

Katie Caviness-Crolley: Welcome to Medicine Made General, a podcast for patients brought to you by the Johns Hopkins Division of General Internal Medicine. I'm Katie Caviness-Crolley, and today my co-host, Dr. Bimal Ashar, is also my guest. We're discussing Medicare open enrollment, which begins on October 15th.

If you've ever sat down to pick a Medicare plan and your eyes started glazing over, you're not alone — this stuff is confusing. Today we're speaking directly to listeners approaching 65, to adult children or caregivers of someone on Medicare, and to anyone already on a Medicare plan who's deciding whether to switch during open enrollment. You're in the right place.

Bimal, you did a lot of research into how clinicians can help patients think through this. What got you personally interested in the topic?

Bimal Ashar: You really hit the nail on the head — this is confusing, and I want listeners to know it's not them; it's genuinely complex. We'll talk about Original Medicare and also touch on Medicare Advantage plans.

I got interested through two personal experiences. First, a relative of mine was having severe back pain and came to stay with us. She had a Medicare Advantage HMO plan from another state, and when we called around for appointments, we kept hearing, "We don't accept your insurance." Getting anyone to accept her out-of-state Medicare Advantage plan was really difficult. I looked into switching her back to Original Medicare with a Medigap plan, but found that because of her age and medical conditions, some insurers wouldn't cover her at all — she'd have been stuck with Original Medicare Part B, where you pay 20% of costs out of pocket, which adds up fast.

The second experience was with a family member who moved to a different city within the same state, six or eight hours away. She also had a Medicare Advantage plan, and when I called to ask about switching her coverage, the representative was lovely and assured me the plan covered that new area — they even called around and found her a primary care doctor who accepted it. So I thought, great, problem solved.

Then time passed. She went to the ER a few times for various issues, and eventually got a letter saying the plan was dropping her because she was outside its coverage area after all. That was incredibly frustrating, and it's what pushed me to really dig into what Medicare and Medicare Advantage actually mean for patients.

Katie: I appreciate you sharing that. In researching this episode, I found there are a lot of hoops to jump through — it almost feels like legal red tape. Let's back up for listeners who know little or nothing about this: who qualifies for Medicare?

Bimal: Simply put, there are two groups. Most people qualify when they turn 65, assuming they've worked and paid into the system — that gets you at least Medicare Part A. The other group is younger people with certain conditions — for example, if you've received Social Security disability for two years, you can qualify for Medicare at a younger age.

Katie: And what's the difference between Medicare and other kinds of insurance — is it purely about age or those qualifying conditions?

Bimal: Medicare is public insurance. You qualify at 65 if you've worked and paid in, or earlier if you have a qualifying disability — the government's way of protecting people with serious illness at a younger age. Most other insurance before that age is employer-based, or purchased individually through the insurance exchange if you don't have an employer plan.

Katie: We're recording this as Medicare open enrollment approaches. Can you give a brief overview of what that season looks like?

Bimal: Open enrollment is a window when you can switch, drop, add, or change your coverage. For Medicare specifically, it's when you can enroll in a Medicare Advantage plan, change your Part D prescription coverage, or get a Medigap plan. The government's open enrollment period runs from October 15th to December 7th.

The Parts of Medicare

Katie: Before we go into detail on Medicare Part C — Medicare Advantage — let's walk through the parts of Medicare. In a sentence or two, how would you describe Part A?

Bimal: Think of it as hospital insurance — it covers inpatient stays, skilled nursing facilities, and hospice. There's a deductible you pay first, then Part A kicks in.

Katie: Part B?

Bimal: Part B is medical insurance — it covers doctors' visits and outpatient care, whether in or out of the hospital. You pay a monthly premium for Part B, at minimum \$203 a month in 2026 (slightly higher in 2027), more if your income is higher. Part B covers 80% of outpatient visits and procedures, leaving you responsible for the remaining 20%.

Katie: And Part D?

Bimal: Part D covers prescription medicines — Part B doesn't. You have to purchase a separate Part D plan, or you'll pay out of pocket for medications. If you turn 65 and decide to skip Part D, you have about 63 days to change your mind before a late-enrollment penalty kicks in. So: Part A is essentially included, Part B has a monthly premium, and Part D has its own monthly cost too.

Katie: Where does Medigap fit in?

Bimal: Medigap addresses that 20% you're still responsible for under Part B. These are private supplemental insurance policies — many cover that 20% in full — but they come with their own premium, paid monthly, every six months, or annually, depending on the plan.

Medicare Advantage (Part C): Pros and Cons

Katie: So we've covered Parts A, B, D, and Medigap. Now to Part C — Medicare Advantage. In plain terms, how does getting care under Medicare Advantage differ from Original Medicare?

Bimal: Medicare Advantage is essentially trying to roll all of that complexity — A, B, D, and Medigap — into one plan; it's a one-stop shop. Coverage varies by plan, but most Medicare Advantage plans include drug coverage along with the equivalent of Part B's outpatient and inpatient coverage. One important note: even with a Medicare Advantage plan, you still pay your Medicare Part B premium to the government.

Katie: What are the advantages of Medicare Advantage?

Bimal: First is exactly what I mentioned — it's a single plan instead of juggling A, B, D, and Medigap separately. Second, many Medicare Advantage plans have very low monthly premiums, and some have none at all — beyond your Part B premium, you may pay nothing extra.

