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**QUESTIONS? CALL: 1-800-290-7535**

# CONFUSED? OVERWHELMED BY THE MEDICARE MAZE?



Are you feeling overwhelmed and confused by Medicare? You're not alone. The amount of information out there can be daunting, and it's important to get the facts to make informed decisions about your healthcare.

At our organization, we've been helping seniors navigate the Medicare system for over 40 years. The best part? Our services are completely free. Let us help you understand your Medicare options so you can make the most informed decision possible.

So, what are your options? When it comes to Medicare, there are two main choices: Original Medicare and Medicare Advantage. It's important to understand the differences between these two options to find the coverage that's right for you and protect your healthcare now and in the future.

## Do you know the difference between Original Medicare, Medicare Advantage, Medicare Supplement, and Health Care Sharing?

### What Is Original Medicare?

Original Medicare is the federal *government-run* health insurance program for people aged 65 or older or those with disabilities. One of the benefits of Medicare is that you *automatically* receive Medicare benefits at age 65 regardless of your health status. With Original Medicare, the government pays healthcare providers directly for the services you receive. You have the freedom to choose any doctor or hospital anywhere when you need care, and there are no network restrictions.

### What Is a Medicare Advantage Plan?

On the other hand, a Medicare Advantage Plan is a *private-run* health insurance program offered by private insurance companies contracted by Medicare. Medicare Advantage Plans provide a separate way to get Medicare benefits, but they come with different rules, costs, and restrictions that can affect how and when you receive care. While Medicare Advantage Plans must provide services offered by Original Medicare, there are usually network restrictions. In most cases, you'll need to get prior approval when you need care, except in the case of an emergency. It's important to note that

insurance companies that offer Medicare Advantage Plans can make their own decisions about which services they cover, and some decisions may be made with profitability in mind.

### What Is a Medicare Supplement?

In addition to Original Medicare and Medicare Advantage, there is also Medicare Supplement insurance, which is a *private-run* health insurance program that covers the approved gaps not paid by Original Medicare Parts A and B. With a Medicare Supplement, there are no network restrictions, so you can choose any doctor or hospital that accepts Medicare patients. All Medicare Supplement insurance plan benefits are set by the federal government, which means there is no difference in the benefits you receive under one company's plan versus another. However, prices can vary widely among the various insurance companies for the same coverage.

### What Is Health Care Sharing?

Another option is Health Care Sharing, which is a *non-profit run* healthcare program that facilitates the sharing of healthcare costs among members who have similar beliefs and values.

Members contribute to a pool of funds that are used to pay for the medical expenses of other members. It covers the eligible medical expenses not paid by Original Medicare Parts A and B. With a Health Care Sharing program, there are no network restrictions, so you can choose any doctor or hospital that accepts Medicare patients. It is important to note that there are no health questions or no medical underwriting to qualify. It's important to note that Health Care Sharing Programs are not insurance and are not regulated in the same way as insurance. However, they are still subject to various federal, state, and organizational rules and requirements designed to protect consumers and ensure the financial stability of the organization.

In conclusion, understanding your Medicare choices is crucial to ensuring you receive the best possible healthcare. With the help of our organization, you can navigate the complex Medicare system and make an informed decision about which option is right for you. Don't let confusion and overwhelm hold you back. Get the facts and take action to protect your healthcare now and in the future.

# Don't Be Fooled by Medicare Advantage Plans

## See What Consumers Say

"I was told by my insurance agent to get a Medicare Advantage Plan, he told me it was just like Original Medicare, but MUCH better. It also included Dental, Vision, Hearing, etc. And best of all - NO Premium. Boy, was he WRONG! I made a BIG mistake. My doctor wanted me to have a CT Scan. It took nearly four weeks to get approval from the Advantage Plan. My doctor told me that if I had Original Medicare, my CT Scan would have been approved without ANY waiting period. — **Jo**

"I ended up paying \$7,500 out-of-pocket expenses last year. It's too late now, but if I had Original Medicare and a Medicare Supplement Plan G, my total out-of-pocket costs for the entire year would have been ONLY \$223 plus the cost of my supplement." — **Mary**

"I contacted my health care providers billing departments BEFORE entering Medicare to get their opinion on the different Medicare choices. They said to AVOID any Medicare Advantage plans through ANY company because that is where most their billing problems happen. They rarely have billing problems with Original Medicare. Plus, they accept ALL Medicare supplement Plans. Several of the health providers said they are no longer taking Medicare Advantage plan insurance." — **John**

"My recommendation is to CONTACT YOUR PROVIDERS to see what they accept and recommend BEFORE making any commitments regarding your Medicare coverage. The last thing you want is surprises after incurring expenses. Be cautious of ALL Advantage plans...Know that Medicare Advantage is not a Medicare supplement..." — **Bill**

## Beware of Agents who tell you ONLY the Good and NOT the Bad

Beware of celebrities, insurance agents, and football players on TV with sales pitches for enrolling in Medicare Advantage-related insurance. It happens every year during Medicare open enrollment: Older Americans' mailboxes and TV screens fill up with sales pitches for enrolling in Medicare Advantage-related insurance. If you call the number on the ad, you'll likely end up talking to a licensed insurance agent. The bad news is that you could be stuck for a whole year with a policy that's inappropriate for you - not only being stuck with a bad plan for an entire year but also you may NOT be eligible to switch to a Medicare Supplement policy the following year if you develop health issues. In many cases, Medicare beneficiaries are better to stay with Original Medicare and purchase a Medicare Supplement Plan.

## See What Consumer Advocates Say

**Ralph Nader**, a consumer advocate, lawyer, and author said, "The advertisements for Medicare Advantage stress that you can sometimes get perks—gym memberships, hearing aids, eyeglasses, and home-delivered meals as enticements, but they AVOID telling you that Medicare Advantage Plans are not so ready to cover serious needs for critically ill patients.

**ABC News**, said, "These plans are available in every state. However, Medicare Advantage plans are not the best fit for many Medicare beneficiaries. These plans promise big savings and better benefits, but there are some SERIOUS CONCERNS. Medicare beneficiaries who enrolled in a Medicare Advantage plan don't fully understand the impact of their decision.

**Judy Gray**, the former Outreach Coordinator for the Department of Insurance, said, "Some Medicare insurance agents are providing bad financial advice and MISLEADING seniors into buying Medicare Advantage plans that are not accepted by many doctors and hospitals. Also, seniors don't realize doctors and hospitals can opt-out of a Medicare Advantage plan at any time during the year."

**Medicare Rights Center**, a national non-profit consumer service organization, said, "Seniors don't realize that Medicare Advantage plans have provider ACCESS PROBLEMS, COVERAGE DENIALS for medical services, coverage denials for prescription drugs, limitations of the plan networks, LIMITED TREATMENT and denials for advanced cancer treatment including specialty facilities, hospitals, and cancer specialist referrals, agent marketing fraud, and erroneous claim by the insurance company that premiums have not been paid by the insured."

**American Cancer Society**, a nationwide voluntary health organization dedicated to eliminating cancer said, "If you are diagnosed with cancer, BEFORE scheduling any type of doctor's appointment or test-you should first ensure that the healthcare providers you've chosen accept your Medicare Advantage insurance plan. If they don't, you may be required to pay some or all of their costs upfront."

**Kiplinger's Retirement Report**, said, "The evidence on health care access and quality care decidedly FAVORS Original Medicare over Medicare Advantage, according to a Kaiser Family Foundation review of 40 studies published between 2005 and 2017."