

The Villages Health®

Medicare Advantage Patient Guide

Understand your Medicare options and learn how The Villages Health works with you to support your active lifestyle.

[Schedule a New Patient Appointment | 352-744-7006](#)



Understanding Your Medicare Options

Choosing the Medicare option that's best for you doesn't have to be hard. Explore your options and find the plan that protects your health and your budget.



Enacted in 1965, Medicare is a Federal Health Insurance Program that provides medical coverage for people 65 or older. According to the US Centers for Medicare & Medicaid Services (CMS), nearly 64 million people were enrolled in Medicare as of October 2021.

Medicare has evolved over the decades and is now available in two distinct forms: Original Medicare and Medicare Advantage. When you enroll in Medicare, you must choose between one of these coverage options.

How Original Medicare Works



Original Medicare consists of two separate programs, Medicare Part A and Medicare Part B. These programs are provided by the federal government and are often supplemented by two additional programs, Medicare Part D and Medicare Supplement Insurance (Medigap).



A

Medicare Part A (Hospital Insurance)

Part A insurance covers inpatient stays in a hospital or skilled nursing facility, as well as some home health care, such as physical therapy, medically necessary nursing care, and continuing occupational therapy. It also covers hospice care. Most people do not pay a monthly premium for Part A.



B

Medicare Part B (Medical Insurance)

Part B insurance covers certain doctors' services, outpatient care, preventative services, and some medical supplies. Most people pay a standard monthly premium for Part B, but some recipients pay an additional Income Related Monthly Adjustment Amount (IRMAA) if their income exceeds a certain threshold.



D

Medicare Part D (Prescription Drug Coverage)

Part D helps to cover the cost of prescription drugs, including recommended shots and vaccinations. Unlike Parts A and B, Medicare Part D is run by private insurers that beneficiaries must choose and join. These providers must meet government standards to offer Part D coverage.



\$

Medicare Supplement Insurance

Original Medicare covers much, but not all, of the cost of eligible health care services. A Medicare Supplement Insurance (or Medigap) policy can help pay for remaining health care expenses, such as coinsurance, deductibles, and co-payments. Medigap policies sometimes cover additional services not covered by Parts A & B.

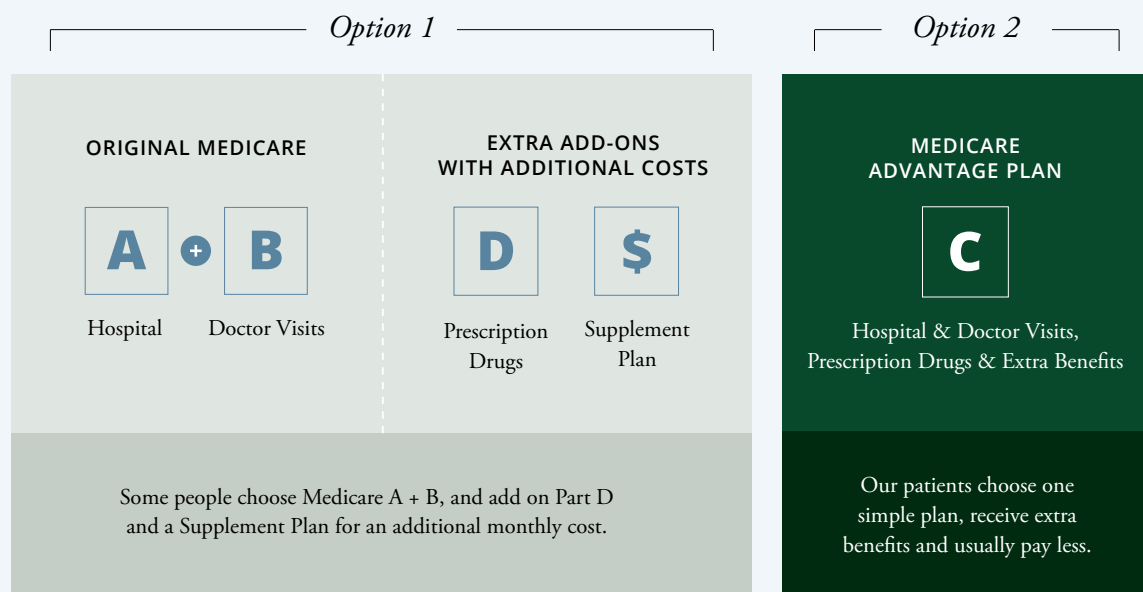
What is Medicare Advantage?



Also known as Medicare Part C, Medicare Advantage is a private, Medicare-approved plan that bundles the benefits of Medicare Part A and B into a single, easy-to-manage plan.

Medicare Advantage plans often include additional benefits not covered by Original Medicare, such as vision, hearing, and dental care. They often (but not always) cover prescription drug costs, as well. All Medicare Advantage plans must follow Medicare's coverage rules.

Where Original Medicare can be confusing and difficult to manage, Medicare Advantage is a simple plan that consolidates coverage through a single provider. Since Medicare Advantage works much like a traditional insurance plan, there's no need to purchase supplemental policies to cover medications and other costs. Medicare Advantage plans usually cost less over time than coverage under Original Medicare.



What is Medicare Advantage?



10 Things to Know About Medicare Advantage

1

Medicare Advantage plans are considered part of the Medicare Program, which means you still have Medicare rights and protections.

2

All Medicare Advantage plans must include Medicare Part A and Part B benefits. Many plans offer additional benefits, including prescription drug coverage.

