Medicare Plan Comparison

The questions that matter when the diagnosis is dementia — not the ones the plan comparison tools ask.

DAY TO DAY DEMENTIA

Why this exists

Plan comparison tools are built around this year's premiums and copays. Dementia is a multi-year illness that progresses predictably, and the things that decide whether a plan works are almost never on the comparison screen: prior authorization for skilled nursing, whether the facility you will actually use is in network, and whether the door back to a supplement policy is still open.

A 2026 federal review found Medicare Advantage plans denied **12%** of skilled nursing admission requests — and **40%** for people already living in a nursing home. Only about 18% of denials were appealed. Roughly **95% of those appeals succeeded.**

When to use it

- **Medicare Open Enrollment: October 15 – December 7.** Anyone can switch; changes take effect January 1. For most families this is the moment.
- **Medicare Advantage Open Enrollment: January 1 – March 31.** Only if already in an Advantage plan, and only one change. Leaving Advantage in this window does *not* by itself give you the right to buy a Medigap policy.

How to use it

- Fill in the top section first. If the Medigap door is closing, that changes everything below it.
- Call the **facilities**, not just the plans. Memory care and skilled nursing facilities will tell you plainly which plans they take.
- Your **State Health Insurance Assistance Program (SHIP)** gives free, unbiased Medicare counseling and is not paid on commission. Call them before an agent.

> **The one nobody sees coming.** Returning to Original Medicare is always possible in the right window. Buying a *Medigap* policy to go with it usually is not — outside specific guaranteed-issue situations, insurers in most states may medically underwrite and can decline you or charge more. A dementia diagnosis is exactly what that screening looks for. The guaranteed-issue application window is narrow: as early as 60 days before Advantage coverage ends, and **no later than 63 days after**.

Before anything else: neither Original Medicare nor Medicare Advantage pays for long-term memory care. That is private pay, then Medicaid, and no plan choice changes it. What the choice changes is everything around it.

Where we stand right now

Current coverage (plan name, type)	
Are we still inside a 12-month Advantage trial right? (Y / N / unsure)	
Does our state allow Medigap without underwriting annually or on a birthday rule?	
Stage now, and what we expect within two years	

Compare the plans

QUESTION TO ASK	PLAN A	PLAN B	ORIGINAL + MEDIGAP
Monthly premium			
Out-of-pocket maximum — and what it excludes			
Prior authorization required for skilled nursing? How long does a decision take?			
Prior authorization for home health? For inpatient rehab?			
Does it waive the 3-day inpatient hospital rule for skilled nursing coverage?			
Is the memory care facility we would use in network?			
Is the skilled nursing facility we would use in network?			
Memory clinic / behavioral neurologist in network?			
Referral needed to see a specialist?			
Service area — does it cover where family lives?			
Are their current medications on the formulary, and at what tier?			
How do we file a fast appeal, and who does it?			

> **If you are denied a rehab or skilled nursing stay, appeal the same day.** Ask the hospital or facility social worker to start a fast appeal, and ask for the denial reason in writing. Do not accept a verbal “insurance said no.” The federal data says most denials that get challenged are overturned.

Calls to make

CALL THE FACILITY — NOT THE PLAN

- “Which Medicare Advantage plans do you accept, and which do you have trouble getting authorization from?”
- “Do you take Original Medicare?”
- “If we were admitted for skilled nursing, who handles the authorization — you or us?”

CALL THE PLAN

- “Is prior authorization required for a skilled nursing facility admission? What is the average decision time?”
- “Do you waive the three-day inpatient requirement?”
- “Is *[facility name]* in network for skilled nursing? For memory care?”
- “What is the appeal process, and how fast is the expedited route?”

CALL SHIP — FREE AND NOT SELLING ANYTHING

- “Are we still inside a guaranteed-issue window for Medigap?”
- “Does our state have a birthday rule or annual guaranteed issue?”
- “Given a dementia diagnosis, what happens if we try to switch in two years?”

In the hospital — ask this every single day

> **“Is she admitted as an inpatient, or under observation?”**
>
> Observation is an outpatient status. Observation days *do not count* toward the three inpatient days Original Medicare requires before it will cover a skilled nursing stay. Someone can spend four nights in a hospital bed and qualify for nothing. Ask a nurse, then ask the case manager, and write down the answer and who gave it. Hospitals must give you a **Medicare Outpatient Observation Notice (MOON)** within 36 hours of observation care passing 24 hours — that paper is a signal to act, not a formality.

Notes and decisions

Who we spoke to, and when	
What we decided, and why	
Deadline to act	