

Medicare Advantage plan comparison worksheet

Use this worksheet to write the names of plans you are comparing along the top and add plan information details for each in the rows below. Refer to the Company ABC sample plan information as a guide for important information to note and compare.

Company Plan name	Company ABC Sample plan			
Monthly plan premium	\$0			
Medical deductible	\$100 in network			
Annual out-of-pocket maximum	\$8,300 in network			
Are my doctors in the network?	Yes – Dr. Smith			
Copays for doctor visits	\$0 per visit in network			
Copays for specialist visits	\$20 per visit in network			
Pharmacy copay	Tier 1 – \$0 Tier 2 – \$0 Tier 3 – \$47 Tier 4 – \$100 Tier 5 – 33%			
Prescription deductible	Tiers 1 and 2 – \$0 Tiers 3, 4 & 5 – \$195			
Inpatient hospital	\$295 per day, days 1-7; \$0 per day, days 8-90			
Dental benefit?	Yes – Allowance of 1,000			
Dental network requirement?	No			
Eyewear benefit?	Yes – \$185 every year for eyewear			
Hearing aid benefit?	Yes – \$0 for basic hearing aid			
Allowance for over-the-counter items?	Yes – \$50 every 3 months			
Notes:	SilverSneakers fitness			

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