



ProCare[®]

COMPARISON OF MEDICARE ADVANTAGE PLANS AND MEDICARE SUPPLEMENTS

AGENT TRAINING

Medicare Advantage (MA) Plans

- Enrollees in MA plans are considered plan members, not policyholders.
- Members are limited to certain times of the year for making changes to their MA coverage. If they miss their window to change their plan, they have to wait until the following year.
- Carriers can change or **discontinue** plan offerings every year: benefits, coverage, and premiums can all change annually.
- Doctors, hospitals, and insurers can opt out at any time during the year.
- Nearly 5 million Seniors were non-renewed from their MA plans 2010-2016*.
- MA plans can be restrictive: Members must choose from providers within their plan network, or face higher fees and out-of-pocket costs to seek out-of-network care.
- Many top cancer treatment centers do not accept MA plans, or do so only on a very limited basis. Examples: MD Anderson in Houston, TX; Memorial Sloan Kettering in New York, NY.

Medicare Supplement Insurance Policies (Med Supp)

- Med Supps are guaranteed renewable for life as long as premiums are paid on time. Coverage remains in force from year to year with no obligation by the policyholder to renew or change.
- Policy benefits are standardized by the Federal Government, providing stable coverage that does not change from year to year. Individual insurance carriers cannot change the benefits of a Med Supp plan.
- No networks: Policyholders can choose any doctor, any hospital, or any specialist who accepts Medicare. Around 93% of primary care physicians accept Medicare.**
- Med Supp policyholders have the option to change their plans or carriers 365 days a year.

*Source: CSG Actuarial News and Company Statistics: September 28, 2012 – October 4, 2013 – September 30, 2014 – October 15, 2015.

** Kaiser Family Foundation/Commonwealth Fund 2015 National Survey of Primary Care Providers.
(<http://kff.org/medicare/issue-brief/primary-care-physicians-accepting-medicare-a-snapshot/>)