

# Medicare in Focus

For coverage that meets  
your needs



Why does it matter which type  
of Medicare plan I choose?



What is Original Medicare  
(fee-for-service)?



What is Medicare Advantage?



Key questions to consider when  
choosing a Medicare plan  
(found on page 4)



## Did you know?

- > Each person needs a **Medicare health plan that meets their own, unique health care needs**
- > You can sign up for **Medicare around your 65th birthday**, but if your needs change, your plan can too. You can renew or change plans every year during **Open Enrollment (October 15–December 7, 2025)**<sup>1</sup>



# What Is Original Medicare (Fee-for-Service)?



**Original Medicare (fee-for-service)**, also known as **Medicare Parts A and B** or **Traditional Medicare**, is a publicly funded insurance program led by CMS for people who are 65 or older, certain people under 65 with disabilities, and people any age with end-stage renal disease or ALS (also called Lou Gehrig's disease).<sup>2,3</sup>



**Part A** provides hospital insurance that includes services such as **inpatient hospital stays, skilled nursing care, and home health care**.<sup>1</sup>



**Part B** provides medical insurance that includes services such as **doctor visits, outpatient care, and medications administered in your doctor's office**.<sup>1</sup>



Medicare supplemental insurance (Medigap) can **add to Original Medicare (fee-for-service)** by providing extra benefits like those offered by Medicare Advantage plans.<sup>1,4,5</sup>

## Visit

[www.medicareinfocus.com](http://www.medicareinfocus.com)  
for more information.

# What Is Medicare Advantage?



**Medicare Advantage**, also known as **Medicare Part C**, provides an alternative to Original Medicare (fee-for-service) and is a Medicare-approved plan run by private companies.<sup>1</sup>



A Medicare Advantage plan must cover all medically necessary services that Original Medicare (fee-for-service) covers, but may require prior authorization or step therapy for those services. Medicare Advantage plans may offer services such as dental, hearing, and vision benefits.<sup>1,6</sup>



Some Medicare Advantage plans require certain doctor-administered drugs to be ordered through a specialty pharmacy.<sup>7</sup>



If you select a Medicare Advantage plan, confirm that your doctor is in network. If you need to see a doctor while visiting a different state, you may have higher, **out-of-network costs**.<sup>1</sup>

## Important Reminders

- The Centers for Medicare & Medicaid Services (CMS) made a **Medicare Star Rating system**, and you can switch to a 5-star Medicare Advantage plan in your area<sup>1</sup>
- **Original Medicare does not generally require prior authorizations** and does not require step therapy for Part B drugs<sup>6</sup>

ALS = amyotrophic lateral sclerosis.

This information is for your education only. It is not a recommendation or endorsement of any specific health plan or type of health plan. If you have questions about the information in this guide, please consult your doctor or another qualified professional.

# Why Does It Matter Which I Choose?

## Compare to see for yourself

	Original Medicare (fee-for-service)	Medicare Advantage
Coverage comparison	You can visit <b>any doctor or hospital in the country</b> that accepts Medicare. <sup>1</sup> (99% of physicians in the United States accept Medicare. <sup>8</sup> )	You usually <b>need to see doctors in the plan's network</b> , which may be limited to your local area. <sup>1</sup>
	In most cases, <b>you do not need a referral</b> to see a specialist. <sup>1</sup>	<b>You may need a referral to see a specialist</b> , depending on the plan you choose. <sup>1</sup>
	Approval from Medicare for certain health care services and medications, called prior authorization, is usually <b>not needed</b> . <sup>1</sup>	<b>A prior authorization may be required</b> for certain health care services and medications, including injections and oral or intravenous drugs, before the health plan agrees to pay. <sup>1,9</sup>
	Part D is an optional benefit <b>you may choose</b> to buy that helps pay for outpatient prescription medications, or medications you receive from your pharmacy and take at home. <sup>1</sup>	Part D is <b>included</b> in most Medicare Advantage plans. <sup>1</sup>
Cost comparison	There is a standard monthly cost, also known as a premium, for Part B.* (Note: Part B covers medications administered in your doctor's office.)  In addition, <b>you will usually pay 20% of the cost for health care services</b> . (This amount is called your coinsurance.) You do have the option to buy Medigap insurance (also known as Medicare supplemental coverage) to help cover these costs. <sup>1</sup>	Premiums and <b>out-of-pocket costs</b> vary based on the plan you select. <sup>1</sup> For example, a plan with a low monthly premium could have high out-of-pocket costs.  <i>See the Medicare in Focus FAQ Brochure for more details on out-of-pocket costs.</i>
	There is no yearly limit on what you pay out of pocket, but <b>you may buy Medicare supplemental insurance (Medigap)</b> . <sup>1</sup>	There is a <b>yearly limit on what you pay for Part A and Part B services</b> . Once you reach your plan's limit, you pay nothing for these services for the remainder of the calendar year. <sup>1</sup>
	You may choose to buy <b>Medicare supplemental insurance (Medigap) to help pay your remaining out-of-pocket costs (including your 20% coinsurance)</b> . Or you can use coverage from a former employer or union, or Medicaid. <sup>1</sup>	You <b>cannot buy or use Medicare supplemental insurance (Medigap)</b> . <sup>1</sup>

If switching from a Medicare Advantage plan to an Original Medicare (fee-for-service) plan, it may be more difficult to buy Medicare supplemental insurance (Medigap).<sup>10</sup>

\*Premiums may be higher for people with higher incomes.<sup>1</sup>

# Choose the Best Medicare Health Plan for You

## Key questions to consider

- ☐ Do all your **doctors accept Medicare?** Are they **“in-network”** if you select a Medicare Advantage plan?
- ☐ Do you travel frequently and visit doctors **outside of your local area?**
- ☐ **Will your medications be covered,** including medications administered by your doctor that are covered under Part B?
- ☐ Can you afford the **out-of-pocket costs** for office visits and medications?
- ☐ Would you like to **purchase Medicare supplemental insurance (Medigap) to cover out-of-pocket costs, which is available with Original Medicare only?**
- ☐ If you are working with an insurance broker, do you know if they are **earning a commission** to recommend certain plans?
- ☐ Do you have a **friend or family member** who can help you choose a Medicare plan?

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