



MEDICARE PLANS COMPARISON



Supplement Plans vs Advantage Plans – Understanding Your Options

MEDICARE SUPPLEMENT PLANS (MEDIGAP)



ADVANTAGES

- Works with Original Medicare – use any doctor or hospital nationwide that accepts Medicare.
- Helps pay many of the out-of-pocket costs left by Original Medicare.
- No plan network – use any Medicare-participating provider nationwide.
- Original Medicare generally doesn't require referrals to specialists.
- Standardized plans – the same plan letter generally provides the same basic benefits regardless of insurer.
- Generally guaranteed renewable as long as premiums are paid.
- Some plans include foreign travel emergency coverage (limited benefit).



LIMITATIONS

- Requires a separate monthly Medigap premium in addition to the Part B premium.
- Medigap policies sold after 2005 don't include prescription drug coverage; you can enroll separately in Part D.
- Standardized Medigap benefits generally focus on Original Medicare cost-sharing rather than routine dental, vision or hearing benefits.
- Outside your Medigap Open Enrollment Period or another guaranteed-issue right, medical underwriting may apply, subject to state law.
- Premiums can increase over time.
- Original Medicare itself has no annual out-of-pocket maximum, although Medigap helps cover many of those costs.

MEDICARE ADVANTAGE PLANS (PART C)



ADVANTAGES

- Some plans have a \$0 additional premium; you generally continue paying your Part B premium.
- Annual out-of-pocket maximum provides cost protection. Once you reach the limit, you pay \$0 for covered Part A and Part B services for the rest of the year.
- Most plans include prescription drug coverage (Part D).
- Plans may offer additional benefits such as dental, vision, hearing, fitness, transportation, meal delivery and other supplemental services.
- Coordinated care through managed networks (varies by plan).
- Annual enrollment periods provide opportunities to review and change coverage.



LIMITATIONS

- Many plans use provider networks; out-of-network coverage and costs vary by plan.
- Some plans may require referrals to see specialists.
- Coverage, including networks, formularies (drug lists) and benefits, can change each year.
- Routine care outside the plan's service area may be limited or cost more; emergency and urgently needed care is covered.
- Prior authorizations may be required for certain services.
- Plans may change or stop being offered, which can require you to choose new coverage.

KEY DECISION FACTORS



PROVIDER CHOICE

Medigap: Any provider nationwide that accepts Medicare.

Medicare Advantage: Provider access depends on the plan's network rules.



MONTHLY COSTS

Medigap: Separate monthly premium; generally helps make Original Medicare cost-sharing more predictable.

Medicare Advantage: Plan premiums and cost-sharing vary; some plans have a \$0 additional premium.



PRESCRIPTION DRUGS

Medigap: New Medigap policies don't include drug coverage; separate Part D coverage is available.

Medicare Advantage: Most plans include Part D.



TRAVEL COVERAGE

Medigap: Use providers nationwide who accept Medicare; some Medigap plans include limited foreign emergency coverage.

Medicare Advantage: Routine out-of-area coverage depends on the plan; emergency and urgently needed care is covered.



PLAN STABILITY

Medigap: Standardized benefits and generally guaranteed renewable.

Medicare Advantage: Costs, benefits and networks may change annually.



EXTRA BENEFITS

Medigap: Standardized benefits primarily help with Original Medicare cost-sharing.

Medicare Advantage: May include dental, vision, hearing and other supplemental benefits.

IMPORTANT: This comparison is for educational purposes. Individual needs vary significantly.



Consult with a licensed insurance agent or Medicare counselor to determine which option best fits your specific healthcare needs, budget, and preferences.



Enrollment periods and eligibility rules apply to both plan types.

Questions about Medicare?

Talk with a licensed Medicare specialist

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