

Getting started with Medicare

Look inside to:

- Learn about Medicare
- Find out about coverage and costs
- Discover when to enroll

Medicare Made Clear™

Learning about Medicare can be like learning a new language. You need to learn the words, understand the main ideas and become fluent in Medicare. We're here to make that as easy as possible.

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Medicare overview

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

Original Medicare

Original Medicare (Part A and Part B) helps pay for hospital stays and doctor visits, but it doesn't cover everything — and it doesn't cover prescription drugs.

Other coverage choices

Many people choose additional 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.
- **Medicare Advantage plans** (Part C) combine Part A, Part B and often include prescription drug coverage. Some plans may offer additional benefits like coverage for routine vision and dental care.


Medicare coverage choices

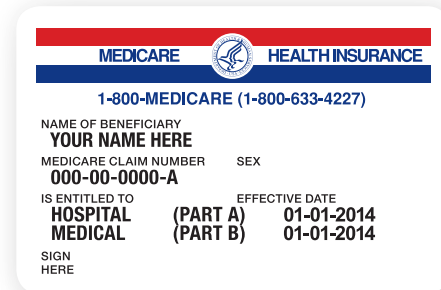
STEP 1

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.

Choose a Medicare Advantage plan.


Medicare Supplement Insurance Plan
Offered by private companies


 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

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

Medicare quick tips

1 There are two ways to get Medicare coverage.

- You can choose Original Medicare (Parts A and B). Part A is hospital coverage and Part B is medical coverage. Coverage is provided by the federal government.
- Or you can get your benefits through a Medicare Advantage plan (Part C). Medicare Advantage plans combine Part A and Part B coverage. Many plans also include prescription drug coverage (Part D) and offer additional benefits not provided by Original Medicare. Plans are offered by private insurance companies approved by Medicare.

2 You will pay a share of your costs.

- Neither Original Medicare nor a Medicare Advantage plan will pay for everything.
- You will pay monthly premiums and a share of your health care costs through deductibles, copays and coinsurance.
- Medicare Advantage plans place a cap on your out-of-pocket costs that gives you financial protection. There is no out-of-pocket cap with Original Medicare.

3 You may add Medicare supplement insurance to 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.
- Medicare supplement insurance plans are standardized and are the same nationwide, except in Minnesota, Wisconsin and Massachusetts.

4 There are two ways to get prescription drug coverage.

- You may add a stand-alone prescription drug plan (Part D) to Original Medicare. Plans are sold by private insurance companies.
- Or you may enroll in a Medicare Advantage plan that includes prescription drug coverage. These plans are also sold by private insurance companies.

5 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 65th birthday month or the month you receive your 25th disability check, plus the 3 months before and the 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 late enrollment penalties if you sign up after your IEP ends, unless you qualify for a Special Enrollment Period.

6 You may have many plan options.

- Medicare Advantage plans and prescription drug plans vary in terms of coverage and cost. Each company may offer several plans.
- Each Medicare Advantage or prescription drug plan may be available only in a defined geographic area, such as a county, state or region.
- Original Medicare is the same across the U.S.

7 Medicare offers Special Enrollment Periods.

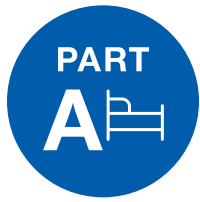
You may be able to enroll or make changes to your Medicare coverage during a Special Enrollment Period in certain situations, such as:

- You retire and leave a health care plan offered by your employer or union.
- You move out of your current plan's service area.
- You move into or out of an institution such as a long-term care facility.
- You qualify for or are no longer eligible for Medicaid.

This is not a complete list. Other situations may also qualify for a Special Enrollment Period.

8 You can review your choices once a year.

Medicare lets you review your coverage and make changes during Medicare Open Enrollment, from October 15 to December 7 every year.



