

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.

Medicare Advantage



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

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 (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.

	Original Medicare	Medicare Advantage
Costs	Standardized Part A and B costs, including monthly Part B premiums and 20% coinsurance for Medicare-covered services if seeing a participating provider (after meeting your deductible).	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.
Supplemental Insurance	Have the choice to pay an additional premium for a Medigap to cover Medicare cost-sharing.	Cannot enroll in a Medigap plan.
Provider access	Can see any provider and use any facility that accepts Medicare (participating or non-participating)	Typically can see only in-network providers.
Referrals	Do not need referrals for specialists.	Typically need referrals for specialists.
Drug coverage	Must sign up for a stand-alone prescription drug plan.	In most cases, plans provide prescription drug coverage (may charge a higher premium).
Other benefits	Does not cover vision, hearing, or dental services.	May cover additional services, including vision, hearing, and/or dental (additional benefits may increase your premium and/or other out-of-pocket costs).
Out-of-pocket limit	No out-of-pocket limit.	Annual out-of-pocket limit. Plans pay the full cost of your care after you reach the limit.
Notices	Beneficiaries receive quarterly Medicare Summary Notices (MSNs).	Beneficiaries receive monthly Explanation of Benefits (EOBs).

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Be aware of marketing violations and enrollment fraud

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.

Where can I go for help?

Local State Health Insurance Assistance Program (SHIP) contact information:

Carol Martin

**SHIP Counselor and Sawyer County's Elder Benefit Specialist
at the Aging and Disability Resource Center- North, Sawyer Branch**

ADRC-N EBS Direct number: 715-934-0344;

ADRC-N toll-free: 1-866-663-3607 x205;

Sawyer County: 715-634-4806

Email: cmartin@sawyerhs.hayward.wi.us

Sawyer County's Elder Benefits Webpage:

<https://sawyercountygov.org/597/>

Additional Where can I go for help

Resources/Contact Info on next page!





State Health Insurance Assistance Program (SHIP):

Contact your local SHIP to learn if you are eligible for an MSP in your state. Local SHIPs can also help you with your application and screen you for other Medicare cost assistance programs.

Senior Medicare Patrol (SMP):

Contact your local SMP if you have QMB and are consistently being billed for Medicare cost-sharing by a Medicare provider. SMPs empower Medicare beneficiaries, families, and caregivers to prevent, detect, and report potential Medicare fraud, abuse, and errors.

Additional Contacts	
Local State Health Insurance Assistance Program (SH-IP) contact information	Wisconsin Senior Medicare Patrol (SMP) contact information
<p>SHIP toll-free: 1-800-242-1060 TTY: 711 SHIP website: https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm</p>	<p>Toll-free: 1- 888-818-2611 Email: smp-wi@gwaar.org Website: https://gwaar.org/senior-medicare-patrol FaceBk: @WisconsinSeniorMedicarePatrol</p>
<p>To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org</p>	<p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org</p>
<p>SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2022 Medicare Rights Center www.medicareinteractive.org </p>	
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