

[Medicare](#) beneficiaries have two options for receiving their health care coverage: [Original Medicare](#) or [Medicare Advantage](#). Each option has different costs and rules about the providers you use, so it is important to understand the basics about both before changing your coverage. Your friend is right, you are able to make changes to your Medicare coverage during [Fall Open Enrollment](#), and it is a good idea to review your options every year to ensure that you have the best coverage possible. Remember, Fall Open Enrollment lasts from October 15- December 7 of each year and the changes you make during this time take effect on January 1.

Original Medicare is the traditional fee-for-service Medicare program administered directly by the federal government. Under Original Medicare, you can see any doctor in the country who [participates in the program](#), and most doctors do. It includes [Part A](#), which covers inpatient hospital costs, and [Part B](#), which covers outpatient medical costs. In order to have prescription drug coverage under Original Medicare, you must actively choose and enroll in a stand-alone [Part D](#) prescription drug plan.

With Original Medicare, after you pay your monthly [premium](#), you pay a [coinsurance](#) for each service that you receive. If you have Original Medicare, you can purchase [Medigap](#) supplemental insurance to assist with Part A and Part B premiums and copays. Note that Medigaps do not assist with Part D prescription drug costs. Some people also have [supplemental insurance](#) through retiree insurance or union benefits.

Medicare Advantage plans are plans administered by private insurance companies that provide Medicare benefits. These plans contract with Medicare, and are paid a fixed amount to provide Medicare benefits. You must live in the plan's service area in order to enroll. Medicare Advantage plans are generally [managed care plans](#), and the most common types are Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Private Fee For Service (PFFS) plans. You still have Medicare if you join a Medicare Advantage plan. In most cases, you must still pay your Part B monthly premium (and a Part A premium, if you have one). Each Medicare Advantage plan must provide all Part A and Part B services, but they can do so with different costs and restrictions than Original Medicare. This can affect how and when you can get care. For example, Medicare Advantage plans require members to use their networks of doctors and hospitals. If you use an out-of-network provider, you may have to pay more for your care.

Medicare Advantage plans must limit the amount you spend out-of-your own pocket for health care. These limits tend to be high but are helpful if you need a lot of care. Plans can also offer additional benefits that Original Medicare does not cover, like routine vision or dental care. Generally, if you want to enroll in a Medicare Advantage plan and also need drug coverage (Part D), you must join a plan that includes drug coverage. If you have a Medicare Advantage plan, you cannot purchase a Medigap policy.

Even if you are satisfied with your current Medicare coverage, it's important to investigate during Fall Open Enrollment whether other Medicare options may better suit your individual needs in the next calendar year. [Research shows](#) that people with Medicare prescription drug coverage (Part D) could lower their costs by shopping among plans each year. Being proactive about your coverage can help to reduce costs and make sure that your health care needs are met.

*The views expressed here are those of "Dear Marci, a biweekly e-newsletter ([www.medicarerightscenter.org](http://www.medicarerightscenter.org)) designed to keep people informed about health care benefits, rights, and options for older Americans and people with disabilities", and do not necessarily represent those of the Commission or individual members. We thank The Medical Rights Center for the opportunity to share their article.*