Learning About: Health Insurance Options

Deciding which health insurance plan to choose can be confusing. The questions on this sheet may help you learn about health insurance options that work best for you.

Medications/Part D	New Plan	Your Current Plan
Name of plan		
What is the monthly premium? This is the amount you pay for your Part D prescription coverage each month.		
Are my drugs covered? Each Part D plan has a list of covered drugs. Not all plans cover the same drugs.		
Is there a deductible for my drugs? This is the amount you have to pay before your Part D plan will begin to pay.		
Who can I use for my pharmacy? Part D plans may require you to use a preferred in-network pharmacy.		
Do any of my drugs require a pre-authorization? This means the Part D plan must provide approval before it covers your drug.		

Medical	New Plan	Your Current Plan
Name of plan		
What is the monthly premium?		
What is the deductible?		
What is the out-of-pocket maximum? This is the most you will have to pay for health care services each year.		
What are the co-payments/co-insurance for doctor visits, procedures, etc?		
Is there a network? If so, are my providers in network? A network is a group of doctors and health care facilities that have contracts with your health plan. In-network doctors and facilities usually cost less than out-of-network.		
What is the travel coverage? If you receive health care when you are traveling (short-term or long-term) will you have coverage for non-emergency care?		

You can always contact Medicare.gov, 1-800-MEDICARE or your local, federally-funded State Health Insurance Program (SHIP) to obtain free information on all of your plan and coverage options. Third-party agents are paid directly by the Medicare plan when enrollment occurs and may not provide resources related to every plan in your area. No physicians receive financial benefit if patients work with third-party brokers and physicians do not endorse the use of a particular, or any such, broker.

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