

Medicare Advantage Comparison Toolkit:

Find the Best Plan for Your Needs



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A stethoscope with a black tube and silver chest piece is resting on a light blue clipboard. A stack of white, round pills is also on the clipboard. The background is a light-colored wooden surface.

Section 1

Understanding Medicare Advantage – Quick Overview



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What is Medicare Advantage?

Medicare Advantage (MA) is a “bundled” alternative to Original Medicare, provided by private insurers and approved by Medicare. MA plans include Medicare Parts A and B and often Part D (prescription drug coverage) as well, making them an all-in-one option.

Types of Medicare Advantage Plans:

- **Health Maintenance Organization (HMO):** Requires members to use a network of providers and get referrals for specialists.
- **Preferred Provider Organization (PPO):** Offers flexibility with in-network and out-of-network providers, though out-of-network care costs more.
- **Private Fee-for-Service (PFFS):** Allows you to use any provider who agrees to the plan’s payment terms, though this plan type is less common.
- **Special Needs Plans (SNPs):** Tailored for specific groups, like those with chronic conditions or dual-eligibility for Medicare and Medicaid.

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A photograph of an elderly couple sitting at a wooden table. The man, on the right, has a white beard and glasses, wearing a yellow shirt. The woman, in the center, has short white hair and is smiling. They are both looking towards a person on the left, whose back is to the camera. There are white coffee cups on the table. The background is bright and out of focus.

Section 2

Medicare Advantage Plan Comparison Worksheet

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Medicare Advantage Plan Comparison Worksheet

This worksheet is the core of your toolkit. It's a printable guide that lets you compare up to three Medicare Advantage plans side-by-side, focusing on key aspects like costs, provider networks, and additional benefits.



How to Use the Worksheet:

- For each Medicare Advantage plan you're considering, fill out the following fields. This information can be gathered from the Medicare Plan Finder on [Medicare.gov](https://www.medicare.gov) or by contacting the plan provider.



Plan Name & Type

Write down the plan's name and its type (e.g., HMO, PPO, PFFS).



Monthly Premium

List the monthly premium for each plan, as well as whether there's a \$0 premium option. Keep in mind that you'll still be responsible for your Part B premium in addition to this amount.



Annual Deductible

Record the deductible amount for each plan. Some plans may waive the deductible for certain services or apply it only to specific parts of your care, like hospital stays.



Copayments and Coinsurance

Note the copayments or coinsurance for common services such as:

Primary Care Visits: Amount for each visit to your primary doctor.

Specialist Visits: Copayment or coinsurance for seeing a specialist.

Hospital Stays: Cost per day or a fixed amount per stay.

Emergency Room: The cost for emergency services.



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Prescription Drug Coverage

Indicate if the plan includes Part D (prescription drug) coverage. If so, write down details like:

Annual Drug Deductible: Amount you'll pay out-of-pocket before prescription coverage kicks in.

Tiered Drug Costs: Copayments or coinsurance based on drug tiers (generic, brand-name, specialty).



Network and Provider Access

In-Network Providers: Note if your preferred doctors and hospitals are in-network.

Out-of-Network Coverage: Determine if the plan covers out-of-network providers and, if so, at what additional cost.



Additional Benefits

List any extra benefits provided by each plan, such as:

Dental: Coverage for cleanings, exams, or restorative work.

Vision: Eye exams, glasses, or contact lenses.

Hearing: Hearing exams and hearing aids.

Wellness Programs: Fitness memberships like SilverSneakers.

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Section 3

Questions to Ask When Comparing Plans



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Questions to Ask When Comparing Plans

Choosing the right Medicare Advantage plan goes beyond just looking at premiums. Here are some crucial questions to ask as you review each plan:

- What are the limitations on seeing specialists or out-of-network providers?
 - If the plan requires referrals or limits specialist visits, you'll need to factor in potential delays and costs for your specific needs.
- How much can I expect to pay for my current medications?
 - Knowing the copayment or coinsurance for your specific prescriptions can help you accurately budget for drug costs.
- What is the plan's annual out-of-pocket maximum?
 - If you have frequent healthcare needs, a lower out-of-pocket maximum can save you money over time.
- Are there additional benefits I need, like dental or vision?
 - Make sure the plan includes any extra benefits that are important to you, or that they're available at a reasonable cost.
- Does this plan work well if I travel or split time between two locations?
 - If you spend part of the year in a different state, ask if the plan offers nationwide network coverage.

Pro Tip: Use these questions to guide conversations with plan representatives. Don't hesitate to ask for details to get a complete picture of each plan's advantages and limitations.

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Section 4

Using the Toolkit to Compare and Choose the Best Plan

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With your completed worksheet and questions answered, you're ready to compare plans in detail. Here's a step-by-step guide:



Evaluate the Cost Structure

Compare premiums, deductibles, copayments, and out-of-pocket maximums. Even if one plan has a lower premium, it might have higher copayments or deductibles that could make it more expensive in the long run.



Analyze Network Restrictions and Provider Flexibility

If you're comfortable with a limited network and appreciate savings on premiums, an HMO might be a good fit. For more flexibility, consider a PPO that includes both in-network and out-of-network options.



Prioritize Additional Benefits

Consider your healthcare needs beyond the basics. If dental, vision, or fitness memberships are important, weigh each plan's extra benefits and assess whether they're worth any added costs.



Assess Prescription Drug Coverage

For Part D plans, ensure that your medications are covered and compare costs based on the tier each drug falls under. Plans that cover your prescriptions at lower tiers may be more cost-effective.

Example: Suppose Plan A has a \$0 premium but charges \$45 for every specialist visit, while Plan B has a \$30 premium with a \$20 specialist copay. If you need regular specialist care, Plan B might offer better savings overall.

Pro Tip: If you're unsure, consider consulting a Medicare counselor or using the Medicare Plan Finder to verify the details of each plan. This can provide additional insights and help you confirm your choice.

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Section 5

Common Medicare Advantage Mistakes to Avoid



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Common Medicare Advantage Mistakes to Avoid

When choosing a Medicare Advantage plan, certain pitfalls can lead to unexpected costs or restricted access to care. Here's what to watch out for:

- **Choosing a Plan Based Only on the Premium**
 - Low premiums can be tempting, but remember to factor in copayments, deductibles, and other costs.
- **Ignoring Network Restrictions**
 - If your preferred doctors aren't in-network, out-of-pocket costs could increase significantly.
- **Overlooking Extra Benefits**
 - Don't underestimate the value of additional benefits, especially if you need dental, vision, or fitness services.

Pitfall Alert: Failing to consider these factors could lead to dissatisfaction with your plan. Evaluate the plan as a whole, not just by one or two appealing features.

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