

KNOW THE DIFFERENCE

Traditional Medicare vs. Medicare Advantage

Medicare Advantage is **NOT** the same as Traditional Medicare. There are key differences that can have a real impact on how, when, and where you get the medical care you might need.

Questions? Call a BGH patient benefit representative at **318-305-0002**

Traditional Medicare



Most doctors participate in traditional medicare. You can see any doctor, anywhere in the U.S.



No referrals required to see a specialist.



Services are covered no matter where you are in the U.S.



No limit. A doctor decides how long you need to stay based on condition and needs.



Your doctor decides with you if you need a diagnostic procedure.



Your doctor decides with you if you need home health or medical equipment.

ACCESS TO DOCTORS

SPECIALISTS

ACCESS TO CARE WHEN TRAVELING

HOSPITAL STAY LIMITS

LAB, X-RAY, & DIAGNOSTIC SERVICES

HOME HEALTH & MEDICAL EQUIPMENT

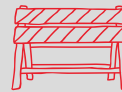
Medicare Advantage



Most plans limit the doctors you can see. A needed specialist might not participate in your plan



Referrals or prior plan approval are almost always required before you can see a specialist.



Coverage is usually limited to doctors and services in the plan's network and geographic area.



A plan can limit a hospital stay and make decisions that are different from a doctor's recommendations.



Most plans require approval for services that can take up to 3 days and be denied, even if a doctor orders the procedure.



Most plans require pre-approval for home health or medical equipment. Approval can take up to 3 days and be denied.