



Your Guide to UCLA Health Medicare Advantage Plan (HMO)

The right Medicare coverage starts
with understanding your options



Finding the Medicare coverage that's right for you is easier than you think

Medicare can be confusing, and we're here to help. Whether you're new to Medicare or want a refresher, this guide will help you understand the basics and important things about Medicare Advantage plans. So, you can choose the coverage that's right for you.

Getting started with Medicare

1. Enroll in Original Medicare

Medicare is a government health insurance program.

Original Medicare consists of two parts:



Part A Hospital Insurance

Covers charges and most services you receive if you're ever in the hospital



Part B Medical Insurance

Covers most doctor visits and routine and emergency medical services

If you've enrolled in Social Security, you'll automatically receive Medicare Part A when you turn 65. However, if you decide to delay your Social Security benefits until after turning 65, you'll need to enroll in Medicare Part A through your nearest Social Security office. Plus, if you're a veteran, the VA recommends you enroll in Medicare when you become eligible.

2. After you enroll in Original Medicare, you can choose to add additional coverage

It's important to understand that Original Medicare (Parts A & B) only covers about 80% of expenses, and prescription drugs are not covered. That's why you may want to:

Add a Medicare Supplement Plan, Prescription Drug Plan, or both



Supplement Plan

Offered by insurance companies, Supplement Plans help cover costs Original Medicare doesn't



Part D Prescription Drug Plan

Offered by insurance companies, Part D plans help cover prescription drugs

Or, enroll in a Medicare Advantage plan



Part C Medicare Advantage Plan

Offered by insurance companies, Part C plans combine the following in one plan:

- Part A Hospital Insurance
- Part B Medical Insurance
- Part D Prescription Drug coverage

Plus, many plans provide extra benefits not offered by Original Medicare alone

Understanding Medicare eligibility and when you can enroll

Eligibility

You must be a U.S. citizen or legal resident living in the U.S. for at least 5 years in a row—and the 5 years before enrolling in Medicare.

You also need to be:

- 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS

Enrollment

You can enroll in a Medicare Advantage, Medicare Supplement, or Prescription Drug Plan during one of the following enrollment periods.

TURNING 65

Initial Enrollment Period

You have a 7-month window to join—from 3 months before the month you turn 65 through your birthday month and 3 months after you turn 65.



*3 months before
your 65th birthday*



*The month of
your 65th birthday*



*3 months after
your 65th birthday*

OCT. 15 – DEC. 7**Annual Enrollment Period**

During this time, you can join, drop, or switch plans. Any change you make starts on January 1 of the following year.

**JAN. 1 – MAR. 31****Medicare Advantage Open Enrollment Period**

If you're enrolled in a Medicare Advantage plan, this period allows you to make a one-time switch to another Medicare Advantage plan or go back to Original Medicare. Your new coverage will start on the first day of the month following the month you make a change.

**Special Enrollment Period**

You can join, drop, or switch your coverage outside of the other enrollment periods with one of these qualifying life events:

- Moving out of your plan's service area
- Being diagnosed with certain chronic health conditions
- Retiring or losing employer coverage
- Qualifying for both Medicare and Medicaid

Note: Special needs plans have other eligibility requirements.



10 things to know about Medicare Advantage Plans



1 Medicare Advantage plans cover everything Original Medicare Parts A & B cover

All Medicare Advantage plans cover Part A Hospital Insurance and Part B Medical Insurance. For example, if you get the flu shot covered by Part B or a night in the hospital covered by Part A, it will be covered by your Medicare Advantage plan.

2 Medicare Advantage plans are regulated by Medicare

You're still in the Medicare program with a Medicare Advantage plan. Your benefits are simply administered by an insurance company. You still have Medicare rights and protections, including the right to appeal a coverage decision.

3 A Medicare Supplement Plan is not a Medicare Advantage Plan

Medicare Supplement plans are insurance policies added to Original Medicare. Medicare Advantage plans combine Medicare Parts A, B, and D in one plan offered by a private insurer.

4 Many Medicare Advantage Plans have provider networks

Medicare Advantage plans generally have provider networks contracted for services for all of your care needs—from primary care and specialty care to advanced surgery.

5 Many Medicare Advantage plans have extra benefits

Original Medicare has limited drug coverage but doesn't cover prescriptions you get at a pharmacy. However, most Medicare Advantage plans do. Plus, Medicare Advantage plans often provide extra benefits, including dental, vision, hearing, fitness, and more.

6 You must continue to pay your Part B premium

Medicare gives your premium to your Medicare Advantage plan insurer to help pay for your coverage.

7 All Medicare Advantage plans have out-of-pocket maximums

Unlike Original Medicare, Medicare Advantage plans have predictable yearly limits on out-of-pocket expenses for added financial protection and peace of mind.

8 If you enroll in Part D late, you may pay a penalty

You may pay a late enrollment penalty if you don't join a Part D plan when you first enroll in Medicare—or go 63 days or more without creditable drug coverage. The penalty goes up the longer you wait to join a plan. You usually pay this monthly amount as long as you have Part D coverage, even if you switch plans.

9 You may qualify for financial assistance

Depending on your situation, you may qualify for financial assistance paying your plan premiums or Part D through a low-income subsidy or “Extra Help” from Medicare.

10 Be sure to keep your member ID card handy

You need to present your Medicare Advantage member ID card when receiving care—not your Original Medicare card. If you don't have your member ID card handy, you can also find your information by logging in to your member account on your portal or app.

Understanding prescription drug coverage

Prescription drug costs change during the year depending on your payment stage—usually starting on Jan. 1. Annual deductibles and coverage limits determined by the Centers for Medicare & Medicaid Services can change from one year to the next. The chart below captures what's planned for 2025.

