



STEP-BY-STEP GUIDE FOR CHOOSING A MEDICARE PLAN

Medicare becomes available to most people when they turn 65. Individuals with certain conditions or disabilities may be eligible sooner. Some people also have other insurance that can work with their Medicare coverage. Social Security will send you sign-up instructions three months before the month of your 65th birthday. Then you will have a few choices to make based on the benefits you need and how much flexibility you want. Penalties may apply if you don't sign up for Medicare coverage when you are first eligible.

[Visit the Medicare Plan Finder tool here](#) to get started and use this NPAF step-by-step guide to help you compare options in making the best Medicare choice for you.

For free personalized help, contact your State Health Insurance Assistance Program at www.shiptacenter.org or 877-839-2675. A trained counselor will walk you through your Medicare options.

This guide provides basic information with:

- links to other helpful resources
- tips for comparing Medicare options
- worksheets to help decide which choice is best for you

Some of the language about coverage can be confusing. You have two main choices: (1) **Original Medicare** and (2) **Medicare Advantage**. With **Original Medicare**, you can also add a *supplemental* (“Medigap”) plan.

This chart summarizes key coverage components under the two main Medicare choices:

Original Medicare	- OR -	Medicare Advantage (Part C)
Part A – Hospital		Part A – Hospital
Part B – Doctor Visits		Part B – Doctor Visits
Part D – Medications (add on separately)		Part D – Medications (usually included)
Supplemental plan you can add to help pay for costs (Medigap or retiree plan)		Most plans include extra benefits like vision, hearing, and dental.

Under either Medicare choice, open enrollment (see page 7 for dates) is a good time to think about making wanted changes, including the possibility of picking a different doctor if you are not satisfied with your current one. It’s important to your well-being and patient experience that you feel confident in the care provided by your doctors. If you need help talking to your doctor about what matters to you, check out our resources for [yourself](#) as well as if you are a [caregiver](#).

***Pro Tip:** Do an annual medication review with your doctor to see if there are ways you can save money on prescriptions by finding lower co-pay options or stopping some medications that are no longer needed. Open enrollment is a good time to do this medication review as part of choosing your health plan. You can:

- Go through your list of prescriptions
- Think about the amount you are spending on each
- Talk about how these medications make you feel
- Discuss whether any changes are needed

This will help you get the best care possible and may also reduce your out-of-pocket spending on prescription medicines. For example you may be able to save money by switching from a brand drug to a generic drug.

To learn about cost-saving options that may apply for your medication, [review this PAF resource about drug tiering](#).

Choose Between Original Medicare or Medicare Advantage

Under either option, you can get coverage for:



Hospital care (part A)



Doctor visits (part B)



Prescription medications (part D)

In **Original Medicare**, you have to proactively add Part D on top of Parts A and B coverage to obtain prescription drug coverage. With **Medicare Advantage**, Parts A, B and (usually) D are already bundled together in one package.

The total premiums for Original Medicare and Medicare Advantage plans can be very similar. Part B premiums may vary, with Part A hospital benefits usually included at no additional premium cost. Adding Part D and other coverage features is where your costs are likely to vary among the options.

Pro Tip: Think of the plan's **monthly premium, annual deductible and cost-sharing (copayments and coinsurance) as three equally important components affecting your total costs.*

Here are a few key factors to consider when making the choice between

Original Medicare and **Medicare Advantage**:

Original Medicare is administered through the government and has standard benefits and rules.



You would have access to any doctors and facilities across the U.S. who accept Medicare. No in-network doctor restrictions apply, and in most cases, you don't need a referral to see a specialist.



For prescription drug coverage, you need to choose and add a Part D plan on top of Part A and B coverage. The Part D premium would be added to your A & B premium amount.



You can also supplement coverage with a "Medigap" plan that lowers your out-of-pocket costs like copayments. Like Part D, Medigap plans will have their own monthly premiums that you add to the original Medicare premium cost.

Medicare Advantage plans are *administered by private health insurance companies with varying benefits and rules.*



You need to check that your preferred doctors are in the plan’s network to be sure their services would be covered. One exception to this rule is emergency room services.



MA plans include “Part D” coverage for prescription medications as part of the bundle, which may also include other extra benefits. You don’t have to shop separately for this.



MA plans often require pre-approval for covering certain tests like CT scans, MRIs or other services. You may also need a referral to see a specialist.



You cannot use a Medigap plan with an MA plan to help lower out-of-pocket costs.

The Two Medicare Choices: Check the boxes for features that matter most to you.

