

KNOW THE DIFFERENCE Traditional Medicare vs. Medicare Advantage

ISSUE

Medicare Advantage is *not the same* as traditional Medicare. There are key differences that can have a real impact on how, when, and where you get the medical care you might need.

Traditional Medicare



Most doctors participate in traditional Medicare. You can see any doctor, anywhere in the U.S.



No referrals required to see a specialist.



Services are covered no matter where you are in the U.S.



No limit. A doctor decides how long you need to stay based on condition and needs.



Your doctor decides with you if you need a diagnostic procedure.



Your doctor decides with you if you need home health or medical equipment. ACCESS TO DOCTORS

SPECIALISTS

ACCESS TO

CARE WHEN

TRAVELING

HOSPITAL

STAY LIMITS

LAB, X-RAY, &

DIAGNOSTIC

SERVICES



Most plans limit the doctors you can see. A needed specialist might not participate in your plan.

Medicare Advantage

Referrals or prior plan approval are almost always required before you can see a specialist.



Coverage is usually limited to doctors and services in the plan's network and geographic area.



A plan can limit a hospital stay and make decisions that are different from a doctor's recommendations.



Most plans require approval for services that can take up to 3 days and be denied, even if a doctor orders the procedure.



Most plans require pre-approval for home health or medical equipment. Approval can take up to 3 days and be denied. Each Medicare Advantage plan is different. Comparing benefits, provider networks, restrictions, and cost-sharing requirements can be challenging, and it can be hard to know if a specific plan will meet your needs should you get injured or sick or become disabled.

1 Isn't Medicare Advantage a cheaper option for seniors?

Not necessarily. While Medicare Advantage plans do have an annual cap on out-of-pocket costs, patients may incur unexpected costs for other services. This might include a hospital stay, a physician specialist, or care while traveling.

2 Can't I just switch back to traditional Medicare if my plan isn't working for me?

Patients can only switch back to traditional Medicare during the federal government's "Medicare Open Enrollment" period – **October 15 to December 7.**

• Adding Medigap coverage can be more expensive. A patient's medical history would factor in pre-existing conditions into the cost of new Medigap coverage for those who switch to traditional Medicare from Medicare Advantage.

3 Aren't Medicare Advantage plans a better deal because they offer more services than traditional Medicare?

Many Medicare Advantage plans do offer programs and "perks" such as gym or Silver Sneakers memberships. Some offer benefits not covered by traditional Medicare like hearing, vision, and dental. Medicare Advantage plans do not always cover the possible hefty out-of-pocket costs for some hospital stays, surgeries, medical equipment, x-rays, lab services, and ambulance transport.

- Medicare Advantage plans do not cover any care while traveling. Plans are unlikely to pay for care when patients require care outside their local communities.
- Medicare Advantage plans also do not cover "swing bed services." Medicare Advantage benefits do not cover additional time in the hospital if they don't believe they are medically necessary despite a physician's orders. Only traditional Medicare will pay for extra recovery time and other services such as physical therapy after a procedure.

4 There are so many choices. What does the hospital recommend?

The safest choice is to select traditional Medicare and purchase a Medigap supplemental policy when eligible for Medicare.

• Medicare coverage should provide peace of mind and help seniors access the care they need close to home with doctors and providers they know and trust.

Rural seniors deserve access to timely, affordable care in their home communities.

Rural hospitals deserve a reliable payer partner.

DON'T MISS IT! Medicare Open Enrollment Oct. 15 - Dec. 7

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