

MEDICARE SUMMARY SHEET - COMPARISON OF PREMIUMS AND DEDUCTIBLES –As of October 18, 2016

There are many important health insurance criteria that apply to an individual that are not shown in this summary.

This summary is only intended to help narrow down the selections for more detailed individual review.

HEALTHCARE HIGHLIGHTS (†enter data from Medicare.gov – available Oct 15.2016)

| Type > | Nokia PPO | PPO/HMO† | PPO/HMO† | PPO/HMO† | Medigap F | Medigap N |
|---|--|----------|----------|----------|--------------|-------------------|
| Insurer | United HealthCare | | | | | |
| Medicare “stars” | N/A | | | | X | X |
| Deductible # | \$290 | | | | \$ 0 | Part B deductible |
| Max out of pocket # | \$3,290 | | | | N/A | N/A |
| PCP visit in-network | \$15 | | | | \$ 0 | \$ 20 |
| PCP-visit out-of-network | \$15 | | | | N/A | N/A |
| Other services (generally) | 20% copay | | | | | |
| Doctor/hospital in network? | Has PPO network. Out-of-network “has choice to accept” | | | | All Medicare | All Medicare |
| PRESCRIPTION DRUGS HIGHLIGHTS (some Medicare Advantage Plans include Rx) | | | | | | |
| Insurer | Express Scripts | | | | | |
| Deductible | \$ 400 | | | | | |
| Generic Level 1 (mail-order 90-day) | \$ 30 | | | | | |
| TOTAL MONTHLY PREMIUM | | | | | | |
| Health care | X | | | | | |
| Prescription drugs | X | | | | | |
| Monthly Total | \$TBA | | | | | |

United Healthcare PPO combines in-network/out-of-network. Other Medicare Advantage plans may not.

Adding it up

Instead of looking only at the cost of your private health insurance premium, you need to look at the total cost of care if you buy a particular policy. Here is a way to visualize it, with some questions to consider as you look at each plan.

OUT-OF-POCKET CAP:

Medicare Advantage policies feature an out-of-pocket cap, which limits overall exposure. But some things, such as out-of-network payments, are not limited the same way. So what is and is not included in the policy's out-of-pocket cap?

PREMIUMS:
How much will your monthly premiums be?

DEDUCTIBLE:
How much does your household have to pay toward health care before the policy's coverage kicks in for services? Do you expect to hit that threshold and at what point in the year?

**CO-PAYS/
CO-INSURANCE:**
With some exceptions, many appointments and procedures will come with either a co-pay (a set amount you contribute toward the appointment) or co-insurance (the set percentage of the procedure you pay). So what procedures, operations or appointments do you expect to need in the coming year?

**PRESCRIPTION
DRUGS:**
What prescription drugs do you expect to need in the coming year, and are they covered by the policy's preferred drug listing or formulary? If not, your share of the cost could be huge.

**OUT-OF-
NETWORK:**
Many policies place restrictions on providers you can use. Is your doctor in the policy's network? If not, what portion of those costs would you have to pay?

© Oregon Publishing Co. Reprinted with permission.