

How to navigate

AEP.

Resource
Guide



Know
before you
ENROLL.

P3 Health
Partners

People. Passion. Purpose.

What is the **ANNUAL ENROLLMENT PERIOD?**

And what do I need to do?

Medicare's **ANNUAL ENROLLMENT PERIOD (AEP)** runs from **OCTOBER 15 THROUGH DECEMBER 7** each year. Outside of this window, changes can only be made in the case of a qualifying health or life event. Now is the time to make sure **YOU UNDERSTAND YOUR OPTIONS** so you can pick the plan and provider that are **RIGHT FOR YOU.**



During this window,
seniors aged

65+
can:

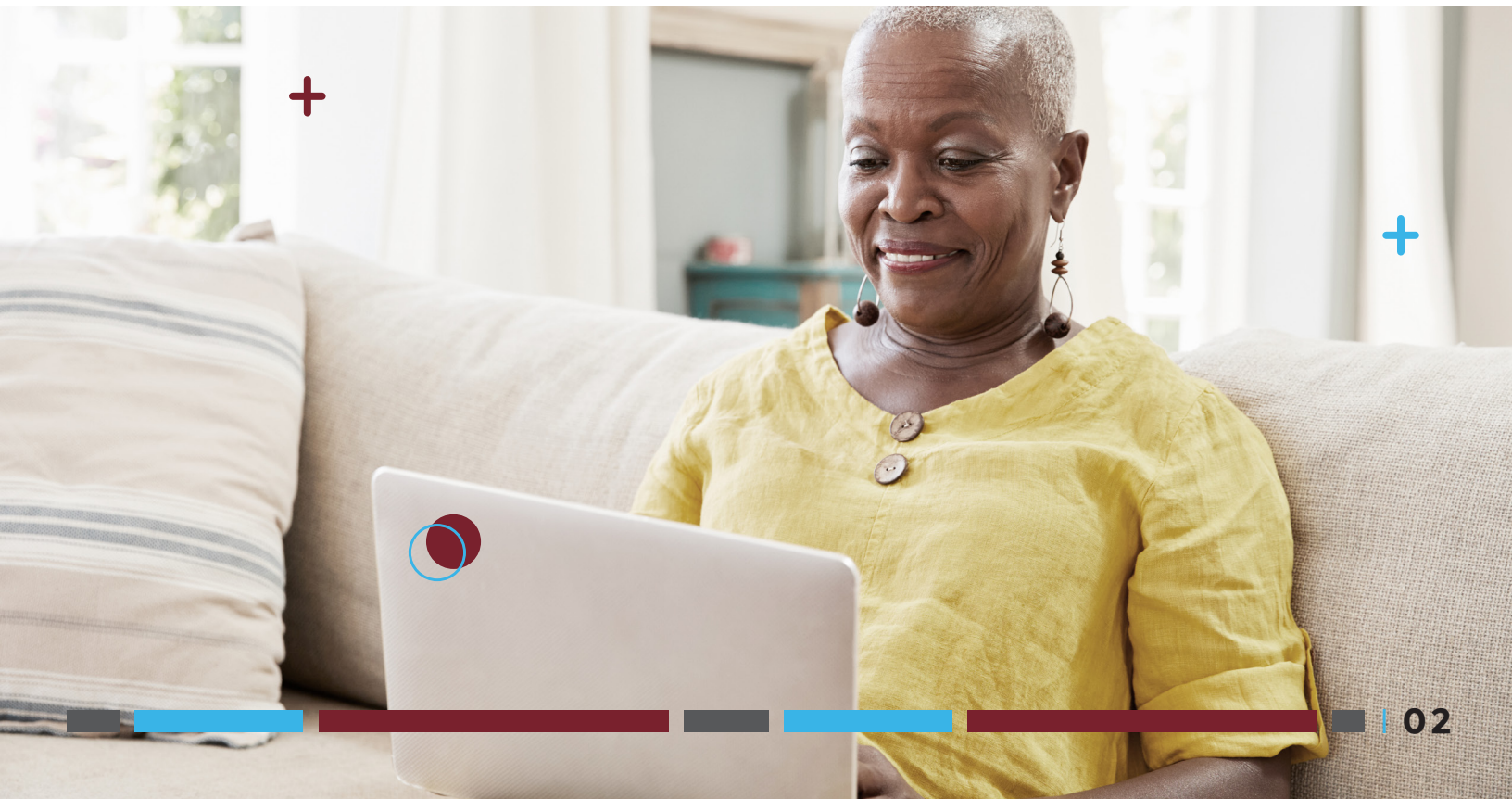
- ♥ Reevaluate your coverage – whether it's Original Medicare with supplemental drug coverage, or Medicare Advantage – and make changes or purchase new policies.
- ♥ Switch from Original Medicare to Medicare Advantage (as long as you're enrolled in both Medicare Part A and Part B and live in the plan's service area).
- ♥ Switch from Medicare Advantage to Original Medicare (plus a Medicare Part D plan, and possibly a Medigap plan).
- ♥ Switch from one Medicare Advantage plan to another.
- ♥ Switch from one Medicare Part D prescription drug plan to another.
- ♥ Enroll in a Medicare Part D plan if you did not enroll when you were first eligible for Medicare. If you haven't maintained other creditable coverage, a late-enrollment penalty may apply.



