Medicare Made Clear™

Getting started with Medicare

UnitedHealthcare®

Welcome

You have important decisions to make when you become eligible for Medicare. Our goal is to help you understand your options and feel confident about choosing coverage based on your needs — when you first enroll and every year after that.

We're here to help.

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Eligibility and enrollment

Medicare is a federal program that offers health insurance to American citizens and other eligible individuals.

Who can get Medicare?

U.S. citizens and legal residents

Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS

How do you enroll?

You should be automatically enrolled if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible. You'll receive your Medicare card in the mail.

If you're not receiving benefits, you need to sign up for Medicare when you become eligible. Go to SSA.gov/Medicare to enroll online, or call or visit your local Social Security office.

What are the coverage choices?

Original Medicare (Parts A & B) is provided by the federal government. It helps pay for hospital stays and doctor visits, but it doesn't cover everything.

You may add coverage by enrolling in one or more private Medicare or Medicare-related plans.

- **Medicare supplement insurance plans** (Medigap) help pay some of the out-of-pocket costs that come with Original Medicare.
- **Medicare prescription drug plans** (Part D) help pay for prescription medications. Original Medicare does not cover prescription drugs.
- **Medicare Advantage plans** (Part C) offer an alternative to Original Medicare. Plans combine Part A and Part B coverage in one plan. They often include prescription drug coverage, too. Some plans offer additional benefits like coverage for routine vision and dental care.

Coverage choices

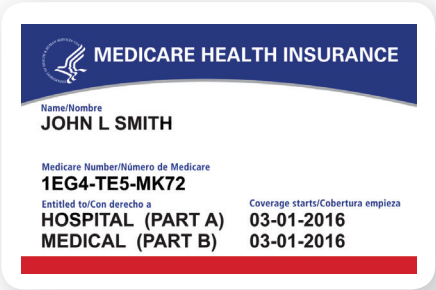
STEP 1

Enroll in Original Medicare.

Original Medicare
Provided by the federal government

PART A — Helps pay for hospital stays and inpatient care

PART B — Helps pay for doctor visits and outpatient care



STEP 2

Decide if you need additional coverage. There are two ways to get it.

OPTION 1 — OR — **OPTION 2**

Add one or both of the following to Original Medicare.

Medicare Supplement Insurance Plan
Offered by private companies

MED SUPP — Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan
Offered by private companies

PART D — Helps pay for prescription drugs

Choose a Medicare Advantage plan.

Medicare Advantage Plan
Offered by private companies

PART C — Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

PART D — Usually includes prescription drug coverage

May offer additional benefits not provided by Original Medicare

Quick tips

1 There are two ways to get Medicare coverage.

- You can choose Original Medicare (Parts A & B). Part A is hospital coverage and Part B is medical coverage. Original Medicare is provided by the federal government. Benefits and coverage are the same across the country.
- Or you can join a Medicare Advantage plan (Part C). Medicare Advantage plans combine Part A and Part B coverage. Many also include prescription drug coverage (Part D) and offer additional benefits. Plans are offered by private insurance companies.

2 You will pay a share of your costs.

- Neither Original Medicare nor a Medicare Advantage plan will pay for everything.
- You are responsible for monthly premiums as well as out-of-pocket costs such as deductibles, copays and coinsurance.

3 Protection from high out-of-pocket costs is available.

- Medicare Advantage plans put a cap on your out-of-pocket costs for covered medical services. It's called the "annual out-of-pocket maximum" and it provides built-in financial protection. There is no out-of-pocket cap with Original Medicare.
- Medicare supplement insurance plans help pay some out-of-pocket costs not paid by Original Medicare, like deductibles and coinsurance. Plans are sold by private insurance companies.
- You don't need and can't use a Medicare supplement insurance plan if you have a Medicare Advantage plan.

4 There are two ways to get drug coverage.

- You may add a standalone prescription drug plan (Part D) to Original Medicare.
- Or you may enroll in a Medicare Advantage plan that includes prescription drug coverage.
- Plans are offered by private insurance companies.

