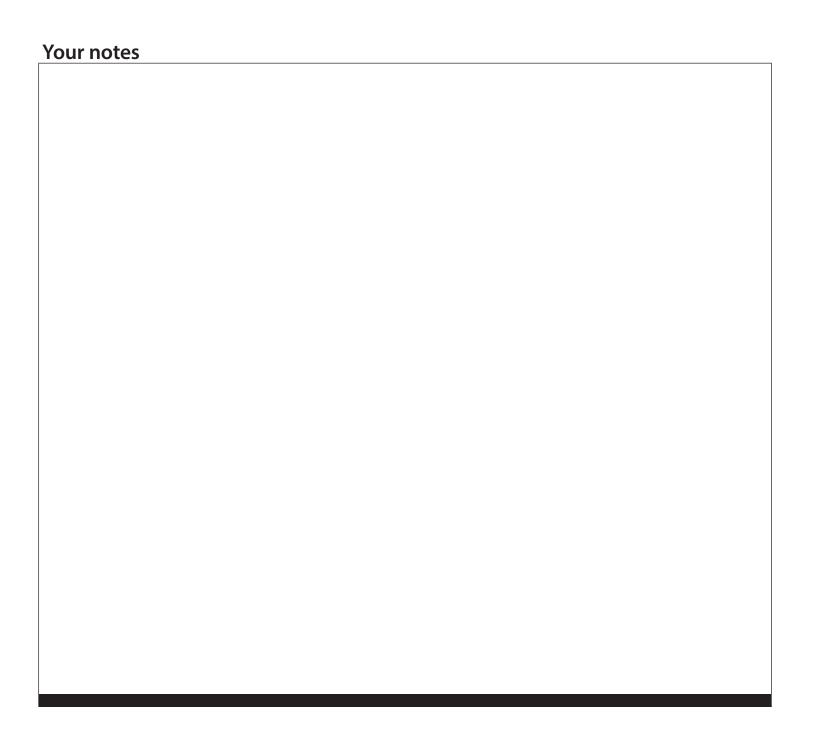
Medicare plan comparison form

If you're shopping for a Medicare plan, use this form to help you compare insurance plans.

Plan considerations	Option 1:	Option 2:	Option 3:
Insurance plan name:			
Plan type (HMO, PPO, Original Medicare, etc.):			
Monthly premium:	\$	\$	\$
Part B monthly premium:	\$	\$	\$
Part D monthly premium:	\$	\$	\$
Coinsurance or copay:	\$	\$	\$
Annual deductible:	\$	\$	\$
Out-of-pocket maximum:	\$	\$	\$
Other plan costs you pay	Option 1:	Option 2:	Option 3:
Primary care provider visit:	%	%	%
Specialist visit:	%	%	%
Emergency room visit:	%	%	%
Inpatient hospital stay:	%	%	%
Prescriptions:	☐ Separate cost	☐ Separate cost	☐ Separate cost
	☐ Included in plan	☐ Included in plan	☐ Included in plan
Vision:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dental:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hearing:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other services:			



Questions? Call our Insurance Consumer Hotline at

1-800-562-6900 www.insurance.wa.gov

The Statewide Health Insurance Benefits Advisors (SHIBA) program is a free, unbiased service of the:





This project was supported, in part by grant number 90SAPG0012-02, from the U.S. Administration for Community Living, Dept. of Health and Human Services, Washington, D.C. 20201.