



Is a Medicare Advantage Private-Fee-For-Service Plan Right for Me?

1-800-443-9354 • www.ncshiip.com

What is a Private-Fee-for-Service plan?

- A Medicare Advantage Private-Fee-for-Service Plan is a health plan offered by a private insurance company under contract with the Medicare program. This insurance plan is not a Medicare supplement/Medigap plans, and it works very differently. The Medicare beneficiary must continue to pay the Medicare Part B premium to participate in a Medicare Advantage Private-Fee-for-Service plan in addition to any additional premium the Private-Fee-for-Service plan may charge.

How does a Private-Fee-for-Service Plan Work?

- You may receive your medical services from any eligible doctor or hospital in the U.S. **that is willing to provide care and accepts your Private-Fee-for-Service plan's terms of payment.**

Is a Private-Fee-for-Service plan right for me?

- A Medicare Advantage Private-Fee-for-Service Plan is very good for some people. It may offer alternative benefits that are not available in Original Medicare.

What should I know before joining a Private-Fee-for-Service plan?

- **Do your providers (doctors and hospitals) accept the Private-Fee-For-Service plan? If any of your providers do not participate with the Medicare Advantage PFFS plan you have chosen, you would need to seek care from another provider willing to accept it.**
- What will your "out-of-pocket costs" be if you join a Private-Fee-for-Service plan, such as co-payments for an office visit, hospital stay or outpatient surgery?
- You are entitled to all medically necessary health care services that are covered by Medicare.
- Private-Fee-for-Service plans may or may not have Medicare Part D prescription drug coverage built in to the plan. If the plan you choose does not have Medicare Part D prescription drug coverage built in, you may need to obtain the Medicare Part D coverage under a stand-alone prescription drug plan (PDP).
- Some Private-Fee-for-Service plans have extra benefits that Medicare does not cover. However, you may have to pay more for these extra benefits.
- Private-Fee-for-Service plans can charge a deductible, co-payment and co-insurance that are different than those under Original Medicare. Private-Fee-for-Service plans may let providers (such as doctors or hospitals) charge you 15 percent over the plan's payment amount for services (called balance billing). Ask if the Private-Fee-For-Service plan allows providers to balance bill.
- Other health insurance plans (retiree coverage, etc.) you have may not coordinate with Medicare Advantage plans.
- Medicare Advantage plans may cost much less than a Medigap plan, but they do not offer the same benefits. Also, please note, Medigap plans do not coordinate with Medicare Advantage plans.

What if I want to disenroll from a Medicare Advantage Private-Fee-for-Service plan?

- **Beneficiaries who enroll directly in an MA plan for the first time upon becoming Medicare eligible can voluntarily disenroll from their plan anytime within the first 12 month of enrollment. If it has been more than 12 months since enrollment, there are limitations as to when a beneficiary may disenroll. See the following items.**
- During the **Annual Election Period (AEP)**, those in a Medicare Advantage Plan can enroll in Original Medicare (and a Prescription Drug Plan/PDP) or switch to a different Medicare Advantage Plan. The Annual Election Period is from November 15 through December 31 of each year, with elected coverage becoming effective January 1 of the following year.
- During the **Open Enrollment Period (OEP) for Medicare Advantage that runs from January 1 through March 31 of each year**, individuals in an MA-PD (Medicare Advantage with Prescription Drug coverage) may switch to another MA-PD or return to Original Medicare and select a stand-alone Prescription Drug Plan. They may not switch to an MA only (Medicare Advantage) that does not provide Medicare Prescription Drug coverage.
- During the **Open Enrollment Period for Medicare Advantage**, beneficiaries in an MA only plan that does not provide Medicare Prescription Drug coverage may select another MA only plan but may not switch to an MA-PD plan. They may also enroll back into Original Medicare but cannot enroll in a stand-alone PDP.
- During the **Open Enrollment Period for Medicare Advantage**, beneficiaries in Original Medicare and a stand-alone PDP cannot switch to a different PDP or to an MA plan without Medicare Prescription Drug coverage. They can enroll in an MA-PD.
- Call 1-800-Medicare (1-800-633-4227), and they will gladly assist you in the disenrollment process.
- Write or call the company that is providing your Private-Fee-for-Service plan.

Once you have been disenrolled from the Private-Fee-for-Service plan, you will be returned to the Original Medicare plan (as long as you continue to pay your Part B premium) unless you have elected to enroll in a different Medicare Advantage plan.

Once I disenroll from a Private-Fee-for-Service plan, can my Original Medicare plan effective date be retroactive to when I enrolled in the Private-Fee-For-Service plan?

If you were enrolled in a Private-Fee-for-Service Plan without being provided with full disclosure as to how the Plan operated, you **MAY** be able to have your enrollment in the Plan canceled as if it were never in effect and returned to the Original Medicare plan. For this consideration, you will need to write to the Plan and explain the basis for a request of this nature. The Plan will then forward your request to the Centers for Medicare & Medicaid Services (CMS), the federal agency who regulates the Medicare program, who will investigate; and if it is determined that proper disclosure of the Private-Fee-for-Service Plan rules was not provided, CMS **MAY** grant the request. Although the request for this type of action is sent to the Private-Fee-for-Service plan, the Plan does not make this decision. All decisions as to whether a disenrollment will be retroactive to when you enrolled in the Private-Fee-for-Service plan is made by CMS.

Do not buy any insurance plan that you do not understand! Contact SHIIP at 1-800-443-9354 or by email at shiip@ncdoi.net for more information or if you have questions about health insurance plans for people on Medicare!

Raleigh, NC ● 1-800-443-9354 ● 919-807-6900 ● www.ncshiip.com

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