

TIPS FOR UNDERSTANDING

Medicare Part C: Medicare Advantage Plans



Medicare Part C lets you pick a private health plan to manage your Part A hospital coverage and Part B medical coverage on behalf of Medicare. These private Part C plans are called Medicare Advantage plans. Monthly premiums vary and could be as low as \$0 a month, and most come with a deductible.

Some Medicare Advantage plans offer prescription drug coverage, along with hospital and medical coverage. They also may include dental, hearing, eyewear, and fitness benefits.

With a Medicare Advantage plan, you save the most on your health care when you use in-network providers and health care professionals. Some plans cover part of the cost for the care you get when you use providers outside of plan's network.

What's covered?

Medicare Advantage plans must cover all of the medically necessary services that are covered under Original Medicare. Many Medicare Advantage plans include prescription coverage, but their drug lists vary, so make sure the plan includes the prescriptions you need. Plans have a yearly out-of-pocket limit for Medicare Part A and B covered services. Once you reach your plan's limit, you'll pay nothing for Part A and B covered services for the rest of the year.

What's not covered?

Generally, Medicare Advantage plans don't cover care outside the U.S. Within the U.S., most Medicare Advantage plans either don't cover non-emergency care you get outside of your plan's network, or else they cover it, but you pay more of the costs.

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