

MINUTEMAN NASHOBA HEALTH GROUP, 2008

EXPLANATION OF MEDICARE PLANS

	MEDICARE SUPPLEMENT PLANS	MEDICARE REPLACEMENT PLANS ("Medicare Advantage" plans)
Who is eligible to join?	Retirees and spouses of retirees with Medicare Part A & Part B	
What's the BASIC difference between "supplement" and "replacement" plans?	The member maintains Medicare and receives the supplemental benefits offered by the health plan. Medicare is the primary payer for Medicare covered services and health plan pays secondary. Health plan pays primary for services covered by the plan but not covered by Medicare.	The member signs over his/her Medicare benefits to the Medicare Advantage (MA) plan and does not retain original Medicare during the period of enrollment. The MA plan pays all Medicare-covered services and provides additional benefits. Each year the member may choose to go back to original Medicare or remain with a Medicare Advantage plan.
Who pays the doctors, hospitals and other health care providers?	<p style="text-align: center;">—</p> <p><i>For Medicare covered services:</i> Medicare pays primary & health plan pays secondary.</p> <p><i>For services covered by the health plan but not covered by Medicare:</i> Health plan pays.</p>	<p><i>For Medicare covered services and services covered only by the health plan:</i> Health plan pays.</p> <p>Health plans enter into contracts with Center for Medicare & Medicaid Services (CMS). CMS pays the health plan a monthly amount to cover costs of care for enrolled MA members. Health plan pays providers for all covered services.</p>
Prescription Drug (RX) Coverage	MNHG Medicare supplement plans have unlimited prescription drug (RX) coverage. Members should <u>not</u> buy Medicare Part D (unless they qualify for the Low-Income subsidy)..	MNHG's Medicare Advantage plans have unlimited RX coverage. Medicare Part D is built into MA plans and is enhanced with additional coverage. Members are automatically enrolled in Part D through the MA plan. Members should <u>not</u> buy Medicare Part D (unless they qualify for the Low-Income subsidy).

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Types of Medicare plans	Medicare traditional indemnity type plans	Medicare HMO wrap plans (also called Medicare HMO medigap plans)	Medicare Advantage HMO plans	Medicare Advantage Private Fee For Service (PFFS) plans
Examples of types	– Medicare Complement Plan (MCP) administered by Tufts	Tufts Medicare Complement (TMC)	– Fallon Senior Plan – Tufts Medicare Preferred HMO	– Harvard Pilgrim Freedom Premier PFFS plan, – Tufts Medicare Preferred PFFS plan
Provider Network	No network. All Medicare- participating providers must accept the plan.	There is a provider network of Medicare- participating providers that agree to accept the plan and its terms and payments. Usually the network is the same as the commercial HMO network.	There is a provider network. Usually it is a <i>subset</i> of the commercial HMO network.	No network. Medicare- participating providers may accept or reject coverage at the point of service. Retirees should ask their providers if they will accept the coverage before joining the plan. Most but not all Medicare- participating providers accept the coverage.
Service area	Nationwide	HMO service area for full benefits. Nationwide for Medicare- only level of coverage and nationwide for full coverage for emergencies and urgent care.	Medicare HMO service area and nationwide for emergencies and urgent care only.	Nationwide