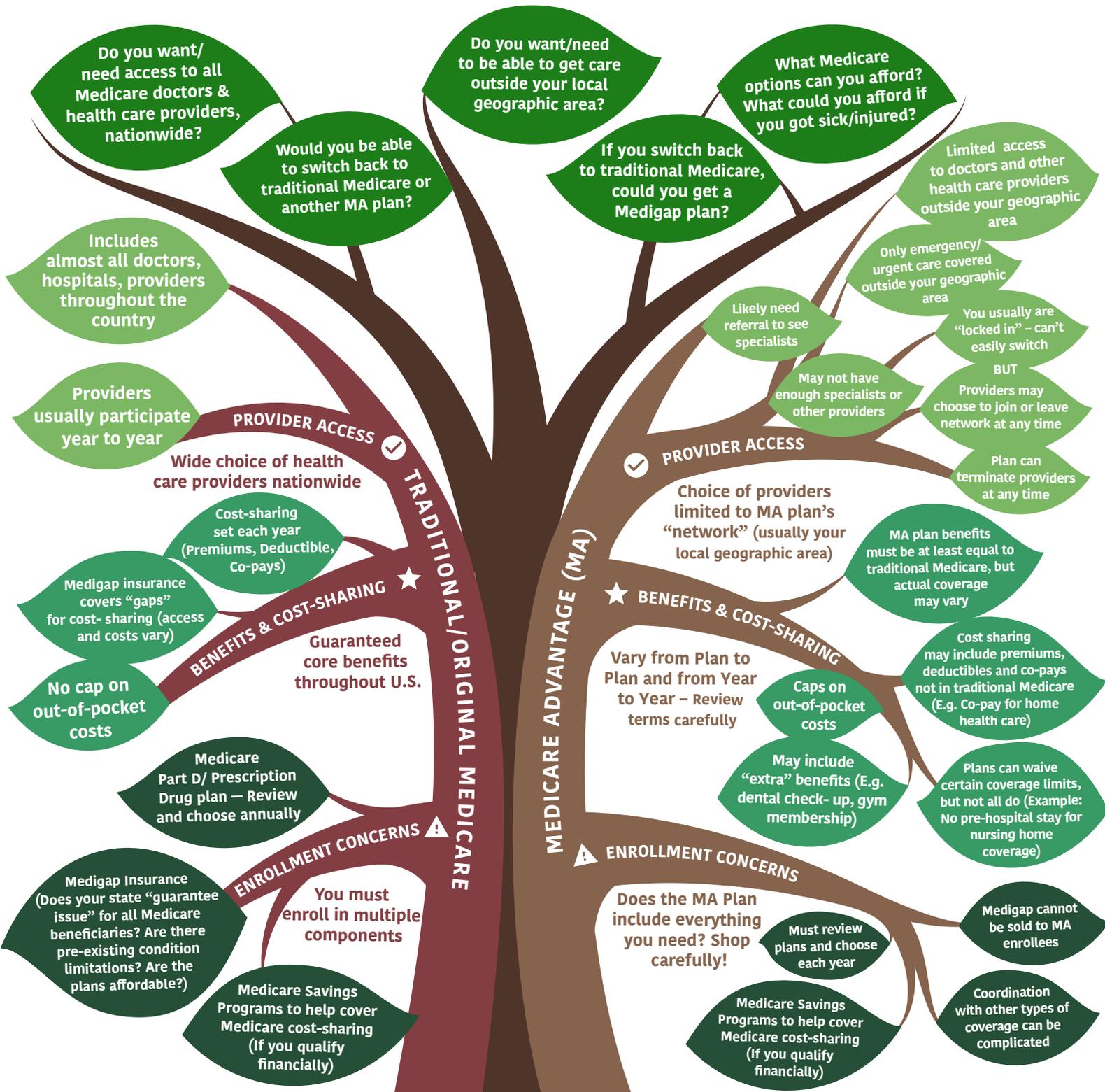


DECISION TREE: TRADITIONAL MEDICARE OR MEDICARE ADVANTAGE



THE ROOT OF THE DECISION:

If you want access to almost all health care providers, anywhere in the country, and don't want to have to get permission from an insurance company to see specialists, look to traditional Medicare. If you are willing to give up access to a full choice of providers for possible lower cost-sharing and some additional benefits, look at Medicare Advantage.

**Medicare Annual Enrollment Period
October 15 – December 7, 2020**

With the Medicare open enrollment period beginning on October 15, we encourage Medicare beneficiaries to choose carefully between traditional Medicare and joining a private Medicare Advantage plan. This is particularly important, as consumer marketing protections have been reduced and public promotions of Medicare Advantage are increasing – including on TV and in the mail. Here are some pros and cons regarding traditional Medicare and Medicare Advantage to consider:

- **Traditional Medicare** allows access to all doctors, health care providers, hospitals and facilities that accept Medicare nation-wide.
 - All people in traditional Medicare have access to similar benefits, which are available to them wherever they are around the country
 - People in traditional Medicare usually do not require prior authorization to see specialists
 - People with traditional Medicare can choose whatever Medicare prescription drug plan best serves their needs
 - People with traditional Medicare often have better access to home health care, nursing homes, and rehabilitation
 - People with traditional Medicare often need to purchase a “Medigap” policy to pay for Medicare cost-sharing.
 - Lower-income people can get help paying for Medicare cost-sharing
- **Medicare Advantage** plans are private plans, like HMOs. They usually limit your choice of doctors, health care providers, hospitals, and facilities to a “network” of certain providers within your local geographic area. (Unless the needed care is an emergency or “urgent.”)
 - Medicare Advantage plans can cut doctors and other health care providers from the plan network during the year
 - Medicare Advantage requires “prior authorization” from the MA plan for many health care services
 - Medicare Advantage often includes a prescription drug plan and some additional “supplemental” benefits such as help with dental care, gym memberships, and other benefits for some participants
 - Medicare Advantage cost-sharing can be less than traditional Medicare, and MA plans are required to have a cap on out-of-pocket expenses. However, they also sometimes include co-pays not in traditional Medicare (for example – for home health care).
 - Lower-income people can get help paying for Medicare cost-sharing