5 You may have many options.

- Medicare Advantage plans and prescription drug plans vary in terms of coverage and cost. Insurance companies may offer several plans where you live.
- Medicare supplement insurance plans are standardized and are the same nationwide, except in Minnesota, Wisconsin and Massachusetts.

6 Timing matters when you first enroll.

- Your Initial Enrollment Period (IEP) is your first chance to enroll in Medicare and choose the coverage you want. Your IEP is 7 months long. It includes your birthday month or the 25th month of getting disability benefits plus the 3 months before and 3 months after.
- You are automatically enrolled in Part A and Part B if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible for Medicare. Otherwise you must enroll yourself.
- Medicare Part A, Part B and Part D may charge penalties if you sign up after your IEP ends, unless you qualify for a Special Enrollment Period.

7 It's wise to review your choices every year.

- Medicare Open Enrollment happens each year from October 15 to December 7. You may change your coverage choices during this time if you decide to.
- You may switch from one Medicare Advantage plan or prescription drug plan to another. You may also switch from Original Medicare to a Medicare Advantage plan, or vice versa.
- Changes go into effect on January 1.

8 You may enroll or make changes at other times.

- Medicare provides Special Enrollment Periods for qualifying life events. Examples include moving your primary residence or leaving an employer health plan.
- Visit Medicare.gov for a complete list of qualifying events.

Medicare Part A: Hospital insurance

Medicare Part A helps pay for hospital stays and inpatient care.

You cannot be denied Part A coverage. You may go to any qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Medicare Part A covers hospital stays and inpatient care, including:
A semi-private room
Your hospital meals
Skilled nursing services
Care in special units, such as intensive care
Drugs, medical supplies and medical equipment used during an inpatient stay
Lab tests, X-rays and medical equipment as an inpatient
Operating room and recovery room services
Some blood transfusions in a hospital or skilled nursing facility
Inpatient or outpatient rehabilitation services after a qualified inpatient stay
Part-time, skilled care for the homebound
Hospice care for the terminally ill, including medications to manage symptoms and control pain

Part A costs in 2018

Premium

- $0 per month for most people
- Up to $422 per month if neither you nor your spouse paid Social Security taxes for at least 10 years (40 quarters)

Deductible

- $1,340 per benefit period

Copay for hospital stays

- $0 for days 1–60
- $335 a day for days 61–90
- $670 a day for each lifetime reserve day

Copay for skilled nursing facility stays

- $0 for days 1–20
- $167.50 a day for days 21–100

For hospice care

- Copay up to $5 for each prescription to manage symptoms
- Coinsurance for inpatient respite care to give primary caregiver rest or time off

Part A coverage and costs are based on benefit periods. A benefit period begins the day you're admitted to the hospital. It ends when you've been out for 60 days in a row.

Medicare Part B: Medical insurance

Medicare Part B helps pay for doctor visits and outpatient care.

You cannot be denied Part B coverage. You may go to any doctor or qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Medicare Part B covers doctor visits and outpatient care, including:
Doctor visits, including in the hospital
An annual wellness visit and preventive services, like flu shots and mammograms
Lab services, like blood tests
X-rays and some other diagnostic tests
Some health programs, like smoking cessation, obesity counseling and cardiac rehab
Physical therapy, occupational therapy and speech-language pathology services
Diabetes screenings, diabetes education and certain diabetes supplies
Mental health care
Durable medical equipment for use at home, like wheelchairs and walkers
Ambulatory surgery center services
Ambulance and emergency room services
Skilled nursing care and health aide services for the homebound on a part-time or intermittent basis

Part B costs in 2018

Premium

- $134 per month if:
  - You enroll for the first time in 2018.
  - You aren't receiving Social Security benefits.
  - Your premiums are billed directly to you.
  - You have Medicare and Medicaid, and Medicaid pays your premiums.
- Your premium may be less than $134 if you enrolled in Part B in 2017 or earlier and your payments are deducted from your Social Security checks.
- Your premium may be more than $134 if your reported income from 2016 was above $85,000 for individuals or $170,000 for couples.

