# TRI GE HEALTH

## 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**.

# Comparing Medicare Advantage Plans (Part C)

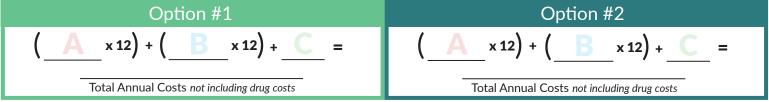
| Option #1   |  |  | Option #2   |  |  |
|---|--|--|---|--|--|
| Plan Type   |  |  | Plan Type   |  |  |
| HMO PPO SNP MSA Other   |  |  | HMO PPO SNP MSA Other   |  |  |
| Insurance Company Name:   |  |  | Insurance Company Name:   |  |  |
| Plan Name:  |  |  | Plan Name:  |  |  |
| Is my primary care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

#### Part C Plan Costs

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

#### 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:



#### **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.

| Opti  | on #1                                      | Option #2   |  |  |
|---|--|---|--|--|
| Insurance Company Name:                       |  | Insurance Company Name:                               |  |  |
| Plan Name:                                    |  | Plan Name:  |  |  |
| Insurance Company Contact N                   | ame:                                       | Insurance Company Contact Name:                       |  |  |
| Insurance Company Contact Pl                  | none Number:                               | Insurance Company Contact Phone Number:               |  |  |
| Insurance Company Contact Er                  | nail Address:                              | Insurance Company Contact Email Address:              |  |  |
| Plan Type: (e.g., A – N, Basic/Ex             | xtended Basic, etc.):                      | Plan Type: (e.g., A – N, Basic/Extended Basic, etc.): |  |  |
| Does the plan cover the Part<br>B cost-share? | Am I in a Medigap guaranteed issue period? | Does the plan cover the Part<br>B cost-share?         | Am I in a Medigap guaranteed issue period? |  |
| ☐ Yes<br>☐ No                                 | ☐ Yes<br>☐ No                              | ☐ Yes<br>☐ No   | ☐ Yes<br>☐ No                              |  |

### Medigap Plan Costs

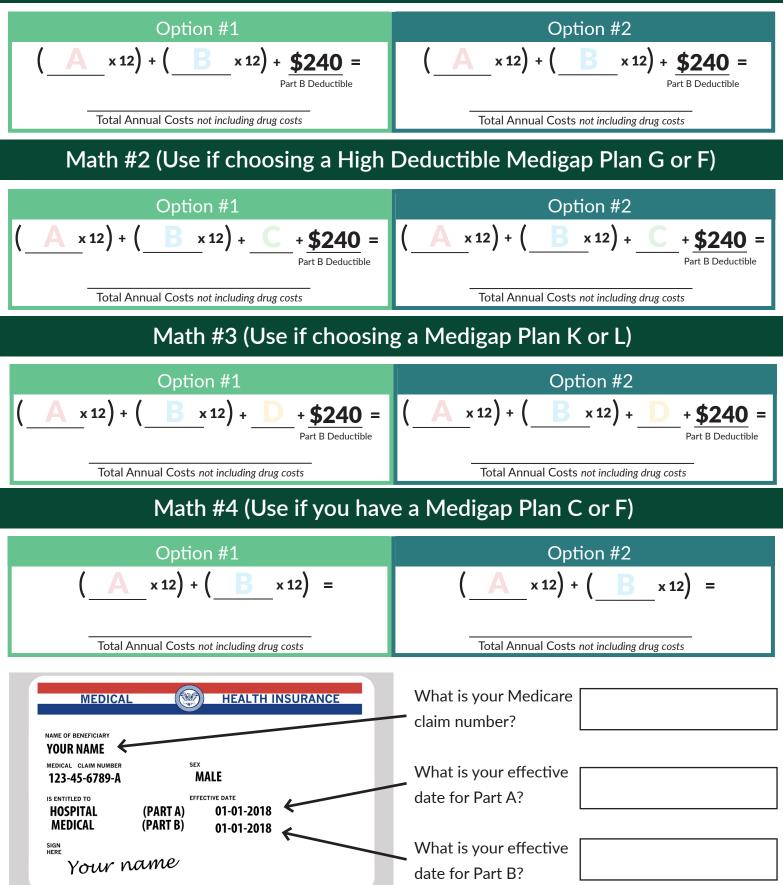
| Option #1   |   | Option #2   |   |  |
|---|---|---|---|--|
| Monthly Part B Premium  | Part B Deductible   | Monthly Part B Premium  | Part B Deductible   |  |
| \$ A  | \$240   | \$ <u>A</u>   | \$240   |  |
| Medigap Monthly Premium   | Medigap Deductible<br>(Note: Only fill in if choosing a<br>High Deductible Plan G or F) | Medigap Monthly Premium   | Medigap Deductible<br>(Note: Only fill in if choosing a<br>High Deductible Plan G or F) |  |
| \$ B  | \$ C  | \$ B  | \$ C  |  |
| Out-of-Pocket Maximum<br>(Note: Only fill in if choosing<br>Plans K or L) | \$ D  | Out-of-Pocket Maximum<br>(Note: Only fill in if choosing<br>Plans K or L) | \$ D  |  |
| NO  | TES   | NOTES   |   |  |

