

Medicare HMO Plans FAQs

These questions and answers are designed to give you a summary of some of the plan's highlights. For a complete description of your benefits please refer to the appropriate summary plan document in the [Resources section](#). If there are any differences between this information and the plan documents, the plan documents will govern.

What is a Medicare Advantage Plan?

With Medicare Advantage plans you enroll in an HMO and then assign (or sign-over) your Medicare benefits to that HMO. You must go to your HMO provider whenever you need care. Your only out-of-pocket costs for care are the copayments for services you receive. There are no claim forms, and the HMO works with Medicare for you.

Do I need to sign up for Medicare Parts A and B to enroll in a Medicare Advantage plan?

Yes. You must be enrolled in both Medicare Parts A and B.

When do I need to sign up for Medicare Parts A and B?

You should contact the Social Security Administration at www.ssa.gov or (800) 772-1213 three months before your retirement date to get information about signing up for Medicare Parts A and B.

Do I need to sign up for Medicare Part D?

You do not need to sign-up for Medicare Part D if you are electing the Health Net Seniority Plus or PacifiCare Secure Horizons plan.

For Kaiser Senior Advantage, contact Kaiser Member Services at (800) 464-4000 to find out about Medicare Part D enrollment.

If I enroll in a Medicare Advantage plan, do I need to fill out any special forms?

Yes. Contact Stanford Benefits to obtain a Medicare Advantage Enrollment Form. The form must be completed and returned to Stanford Benefits, 655 Serra Street, Stanford, CA 94305 by the 15th day of the month **prior to your retirement date**. Your retiree medical coverage will begin the first day of the month following your retirement date. (Example: Your enrollment forms need to be received by Stanford Benefits by July 15, 2007 in order for your retiree benefits coverage to start as of August 1, 2007).

If I don't complete my Medicare Advantage form on time, will that delay enrollment into my medical plan?

Yes. Your enrollment into the Medicare Advantage plan may be delayed based on the date you sign and submit the forms to Stanford Benefits. If the enrollment forms are received by Stanford Benefits by the 15th day of a month, your retiree medical coverage will begin the first day of the month following your retirement date. (Example: If your enrollment forms are received by Stanford Benefits **after** July 15, 2007 but before August 15, the effective date of your retiree benefits coverage will be September 1, 2007).

If I want to change from a Medicare Advantage plan to a Medicare Supplement plan, do I need to fill out special forms?

Yes. You and any dependent enrolled in the Medicare Advantage plan will need to complete a “disenrollment” form to leave a Medicare Advantage plan and move to a Medicare Supplement plan.

When you enrolled in a Medicare Advantage HMO plan you assigned (signed-over) your Medicare benefits to the HMO. When you change to a supplement plan, you must notify the HMO plan and Medicare to release your Medicare benefits back to you. The disenrollment form does this for you.

What is a primary care physician?

A primary care physician (PCP) is a doctor you choose to manage all your health care. Your PCP provides preventive and routine care and refers you to specialists and hospitals when you need them. A PCP can be an internist, a family or general practitioner, or a pediatrician for child. You choose your PCP from the network of doctors in your health plan.

Do I have to choose a PCP?

You must choose a PCP in the Health Net and PacifiCare HMO plans. Participants enrolled in the Kaiser Permanente plan are not required to choose a PCP.

How do I change my PCP?

To change your PCP, contact your HMO customer service line using the number on your medical ID card.

Can each member of my family go to a different PCP?

Yes. You and your dependents can have different PCPs. You elect your PCPs when you enroll, but you can also contact your HMO plan’s customer service line to make sure each member of your family has the right PCP. You can reach your plan’s customer service line using the number on your medical ID card.

Do I have to get a referral from my PCP in order to see an OB/GYN doctor for my annual exam?

No. As long as the gynecologist is part of your PCP’s medical group, you can refer yourself.

What happens if I get care outside my HMO network without my PCPs referral?

If you get care outside your HMO network without your PCP’s referral and the HMO’s approval the HMO will pay nothing. The exception to this is emergency care when you are out of your HMO network service area.

Do the HMO plans cover emergencies?

Yes, the HMO plans cover emergency care for injury or illness worldwide. You must contact your health plan within 48 hours of getting emergency care. But remember, there is no coverage for non-emergency treatment or routine care you receive out of your HMO network. If you have questions about emergency care or getting care when you travel, contact your HMO’s customer service line using the number on your medical ID card.

Do the HMO plans offer a maternity benefit?

Yes. The HMO plans offer a maternity benefit to the employee and eligible dependents. Please see the Medical Plan Comparison Chart to learn more about what is covered and how much you pay when you get care. You can also refer to your HMO's Summary Plan Description (SPD) in the [Resources section](#), or contact your HMO's customer service line using the number on your medical ID card.

Do the HMO plans offer a preventive care benefit?

Yes. The HMO plans offer a preventive care benefit that covers routine physicals every year for adults and children, and annual exams for women. Please see the [Medical Plan Comparison Chart](#) to learn more about what is covered and how much you pay when you get care. You can also refer to your HMO plan's Summary Plan Description (SPD) in the [Resources section](#), or contact your HMO's customer service line using the number on your medical ID card.

Do the HMO plans cover vision care?

Stanford HMO plans cover routine eye exams only. They also provide coverage for medically necessary treatment of your eyes, such as surgery.

What is coordination of benefits?

Coordination of benefits helps to prevent duplication of payments for the same services if you or your dependents are covered under more than one health plan. For additional information please see your HMO plan's Summary Plan Description (SPD) in the [Resources section](#), or contact your plan's customer service line using the number on your medical ID card.

HMO networks seem small. Am I getting less coverage for my dollar by choosing an HMO instead of a PPO?

You have full coverage for medically necessary conditions and emergency care worldwide, just like a PPO plan. HMO networks may feel small because you must see your PCP and other doctors and providers in your PCP's medical group. But this does not limit your access to the type of care you may need. Your PCP will manage your care and refer you when you need to see a specialist or need hospitalization.

Stanford offers more than one HMO plan. Is one HMO better than another?

All of Stanford's HMO plans are quality insurance companies. PacifiCare and Health Net have physician networks that are very similar to each other. Kaiser Permanente has their own network, hospitals, and facilities where you receive all your care, including prescription drugs.

Are there any pre-existing conditions exclusions?

No. There are no pre-existing condition limits or exclusions in any of Stanford University's health plans.

How are prescription drugs covered?

Your prescription drugs are covered by your HMO plan. The cost of your medication depends on whether or not it can be dispensed in a generic form or if it is included in the plan's formulary.

What is a formulary?

A formulary is a list of approved prescription drugs covered by your HMO plan. PacifiCare's and Health Net's formularies have three tiers: generic, formulary or non-formulary so your medication should be available to you although you may have to pay a higher copay to purchase it. Kaiser's formulary has two tiers: generic and formulary.

To find out if medication is on the HMO's formulary, go to your HMO's Web site or can call their customer service line at the toll free number listed on your medical card.