Deductible

- $183 per year

Coinsurance

- 20% of the Medicare-approved amount for most covered services after you pay the deductible, with no annual out-of-pocket maximum

Part B may charge a premium penalty if you don't sign up when you are first eligible, unless you qualify for a Special Enrollment Period. See page 15.

Medicare Part C: Medicare Advantage

Medicare Advantage (Part C) is another way to get your Medicare benefits.

There are different types of Part C plans. Some plans have provider networks you need to use.

Plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. Coverage and costs beyond the standards set by Medicare vary from plan to plan.

You must be enrolled in both Part A and Part B to be eligible for a Part C plan.

All Medicare Advantage plans cover:

- All the benefits of Part A (except hospice care, which is still covered by Part A)
- All the benefits of Part B

Most Medicare Advantage plans cover:

- Prescription drugs

Medicare Advantage plans may offer additional benefits, such as:

- Dental exams, cleanings and X-rays
- Eye exams, eyeglasses and corrective lenses
- Hearing tests and hearing aids
- Wellness programs, fitness membership and worldwide emergency coverage

Part C costs in 2018

Premium

- Plan premiums vary widely and can change from year to year.
- You continue to pay your Part B premium to Medicare.

Deductible

- Some plans have deductibles, and others don't.
- Plans may charge deductibles for drug benefits only.
- Amounts vary from plan to plan.

Copay

- Many plans charge copays for doctor visits, prescriptions, etc.
- Amounts vary from plan to plan.

Coinsurance

- Plans may set coinsurance terms for certain services.
- Costs during the Part D coverage gap may apply.

Medicare Advantage plans put a cap on your out-of-pocket costs for covered medical services. This offers financial protection. The maximum is $6,700 in 2018, but plans may set lower limits. There is no limit with Original Medicare.

Medicare Part D: Prescription drug coverage

Medicare Part D helps with the cost of prescription drugs.

You can get drug coverage with a standalone Part D plan or as part of a Medicare Advantage plan (Part C). Some plans have pharmacy networks and mail order pharmacies that offer discounted prices.

Plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. Coverage and costs beyond the standards set by Medicare vary from plan to plan.

You must be enrolled in Part B to be eligible for a Part D plan.

Medicare Part D plans cover:

Types of drugs most commonly prescribed for Medicare beneficiaries as determined by federal standards

Specific brand name and generic drugs on the plan formulary, or list of drugs

Coverage stages

Part D coverage is broken into four stages. You pay a share of the cost for your drugs in each stage. The stages progress based on how much you and your plan pay, up to set limits. The cycle restarts at the beginning of each year.

1. Annual deductible: You pay 100% of the cost up to the plan deductible amount.
2. Initial coverage: You pay copays or coinsurance up to a set limit ($3,750 in 2018).
3. Coverage gap (donut hole): You pay a percentage of the cost up to an out-of-pocket limit ($5,000 in 2018).
4. Catastrophic coverage: You pay reduced copays for the rest of the year.

Part D costs in 2018

Premium

- Plan premiums vary widely and can change from year to year.
- You may pay a premium penalty if you are late to enroll in Part D.
- Some Part C plans include drug coverage at no additional premium.

Deductible

- The maximum deductible in 2018 is $405.
- Not all plans have a deductible.
- Plans may apply separate deductibles for different formulary tiers.

Copay

- Plans may charge copays for prescriptions and refills. Amounts vary.

Coinsurance

- Some plans may set coinsurance rates for certain drugs or drug tiers.
- In the coverage gap you'll pay 44% of the price for generic drugs and 35% of the price for brand name drugs.

Part D may charge a premium penalty if you don't sign up when you are first eligible, unless you qualify for a Special Enrollment Period. See page 15.

Medicare supplement insurance: Medigap

Medicare supplement insurance helps pay some out-of-pocket costs that come with Original Medicare.

There are 10 Medicare supplement insurance plans standardized by the federal government. Each is labeled with a letter. Every plan with the same letter offers the same benefits, no matter what state it's offered in or by which insurance company. Massachusetts, Minnesota and Wisconsin have different plans.

