



"Medicare & You 2002," developed by the Centers for Medicare & Medicaid Services (CMS), is a handbook for beneficiaries. This page explains their rights under Medicare.

Medicare & You 2002

This handbook has important information about:

- Your Medicare benefits.
- Choosing a health plan that's right for you.
- New ways to get information.

How do you find what you need? See page 77.



CENTERS FOR MEDICARE & MEDICAID SERVICES



Section 5

Medicare + Choice Plans

What is a Medicare + Choice plan?

Medicare + Choice plans provide care under contract to Medicare. They may provide benefits like coordination of care or reduce out-of-pocket expenses. Some plans may offer additional benefits.

Medicare + Choice plans currently include:

- **Medicare managed care plans** (like HMOs), and
- **Medicare Private Fee-for-Service plans.**

Medicare + Choice plans are available in many areas of the country. For information about the Medicare + Choice plans available in your area, look at www.medicare.gov on the Web, or call 1-800-MEDICARE (1-800-633-4227).

Remember, words in blue are defined on pages 73-76.

Medicare pays a set amount of money for your care every month to these private health plans. In turn, the Medicare + Choice plan manages the Medicare coverage for its members. If Medicare + Choice plans are available in your area, you can join one and get your Medicare covered benefits. By joining a Medicare + Choice plan, you can often get extra benefits, like prescription drugs. The Medicare + Choice plan may have additional rules that you need to follow. You may also have to pay a monthly premium for the extra benefits.

If you join a Medicare + Choice plan:

- You are still in the Medicare program.
- You must have Medicare Part A **and** Part B, and continue to pay the monthly Medicare Part B **premium** (\$50 in 2001). If you are already in a **Medicare managed care plan** and have only Part B, you may stay in your plan.
- You still get all your regular Medicare-covered services (see pages 12-17). You may be able to get extra benefits like prescription drugs or additional days in the hospital.
- You have Medicare rights to protect you (see page 18).

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Medicare + Choice Plans

How does a Medicare managed care plan work?

- In most managed care plans, you can only go to certain doctors and hospitals that agree to treat members of the plan. Call the plan you are interested in to see which doctors are in the plan.
- Doctors can join or leave managed care plans at any time. If your doctor leaves your plan, ask your plan for the names of other plan doctors in your area.
- Generally, you need a [referral](#) to see a specialist (like a cardiologist), which means your [primary care doctor](#) tells you and the specialist it is OK for you to go.
- You may pay more if you get health care outside the service area of the plan, unless you have an emergency or need urgent care (see Q7 and Q8 on page 55). The service area is where the plan accepts members and where you get services from the plan.
- Each year, the companies offering Medicare + Choice plans can decide to join, stay with, or leave Medicare.
- Some managed care plans offer a Point-of-Service option. This allows you to go to other doctors and hospitals who are not a part of the plan. Most of the time this costs you more, but this option gives you more choices.
- Exceptions to these rules might apply in emergencies or certain cases when care is urgently needed (see Q7 and Q8 on page 55).