

Evaluating Cost vs. Benefit of Medicare vs Medicare Advantage

Medicare Advantage plans have many of the features you are familiar with from private health insurance

- Premiums with Co-Pays, Out of Pocket Maximums, and added perks

Every senior has unique healthcare needs

- Prescription medications you may take
- Pre-existing health conditions
- Availability of local care in your community

As your health care needs change with age, the economics of your choices will also change

- The Traditional Medicare network covers most providers
- Each Medicare Advantage plan has its own network of providers
 - Carefully examine any plan's network to understand which providers are in network to maximize your benefits
- Some hospitals and care facilities do not participate in **any** Medicare Advantage plans, and most only contract with **specific** plans
 - About one-third of Nebraska hospitals do not participate in any Medicare Advantage plans
- If you need to see a particular provider or want to have care in your community, make sure any Medicare Advantage plan you select allows you to keep your physicians and healthcare providers

How will my choice impact my access to health care?

Can I access my chosen health care providers?
How far will I have to travel to see my provider?
Will I be able to quickly obtain care?

What is the cost of my chosen plan?

How will that impact my total health care expenses?
What are the costs outside of premiums and co-pays?
How will my costs change over time?

Choose the Option That Best Fits Your Healthcare Needs

1

Make sure you can access the providers you wish in a location that is convenient for you

2

Understand the impact of prior authorization on your ability to access healthcare quickly

3

Know that you will be unable to return to Traditional Medicare one year after you enroll in a Medicare Advantage plan

Prior Authorization Delays May Impact Your Care

- Compared to traditional Medicare, most Medicare Advantage plans require prior authorization
- More than 9 out of 10 Nebraska hospitals report that prior authorization requirements of Medicare Advantage plans delay necessary care
- This can include diagnostic tests, examination by specialists, procedures, surgeries, hospital stays, and post-acute rehabilitation and care

Be aware that things may change over time

Your health care needs may change from what they are currently

The network available to you via a Medicare Advantage plan may change

The perks offered by your Medicare Advantage plan may change over time



If you wish to leave a Medicare Advantage plan and return to Traditional Medicare, you may not be able to obtain the same supplemental coverage due to changes in your health status

Changes are allowed only during the open enrollment period