What to consider when NAVIGATING YOUR OPTIONS.



| BENEFITS | ORIGINAL MEDICARE (PARTS A, B AND D) | MEDICARE ADVANTAGE (PART C) |
|--|---|--------------------------------|
| Hospital coverage | ✓ | ✓ |
| Doctors visits | ✓ | ✓ |
| Medical equipment and supplies | ✓ | ✓ |
| Outpatient services | ✓ | ✓ |
| Prescription management | ✗ | ✓ |
| Dental coverage | ✗ | ✓ |
| Vision benefits | ✗ | ✓ |
| Transportation | ✗ | ✓ |
| Wellness benefits (e.g. gym memberships and discounts) | ✗ | ✓ |





What to consider when **NAVIGATING YOUR OPTIONS.**



ORIGINAL MEDICARE (PARTS A, B AND D)

- ♥ Includes Part A (Hospital Insurance) and Part B (Medical Insurance).
- ♥ If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- ♥ To help pay your out-of-pocket costs (like your 20% coinsurance), you can also purchase supplemental coverage.
- ♥ You can use any doctor or hospital that accepts Medicare anywhere in the U.S.
- ♥ No yearly limit on what you pay out of pocket unless you have supplemental coverage, like Medicare Supplement Insurance (Medigap).



What to consider when NAVIGATING YOUR OPTIONS.

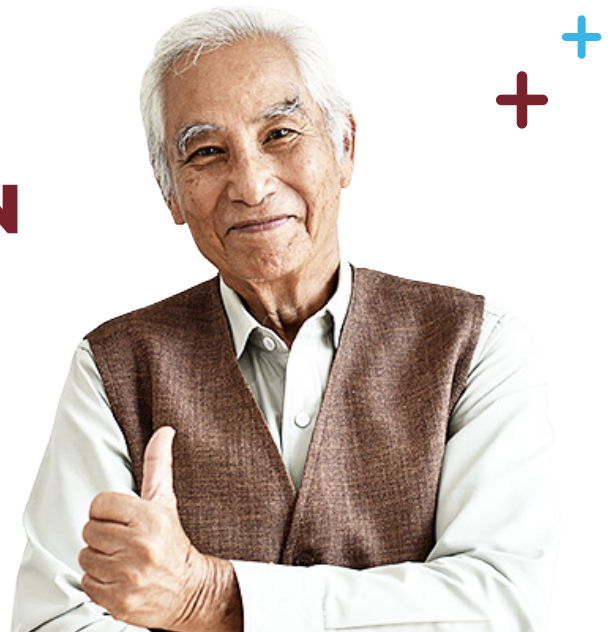


MEDICARE ADVANTAGE (PART C)

- ♥ An “all in one” alternative to Original Medicare with “bundled” plans that include Part A, Part B, and usually, Part D.
- ♥ Plans may have lower out-of-pocket costs than Original Medicare.
- ♥ In many cases, you’ll need to use doctors who are in the plan’s network.
- ♥ Most Medicare Advantage plans offer coverage for things Original Medicare doesn’t, like some vision, hearing, dental, and fitness programs (i.e., gym memberships or discounts).
- ♥ If an unforeseen event or illness causes you to need a lot of medical care, Medicare Advantage plans come with a firm limit on how much you pay for covered medical care each year. Once you’ve hit your annual limit, you will not have to pay additional costs on covered medical services. Original Medicare doesn’t include this limit.
- ♥ In many cases, Medicare Advantage will give you access to a multidisciplinary care management team that will coordinate your benefits and ensure better coordination of care and access to the health resources. Ask your preferred provider if they have a care coordination team such as P3 Health Partners.



