

Comparing Original Medicare and Medicare Advantage Plans

Does Medicare Advantage really provide an advantage?

Make the Best Decision for Your Healthcare.

The time to select your Medicare coverage is now. Your choices are Original Medicare, Medicare Advantage by private insurance companies, or Medicare Advantage sponsored by hospitals. Before you make a decision, use this to guide you through important checkpoints, and speak with your doctor or provider so you get the Medicare coverage that is right for you.

ORIGINAL MEDICARE PROVIDED BY THE U.S. GOVERNMENT CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

The federal health insurance program available to all people at age 65. Enrollees can visit [medicare.gov](https://www.medicare.gov) to sign up.

Did you know?

Original Medicare allows you to visit any doctor or hospital in the U.S. that is CMS approved and typically makes it easier to access higher level, specialty care such as hospital care, skilled nursing or rehabilitation. Visit [Medicare.gov](https://www.Medicare.gov) for more info.

MEDICARE ADVANTAGE SPONSORED BY PRIVATE INSURANCE COMPANIES

Offers plans with coverage that varies widely regarding benefits, costs, and doctors and hospitals who accept the terms of your plan. May not be in network with your local hospital and doctors.

Did you know?

Brokers try to sell their Medicare Advantage plans directly to you. You waive your right to Original Medicare benefits with this option.

MEDICARE ADVANTAGE SPONSORED BY HOSPITALS

Offers plans with coverage in networks created by that specific hospital locally, but may not be in network nationally.

Did you know?

Hospital-owned Medicare Advantage plans typically have a more concentrated network focused primarily on the hospital's providers and can potentially facilitate better communication and coordination between different specialists within the hospital system.



For more information visit
[MedicareDisadvantaged.org](https://www.MedicareDisadvantaged.org)

ORIGINAL MEDICARE

MEDICARE ADVANTAGE SPONSORED BY PRIVATE INSURANCE COMPANIES

MEDICARE ADVANTAGE SPONSORED BY HOSPITALS

Government owned and managed. Not “sold” to consumers.

Private insurance alternative, funded by the government. “Sold” directly to consumers.

Hospitals partner with insurance companies to create a special network for their hospital services and providers.

Keep the physician you know and trust. Visit any doctor or hospital in the U.S. that takes Medicare.

Plans likely will not travel with you. You are limited to the physicians and hospitals in your plan’s network and service area, even if you are traveling, move mid-year, or need a specialist in another state.

Continue seeing the local doctors and hospitals you know and trust, while enjoying certain benefits of MA.

Split into different Parts to cover different services. Part A covers hospital care, Part B covers medical/doctor appointments; Part D covers prescription and pharmacy care.

Medicare Advantage, also known as Medicare Part C, bundles hospital care, medical/doctor appointments and sometimes prescription care into one.

Bundles services and gives hospitals and providers the ability to closely coordinate care with patients.

Rarely requires referrals and prior authorization.

Requires referrals and prior authorization before care can be delivered or paid for. You are responsible for paying for care that is not approved.

May require referrals and prior authorizations but gives hospitals the opportunity to more closely coordinate that care.

Easier to access higher level, specialty care, like hospital visits, surgeries, and skilled nursing or rehabilitative care.

Often requires prior approval for specialist visits, surgeries, post-acute, and other care. This can result in delays in care and denials for payment – even after care has been provided.

May provide benefit incentives to use care within the hospital network, and give hospitals opportunities to form partnership with local specialty care centers so they are “in network.”

Allows enrollee to manage out-of-pocket costs with Medigap (separate premium) or other supplemental insurance such as Medicaid.

Out-of-pocket costs will vary. Cannot use Medigap to help. If you leave a Medicare Advantage plan and choose Original Medicare with a Medigap plan during open enrollment, you might have to pay more for pre-existing conditions when applying for Medigap insurance.

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Separate premium for Medicare drug coverage (Part D).

Many plans include drug coverage.

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No annual limit on out-of-pocket costs.

Out-of-pocket costs vary and should be considered before making a decision.

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Medicare Open Enrollment Season runs Oct. 15 – Dec. 7, 2024

Now is the time to make sure you’re choosing the best healthcare plan for you in 2025.
For more information visit [MedicareDisadvantaged.org](https://www.MedicareDisadvantaged.org).