

THE TRAVELER'S GUIDE TO MEDICARE

HOW MOVING & TRAVELING
CAN AFFECT YOUR COVERAGE



BY UNITED MEDICARE ADVISORS

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Introduction

For many, comprehensive health insurance is invaluable. It protects your physical and financial health no matter what issues may arise. In this eBook, we detail how Medicare views travel as well as what happens when you move to a new address.

Most topics in Medicare have exceptions and this is no different. Should you have any questions, we are always here to help. You can find contact information for United Medicare Advisors at the end of this book.

Moving

One task to complete before moving is switching addresses with your health insurance carrier and possibly finding a new plan. What happens when you make this change?

RULE #1: The following rule applies to those with Medicare Advantage, Medicare Supplement, or even just Original Medicare. **Your premium and plan benefits will likely not change if you move to a new home within the same zip code.**

Several factors affect your insurance premiums, and zip code is one of them. This is because insurance carriers rate the financial risk of covering people in part by their location.

RULE #2: If you move to a new zip code within the same state, your premiums will likely change. The premium change will occur at different points depending upon your insurance carrier. Some carriers adjust as soon as you update your address and others wait until your policy anniversary date.

If you have a Medicare Advantage plan, you likely have a network. If you move out of this network, you may have special rights to enroll into a new plan. Check with your agent for information specific to your plan.

If you have a Medicare Supplement plan, feel free to comparison shop at any point during the year.

Moving

RULE #3: If you move to a new state your premiums will likely change. Your plan and carrier options may also be different. If you have Medicare Advantage, you'll likely be moving out of network and won't have coverage. In this situation, you have rights known as Guaranteed Issue Rights that help you enroll in a new plan.

With Medicare Supplement plans, you just need to pay attention to how your rates change. Your plan benefits will not change since these plans do not have any sort of network.

Domestic Travel

RULE #1: If you have Original Medicare, you can travel anywhere in the United States and receive care by any doctor or hospital that accepts Medicare. This means you'll still receive basic coverage even if you do not have anything else in place.

RULE #2: If you have a Medicare Advantage plan, you may not have coverage outside of your network. Your specific plan determines if you have coverage provided while traveling. Some plans will cover you in emergency situations out of network, while others will not cover anything.

RULE #3: If you have a Medicare Supplement plan, you will receive normal plan benefits throughout the United States. All hospitals and doctors that accept Medicare must accept all Supplement plans regardless of carrier.

ADVISOR TIP: Some Medicare Advantage plans will automatically disenroll anyone who travels outside of the plan's network for more than six months.

Check with your plan to see if this is the case.

International Travel

Original Medicare does not generally provide coverage outside of the United States. One situation that is covered is when you need emergency care while in the U.S. but the nearest hospital is in another country. If you live near a border or are traveling near one, be mindful of your hospital and doctor options.

RULE #1: A Medicare Advantage plan may cover you outside the U.S., depending on the plan you choose. Since Advantage programs are all designed by the insurance carrier, each plan is different.

If you plan to travel abroad, be sure to ask the carrier what specific coverage you have under their plans.

RULE #2: Coverage abroad with a Medicare Supplement plan depends on the plan letter. Plan letters C, D, F, G, L, M, and N all provide coverage abroad. This coverage is for 80% of all charges up to a lifetime limit of \$50,000 after a \$250 deductible. Medicare will not provide any coverage after the first 60 days of your trip.

ADVISOR TIP: Planning a cruise vacation? Medical services received while on a cruise ship are covered only if the ship is in a U.S. port or no more than six hours from a U.S. port.



Glossary

AEP

Medicare's Annual Enrollment Period runs from October 15th through December 7th. This is the only time throughout the year (not including any special exceptions) that a beneficiary may comparison shop and enroll into a new Part D drug plan. Any new plan you choose during this time will begin coverage on January 1st of the following year.

Coinsurance

This is a percentage amount that you will pay for a given service. The most prominent example of coinsurance in Medicare is Original Medicare paying 80% and Medigap plans paying 20%. That split of 80/20 is the coinsurance ratio.

Copay

With Medicare, copays are an amount you pay for a visit to the doctor or hospital. Some Medigap plans completely cover copays.

Deductible

You pay this amount prior to the plan starting coverage. Deductibles are typically organized on an annual basis.

Drug List (Formulary)

Varying from one plan to the next, this is a list of drugs covered by the plan. These lists, also known as formularies, can change from year to year.

Medicare

Medicare is a federal health insurance program for people who are 65 or older and certain people who qualify via disability or end-stage renal disease.

Medicare Advantage (Part C)

These plans replace your Part A and Part B coverage with a plan developed by a private insurance carrier. They are typically organized with provider networks such as an HMO or PPO and can also include prescription drug coverage.

Glossary

Medically Necessary

Any health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms that meet accepted standards of medicine are considered medically necessary.

Medicare Part D

These are prescription drug plans offered to Medicare beneficiaries that are enrolled in Original Medicare.

Medicare Supplement (Medigap)

These policies are designed to pay the remaining 20% left by Original Medicare. They are federally standardized and are offered by private insurance carriers.

Original Medicare

This provides 80% coverage of eligible services at the hospital (Medicare Part A) and doctor's office (Medicare Part B).

Premium

This is the amount you pay monthly to maintain a plan.

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