

# Frequently asked questions about Medicare choices

Whether you choose **Original Medicare (Parts A and B)** or a **Medicare Advantage** plan, you receive all of the Medicare-covered services to which you are entitled. The difference is in the delivery of the health care and in the payment for services.

As you decide what option is best for you consider the following:

## ■ ***Can I go to the doctor of my choice?***

In the **Original Medicare (Parts A and B)** plan, or with a **Medigap** policy, you may go to any provider that is accepting Medicare patients.

Most **Medicare Advantage** plans have a list of providers that you must use. Some plans may allow you to go out-of-network for a higher co-pay.

**Private Fee-For-Service** plans do not have a provider network. Providers can refuse to bill these plans on a case-by-case basis.

## ■ ***Do I want additional benefits that Original Medicare (Parts A and B) does not cover?***

**Original Medicare** generally does not cover dental, vision, or prescription drugs.

Most **Medicare Advantage** plans offer some benefits or services not covered in **Original Medicare**, including routine physicals, dental exams, and vision services.

**Medicare Advantage** plans may offer acupuncture or naturopathic remedies not found in **Original Medicare**.

## ■ ***Can I get coverage where I live?***

**Original Medicare (Parts A and B)** is a national program. The benefits are the same in all areas of the country.

**Medigap** plans cover an entire state, but each state has different premiums. You must purchase coverage from the state in which you live. Plans are valid nationwide.

Most **Medicare Advantage** plans require you to live in a specific service area to receive non-emergency services. Emergency services are available nationwide when you travel.

**Private Fee-For-Service** plans do not restrict you to an area.

## ■ ***What will I have to pay when I go to the doctor or receive a service?***

**Original Medicare** coverage is based on the two parts, A and B. See page 4-5.

**Medigap** policy coverage is based on whether the service is Medicare Part A or Medicare Part B. All **Medigap** plans except K and L pay the full coinsurance amount for Medicare Part B services (excluding annual deductible) and most plans pay the Part A coinsurance. (Plan K pays for 50% of the coinsurance or co-payment amount for Medicare Part B services. Plan L pays for 75% of the amount.)

**Medigap** plans generally are more expensive than **Medicare Advantage** plans.

**Medicare Advantage** plans have co-pays. For example, you may pay a co-payment for your appointment and separate co-pay amounts for your labs or your medical equipment.