TEMPLATE C

Plan Comparison Worksheet

Compare 2 to 4 options with real numbers from Medicare.gov/plan-compare. This sheet compares; it doesn't decide.

	Option 1	Option 2	Option 3
Name and type			
Monthly premium (plus Part B)			
Yearly premiums			
Deductibles (medical / drug)			
Estimated yearly drug cost (from Plan Finder)			
Out-of-pocket maximum (Medicare Advantage) or expected cost sharing			
All doctors in network? (call each office)			
Preferred pharmacy in network?			
Prior authorization or step therapy on any of your parent's drugs?			
Travel or out-of-state care			
Star rating			
Bad-year cost: premiums + out-of-pocket maximum + drug costs			
Can your parent switch back later? (Chapter 5.2)			
Questions still open			