

Your 2019 Medicare plan comparison worksheet



Use this worksheet to:

- Make a list of your doctors and pharmacy; beginning Oct. 1, check if they are in the plan's network
- List your meds; beginning Oct. 1, check that they are on the plan's drug list (formulary)
- Track and compare benefits and costs for different Medicare plans (on the back)

Choose Medicare plans you want to compare:	Plan 1:	Plan 2:	Plan 3:
List of my doctors, clinics or pharmacies.			
	Are they in the plan's network?		
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No
List of my prescription meds.			
	Are they on the plan's drug list (formulary)?		
Drug: Dosage:	Yes/No	Yes/No	Yes/No
Drug: Dosage:	Yes/No	Yes/No	Yes/No
Drug: Dosage:	Yes/No	Yes/No	Yes/No
Drug: Dosage:	Yes/No	Yes/No	Yes/No
Drug: Dosage:	Yes/No	Yes/No	Yes/No

Choose Medicare plans you want to compare:	Plan 1:	Plan 2:	Plan 3:
Write down your costs for each plan			
Monthly premium	\$ _____	\$ _____	\$ _____
Maximum out-of-pocket responsibility	\$ _____	\$ _____	\$ _____
Office visit for primary care and specialists	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance
Urgently needed services	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance
Emergency care	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance
Inpatient hospital coverage (per benefit period)	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance
Outpatient surgery	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance	\$ _____ copay <i>or</i> _____ % coinsurance
Are these extra benefits and perks included?			
Dental	Yes/No	Yes/No	Yes/No
Travel coverage	Yes/No	Yes/No	Yes/No
Chiropractic	Yes/No	Yes/No	Yes/No
Fitness program (make sure your fitness center is included)	Yes/No	Yes/No	Yes/No
Routine vision and hearing exams	Yes/No	Yes/No	Yes/No
Online doctor visits	Yes/No	Yes/No	Yes/No
Tobacco cessation program	Yes/No	Yes/No	Yes/No
Part D outpatient prescription drug coverage			
Included in the plan?	Yes/No	Yes/No	Yes/No

Looking for more info? Visit healthpartners.com/medicarechanges for information, tips and tools.

HealthPartners is a Cost plan and a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

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