



MEDICARE OPEN ENROLLMENT: KNOW YOUR OPTIONS

Original Medicare vs. Medicare Advantage

Medicare open enrollment runs from Oct. 15 to Dec. 7. During that time, seniors may change their health care insurance and prescription drug plans.

Seniors can choose to select original Medicare coverage, managed by the federal government, or Medicare Advantage, managed by private insurance plans. Understanding the differences between these options is essential when making annual health coverage decisions.



What do the different Medicare letters mean?

There are four parts of Medicare:



PART A
provides inpatient
hospital coverage.



PART C
offers an alternate way to receive
your Medicare benefits through
a private health insurance plan
called Medicare Advantage.



PART B
provides outpatient and
physician coverage.



PART D
provides prescription
drug coverage.

Medicare Advantage plans may seem appealing but review the details closely. Choosing between original Medicare and Medicare Advantage plans requires careful consideration of your health needs and finances. Medicare Advantage plans can carry hidden risks, especially for people with health conditions.

Medicare Advantage *advantages*

- Many Medicare Advantage plans combine drug and medical coverage into a single plan.
- Medicare Advantage has an annual maximum out-of-pocket payment, unlike original Medicare.
- Medicare Advantage may provide additional services beyond original Medicare, such as vision, hearing and dental coverage without needing the Medicare Supplement Insurance plan, known as a Medigap.

Medicare Advantage *disadvantages*

- Medicare Advantage members may spend more than those with original Medicare coverage because of hidden costs and denied care.
- Medicare Advantage plans may have limited provider networks, meaning your physician or the specialist you need may not be in your network.
- Unlike original Medicare, most Medicare Advantage members must seek approval to see a specialist for treatments or other services. The care is not covered if the member is denied authorization to see a specialist.
- Unlike original Medicare, Medicare Advantage plans often require prior approval for most prescription drugs, inpatient hospital stays, therapy, dialysis and diagnostic services such as laboratory tests. The care isn't covered if the plan denies approval for these services.



Original Medicare is best for you if:

- You have known health conditions, prefer not to need a physician referral and want access to a broad scope of physicians and hospital networks.
- You require prescriptions.
- You want more predictable health care costs.



Medicare Advantage is best for you if:

- You're a healthy adult who prefers low-cost premiums.
- You're comfortable with managed care risks, limited provider networks and the need for prior approvals and referrals for most services.