

<b>Standalone Medicare Prescription Drug Plans (Part D)</b>
<b>Medicare Prescription Drug Plan (PDP)</b> – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<b>Medicare Advantage Plans (Part C) and other Medicare plans</b>
<b>Medicare Health Maintenance Organization (HMO)</b> – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
<b>Medicare Preferred Provider Organization (PPO) Plan</b> – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.
<b>Medicare Private Fee-For-Service (PFFS) Plan</b> – A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital or provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
<b>Medicare Point of Service (POS) Plan</b> – A type of Medicare Advantage Plan available in a local or regional area which combines the best features of an HMO with out-of-network benefits. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.
<b>Medicare Special Needs Plan (SNP)</b> – A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.
<b>Medicare Medical Savings Account (MSA) Plan</b> – MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
<b>Medicare Cost Plan</b> – In a Medicare Cost Plan, you can go to providers both in- and out-of-network. If you get services outside of the plan’s network, your Medicare-covered services will be paid under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.
<b>Medicare Supplement (Medigap) Products</b>
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

**Note:** Scope of Appointment documentation is subject to CMS record retention requirements.

A sales person will be present with information and applications.