

Frequently Asked Questions

What is Original Medicare?

Original Medicare is health coverage offered by the federal government. It is overseen by the Centers for Medicare and Medicaid Services, commonly known as CMS.

With Original Medicare, you can see any doctor nationwide that accepts Medicare, but you will have out-of-pocket costs that are usually 20% of the cost of Medicare-approved services, after you meet your deductible. This is called coinsurance. Medicare covers the remaining 80%.

Original Medicare includes:

- Part A, which provides hospital coverage
- Part B, which provides coverage for outpatient medical services, such as your doctor's visits

Original Medicare also does not include coverage for your prescription drugs, so you would need to purchase a stand-alone prescription drug plan to supplement Original Medicare.

What is Medicare Part A?

Medicare Part A is coverage for care received in the hospital.

Most people are automatically enrolled when they turn 65...as long as they are getting Social Security benefits at least 4 months prior to turning age 65. Having said that, most are eligible to enroll 3 months before the month they turn 65. This eligibility period lasts for the 3 months following the month of their 65th birthday. For example: If you turn 65 on May 15th, you would be eligible to enroll anytime between Feb 1 and August 31 of that year. You also have a time each year when you can change your plan. This is called the annual election period, or AEP, and runs Oct 15 – Dec 7. Finally, most people do not pay a premium as they have already paid for it through payroll deductions.

What is Medicare Part B?

Part B is coverage for medical services, such as doctor's visits and outpatient care.

Like Part A, most people are eligible to enroll 3 months before the month they turn 65. This eligibility period lasts for the 3 months following the month of their 65th birthday. For example: If you turn 65 on May 15th, you would be eligible to enroll anytime between Feb 1 and August 31 of that year. With Original Medicare, there are enrollment periods to pay

attention to, or you could pay penalties. You also have a time each year when you can change your plan. This is called the annual election period, or AEP, and runs Oct 15 – Dec 7.

What is Medicare Part C, otherwise known as Medicare Advantage (MA)?

Medicare Part C is also known as Medicare Advantage (MA). A Medicare Advantage plan is an “all-in-one” plan. It includes everything that Original Medicare (Parts A and B) covers, plus it can also include extras like:

- Dental
- Vision
- Hearing
- Gym memberships
- Over-the-counter allowances
- Long-term care
- And more

Medicare Advantage plans have an out-of-pocket maximum, meaning there’s a limit to the amount you have to pay for services. Let’s look at an example to illustrate this point.

Let’s say you received a bill for a Medicare-covered service for \$100,000. If you have Original Medicare, and you have already met your deductible, Medicare would pay \$80,000 (80% of the total cost of \$100,000), and you would pay \$20,000 (20% of the total cost of \$100,000).

Under that same example, if you have a Medicare Advantage plan that has a \$5,000 out-of-pocket maximum, you would pay \$5,000, which is the out-of-pocket maximum, instead of the \$20,000, which is 20% of the total cost.

It is in a scenario like this where a Medicare Advantage plan can help to lower out-of-pocket costs.

What is Medicare Part D?

Part D is coverage for prescription drugs. Part D plans are only sold by private insurance companies, and there are two main ways get Part D:

- Add it as a separate plan to Original Medicare
- Enroll in a Medicare Advantage Prescription Drug (MAPD) plan, which is essentially a Medicare Advantage plan that includes Part D.

What is an MAPD plan?

MAPD stands for Medicare Advantage Prescription Drug Plan, which is essentially a Medicare Advantage plan that includes Part D.

Compare Plans: Why Choose Medicare Advantage (MA) over Original Medicare?

Medicare Advantage plans are all-in-one plans. They cover everything Original Medicare covers, while also including extras not included in Original Medicare like over-the-counter allowances, gym memberships, dental, hearing, and vision. Medicare Advantage plans have premiums that start at \$0.

Medicare Advantage plans can also help lower your out-of-pocket costs through predictable copays, lower deductibles and an out-of-pocket maximum, which was highlighted in the hospital bill example shared in "What is Medicare Part C?"

Medicare Advantage plans have networks of doctors, hospitals, pharmacies and more who have agreed to provide care to members of the plan at set costs. When you choose to stay in-network, it can save you money.

Medicare Advantage plans are held to high quality standards and are built to coordinate the care you need, from the hospital, to your doctor and specialists, and more."

What is MyTruAdvantage?

MyTruAdvantage is Indiana's own Medicare Advantage Prescription Drug (MAPD) plan founded by doctors and hospitals, focused on the community and personalized for you. There are several advantages of MyTruAdvantage:

- **Provider-led:** Research from Health Leaders and The American Journal of Managed Care indicates that provider-led Medicare Advantage plans like MyTruAdvantage have better healthcare quality and higher beneficiary satisfaction and retention than commercial Medicare Advantage plans that are not provider led. In fact, beneficiary retention is 4-5 percentage points higher for provider-sponsored plans than their commercial competitors.
- **Network:** The TruAdvantage network is a network of health systems you know and trust. The network includes over 2,200 unique Primary Care Providers and 4,100 Specialists, in addition to over 300 facilities. Plus, no referrals are needed.
- **Lower out-of-pocket costs:**
 - Plans starting at \$0 per month
 - \$0 medical deductibles and low copays
 - Primary Care Provider (PCP) visits for as little as \$0
 - No referrals needed for in-network specialists

- \$0 copay for 90-day mail order generic drugs
- The Extras
 - Dental, vision and hearing coverage
 - Over-the-counter allowance
 - Free gym memberships
- Community Focus: Being Indiana-based means we can provide the coverage and quality you expect and the care you deserve through trusted, local healthcare professionals with a passion for serving our communities, friends and neighbors.

What Plans does MyTruAdvantage Offer?

- MyTruAdvantage Select (HMO)
- MyTruAdvantage Choice (PPO)

What is the difference between an HMO and a PPO?

An HMO requires that you have a Primary Care Physician (PCP) to coordinate your care, and that you receive care from providers in MyTruAdvantage's network. A PPO has both an in-network and out-of-network option, but the premium is often higher than the HMO, as are out-of-pocket costs if you do go out-of-network.

Where can I get more information on both plans?

You can find more information on this website:

- [MyTruAdvantage Select \(HMO\)](#)
- [MyTruAdvantage Choice \(PPO\)](#)

Or, you can download these helpful documents which provide even more detail:

- [Summary of Benefits](#)
- [Evidence of Coverage MyTruAdvantage Select \(HMO\)](#)
- [Evidence of Coverage MyTruAdvantage Choice \(PPO\)](#)