

TRADITIONAL MEDICARE VS MEDICARE ADVANTAGE

Can use any health care provider or facility that participates in Medicare.



Usually, can only use health care providers and facilities in the plan's "network."

Includes most health care providers and facilities throughout the country. Do not need a referral to see a specialist.



"Network" often only includes providers and facilities in person's geographic area. May need a referral to see a specialist.

Providers usually continue participation throughout year and beyond



Providers can stop participating in the plan and can leave the plan during the year.

Usually do not need prior authorization before health care service.



Often need prior authorization before health care service.

Cost-sharing is consistent for all enrollees. No cap on yearly out-of-pocket costs.



Cost-sharing differs from plan to plan. Includes caps on out-of-pocket costs.

Benefits and coverage rules are consistent for all.



Benefits must be at least equal to Traditional Medicare. Plans usually include extra benefits not included in Traditional Medicare.

Must enroll separately for Part D prescription drug coverage



Part D prescription drug benefit is usually included.

Can enroll in separate Medigap Insurance policy to cover cost-sharing.



Cannot enroll in a separate Medigap plan to cover cost-sharing.