

Original Medicare with a Medigap vs. Medicare Advantage

People with Medicare looking to fill gaps in their coverage and/or get assistance with Medicare costs can choose to enroll in a supplemental insurance policy (Medigap) in addition to Original Medicare or to enroll in a Medicare Advantage Plan. Here's a look at the differences between these two options.



Medigap

Polices that provide insurance through private companies and help fill cost-sharing gaps

Medigaps may help pay for Medicare deductibles, coinsurances, and copayments. Depending on where you live, you have up to 10 different Medigap plans to choose from: A, B, C, D, F, G, K, L, M, and N. (Note that plans in Wisconsin, Massachusetts, and Minnesota have different names.) Each lettered Medigap offers a different set of benefits, but all plans with the same letter must offer the same benefits (regardless of the company you buy it from). Premiums vary, depending on both the plan you choose and the company you buy it from.



Medicare Advantage

Private plans that contract with the federal government to provide Medicare benefits

Medicare Advantage Plans must provide at least the same set of benefits offered by Original Medicare, but they may have different rules, costs, and restrictions. For instance, Medicare Advantage Plans may require that you see health care providers in their network, and/or that you get a referral from your doctor before seeing specialists. Some MA Plans offer extra, Medicare-excluded benefits, such as dental care.

If you sign up for Original Medicare and a Medigap and later decide you would like to try a Medicare Advantage Plan—or vice versa—be aware that there are certain enrollment periods when you are allowed to make changes. Additionally, Medigap enrollment rules vary by state. Familiarize yourself with your state's rules before disenrolling from your Medigap.

Keep in mind that different areas have different Medicare Advantage Plans and Medigap options. A particular plan may not be available where you live. For assistance finding Medicare Advantage Plans in your area, call 1-800-MEDICARE (633-4227) or your State Health Insurance Assistance Program (SHIP). To learn about Medigap availability and enrollment in your state, call your SHIP or Department of Insurance.

The table below compares Original Medicare with a Medigap and Medicare Advantage. Remember that there are several different kinds of plans. If you are interested in joining a plan, make sure to speak to a plan representative for more information.

	Medigap	Medicare Advantage
Cost-sharing	Pays part or all of certain remaining costs after Original Medicare pays first.	Cost-sharing varies depending on plan. Usually pay a copay for in-network care. Make sure to compare a particular plan's cost-sharing to Original Medicare.
Premium	Plans charge a monthly premium in addition to the Part B premium.	Plans may charge a monthly premium in addition to the Part B premium
Provider access	See any provider and use any facility that accepts Medicare (Note: If you have a Medicare SELECT plan, you must use your Medigap plan's network)	Typically see only in-network providers
Referrals	Do not need referrals for specialists	Typically need referrals for specialists
Other benefits	Generally only covers Medicare cost-sharing. However, may cover costs Medicare does not cover at all, like 365 additional lifetime days for hospital or care received when traveling abroad.	May cover additional services, including vision, hearing, and dental (additional benefits may increase your premium or other out-of-pocket costs)
Enrollment	In most states, insurance companies must only sell you a policy at certain times and if you meet certain requirements. Call your SHIP or Department of Insurance for more information.	May use the Fall Open Enrollment Period (October 15 through December 7) Pick a new Medicare Advantage Plan or switch between Original Medicare and Medicare Advantage

Definitions

Premium: The monthly fee you pay to have Medicare.

Deductible: What you must pay out of pocket before Medicare starts paying for your care.

Copayment / Coinsurance: The amount you pay for each service.

Participating provider: Provider that accepts Medicare's approved amount for services as full payment.

Network: Doctors, hospitals, and medical facilities that contract with a plan to provide services.