



GO INTO OPEN ENROLLMENT WITH YOUR EYES WIDE OPEN

You will choose whom you will trust to help pay for your health care after you turn 65. Your choices are:

1. **Original Medicare**, managed by the federal government, which is responsible to voters and taxpayers, or
2. **Medicare Advantage**, private insurance plans offered by health insurance companies, which are typically responsible to their CEO's, stockholders, and Wall Street investors, all of whom are focused on extracting a profit from Medicare.

Original Medicare	Private insurance (Medicare Advantage)
You choose your own healthcare providers.	You must select from providers within a narrow network determined by the insurance company, and it can change unexpectedly.
Requirements for prior authorization are very rare, so Medical decisions are made by you and your doctor based on your needs.	Prior authorization by the insurance company is required for many treatments and many medications, causing care to be delayed or even denied. Medical decisions are made by company employees and AI and are driven by the companies' profit motive.
Most healthcare providers in the US accept patients with Original Medicare.	Increasing numbers of US health systems are refusing to accept MA due to denials and delays impeding necessary treatments.
Hospital expenses are covered by Part A. Part B covers 80% of outpatient medical expenses, and premiums are deducted from your Social Security. There is no prescription coverage.	Hospital-related expenses and other medical expenses covered, subject to prior approval. Part B premiums deducted from your Social Security. You are not eligible for Medigap insurance to cover out of pocket costs. MA plans may include coverage for drugs.
There is \$1,632 deductible for hospital expenses (Part A), and a 20% copay for outpatient care (Part B). You may purchase Medigap to cover copays and deductibles and a Part D plan to cover prescriptions.	Deductibles and copays vary among plans, and whether the provider is in the company's approved network.
No limit on out-of-pocket, out-patient medical expenses. Pharmacy capped at \$2000.	Limit of up to \$8,850 for in-network out-of-pocket medical expenses and significantly higher limit on out-of-network medical expenses.
No vision, dental or hearing benefits are covered.	There is limited coverage for vision, dental and hearing (but such add-on benefits can change).

At first glance, it looks like Medicare Advantage offers more for less. Original Medicare can cost more initially due to the need for Medigap and Part D plans to cover copays, deductibles and prescriptions. Thanks to the Inflation Reduction Act, in 2025 there is a \$2,000 limit to out-of-pocket expenses for drugs and, starting in 2026, some of the most commonly prescribed medications will cost less due to mandated price negotiations.

Medicare Advantage costs less initially and offers some coverage for vision, hearing and dental. But you have little control over your providers because you are restricted to a network, which is subject to change. If you develop any serious or chronic conditions (cancer, diabetes, arthritis, etc.), getting coverage can become difficult and costs can increase because of delays and denials of requests for prior authorization for treatments or drugs. A study published in the Journal of the American Medical Association confirmed that being on Medicare Advantage is a risk factor for taking on medical debt. Many Medicare Advantage companies are being sued by the Department of Justice for fraudulently overcharging Medicare by billions of dollars.

If you are in a Medicare Advantage program but want to return to Original Medicare, it may be difficult to do so. After you have been in the program for 12 months, insurance companies in most states can take into consideration your age and health history to deny you a Medigap policy or to charge a very high premium for it. If you cannot afford the copays and deductibles of Original Medicare, you may be trapped in Medicare Advantage.

Do your research. With a Medicare Advantage plan, make sure your preferred providers and drugs are in their network, and remember that the plan's administrators can change these abruptly. Also note that with any Medicare Advantage plan, prior authorizations are often required. Moreover, Medicare Advantage plans have restricted coverage of out-of-network costs. With Original Medicare, you choose your providers and prior authorization are rarely required. Become familiar with the deductibles and copays required by Original Medicare, and buy a Medigap policy if you cannot afford these expenses. If you purchase a policy to cover your prescriptions (Part D), make sure it covers your medications.

PSARA and allied groups are working to "level the playing field" between the two options, to prioritize quality healthcare, and restore the promise of this benefit we have earned. For more information go to:

<https://www.psara.org/level-the-playing-field-brochure> and to

<https://www.insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba>