

Traditional Medicare or a Medicare Advantage Plan Which is Right for You?



As you approach your 65th birthday you have more to do than celebrate! The year you turn 65, you have a seven-month period to make an important decision about health insurance coverage. You can choose to sign up for original (sometimes called traditional) Medicare or you can shop for a Medicare Advantage plan, which is also sometimes referred to as Medicare Part C.

When should you start thinking about Medicare coverage?

Everyone has an initial enrollment period that starts three months before their birth month, their birth month and the three months after their birth month.

After that you need to wait to make changes until the annual open enrollment period re-opens, which runs from Oct. 15 through Dec. 7 each year.

There are penalties for not signing up during your initial enrollment period, except under specific circumstances, so be careful to check the rules.

What's the Difference?

Both original Medicare and Medicare Advantage provide coverage for various healthcare services. However, out-of-pocket costs, choices related to doctors, hospitals and other services, as well as other items vary between these two options.

Original Medicare is run by the federal government and offers broad access to doctors, hospitals and other services nationally. Accessing services usually does not require prior approval or other similar requirements.

Medicare Advantage plans are run by private insurance companies. The federal government requires these plans to follow certain rules. For example, the plans must offer coverage comparable to original Medicare (Parts A and B). However, the plans are allowed to select only certain doctors, hospitals and other services to be included in their network. They can also apply authorization or prior approval requirements in advance of being able to use certain services.

If you choose original Medicare you can use any doctors or hospitals that take Medicare throughout the country. Medicare Part A covers hospital care and does not usually require you to pay a monthly premium. Medicare Part B covers many doctor visits and other medical expenses, but participants pay a monthly premium for this coverage. Enrollment in Medicare Part B is not mandatory. There is also Medicare Part D available to purchase that covers prescriptions. Be aware that the enrollment timeframes for the different parts of Medicare can be slightly different. It is important to review Medicare's requirements in order to avoid potential penalties. This link will take you to the Medicare webpage that explains penalties: [Avoid late enrollment penalties | Medicare](#)

To learn more about the differences between original Medicare and Medicare Advantage, what your out-of-pocket expenses might be and which options are right for you, visit the Medicare and You website: [Medicare & You | Medicare](#).

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Do Your Research

If you decide a Medicare Advantage plan is right for you, it is very important to research the plan options thoroughly to ensure you get the plan that is best for you.

✓ **Check your providers!** One of the most important things to research is whether the physicians you already have a relationship with or specialists you may need based on your health history are in the Medicare Advantage plan's network. Also check to make sure the hospitals, outpatient facilities, laboratory services and other services you have used or are nearby are part of the plan's network.

✓ **Check your coverage!** Most Medicare Advantage plans include supplemental benefits such as prescriptions, vision and dental care. Recently, Medicare Advantage plans have added some non-medical benefits such as fitness programs, meal delivery, air purifiers and home improvements that promote safety. However, Medicare Advantage plans also frequently require prior approval or authorization for services, so be mindful of the processes you may need to follow to access certain services.



✓ **Check the quality!** The Centers for Medicare and Medicaid Services rate the quality of Medicare Advantage plans based on several factors including customer satisfaction, access to healthcare and the rate at which beneficiaries receive preventive care. If you find a plan you think is right for you, make sure you check the plan's quality rating – often called its “star rating.” It can help you make a final decision. You can shop for available Medicare Advantage on the internet at Explore your [Medicare coverage options](#) which will include information on a plan's star rating.



Help Is Available

You're not in this alone! There are several New Jersey resources to assist you in deciding which plan is right for you.

The state offers free, unbiased assistance with finding a Medicare plan. The State Health Insurance Assistance Program (SHIP) is a free, one-on-one counseling service to help answer your questions about traditional Medicare coverage and Medicare Advantage plan options.

The SHIP Information Center can be reached by phone at 1-800-792-8820, the hours of operation are 8:30 a.m. to 4 p.m., Monday through Friday. You can find your county SHIP office contact information on the internet here: [SHIP Brochure.pdf \(nj.gov\)](#).

There is also a state website where you can find more information such as a Medicare Welcome Presentation, instructions on how to use the Medicare Plan Finder, and how to get help with Medicare expenses. Find it here: [Department of Human Services | State Health Insurance Assistance Program \(SHIP\)](#)
 1-800-792-8820 (nj.gov)

An online application for Medicare financial assistance is also available on the state's website. You can learn more about it here: [Department of Human Services | Get Help Paying Your Medicare Costs \(nj.gov\)](#)