

Weekly Insight
November 10, 2025

Medicare Advantage VS Original Medicare: The Difference Explained

This Week's Focus

Confused by "Original Medicare" and "Medicare Advantage"? You are not alone.

This edition of SFL Weekly Insights gives you a clear, side-by-side view of how they differ on doctor access and networks, out-of-pocket protection, drug coverage, and Medicare rules, so you can choose confidently before December 7. We explain why Original Medicare lets you see any provider who accepts Medicare (no referrals) while MA plans use HMO/PPO networks and often require referrals; why Original Medicare has no annual out-of-pocket maximum unless you add Medigap, and why MA plans include a yearly MOOP for Parts A/B only; and how the new \$2,100 Part D cap for 2026 affects you. We will also cover prior authorization and step therapy in MA and Medigap realities in Kansas.

What You Will Learn:



Any-doctor access vs MA networks and referrals



MOOP vs Medigap: who caps costs



Part D's NEW 2026 MOOP cap explained



Prior authorization & step therapy basics



Medicare Advantage: What You Need to Know for 2026

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Medicare Advantage is NOT Original Medicare and it is not paid out by the government. Medicare Advantage is private insurance. It can cap your medical costs and bundle extras, but it also uses networks and prior authorization rules that affect access. Use these FAQs to verify fit before December 7.

What is Medicare Advantage?

An all-in-one private plan (HMO/PPO) that covers Medicare Parts A & B and usually drugs (MA-PD). You still have Medicare rights, but you use the plan's network and rules.

Will I need referrals or be limited to a network?

Often yes. HMOs generally require in-network care and referrals; PPOs have networks (you pay more out-of-network). Always verify by exact plan name and network type.

How are my out-of-pocket costs protected in MA?

Every MA plan must include a maximum out-of-pocket (MOOP) for Medicare A/B services. The specific MOOP is plan-set within CMS limits; check your plan's Evidence of Coverage. Part D drug spending does not count toward the medical MOOP. The Part D out-of-pocket cap for 2026 is \$2,100 (inflation-adjusted from \$2,000 in 2025). This applies whether you choose MA-PD or Original Medicare + Part D, and it is separate from MA's medical MOOP.

How common is prior authorization in MA?

It is common for imaging, procedures, DME, and some drugs. You can appeal denials, but PA can add time and paperwork—so understand the plan's rules before switching. Coverage outside your service area is limited for many HMOs and costs more in PPOs. If you travel for long periods, scrutinize out-of-area rules and urgent/emergency provisions.

When can I change my MA plan if it disappoints?

Choices you make during Open Enrollment (Oct 15–Dec 7) start Jan 1. If needed, the Medicare Advantage Open Enrollment Period (Jan 1–Mar 31) lets you make one MA change or return to Original Medicare and join a Part D plan.

Three things to verify before you enroll

1. Doctors & hospitals are in-network by the **exact** plan name.
2. Drugs are on the formulary; note tiers and any PA/step therapy/quantity limits.
3. Total annual cost = premium + copays/coinsurance up to your plan's MOOP (remember: Part D costs are separate).

Original Medicare: What You Need to Know for 2026



Original Medicare offers broad provider choice and simple rules. It does not include a built-in annual out-of-pocket cap for Parts A/B, so you usually pair it with Medigap and add a Part D drug plan. Know these basics before Dec 7.

Can I see **any** doctor with my **Original Medicare** plan?

Yes. Any provider nationwide who accepts Medicare; referrals are generally not required. This is the key flexibility advantage over MA networks.

Is there an annual out-of-pocket maximum?

No. Original Medicare has no yearly limit on A/B cost sharing. Protection typically comes from adding a Medigap policy (or other supplemental coverage).

What does Medigap do and when should I buy it?

Medigap, also known as a Medicare Supplement, helps pay your share of A/B costs (deductibles, coinsurance). Your best window is the six-month Medigap Open Enrollment Period that starts when your Part B begins; outside guaranteed-issue periods, medical underwriting can apply.

How do my prescriptions get covered in 2026?

You add a standalone Part D plan. Part D has a \$2,100 cap on out-of-pocket costs in 2026 (indexed from the \$2,000 cap in 2025). This drug cap applies whether you are in Original + Part D or MA-PD, and it is separate from any medical spending. The best time to enroll in a Medicare Part D plan is during the Annual Enrollment Period (October 15-December 7). This is the period for individuals to have their drug costs reviewed and estimated for the upcoming year. Premiums and drug formularies change every year, so having your plan reviewed during this time is necessary to avoid increased premium and coverage surprises.

Are there prior authorization rules?

Original Medicare has few prior-authorization requirements compared with Medicare Advantage; the program's rules are generally simpler for access. You may see any U.S. provider that accepts Medicare, which helps if you split time between locations. (Emergency care abroad is generally not covered unless you buy add-on coverage.)

What will I pay with Original + Medigap + Part D?

Plan on: your Part B premium, a Medigap premium, and a Part D premium and copays, which are balanced by the predictability and flexibility of any-doctor access and fewer care rules. Use SFL to model your total annual cost and compare against MA options.

Who tends to be a good fit for Original Medicare?

People who want any-doctor flexibility, travel often, or wish to minimize prior-authorization friction and who can qualify for a suitable Medigap policy.



MA vs Original Medicare 2026 One-Page Comparison



	Medicare Advantage	Original Medicare
Doctors & Access	HMO/PPO networks; out-of-network rules vary. Referrals often required in HMOs. Verify by exact plan name.	Any provider who accepts Medicare nationwide; generally no referrals.
Out-of-Pocket Protection (A/B services)	Has a plan MOOP (maximum out-of-pocket). 2025 in-network MOOP cannot exceed \$9,350; plans may set lower. Part D costs do not count toward MOOP.	No A/B annual cap. Many people add Medigap to limit Part A/B cost sharing; availability and price depend on timing/underwriting.
Drugs (Part D) & 2026 Cap	Most MA plans include Part D (MA-PD). Part D out-of-pocket is capped at \$2,100 in 2026. Separate from MA MOOP.	Add a standalone Part D plan. The same \$2,100 Part D cap in 2026 applies here, too.
Care Rules	Prior authorization and step therapy common for imaging, procedures, DME, some drugs; appeals exist but add time/paperwork.	Fewer PA rules overall; simpler access under A/B.
Travel/Out-of-Area	HMO coverage generally local; PPOs allow some out-of-network at higher cost. Confirm urgent/emergency rules when away.	See any Medicare-accepting provider anywhere in the U.S. (separate coverage usually needed for routine care abroad).
Extras	Often includes vision/dental/fitness (varies by plan). Weigh these against network/PA trade-offs.	Typically no extras beyond A/B unless you add separate products.
Changing Plans	AEP Oct 15–Dec 7 (effective Jan 1). MA OEP Jan 1–Mar 31 allows one additional MA change or return to Original + Part D.	AEP Oct 15–Dec 7 to add/switch Part D. Medigap: best window is 6 months from Part B start (outside this, medical underwriting may apply).
Signals that this plan is a good fit for you...	Your doctors/hospital are in-network; you value a defined MOOP and bundled extras; comfortable navigating PA.	You want any-doctor flexibility, travel often, or prefer fewer care rules—and can secure a suitable Medigap policy.

Bottom line: Both paths can work; verify providers and drugs by plan name, run total annual cost with the 2026 Part D cap, and know how MOOP vs Medigap protects you. SFL will confirm networks, price your medications, and file cleanly before December 7.



Book your 2026 Plan-Fit Review:

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