Which **MEDICARE PLAN** is right for me?



Asking the right questions will help you choose the best Medicare plan for your needs. Here are a few questions to help you get started:

- ♥ Do the plan's benefits match your current needs?
- ♥ Does the plan's cost schedule work for you?
- ♥ Do your preferred providers and specialists accept this plan?

If any of the below circumstances are true for you, a Medicare Advantage plan may be the right choice:

- ♥ You are managing your health across multiple providers and specialists and would benefit from a dedicated team to help coordinate your care.
- ♥ You are managing multiple regular prescriptions.
- ♥ You would feel better knowing the annual spending cap you could be responsible for in the event of an unforeseen event or illness.
- ♥ You would utilize the additional health perks offered by many plans such as:
 - > Vision
 - > Dental
 - > Gym memberships
 - > Health groups and events

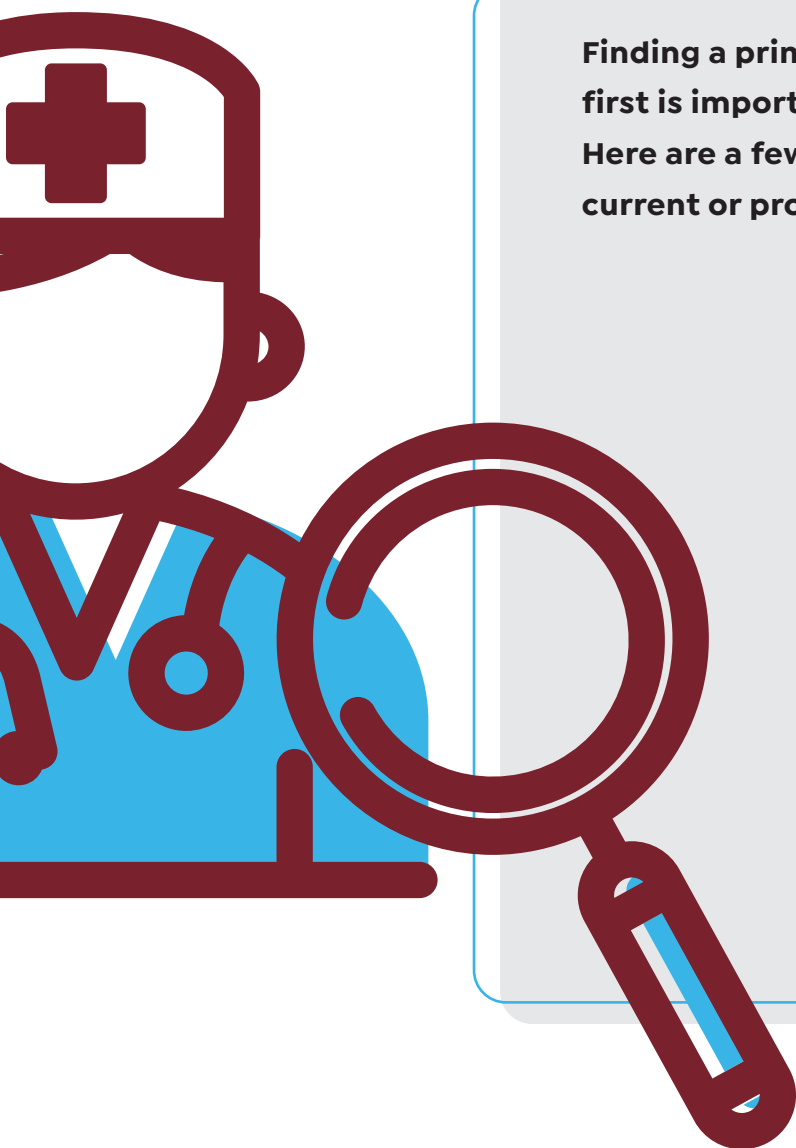


Which **PROVIDER** is right for me?



