

Getting your Medicare benefits: There are two ways someone with Medicare can access their Medicare benefits, through Original Medicare or a Medicare Advantage Plan.

- Original Medicare is Medicare provided directly by the federal government. If you have Original Medicare, you use a Red, White and Blue benefit card when you go to the doctor or hospital. Original Medicare does not have networks of doctors and hospitals. If you have Original Medicare, you can see any doctor across the country who accepts payments from Medicare. If you have Original Medicare, you do not need referrals or permission to see specialists or to receive elective health services.
- Medicare Advantage is Medicare provided through a private insurance company. Medicare Advantage plans are also known as Medicare private health plans, Medicare HMOs, Medicare PPOs, or Medicare Part C. Remember, if you have Medicare Advantage, you still have Medicare. You just receive your benefits in a different way. Medicare Advantage plans must cover all services that Original Medicare covers, but can do so with different costs. Medicare Advantage plans can impose restrictions on members. For example, Medicare Advantage plans require you to stay within a network of doctors and hospitals. Medicare Advantage plans also often require you to ask permission from the plan before receiving certain health services and to ask primary care physicians for referrals to see specialists. If you are considering a Medicare Advantage plan, it is best to ask your doctors, therapists and other specialists the plan networks they are a part of and to use their answers to narrow your search.
- Both Original Medicare and Medicare Advantage plans have costs associated with coverage. Almost everyone with Medicare (whether they have Original Medicare or a Medicare Advantage plan) has Part A free and pays a Part B premium. For more on Original Medicare costs, please click here. For more on Medicare Advantage costs, please click here.

Choosing Drug Coverage: Choosing between Original Medicare and Medicare Advantage means you must also choose how you get your Part D drug coverage.

- People with Original Medicare should choose a stand-alone prescription drug plan (PDP) for their drug coverage. A stand-alone PDP only offers Part D coverage to people with Original Medicare.
- People with Medicare Advantage plans have their Part D coverage bundled in with the other services they receive from their Medicare Advantage plan. People with Medicare Advantage typically must receive their drug coverage from the same private plan they receive their health services from.
- No matter how you receive your Part D benefits, you should know how to review your drug coverage each year to ensure your drug plan works for you. People with Part D coverage should review their plan's list of covered drugs (formularies) every year. You find your plans' formulary on the plan website. A shorted plan summary will be sent to you each year. You can call your plan and ask them to send you this year or next year's full formulary in the mail. Remember, every Part D plan has a different formulary. Even Part D plans that are bundled into Medicare Advantage plans have their own formularies.
- If your drugs are not being covered by your plan next year, you should find a new plan during Fall Open Enrollment (October 15- December 7 each year). To find a new plan, visit www.Medicare.gov/find-a-plan, call 800-MEDICARE or contact your local State Health Insurance Assistance Program (SHIP). You can find your state's SHIP by visiting www.shiptalk.org.
- All Part D plans (even Part D plans that are part of Medicare Advantage plans) have monthly premiums for members. Premiums can vary widely depending on what the plan offers. Plans that offer a wider range of more expensive drugs may have higher premiums than those with formularies that are more basic.

Considering Medigap policies: Medigap policies, also known as Medicare supplemental plans, help people with Original Medicare pay for deductibles, copays and coinsurances.

- [Medigap policies](#), like Medicare Advantage plans, are sold through private insurance companies but only people with Original Medicare can enroll into Medigap policies. If you have a Medicare Advantage plan, you cannot enroll into a Medigap policy.
- [Medigap premiums](#) range from less than \$100 per month to over \$300 per month depending where you live and the policy you choose. There are [eleven standard Medigap policies](#) available nationwide. Each offers different supplemental coverage for Original Medicare deductibles, copays and coinsurances. Massachusetts, Minnesota, and Wisconsin have completely different Medigap systems than other states.
- How and when you can enroll into a Medigap policy depends on what state you live in. Across the country, people over 65 are guaranteed enrollment into Medigap policies at [certain times](#). However, people under 65 who have Medicare due to disabilities are not guaranteed enrollment into Medigap policies in every state. Depending on your state, you may be charged higher Medigap premiums if you are under 65. Whether you can switch from one Medigap policy to another also depends on where you live.
- For more about costs and enrollment into Medigap policies in your state, please contact your state's Department of Insurance or your state's [SHIP](#) (www.shiptalk.org).

Remember, there are types of insurance other than Medigap policies that act as [supplemental coverage](#) and can help pay costs associated with Medicare. Some examples include union or retiree coverage, employer coverage, COBRA coverage, TRICARE for Life (TFL), federal retiree benefits and Medicaid. These types of supplemental insurance work with both Original Medicare and Medicare Advantage plans. For more about how other types of insurance work with Medicare, please click [here](#).

Appealing coverage denials: No matter how you get your Medicare coverage (Original Medicare or Medicare Advantage); you have the right to appeal denials.

- You can typically begin an appeal after you get a summary of services you've recently received in the mail, a denial notice in the mail, or a drug denial at the pharmacy counter.
- If Original Medicare is denying you a health service, please [take these steps](#) to appeal those denials.
- If your Medicare Advantage plan is denying you a health service, please [take these steps](#).
- If you are being denied a drug, regardless of how you get your Medicare, please [take these steps](#).

Finding out more about low-income programs: Some people with Medicare are entitled to certain benefits based on income.

- If you have income and assets below a certain limit (regardless of your age), you may be eligible for programs that help with Medicare costs. Remember, eligibility for the programs below does not affect your eligibility for a Medicare Advantage plan.
- Some benefits, like the [Extra Help program](#), which helps pay for prescription drug coverage, are national programs. Contact the Social Security Administration (800-772-1213 or online at www.socialsecurity.gov) to find out if you may be eligible for Extra Help.
- Other programs differ depending on the state you live in. [The Medicare Savings program \(MSP\)](#), which helps pay your Part B premiums, is run by your state Medicaid office. If you think you may be eligible for this program, contact your state Medicaid office.
- Some states have [State Pharmaceutical Assistance Programs \(SPAPs\)](#), which also help pay Part D costs. SPAPs typically have higher eligibility thresholds than the Extra Help program, so you may be eligible even if you do not qualify for either of the programs above. Eligibility limits for SPAPs depend on the state you live in. Not every state offers an SPAP. To see if your state has an SPAP or another prescription assistance program, visit www.shiptalk.org and find the number of your local SHIP to ask.