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 that 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 equipment

Lab tests and X-rays

Operating room and recovery room services

Some blood transfusions

Rehabilitation services after a qualified inpatient stay

Part-time, skilled care for the homebound

Hospice care for the terminally ill

What Part A costs in 2017

Premium:

- \$0 per month for most people
- Up to \$413 per month if neither you nor your spouse paid Social Security taxes for at least 10 years (40 quarters)

Deductible:

- \$1,316 per benefit period

Copay for hospital stays:

- \$0 for days 1–60
- \$329 a day for days 61–90
- \$658 a day for each lifetime reserve day

Copay for skilled nursing facility stays:

- \$0 for days 1–20
- \$164.50 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 of the hospital 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

What Part B costs in 2017

Premium:

- \$134 per month or higher based on income if:
 - You enroll for the first time in 2017.
 - 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 reported income from 2015 is above a certain amount set by Medicare.
- Your premium may be lower if you enrolled in Part B in 2016 or earlier and your premium payments are deducted from your Social Security check.

Deductible:

- \$183 per year

Coinsurance:

- 20% of the Medicare-approved amount for most covered services, after you pay the deductible

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.

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

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.

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

What Part C costs

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 (Part C) must set a limit on your out-of-pocket health care costs.

The maximum for 2017 is \$6,700 per plan period, usually a calendar year. Plans may set lower limits. The out-of-pocket limit offers you financial protection.



Medicare Part D: Prescription drug coverage

Medicare Part D helps with the cost of prescription drugs.

You can get drug coverage with a stand-alone Part D plan or as part of a Medicare Advantage plan (Part C).

Some plans have pharmacy networks that offer discounted prices. Plans may also offer a mail order pharmacy benefit.

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.

Medicare Part D plans cover:

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

Specific brand name drugs and generic drugs included in the plan's formulary, or list of drugs

What Part D costs in 2017

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:

- Some plans have deductibles. The maximum deductible in 2017 is \$400.
- Plans may charge different deductibles for drugs based on the formulary tier.

Copay:

- Plans may charge small 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 51% of the price for generic drugs and 40% of the price for brand name drugs.

Part D has four coverage stages: 1) deductible, 2) initial coverage, 3) coverage gap, or donut hole, and 4) catastrophic coverage. What you pay depends on the stage you're in. See page 20.



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. All plans with the same letter offer the same benefits.

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

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

What Medicare supplement insurance costs

Premium:

- Plans set their own premiums. Generally, plans with more coverage charge higher premiums.
- Premiums vary from insurer to insurer even if the plans offer the exact same coverage.
- Premiums may change from year to year.

You can enroll in a Medicare supplement plan at any time, but you cannot be denied coverage or charged more based on your health history if you enroll during 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 get the coverage you want. There are 7 possible combinations.



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



Original Medicare (Parts A and B) **plus** a stand-alone Part D plan



Original Medicare (Parts A and B) **plus** a stand-alone Part D plan **plus** a Medicare supplement plan



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



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



A Medicare Advantage (Part C) plan without drug coverage



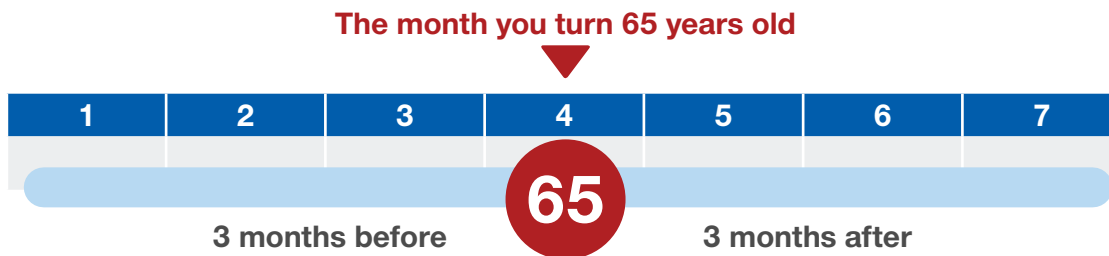
A Medicare Advantage (Part C) plan without drug coverage **plus** a stand-alone Part D plan; only works with certain Medicare Advantage plan types

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).

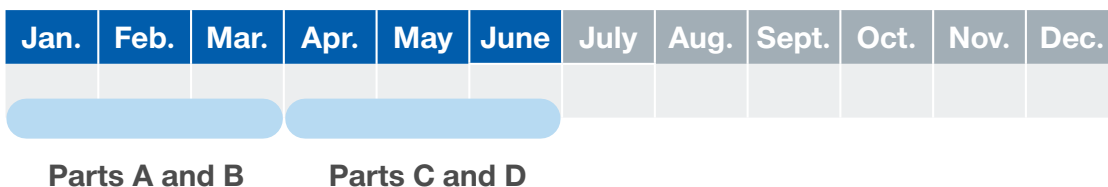
Are you eligible for Medicare due to disability? Your 7-month IEP includes the month you receive your 25th disability check plus the 3 months before and the 3 months after.



