



# Making the Most out of Your Medicare Health Plan

We're glad you chose Medicare Pathways. We have created this handbook exclusively for our clients. Inside, you'll find helpful information and tips to help you make the most of your Medicare plan. We want to make sure you feel great about your plan selection.

**1**

## **Step 1: Know your plan coverage**

You find complete benefit information for your plan in your Evidence of Coverage (EOC). It has detailed information on your coverage, costs and rules you need to follow.

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## **Step 2: Know your prescription drug coverage**

Your prescription drug list (also known as a formulary) will show:

- Drugs your plan covers
- The tier a drug is on – generally, the lower the tier, the less you pay
- Drug requirements or limits
- Mail-order availability

The formulary shows if there are any rules you need to follow before your medicine is covered.

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## **Step 3: Know which providers are in your plan's network**

Your plan has a network of doctors, hospitals and pharmacies. Sometimes, the networks can change, even throughout the year. It's always a good idea to check the network list before you get care. Many insurance carriers offer several online tools to help guide your healthy journey. Whether you want access to your member ID card, find a network pharmacy or look up your medications, many carrier's will have you covered. For more information on your plan's member website, give us a call at 866-466-9118.

# How your PCP helps you

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Your PCP helps you build a plan to get healthy and stay healthy. Even if you're perfectly healthy, it's good to get the conversation started.

## Your PCP:



Gets to know your medical history

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Sees you for your annual wellness exam, including preventive screenings

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Helps guide you on important health decisions

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Refers you to specialists and directs your care across other facilities in your network

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Can treat you when you're sick

**Check your EOC to see if your plan requires you to have a PCP.**

## Review your member ID card

- Is your PCP listed? If they are, you don't have to do anything.
- Changing PCPs? You can contact the carrier or Medicare Pathways to assist with updating your PCP information.

## Get ready for your doctor visit

Make a list of things to talk to your doctor about before you go. Then write down your doctor's answers while you're there. You can always refer back to them after you leave the office.

## Things to discuss include:

- Your medical history
- Your medicines (prescription & over-the-counter)
- Recent health changes
- Medicine side effects
- Suggested screenings and vaccines
- Changes to your daily routine or diet
- Major life events
- Prior authorizations required by your plan, such as imaging

If you're suddenly sick or injured, your first thought may be to head to the ER. But depending on your medical issue, the ER may not be your best choice. Urgent care facilities can offer a more convenient way to get quick care. Plus, going to an urgent care clinic instead of the ER can help save you money. Remember, in the event of a medical emergency call 911 or go to the closest ER. The options in this material aren't a complete list of where you can get care.

## Urgent Care Center

## ER

### Options when you can't see your PCP

These centers offer treatment for non-life-threatening injuries or illnesses.

The ER offers treatment for serious injuries or illnesses.

### When to go

If you need immediate care that isn't serious enough to go to an ER.

If you think your life or health is in serious danger.

Consider if you need treatment for:

- Allergies
- Coughing
- Upset Stomach
- Sinus congestion
- Broken bones
- Sore throat
- Flu symptoms
- Pink eye
- Ear infections
- Cuts, bumps or sprains

Consider if you need treatment for:

- Difficulty breathing
- Loss of consciousness
- Severe burns
- Chest pain or suspected heart attack
- Severe bleeding
- Acute stomach pain
- Poisoning

**Quick tip:**

If you're away from home and need medical care, urgent care may be a good option.

**Quick tip:**

It usually costs more money to use an ER than to see your doctor or go to an urgent care center.

### Advantages

- Convenience (you can walk-in and many accept appointments)
- Flexible hours (many are open late and have weekend hours)
- You're often treated faster than in the ER

- Offers emergency care
- Can treat more serious health issues
- Open 24/7

### Think twice

This may not be a good option if:

- You have chest pain (go to the ER)
- You need a prescription refilled
- You need preventive care

This may not be a good option if:

- You have symptoms that can be treated in a non-emergency setting

# Formulary 101

## How to read a formulary (drug list)

### Your formulary is the key to helping you understand:

- The drug(s) covered by your plan
- The tier level of each drug – drugs in different tiers may have different costs
- Any special rules for a drug that you'll need to follow, like prior authorization, quantity limit, or step therapy

### You'll notice drug names are either in *italics* or CAPITAL letters. These mean:

- *Italics* – generic drugs that generally have lower copays and costs
- CAPITALS – brand-name drugs that generally have higher copays and costs

### What does MO mean?

MO stands for mail order. The presence of MO in the formulary informs you the drug is available for up to a 90-day supply through home delivery (if available.)

### Find your prescription drugs

There are two ways to find drugs in the formulary:

- Search by **category**. For example, omeprazole is under "Gastrointestinal agents."
- Search by name in the **Index**. The drugs in this section are listed alphabetically.

### Check if your drugs have coverage rules

For some drugs, you have to follow special rules before they are covered. If a drug has any of the below listed by their name, talk with your doctor about your options.

- **Step therapy:** You'll need to try certain drugs first before your plan will cover another option. A drug like this will have a "ST" in the "Requirements/Limits" column.
- **Prior Authorization:** Your doctor needs to get approval from us before the drug is approved. A drug like this will have "PA" in the "Requirements/Limits" column.
- **Quantity limit:** A limit on the amount of drug that your health plan covers. A drug like this will have "QL" in the "Requirements/Limits" column.

# Insurance 101

## Key Terms

### **Coinsurance**

This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20%.)

### **Copayment (or copay)**

This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$10 for a prescription drug or \$20 for a doctor visit.)

### **Cost sharing**

These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

### **Deductible**

This is the amount some plans require you to pay for covered services before the plan starts to pay.

### **Maximum out-of-pocket amount**

This is the most you'll pay in a year for certain health services. See your EOC for more information, including the maximum amount you'll pay.

### **Premium**

This is the amount you pay your plan for coverage.

### **True out-of-pocket (TrOOP) costs**

This is the amount you pay for covered Part D drugs that counts towards your drug plan's out-of-pocket threshold. Your yearly deductible, coinsurance or copayments, and what you pay in the coverage gap all count toward this out-of-pocket limit. The limit doesn't include the drug plan's premium.