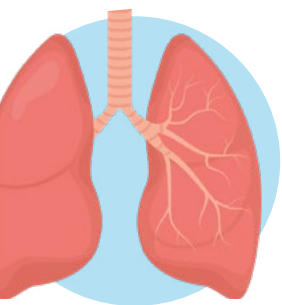


Medicare Enrollment Checklist for People Living with COPD



People living with Chronic obstructive pulmonary disease (COPD) may have to manage doctor visits, medical tests, prescription medication, pulmonary rehabilitation, oxygen therapy and hospitalizations. Meeting these health needs requires comprehensive insurance coverage. As Medicare enrollment nears, it's important to understand how Medicare works and how different enrollment options may impact how people obtain care for their COPD.

There are two main ways to get your coverage; **Traditional Medicare and Medicare Advantage**. Here are some points to consider if you are a person with COPD deciding between the two coverage paths.

Healthcare You Might Need	Traditional Medicare	Medicare Advantage
Hospitalization, skilled nursing facility, etc.	Covered under Part A; subject to some cost-sharing depending on your situation	Covered; you must generally use a hospital within the plan's defined network ; subject to some cost-sharing depending on your situation
Doctor visits, lab tests, pulmonary specialists and rehabilitation , and other outpatient care	Covered under Part B, subject to 20% coinsurance	Covered, but you must generally get care from providers within the plan's defined network , subject to deductible, co-pays and coinsurance depending on the specific plan
Durable Medical Equipment (DME) , including home oxygen and nebulizers  Learn more about using oxygen.	Covered under Part B, subject to 20% coinsurance	Covered, but you must obtain your equipment from a supplier that is in-network with the plan, subject to deductible, co-pays and coinsurance depending on the specific plan
Prescription drugs, including inhalers, steroids, antibiotics , and other medications	Does not cover prescription drugs ; you must purchase separate drug coverage, i.e., a Part D plan, and should check the Part D plan formulary to see if your medications are covered on a tier you can afford.	Outpatient prescription drugs are usually but not always covered by the Medicare Advantage plan, without need for a separate Part D plan Formularies still apply – check that your medications are covered on a tier you can afford
Disease Management	Not included	Some plans may offer COPD care coordination and telehealth check-ins
Extra Benefits	Not provided	May provide dental, vision, hearing, transportation, meals, fitness, etc. Some of these extra benefits may require an additional premium

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Out-of-Pocket Costs & Other Considerations	Traditional Medicare	Medicare Advantage
Out-of-Pocket Costs	Deductibles apply under Part A and Part B 20% coinsurance applies to most Part B-covered services Original Medicare does not include a cap on beneficiary's out-of-pocket (OOP) costs. Supplemental coverage (below) is important Part D prescription drug plans have an out-of-pocket (OOP) cap. In 2027 it is \$2,400 for the year.	Cost-sharing applies and the structure (deductible, coinsurance and copays vary by plan); if plan covers out-of-network services, those will come at higher cost to you There is a cap on out-of-pocket (OOP) costs for in-network care (\$9,250 in 2026) and a separate combined cap if the plan allows out-of-network care (\$13,900 in 2026) Many plans have caps below this maximum.
Supplemental Coverage	Supplemental coverage (e.g. Medigap) is vital to protect you from the costs of coinsurance and deductibles, including 20% coinsurance under Part B Depending on where you live, it's important to sign up for supplemental coverage when you first enroll in Medicare to make sure the plan can't turn you down or charge you more because of your medical history	Enrollees cannot purchase supplemental Medigap coverage
Network Limitations	No network limitations; you can see any doctor that accepts Medicare without a prior authorization	You must generally use in-network providers; referrals and prior authorizations are commonly required Your plan can add or remove providers from its network at any time during the year
Prior Authorizations	Rarely needed	Approximately 99% of Medicare Advantage enrollees are in plans that require prior authorizations for at least some treatments or services



Additional Considerations

- While Medicare Part B will cover the cost of DME up to a Medicare-approved amount, medical supply companies can charge more than this amount, leaving you to pay the rest (in addition to your 20% coinsurance). Shop around for a participating supplier that will accept the Medicare approved amount. Visit [Medicare.gov/medical-equipment-suppliers](https://www.medicare.gov/medical-equipment-suppliers) to find a supplier in your area.
- Medicare Part D covers the cost of prescription COPD medications, whether taken by mouth or inhaled, but formularies (lists of drugs covered) vary from plan to plan. Medications are subject to a copay, which also varies from plan to plan.