The level of coverage varies. There are standardized plans that cover all your Medicare deductibles, copayments and coinsurance, while others leave some costs for you to pay on your own. Medicare supplement plans provide nationwide coverage.

Medicare supplement insurance helps with:
Part A and Part B deductibles
Copays and coinsurance
Provider excess charges
An additional 365 days of hospital care during your lifetime, beyond your Medicare lifetime reserve days
Blood transfusions (first 3 pints)
Foreign travel emergencies (most plans)

Medicare supplement insurance costs

Premium

- Insurance companies set their own plan premiums.
- Plans that provide more coverage generally have higher premiums.
- Premiums may vary from insurer to insurer even if the plans offer the exact same coverage.
- Premiums may change from year to year.

You can request enrollment in a Medicare supplement plan at any time, but you may be denied coverage or charged more based on your health history if you enroll after your Medicare Supplement Open Enrollment Period. See page 14.

Coverage combinations: Your options

Medicare isn't one-size-fits-all.

You can combine different Medicare parts and plans to customize your coverage. There are 7 possible combinations.

1 PART A PART B

Original Medicare (Parts A & B) or just Part A or just Part B

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2 PART A PART B + PART D

Original Medicare (Parts A & B) **plus** a standalone Part D plan

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3 PART A PART B + PART D + MED SUPP

Original Medicare (Parts A & B) **plus** a standalone Part D plan **plus** a Medicare supplement plan

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4 PART A PART B + MED SUPP

Original Medicare (Parts A & B) **plus** a Medicare supplement plan

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5 PART C PART D

A Medicare Advantage (Part C) plan with built-in drug coverage

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6 PART C

A Medicare Advantage (Part C) plan without drug coverage

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7 PART C + PART D

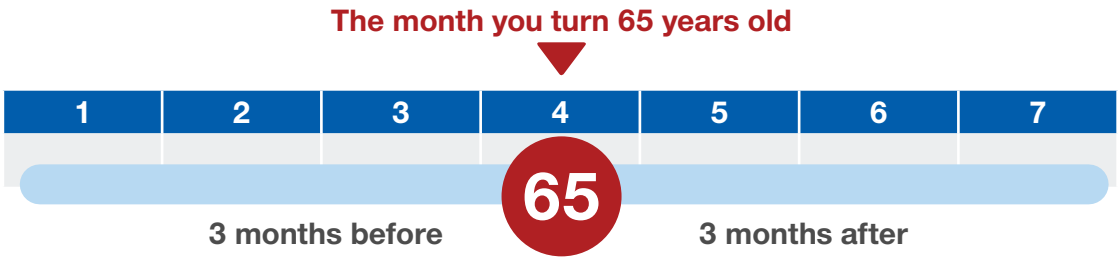
A Medicare Advantage (Part C) plan without drug coverage **plus** a standalone Part D plan; only works with certain Medicare Advantage plan types

Enrolling in Medicare

Initial Enrollment Period

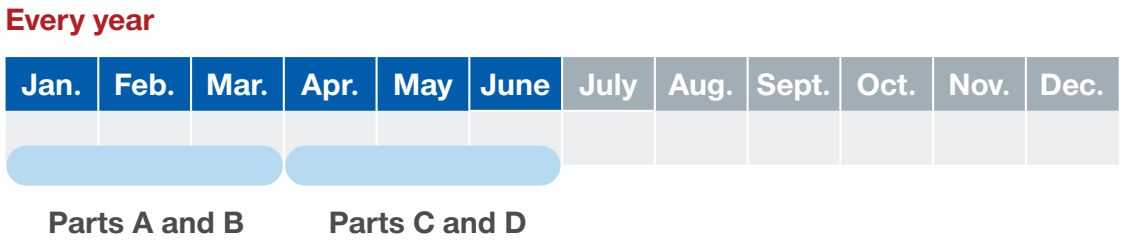
Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first. You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).

Are you eligible for Medicare due to disability? Your 7-month IEP includes the month you receive your 25th disability check plus the 3 months before and the 3 months after.



