

## Types of Medicare Advantage Plans

### HMO

#### Health Maintenance Organization (HMO) plan

##### **Can I get my health care from any doctor, other health care provider, or hospital?**

No. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except for emergency care, out-of-area urgent care, or temporary out-of-area dialysis, which is covered whether it's provided in the plan's network or outside the plan's network). However, some HMO plans, known as HMO Point-of-Service (HMOPOS) plans, offer an out-of-network benefit.

##### **Do these plans cover prescription drugs?**

In most cases, yes. If you want Medicare drug coverage, you must join an HMO plan that offers drug coverage.

##### **Do I need to choose a [primary care doctor](#)?**

In most cases, yes.

##### **Do I have to get a [referral](#) to see a specialist?**

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

##### **What else do I need to know about this type of plan?**

- If your doctor or other health care provider leaves the plan's network, your plan will notify you. You may choose another doctor in the plan's network.
- If you get health care outside the plan's network, you may have to pay the full cost.
- It's important that you follow the plan's rules, like getting prior approval for a certain service when needed.
- Check with the plan for more information.

**MSA****Medical Savings Account (MSA) plan****Can I get my health care from any doctor, other health care provider, or hospital?**

Yes. MSA plans don't always have a network of doctors, other health care providers, and hospitals.

**Do these plans cover prescription drugs?**

No. If you join a Medicare MSA plan and need drug coverage, you'll have to join a separate Medicare drug plan.

**Do I need to choose a [primary care doctor](#)?**

No.

**Do I have to get a [referral](#) to see a specialist?**

No.

**What else do I need to know about this type of plan?**

The plan deposits money into a special savings account. The amount of the deposit varies by plan. You can use this money to pay your Medicare-covered health care costs before you meet the [deductible](#). Money left in your account at the end of the year stays there. If you keep your plan the following year, your plan will add any new deposits to the amount left over.

- MSA plans don't charge a [premium](#), but you must continue to pay your Part B premium.
- Some plans may cover extra benefits, like dental, vision and hearing. You may pay a premium if you use these services.
- For more information about using your MSA plan, visit [Medicare.gov](https://www.Medicare.gov), or check with your plan.

**PPO**

## **Preferred Provider Organization (PPO) plan**

### **Can I get my health care from any doctor, other health care provider, or hospital?**

Yes. PPO plans have network doctors, specialists, hospitals, and other health care providers you can use, but you can also use out-of-network providers for covered services, usually for a higher cost. You're always covered for emergency and urgent care.

### **Do these plans cover prescription drugs?**

In most cases, yes. If you want Medicare drug coverage, you must join a PPO plan that offers drug coverage. If you join a PPO plan without drug coverage, you can't join a separate Medicare drug plan.

### **Do I need to choose a **primary care doctor**?**

No.

### **Do I have to get a **referral** to see a specialist?**

In most cases, no. But if you use plan specialists (in-network), your costs for covered services will usually be lower than if you use non-plan specialists (out-of-network).

### **What else do I need to know about this type of plan?**

- Because certain providers are "preferred," you can save money by using them.
- A PPO plan isn't the same as Original Medicare or Medicare Supplement Insurance (Medigap).
- It usually offers extra benefits than Original Medicare, but you may have to pay extra for these benefits.
- Check with the plan for more information.

## **PFFS** Private Fee-for-Service (PFFS) plan

### **Can I get my health care from any doctor, other health care provider, or hospital?**

You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. If you join a PFFS plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can also choose an out-of-network doctor, hospital, or other provider who accepts the plan's terms, but you may pay more.

### **Do these plans cover prescription drugs?**

Sometimes. If your PFFS plan doesn't offer drug coverage, you can join a separate Medicare drug plan to get coverage.

### **Do I need to choose a **primary care doctor**?**

No.

### **Do I have to get a **referral** to see a specialist?**

No.

### **What else do I need to know about this type of plan?**

- The plan decides how much you pay for services. The plan will tell you about your cost sharing in the "Annual Notice of Change" and "Evidence of Coverage" documents that it sends each year.
- Some PFFS plans contract with a network of providers who agree to always treat you, even if you've never seen them before.
- Out-of-network doctors, hospitals, and other providers may decide not to treat you, even if you've seen them before.
- In a medical emergency, doctors, hospitals, and other providers must treat you.
- For each service you get, make sure to show your plan member card before you get treated.
- Check with the plan for more information.

## SNP

**Special Needs Plan (SNP)**

An SNP provides benefits and services to people with specific diseases, certain health care needs, or limited incomes. SNPs tailor their benefits, provider choices, and list of drugs (formularies) to best meet the specific needs of the groups they serve.

**Can I get my health care from any doctor, other health care provider, or hospital?**

Some SNPs cover services out-of-network and some don't. Check with the plan to see if they cover services out-of-network, and if so, how it affects your costs.

**Do these plans cover prescription drugs?**

Yes. All SNPs must provide Medicare drug coverage.

**Do I need to choose a [primary care doctor](#)?**

Generally, yes.

**Do I have to get a [referral](#) to see a specialist?**

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

**What else do I need to know about this type of plan?**

- These groups are eligible to enroll in an SNP:
  - People who live in certain institutions (like nursing homes) or who require nursing care at home (also called an “Institutional SNP” or I-SNP).
  - People who are eligible for both Medicare and Medicaid (also called a “Dual Eligible SNP” or D-SNP). D-SNPs contract with your state Medicaid program to help coordinate your Medicare and Medicaid benefits.
  - People who have specific severe or disabling chronic conditions (like diabetes, End-Stage Renal Disease (ESRD), HIV/AIDS, chronic heart failure, or dementia) (also called a “Chronic condition SNP” or C-SNP). Plans may further limit membership.
- A SNP provides benefits targeted to its members' special needs, including care coordination services.
- Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to find and compare [Medicare Advantage Plans](#) and see if SNPs are available in your area. Select “Add Special Needs Plans” if this option is available when you view plans.
- Check with the plan for more information.