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Choose the right Medicare* health option for you during Open Enrollment

Attribute	Traditional Medicare** (Parts A + B)	Medicare Advantage (Part C)
Administered by	Federal government	Private insurance companies approved by Medicare
Doctor selection	**Open access:** Visit any doctor & hospital nationwide that accepts Medicare Referrals to specialists typically not required	**Network restrictions:** Visit doctors & hospitals in the insurance network or pay higher out-of-network costs Referrals to specialists typically required
Insurance coverage	Includes **Parts A + B** Does not include Part D (can be purchased separately)	Includes **Parts A + B**, and usually **Part D**
	Part A: hospital insurance including inpatient hospital stays and home healthcare **Part B:** medical insurance including doctor visits and medicines you get at the doctor's office **Part D:** prescription drug coverage for medicines you take at home	
Access to medicine	**Prior authorizations** and **step therapy** typically not required **Buy and bill** is required	**Prior authorizations** and **step therapy** may be required **Specialty pharmacy** may be required
	Prior authorizations: approval before insurance will cover your medicine **Step therapy:** requirement to try and fail a medicine before your prescribed medicine **Buy and bill:** physician-administered medicines are in stock at your doctor's office. You will be asked to pay your portion after your visit. **Specialty pharmacy:** a type of pharmacy that will call you to verify benefits and collect your payment before shipping your medicine to the doctor's office	
Costs	Typically **covers 80%** of medical costs. Patients pay a monthly premium and an additional 20% of healthcare services. There is no out-of-pocket cap, but a **Medigap supplemental plan can help cover costs**.	Patient cost share, monthly premiums, office visit copays, and out-of-pocket caps vary by plan. Some plans offer lower limits for the out-of-pocket cap in exchange for higher premiums or tighter provider networks. **Medigap supplemental plans are not available to cover costs**.
Additional benefits	Does not cover dental, vision, or hearing	Often covers dental, vision, hearing, and fitness benefits

* Medicare is a program for people who are 65 years or older or have certain disabilities
** Traditional Medicare is also referred to as Original Medicare, signified by a red/white/blue insurance card

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Important dates and information

Key dates for choosing or changing your Medicare insurance

All Medicare
(*Open Enrollment*)

- Sign up for Medicare coverage or switch insurance

Oct 15 – Dec 7

Coverage begins January 1

Traditional Medicare
(*General Enrollment*)

- Sign up for Traditional Medicare (if you missed the initial enrollment period); you may have to pay a late enrollment penalty

Jan 1 – Mar 31

Coverage begins the month after you enroll

Medicare Advantage
(*Open Enrollment*)

- Switch or leave a Medicare Advantage plan to enroll in Traditional Medicare

Jan 1 – Mar 31

Coverage begins the month after you enroll

Important considerations

Switching from Medicare Advantage to Traditional Medicare:

If it's your first time ever in Medicare Advantage, **you have a 12-month trial period** to switch to Traditional Medicare and buy a Medigap plan. After that,

- Buying a Medigap plan may be difficult.
- Plans can **charge more** or **deny coverage** based on pre-existing health conditions.

Choosing a Medigap plan:

Medigap is only available with Traditional Medicare.

It's important to **carefully choose a Medigap plan** during the 6-month Medigap Open Enrollment period when you have the **most options**, have access to the **best rates**, and are guaranteed coverage for pre-existing health conditions.

Switching from Traditional Medicare with Medigap to Medicare Advantage:

You can enroll in any Medicare Advantage plan during Open Enrollment, regardless of health status.

If you drop Medigap and later want to re-enroll, the same plan may no longer be available to you and **coverage may be denied** due to pre-existing health conditions.

These materials are intended to provide general information about insurance options. In no way should this information be considered a guarantee of eligibility for any program or coverage or reimbursement for any product or service. Patients should always contact the insurer directly for the most up to date and comprehensive information.