General Enrollment Period

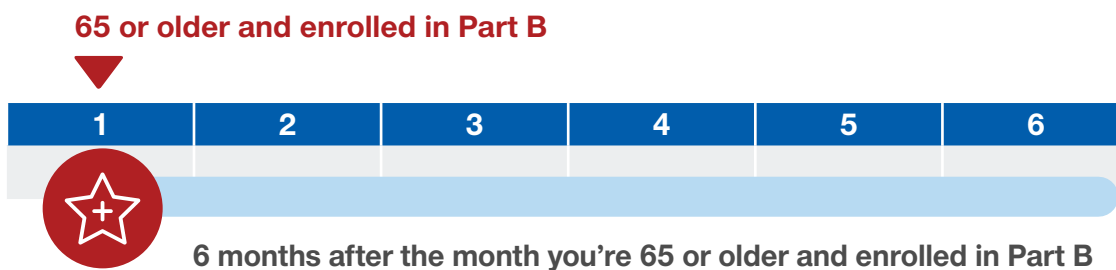
You may use the General Enrollment Period (GEP) to enroll in Medicare Part A, Part B or both if you miss your IEP. The GEP happens every year from January 1 to March 31. You may also choose to join a Medicare Advantage plan or a prescription drug plan from April 1 to June 30 the same year.

Every year



Medicare Supplement Open Enrollment Period

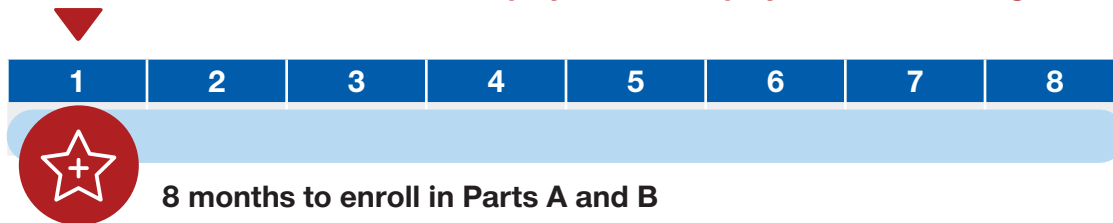
Your Medicare supplement open enrollment is 6 months long. It begins the month you are 65 or older and are enrolled in Medicare Part B. You cannot be denied coverage or charged more based on your health history if you enroll during your open enrollment. Some states have additional enrollment periods.



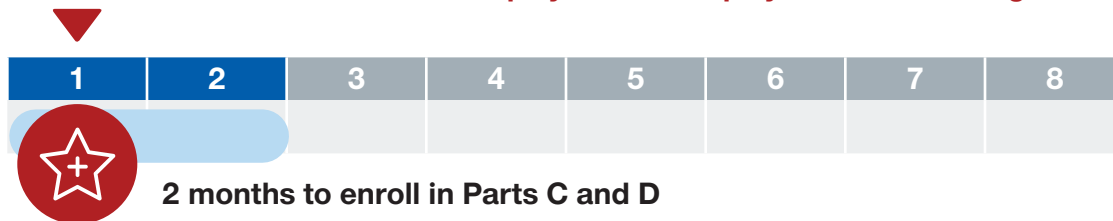
Special Enrollment Period: Working past 65

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.

Month after the last month of employment or employee health coverage



Month after the last month of employment or employee health coverage



You may want to enroll in just Part A during your IEP if you work past age 65 and have employer coverage. You may get Part A for no premium, and it would provide secondary hospital coverage if you needed it. 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

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

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

▼

1	2	3	4	5	6	7	8



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 add a stand-alone prescription drug plan, a Medicare supplement insurance plan or both.

Every year

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

January 1 – February 14

Understanding your needs

Look for coverage that works for you.

Think about your answers to the following questions to help determine what kind of coverage may be right for you.

How often do you visit the doctor, in general?

With Original Medicare (Part A and Part B), you pay 20% of the allowed amount for most doctor services after you meet the Part B deductible.

