

# Difference Between Original Medicare and Medicare Advantage

	Original Medicare	Medicare Advantage Plans
Costs	You pay Medicare premiums, deductibles, and coinsurances (usually 20 percent of the Medicare-approved cost for outpatient care).	You pay Medicare premiums and your plan's premium, if it charges one. Your plan sets its own deductibles and copays (usually a fixed cost for each office visit). You may pay the full cost if you do not follow your plan's rules.
Supplemental Insurance	You can buy a Medigap policy (only at certain times, depending on where you live).	You cannot buy a Medigap policy to help pay your out-of-pocket costs in a Medicare Advantage Plan.
Covers extra services like vision and dental?	No. Covers medically-necessary inpatient and outpatient health care. Does not cover certain services such as routine vision, hearing or dental care.	Maybe. May cover some services Original Medicare does not cover such as routine vision, hearing and dental care. All plans must cover the same inpatient and outpatient services Original Medicare covers.
Lets me see providers nationwide?	Yes. You can go to any doctor or hospital in the U.S. that accepts Medicare.	Usually not. Most people have HMO's, which typically have local networks of providers you must use for the plan to cover your care. PPO and PFFS plans should cover care you get outside the network, but you will pay more.
Do I need a referral to see specialists?	No. You do not need a referral to see specialists.	Maybe. You often need to get a referral from your Primary Care Physician if you want to see a specialist.
Covers Prescriptions?	No. You will need to purchase a separate Part D plan for prescription coverage.	Usually. Most plans include Part D drug coverage. You usually cannot get a separate drug plan if you have a Medicare Advantage plan (some exceptions).
Out-of-pocket Limit?	No. There is no cap on what you spend on health care.	Yes. Plans must have an annual out-of-pocket limit, which can be high but protects you if you need expensive care. The plan pays the full cost of your care after you reach the limit.