3

Out-of-pocket costs are usually lower under a Medicare Advantage plan.

4

Medicare Advantage recipients cannot purchase (and do not need) Medigap.

5

You can join Medicare Advantage even if you have a pre-existing condition.

6

Like a traditional insurance policy, Medicare Advantage plans are renewed each year.

7

Visiting a doctor, health care provider, or medical facility that belongs to a Medicare Advantage network can help keep costs low.

8

By law, Medicare Advantage plans cannot charge more than Original Medicare for services like chemotherapy, dialysis, and skilled nursing facility care.

9

Medicare Advantage plans have a yearly limit on out-of-pocket expenses for medical services. Individual plans can have different limits.

10

You can only enroll in one Medicare Advantage plan at a time.

When Can You Enroll In or Change a Medicare Plan?



You become eligible for Medicare when you turn 65, but your coverage doesn't begin automatically, and it can change over time. There are three primary ways to enroll in Medicare to ensure continuous coverage.

1 When You Turn 65

Initial Medicare enrollment begins three months before your 65th birthday month. After that time, you have a total of seven months (three months before and after your birthday month) to make a decision regarding Medicare coverage.



2 When You Change Addresses

Since moving to a new address can often impact healthcare availability, you can make changes to your Medicare coverage within 62 days from the day you update your address with the Social Security Administration.



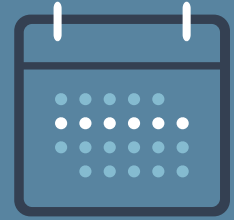
3 During the Annual Enrollment Period

Every year from October 15 through December 7, you can join, switch, or drop a Medicare plan. Your new plan coverage will begin on the following January 1. *This is an ideal time to switch from Original Medicare to a Medicare Advantage plan.*



Medicare Advantage Open Enrollment Period: There is a second open enrollment period running from January 1 to March 31 specifically for Medicare Advantage coverage changes. If you're already in a Medicare Advantage plan, you can switch to a different plan or drop your plan and return to Original Medicare (you can also join a separate Medicare Part D plan at this time). This enrollment period is only for existing Medicare Advantage plans. You cannot switch from Original Medicare to Medicare Advantage at this time.

What is the Medicare Annual Enrollment Period (AEP)?



The Annual Enrollment Period (AEP) is the only time of the year Original Medicare recipients can make changes to their healthcare coverage. Any changes made during the October 15-December 7 AEP will go into effect on January 1 of the following year.

What Changes Can You Make During Medicare AEP?



Switch from Original Medicare to a Medicare Advantage Plan



Switch from a Medicare Advantage Plan back to Original Medicare



Switch from one Medicare Advantage Plan (with or without drug coverage) to a different Medicare Advantage Plan (with or without drug coverage)



Join a Medicare Part D drug plan, switch to another Medicare Part D drug plan, or drop drug coverage completely

CONTACT A NEW PATIENT SPECIALIST TO SCHEDULE YOUR FIRST APPOINTMENT

The map displays several care centers in The Villages, FL, each with a callout box containing a photo of the specialist, their name, phone number, and address. The centers and their details are:

- Mulberry Grove Care Center**
Angie Cole | 352-674-8888
8877 South East 165th Mulberry Lane
The Villages, FL 32162
- Santa Barbara Care Center**
Lorrie Moneymaker | 352-674-8889
1575 Santa Barbara Boulevard
The Villages, FL 32159
- Creekside Care Center**
Debra Siwinski | 352-674-8891
1050 Old Camp Road, Building 100
The Villages, FL 32162
- Pinellas Care Center**
Debbie Gillespie | 352-674-8890
2485 Pinellas Place
The Villages, FL 32162
- Colony Care Center**
Debbie Batchelder | 352-674-8887
280 Farner Place
The Villages, FL 32163
- Lake Deaton Care Center**
Janie Hathcox | 352-674-6044
779 Kristine Way
The Villages, FL 32163
- Specialty Care at the Center for Advanced Healthcare at Brownwood**
Ginger Cormier | 352-674-8820
2955 Brownwood Boulevard
The Villages, FL 32163
- Brownwood Care Center**
Patty Sidoti | 352-674-8989
2910 Brownwood Boulevard
The Villages, FL 32163



FIND YOUR CLOSEST CARE CENTER

Find this tool at TheVillagesHealth.com/Find

CLICK HERE

The screenshot shows the top navigation bar of The Villages Health website. On the left is the logo with the tagline "Stay healthy. Heal quickly." To the right are four buttons: "NEW PATIENT APPOINTMENT", "SCHEDULE A TOUR", "PATIENT PORTAL", and "352-205-4032". Below the navigation bar is a horizontal menu with links for "Find a Provider", "Care Centers", "Services", "Medicare Enrollment", "News & Articles", "Learning Center", "Careers", "About", and "Contact Us". A dark green banner below the menu contains the text "Find Your Closest Care Center". The main content area features a heading "Welcome to our location finder!" followed by the instruction "Find the care center location closest to you! Just enter your address and we will show you your closest care center." Below this is a note: "**Press the 'ctrl' button on your keyboard & scroll with your mouse to zoom into the map." At the bottom is a map interface with an "Enter your address..." input field and a map of the The Villages area with several green location pins.



The Villages Health[®]

Don't Miss Out on Your Best Health Care Experience

Schedule a New Patient Appointment | [352-744-7006](tel:352-744-7006)

updated 9/29/23