With most Medicare Advantage plans (Part C), you pay a small copayment for each visit after you meet the Part B deductible, and there's an annual out-of-pocket limit.

What prescription medications do you regularly take?

Most prescription drug plans and Medicare Advantage plans that include drug coverage have a drug list, or formulary. You can check for your medications on this list to see if they're covered. If your drugs are not on your plan's 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 or if you need non-emergency services while traveling. Original Medicare and most Medicare supplement plans provide coverage nationwide.

Does your doctor accept Medicare assignment?

Doctors who do not accept Medicare assignment may bill you for additional charges beyond what Medicare pays.

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

It's important to talk to your plan administrator about how your plan may work with Medicare before you make any decisions. You may have more options than the usual ones.

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, so a low premium could mean high out-of-pocket costs.



For help with Medicare costs

You may qualify for help with Medicare costs if you have limited income or resources.

Income may include money you get from retirement benefits or other money that you report for tax purposes.

Income eligibility levels vary by program and state. Your state may offer additional programs to those listed. Visit [Medicare.gov](https://www.Medicare.gov) for more information.

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.

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 any of the Medicare Savings Programs.

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.

Many people assume they don't qualify for financial help, and they never look into it. Don't make that mistake. Visit [Medicare.gov](https://www.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.

For more information

Visit MedicareMadeClear.com

Go to **MedicareMadeClear.com** to watch videos, sign up to get news and updates, take quizzes, find tools and get answers to your Medicare questions.

Where to get more answers

Medicare

Get official government information about the Medicare program and detailed information about plans in your area. Download or request a copy of Medicare & You, the official government Medicare handbook.

1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048

Medicare.gov

Social Security Administration

Learn about Medicare eligibility and enrollment, retirement or disability benefits and help with Medicare costs.

1-800-772-1213, TTY 1-800-325-0778

SSA.gov/Medicare

Your current health plan

Get answers to questions about your current coverage. Find the number to call on the back of your member ID card.

State Health Insurance Assistance Program (SHIP)

Get free counseling and help with choosing Medicare coverage. There are SHIP offices in every state.

shiptacenter.org

AARP®

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

AARP.org

Administration on Aging

Learn about services and programs that promote the well-being of older individuals and help them live independently in their homes and communities.

aoa.acl.gov

Eldercare Locator

Find local services for older adults, families and caregivers in your community.

1-800-677-1116

Eldercare.gov



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 nonworking 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 (see page 4). 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.

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:

- 51% of the price for generic drugs
- 40% of the price for brand name drugs
- Less if you have a plan that provides coverage in the gap

You enter the coverage gap in 2017 only if the total cost for your drugs, paid by you and your plan, reaches \$3,700. You exit the gap when your out-of-pocket drug costs reach \$4,950. 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 can I be sure that I'll be able to see my same doctor when I'm on Medicare?

A Most doctors accept Medicare. Ask your doctor if you want to be sure. If you're considering a Medicare Advantage plan (Part C), you'll also need to check whether your doctor is in the provider network. Each plan has its own network, so check the provider list for each plan you're researching. Your doctor's billing office should also 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 Period, October 15 to December 7, unless you qualify for Special Enrollment Period.

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 stand-alone 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 18 for a list of resources.



Medicare plan finder worksheet

Steps to finding a Medicare plan 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. See page 17.



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 and enroll.

Compare plan coverage

Put a check mark in the box next to a benefit or service if the plan covers it.

For example, put a check mark in the “current prescriptions” box under Plan 1 if that plan covers the drugs you take. Leave the box blank if that plan doesn’t cover your drugs.

Complete a column for each plan you are considering.

	Plan 1	Plan 2	Plan 3
Insurance company			
Name of plan			
Type of plan			
Current physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse phone line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compare plan costs

Fill in the chart using information from plan materials you find online or that you get from private insurance companies. Complete a column for each plan you are considering.

	Plan 1	Plan 2	Plan 3
Original Medicare costs			
Monthly plan premium			
Emergency fees			
Estimated monthly copays/coinsurance			
Annual deductible			
Annual out-of-pocket maximum			
Annual prescription drug deductible			
Estimated prescription drug costs			

Want to learn more?



[MedicareMadeClear.com](https://www.MedicareMadeClear.com)



Also available in other languages.

Medicare Made Clear™

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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