

Don't Miss Important Info About Medicare Advantage

Medicare Advantage plans were designed to give Medicare patients more options for their healthcare. But because there are so many different plans to choose from and so much information about them, it can be difficult for you to make the right decision. Luckily, we've done the hard work for you! Here's what you need to know about Medicare Advantage:

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Original Medicare (Medicare Part A and Medicare Part B) covers hospital stays, medical tests and doctor visits. Medicare Part B also covers outpatient care.

If you want to stay with Original Medicare: You can do so if you want to stay with the original coverage provided by the federal government and not purchase any additional benefits or plans. Keep in mind that original Medicare does not include prescription drug coverage or dental coverage unless you are 65 years old or older and on Social Security disability benefits, in which case it does include dental coverage. If your income is too high for your state's Medicaid program but still low enough for you to qualify for financial assistance with purchasing a plan through an insurance company (not Original Medicare), then it may be worth investigating other options such as getting a Medigap policy from companies such as Blue Cross Blue Shield or Cigna

Considering a Medicare Advantage plan? Look around.

If you're thinking about enrolling in a Medicare Advantage plan, don't just jump at the first option. Before signing up for your government-subsidized health insurance, do some research and ask questions.

Ask your doctor about the coverage offered by different plans. That way, he or she can help you make an informed decision based on what's best for your situation.

Compare costs with other providers who offer similar services and benefits to the ones provided by Medicare Advantage plans. Also compare their customer reviews online—this will help you determine whether or not they have a good reputation (and if they'd be worth using).

It's important to understand what a Medicare Advantage plan covers before you join.

You may be wondering what a Medicare Advantage plan is and how it works. Here's the lowdown:

- A Medicare Advantage plan offers additional coverage beyond the basic level that comes with traditional Medicare.
- They're available to all people who are eligible for Medicare, but they're not required by law.
- You can also choose to enroll in a separate health insurance plan called Medigap (or "gap" insurance), which will fill in any gaps left by your other coverage. If you choose to add on additional supplemental plans after that, all of these coverages work together as one big medical support system for you!

Drugs covered by Medicare may be limited by your state and your insurance company.

Medicare Advantage plans cover prescription drugs, but the coverage may be limited. Most Medicare Advantage plans cover brand name drugs and some cover generic drugs. Some Medicare Advantage plans only cover the most expensive brand name or generic drugs on the market. This is called a closed formulary. Other Medicare Advantage plans have an open formulary that lets you choose from different drug companies and drug options within each tier (like a silver plan).

If your doctor prescribes a medication that's not on your plan's list of covered medications (formulary), you can still get it if it falls into one of two categories: preferred or non-preferred.

For preferred drugs, your plan will pay 80% of the cost for the first year, then 100% starting in year two for both preferred and non-preferred drugs in years three through six after enrollment in a Medicare Advantage plan if you're enrolled with Original Medicare part B drug coverage (Part D). If you decide to switch to another drug company that offers discounts on Preferred Generic Drugs or Specialty Tier 1/2 Drugs – including Targeted Generic Drug Programs – then there will likely be no gap in coverage due to changes made by other insurance companies offering different types of benefits such as Medigap supplemental insurance policies available from private insurers outside any federal program such as Medicaid which provides healthcare access but does not necessarily offer better rates compared against what was already provided through Medicaid itself."

Even if your plan doesn't cover dental care, you can use the networks on a stand-alone dental plan.

If you're thinking about getting dental care, Medicare Advantage may not be the best choice for you. Most plans don't cover any dental care at all. However, if your plan doesn't cover dental services, there are stand-alone dental plans available that can help you save money on your dental care expenses.

You can compare stand-alone dental plans on the Medicare website by going to <https://www.medicare.gov/find-a-plan/compare-plans> and entering your zip code.

Be sure to get all of the information you need before choosing a health plan.

Once you've decided on a health plan, make sure to review its terms carefully. This includes checking out the plan's provider network and drug coverage, as well as any limits on what is or isn't covered.

If a plan has an annual deductible and upper limits on spending, it could be more convenient than traditional Medicare but cost more each year.

If you have questions about how a specific Medicare Advantage plan works with other services like vision or dental care, contact that provider directly or call 1-800-MEDICARE (1-800-633-4227) for help.

Find Out More

Don't miss out on important information about Medicare Advantage. Protect yourself with the right plan and get the care you need by asking questions and understanding what's covered. Learn more about Medicare Advantage plans at [Associated Dentists](#).

Original article: <https://www.madisonclick.com/medicare-advantage/>