## Original Medicare + Medigap vs. Medicare Advantage Comparison

Original Medicare with a Medigap	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS
Must have Parts A and B. Companies must accept all eligible applicants during Medigap open enrollment and Guaranteed Issue periods.	Eligibility:	Must have Parts A and B, and live in service area.
Standardized plans have the same benefits but premium varies by company, may vary by age at time plan is purchased, and/or whether the beneficiary smokes. Cost sharing varies by plan; no cost sharing with Plan F. Original Medicare has no out-of-pocket maximum.	Costs: Premiums, cost sharing, and out-of-pocket maximum	All plan members pay same premium, regardless of age, gender, or health. Cost sharing (co-pays and/or co-insurance) must be paid for most medical services. Plans have an out-of- pocket annual maximum.
Can generally see any provider who accepts Medicare.  "SELECT" Medigap plans may require using specific network of providers or specific hospitals.  May be used for treatments at specialty medical facilities, such as Mayo Clinics, etc.	Provider choice and availability:  Always ask your providers what insurance they accept	HMOs and PPOs: Maintain provider networks; they must have available providers in order to accept new members. HMOs: Generally, they cover in-network only. Referrals may be required for specialist visits. PPOs: Cover out-of-network, but costs may be higher for out-of-network. No referrals required.
Not included. If you want Rx coverage, you may enroll in a standalone Medicare prescription drug plan.	Prescription drug coverage:  Be sure to use  www.medicare.gov  Find Health and Drug Plans	Most plans cover drugs. With HMO and PPO plans, you must use drug coverage included with plan. HMO and PPO plans that do not offer drug coverage are designed for people who have drug coverage through the VA, IHS, etc.
Yes, guaranteed renewable as long as you pay the premium and there was no misrepresentation on the application. Benefits never change. No election season for Medigaps.	Is it <b>renewable?</b>	No, benefits may change yearly. However, you usually remain in a plan unless you dis-enroll at election times, or your plan terminates in your area.
No routine dental, vision, etc., except "innovative" plans; no alternative medicine.	Extras:	Some plans include routine dental, hearing, or vision. Some may offer additional alternative medicine package.
Good for travelers or "snow birds." May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture—choose doctors and drug plan.	It may be <b>best</b> for:	May save money if you do not need frequent appointments or treatments. Having a coordinated plan may simplify choices.  Network plans may be good for people who otherwise can't find a Medicare provider.
Because Medigaps are standardized, price and customer service are the only difference. Current rates are posted on the SHIBA website at: http://doi.idaho.gov/shiba/shmedigap	How to <b>comparison</b> shop:	Plans are not standardized—use comparison pages in this Guide or at www.medicare.gov, or call SHIBA, 1-800-247-4422.
Regulated by the Idaho Department of Insurance.	Who regulates it?	Regulated by Medicare/CMS; sales agents are licensed by the Idaho Department of Insurance.