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# **Doing the Math: Medigap Plans**

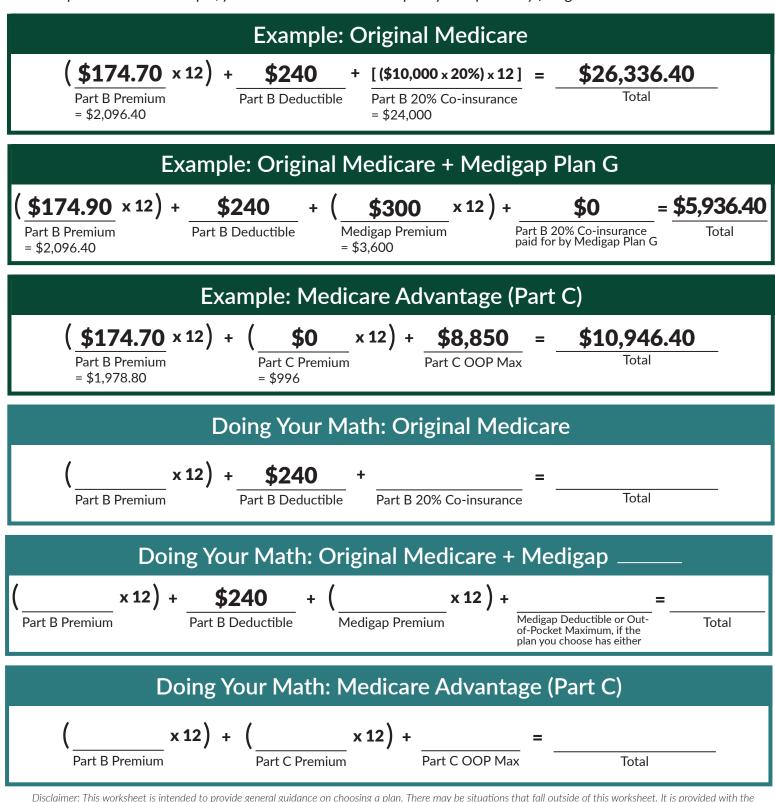
Complete the information below to add up your total costs for the Medigap Plans you are considering.

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



#### Making Your Final Choice

Part B of Medicare has a 20% co-insurance amount. Many chemotherapies are covered under Medicare Part B, which can lead to high out-of-pocket costs. Buying a Medigap plan that pays for Part B's 20% co-insurance can lower out-of-pocket costs. This example shows how: Jimmy is almost 65 and is about to begin 1 year of chemotherapy, which will cost \$10,000 a month. The three boxes below show what his costs would be just for his chemotherapy, if he had just Parts A & B (i.e., Original Medicare); Original Medicare plus a Medigap Plan G, and a Medicare Advantage plan. Note: the costs for Medigap G and Medicare Advantage plans are estimated here for this example. Below the example, you have the chance to compare your options by filling in the blanks.



Disclaimer: This worksheet is intended to provide general guidance on choosing a plan. There may be situations that fall outside of this worksheet. It is provided with the understanding that Triage Cancer is not engaged in rendering any legal or professional services by its publication or distribution. Although this content was reviewed by a professional, it should not be used as a substitute for professional services. © Triage Cancer ® 2024