

Medicare Advantage Plans:

Plan Types Defined



The chart below shows basic information about the different types of Medicare Advantage Plans offered.

- **HMO** - Health Maintenance Organization
- **PPO** - Preferred Provider Organization
- **PFFS** - Private Fee-for-Service
- **SNP** - Special Needs Plan
- **MSA** - Medical Savings Account

	HMO	PPO	PFFS	SNP	MSA
Premium Do I have to pay a monthly premium?	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	No No plan premium. Must pay the Part B premium.
Drugs Does the plan offer Medicare prescription drug coverage?	Usually If you join a HMO that doesn't offer drug coverage, you can't get a separate Medicare Prescription Drug Plan.	Usually If you join a PPO plan that doesn't offer drug coverage, you can't get a separate Medicare Prescription Drug Plan.	Usually If you join a PFFS plan that doesn't offer drug coverage, you can get a Medicare Prescription Drug Plan.	Yes All SNPs must provide Medicare prescription drug coverage.	No You'll have to join a Medicare Prescription Drug Plan.
Providers Can I use any doctor or hospital that accepts Medicare for covered services?	Maybe You generally must use in-network providers (except emergency care or out-of-area dialysis). In an HMOPOS you may be able to use out-of-network for a higher copayment or coinsurance.	Yes Each plan has a network of doctors, hospitals, and other providers that you may go to. You may go out of the plan's provider network, but your costs may be higher.	Yes You can go to any Medicare-approved medical provider that accepts the plan's payment terms and agrees to treat you. Some plans offer a network of approved providers.	No Generally, you must get your care and services from the SNP's network of providers (except emergency or urgent care or if you have end-stage renal disease and need out-of-area dialysis).	Yes You have flexibility in choosing your health care services and providers.
Referral Are referrals needed for a specialist?	Yes	No	Maybe Plans may vary.	Maybe	No

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Insurance Terminology

Premium

Monthly payment for insurance coverage. This payment is billed by the insurance company, Social Security Administration for Medicare, or the State of Wisconsin for Medicaid.

Deductible

Amount you must pay for healthcare services or prescriptions before insurance begins to pay. Any amount subject to the deductible is billed by the provider office or pharmacy.

Copayment

Fixed amount you may be required to pay for your healthcare services or prescriptions. Copayments are billed by the provider office or pharmacy and are usually owed at the time of service.

Coinsurance

Percentage that you may be required to pay for your share of the cost of healthcare services or prescriptions. Payments would be billed by provider office or pharmacy.

Out-of-Pocket Maximum

The highest amount that you can be billed in combined deductibles, copayments, and coinsurance for health services per year. Payments that you make to providers will be applied to the out-of-pocket maximum on your plan. If your out-of-pocket maximum is met, then the insurance company will pay all bills for the rest of the calendar year.

Advantage Plan Important Questions

1. Will my preferred doctors and hospital be covered?
2. Do I need a referral to see a specialist?
3. What would my benefits be out of the service area?
4. What is the out-of-pocket maximum for health care benefits?
5. Does this plan cover prescription drug coverage? If so, what is the deductible and copay structure?

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