## Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

<table>
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<th>How it works</th>
<th>Medicare Supplement (Medigap) plans (Plus Original Medicare)</th>
<th>Medicare Advantage (MA) plans (HMO, PPO, or Private Fee-for-Service)</th>
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<tbody>
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<td></td>
<td>Private insurance that fills in the gaps for out-of-pocket costs that Original Medicare Parts A and B don’t cover.</td>
<td>Private insurance that replaces Original Medicare Parts A and B.</td>
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| 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 Medicare & You 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. |
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| **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**.

SHP860-SHIBA-Medigap-MA-compare, Rev. 11/20

This project was supported, in part by grant number 90SAPG0012-02, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.