



## FLORIDA MEDICARE Plan Comparison Worksheet

Use this worksheet to compare Medicare plans side-by-side. Use additional copies of the form if needed for additional quotes.

### MEDICARE QUOTE COMPARISON

Fill in all available information to track the key points about the plans.

INSURANCE COMPANY NAME	Company (A)	Company (B)	Company (C)
Type of Medicare coverage plan - Original Medicare - Medicare Advantage - HMO - PPO			
Is this plan authorized to do business in the state?	YES / NO	YES / NO	YES / NO
If Original Medicare, is Medigap included?	YES / NO	YES / NO	YES / NO
Is a health questionnaire required to get the plan?	YES / NO	YES / NO	YES / NO
MONTHLY PREMIUM (Part B)	\$	\$	\$
MONTHLY PREMIUM (Part D)			
ANNUAL PREMIUM	\$	\$	\$

### COST SHARING

Costs that you are expected to pay out of pocket, in addition to the monthly premium, such as: deductible, copayment, and coinsurance.

Can be a flat amount or a percentage

#### ANNUAL DEDUCTIBLE AMOUNT

	Company (A)	Company (B)	Company (C)
Hospital Visits	\$	\$	\$
Medical Care	\$	\$	\$
Prescriptions	\$	\$	\$

TOTAL ANNUAL DEDUCTIBLES	\$	\$	\$
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**COPAY or COINSURANCE**

	Company (A)	Company (B)	Company (C)
Hospital Visits (per stay)	\$	\$	\$
Office Visits (per visit)	\$	\$	\$
Prescriptions (per fill/per year)	\$	\$	\$
TOTAL COPAY & COINSURANCE	\$	\$	\$

**PRESCRIPTION DRUG COVERAGE**

	Company (A)	Company (B)	Company (C)
Are prescriptions covered by the plan	YES / NO	YES / NO	YES / NO
Are your specific prescriptions covered by the plan?	YES / NO	YES / NO	YES / NO
Total Annual Estimated Cost for Drugs	\$	\$	\$
Total Maximum Out-Of-Pocket (MOOP) Costs	\$	\$	\$
Is deductible included in the MOOP?	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO
Is the drug plan coverage as good as Plan D of the Original Medicare (OR) Drug plan is included in the Medicare Advantage plan?	Included in Medicare Advantage	Included in Medicare Advantage	Included in Medicare Advantage

**OTHER IMPORTANT FACTORS**

List any additional factors that may be important for your Medicare insurance coverage.

**IMPORTANT CONSIDERATIONS**

	Company (A)	Company (B)	Company (C)
Are referrals needed to see a specialist?	YES / NO	YES / NO	YES / NO
Is the plan accepted by all your providers?	YES / NO	YES / NO	YES / NO
Are there limits on the number of annual visits or type of care?	YES / NO	YES / NO	YES / NO
Does the plan pay directly to the provider or requires prepayment, which is later reimbursed to the insured?	DIRECT BILLING	DIRECT BILLING	DIRECT BILLING
	REIMBURSEMENT	REIMBURSEMENT	REIMBURSEMENT
Does the plan coordinate benefits with other plans?	YES / NO	YES / NO	YES / NO
How long is the wait on coverage for pre-existing conditions (if any)			

The plan <b>COVERS</b> services that are important to me (Dental, Vision, Hearing, etc.)			
The plan <b>DOES NOT COVER</b> services that are important to me (Dental, Vision, Hearing, etc.)			
Does the plan cover medical care outside of the local area (if travelling)?			

**NOTES**

Write down any other important factors that can influence your decision.

Seek the advice of a state-licensed health insurance agent, who can help you match your medical needs with the best Medicare plan to cover them - at the lowest cost for you.

