

COMPARISON CHART: ORIGINAL MEDICARE AND ADDITIONAL COVERAGE OPTIONS

Option	What It Is	Things to Consider
Original Medicare	Original Medicare provides Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. It is a fee-for-service arrangement managed by the Federal government and available nationwide.	You can go to any provider that accepts Medicare. Once you meet applicable deductibles Medicare will cover 80% and you pay 20%. Vision, dental and hearing is not Medicare-covered services so you will pay out-of-pocket costs for those services. You must get drug coverage through a Part D plan or other creditable coverage.
Original Medicare with a Medigap Supplement Policy	<p>Medigap insurance is available through private insurance companies. These policies cover the “gaps” – those things Medicare doesn’t fully pay for – such as deductibles, 20% charges, etc.</p> <p>These plans do not have drug coverage; you need to have a separate Part D plan</p>	There is a monthly premium for this coverage. Wisconsin has mandated benefits which require all Medigap policies to have the same benefit coverage. Combining this coverage with Medicare should result in no out-of-pocket medical bills for Medicare-covered services.
Medicare Advantage Plans	<p>In addition to the government’s Original Medicare program, Medicare offers individuals the option to receive services through a variety of private insurance plans. These private insurance options are called Medicare Part C. You are still enrolled in Medicare, but the private company will manage your Medicare services. Options available include:</p> <ul style="list-style-type: none"> • Coordinated Care Plans which include the following: <ul style="list-style-type: none"> ◦ Health Maintenance Organizations (HMOs) ◦ Preferred Provider Organizations (PPOs) • Private Fee-For-Service Plans (PFFS) allow an individual to go to any Medicare-approved provider that accepts the plans payment • Special Needs Plans (SNPs) target enrollment to one or more types of special needs individuals identified by Congress as: <ul style="list-style-type: none"> ◦ Institutionalized ◦ Receiving both Medicare and Medicaid ◦ Having a severe or disabling chronic condition. 	<p>Once you elect to receive coverage through a Medicare Advantage Plan you must generally receive all of your care through the plan’s providers to receive coverage. When seeing a provider, you use your plan’s ID card, not your Medicare card.</p> <p>A Medicare Advantage plan must provide enrollees in that plan with coverage of all services that are covered by Original Medicare, plus they may provide additional benefits, such as vision, dental and hearing.</p> <p>Participants may pay a low or even no monthly premium, but should expect to pay co-payments for all services received. All plans have an out-of-pocket maximum, which is the most a beneficiary will pay for services in a calendar year.</p> <p>Some Medicare Advantage plans also include Part D prescription drug coverage. If you are enrolled in a plan that offers drug coverage, you must use that plan’s drug benefit.</p> <p>You are only permitted to join or leave an Advantage plan at certain times of the year. The Annual Enrollment Period is from October 15 – December 7 each year, with coverage beginning January 1.</p>