

KNOW THE DIFFERENCE:

Traditional Medicare vs. Medicare Advantage

Medicare Advantage is **not** the same as traditional Medicare. There are key differences that can have a real impact on how, when, and where you get the medical care you might need.



Traditional Medicare

VS.

Medicare Advantage



Most doctors participate in traditional Medicare. You can see any doctor anywhere in the U.S.



No referrals required to see a specialist.



Services are covered no matter where you are in the U.S.



No limit. A doctor decides how long you need to stay based on condition and needs.



Your doctor decides with you if you need a diagnostic procedure.



Your doctor decides with you if you need home health or medical equipment

Access to Doctors

Specialists

Access to Care When Traveling

Hospital Stay Limits

Lab, X-Ray, and Diagnostic Services

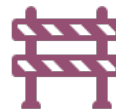
Home Health and Medical Equipment



Most plans limit the doctors you can see. A needed specialist may not participate in your plan.



Referrals or prior plan approval are almost always required before you can see a specialist.



Coverage is usually limited to doctors and services in the plan's network and geographic area.



A plan can limit a hospital stay and make decisions that are different from a doctor's recommendations.



Most plans require approval for services, which can take up to 3 days and can be denied, even if a doctor orders the service.



Most plans require pre-approval for home health or medical equipment. Approval can take up to 3 days and can be denied.