

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Plus Original Medicare)	Medicare Advantage (MA) plans (HMO, PPO, or Private Fee-for-Service)
How it works	Private insurance that fills in the gaps for out-of-pocket costs that Original Medicare Parts A and B don't cover.	Private insurance that replaces Original Medicare Parts A and B .
Who's eligible	- You must have BOTH Medicare Parts A and B. - During certain times, you can buy a plan without having to take a written health screen. For more information, see your <i>Medicare & You</i> book or contact SHIBA at: 1-800-562-6900. - If you're under age 65, options are very limited.	- You must have BOTH Medicare Parts A and B. - There's no health screen and no wait period. - You must live in the plan's service area. Be aware, not every county has a plan. - Plans are available to people 65 and older and under age 65 with a disability.
The benefits	- Some plans cover Medicare Parts A and B copays, coinsurance and deductibles. - Plans are standardized, meaning Plans A-N offer the same coverage as other insurer's plans with the same letter. - Some plans offer additional benefits that include foreign travel emergency coverage and excess charges.	- Plans must cover all Medicare Parts A and B covered services. - Plans are not standardized; coverage varies by plan based on the insurer and plan type: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). - Some plans offer extra coverage, such as dental, vision, alternative medicine or health club memberships (some extras require additional premiums).
Costs associated with the plan	- Monthly Medigap premiums vary by plan. - Plans (except K and L) have no annual out-of-pocket limits. - You must also pay Part B premiums unless you're enrolled in a Medicare Savings Program. - Premiums often change once a year, but plans may change rates at different times of the year.	- Monthly MA premiums vary by plan (some plans have \$0 premiums). - Copays or coinsurance are set by the plan. - Some plans have deductibles. - Plans have yearly maximum out-of-pocket limit (MOOP). - You must also pay Part B premiums, unless you're enrolled in a Medicare Savings Program. - All costs may change every Jan. 1.
Is the plan renewable?	- Plans are guaranteed renewable and benefits won't change as long as you pay the premiums, which may change yearly. - You may switch plans at any time.	- It's renewable, but costs and benefits may change yearly. - You remain in the plan unless you disenroll or switch during an enrollment period, or the plan leaves the area. - If you're enrolled in a plan and do nothing during the Open Enrollment Period (OEP), you'll remain in your current plan.

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Plus Original Medicare)	Medicare Advantage (MA) plans (HMO, PPO, or Private Fee-for-Service)
Provider choice and availability	• Providers bill Medicare directly, and in most cases, the Medigap pays providers directly after Medicare pays its portion. • You can see any provider in the U.S. who takes Medicare. • Plans don't require referrals for specialty care.	• Providers bill the MA plan for most services, not Medicare. • HMOs maintain provider network and only cover in-network providers; they must have available providers to accept new members; referrals may be required to see a specialist. • PPOs maintain provider networks, but also cover out-of-network at a higher cost. • PPOs may not need a referral to see a specialist; check with the plan. • Ask the provider's office for a list of MA plans they accept.
Prescription drug coverage	• Prescription drugs are not included. • For drug coverage, you want to enroll in a Part D prescription drug plan.	• It's often bundled with the plan's benefits and you can't usually buy a separate Part D plan. • If you want coverage, you must enroll in the Part D coverage your MA plan offers.
Switching plans	• You can switch plans at any time. • You must contact the plan to enroll. • If you switch, you must cancel the old plan.	• You can only change plans during an enrollment period. • Enrolling in the new plan will disenroll you from your current MA or Part D stand-alone plan.
Which plan's the best fit?	• Coverage is unlimited in the U.S. • Some plans cover all Medicare copays and deductibles. • People under age 65 have very limited options and they can be more costly.	• Might be good for people who can't find a provider who takes Original Medicare. • If you don't need frequent appointments or treatments, it might save you money.
Comparison shop	• Plans are standardized and the Washington State Office of the Insurance Commissioner (OIC) regulates them. • Monthly premiums and customer service are the only difference between the plans with the same letter. • Refer to the 10 Standardized Medigap plan chart at www.insurance.wa.gov. • Find plans and premiums at www.insurance.wa.gov or call 1-800-562-6900.	• Plans are not standardized and Medicare approves them. • Refer to the Medicare Plan Finder at www.Medicare.gov and to the list of MA plans by county at www.insurance.wa.gov. • Run a drug cost comparison at www.Medicare.gov. • The OIC licenses insurance agents selling MA plans in Washington state, and the federal government regulates MA plan marketing activities. • Find MA plans by county at www.insurance.wa.gov or call 1-800-562-6900.

Questions? For free, unbiased help understanding all of your options, call our Insurance Consumer Hotline and ask to speak with a volunteer advisor in your area at **1-800-562-6900** or at **www.insurance.wa.gov/shiba**.