

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.

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| --- | --- | --- | --- | --- |
|  | Name of Medicare Advantage or Medicare Supplement Plan | | | |
| Potential Expenditures to Consider While Comparing | * MA  Med. Supp. | * MA  Med. Supp. | * MA  Med. Supp. | Original Medicare\*\* |
| 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) |  |  |  | $134 |
| Medicare Part B Deductible |  |  |  | $183 |
| 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 |  |  |  | $1,340 deductible (Medicare Part A) Days 1 - 60: $0  Days 61-90: $335 per day  Days 91 (and beyond): $670 per day Can use up to 60 days over lifetime |
| Skilled Nursing Facility (SNF) |  |  |  | Days 1-20: $0 (Medicare Part A)  Days 21 - 100: $167.50 per day Days 101 (and beyond): all costs |
| Other |  |  |  | Visit [www.Medicare.gov](http://www.Medicare.gov/) 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.

\*\* (2018) 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 applies.

This publication was made possible by Grant Number 90SAPG0018, 90MPPG0054, 1701SDMISH, 1701SDMIDR and 1701SDMIAA from Administration for Community Living. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.