

Medicare Annual Enrollment Period
October 15 – December 7, 2019

With the Medicare open enrollment period beginning on October 15, we encourage Medicare beneficiaries to choose carefully between traditional Medicare and joining a private Medicare Advantage plan. This is particularly important this year, as consumer marketing protections have been reduced and public promotions of Medicare Advantage are increasing – including on TV and in the mail. Here are some pros and cons regarding traditional Medicare and Medicare Advantage to consider:

- **Traditional Medicare** allows access to all doctors, health care providers, hospitals and facilities that accept Medicare nation-wide.
 - All people in traditional Medicare have access to similar benefits, which are available to them wherever they are around the country
 - People in traditional Medicare usually do not require prior authorization to see specialists
 - People with traditional Medicare can choose whatever Medicare prescription drug plan best serves their needs
 - People with traditional Medicare often have better access to home health care, nursing homes, and rehabilitation
 - People with traditional Medicare often need to purchase a “Medigap” policy to pay for Medicare cost-sharing.
 - Lower-income people can get help paying for Medicare cost-sharing
- **Medicare Advantage** plans are private plans, like HMOs. They usually limit your choice of doctors, health care providers, hospitals, and facilities to a “network” of certain providers within your local geographic area. (Unless the needed care is an emergency or “urgent.”)
 - Medicare Advantage plans can cut doctors and other health care providers from the plan network during the year
 - Medicare Advantage requires “prior authorization” from the MA plan for many health care services
 - Medicare Advantage often includes a prescription drug plan and some additional “supplemental” benefits such as help with dental care, gym memberships, and other benefits for some participants
 - Medicare Advantage cost-sharing can be less than traditional Medicare, and they are required to have a cap on out-of-pocket expenses, but they also sometimes include co-pays not in traditional Medicare (for example – for home health care).
 - Lower-income people can get help paying for Medicare cost-sharing