

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:	<input type="checkbox"/> Separate cost <input type="checkbox"/> Included in plan	<input type="checkbox"/> Separate cost <input type="checkbox"/> Included in plan	<input type="checkbox"/> Separate cost <input type="checkbox"/> Included in plan
Vision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other services:			

Your notes

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:



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