

## Depending on how you get your Medicare coverage, you will have different considerations when choosing health care providers.

### If you have Original Medicare:

Your Part B costs once you have met your deductible can vary depending on the type of provider you see. There are three types of providers, and each has a different relationship with Medicare.

**A participating provider** accepts Medicare and takes assignment. Taking assignment means that a provider accepts Medicare's approved amount for health care services as full payment. To pay the least for services, see a participating provider when possible.

- These providers are required to submit a bill (file a claim) to Medicare for care you receive from them.
- If you see a participating provider, you are responsible for paying a 20% coinsurance for most Medicare-covered services.
- Certain providers, such as clinical social workers and physician assistants, must always take assignment if they accept Medicare.

**A non-participating provider** accepts Medicare but does not agree to take assignment in all cases (but they may take assignment on a case-by-case basis).

- Non-participating providers can charge up to 15% more than Medicare's approved amount for the cost of services you receive (known as the limiting charge). This means you are responsible for up to 35% (20% coinsurance + 15% limiting charge) of Medicare's approved amount for covered services.
- Some states restrict the limiting charge. For example, New York's limiting charge is 5% instead of 15%
- The limiting charge rules do not apply to durable medical equipment suppliers.

**A opt-out provider** does not accept Medicare at all and has signed an agreement to be excluded from the Medicare program. This means they can charge whatever they want for services but must follow certain rules to do so.

- The provider must give you a private contract describing their charges and confirming that you understand you are responsible for the full cost of your care.
- Medicare will not pay for care you receive from an opt-out provider (except in emergencies). You are responsible for the full cost of your care.

**Call 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov) to find participating providers in your area**

## Additional Resources

To schedule an appointment with a Medicare Specialist:

Call [866-448-0160](tel:866-448-0160) or email [medicare@connexioninsurance.com](mailto:medicare@connexioninsurance.com)

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## If you have a Medicare Advantage Plan

All Medicare Advantage Plans must cover the same health care services as Original Medicare, but they may do so with different costs and restrictions.

There are several kinds of Medicare Advantage Plans. The most common types of plan are Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Private Fee-for-Service (PFFS) plans. Other plan types are Special Needs Plans (SNPs) Provider-Sponsored Organizations (PSOs) and Medical Savings Accounts (MSAs).

A network is a group of doctors, hospitals, and medical facilities that contracts with a plan to provide services. There are various ways a plan can manage your access to out-of-network providers. Remember that not all plans work the same way. Contact your plan directly to learn about its in-network and out-of-network providers.

This table is a general overview of provider access rules for HMOs, PPOs, and PFFS plans:

	HMO	PPO	PFFS
<b>Do I need to get a referral before I can see an in-network specialist?</b>	Yes, usually	No	Yes
<b>Will the plan pay for care from a doctor or hospital that is not in the plan's network?</b>	No, unless you need urgent or emergency care or if you have a Point of Service (POS) option that allows you to use out-of-network providers	Yes, but you will pay more, unless it is an emergency	Yes, but you will usually pay more and the provider must agree to treat you, unless it is an emergency

Note: this chart does not include SNPs or MSA plans. A SNP is a managed care plan that serves people with special needs. In an MSA plan, you can go to any doctor or hospital willing to accept the plan's fee. If you are considering joining an SNP or MSA, ask about their specific network rules.

## If you have a Part D prescription drug plan

Part D plans generally have networks of pharmacies that they contract with to provide you with covered medications. Many pharmacy networks include both preferred and non-preferred pharmacies. You will typically pay less for your prescriptions at a preferred pharmacy. Contact your Part D plan for a list of preferred, in-network pharmacies.

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