MY MEDICARE COST ANALYSIS

1.	ORIGINAL MEDICARE AND A PRESCRIPTION DRUG PLAN		
	PART A – Monthly Premium	\$	
	PART B – Monthly Premium	\$	
	PART D – Monthly Premium	\$	
	ADDITIONAL COSTS:		
	 Part A Deductible for a 60 Day Period in a Hospital Part B Annual Deductible 20% Co-Insurance for Medical Services Co-Insurance or Co-Payment for Prescription Drugs 	\$	
2. ORIGINAL MEDICARE, PRESCRIPTION DRUG PLAN and A MEDICARE SUPPLEMENT			
	PART A – Monthly Premium	\$	
	PART B – Monthly Premium	\$	
	PART D – Monthly Premium (if you have additional income)	\$	
	Medicare Supplement/Medi-Gap Monthly Premium	\$	
	Premium will vary depending upon Plan Selection, Insurance Carrier a	and Age	
	Prescription Drug Plan Monthly Premium	\$	
	ADDITIONAL COSTS: (These will vary depending upon your plan.)		
	Part A Deductible for a 60 Day Period in a Hospital	\$	
	 Part B Annual Deductible 	\$	
	20% Co-Insurance for Medical Services	\$	
	 Co-Insurance or Co-Payment for Prescription Drugs 	\$	

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3.	MEDICARE ADVANTAGE PLAN	
	PART A – Monthly Premium	\$
	PART B – Monthly Premium	\$
	PART C – Monthly Premium	\$
	PART D – Monthly Premium (Part D is usually included in Part C)	\$
	ADDITIONAL COSTS:	
	 Co-payments and Co-insurance as per plan Protected by and Maximum Out of Pocket Amount is indicated per plan Co-Insurance or Co-Payment for Prescription Drugs 	\$
4.	RETIREMENT PLAN OR EMPLOYEE GROUP HEALTH PLAN	
	PART A – Monthly Premium	\$
	PART B – Monthly Premium	\$
	PART D – Monthly Premium	\$
	ADDITIONAL COSTS:	
	 Part A Deductible for a 60 Day Period in a Hospital Part B Annual Deductible 20% Co-Insurance for Medical Services Co-Insurance or Co-Payment for Prescription Drugs 	\$