Medicare Supplement vs. Medicare Advantage

Two paths to Medicare coverage: which approach fits your needs and budget?

GROVE BENEFIT ADVISORS

PATH 1 | MEDICARE SUPPLEMENT

Budget up front

Pay a higher monthly Medicare Supplement premium, but generally have fewer medical bills when you receive care. Costs are more predictable.

PATH 2 | MEDICARE ADVANTAGE

Pay as you go

Often pay little or no additional plan premium, but pay copays and coinsurance as you receive care, up to an annual medical spending limit.

COMPARE	MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE
HOW IT WORKS	Original Medicare pays first. Medicare Supplement helps cover your share of approved medical costs.	A private plan administers your Medicare Part A and B benefits.
DOCTORS & NETWORKS	See any doctor or hospital in the U.S. that accepts Medicare. No specialist referrals needed.	HMO/PPO networks may restrict provider choices. Out-of-network care and costs vary by plan.
PRIOR AUTHORIZATION	Original Medicare generally does not require prior authorization for medical services (a few services do).	Certain surgeries, advanced imaging, and hospital or rehabilitation care may require prior authorization.
MONTHLY COST	Part B premium + Supplement premium + separate Part D premium; Supplement rates may rise.	Part B premium + often $0 or low MAPD plan premium.
MEDICAL COSTS	More predictable costs; remaining expenses depend on the Supplement plan (such as G or N).	Pay copays, coinsurance or deductibles as care is used, up to the annual medical out-of-pocket limit.
PRESCRIPTIONS	Separate Part D plan generally needed for drug coverage.	Part D included in most MAPD (Medicare Advantage with drug coverage) plans; check formulary and pharmacies.
DENTAL, VISION & HEARING	Generally not included; separate dental, vision, and hearing coverage can be purchased.	Often included with limits; separate coverage can also be purchased.
TRAVEL & FLEXIBILITY	Nationwide access to Medicare-accepting providers; some foreign travel emergency benefits.	U.S. emergency/urgent care covered; routine out-of-area care varies by plan.

What should you consider?

Choosing between Medicare Supplement and Medicare Advantage is a personal decision based on cost, convenience, and healthcare needs. Consider the following questions:

- What am I willing and able to spend on premiums, deductibles, copays, and coinsurance?
- How important are the additional benefits and conveniences offered by Medicare Advantage?
- Am I comfortable with a provider network, or do I prefer greater freedom of choice?
- Am I comfortable using this plan to manage any chronic health conditions I may have?

Can I change my mind later?

Yes, but the rules are different for Medicare Advantage and Medicare Supplement. Understanding enrollment periods and underwriting can help protect your choices.

When can I change a Medicare Advantage plan?

Annual Enrollment Period (AEP) | October 15 – December 7
You can join, switch, or leave a Medicare Advantage plan or change Part D coverage. Changes generally begin January 1.

Medicare Advantage Open Enrollment (MAOEP) | January 1 – March 31
If you are already in Medicare Advantage, you can make one change to another Medicare Advantage plan or return to Original Medicare. You can join a Part D plan if returning to Original Medicare.

Special Enrollment Periods (SEPs)
Certain life events or qualifying circumstances may allow other changes during the year.

What is medical underwriting?

When you apply for Medicare Supplement outside a protected enrollment period, the insurer may review your health history. Depending on the rules that apply, it may decline coverage or charge more. Being allowed to leave Medicare Advantage does not necessarily mean you can get a Medicare Supplement policy.

When can I get a Supplement without underwriting?

Six-month Medicare Supplement Open Enrollment
This protected period begins when you are age 65 or older and enrolled in Medicare Part B. If you delay Part B until after 65, your six-month Supplement window generally begins when Part B starts.

Trial Right 1
If you joined Medicare Advantage when first eligible for Medicare at age 65, you may have 12 months to return to Original Medicare and buy certain Medicare Supplement policies without underwriting.

Trial Right 2
If you dropped a Medicare Supplement policy to try Medicare Advantage for the first time, you may have 12 months to return to your former policy (if available) or certain alternatives without underwriting.

> IMPORTANT TO KNOW
> Trial rights and other guaranteed-issue protections have specific eligibility rules and deadlines. Confirm your Medicare Supplement options before leaving existing coverage.

Can I delay Medicare?

With qualifying employer coverage based on current employment, you may be able to delay Part A and Part B. Employer size matters: if the employer has fewer than 20 employees, Medicare usually pays first. Once enrolled in Medicare, you cannot contribute to an HSA, and Part A can begin retroactively. If you delay Part B, your six-month Medicare Supplement open enrollment generally begins when Part B starts (at age 65 or older).

More on the website: **groveba.com/medicare/supplement-or-advantage.** Questions? Call (970) 840-1250.

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General educational information about the Medicare program, not a complete description of benefits. Benefits and costs vary by plan and county and can change.