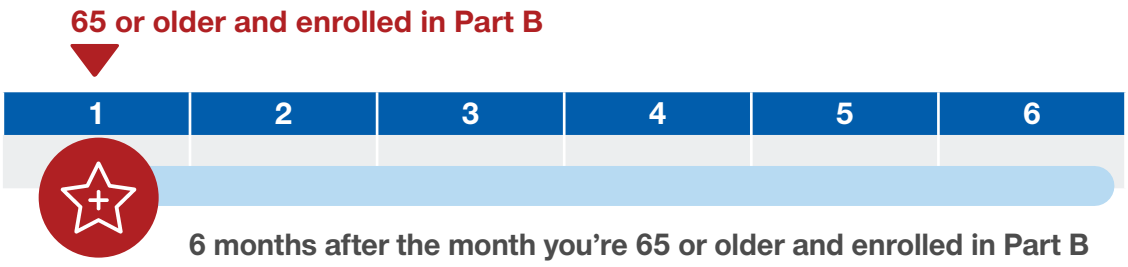
General Enrollment Period

You may use the General Enrollment Period (GEP) to enroll in Medicare Part A, Part B or both if you miss your IEP. The GEP happens every year from January 1 to March 31. You may also choose to join a Medicare Advantage plan or a prescription drug plan from April 1 to June 30 the same year.



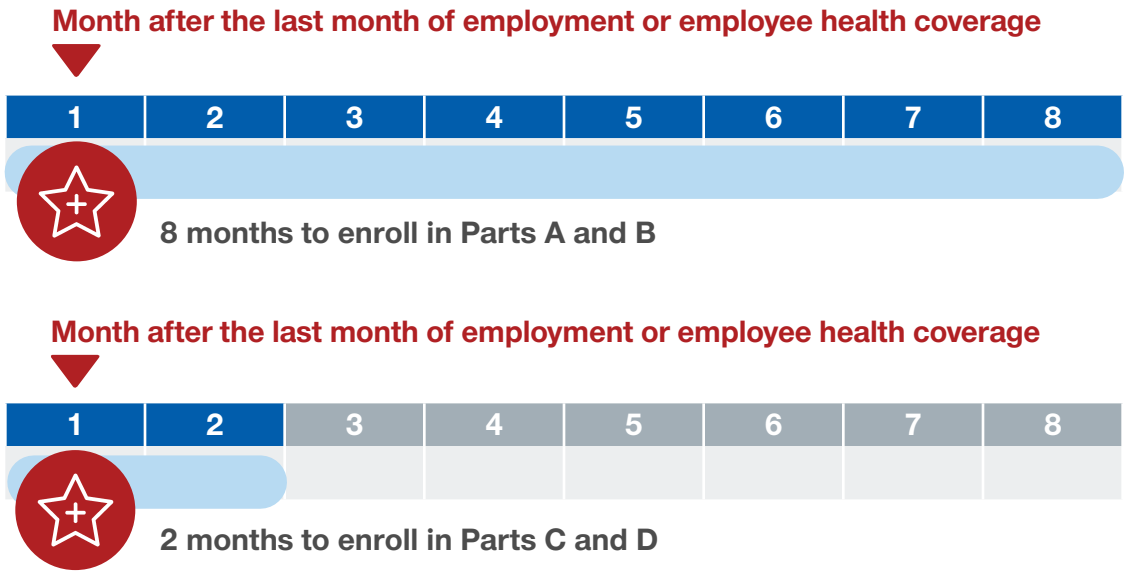
Medicare Supplement Open Enrollment Period

Your Medicare supplement open enrollment is 6 months long. It begins the month you are 65 or older and are enrolled in Medicare Part B. You cannot be denied coverage or charged more based on your health history if you enroll during your open enrollment. Some states may allow for additional Open Enrollment Periods.



Special Enrollment Period: Working past 65

You may qualify for a Special Enrollment Period (SEP) to enroll in Part A, Part B or both without penalty for up to 8 months after the month your (or your spouse's) employment or employer coverage ends, whichever comes first. You may join a Medicare Advantage plan or prescription drug plan up to 2 full months after the same event, if you are eligible.



