

Criteria	Original Medicare	Original Medicare + Part D	Original Medicare + Medicare Supplement	Original Medicare + Medicare Supplement+ Part D	Medicare Advantage Plan
	A+B	A+B+D	A+B+SUPPLEMENT	A+B+SUPPLEMENT+D	C
Upfront Cost	A /Free for Most	A /Free for Most	A /Free for Most	A /Free for Most	C/(Get \$135.50 for Part B premium Paid Per Month To \$145 for PPO plans)
	B/ \$144.60 Per Month	B/ \$144.60 Per Month	B/ \$144.60 Per Month	B/ \$144.60 Per Month	
		D/ \$15 to \$167 Per Month	Supplement/\$52 to \$286 Per Month(Non-Tobacco)	Supplement/\$52 to \$286 Per Month(Non-Tobacco)	
				D/ \$15 to \$167 Per Month	
Total Upfront Cost	\$144.60	\$159.60 To \$311.6 Per Month	\$196.60 to \$430.6	\$211.6 To \$597.6	Save \$135.50 off Part B to \$289.6
Prescription Drugs	x	Yes	x	Yes	Yes
Dental Coverage	x	x	x	x	Yes
Vision Coverage	x	x	x	x	Yes
Hearing Aid	x	x	x	x	Yes
Choice of Doctors and Hospital	No Network to chose from	No Network to chose from	No Network to chose from	No Network to chose from	Network to Chose From
Emergency Care While Travelling	Yes	Yes	Yes	Yes	Yes
Emergency Care While Travelling Abroad	No	No	Limited	Limited	Better