Deductible	Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
<p>Enrollees Pay 100% of their drug costs until the Part D prescription drug deductible is met</p> <p><i>Deductible maximum is \$590 for 2025</i></p>	<p>Enrollees Pay 25% of total drug costs <i>A copayment or coinsurance for each formulary covered drug</i></p> <p>Part D Plans Pay 75% of generic drugs 65% of brand-name drugs</p> <p>Drug Manufacturers 10% discount on brand-name drugs</p>	<p>Eliminated in 2025 <i>\$2,000 yearly total out-of-pocket limit (A savings of approximately \$1,300 from 2024)</i></p>	<p>Part D Plan Pays 60% of total drug costs</p> <p>Drug Manufacturers 20% discount on brand-name drugs</p> <p>Medicare Pays 20% of brand-name drugs 40% of generic drugs</p>



Important Definitions

Pharmacy Network

A pharmacy network refers to a group of pharmacies with contracts for a specific insurance plan. Plan members can typically access these pharmacies to fill their prescriptions at negotiated prices. The network may include retail chains, independent pharmacies, and mail-order services.

Drug Formulary

A drug formulary is a list of prescriptions approved by an insurance plan. It typically categorizes medications into different tiers based on cost and coverage. For example:

- Tier 1: Preferred generic drugs
 - Tier 2: Generic drug
 - Tier 3: Preferred brand-name drugs
 - Tier 4: Non-preferred drugs
 - Tier 5: Specialty drugs
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Step Therapy

Step therapy is a cost-saving approach used by insurance companies to manage expenses. It requires individuals to try lower-cost or preferred medications as the initial treatment before moving on to more expensive or non-preferred options. Step therapy aims to promote the most cost-effective treatments while ensuring healthy outcomes.

Quantity Limits

Quantity limits are restrictions set by insurance plans on the amount of medication that can be dispensed to a patient within a specific period. Quantity limits help promote dosage adherence, ensure patient safety, and control healthcare expenses for patients and insurers.

Prior Authorization

Prior authorization is a process insurance companies use to determine if a specific medication or treatment is necessary before approving coverage. It helps ensure patients receive appropriate, cost-effective care and helps prevent unnecessary medication use.

Formulary Exception

A formulary exception is a request made to an insurance company for a medication that is not typically included in the plan's formulary or requires additional approval for coverage. Patients can submit an exception request for a specific medication based on health needs and circumstances.

Utilization Exception

A utilization exception is a request to an insurance company to waive coverage restrictions or quantity limits.

Why choose UCLA Health Medicare Advantage Plan?

Medicare plans designed by doctors, to put patients' care first.

Since 1955, the UCLA Health team has been committed to improving the care available to LA County residents. Creating an umbrella of accessible, affordable care plans was the next logical step.

So, we leveraged our years of experience partnering with insurers to create a new kind of Medicare Advantage plan that's physician-led and focused on healthy outcomes.

Our Medicare Advantage plans are driven by great care through 7,000+ in-network physicians, specialists, clinics, and hospitals connected to the world-class care and innovative research of UCLA Health. We designed a streamlined member experience to lessen hassles when accessing care. Plus, you get extra benefits to help keep you healthy, active, and genuinely you.

The result is a new kind of Medicare Advantage plan with physician-led care, low monthly premiums, and more benefits than Original Medicare alone.

Visit UCLAHealthMedicareAdvantage.org to learn more



Medicare Advantage plans designed by doctors for LA County



7,000+ best-in-class physicians, specialists, and hospitals in network



\$0 monthly premium¹ and low out-of-pocket cost



Dental, vision, and hearing benefits included



Exclusive Care Concierge for personalized guidance and support²



Smart Benefits Card with \$600 or \$1,050 a year for OTC medications and more³



Fitness programs included at no additional cost



Uber Health for rides to medical appointments



RxDiet to unlock the full potential of food as medicine



Local Licensed Agents are here to help guide you

You'll have questions. So, start by speaking with an expert dedicated to providing the answers you need. Knowledgeable professionals make it easy to evaluate your Medicare options, select a plan, and enroll.



Call 1-844-367-4421 (TTY 711)

October – March
8:00 am – 8:00 pm, 7 days a week

April – September
8:00 am – 8:00 pm, Monday to Friday



Attend an upcoming seminar to learn more

Our seminars are an easy, informative way to get the answers you need to make the decision that's right for you.

Visit UCLAHealthMedicareAdvantage.org for dates and times



UCLAHEALTHMEDICAREADVANTAGE.ORG

¹UCLA Health Medicare Advantage Principal Plan (HMO). ²UCLA Health Medicare Advantage Prestige Plan (HMO). ³\$600 with Principal Plan and \$1,050 with Prestige Plan. (Smart Benefits Card) & more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Inc. Use of this card is subject to the terms and conditions of the Cardholder Agreement. For accommodations of persons with special needs at meetings, call 844-367-4421 (TTY 711). UCLA Health Medicare Advantage Plan (HMO) has a contract with Medicare and enrollment in the plan depends on contract renewal. UCLA Health Medicare Advantage Plan includes Part D drug coverage. To enroll in UCLA Health Medicare Advantage Plan, you must have both Medicare Parts A and B and reside in the plan service area, Los Angeles County. In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. Please contact Member Services at 833-627-8252 (833-MAP-UCLA) (TTY 711) for additional information. Hours are 8am - 8pm PST, Monday - Friday, April 1 through September 30, except on all federal holidays. Hours are 8am - 8pm PST, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day. Uber does not require the Uber app and the number of allowable rides varies by plan. Uber and Uber Health and RxDiet brand names, product names, and/or trademarks belong to their respective holders.