You may want to enroll in just Part A during your IEP if you work past age 65 and have employer coverage. Check with your benefits manager before you decide.

Late enrollment penalties

It's important to know your enrollment dates and to enroll on time. The following penalties could apply if you don't, unless you qualify for a SEP or another exception.

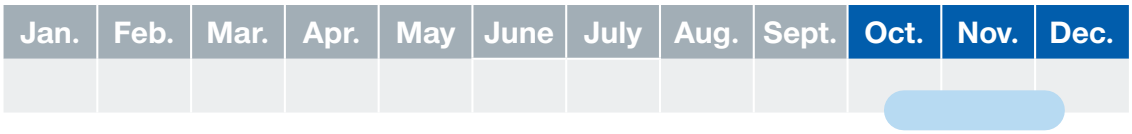
- **Part A:** People who pay a premium (most don't) could pay an additional 10% of the premium amount. The penalty is charged every month for twice the number of years enrollment was delayed.
- **Part B:** You could pay an additional 10% of the premium amount for each full 12-month period enrollment is delayed. The penalty is charged every month for as long as you have Part B.
- **Part D:** You could pay an additional 1% of the average Part D premium for each month you delay enrollment. The penalty is charged every month for as long as you're enrolled in Part D.
- **Medicare supplement insurance:** You could be denied coverage or charged a higher premium based on your health history.

Changing your coverage

Medicare Open Enrollment

Medicare Open Enrollment is October 15 to December 7 every year. During this time you may join, switch or drop a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).

Every year

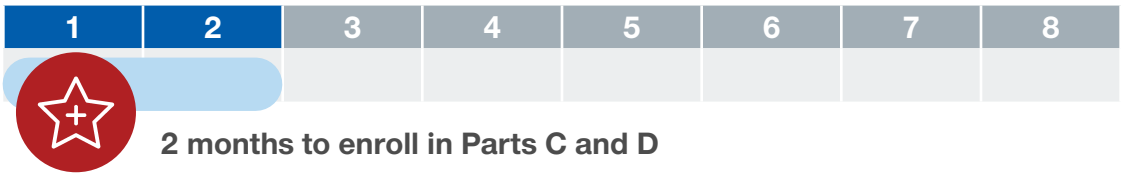


October 15 – December 7

Special Enrollment Periods

You may join, switch or drop a Medicare Advantage plan or a prescription drug plan outside of Medicare Open Enrollment if you have a qualifying event, such as moving or losing other health insurance. In general, you have 2 months after the month of a qualifying event to make plan changes.

Month after you move or the month after you notify your plan

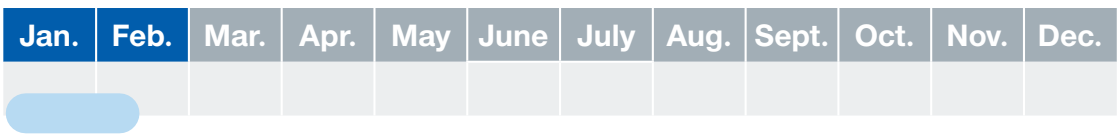


2 months to enroll in Parts C and D

Medicare Advantage Disenrollment Period

You may choose to drop a Medicare Advantage plan January 1 to February 14 every year. If you do, your coverage will automatically switch to Original Medicare and you may want to add a standalone prescription drug plan, a Medicare supplement plan or both.

Every year



January 1 – February 14

Understanding your needs

Look for coverage that works for you.

Consider these questions to help determine what kind of coverage may be right for you.

Frequent doctor visits can get costly. How often do you visit the doctor, in general?

- With Original Medicare (Parts A & B), you pay 20% of the allowed amount for most doctor services after you meet the Part B deductible. Most Medicare supplement plans pay this cost in full.
- With most Medicare Advantage plans, you pay a low copayment for each visit. Your plan may or may not have a deductible.
- Medicare Advantage plans have an annual out-of-pocket limit that offers financial protection. There is no limit with Original Medicare.

Are the medications you regularly take covered?

