

Choosing Between Original Medicare and Medicare Advantage

You have two options for how to get your Medicare coverage. Here's a look at the two options:

Original Medicare

The traditional program offered directly through the federal government.



- Includes Part A (inpatient coverage) and Part B (outpatient coverage)
- Red, white, and blue insurance card to show your providers
- Taken by most doctors in the country
- Limits on how much doctors can charge if they accept Original Medicare

Medicare Advantage

Private plans that contract with and receive payment from the federal government to provide Medicare benefits.



- Also called MA plans, Medicare private health plans, or Part C
- Insurance card from the specific plan's company to show providers
- Must provide same benefits as Original Medicare, but can have different rules (like provider networks), costs, and restrictions
- Can cover benefits that Original Medicare cannot



You may choose one option and later decide to try the other. Be aware that there are limitations on when you can make these changes. Your Medigap (supplement to Original Medicare) options may be more limited outside of the first 6 months that you're enrolled in Medicare after the age of 65.

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The table below compares Original Medicare and Medicare Advantage. Remember that there are several different kinds of Medicare Advantage plans. If you're interested in joining a plan, speak to a plan representative to learn more.

	Original Medicare	Medicare Advantage
Costs	Standard Part A and B costs, including monthly Part B premiums and 20% coinsurance for Medicare-covered services if seeing a participating provider (after meeting your deductible)	Varies depending on plan. Usually a copayment is owed for in-network care. Plans may charge a monthly premium in addition to the Part B premium (and Part A when applicable).
Medigap (Supplement Insurance)	Varies depending on plan. Plans charge a monthly premium in addition to the Part B premium.	Cannot enroll in a Medigap plan
Provider access	Can see any provider and use any facility that accepts Medicare (participating or non-participating)	Typically can see only in-network providers
Referrals	Do not need referrals for specialists	Typically need referrals for specialists
Drug coverage	Must sign up for a stand-alone prescription drug plan with a monthly premium	In most cases, plan provides prescription drug coverage (you may charge a higher premium)
Medicare Advantage supplemental benefits	Does not cover routine vision, hearing, or dental services	May cover additional services, including vision, hearing, and/or dental (additional benefits may increase your premium and/or other out-of-pocket costs)
Out-of-pocket limit	No out-of-pocket limit	Annual out-of-pocket limit. Plan pays the full cost of your care after you reach the limit (\$9,350 for most plans in 2025).

Watch out for Misleading Marketing



Health insurance companies try to reach people in various ways, like television commercials, radio ads, events, mailings, phone calls, and texts. The Centers for Medicare & Medicaid Services (CMS) has rules for how companies can sell Medicare Advantage plans and Part D plans. These rules protect Medicare beneficiaries from aggressive or misleading marketing.

Before you enroll in a plan, make sure you understand:

- What the plan covers
- How it affects your Medicare benefits and other health benefits (like Medicaid or your retiree/union coverage)
- Whether your doctors are in-network
- Whether the plan covers the drugs you need



Contact a plan directly to confirm if it will cover certain services for you or call your local SHIP to discuss coverage questions. Take notes of your call(s) and make sure that you get everything in writing.

An agent or broker should never pressure or mislead you into joining a plan. They should also never offer gifts to sign up or say they were sent by Medicare or Social Security. If you feel an insurance agent has pressured or misled you, you should save all their information. This might include:

- Agent's business card
- Dates and times of phone calls
- Marketing handouts
- Recorded messages
- Emails

You should report this to your local Senior Medicare Patrol (SMP) or State Health Insurance Assistance Program (SHIP). Your SMP or SHIP can help you review the concern and report it to CMS as a potential marketing violation. Contact information for your local SMP and SHIP are on the last page of this document.

Your local SHIP can also help you seek a Special Enrollment Period (SEP) to switch plans if you are misled into a plan that does not cover the services you need.

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Who to contact for help:

- **Call your State Health Insurance Assistance Program (SHIP)** to compare your Medicare coverage options.
- **Go to www.Medicare.gov** for online help comparing private plans in your area. You can enroll online at Medicare.gov or by calling 1-800-MEDICARE (633-4227).
- **Contact a private plan** directly before enrolling to confirm its coverage and rules
- **Call your Senior Medicare Patrol (SMP)** if you experienced misleading marketing.

Local SHIP contact information	Local SMP contact information
SHIP toll-free: 800-247-4422	SMP toll-free:
SHIP email: IdahoSHIBA@doi.idaho.gov	SMP email:
SHIP website: https://doi.idaho.gov/SHIBA/	SMP website:
To find a SHIP in another state: Call 877-839-2675 (and say "Medicare" when prompted) or visit www.shiphelp.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org
SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2025 Medicare Rights Center www.medicareinteractive.org	
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