

# Medicare Options Comparison Worksheet

This worksheet will help you compare your different Medicare options, and pick the option(s) that will minimize your out-of-pocket costs. Keep in mind this worksheet does not address Medicare Part D prescription drug coverage. For an overview of Medicare costs and other information to help you use this worksheet, visit: [TriageHealth.org/Medicare](http://TriageHealth.org/Medicare).

## Comparing Medicare Advantage Plans (Part C)

Option #1			Option #2		
Plan Type			Plan Type		
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> SNP <input type="checkbox"/> MSA <input type="checkbox"/> Other			<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> SNP <input type="checkbox"/> MSA <input type="checkbox"/> Other		
Insurance Company Name:			Insurance Company Name:		
Plan Name:			Plan Name:		
Is my primary care physician in the plan's network?	Are my hospitals and specialists (e.g., oncologist, surgeon, etc.) in the plan's network?	Are the prescription drugs I take covered by the plan?	Is my primary care physician in the plan's network?	Are my hospitals and specialists (e.g., oncologist, surgeon, etc.) in the plan's network?	Are the prescription drugs I take covered by the plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Some	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Some
Does this Medicare Advantage Plan include prescription drug coverage? *If no, you will also need to shop for a Part D plan and take into consideration those costs.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this Medicare Advantage Plan include prescription drug coverage? *If no, you will also need to shop for a Part D plan and take into consideration those costs.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<a href="http://TriageHealth.org/Quick-Guides/Medicare-Part-D">TriageHealth.org/Quick-Guides/Medicare-Part-D</a>			<a href="http://TriageHealth.org/Quick-Guides/Medicare-Part-D">TriageHealth.org/Quick-Guides/Medicare-Part-D</a>		

## Part C Plan Costs

Option #1		Option #2	
Monthly Part B Premium	Monthly Part C Premium	Monthly Part B Premium	Monthly Part C Premium
\$ <b>A</b>	\$ <b>B</b>	\$ <b>A</b>	\$ <b>B</b>
Part C Health Deductible	Out-of-pocket Maximum	Part C Health Deductible	Out-of-pocket Maximum
\$ <b>C</b>	\$ <b>C</b>	\$ <b>C</b>	\$ <b>C</b>
Does the plan have out-of-network coverage? If yes, enter percentage (Note: some plans have no out-of-network coverage, if so, enter 0%)	<b>%</b>	Does the plan have out-of-network coverage? If yes, enter percentage (Note: some plans have no out-of-network coverage, if so, enter 0%)	<b>%</b>

## Doing the Math: Part C Plans

Your total out-of-pocket costs for your health care for the year, assuming you reach the out-of-pocket maximum:

Option #1	Option #2
$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{C}} =$	$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{C}} =$
<hr/> Total Annual Costs <i>not including drug costs</i>	<hr/> Total Annual Costs <i>not including drug costs</i>

# Comparing Medigap Plans

Medigap plans are additional insurance you can buy to help pay deductibles, co-payments, co-insurance amounts, and other expenses Parts A & B (i.e., Original Medicare) do not cover. You can buy a Medigap policy from any licensed insurance company in your state. You will pay an additional monthly premium for a Medigap plan. Medigap plans are standardized, meaning every plan of the same letter/category, has to offer the same benefits.

Option #1		Option #2	
Insurance Company Name:		Insurance Company Name:	
Plan Name:		Plan Name:	
Insurance Company Contact Name:		Insurance Company Contact Name:	
Insurance Company Contact Phone Number:		Insurance Company Contact Phone Number:	
Insurance Company Contact Email Address:		Insurance Company Contact Email Address:	
Plan Type: (e.g., A - N, Basic/Extended Basic, etc.):		Plan Type: (e.g., A - N, Basic/Extended Basic, etc.):	
Does the plan cover the Part B cost-share?	Am I in a Medigap guaranteed issue period?	Does the plan cover the Part B cost-share?	Am I in a Medigap guaranteed issue period?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Medigap Plan Costs

Option #1		Option #2	
Monthly Part B Premium	Part B Deductible	Monthly Part B Premium	Part B Deductible
\$ <b>A</b>		\$ <b>A</b>	
Medigap Monthly Premium	Medigap Deductible <i>(Note: Only fill in if choosing a High Deductible Plan G or F)</i>	Medigap Monthly Premium	Medigap Deductible <i>(Note: Only fill in if choosing a High Deductible Plan G or F)</i>
\$ <b>B</b>	\$ <b>C</b>	\$ <b>B</b>	\$ <b>C</b>
Out-of-Pocket Maximum <i>(Note: Only fill in if choosing Plans K or L)</i>	\$ <b>D</b>	Out-of-Pocket Maximum <i>(Note: Only fill in if choosing Plans K or L)</i>	\$ <b>D</b>
<b>NOTES</b>		<b>NOTES</b>	

# Doing the Math: Medigap Plans

Complete the information below to add up your total costs for the Medigap Plans you are considering.

## Math #1 (Use if choosing Medigap Plan G)

### Option #1

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

### Option #2

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

## Math #2 (Use if choosing a High Deductible Medigap Plan G or F)

### Option #1

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{C}} + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

### Option #2

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{C}} + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

## Math #3 (Use if choosing a Medigap Plan K or L)

### Option #1

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{D}} + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

### Option #2

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) + \underline{\text{D}} + \underline{\hspace{2cm}} =$$

Part B Deductible

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Total Annual Costs *not including drug costs*

## Math #4 (Use if you have a Medigap Plan C or F)

### Option #1

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) =$$


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Total Annual Costs *not including drug costs*

### Option #2

$$\left( \underline{\text{A}} \times 12 \right) + \left( \underline{\text{B}} \times 12 \right) =$$


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Total Annual Costs *not including drug costs*

MEDICAL
HEALTH INSURANCE

NAME OF BENEFICIARY  
**YOUR NAME**

MEDICAL CLAIM NUMBER  
**123-45-6789-A**

SEX  
**MALE**

IS ENTITLED TO  
**HOSPITAL** (PART A)  
**MEDICAL** (PART B)

EFFECTIVE DATE  
**01-01-2018**  
**01-01-2018**

SIGN HERE  
*Your name*

What is your Medicare claim number?

What is your effective date for Part A?

What is your effective date for Part B?

