TRIAGE CANCER®

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 information about Medicare, visit **TriageCancer.org/cancer-finances-medicare**. For an overview of Medicare costs and other information to help you use this worksheet, visit: **TriageCancer.org/Worksheet-Medicare**.

Comparing Medicare Advantage Plans (Part C)

Option #1	Option #2
Type of Plan / **Plan Type**	**Type of Plan** / **Plan Type**
☐ Employer ☐ Other / ☐ HMO ☐ EPO/Other ☐ Marketplace / ☐ PPO	☐ Employer ☐ Other / ☐ HMO ☐ EPO/Other ☐ Marketplace / ☐ PPO
Insurance Company Name:	Insurance Company Name:
Plan Name:	Plan Name:

Option #1			Option #2		
Is my primary care physician in the plan's network?	Are my hospitals and specialists (oncologist, surgeon, etc.) in the plan's network?	Are the prescription drugs I take covered by the plan?	Is my primary care physician in the plan's network?	Are my hospitals and specialists (oncologist, surgeon, etc.) in the plan's network?	Are the prescription drugs I take covered by the plan?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ Only Some	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ Only Some
Does this Medicare Advantage Plan include prescription drug coverage? *if no, you will also need to shop for a Part D plan and take into consideration those costs **TriageCancer.org/QuickGuide-MedicarePartD**	☐ Yes ☐ No		Does this Medicare Advantage Plan include prescription drug coverage? *if no, you will also need to shop for a Part D plan and take into consideration those costs. **TriageCancer.org/QuickGuide-MedicarePartD**	☐ Yes ☐ 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
$ **A**	$ **B**	$ **A**	$ **B**
Part C Health Deductible	Out-of-pocket Maximum	Part C Health Deductible	Out-of-pocket Maximum
$	$ **C**	$	$ **C**
Does the plan have out-of-network coverage? If yes, enter percentage (Note: some plans have no out-of-network coverage, if so, enter 0%)	**%**	Does the plan have out-of-network coverage? If yes, enter percentage (Note: some plans have no out-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:

Option #1

$$\left(\underline{\quad A \quad} \times 12\right) + \left(\underline{\quad B \quad} \times 12\right) + \underline{\quad C \quad} =$$

Total Annual Costs *not including drug costs*

Option #2

$$\left(\underline{\quad A \quad} \times 12\right) + \left(\underline{\quad B \quad} \times 12\right) + \underline{\quad C \quad} =$$

Total Annual Costs *not including drug costs*

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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.

Option #1	Option #2
Insurance Company Name:	Insurance Company Name:
Plan Name:	Plan Name:
Insurance Company Contact Name:	Insurance Company Contact Name:
Insurance Company Contact Phone Number:	Insurance Company Contact Phone Number:
Insurance Company Contact Email Address:	Insurance Company Contact Email Address:
Plan Type: (A – N, Basic/Extended Basic, etc.):	Plan Type: (A – N, Basic/Extended Basic, etc.):

Does the plan cover the Part B cost-share?	Am I in a Medigap guaranteed issue period?	Does the plan cover the Part B cost-share?	Am I in a Medigap guaranteed issue period?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Medigap Plan Costs

Option #1		Option #2	
Monthly Part B Premium	Part B Deductible	Monthly Part B Premium	Part B Deductible
$ A	$283	$ A	$283
Medigap Monthly Premium	Medigap Deductible *(Note: Only fill in if choosing a High Deductible Plan G or F)*	Medigap Monthly Premium	Medigap Deductible *(Note: Only fill in if choosing a High Deductible Plan G or F)*
$ B	$ C	$ B	$ C
Out-of-Pocket Maximum *(Note: Only fill in if choosing Plans K or L)*	$ D	Out-of-Pocket Maximum *(Note: Only fill in if choosing Plans K or L)*	$ D
NOTES		NOTES	

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)

Option #1	Option #2
(__A__ x 12) + (__B__ x 12) + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*	(__A__ x 12) + (__B__ x 12) + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*

Math #2 (Use if choosing a High Deductible Medigap Plan G or F)

Option #1	Option #2
(__A__ x 12) + (__B__ x 12) + __C__ + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*	(__A__ x 12) + (__B__ x 12) + __C__ + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*

Math #3 (Use if choosing a Medigap Plan K or L)

Option #1	Option #2
(__A__ x 12) + (__B__ x 12) + __D__ + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*	(__A__ x 12) + (__B__ x 12) + __D__ + **$283** = Part B Deductible _____ Total Annual Costs *not including drug costs*

Math #4 (Use if you have a Medigap Plan C or F)

Option #1	Option #2
(__A__ x 12) + (__B__ x 12) = _____ Total Annual Costs *not including drug costs*	(__A__ x 12) + (__B__ x 12) = _____ Total Annual Costs *not including drug costs*

MEDICAL   HEALTH INSURANCE

NAME OF BENEFICIARY
YOUR NAME

MEDICAL   CLAIM NUMBER
123-45-6789-A

SEX
MALE

IS ENTITLED TO
HOSPITAL   (PART A)
MEDICAL   (PART B)

EFFECTIVE DATE
01-01-2018
01-01-2018

SIGN
HERE
Your name

What is your Medicare claim number?

What is your effective date for Part A?

What is your effective date for Part B?

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.*

Example: Original Medicare

$$(\ \underline{\$202.90} \ \text{x 12}) \ + \ \underline{\$283} \ + \ [\ (\$10,000 \text{ x } 20\%) \text{ x } 12 \ ] \ = \ \underline{\$26,717.80}$$

Part B Premium = $2,434.80 | Part B Deductible | Part B 20% Co-insurance = $24,000 | Total

Example: Original Medicare + Medigap Plan G

$$(\ \underline{\$202.90} \ \text{x 12}) \ + \ \underline{\$283} \ + \ (\ \underline{\$300} \ \text{x 12}) \ + \ \underline{\$0} \ = \ \$6,317.80$$

Part B Premium = $2,434.80 | Part B Deductible | Medigap Premium = $3,600 | Part B 20% Co-insurance paid for by Medigap Plan G | Total

Example: Medicare Advantage (Part C)

$$(\ \underline{\$202.90} \ \text{x 12}) \ + \ (\ \underline{\$0} \ \text{x 12}) \ + \ \underline{\$9,250} \ = \ \underline{\$11,684.80}$$

Part B Premium = $2,434.80 | Part C Premium = $0 | Part C OOP Max | Total

Doing Your Math: Original Medicare

$$(\ \underline{\hspace{2cm}} \ \text{x 12}) \ + \ \underline{\$283} \ + \ \underline{\hspace{2cm}} \ = \ \underline{\hspace{2cm}}$$

Part B Premium | Part B Deductible | Part B 20% Co-insurance | Total

Doing Your Math: Original Medicare + Medigap _____

$$(\ \underline{\hspace{2cm}} \ \text{x 12}) \ + \ \underline{\$283} \ + \ (\ \underline{\hspace{2cm}} \ \text{x 12}) \ + \ \underline{\hspace{2cm}} \ = \ \underline{\hspace{2cm}}$$

Part B Premium | Part B Deductible | Medigap Premium | Medigap Deductible or Out-of-Pocket Maximum, if the plan you choose has either | Total

Doing Your Math: Medicare Advantage (Part C)

$$(\ \underline{\hspace{2cm}} \ \text{x 12}) \ + \ (\ \underline{\hspace{2cm}} \ \text{x 12}) \ + \ \underline{\hspace{2cm}} \ = \ \underline{\hspace{2cm}}$$

Part B Premium | Part C Premium | Part C OOP Max | Total