

# Decide How to Get your Medicare

## Original Medicare

-OR-

## Medicare Advantage (MA)

### Coverage

Original Medicare is made up of Part A (hospital insurance) and Part B (medical insurance). Most people do not pay a premium for Part A, but there is a monthly premium for Part B.\*

Part A & Part B also have a yearly deductible. Once the Part B deductible is met, Part B usually covers 80% of the Medicare-approved amount for the doctor or outpatient service. Many beneficiaries will pay for a Medicare supplement (aka Medigap) to fill in the "gaps" that Original Medicare doesn't cover, like yearly deductibles or the remaining 20% Part B coinsurance. Medicare supplements have their own premium based on the policy and the insurance company.

Employer, union, or VA retirement plans may also include some coverage to fill in the gaps of Medicare Part A and Part B. Check with plan administrators before purchasing any separate Medicare supplement plans to avoid issues with your other insurance benefits.

Medicare Advantage (MA) plans, also called Part C plans, are run by private companies approved by Medicare. MA plans must cover all medically necessary services that Original Medicare covers.

You will get most of your Part A and Part B coverage from your Medicare Advantage (MA) plan, not Original Medicare. You will use your MA card to get Medicare-covered services, not your Original Medicare card.

You must be eligible for Medicare Part A and Part B to enroll in a Medicare Advantage (MA) plan.

MA plans are pay as you go, and out of pocket costs vary depending on plan and services received. Costs may include monthly premiums, deductibles, co-pays and co-insurance.

If you enroll in a MA plan, a Medicare Supplement plan will not pay any benefits.

Many MA plans offer additional benefits such as vision, dental, and hearing.

To sign up for an MA plan, you must live in their service area. Costs and rules vary by plan.

### Doctor & Hospital Choice

You can go to any provider (doctor/ hospital) that accepts Medicare in the United States.

Most of the time, you do not need a referral to see a specialist or pre-authorization or approval for a medically-necessary procedure.

In many cases, you can only use doctors and other providers who are in the plan's network and service area (for non-emergency care). Doctors, hospitals and other providers may or may not accept the plan. If you use providers outside of the network, or those who do not accept the plan, you could face extra costs or have to pay costs yourself.

You may need a referral to see a specialist and pre-authorization (approval) for procedures & services. MA plans are approved by Medicare but are run by private companies, so the plan manages patient care and decides whether certain treatments are covered or not.

	Original Medicare	-OR-	Medicare Advantage (MA)
<b>Prescriptions</b>	For prescription coverage, you will need to enroll in a separate Medicare Part D drug plan.* Part D plans are run by private companies approved by Medicare and have their own monthly premium.		Most MA plans include prescription coverage. If you select a plan that does not, you will need to have other coverage for your prescriptions, such as VA coverage.
<b>Cost Overview</b>	<p>Original Medicare Parts A &amp; B do not have a yearly out-of-pocket maximum amount. For this reason, most people purchase a Medicare supplement which will cover out-of-pocket costs.</p> <p>For Medicare Part D, once you hit catastrophic coverage, you do not pay any copays or coinsurance for covered prescriptions.</p>		<p>Most MA plans have a yearly "Out of Pocket Maximum" which limits how much a beneficiary is responsible for. Once you reach that amount, you pay nothing for additional Part A &amp; B covered services in that calendar year.</p> <p>Services received by out-of-network providers (or providers who do not accept the plan) do not count towards the Out of Pocket Maximum and have no limit.</p>
<b>Estimating Costs</b>	<p>Most people with Original Medicare will have the following costs:</p> <ul style="list-style-type: none"> <li>• Part B monthly premium</li> <li>• Medicare supplement monthly premium</li> <li>• Part D monthly premium and copayments for prescriptions</li> </ul>		<p>Most people with MA plans will have the following costs:</p> <ul style="list-style-type: none"> <li>• Part B monthly premium</li> <li>• Possibly a MA plan monthly premium</li> <li>• Co-pays for services received. Services received out of network may be charged at a higher rate or not covered at all.</li> <li>• Copayments for prescriptions (if the MA includes drug coverage).</li> </ul>
<b>Annual Contract Changes</b>	<p>Medicare Part A, Part B, and Medicare supplements remain largely the same from year to year- there are usually yearly premium increases.</p> <p>Medicare Part D (drug) plans, can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.</p>		<p>MA premiums and deductibles vary depending on each plan, and these amounts can change annually. Copay and coinsurance amounts for Medicare-covered health services or prescriptions also vary by plan.</p> <p>Like Part D plans, MA plans can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.</p>

\*If you delay enrolling in Medicare Part B and/or Part D without a valid reason (like current coverage through active employment), you could pay an additional monthly penalty later.