- Most prescription drug plans and Medicare Advantage plans that include drug coverage have a list of covered drugs, or formulary.
- If your drugs are not on the formulary, you may have to pay more.

Do you have a particular doctor, hospital or pharmacy that you want to use?

- Many Medicare Advantage plans contract with a network of providers and pharmacies.
- You may pay more if your provider or pharmacy is not in the network.
- Original Medicare and most Medicare supplement plans provide coverage nationwide.

Does your doctor accept Medicare assignment?

- Doctors who accept assignment agree to the Medicare-approved amount as payment in full.
- Doctors who do not accept assignment may charge more than the Medicare-approved amount for some services.
- The additional cost is called “excess charges.”
- Some Medicare supplement plans pay excess charges.

Do you have other health coverage, such as through an employer, a union or the military?

- Medicare may work with your other health coverage.
- Talk to your plan administrator before you make any decisions.

Would you rather pay less in monthly premiums or pay less out of pocket when you receive health care?

- In general, when premiums go up, out-of-pocket costs like deductibles, copays and coinsurance go down.
- The opposite is also true. Low monthly premiums could mean high out-of-pocket costs go up.
- Look at all the costs — not just premiums — when comparing coverage options.

Help with Medicare costs

You may qualify for help if you have a low income and few assets.

Income includes money you get from retirement benefits or other money that you report for tax purposes. Income eligibility levels vary by state and program.

The following programs offer financial assistance for people who qualify. There may also be other assistance programs in your state.

Medicaid

Medicaid provides health care coverage for people and families with limited incomes. It may also offer some services not covered by Medicare. Each state creates its own program, so contact your state Medicaid office for more information.

If you qualify for both Medicare and Medicaid, you are "dual eligible." Sometimes the two programs can work together to cover most of your health care costs.

Extra Help

The Extra Help program helps eligible people pay for some or all of their Medicare Part D premiums, deductibles and copays.

Medicare Savings Programs

Medicare Savings Programs help pay some or all Part A and Part B premiums, deductibles and coinsurance. You automatically qualify for the Extra Help program if you qualify for a Medicare Savings Program.

Program of All-Inclusive Care for the Elderly (PACE)

PACE combines medical, social and long-term care services for frail elderly people who live in the community, not in a nursing home. This program is not available in all states.

Don't assume you don't qualify for financial help. Visit Medicare.gov to learn more about financial assistance programs. You may also contact your local Social Security office, Medicaid office or State Health Insurance Assistance Program for help.

More information

Medicare Helpline

Call for questions about Medicare and detailed information about plans and policies in your area.

1-800-MEDICARE (1-800-633-4227)
TTY 1-877-486-2048
(24 hours a day, 7 days a week)

Medicare.gov

The Medicare website provides information and offers online tools to find and compare Part D plans, Medicare Advantage plans and Medicare supplement insurance plans.

Medicare & You

The official government Medicare handbook you may request when you call the Medicare Helpline, or you can download it at Medicare.gov.

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help.

1-800-772-1213
TTY 1-800-325-0778
SSA.gov/Medicare

Administration on Aging

Discover local, state and community-based organizations that serve older adults and their caregivers.

1-800-677-1116, TTY 711
Eldercare.gov

Your current health plan

Your health plan's customer service center should be able to answer questions you have about your current coverage. Find the number on the back of your member ID card.

AARP.org

AARP® provides information about Medicare, as well as other programs and services available to people as they age.

MedicareMadeClear.com

Watch videos, sign up for our newsletter, take quizzes, find helpful tools and get answers to your Medicare questions.

Medicaid.gov

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Learn more about eligibility, benefits and how to apply.

State Health Insurance Assistance Program (SHIP)

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare.

shiptacenter.org

National Hospice and Palliative Care Organization

Learn about hospice care and hospice programs where you live. Your doctor or other health care provider may also be able to help you find local services.

NHPCO.org

Frequently asked questions

Q **How can I get dental and vision coverage with Medicare?**

A Original Medicare (Part A and Part B) does not cover routine dental or vision care. However, many Medicare Advantage plans (Part C) offer the coverage along with other benefits not provided by Original Medicare, such as prescription drug coverage. See page 10 for more information about Medicare Advantage plans.

