

Which route should I choose for Medicare coverage?

Original Medicare (provided and administered by Medicare)

Includes Medicare **Part A** (hospital insurance) and **Part B** (medical insurance)

Medicare Advantage Plans (private insurance approved by Medicare)

Medicare **Part C** includes both **Parts A** and **B**

TYPE

N/A

Can be an HMO, PPO, SNP, PFFS, HMO-POS or MSA

What's covered?

- Part A includes inpatient care in hospitals or a skilled nursing facility (not long-term care) as well as hospice care, home health services and inpatient care in a religious nonmedical healthcare institution.
- Part B includes medically necessary services for doctors and other healthcare providers, outpatient care, home health care, durable medical equipment, some preventative services, and some vaccines like the flu, hepatitis B (if you are medium or high risk for the disease), and pneumococcal shots.

- Medicare Advantage plans must cover all of the services that Original Medicare covers except hospice care and some care in qualifying clinical research studies. Original Medicare will cover hospice care and some costs for clinical research studies, even though you are in a Medicare Advantage Plan.
- Medicare Advantage plans may offer extra coverage, like vision, hearing, dental and other health and wellness programs.

What's NOT covered?

Most dental care, dentures, eye exams related to prescribing glasses, cosmetic surgery, acupuncture, hearing aids and related exams, long-term care, routine foot care.

A referral may be required to use a medical specialist, facilities or suppliers that belong to the plan's network.

Is prescription drug coverage included?

Parts A & B cover a limited number of drugs in various circumstances. Check the *2020 Medicare & You* handbook at [Medicare.gov](https://www.medicare.gov) for details.

You will need to join a stand-alone Part D prescription drug plan to obtain the majority of covered drugs.

Most Medicare Advantage plans include prescription drug coverage and if you join a Part D plan you will be disenrolled from your Advantage plan. Certain types of Medicare Advantage Plans (PFFS and MSA plans) don't include prescription drug coverage so you will need to join a Part D plan.

Which doctors can I go to?

Any doctor that accepts Medicare.

Generally in an HMO, you need to use plan doctors, hospitals and other providers in their network or you may pay more or all of your costs. An HMO plan with a point-of-sale option allows you to use out-of-network providers for a higher cost. PPO plans also allow you to go out of network, usually for a higher cost.

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Do I need to choose a primary care doctor?

No.

- There are a number of different Medicare Advantage plans. The type you choose will determine whether or not you need to choose a primary care physician.
- If the plan is an HMO or SNP, you will need to choose a doctor in the plan's provider network.

What will I pay?

- A Part A deductible and copayments/coinsurance may apply for each service.
- In addition to your Part B monthly premium, you will need to meet a deductible.
- After your Part B deductible is met, you will typically pay 20% coinsurance for the Medicare-approved service, if the doctor or healthcare provider accepts assignment from Medicare.
- You pay nothing for most covered preventive services if you get the services from a doctor or healthcare provider who accepts assignment from Medicare.
- Some preventive services may require a deductible, coinsurance or both.

- Advantage plans must follow Medicare rules; however, your out-of-pocket expenses may be different from plan to plan.
- Some plans have a monthly premium in addition to your Part B premium.
- There may be a deductible to meet before the plan will pay for coverage.
- You may have a copay or coinsurance depending on the type of healthcare services you need and how often you get them.

Do I need a referral to see a specialist?

No, as long as the provider accepts Medicare.

Yes, in most cases, if the plan is an HMO or SNP. Certain services, like yearly screening mammograms, don't require a referral.

Can I get Medicare Supplement Insurance (Medigap) coverage?

- You can buy a Medigap policy from a private company to help pay some of the costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles. All policies offer the same basic benefits, but some offer additional benefits that may meet your specific needs.
- If you plan to travel outside the U.S., it's a good idea to buy a plan that offers this coverage.

If you join a Medicare Advantage Plan, you can't use and don't need a Medigap policy. Medigap policies work only with Original Medicare.