Original Medicare	Features	Medicare Advantage
Run by the government	How administered	Run by private plans
No	Require pre-approval for services?	Yes
Most doctors accept Medicare across the U.S.	Participating providers	Have smaller, more local networks of doctors
No out-of-pocket cap	Limits on Costs	Has maximum out-of-pocket cap which may vary depending on the plan, county, and year
Expected premiums and OOP costs		
<p>Total premiums for Original Medicare and MA plans can be very similar. If a plan’s monthly premiums are low, its deductible or copayments may be higher. Out-of-pocket costs can vary considerably across plans.</p>		

Visit the [Medicare Plan Finder tool here](#) to compare costs. Patient Advocate Foundation also has [more pro tips here](#).

Consider Your Doctors – and any changes you may want

- **With Original Medicare**, you can go to any doctor or hospital that takes Medicare anywhere in the U.S. As long as your doctor participates in Medicare, they will be covered.
- **In Medicare Advantage**, you'll need to use doctors who are in the plan's network in most cases - unless it's emergency care. You can ask your preferred doctor whether they participate in Medicare Advantage plans and note which plans those are.

DOCTORS COVERED WORKSHEET

List the names of your preferred primary care doctor and specialists that you want to keep seeing in the numbered boxes. Then use the [Plan Compare tool](#) to see if your doctors are covered in the **Medicare Advantage** plans you are considering.



- 1) Select the particular plan you are looking at and *click "Plan Details"*
- 2) Scroll to "Benefits & Costs" and *click the "View Provider Network Directory" link*
- 3) Look for your doctor's name to see if they are listed in the network
- 4) **Write yes or no** indicating whether each doctor is listed on the plan network

Preferred Doctor names	Plan #1	Plan #2
1.		
2.		
3.		
4.		

Check Your Medication Coverage in Part D or MA Plans

Private insurance companies that administer Part D or MA plans will have different lists of covered/preferred drugs or “formularies”. These may change from year to year so make sure to check that the medications you take are covered. This step will help you avoid unexpected costs.

MEDICATIONS COVERAGE WORKSHEET

List all the medications you are taking now in the numbered boxes below. Use the [Plan Compare tool](#) to check if your medications are covered.

- 1) Select that you want a “Drug Plan (Part D)” and select “yes” when asked if you want to see your drug costs.
- 2) “Add to your drug list” each of your prescription drugs, dosing and quantity.
- 3) For accurate cost information, you must also choose a pharmacy (up to five) in your area, then click “Done”.
- 4) The results page will list all Part D plans in your area. Click “View Drugs and their Costs” to see cost and coverage information.



For each prescription, check the list of covered drugs (called the “formulary”) and **write yes or no** to indicate whether your medication is included in the formulary. You may also want to note which cost tier the medication is listed under to compare that information across the plan options.

Medication <i>(Be specific: Include dosing, frequency and quantity because coverage may vary)</i>	Plan #1	Plan #2
1.		
2.		
3.		
4.		

Pick Your Plan and Any Extras

Evaluate each plan against what you have determined are important coverage features, doctors, prescription medicines and your budget to make sure you can afford **the fixed costs** (monthly premiums and deductibles) plus the **cost-sharing** (coinsurance and copayments) you would have to pay when you receive care.

While you typically won't pay more than the maximum out-of-pocket limit in **MA plans**, consider whether you could shoulder the upfront costs and pay the deductible over a short period of time if a medical emergency arises, especially if you go with **Original Medicare**.

After you've decided whether an **Original Medicare** or **MA plan** better suits you, think about whether you'll want supplemental coverage in a **Medigap plan** to help cover out-of-pocket costs like copayments. [Read more about it here](#). If you're retired you might also consider whether your [retiree coverage](#) from a former employer will help pay for your costs.

As part of care planning, it's important and appropriate to ask for help if the costs of everything related to your medical care and the household consequences of those costs is worrying for you. Refer to [Can We Talk About My Costs of Care?](#) if you need help navigating these conversations with your care team.



Two Open Enrollment Periods Every Year

You can switch Medicare options at two times during the year if your circumstances change.

1

Annual election period runs from October 15 through December 7

This is your first opportunity to make changes to your coverage. You can switch between Original Medicare or an MA plan or switch between MA plans. You can also add, change or remove your Part D plan.

2

Medicare Advantage Open Enrollment period runs from January 1 to March 31

During this time, you can only return to Original Medicare (and add drug coverage) or switch between MA plans with or without drug coverage.



**Personalized Medicare Plan Assistance
for people with complex, chronic or disabling conditions**

NEEDS NAVIGATION

Patient Advocate Foundation's case managers
can help guide your plan choice process

For personalized help, go to www.patientadvocate.org
or [click here](#) to fill out the PAF request for assistance form.

You can also visit the [PAF National Financial Resource Directory](#) to
find nationwide financial assistance support for medications,
other health care needs and non-medical daily living expenses.