

Medicare Minute Script – August 2025

Choosing Between Original Medicare and Medicare Advantage

It is important to understand your Medicare coverage choices and to pick your coverage carefully. Today we'll discuss one important choice—Original Medicare versus a Medicare Advantage plan.

Point 1: Understand the basics of Original Medicare.

Original Medicare is the traditional program offered directly through the federal government. It's sometimes called Traditional Medicare or Fee-for-Service Medicare. With Original Medicare, you can go to any doctor or hospital that takes Medicare, anywhere in the country. You can go directly to the doctor or hospital when you need care. This means you don't need to get permission from Medicare or a referral from your primary care doctor. With Original Medicare, you're responsible for paying a monthly premium for Part B, and in some cases, a monthly premium for Part A. You typically pay a coinsurance, or percentage of the full cost, for each service you receive. Those with Original Medicare may have the option to buy a Medigap to help cover out-of-pocket costs. If you want prescription drug coverage with Original Medicare, you'll need to choose and join a stand-alone Medicare prescription drug plan, also called a Part D plan. Unless you choose otherwise, you will have Original Medicare when you first enroll in Medicare.

Point 2: Understand the basics of Medicare Advantage.

Medicare Advantage plans are plans that contract with and receive payment from the federal government to insure you. They're also called Part C or MA plans. Remember, you still owe a monthly premium for Part B and maybe Part A. You might also owe another monthly premium for the Medicare Advantage plan. Medicare Advantage plans must cover all the same services as Original Medicare, and they usually include prescription drug coverage. In Medicare Advantage plans, you generally need to see doctors who are in your plan's network to pay the lowest cost. In many plans, you must get permission from the plan or a referral from your primary care provider for specialty care or procedures. You'll often pay fixed copayments per service or item you receive. These costs vary from plan to plan. Plans can't charge higher copayments or coinsurances than Original Medicare for certain services, like chemotherapy and dialysis. They can charge higher cost-sharing for other services, though. All Medicare Advantage plans must include a limit, or cap, on out-of-pocket expenses for Part A and B services. These limits tend to be high. Some Medicare Advantage plans may offer certain benefits that Medicare doesn't cover, such as dental and vision care or certain in-home supports. Contact a plan directly to learn about its costs, coverage, and any additional benefits it may provide.

Point 3: Know what to consider when choosing between Original Medicare and Medicare Advantage.

Some of the important factors to consider are:

- Costs: What premiums and out-of-pocket costs will I owe?
- Supplemental insurance: Can I buy a Medigap policy? If I have other coverage, like a retiree plan, how will it work with my Medicare coverage?

- **Provider access:** What kind of providers can I see? Do I need to see in-network providers or get referrals? If so, are the doctors I see in the plan's network?
- **Drug coverage:** Is prescription drug coverage included or can I choose a separate plan? Does it cover the drugs I take? If I have other coverage, like a retiree plan, how will it work with my Medicare drug coverage?
- **Supplemental benefits:** Are extra services covered, like vision, hearing, or dental in the Medicare Advantage plan? If so, what is the cost?
- **Out-of-pocket limit:** Is there an annual limit on out-of-pocket costs in the Medicare Advantage plan? What is the limit and what counts toward it?

Point 4: 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. Medicare has rules for companies selling private plans. These rules protect people with Medicare from aggressive or misleading marketing. Before you enroll in a plan, make sure you understand its benefits and rules. Contact a plan or local SHIP to confirm if it will cover certain services for you, and make sure that you get everything in writing. Remember that 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 agent has pressured or misled you, save all the information, such as an agent's business card, messages, marketing handouts, or other contact details. 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.

Take Action:

1. Contact your SHIP for help comparing your Medicare coverage options.
2. Call your SMP if you have experienced potential fraud, errors, or abuse, or misleading marketing.
3. Use Medicare.gov's Plan Finder tool to compare MA plans, Part D plans, and Medigaps in your area.
4. Call 1-800-MEDICARE (633-4227) if you would like to change your coverage.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 SHIP email: IdahoSHIBA@doi.idaho.gov SHIP website: https://doi.idaho.gov/SHIBA/ To find a SHIP in another state: Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .
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