Compare Original Medicare & Medicare Advantage

Consider these things when deciding between Original Medicare and a Medicare Advantage Plan for your health coverage:



Doctor & hospital choice

Original Medicare:	Medicare Advantage:
You can go to any doctor or hospital that takes Medicare, anywhere in the U.S.	In many cases, you'll need to only use doctors and other providers who are in the plan's network (for non-emergency care). Some plans offer non-emergency coverage out of network, but typically at a higher cost. Check with your doctors and other providers for information on whether they are an innetwork or out-of-network provider.
In most cases you don't need a referral to see a specialist.	You may need to get a referral to see a specialist.



Original Medicare:	Medicare Advantage:
For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible. This is called your coinsurance.	Out-of-pocket costs vary – plans may have different out-of-pocket costs for certain services. Coinsurance can be up to 40% for out-of-network visits.

Original Medicare:	Medicare Advantage:
You pay a premium (monthly payment) for Part B . If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).	You pay the monthly Part B premium and may also have to pay the plan's premium . Plans may have a \$0 premium and may help pay all or part of your Part B premium. Most, but not all, plans include Medicare drug coverage (Part D).
There's no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage – like Medicare Supplement Insurance (Medigap).	Plans have a yearly limit on what you pay out of pocket for services Medicare Part A and Part B covers. Once you reach your plan's limit, you'll pay nothing for services Part A and Part B covers for the rest of the year.
You can get Medigap to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or you can use coverage from a former employer or union, or Medicaid.	You can't buy and don't need Medigap.



Original Medicare:	Medicare Advantage:
Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities. Original Medicare doesn't cover some benefits like eye exams, most dental care, and routine exams.	Plans must cover all of the medically necessary services that Original Medicare covers. Most plans offer extra benefits that Original Medicare doesn't cover – like some routine exams and vision, hearing, and dental services.
You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).	Medicare drug coverage (Part D) is included in most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.

Original Medicare:	Medicare Advantage:
In most cases, you don't have to get a service or supply approved ahead of time for Original Medicare to cover it.	In some cases, you have to get a service or supply approved ahead of time for the plan to cover it.



Original Medicare:	Medicare Advantage:
Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a Medicare Supplement Insurance (Medigap) policy that covers emergency care outside the U.S.	Plans generally don't cover care outside the U.S. Some plans may offer a supplemental benefit that covers emergency and urgently needed services when traveling outside the U.S.