

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. You must live in the plan's service area. Be aware, not every county has a plan.
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 (Health Maintenance Organization or HMO, Preferred Provider Organization or PPO, and Private-Fee-for-Service or 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 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 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 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 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



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