

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)

- Hospital Confinement Daily Benefit
- Days Payable per Benefit Period
- Outpatient Observation
- Emergency Room Benefit
- Ambulance Benefit
- Lump Sum Cancer Benefit
- Total Premium without Cancer
- Total Premium with Cancer

Benefit

\$ _____
_____ days
\$ _____
\$ 150
\$ 200
\$ _____

Premium

\$ _____
Included
Included
Included
\$ _____
\$ _____
\$ _____
\$ _____

\$25.00 Application Fee

Effective Date: _____