Medicare Options for Rural Americans

A Guide to Choosing the **RIGHT** Health Care Coverage for Rural Americans Near or Over Age 65.

Know the Facts

Americans near or over age 65 are able to choose from two health care coverage types. This guide is designed to help you make an informed decision by explaining how the coverages, pricing and services differ from each other. The choice is a very individual one, but there are some considerations that rural Americans should think about, such as **availability of providers, covered services and out-of-pocket expenses when you are sick**.

The two choices on the next page have very similar names, but are VERY different.

IMPORTANT INFORMATION

If you see advertisements and mailings or receive phone calls about Medicare, **it is not 'Traditional Medicare'**.

These are **always for-profit insurance companies** selling Medicare 'Plans' such as Medicare Advantage.

When to Enroll

OPEN ENROLLMENT PERIOD is between **October 15th and December 7th**.

Contact your health insurance agent to secure Medigap and Part D coverages.

CHOICE ONE

Medicare
(Traditional Medicare)

LOWER COST WHEN YOU ARE SICK.

Medicare is the plan you have payed into your entire life so your health needs are met after age 65.

Add 'Medigap' supplemental insurance and a drug plan for more complete coverage.

- ✓ Greater choice of physicians and hospitals; go anywhere Medicare is accepted.
- ✓ No referrals needed for specialists.
- ✓ Doctor has more flexibility in treatment options.
- Higher monthly premium.
  (If also enrolled in a drug plan and Medigap.)
- Drug plan must be purchased.
- ✓ Medigap insurance may be purchased to cover deductibles and copays.
- ✓ Low deductible for physician coverage. Medigap will cover up to 100% of hospital and drug plan deductibles.
- ✓ No copay first 60 days of inpatient care. Outpatient copay 20% of fee schedule, Medigap will cover some or all.
- ✓ Access to skilled nursing services like swing beds for up to 100 days, with $0 copay for first 20 days.

CHOICE TWO

A Medicare 'Plan'
(Medicare Advantage)

LOWER COST WHEN YOU ARE WELL.

Medicare Advantage is an **insurance plan**, paid for by funds from Medicare, and is administered by a **for-profit insurance company.**

- Some providers may not accept Medicare 'Plan' coverage.
- Referrals needed for specialists.
- The plan can deny payment for services that it decides are not medically necessary.
- ✓ Lower monthly premium.
- ✓ Drug plan may be included.
  (Not all drugs may be covered.)
- Medigap insurance purchase not allowed. Patient will be responsible for all deductibles, copays and cost of denied services.
- Copays for out-of-network services as high as 40% with pre-authorization required.
- Copay of $295 or more per day of inpatient care for the first 5 days.
- Skilled nursing or swing bed services could require approval every 3 days, or may be denied.

Monthly Costs

	Medicare (Traditional Medicare)	A Medicare 'Plan' (Medicare Advantage)
Part A (Hospital Coverage)	$0	$0 - $89
Part B (Medical Provider Coverage)	$180 - $190	$180 - $190
Part D (Drug Plan)	$30 - $75	$0 - $35 (If included in plan)
Supplemental Insurance (Medigap)	$100-$200	Not Allowed
TOTAL MONTHLY COSTS	$264 - $409	$134 - $268

Other Costs

Annual Deductible*	$226 for Part B Services As low as $0 for Other Services (Medigap will cover some or all)	$750 - $975
Co-Payment* (In-Network and After Deductible is Met)	As low as $0 (Medigap will cover some or all)	Primary Care: $5 - $10 Specialist: $35/Visit Emergency Room: $80 Outpatient: $295-$325/Visit Inpatient: $295-$395 / Days 1-5
Maximum Out-of-Pocket*	As low as $0 (Medigap will cover some or all)	$5,400 - $10,000 (May Not Include Drug Costs)

Cost Comparisons

Want to learn more?

Open your mobile device camera and point to this image. It will take you to www.choosingmedicare.org

*Estimated Range; will vary by individual, insurance company and Medicare 'Plan' offered. Please confirm pricing with your insurance agent. Pricing based on 2025 plan year.