

# SourcePoint

## Original Medicare, Medicare Supplement, and Medicare Advantage Comparison

	<b>OPTION 1</b>	<b>OPTION 1</b>	<b>OPTION 2</b>
	<u>ORIGINAL MEDICARE</u>	<u>MEDICARE SUPPLEMENT</u>	<u>MEDICARE ADVANTAGE</u>
Also known as:	Medicare Parts A & B	Medigap, Medifill, MedSup	Medicare Part C, Advantage Plan, Medicare Replacement Policy, Medicare Health Plan
Administered by:	The U.S. federal government, Centers for Medicare & Medicaid Services (CMS).	Private insurance companies who do NOT have a contract with CMS.	Private insurance companies that are approved and under contract with CMS.
<b>Enrollment</b>			
To enroll, you must be:	Age 65 or older, or disabled any age, or diagnosed with End Stage Renal Disease (ESRD) any age.	Enrolled in Original Medicare Parts A & B, AND at least age 65.	Enrolled in Original Medicare Parts A & B and NOT be diagnosed with End Stage Renal Disease (ESRD).
Underwriting or health exam required?	No	Enroll <u>within 6 months</u> of being at least age 65 <u>AND</u> Part B effective date to be guaranteed accepted without health exam or underwriting and pay same premium as other enrollees.	No
Any exclusions for pre-existing conditions?	No	Pre-existing conditions may be excluded for up to 6 months if you lack creditable coverage before enrolling.	You cannot enroll if you have End Stage Renal Disease (ESRD).
Special rules for End Stage Renal Disease (ESRD)?	No	You may be denied enrollment or pay higher premiums based on your health if you enroll outside your guaranteed rights period.	* You can stay on plan if you develop ESRD <u>while on the plan</u> . * You cannot switch to a different Advantage plan once diagnosed with ESRD. Your only choice is to stay on <u>same</u> Advantage plan OR switch back to Original Medicare & enroll in a Part D drug plan.
Trial period:	No	30 day free look period.	12 month trial period if this is the <u>first</u> Medicare plan in which you enrolled. Annual 45 day disenrollment period January 1st through February 14th.

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<b>Benefits</b>			
Individual or family coverage?	Individual coverage only.	Individual coverage only. Some insurers may offer discounts on monthly premiums if more than one person in same household is enrolled in insurer's plans.	Individual coverage only.
Preventative services?	Most preventative services paid @ 100%	Benefits depend on Plan selected (A-N).	Most preventative services paid @ 100%
Diagnostic labs?	Most labs paid @ 100%	Benefits depend on Plan selected (A-N).	Benefits depend on Plan selected.
Prescription drug coverage?	Prescription drugs not covered. You must purchase a separate Part D plan.	Prescription drugs not covered. You must purchase a separate Part D plan.	Prescription drugs are included in most Advantage Plans. If not included, you must purchase a separate Part D plan.
Skilled nursing and rehabilitation coverage?	Medically necessary skilled nursing and rehabilitation covered 100% for first 20 days, then you pay a co-pay for days 21-100 per benefit period. You pay full cost after day 100.	Benefits depend on Plan selected (A-N). Plan may pay all or part of the balance after Medicare pays.	Benefits depend on Plan selected.
Long term care?	Not covered	Not covered	Not covered
Extra services?	None	None	Some plans may include basic routine dental, vision, and/or hearing services in the standard plan. Comprehensive plans for full coverage may be offered as optional riders to purchase.
What doctors & hospitals can you use?	If you use Medicare approved doctors and hospitals in the U.S. that accept Medicare, then your cost will be limited to the Medicare approved amount. If you use doctors and hospitals who do NOT accept Medicare, then you may be responsible for the full billed charge.	You may use any Medicare approved doctors and hospitals in the U.S. that accept Medicare.	HMO - regional network: you must use plan doctors & hospitals in their network; you pay 100% cost for services received out of network. PPO - regional network: you receive higher benefits if you use preferred doctors & hospitals in their network, but you can get services out of network and receive lower benefits.

