

	Your Current Plan	Medicare Advantage SAMPLE Plan**	Medigap SAMPLE Plan**
Employer Plan for Employee		x	x
Vision		x	x
Dental		x	x
Add Spouse		x	x
Part A Premium: Federal Govt	x	\$0.00	\$0.00
Part B Premium: Federal Govt; based on income	x	\$174.70	\$174.70
Total Monthly to the Federal Govt:	x	\$174.70	\$174.70
	x		
Part D Premium: Included in Medicare Advantage: Private Insurance Companies	x	\$0.00	
Dental & Vision: Included in Medicare Advantage: Private Insurance Companies	x	\$0.00	
			\$0.00
Total Premium - monthly Per Person	\$0.00	\$174.70	\$174.70
Total Premium - annual Per Person	\$0.00	\$2,096.40	\$2,096.40
Total Premium - monthly Household	\$0.00	\$349.40	\$349.40
Total Premium - annual Household	\$0.00	\$4,192.80	\$4,192.80
Additional costs to consider:			
	Your Current Plan	Medicare Advantage SAMPLE Plan**	Medigap SAMPLE Plan**
Network Type (HMO/PPO)			
Max out of Pocket (MOOP)			
Deductible			
PCP Visit			
Specialist Visit			
ER			
Vision Benefit			not covered
Dental Benefit			not covered
Physical Therapy			
Prescription Copay 1			
Prescription Copay 2			
Prescription Copay 3			