



## Medicare Options Comparison Worksheet

Deciding which coverage is best for you can be very difficult. You are determining the amount of risk you are willing to assume for future and unknown medical costs. There is more to medical insurance than the premium and initial deductible. Researching the plans available in your area and understanding their coverage is important. When you are deciding which expenditures on this list you wish to compare, consider your current situation as well as any potential future needs.

Instructions: Use this worksheet to do a side-by-side comparison of the plans you are interested in. Gather the information listed by calling the plans that are available in your area. If you need help finding out which plans are available in your area, contact your local SHIINE office.

Potential Expenditures to Consider While Comparing	Name of Medicare Advantage or Medicare Supplement Plan			Original Medicare**
	<input type="checkbox"/> MA <input type="checkbox"/> Med. Supp.	<input type="checkbox"/> MA <input type="checkbox"/> Med. Supp.	<input type="checkbox"/> MA <input type="checkbox"/> Med. Supp.	
Medicare Advantage Maximum Out-of-Pocket				None
Medicare Advantage/Medicare Supplement Monthly Premium				None
Medicare Advantage Deductible				None
Medicare Part B Monthly Premium (usually deducted from Social Security Benefit)				\$148.50
Medicare Part B Deductible				\$203
Prescription Drug (Part D) Plan Monthly Premium*				Review your options, call SHIINE for assistance.
Prescription Drug (Part D) Plan Deductible				Review your options, call SHIINE for assistance.
Primary Care Provider				20%
Specialist				20%
Lab Work and X-rays				20%
Mental Health Care				20%
Outpatient Rehab/Physical Therapy				20%
Diabetic Supplies				20%
Emergency Room				20%
Ambulance				20%
Home Health Care				Depends on services, contact Home Health Agency for pricing.
Outpatient Hospital Care				20%
Inpatient Hospital Care				\$1,484 deductible (Medicare Part A) Days 1 - 60: \$0 Days 61-90: \$371 per day Days 91 (and beyond): \$742 per day Can use up to 60 days over lifetime
Skilled Nursing Facility (SNF)				Days 1-20: \$0 (Medicare Part A) Days 21 - 100: \$185.50 per day Days 101 (and beyond): all costs
Other				Visit <a href="http://www.Medicare.gov">www.Medicare.gov</a> for complete listing.
Non-Medicare Services Offered (hearing, dental, vision and other)				None

\* Review your prescription drug coverage each year to make sure the plan is affordable, covers the prescriptions you take and the pharmacy of your choice.

\*\* (2021) All prices are situational, call Medicare or visit [www.Medicare.gov](http://www.Medicare.gov) for more information. Cost is based on the Medicare approved amount, Part B Deductible

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