Finding a primary care provider that puts your best interest first is important for your long-term health and wellness. Here are a few questions to consider when evaluating your current or prospective primary care provider:

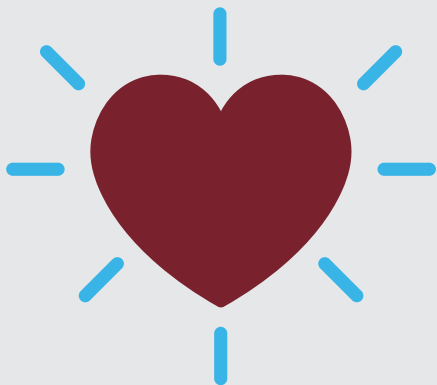
- ♥ How long does it take to get an appointment when you're sick?
- ♥ When you visit the office, how long do you wait to be seen?
- ♥ During the visit, do you feel rushed?
- ♥ Do you get answers to your questions during and after your visit?
- ♥ Does your provider remind you about annual screenings and wellness checks?
- ♥ Who is responsible for making sure reports and results from your specialist appointments, labs, and tests get back to your primary care team? Are you having to track everything down yourself?



Make sure you're getting the care you **DESERVE.**

If you have any concerns about your current healthcare coverage, the **ANNUAL ENROLLMENT PERIOD** is the ideal time to evaluate your options and make a change. Whichever plan you choose, it's important to make sure your provider team can give you the access, quality and care coordination you need to get—and stay—healthy.

Once you've found the right primary care provider, work with your broker to determine which plans have that provider in their network. Then, look at each plan's costs and benefits to pick the one that meets your care and budget needs. Don't delay, the Medicare **ANNUAL ENROLLMENT PERIOD ENDS ON DECEMBER 7.**

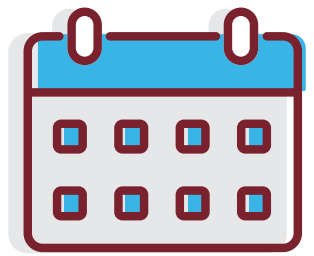


Get **FREE HELP** with your Medicare **QUESTIONS.**



The **P3 HEALTH PARTNERS CARE TEAM** is available to help you navigate your options with multiple insurance plans so that you can find the plan that is right for **YOU**. Our team will be happy to answer your questions between **8:00am** and **5:00pm PST, MONDAY** through **FRIDAY**. Call us at **(702) 333-4700** or email us at **info@P3HP.org**

Mark your calendars with these **IMPORTANT DATES!**



MEDICARE OPEN ENROLLMENT (OCTOBER 15 THROUGH DECEMBER 7)

is the time to make changes to your Medicare coverage. To help you make the best selection for your needs before the enrollment window closes, we've provided all the relevant dates leading up to this deadline.

OCTOBER 1 - OCTOBER 15

Review the materials your plan sends you (like the “Annual Notice of Change” and “Evidence of Coverage”), and make sure your plan will still meet your needs for the following year. Contact a local resource such as a Medicare insurance broker or care support team, such as P3 Health Partners, to help you.

OCTOBER 15 - DECEMBER 7

This is the time to make a decision to either add, change, or drop your current coverage. You can use this period to enroll into a Medicare Advantage or Medicare Prescription Drug Plan or switch plans. If you're already enrolled into a Medicare plan, you can use this period to disenroll from your plan.

JANUARY 1

New coverage begins on this date.

JANUARY 1 - MARCH 31

If you opted into a Medicare Advantage Plan, you can make a one-time change during this period. This includes changing to a different Medicare Advantage Plan or to Original Medicare.



P3 Health Partners is here to help during **MEDICARE ANNUAL ENROLLMENT.**



The **P3 HEALTH PARTNERS CARE TEAM** is available to help you navigate your options with multiple insurance plans and help you find the plan that is right for you. Call us at **(702) 333-4700** or email us at **info@P3HP@org.**



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