



PlatinumHealth

NAME \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

YOUR AGENT: \_\_\_\_\_

**OPTION #1**  
MEDICARE + PART D = SUPPLEMENT

**A HOSPITAL**

HOSPITAL DEDUCTIBLE:  
1-60      61- 90      90-150  
SKILLED NURSING FACILITY:  
1-20      21-100  
HOME HEALTH CARE: \$0      HOSPICE: \$0

**B MEDICAL**

- Doctors      •Outpatient Surgery
- Ambulance      •Labs      •Physical Therapy
- Part B Drugs      •DME      •Preventative

DEDUCTIBLE:      CO-INS: 80% / 20%

\$ MONTH

**D PRESCRIPTION**

RETAIL \_\_\_\_\_      RETAIL \_\_\_\_\_  
MAIL ORDER \_\_\_\_\_      MAIL ORDER \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

**S SUPPLEMENT**

**RIDERS:**

- Part A Deductible       Part B Excess
- Home Health Care       Part B Copay
- Foreign Travel       Gym Membership

\$ \_\_\_\_\_      \$ \_\_\_\_\_

**DENTAL**

DEDUCTIBLE \_\_\_\_\_      MAX BENEFITS \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

**MONTHLY TOTALS**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

**ANNUAL COST +**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

DOESN'T INCLUDE PART B PREMIUM

**OPTION #2**  
ADVANTAGE PLAN PART C + D

HMO       PPO

**C ADVANTAGE PLAN**

HOSPITAL COPAY: \_\_\_\_\_  
DAYS: \_\_\_\_\_  
OUTPATIENT SURGERY: \_\_\_\_\_  
PRIMARY CARE PHYSICIAN \_\_\_\_\_  
SPECIALIST: \_\_\_\_\_  
PHYSICAL THERAPY: \_\_\_\_\_  
CHIROPRACTOR: \_\_\_\_\_  
LAB: \_\_\_\_\_  
XRAY: \_\_\_\_\_  
AMBULANCE: \_\_\_\_\_  
MRI: \_\_\_\_\_  
URGENT CARE: \_\_\_\_\_  
EMERGENCY ROOM: \_\_\_\_\_  
ANNUAL MAX OUT-OF-POCKET: \_\_\_\_\_  
PART B GIVEBACK: \_\_\_\_\_

\$ \_\_\_\_\_      \$ \_\_\_\_\_

**D PRESCRIPTION**

RETAIL: \_\_\_\_\_      RETAIL: \_\_\_\_\_  
PHARMACY: \_\_\_\_\_      PHARMACY: \_\_\_\_\_  
MAIL ORDER: \_\_\_\_\_      MAIL ORDER: \_\_\_\_\_  
MAIL ORDER      MAIL ORDER  
PHARMACY: \_\_\_\_\_      PHARMACY: \_\_\_\_\_

**+ ADDITIONAL BENEFITS**

- \_\_\_\_\_ GYM MEMBERSHIP
- \_\_\_\_\_ DENTAL
- \_\_\_\_\_ VISION
- \_\_\_\_\_ HEARING
- \_\_\_\_\_ OVER THE COUNTER

**MONTHLY TOTALS**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

**ANNUAL COST**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

DOESN'T INCLUDE PART B PREMIUM

**OPTION #3**  
ADDITIONAL COVERAGE  
HOSPITAL INDEMNITY +/-OR CANCER

**HI HOSPITAL INDEMNITY**

HOSPITAL COPAY: \_\_\_\_\_  
DAYS: \_\_\_\_\_  
OUTPATIENT SURGERY: \_\_\_\_\_  
AMBULANCE: \_\_\_\_\_  
EMERGENCY ROOM: \_\_\_\_\_  
PHYSICAL THERAPY: \_\_\_\_\_  
CHIROPRACTOR: \_\_\_\_\_  
ADDITIONAL BENEFITS: \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

**AND/OR CANCER POLICY**

**BENEFIT AMOUNT** \_\_\_\_\_  
(INTERNAL LIFE THREATENING)  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

**NOTES / QUESTIONS:**

**MONTHLY TOTALS**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

**ANNUAL COST**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

DOESN'T INCLUDE PART B PREMIUM



PlatinumHealth

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**YOUR AGENT:**

**PART D: \$ NATIONAL AVERAGE PREMIUM 2024**

**STANDARD PLAN**

DEDUCTIBLE	INITIAL COVERAGE	CATASTROPHIC
\$590	25% COST OF GENERIC & BRAND RX	0% COST
MAX OUT OF POCKET: \$2000		\$0

- PHARMACY NETWORK    • QUANTITY LIMITS    • DRUG FORMULARY / TIERS    • EXCEPTIONS
- STEP THERAPY    • PRIOR AUTHORIZATIONS    • PENALTY 1% / MONTH (\$34.70 - 2024)    • ENHANCED PLANS
- MEDICARE PRESCRIPTION PAYMENT PLAN (MPPP)

**ENROLLMENT PERIODS MA / PDP**

**INITIAL ENROLLMENT PERIOD (IEP):** Birthday Month plus 3 Months prior & 3 Months after

**ANNUAL ENROLLMENT PERIOD (AEP):** October 15 to December 7 - Plan choice starts January 1

**MA OPEN ENROLLMENT PERIOD (MA OEP):** January 1 to March 31

**SPECIAL ENROLLMENT PERIOD (SEP):** RETIRE, MOVE, MEDICAID, EXTRA HELP, SPAP, 5-STAR, and Others

**OTHER ITEMS**

**LOCAL SOCIAL SECURITY OFFICE:    STAR RATINGS    •    MULTI-LANGUAGE**

**RESOURCES: MEDICARE 800-633-4227    •    SS 800-772-1213**