

HIMC

Health Insurance

1. Original Medicare (Fee for service)	All part of the Medicare Program
2. Medicare Advantage (Managed Care Plans)	
3. Medicare Prescription Drug Plans (Part D)	
4. Medicaid	State program for medical care
5. TRICARE	Sponsored by the Department of Defense
6. Other State Public Plans	State-sponsored program for Rx and other care
7. Medigap or Supplemental Private Plans	Covers expenses not covered by Medicare

HIMC (Back)

- Medicare-sponsored health insurance:
 - **Original Medicare** fee-for-service, where you go to any doctor you choose
 - **Medicare Advantage**, or Medicare managed care, such as an HMOs (health maintenance organizations), PPOs (Preferred Provider Organizations), or PFFS (Private Fee For Service), where you go to a doctor that is part of the insurance company's network of participating doctors) – Medicare Advantage plans cover doctor visits and often cover prescribed medicines
 - Medicare Prescription Drug Coverage plans, or Medicare Part D plans – these plans cover only prescribed medicines
- **Medicaid** – a major public health insurance plan for limited income persons. The Medicaid program is a federally assisted, state-run program.
- **TRICARE** – a regionally managed health care program provided by the Department of Defense for active duty and retired members of the uniformed services, their families, and survivors.
- **Public plans** other than Medicaid – these plans might include state, county, or city-based programs such as a pharmacy program, where the local government provides discounts for the cost of prescribed medicines. Eligibility for these plans varies across states and across plans.
- **Medigap or Supplemental plans** – these plans can be purchased directly from an insurance company itself or through an employer, union, or other group such as AARP. They generally cover whatever health care costs are not covered by Medicare. They do not cover prescribed medicines.