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Coverage outside the U.S.?	<b>Covers medically necessary services in the U.S. only.</b>	Covers medically necessary services in the U.S. only but some plans (C,D,F,G,M,N) offer foreign travel emergency coverage for services <b>outside the U.S.</b>	Covers medically necessary services in the U.S. only.
What is not covered?	<b>Routine dental, vision, &amp; hearing services; acupuncture; cosmetic; experimental; investigational; and unproven services.</b>	Routine dental, vision, & hearing services; acupuncture, cosmetic; experimental; investigational; and unproven services.	<b>Acupuncture, cosmetic, experimental, investigational, and unproven services. * Routine dental, vision &amp; hearing coverage depend on plan benefits.</b>
Lifetime maximum benefit?	<b>No</b>	No	No
<b>Costs (Premiums, Deductibles and/or Co-Insurance)</b>			
Monthly premium for Part A Hospitalization coverage?	<b>Free if you or your spouse have at least 10 years (40 credits) of employment paying into Social Security. Otherwise, you will owe a premium based on actual credits earned (30-39 or &lt; 30).</b>	You must pay monthly premium for Medicare Part A if you do not qualify for free.	<b>You must pay monthly premium for Medicare Part A if you do not qualify for free.</b>
Monthly premium for Part B Medical coverage?	<b>\$104.90 per month for most people, higher incomes pay more.</b>	\$104.90 per month for most people, higher incomes pay more.	<b>\$104.90 per month for most people, higher incomes pay more.</b>
Other premiums?	<b>You pay a monthly premium for a separate Part D prescription drug plan.</b>	You pay a monthly premium based on the Plan (A-N) selected. (You must also pay a monthly premium for a separate Part D prescription drug plan).	<b>You may pay an additional monthly plan premium, in addition to the Part B premium, depending on the Plan. (If prescription drugs are not included in the Advantage Plan, you will also pay a monthly premium for a separate Part D plan).</b>
Annual deductible for hospitalization services?	<b>You pay an inpatient deductible for each <u>benefit period</u>.</b>	Depending on the Plan (A-N) selected, the Plan may pay all or part of this amount, so you may still owe a <b>portion</b> .	<b>You may pay an inpatient co-pay per day for a specified number of days.</b>
Annual deductible for medical services?	<b>You pay an <u>annual deductible</u> of \$147 for medical services under Part B.</b>	Depending on the Plan (A-N) selected, the Plan may pay all or part of the balance after Medicare pays, so you may still owe a <b>portion</b> .	<b>You may or may not have an annual deductible for medical services depending on the Plan.</b>

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Part B Co-insurance?	Generally, you pay 20% of the cost after Medicare pays 80% of approved cost for Part B services.	Depending on the Plan (A-N) selected, the Plan may pay all or part of the 20% balance after Medicare pays, so you may still owe a portion.	You may pay co-insurance which varies by service depending on the Plan.
Annual PLAN out of pocket maximum/stop loss?	No	Only Plans K & L have out of pocket maximum/stop loss provisions.	In-network and out-of-network out of pocket maximum/stop loss vary by Plan.
How are premiums paid?	Monthly Parts A & B premiums can be deducted from your Social Security check, or billed/paid quarterly if not yet collecting SS.	Monthly MedSup premium CAN NOT be deducted from your Social Security check. Depending on the Plan, premium may be billed/paid monthly, quarterly or annually, or EFT (auto-deducted) from checking acct to pay plan directly on-time to avoid cancellation	Monthly Advantage Plan premium can be deducted from your Social Security check, or EFT from your checking acct.
Enrollment Period?	*When you are first eligible for Medicare (age 65, disabled & under age 65, ESRD & any age) during your 7 month Initial Enrollment Period (IEP); *General Enrollment Period 1/1 - 03/31 for a 7/1 effective date; * When you retire after age 65 (Special Enrollment Period).	No annual enrollment period. Can add/change/drop plan at any time; HOWEVER, if you add/change plans (company or plan letter), you may be subject to underwriting and can be denied. Enroll <u>within 6 months of being at least age 65 AND Part B effective date to be guaranteed accepted without health exam or underwriting and pay same premium as other enrollees</u>	Can change plans each year during Annual Open Enrollment Period of 10/15 - 12/07 for a 1/1 effective date; or each month if you qualify for Extra Help with Medicare Part D.