

Differences between Original Medicare and Medicare Advantage

	Original Medicare	Medicare Advantage
Costs	Medicare premiums (Part B; Part A if applicable), deductibles, and coinsurance charges (usually 20% of Medicare-approved cost for outpatient care)	Medicare premiums, plan premium (if it has one), deductibles (if it has one), and copays (usually a fixed cost for office visits)
Supplemental insurance	Beneficiary can purchase a Medigap policy.	Beneficiary cannot purchase a Medigap policy.
Covers extra services	No. Covers medically necessary inpatient and outpatient health care. Does not cover services such as routine vision, hearing, or dental care.	Maybe. May cover some services Original Medicare does not cover, such as routine vision, hearing, and dental care.
Lets beneficiary see providers nationwide	Yes. Beneficiary can go to any provider who accepts Original Medicare.	Usually not. Many plans have a network of providers in the beneficiary's geographic area and may not cover care if a beneficiary sees a provider out-of-network, except in emergencies.
Referral required to see specialist	No.	Maybe. A beneficiary's plan may require a referral from a primary care physician before it will cover a visit to a specialist.
Drug coverage	No. if beneficiary wants Medicare prescription drug coverage, they can buy a stand-alone Part D plan provided by a private insurance company.	Usually. Most plans include prescription drug coverage.
Out-of-pocket limit	No. There is no limit on what a beneficiary can spend on health care.	Yes. Plans must have annual out-of-pocket limit on cost-sharing. Once a beneficiary meets the limit, they do not owe anything out-of-pocket for their health care services. The limit is high, but can protect a beneficiary who needs expensive care.