

# Original Traditional Medicare- 2020

## Part A – Hospital Insurance

Premium: Free for most people  
 Deductible: \$1,408 for each 60-day benefit period  
 Co-pays after 60 days

## Part B – Outpatient Medical Insurance

Premium: \$144.60 per month  
 Deductible: \$197 per year  
 Co-insurance: 20%  
 (Medicare pays 80% of approved charges)

There are two types of private insurance you can buy to help pay for some or all of the Medicare deductibles and/or co-insurance:

### “Supplement” or “Medigap” Plans

**Must have Medicare parts A and B**  
 Choice of plans “A-N”; “Plan G” is most comprehensive. C & F discontinued 2020.  
 Medigaps do NOT include Rx drug coverage  
 Regulated by State Insurance Commissions

Most people with a Medigap policy choose to also buy a Part D prescription drug plan to avoid penalties

### Part D Prescription Drug Plans

**Must have Medicare Part A or Part B**  
 Regulated by CMS

### Medicare Advantage Plans

**Must have Medicare parts A and B**  
 Available as PPO or HMO plans  
**Most include Rx drug coverage**  
 Regulated by CMS

**PPO**

**HMO**

PPO = Preferred Provider Organization  
 HMO = Health Maintenance Organization

Supplement/ Medigap Insurance (Plans A-N)	Medicare Advantage Plans (HMO or PPO)
Higher premiums (\$115-\$208 plan G), cost increases with age, need to purchase separate part D drug plan (\$15-\$163)	Generally lower premiums (\$0 to \$201) and include Part D drug coverage
No co-pays, only part B deductible with plan G; other plans have co-pays and/or deductibles. None pay for annual physical exam and all follow 3 midnight rule for skilled nursing eligibility.	Co-pays and co-insurance for services. Varying out of pocket maximums. Most cover annual physical exam and no waiting for skilled nursing admission.
Nationwide coverage; can see any Medicare participating provider in the U.S. (if they are accepting new Medicare patients)	Geographic limitations (County, State). HMO: network providers only. PPO can see out of network provider for higher co-pay
Guaranteed issue for 1 <sup>st</sup> six months after starting part B. If apply at a later date, you can be rejected for health reasons (underwriting)	Cannot be rejected unless kidney dialysis. Open enrollment Oct. 15 to Dec 7 for following year.
No referral required for specialist	Referral required for HMO, but not PPO
No extra benefits	Varied extra benefits (dental, vision, hearing, alternative care, gym membership)