



Where can I get help or more information?

Medicare is here for you 24 hours a day, every day. For more information about your Medicare plan options, you can

- Attend a **Medicare event** in your community.
- Look at your “**Medicare & You**” handbook.
- Visit www.medicare.gov on the web for plan comparisons.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your **State Health Insurance Assistance Program (SHIP)** for free counseling about choosing plans, buying a Medigap policy, and your Medicare rights, including appeals. Call 1-800-MEDICARE (1-800-633-4227) to get the number for your state.

Understanding the **Choices** You Have in How You Get Your Medicare Health Care Coverage

You have a choice in how you get your Medicare health care coverage. Your costs vary depending on your plan, coverage, and the services you use.

*My Health.
My Medicare.*



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Centers for Medicare & Medicaid Services

The Original Medicare Plan

A fee-for-service plan that is managed by the Federal Government. You can go to any doctor or supplier that is enrolled and accepts Medicare and is accepting new patients, or to any hospital or other facility. The Original Medicare Plan has two parts: Part A (hospital) and Part B (medical). You will be in the Original Medicare Plan unless you choose to join a Medicare Advantage Plan (like an HMO or PPO). Most people get their coverage through the Original Medicare Plan.

Medicare Advantage Plans

Health plan options that are approved by Medicare and run by private companies. They are part of the Medicare Program, and sometimes called “Part C.” Some of these plans include prescription drug coverage.

Medicare Advantage Plans include:

Medicare Preferred Provider Organization (PPO) Plans—You pay less if you use doctors, hospitals, and providers that belong to the PPO plan network.

Medicare Health Maintenance Organization (HMO) Plans—In most HMOs, you can only go to doctors, specialists, or hospitals on the plan’s list except in an emergency or certain other urgent situations.

Medicare Private Fee-for-Service (PFFS) Plans—You may go to any Medicare-approved doctor or hospital that accepts the plan’s payment.

Medicare Special Needs Plans—Provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plans—A two-part plan that has an HMO or PPO with a high deductible, and a Medical Savings Account.

Other Medicare plans

There are some types of Medicare plans that provide health care coverage that aren’t part of Medicare Advantage, but are still part of the Medicare Program.

Medicare Cost Plans—A type of HMO that is available in certain areas of the country. In a Medicare Cost Plan, if you get services outside of the plan’s network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

Demonstrations/Pilot Programs—Demonstrations are special projects that test improvements in Medicare coverage, payment, and quality of care. Pilot programs are designed to reduce health risks, improve quality of life, and provide savings for people with Medicare with one or more chronic illness.

PACE (Programs of All-inclusive Care for the Elderly)—A joint Medicare and Medicaid program that combines medical, social and long-term care services for frail elderly people who live in and get health care in the community.

Other Coverage

Medicare Prescription Drug Coverage (Part D)—Medicare prescription drug plans (Part D) are run by insurance companies and other private companies approved by Medicare.

Medigap (Medicare Supplement Insurance) Policies—Health insurance sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage.