

KNOW THE DIFFERENCE

TRADITIONAL MEDICARE VS. MEDICARE ADVANTAGE

Medicare Advantage is not the same as traditional Medicare. There are key differences that can have a real impact on how, when, and where you get the medical care you might need.



TRADITIONAL MEDICARE



Most doctors participate in traditional Medicare. You can see any doctor, anywhere in the United States.



No referrals required to see a specialist.



Services are covered no matter where you are in the United States.



No limit. A doctor decides how long you need to stay based on condition and needs.



Your doctor decides with you if you need a diagnostic procedure.



Your doctor decides with you if

ACCESS TO DOCTORS

SPECIALISTS

ACCESS TO CARE WHEN TRAVELLING

HOSPITAL STAY LIMITS

LAB, X-RAY & DIAGNOSTIC SERVICES

HOME HEALTH & MEDICAL

MEDICARE ADVANTAGE



Most plans limit the doctors you can see. A needed specialist might not participate in your plan.



Referrals or prior plan approval are almost always required before you can see a specialist.



Coverage is usually limited to doctors and services in the plan's network and geographic area. Plans may offer some emergency coverage and urgently needed care while traveling.



Most plans require approval for services that can take up to three days and be denied, even if a doctor orders the procedure.



A plan can limit a hospital stay and make decisions that are different from a doctor's recommendations.



Most plans require pre-approval for home health or medical equipment.

DON'T MISS! MEDICARE OPEN ENROLLMENT TAKES PLACE OCT 15 - DEC 7.

This flyer is intended to provide educational information only. It does not constitute an offer of insurance or personalized advice. This information is based on current Medicare regulations and estimates. Actual costs and benefits may vary. Please contact a licensed insurance agent or visit www.cms.gov for specific plan details and enrollment assistance.