Q **What happens to my spouse's health coverage when I retire and go on Medicare?**

A Your spouse may need to find other coverage if he or she is younger than you and there is a gap between being covered under your employer coverage and becoming eligible for Medicare. Your employer may offer COBRA for your spouse's continued coverage. Talk with your employer plan administrator.

Your spouse could also buy individual coverage through the Marketplace or directly from an insurance company until becoming eligible for Medicare. At that time your spouse may qualify for premium-free Part A based on your work record or their own.

Q **What will I pay for prescription drugs if I enter the donut hole?**

A If you enter the donut hole, or the Part D coverage gap, you'll pay:

- 44% of the price for generic drugs
- 35% of the price for brand name drugs
- Plan coinsurance for certain drugs if you have a plan that provides coverage in the gap

You enter the coverage gap in 2018 only if the total cost for your drugs, paid by you and your plan, reaches $3,750. You exit the gap when your out-of-pocket drug costs reach $5,000. After that, you are in the "catastrophic coverage" payment stage for the rest of the plan period and you may pay small copays for your drugs.

Q **How do I know if I'll be able to see my same doctor when I'm on Medicare?**

A Many doctors accept Medicare. Ask your doctor to be sure. If you're considering a Medicare Advantage plan (Part C), you'll also need to know whether your doctor is in the plan's provider network. Check the provider list for each plan you're researching. Your doctor's billing office should be able to tell you what plans they accept.

Q **What happens if my doctor leaves my Medicare Advantage plan's network?**

A Your plan will notify you if your doctor leaves the plan's network, and you'll be able to choose a new doctor. Generally, you aren't able to change plans in this situation until the next Medicare Open Enrollment, October 15 to December 7.

Q **What happens if I move? Can I keep the same Medicare Advantage plan?**

A Medicare Advantage plans have geographic service areas where they operate. You can keep your plan if you move to another address within the same service area. Call your plan's customer service number to find out whether your new home is in your current plan's service area.

If you move outside your plan's service area, you'll need to find a different Medicare Advantage plan or go back to Original Medicare and consider adding a standalone prescription drug plan and Medicare supplement insurance.

Q **I can't afford to pay for Medicare — not even the Part B premium. Where can I get help?**

A You may be able to get help paying Medicare premiums and other costs, if you qualify. See page 19 for a list of resources.

Medicare plan finder worksheet

Steps to finding Medicare coverage that's a good fit for you:

Learn about your choices.
Explore **MedicareMadeClear.com** for more information about Medicare, your choices and additional resources.

Understand your needs.
Think about how you use health care to help focus on the type of coverage that may work best for you.

Find plans in your area.
Go to Medicare.gov to get a list of plans available where you live and details about coverage and costs.

Compare your plan options.
Use the worksheet on the next page to compare plans based on your needs.

Select a plan.
Enroll online or call the plan directly.

Some plans require a referral from your primary care provider to see a specialist. You may want to consider this as you compare your options.

Complete a column for each plan you're considering.

In the top section, check off which benefits each plan provides. In the bottom section, fill in the cost for each item. You can get coverage and cost information from plan web sites or materials.

	Plan 1	Plan 2	Plan 3
Insurance company			
Name of plan			
Type of plan			
Compare coverage			
Current physician	☐	☐	☐
Current prescriptions	☐	☐	☐
Nurse phone line	☐	☐	☐
Hearing services	☐	☐	☐
Dental services	☐	☐	☐
Vision services	☐	☐	☐
Chiropractic care	☐	☐	☐
Acupuncture	☐	☐	☐
Podiatry care	☐	☐	☐
Fitness benefit	☐	☐	☐
Compare costs			
Original Medicare costs			
Monthly plan premium			
Emergency costs			
Estimated monthly copays/coinsurance			
Annual medical deductible			
Annual out-of-pocket maximum			
Annual prescription drug deductible			
Estimated monthly prescription drug costs			

Want to learn more?

Visit MedicareMadeClear.com

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