NAME:
DOB:
PART A:
PART B:

NAME:
DOB:
PART A:
PART B:

2026 MEDICARE REVIEW

Parts	Deductible	Cost Sharing	Premium
PART A – Hospital Ins.	$1,736/benefit period	No	$0
PART B – Medical or doctor Ins.	$283/year	20% No limit	$202.90/month (standard)

Original Medicare (Parts A & B) was never intended to cover all your medical costs.
Below are your options for additional coverage.

Medicare Advantage (PART C includes PART D) OR Medicare Supplement & PART D

MAPD Average Premium: $

No deductible

Copays: $
Example: Hospital

SNF: Day 1 – 20: ___
SNF: Days 21 – 100: ___
What's your plan for day 101 and beyond?

Coinsurance: %
Example: Chemotherapy 20%

Maximum out-of-pocket limit: _____

Network

Drug plan included
Extras: dental, vision, hearing, gym membership, etc…

Optional non-Medicare Plan
Pays for hospital copay: $ _____
Ambulance Rider: $_____
Pays for SNF days 21 – 100: _____
Pays for cancer: _____

MS Monthly Premium $
$
Part B Annual Deductible: $**283**

☐Plan G: No copays or co-insurance
☐Plan N: $20 office & $50 ER copay

SNF: Day 1 – 20: ___
SNF: Days 21 – 100: ___
What's your plan for day 101 and beyond?

No out-of-pocket costs for Medicare covered expenses.

No networks or referrals

Drug plan not included. Will need a Part D plan.

Part D average premium: _____

Not included: ☐Dental ☐Vision ☐Hearing

Which options are important to you?

ACTION PLAN

CLIENT 1	Company Name / Product / Description	Med Supp + PDP Monthly Premium	MAPD Monthly Premium
Part A		$	$
Part B [+ IRMAA]		$	$
Medicare Plan		$	$
Part D		$	$
Part D IRMAA		$	$
Hospital Indemnity Plan		$	$
Extended Health Care		$	$
Dental / Vision / Hearing		$	$
Other		$	$
	Monthly total	$	$

Next Steps:

_____

_____

_____

CLIENT 2	Company Name / Product / Description	Med Supp + PDP Monthly Premium	MAPD Monthly Premium
Part A		$	$
Part B [+ IRMAA]		$	$
Medicare Plan		$	$
Part D		$	$
Part D IRMAA		$	$
Hospital Indemnity Plan		$	$
Extended Health Care		$	$
Dental / Vision / Hearing		$	$
Other		$	$
	Monthly total	$	$

Next Steps:

_____

_____

_____

Other areas of concern: _____

_____

_____