MEDICARE ADVANTAGE

WITH PRESCRIPTION DRUG COVERAGE

Carrier: _____

Monthly Premium: $ _____

Max Out of Pocket: $ _____

Effective Date: _____

Medicare Part A Premium: $ _____

Medicare Part B Premium: $ _____

Highlights:

- Most carriers have very large networks
- Copays/coinsurance for covered services
- Gym membership included (most plans)

Most plans cover:

- **Routine Dental** - Cleanings, exams, fluoride treatments, x-rays, and major services
- **Routine Vision** - Vision exams, eye glasses, and contact lenses
- **Routine Hearing** - Hearing exams and hearing aids
- **Over the Counter Benefits** - Vitamins, minerals, supplements, etc.

Prescriptions

Drug Copays: _____

Effective Date: _____

Pharmacy: _____

Reimbursement Plan (Optional)	Benefit	Premium
• Hospital Confinement Daily Benefit	$ _____	$ _____
• Days Payable per Benefit Period	_____days	Included
• Outpatient Observation	$ _____	Included
• Emergency Room Benefit	$ 150	Included
• Ambulance Benefit	$ 200	$ _____
• Lump Sum Cancer Benefit	$ _____	$ _____
• Total Premium without Cancer		$ _____
• Total Premium with Cancer		$ _____

$25.00 Application Fee

Effective Date: _____