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Get the Facts Before Committing to Medicare Advantage

As our local hospital administrator, I have the privilege of visiting with members of our community during some of their most joyous moments. And some of their most painful. Unfortunately, some of the more difficult moments have come from seeing our elderly patients scared and uncertain about the next steps in their healing and recovery process because they don't have the insurance coverage they need for what their doctor recommends.

Since 1965, our country has promised our elderly residents health insurance coverage. A universal health care benefit for anyone 65 and older, no matter their income, medical history, or health status, Medicare today covers approximately 65.5 million of us.

Of those 65 million people, just under half have their care decisions managed by a faraway health insurance company, not their local doctors. That's because they are enrolled in a Medicare Advantage plan, operated by a health insurance company.

These plans are hard to resist. They run frequent TV ads featuring well-known celebrities. They offer extra perks like gym memberships. They might be from the same company that you had coverage with before you retired. And, on the surface they look like they might be cheaper.

But, they don't always cover what you need when you need it. That's because they are not the same as traditional Medicare.

With traditional Medicare, you can see almost any doctor and go to any hospital, anywhere in the country. If you're visiting grandkids in Dallas or North Dakota and need a doctor, traditional Medicare would have you covered. Traditional Medicare also covers things like "swing bed" care, which lets you stay in a hospital for speech, physical, or occupational therapy after an accident or knee or hip replacement. Medicare Advantage typically does not. If you need home health care or medical equipment with Medicare Advantage, your doctor has to ask the plan for permission, a process that can take up to three days and can be denied.

Most importantly, with traditional Medicare, your doctor decides with you what is medically necessary given your condition, prognosis, and support. In a Medicare Advantage plan, those decisions are made by an insurance company employee who doesn't know you or your doctor.

Everyone deserves choices in health care. Making an informed choice about your health insurance coverage depends on having all the information. We encourage our Medicare-eligible residents to ask questions before selecting a Medicare Advantage plan. Ask if your doctor is an in-network provider. Ask about limits on coverage for hospital stays or rehabilitation after a knee replacement.

Medicare open enrollment begins in October so now is the perfect time to start gathering information and talking to your health care team. From October 15 to December 7, you can switch back to traditional Medicare or switch plans.

Everyone deserves choices in health care. And, making an informed choice about what's right for you depends on having accurate and objective information.