

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans aka Part C (HMO,PPO or Private Fee-for-Service)
How it works	Private insurance that fills the gaps in Original Medicare Parts A and B.	Private insurance that replaces Original Medicare Parts A and B.
Who's eligible	<ul style="list-style-type: none"> • You must have Medicare Parts A and B; people under age 65 have very limited options for Medigaps. • You may be required to take a health screen if you enroll outside your Open Enrollment Period (OEP)*. • You may also have a waiting period of up to 90 days for any pre-existing condition to be covered after the plan starts. 	<ul style="list-style-type: none"> • You must have Medicare Parts A and B, regardless of your age. • There's no health screen and no wait period. • MA plans will reject you if you have End Stage Renal Disease (ESRD). ESRD is kidney failure requiring dialysis or a kidney transplant. • May live in the plan's service area.
What are the benefits?	<ul style="list-style-type: none"> • Covers Medicare Parts A and B copays, coinsurance and deductibles ("gaps") in Original Medicare. • Plans are standardized. • Plans A-N cover the same as other insurer's plans with the same letter. 	<ul style="list-style-type: none"> • Plans must cover all Medicare Parts A and B covered services. • Plans are not standardized; coverage varies by plan based on insurer and plan type (HMO, PPO, and PFFS).
Are there extra benefits?	<ul style="list-style-type: none"> • There are some additional benefits, such as foreign travel emergency coverage and excess charges. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Monthly premiums vary by plan. • Plans (except K and L) have no annual out-of-pocket limits. • You must pay Part B premiums unless enrolled in a Medicare Savings Program. • Premiums often change once a year, but plans may change rates at different times of the year. 	<ul style="list-style-type: none"> • Monthly premium varies 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 pay Part B premiums unless you're enrolled in a Medicare Savings Program. • All costs may change every Jan. 1.

*Medigap Open Enrollment Period (OEP) = This period lasts for 6 months and starts on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

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Is the plan renewable?	<ul style="list-style-type: none"> • Plans are guaranteed renewable and benefits will not change as long as you pay the premiums and your application was correct. • You may switch plans at any time. 	<ul style="list-style-type: none"> • It is renewable, but 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 AEP, you will remain in your current plan.
Provider choice and availability	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. • PFFS don't have a provider network; may be hard to find providers who accept this in some areas. • Check with the provider's office for a list of MA plans they accept.
Prescription drug coverage	<ul style="list-style-type: none"> • Prescription drugs are not included. • For drug coverage, you may want to enroll in a Part D prescription drug plan. 	<ul style="list-style-type: none"> • Often included as part of the plan's benefits and you can't buy a separate Part D plan. • If you want coverage, you must enroll in the Part D coverage offered by your MA plan. • Only PFFS plans with no prescription coverage allow you to buy a separate Part D plan.
Switching plans	<ul style="list-style-type: none"> • You can switch plans at any time. • You must contact the plan to enroll; if you switch you must cancel the old plan. 	<ul style="list-style-type: none"> • 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.

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Which plan is the best fit	<ul style="list-style-type: none"> • 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 expensive than for people age 65+. 	<ul style="list-style-type: none"> • Network plans may be good for people who can't find a provider who accepts Original Medicare. • Might save you money unless you need frequent appointments or treatments. • A pre-packaged plan may simplify your choices. • Can be eligible at any age, if you have Medicare A&B, live in the plan service area and don't have ESRD.
Comparison shop	<ul style="list-style-type: none"> • Because Medigaps are standardized, monthly premium and customer service are the only difference. • Refer to: <ul style="list-style-type: none"> ○ 10 Standardized Medigap plan chart at www.insurance.wa.gov • Plans are regulated by the Washington State Office of the Insurance Commissioner (OIC). • Find plans and rates at: www.insurance.wa.gov or call 1-800-562-6900. 	<ul style="list-style-type: none"> • Plans are not standardized, and are approved by Medicare. • Refer to: <ul style="list-style-type: none"> ○ Medicare Plan Finder at www.medicare.gov ○ MA plan by county at www.insurance.wa.gov • When considering MA plans, you should conduct a drug cost comparison at www.medicare.gov. • Agents selling plans in Washington state are licensed by the Washington State OIC. CMS oversees MA plans' marketing activities. • Find a list of plans by county at: www.insurance.wa.gov or call 1-800-562-6900.

Questions?

If you want individual help understanding all of your options, call our Insurance Consumer Hotline and ask to speak with a SHIBA counselor in your area:

1-800-562-6900

or

visit us online at:

www.insurance.wa.gov/shiba

