Choosing Between Original Medicare and Medicare Advantage

People with Medicare can get their health coverage through either Original Medicare or a Medicare Advantage Plan. Here a look at the differences between the two options.

**Original Medicare**

The traditional Medicare program offered directly through the federal government.

Original Medicare includes Part A (inpatient/hospital coverage) and Part B (outpatient/medical coverage).

You will receive a red, white, and blue card to show to your providers when receiving care.

Most doctors in the country take your insurance. Medicare limits how much you can be charged if you visit providers who accept Original Medicare.

**Medicare Advantage**

Private plans that contract with the federal government to provide Medicare benefits.

Medicare Advantage (MA) Plans are also known as Medicare private health plans or Part C.

Instead of showing the red, white, and blue Medicare card, you will show the membership card from your plan to your providers.

Plans must provide the same benefits offered by Original Medicare, but they may apply different rules, costs, and restrictions, such as provider networks or referral requirements. They also may offer certain benefits that Medicare does not cover.

If you sign up for Original Medicare and later decide you would like to try a Medicare Advantage Plan, or vice versa, be aware that there are certain enrollment periods when you are allowed to make these changes.

**Definitions**

- **Premium**: The monthly fee you pay to have Medicare.
- **Deductible**: What you must pay out of pocket before Medicare starts paying for your care.
- **Copayment/Coinsurance**: The amount you pay for each service.
- **Participating provider**: Provider that accepts Medicare’s approved amount as full payment.
- **Network**: Doctors, hospitals, and medical facilities that contract with a plan to provide services.
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The table below compares Original Medicare and Medicare Advantage. Remember that there are several different kinds of Medicare Advantage Plans. If you are interested in joining a Medicare Advantage Plan, speak to a plan representative for more information.

<table>
<thead>
<tr>
<th></th>
<th>Original Medicare</th>
<th>Medicare Advantage</th>
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<tbody>
<tr>
<td><strong>Costs</strong></td>
<td>Standardized Part A and B costs, including monthly Part B premiums and 20% coinurance for Medicare-covered services if seeing a participating provider (after meeting your deductible).</td>
<td>Varies depending on plan. Usually a copayment is owed for in-network care. Plans may charge a monthly premium in addition to the Part B premium.</td>
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<tr>
<td><strong>Supplemental Insurance</strong></td>
<td>Have the choice to pay an additional premium for a Medigap to cover Medicare cost-sharing.</td>
<td>Cannot enroll in a Medigap plan.</td>
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<tr>
<td><strong>Provider access</strong></td>
<td>Can see any provider and use any facility that accepts Medicare (participating or non-participating)</td>
<td>Typically can see only in-network providers.</td>
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<tr>
<td><strong>Referrals</strong></td>
<td>Do not need referrals for specialists.</td>
<td>Typically need referrals for specialists.</td>
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<tr>
<td><strong>Drug coverage</strong></td>
<td>Must sign up for a stand-alone prescription drug plan.</td>
<td>In most cases, plans provide prescription drug coverage (may charge a higher premium).</td>
</tr>
<tr>
<td><strong>Other benefits</strong></td>
<td>Does not cover vision, hearing, or dental services.</td>
<td>May cover additional services, including vision, hearing, and/or dental (additional benefits may increase your premium and/or other out-of-pocket costs).</td>
</tr>
<tr>
<td><strong>Out-of-pocket limit</strong></td>
<td>No out-of-pocket limit.</td>
<td>Annual out-of-pocket limit. Plans pay the full cost of your care after you reach the limit.</td>
</tr>
<tr>
<td><strong>Notices</strong></td>
<td>Beneficiaries receive quarterly Medicare Summary Notices (MSNs).</td>
<td>Beneficiaries receive monthly Explanation of Benefits (EOBs).</td>
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Medicare Advantage Plans and Part D plans are administered, marketed, and sold by private companies. Plan representatives, agents, and brokers must follow federal guidelines when marketing to you. These guidelines protect you from manipulative and deceptive sales and enrollment tactics. A fundamental principle is that marketing cannot be conducted under the guise of education. When comparing or enrolling in plans, here are some red flags to look for:

- You signed up for a plan after being told by a company that certain services or prescriptions are covered, but after enrolling, you discover they are not covered
- A company represents itself as coming from Medicare, Social Security, or Medicaid
- You receive an unsolicited phone call or text from a plan with which you have no prior relationship or have asked not to contact you
- An agent discusses other insurance products during a meeting that was scheduled to only discuss a Part D or Medicare Advantage product
- A plan agent returns uninvited to your residence after missing an earlier meeting
- You signed up for a plan after being told by a company that certain prescriptions or services were covered, but after reviewing your EOB, you found they were not covered by the plan and you received a bill instead

You should report these red flags to your Senior Medicare Patrol (SMP). If you enrolled in a plan because of misleading information, you may be able to change your plan by calling 1-800-MEDICARE. Your SMP or State Health Insurance Assistance Program (SHIP) can also help.
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Who should I contact with Medicare questions?

**State Health Insurance Assistance Program (SHIP):** Contact your local SHIP to further discuss the differences between Original Medicare and Medicare Advantage and which may be a better fit for you. SHIP counselors provide unbiased Medicare counseling and assistance.

**Senior Medicare Patrol (SMP):** Contact your SMP if you have experienced potential marketing violations or enrollment fraud and errors. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report Medicare fraud, errors, and abuse.

**Medicare:** Call 1-800-MEDICARE or use the Physician Compare tool on Medicare.gov to learn which doctors participate in Medicare. You can also call or use the website’s Plan Finder tool to compare Medicare Advantage and Part D plans.

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<tr>
<th>Local SHIP contact information</th>
<th>Local SMP contact information</th>
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| **Toll-free phone number:** 877-839-2675  
(To connect with your SHIP, say “Medicare”) | **Toll-free phone number:** 877-808-2468  
(To connect with your SMP, say “Medicare Fraud”) |
| **Online SHIP Locator:** [www.shiphelp.org](http://www.shiphelp.org)  
Click: [Find Local Medicare Help](http://www.shiphelp.org) | **Online SMP Locator:** [www.smpresource.org](http://www.smpresource.org)  
Click: [Find Help in Your State](http://www.smpresource.org) |

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