

MEDICARE CHOICES AVAILABLE TO FLORIDA RESIDENTS IN 2011

OPTION	DESCRIPTION	THINGS TO CONSIDER
Original Medicare	The federal government insurance plan available nationwide. You are usually charged a fee for each health care service or supply you receive.	<ul style="list-style-type: none"> ❖ You pay a monthly Part-B premium of \$115.40 (those new to Medicare - 2011). ❖ Pay an annual \$162 Part B Deductible ❖ Pay a \$1,132 Part A (hospital) Deductible ❖ You may go to any provider that accepts Medicare. ❖ If provider does not accept assignment, you may have to pay the entire bill at the time of service. Doctor can charge up to 15% more than Medicare. ❖ Some services are not covered and you may have to pay some out-of-pocket costs.
Prescription Drug Coverage	Medicare provides prescription drug coverage to all eligible beneficiaries.	<ul style="list-style-type: none"> ❖ You pay a monthly premium for a plan. ❖ Select a stand-alone Prescription Drug Plan (PDP) to go with your Original Medicare, OR ❖ A Medicare Advantage Plan with Prescription Drug (MA-PD) coverage included.
Medigap Insurance (also known as Medicare Supplement Insurance)	A supplemental policy would be in addition to your Original Medicare. Medicare pays 80% of what it approves; a supplemental policy helps cover the remaining 20%. You may select one of the 10 standardized policies available through private insurance companies.	<ul style="list-style-type: none"> ❖ You pay a premium for your policy. ❖ Each plan has a different set of benefits. ❖ All policies, except A, offer some deductible and co-insurance coverage. ❖ Extra benefits are offered by some policies not otherwise covered by Medicare (i.e., hospice care coinsurance, foreign travel, skilled nursing coinsurance, etc.) ❖ Medicare "SELECT" policies usually cost less because you must use specific hospitals and doctors.
Medicare Advantage Plans	A Medicare approved network of doctors, hospitals and other health care providers who agree to give care in return for a set monthly payment from Medicare.	<ul style="list-style-type: none"> ❖ Most managed care plans charge a monthly premium. ❖ A referral may be required for specialists. ❖ Doctors may join or leave the plan at any time. ❖ Most plans offer benefits that Medicare does not (i.e., dental care and eye care). ❖ HMOs require you to use their network of doctors, hospitals and other providers. ❖ PPOs allow more flexibility to go outside the network for a higher monthly premium. ❖ PFFS plans allow you to go to any provider that accepts the plan. The private company decides (not Medicare) how much it will pay and what you pay for services received. ❖ An MSA combines a high deductible Medicare Advantage Plan with a special savings account. You use the money (from Medicare) in your account for health care costs.
	<p>Different plans available are:</p> <p>HMO (Health Maintenance Organization)</p> <p>PPO (Preferred Provider Organization)</p> <p>PFFS (Private Fee For Service)</p> <p>MSA (Medical Savings Account)</p>	