare Advantage plan is usually Preferred Provider Organizations (PPO) or Health Maintenance Organizations (HMO) with provider networks to help manage costs. It is likely similar to the coverage you have through your workplace so you may already be familiar with how the plans work.

When you join a Medicare Advantage plan, you are still in Medicare. But you won't use your red, white and blue Medicare card to get services. You'll use the member ID card from the plan you choose. Your Medicare Advantage plan will provide all your Part A (hospital) and Part B (medical) coverage. It also covers other medically necessary services, such as routine screenings and immunizations.

Plus, most Medicare Advantage plans include your Medicare Part D prescription drug coverage. Additional benefits—such as dental, vision, hearing, fitness programs, and telehealth services—may also be included. And Medicare Advantage plans have an out-of-pocket maximum which is the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copays, and coinsurance, the plan pays 100% of the costs of covered benefits. The out-of-pocket limit does not include monthly premiums.

Medicare Supplement Insurance



A Medicare supplement insurance plan works with Original Medicare to 'fill the gaps' in your coverage and protect you from many of the out-of-pocket costs Original Medicare does not pay. It's added coverage with lots of flexibility.

This coverage will also give you the freedom to use any doctor, specialist, or hospital that accepts Medicare.

Medicare supplement insurance plans do not cover prescription drugs. However, they can be paired with a standalone Part D prescription drug plan. Many employers pair a Medicare supplement insurance plan with a standalone Part D plan to help complete their retirees' Medicare coverage.

It's important to note that you cannot have a supplement insurance plan and a Medicare Advantage plan at the same time.

Prescription Drug Coverage

Many people who are eligible for Medicare take one or more prescribed medications. Most prescriptions are not covered by Part A or Part B (Original Medicare). Part D prescription drug coverage can help with these costs.

Part D can be a standalone plan, included as part of a Medicare Advantage (Part C) prescription drug plan (MAPD), or paired with Medicare supplement insurance to help complete a retiree's Medicare coverage.

How drug tiers work

In Part D plans, drugs are placed into tiers. The costs for drugs in each tier vary. Generally, drugs on lower tiers cost less than higher tiers. Each Part D plan is different, and the number of tiers and the medications they cover can vary. So, it's important to carefully check the coverage of any drug plan you are considering **before** you enroll.

Out-of-pocket costs

An out-of-pocket limit for Part D plans is set every year by the Federal Government. You pay $0 after your Part D maximum reaches that limit.

Three Things to Remember

1. Regardless of the plan you choose, you may enroll only at certain times, such as when you turn 65 or when you retire.
2. You must be entitled to Medicare Part A and enrolled in Medicare Part B.
3. You can only be enrolled in one Medicare plan at a time (the exception is when Medicare supplement insurance is paired with a prescription drug plan).

Looking Ahead

Approximately three months before your Medicare coverage is scheduled to start, you'll receive a "Get Ready for Medicare Packet." It includes a letter, booklet, and Medicare card. The booklet explains important decisions you need to make before your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage starts.

HMO and PPO plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO plan) and refers to GHS Insurance Company (GHSIC) (HMO Special Needs Plan and PPO plans). PPO plans and HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, BlueLincs, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, BlueLincs, and GHSIC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. Enrollment in these plans depends on contract renewal.

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