

Medicare Advantage vs. Medigap comparison chart

Original “Fee-For-Service” Medicare with a Medigap (Example: Plan F)	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS (Private Medicare Plans)
Must have Parts A and B. Usually companies may deny, but must accept all applicants, all ages, during Medigap Open Enrollment and Guaranteed Issue periods.	<i>Eligibility</i>	Must have Parts A and B, and live in service area. Takes all applicants except those with End Stage Renal Disease (some exceptions).
Premium varies with gender and health and goes up with age. Companies may underwrite (add to premium). Generally, no copay costs at time of service. No out-of-pocket maximum.	<i>Costs: Premium/copay/ coinsurance/ out-of-pocket max</i>	All plan members pay same premium regardless of age, gender, or health. Cost sharing (copays) must be paid for most medical services. Many plans have an out-of-pocket annual maximum.
<p>No network: Go to any provider that accepts Medicare. No referrals required for specialist visits.</p> <p>May be hard to find providers accepting Original Medicare in some areas.</p> <p>May be used for treatments at major medical facilities, such as Mayo Clinics, OHSU, etc.</p>	<i>Provider choice and availability (Always ask your providers what insurance they accept!)</i>	<p>HMOs and PPOs maintain provider network; they must have available providers in order to accept new members.</p> <p>PFFS has no provider network; it may be hard to find providers who accept it in some areas.</p> <p>HMO: Generally covers in-network only. Referrals may be required for specialist visits.</p> <p>PPO: Covers out of network, but then costs may be higher. No referrals required.</p>
Not included. If you want Rx coverage, you may enroll in any stand-alone (PDP) plan available.	<i>Prescription drug coverage (Make sure your choice covers your Rx!)</i>	<p>If you want Rx coverage, you must enroll in the included Rx coverage if choosing an HMO or PPO. (VA-eligible excepted.)</p> <p>With PFFS, you may choose either the plan’s Rx coverage, if offered, or a stand-alone PDP.</p>
Yes, guaranteed renewable as long as you pay the premium and the application was correct. Benefits never change. No election season for Medigaps.	<i>Renewable?</i>	No, benefits may change yearly. However, you usually remain in a plan unless you disenroll at election times.
Covers only same as Original Medicare. No routine dental, vision, or physicals; no alternative medicine.	<i>Extras?</i>	Some plans include routine dental, vision, or physicals. Some offer additional alternative medicine package.
Good for travelers or “snow birds”. May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	<i>Whom it may be best for</i>	<p>Network plans may be good for people who otherwise can’t find a Medicare provider. May save money unless you need frequent appointments or treatments.</p> <p>Having a packaged plan may simplify choices.</p>
Because Medigaps are standardized, price and customer service are the only difference. Try calling a few competitively priced plans. Regulated by Oregon Insurance Division (OID).	<i>How to comparison shop: Use pages in Guide (and/or call SHIBA!)</i>	Plans are not standardized – use comparison pages in this Guide or at www.medicare.gov . Plans are regulated by Medicare/CMS; sales agents are licensed by OID.