



Explanation of Lists of Medicare Advantage Plans in NYS That Offer Part D Coverage

This chart explains how to read the lists of Medicare Advantage Plans in NYS posted at:

[Complete list of all plans in NYS](#) (pdf) (includes Medicare Advantage plans)

[Complete list of all plans in NYS](#) (Excel) (includes Medicare Advantage plans) or

http://onlineresources.wnyc.net/pb/docs/Medicare_PartD_Plan_Report_NYS_all_plans.XLS

Medicare Advantage Plans are the Medicare managed care organizations (HMOs or PPOs) that will include a Part D benefit.

WARNING -- The chart does not show everything you need to know to decide whether a Medicare Advantage Plan would suit clients' needs. Medicare Advantage is not only a drug plan, but a plan for all services under Medicare Parts A and B. Members of these plans must follow the rules of the HMO or PPO (Preferred Provider Organization). They may generally use only doctors, hospitals, home health agencies, and rehab centers that are in the plan's network. In a PPO, a member may go outside the network for a higher fee. Sometimes a referral or prior approval is needed for some services. None of this is indicated on the chart. The decision should not be made on cost alone. A plan may be free but not cover any of the client's doctors or her home health agency, or require extensive approvals. Before a client joins one of these plans, s/he/you must find out if it covers her health care providers AND her medications under its Part D component.

4. USING THE TABLE --

- The first 46 plans are the stand-alone plans (rows 5 - 50). These are not Medicare Advantage. See separate chart and explanation at http://onlineresources.wnyc.net/health_care.asp#PartD - scroll down to Section B - Lists of Part D Plans in NYS.

- The Medicare Advantage plans begin at Row 51. They are listed by COUNTY, so that all the MA plans in Albany are listed first, then Allegany, and so on. You should be able to print out just the rows that apply to your county.
- Column I - is the MA plan a Health Maintenance Organization or "HMO" or Preferred Provider Organization "PPO". Generally, in an HMO, a member may use only doctors and other providers that contract with the HMO. In a PPO, the member pays less if she uses a "preferred provider," but may still go to other providers for a higher copayment.
- Column K - Special Needs Plan type. This shows if the plan serves Dual Eligibles. I am not sure what this means, but it presumes it partly means that the prescription drug coverage is "basic" so should have no premium for dual eligibles.
- Column N - shows if plan is a national plan. Almost no Medicare Advantage plan is national. If client travels, shouldn't join the plan.
- Column Q -- "Part C Premium" cost -- this is just the cost for the "Part C" services, which are hospital and physician and other services provided under Parts A and B. If the cost is more than -0-, the plan should be providing some extras - health club, etc. May not be worth it.
 - NOTE: If a Medicaid recipient or someone with a Low Income Subsidy/extra help joins this plan, they still must pay this amount. The subsidy does not cover the Part C premium, if any.
- Columns R - T -- R- S show parts of the Part D premium, and T is the Total premium.
 - Column R is the cost of the "basic" part of the plan. A "basic" plan generally has a \$250 deductible (buy may have a smaller or no deductible too), has a "donut hole," and requires a 25% copayment or the equivalent before the donut hole is reached.
 - Column S is the Part D "Supplemental premium" - the extra costs for an "enhanced" plan, which should fill in some of the gaps of a "basic" plan. It may provide some coverage in the gap or donut hole (this is indicated in Column AA), have a lower drug deductible (this is indicated in Column Y), have a more expansive formulary, or charge lower copays than the standard 25%

- Column T is the Total Part D premium FOR PEOPLE NOT ON MEDICAID and who have no Low Income Subsidy
- Columns U - X show the costs of the Part D premium for people on Medicaid or who have the Low Income Subsidy
 - Column U is cost for People on Medicaid or with the FULL Low Income Subsidy, including people in a Medicare Savings Program (MSP)
 - Columns V - X are costs for people with a PARTIAL low income subsidy, whose income is between 135% - 150% of the Federal Poverty Level. (see outline from training for chart of sliding scale within this income range)
 - **NOTE THAT these columns U- X show that the cost of the PART D PREMIUM is reduced.** If the Plan charges a PART C premium (column Q), the Medicaid recipient or Low Income Subsidy/Extra help recipient **MUST** pay this.
- Columns Y, Z, and AA - show if plan provides any “extra” benefits beyond what is required of a “basic” plan - BUT READ ON RE MEDICAID AND LIS
 - Column Y - Deductible -- Does the plan charge the standard \$250 deductible or less. PLEASE NOTE THAT THIS COLUMN IS NOT ACCURATE FOR DUAL-ELIGIBLES and others with the full Low income Subsidy. For these people there is NO annual deductible. So you just have to know that, the chart doesn't tell you. People may be mis-led by people marketing the Medicare Advantage plans to believe that the fact that there is no deductible makes this a desirable plan. That may be true for people NOT on Medicaid, or other subsidy, but is NOT TRUE for people on Medicaid or who have the subsidy.
 - COLUMN Z and AA -- are about the doughnut hole - whether the plan provides coverage during this period. THIS DOES NOT APPY TO DUALS because they always get coverage through this period. See note on marketing tactics in preceding paragraph.