Third, Medicare Advantage plans are required to cap your annual out-of-pocket spending, something Original Medicare (A and B alone) doesn't offer — without that cap, costs can keep accumulating indefinitely.

Finally, many Medicare Advantage plans offer extras Original Medicare doesn't: dental, vision, hearing, fitness benefits, transportation, and sometimes care coordination for people with advanced illness. One caveat: read the fine print closely. A plan might say it covers dental, but only a cleaning — anything beyond that may be entirely out of pocket.

Katie: So read the fine print. What are the disadvantages?

Bimal: A few. First, restricted provider networks — as in the story I shared, networks can be narrow and can change year to year. If you choose Medicare Advantage, check that your doctors are currently in-network, understanding that coverage isn't guaranteed to continue, since more physicians and health systems are opting out of Medicare Advantage plans.

Second, prior authorization requirements — plans often require approval before covering tests or medications, which can delay care.

Third, benefits can change annually, so read the notice of benefit changes you receive each year rather than discarding it.

Finally — and this is one of the biggest issues — it can be a one-way door. If you choose Medicare Advantage instead of Medigap, it can be very hard to get a Medigap plan later. When you first enroll in Medicare, you can get a Medigap plan with no medical questions asked. But if you don't take it within the first six months of Medicare enrollment, insurers can ask about your medical history and price your premium accordingly. That's exactly what happened when I tried to get Medigap quotes for my older relatives with existing conditions — some insurers wouldn't cover them at all, and quotes ran \$900–\$1,000 a month.

Traveling or Splitting Time Between States

Katie: What about people who split time between states — say, summers in Maryland and winters in Florida?

Bimal: That's a great question, and it matters a lot. Coverage varies a lot by state — some states have many Medicare Advantage plans, others very few. If your plan is based in a state like Michigan and you travel to Florida, it may not cover routine care there (though hospitals must accept it for emergencies).

My advice for people in that situation: if choosing Medicare Advantage, look at PPOs rather than HMOs, since HMOs tend to be far more restrictive and may not cover anything out of state. Also seriously consider Original Medicare with a Medigap plan instead of Medicare Advantage.

Switching Back to Medicare: The Trial Right

Katie: Is there a way to switch from Medicare Advantage back to Medicare and get a Medigap plan without having to disclose health conditions that might disqualify you?

Bimal: Yes — one exception: the Medicare Advantage Trial Right. If you choose a Medicare Advantage plan, you have exactly 12 months to try it. If it's not working for you, you can switch back within that window and get a Medigap policy without health-history questions. This can only be used once — you don't get another 12-month window later. For example, if you enroll in Medicare

Advantage when you turn 65 in March, you have until that following March to make the switch under this protection.

A Practical Checklist

Katie: For someone just turning 65, do you have a checklist you'd recommend?

Bimal: A few things, in order:

1. **Check for employer, union, military, or federal retiree coverage first.** If you have access to subsidized supplemental insurance that works with Medicare and it fits your budget, that's often your best option — no need to deal with Medigap or Medicare Advantage separately.
2. **Consider your finances.** If a Medigap plan fits your budget, it's generally worth it — it gives you the freedom of coverage accepted almost anywhere Medicare is accepted, without worrying about networks or geography.
3. **If considering Medicare Advantage, confirm your current doctors and hospitals are in-network** — understanding that could change later.
4. **Think honestly about how much healthcare you expect to use.** If you'll mostly stay in-network, Medicare Advantage can be financially advantageous; if you see specialists across different systems, it may be a disadvantage.
5. **Always review your Annual Notice of Changes** if you're enrolled in a Medicare Advantage plan.

Katie: If you had to pick the one thing people most often don't realize until it's too late, what would it be?

Bimal: The one-way-door problem. You'll see ads claiming you can always switch back, and technically that's true — you can return to Medicare Part B — but you could get priced out of a Medigap policy that covers that extra 20%. That's probably the biggest thing to understand: you may be making a decision you can't undo for financial reasons, especially if you try to switch back once you're older or sicker.

Trustworthy Resources

Katie: Do you have a list of resources listeners can turn to after this episode?

Bimal: This part is confusing too. You'll see a lot of Medicare ads over the next couple of months — keep in mind that insurance brokers are often paid more for signing people up for Medicare Advantage plans, and it's typically Medicare Advantage companies running those ads. Unlike Medicare itself, they're for-profit businesses.

Two resources I recommend:

- **Medicare.gov** — comprehensive and transparent information about Medicare and Medicare Advantage.
- **Your State Health Insurance Assistance Program** (sometimes called a "SHIP," though names vary by state) — free, unbiased help navigating your options. Every state has one; check their website or call them.

A Personal Choice

Katie: As we wrap up — personally, which would you choose: Original Medicare or Medicare Advantage?

Bimal: It's not that far off for me. I'm probably a bit biased, having seen the frustrations of Medicare Advantage from the provider side. I'd first check whether my employer's (Johns Hopkins) retiree plan is cost-effective for me, but if not, I'd choose either Medicare Part B with retiree insurance, or a Medigap plan with Part B. That said, Congress is actively discussing ways to improve Medicare Advantage, so this could change. But as of today, if I were turning 65 tomorrow, I'd choose a Medigap plan with Original Medicare, or an employer retiree supplemental plan alongside Medicare.

Katie: Thank you so much — this has been incredibly helpful.

Bimal: Thank you for having me.

Katie: And thank you to our listeners. This has been Medicine Made General from GIM at Johns Hopkins. Until next time — stay informed, stay healthy.