

MEDICARE ADVANTAGE

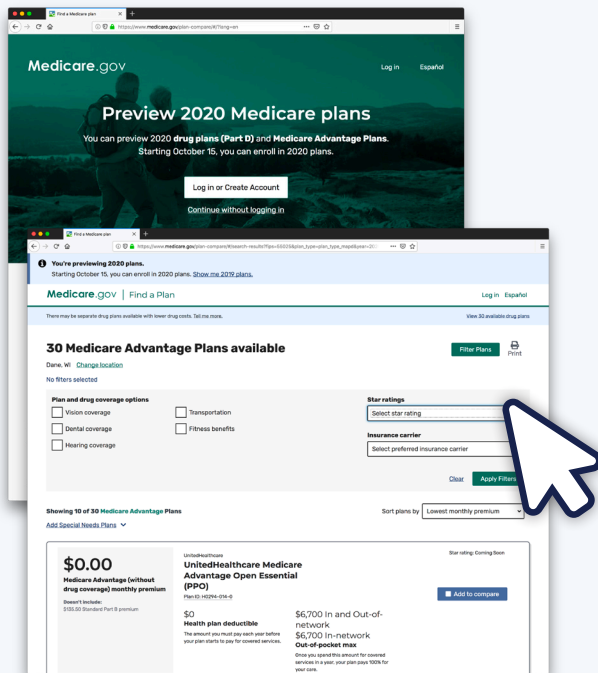
Coverage and Care that Meets Your Needs



When choosing a Medicare Advantage (MA) plan, there are several factors to consider. Fortunately, a lot of information – including network, pricing, performance in treating certain conditions and quality ratings – is publicly available. A plan's quality rating, in the form of stars, is important to consider. **Ranking from one to five, a star rating provides important details that can help you compare MA plans.**

What are the Star Ratings and who created them?

The Centers for Medicare and Medicaid Services (CMS) created the Star Ratings system to measure and publicly report the performance of MA health plans. MA is the only government health care program that measures and rewards high-quality, efficient, coordinated coverage and care. CMS assesses plan quality and releases the results each year in the fall.



What are the stars based on?

Based on 46 measures, including prescription drug adherence, diabetes management, cancer screenings and getting appointments and medications quickly, CMS Star Ratings recognize the highest quality plans by awarding up to 5 stars. The ratings are designed to help you find the best plan.

How do I find a plan's star rating?

◀ **Visit [medicare.gov](https://www.medicare.gov) and use the plan finder tool.** By entering your zip code, you'll be able to see the plans – both traditional fee-for-service Medicare and MA – available to you. In the top right corner, is the plan's star rating. You can also sort by stars.

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Why should I care about stars?

The number of stars represents a plan's ability to deliver quality coverage, superior health outcomes and the best customer experience. Stars can tell you how well a health plan treats a certain condition such as diabetes, provides access to doctors and hospitals and what customers have to say.

Can I change MA plans to enroll in one with more stars?

Yes, you can change plans during the open enrollment period from January 1 through March 31. There also may be an opportunity to change plans during the year if certain conditions are met such as losing your current coverage.

How do I know if my doctor is in network?

MA plans are required to publish directories that list which doctors, clinics, hospitals and surgery centers are within their network. These directories also can provide the distance from your home to their locations.

Top 5 things to consider when comparing MA plans

1

Consider a plan's star rating. Ratings are from one to five stars, with five stars indicating the highest quality.

2

If you have a certain condition, such as diabetes, you can **find out how each MA plan performs in treating that condition.**

3

Check to see if your current Rx is covered. Many MA plans offer prescription drug coverage at no additional cost. Traditional Medicare does not include drug coverage.

4

Make sure that a plan's network covers hospitals and health centers near you, and the doctor you want to see.

5

Calculate your out-of-pocket spending using the plan finder's prescription drug cost estimator, and consider your monthly premium, deductible and coinsurance, if applicable. Note that MA plans limit your annual out-of-pocket spending, unlike traditional Medicare.



Visit **medicare.gov** and use the plan finder tool to get started today.