

Understand Your Medicare Options

Your most important decision may be whether you want to choose traditional Medicare (Parts A and B) **OR** Medicare Advantage Health Plan (Part C).

Traditional Medicare (Parts A & B) Fee-for-service

Medicare pays set fees for your care directly to the doctors and hospitals you visit. Some people call this “fee for service” Medicare.

Medicare Advantage (Part C) Health Plan

Medicare pays a fixed fee to private companies for your care and these plans then pay your providers. Part C replaces your A & B coverage.

OR

↓

Part A
Hospital
(\$1,316 deductible per benefit period - 2017)

Part B
Doctor & outpatient care
(\$183 deductible & generally pay a monthly premium & 20% *after* receiving care)

↓

Part C
Combines hospital, doctor & outpatient care into one privately administered health plan. Co-pays are due *before* you receive care and/or co-insurance *after* you receive care. (Still have Part B premium & potentially more monthly)

Standard

+

Part D
Drug benefit
(monthly premium and co-pays)

Part D
(Drug benefit may be included in Part C plans)

Additional

+

Secondary Coverage
Covers most Medicare-approved benefits not paid by Parts A & B. This includes: Medigap/Medicare Supplements, Medicaid, or former employer coverage.

Additional benefits
Can be included, such as some small routine dental, vision and hearing services.

Possible

Notes:

- 1) Most providers accept traditional Medicare and supplements; however supplements/Medigap policies can cost \$100-\$200/month
- 2) If you have a supplement or secondary medical coverage you have few (if any) deductibles, co-pays or co-insurance when you receive Medicare covered services.
- 3) No annual out-of-pocket maximum for A & B; secondary coverage limits this risk.

Notes:

- 1) Many providers do not contract with these plans and may deny services or charge higher “out of network” rates.
- 2) Monthly premiums can be much lower than supplements; *however, there are co-pays or co-insurance when you receive care.*
- 3) Annual out-of-pocket maximum for medical expenses, amount varies per plan.