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MEDICARE ADVANTAGE PLANS

What is the Difference between Original Medicare and Medicare Advantage Plans?

Original Medicare consists of Part A Hospital Insurance and Part B Medical Insurance. Both have a deductible and Part B has a monthly premium and a 20% copayment for many services. However, you can go to any hospital and see any doctor in the United States who takes Medicare. You can consider purchasing a Medigap plan to cover health care costs not covered by Original Medicare. You also have the option to buy a Part D plan to cover prescription drugs. Pro Seniors has more information about Part A, Part B, Medigap Insurance, and Part D plans in their fact sheets on these topics.

Instead of staying on Original Medicare, you can elect to join a Medicare Advantage Plan ("MAP"). MAPs are offered by private insurance companies that contract with the Federal government. MAPs are required to provide all benefits covered by Original Medicare and they can offer supplemental coverage, such as vision, hearing, and dental services. Copays for services may be higher or lower than Original Medicare. You should carefully review your MAP's Plan Documents concerning copays. Many types of MAPs have limited provider choice. MAPs may have a yearly limit on out-of-pocket cost. You typically pay the same premium for Part B as if you had stayed on Original Medicare, even on plans advertised as "premium free" and you often pay an additional premium. MAPs can bundle in Part D prescription drug coverage.

Do I have to enroll in a MAP?

No. You can elect to stay in Original Medicare by not enrolling in a MAP.

What types of MAPs are available?

Common types of MAPS offered by insurance companies are HMOs and PPOs.

Health Maintenance Organizations (HMO) – you must use providers in the HMO's network, designate a primary care physician and get referrals for specialists. HMOs are required to cover urgent or emergency medical services and out-of-area dialysis. If you want prescription drug coverage, make sure your HMO offers it because you usually cannot get a separate drug plan.

Preferred Provider Organizations (PPO) – PPOs also have networks, but you can go outside of the network and the PPO will still cover at least part of the cost of care. You will pay less if you use in-network providers. If you want prescription drug coverage, make sure your PPO offers it because you usually cannot get a separate drug plan.

Other MAP options include Private Fee for Service Plans, Special Needs Plans and Medicare Savings Accounts.

Careful attention must be paid to the different benefits and costs offered by each choice.

Who can enroll in a MAP?

Generally, you must be entitled to Part A, enrolled in Part B, and live in the geographic area served by the plan.

Can a beneficiary appeal a medical decision by a MAP or one of their providers?

Yes, you can appeal an adverse determination, such as a refusal to provide a service or the amount the MAP says you must pay for a service. You can also appeal a refusal to pay for out-of-area emergency services, urgently needed services, dialysis, or post-stabilization care. You can appeal the reduction or discontinuation of treatment.

There are five levels of appeal from a MAP's initial determination. You have 60 days from the date on the notice request reconsideration. If the MAP upholds the denial, it must forward the appeal request and its file to an Independent Review Entity. If this results in a denial, you can continue appealing to an Administrative Law Judge, the Medicare Appeals Council, and Federal District Court. You should file your appeal within at least 60 days of the date on the notice to the next level.

How do I start the appeal process?

To start the appeal process by requesting reconsideration, you, your representative or your doctor can file a request to your MAP within 60 days of the date of the determination you are appealing which includes this information: (1) Your name, address, and Medicare number; (2) the items or services you're requesting be reconsidered, dates of service, and reason for the appeal; (3) If you've appointed a representative, such as a family member, friend, or doctor, their name and proof of representation; (4) Any other information that may help your case. Ask your provider for helpful documents or information.

Keep copies of everything you send the MAP for the appeal. If you do not know where to send your appeal, ask your MAP or call the Ohio Senior Insurance Information Program ("OSHIIP") at 1-800-686-1575 or at OSHIIPmail@insurance.ohio.gov. If you have questions about appointing a representative, call Medicare at 1-800-633-4227; TTY 1-877-486-2048.

What if I need an immediate decision?

You can request an expedited decision if the usual decision time (14 days) could seriously jeopardize your life, health, or ability to regain maximum function. The MAP must usually issue an expedited decision in 72 hours. If the expedited determination is not completely favorable to you, the MAP must explain to you the standard and expedited processes for requesting reconsideration and the rest of the appeal process.

How much of my hospital stay will a MAP pay?

MAPs are required to cover medically necessary hospitalizations when they would be covered by Original Medicare. However, you may be required to go to an in-network hospital, or you might pay more at a hospital that is out-of-network. You may need to obtain prior authorization for non-emergency hospitalization. Your out-of-pocket cost will depend on your MAP's deductible and co-payment policy. For example, one MAP may charge $350 a day for each day of hospital care up to a maximum of $2,500 per year, while another one may charge a flat $400 for each hospital stay in a calendar year. It is crucial to review deductible, coinsurance, co-payment and maximum co-payment policies when selecting a MAP.

What if my MAP wants me discharged from a hospital and says I will have to pay for all additional care?

You have an absolute right to a written notice that explains your discharge appeal rights. If you think Medicare coverage at a hospital is ending too soon, you can contact Livanta at 1-888-524-9900 or TTY: 1-888-985-8775 and request expedited determination no later than midnight of the day of discharge. Make yourself or your representative available to talk to Livanta. If you do this, other than

coinsurance and the deductible you will retain Medicare coverage while the expedited appeal is pending.

What if I decide I no longer want to be in my MAP?

You can disenroll and return to Original Medicare or switch to a different MAP by submitting the appropriate forms to your MAP or call Medicare at 1-800-633-4227 or TTY 1-877-486-2048 during the open enrollment period of Oct. 15 to Dec. 7 or Jan. 1 to Mar. 31. You can also ask Medicare if you are eligible for a special enrollment period.

What can I do about unsolicited calls advertising MAPs?

These calls are likely scams trying to collect your personal information. You can add your phone number to the National Do Not Call Registry . MAPs and their brokers are forbidden from calling you, robocalling you, sending you a direct message from a social media platform, and from soliciting you door-to-door unless you give permission. MAPs are only permitted to call current enrollees, current commercial customers aging into Medicare, and those who submitted an enrollment application.

However, MAPS can make unsolicited direct contact with you by email and conventional mail. If you believe these rules were violated, you can submit a complaint to the Ohio Department of Insurance by calling 1-800-686-1526. You can obtain objective information about MAPs by contacting the Ohio Senior Insurance Information Program ("OSHIIP") at 1-800-686-1575.

Pro Seniors helps older Ohioans solve legal and long-term care problems and fight Medicare fraud. Our Legal Helpline provides free legal information and advice for Ohio residents aged 60 and older.
This fact sheet provides general information, not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Helpline or consult an attorney in elder law.

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Form #LFS026d