



Differences between Original Medicare and Medicare Advantage (Part C) plans

	Original Medicare	Medicare Advantage Plans
Costs	You pay Original Medicare premiums, deductibles and coinsurance (typically, 20% coinsurance for outpatient services).	You pay Medicare premiums and your plan’s premium if it charges one. Your plan sets deductible and coinsurance/copay rates. Costs can vary greatly between plans.
Supplemental insurance	You can buy a Medigap (supplemental) policy to help pay Medicare’s deductibles and coinsurance.	You can’t buy a Medigap (supplemental) policy when you are enrolled in a Medicare Advantage plan.
Vision, dental and hearing coverage	Does not cover routine vision, dental or hearing services (such as eyeglasses and dental exams).	Some plans may offer vision, dental or hearing services beyond what Medicare covers. Coverage varies widely by plan.
Provider network	You can see any provider in the U.S. who accepts Original Medicare.	Most Medicare Advantage plans are HMO plans, which typically have local networks of providers you must use. If your provider is outside of the HMO plan’s network, your plan will not pay for your care. Medicare Advantage PPO or private fee-for-service plans may cover care outside of the network, but with a higher copay for out-of-network care.
Referrals for specialists	You do not need a referral to see a specialist.	In an HMO plan, you typically need a referral for a specialist. In a PPO plan, you typically do not need a referral for a specialist. In a private fee-for-service plan, you do not need a referral to see a specialist. Always ask your plan administrator whether a referral is needed.

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Please expect a response within 72 hours (three business days).

	Original Medicare	Medicare Advantage Plans
Prescription coverage	Original Medicare does not include Part D (prescription drug coverage). You will need to buy a separate Part D plan for your prescriptions.	Most Medicare Advantage plans include Part D (prescription drug coverage) as part of the plan.
Maximum out-of-pocket spending limits	Original Medicare does not have a maximum out-of-pocket spending limit. Add a Medigap plan (which covers copay and deductible costs) to protect from unlimited out-of-pocket spending costs.	Plans have an annual maximum out-of-pocket spending limit. The amount varies greatly by plan. Once the maximum out-of-pocket limit is reached, the plan pays the full cost of care through the end of the year.

Original Medicare and Medigap or Medicare Advantage (Part C) How to choose?

My preferences	Original Medicare and Medigap	Medicare Advantage
I want to keep my doctors or providers.	<ul style="list-style-type: none"> • I can see any doctor or provider who accepts Original Medicare. • I can check to see if my provider is in-network by visiting Medicare.gov or calling the provider's billing office. 	<ul style="list-style-type: none"> • HMO plans: My doctors and providers must be in-network. • PPO or private fee-for-service plans: I can go out of network, but costs will usually be higher than for in-network providers. • I can check whether my provider is in-network by contacting the plan administrator or by calling my provider's billing office.

My preferences	Original Medicare and Medigap	Medicare Advantage
I plan to travel.	<ul style="list-style-type: none"> • I'll be covered nationally under a Medigap plan. • If I travel out of the U.S., Medigap plans C, D, F, G, M and N will offer some emergency coverage. 	<ul style="list-style-type: none"> • Most plans are regional or local. • HMO plans: I won't have coverage outside of my plan's service area, except for emergency care. • PPO or private fee-for-service plans: An out-of-network doctor must agree to accept my plan. • I'll call the plan administrator to ask about its coverage area.
I need dental, vision or hearing benefits.	<ul style="list-style-type: none"> • My Original Medicare and Medigap plans won't cover dental, vision or hearing services. • I may be able to buy a separate plan from a private company. 	<ul style="list-style-type: none"> • My plan may offer limited dental, vision or hearing benefits. • I may have the option to pay more to purchase dental, vision or hearing coverage add-ons.
I believe I am and will remain healthy and have no accidents requiring emergency care or hospitalization.	<ul style="list-style-type: none"> • I'll pay my plan's monthly premiums. • I won't pay a copay for preventive care. 	<ul style="list-style-type: none"> • I'll pay my plan's monthly premiums. • I won't pay a copay for preventive care.
I like knowing I am covered to the greatest degree possible.	<ul style="list-style-type: none"> • Original Medicare will pay first, and my Medigap policy will pay second to help with copays and deductibles. • Depending on the Medigap plan I choose, it may cover all or most of my copays and deductibles so I will have no out-of-pocket costs. • I'll review Medigap plan coverage closely to understand what copays or deductibles I may pay. • Without a Medigap policy, I'm taking an unlimited financial risk, because there's no out-of-pocket maximum. 	<ul style="list-style-type: none"> • I will pay copays as I go, so what I pay will depend on how often I use health care. • I'll review my plan closely to understand what copays and deductibles I'll have for various services. • I'll also review the maximum out-of-pocket amount so I know the limit on my copay and deductible costs for the year.

My preferences	Original Medicare and Medigap	Medicare Advantage
<p>What will I pay in premiums each month?</p>	<ul style="list-style-type: none"> • I will pay my Medicare Part B premium (\$185 a month in 2025). • I understand that Medigap policy pricing can vary greatly, but I can expect to spend about \$37 to \$962 a month. • The Part D (prescription drug) average plan premium is \$46.50 in 2025. In Colorado, plan costs vary, but I can expect to pay between \$0 and \$143.40 a month. • I may pay extra through a private insurance company to add dental, vision or hearing coverage. 	<ul style="list-style-type: none"> • I will pay my Medicare Part B premium (\$185 a month in 2025). • I may expect to pay a monthly premium from \$0 to \$170.40 for a Medicare Advantage plan. • Part D (prescription drug) coverage is typically bundled into a Medicare Advantage plan and included in the premium cost. • I may pay an additional premium for dental, vision or hearing add-on options.
<p>As a healthy individual, what might I expect to pay (estimate)?</p>	<ul style="list-style-type: none"> • I can expect to pay a monthly premium of \$403.50, which consists of \$185 for Medicare Part B, \$172 for Medigap Plan G and \$46.50 for Part D. • \$4,842 in annual premiums, plus drug plan copays. 	<ul style="list-style-type: none"> • I can expect to pay a monthly premium of \$185, which consists of \$185 for Medicare Part B and \$0 for Medicare Advantage. • \$2,220 in annual premiums, plus drug plan copays.
<p>As an individual with a health crisis or expensive health condition, what might I expect to pay (estimate)?</p>	<ul style="list-style-type: none"> • \$4,842 in annual premiums. • Part B deductible of \$257 in 2025. • Plan G would pay the rest of my medical copays. • I may have additional drug plan copays. 	<ul style="list-style-type: none"> • \$2,220 in annual premiums. • My plan copays and deductibles may reach the maximum out-of-pocket amount, which ranges from \$2,900 to \$14,000 per year. • I may have additional drug plan copays.

Adapted from the Medicare Rights Center, [MedicareInteractive.org](https://www.MedicareInteractive.org)

The State Health Insurance Assistance Program, known as SHIP, provides people with Medicare information, counseling and enrollment assistance. SHIP counselors are certified to answer your Medicare-related questions and provide free, in-depth, one-on-one help. SHIP counselors are not insurance agents. They offer unbiased help so you can better understand your Medicare options and choose plans that best fit your needs.

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