

## Medicare Advantage Worksheet

This worksheet, along with the enclosed Part D Plan Comparison Worksheet, provides the necessary information that TN SHIP needs to prepare a personalized comparison report for you.

*SHIP does not endorse any Medicare Advantage or Part D Drug Plan. Any information provided on this form will not be sold, shared, or used for any other purpose besides providing you with a plan comparison.*

Please remit by Nov. 22, 2024 to: DDA SHIP, 502 Deaderick St., 9th Floor, Nashville TN 37243. Fax to: 615-741-3309.

E-Mail to: [dda.ship@tn.gov](mailto:dda.ship@tn.gov) For questions, call the Statewide SHIP hotline at 877-801-0044.

**Please complete this form only if you would like us to do a comparison of Medicare Advantage Plans.**  
**Please make sure to fully complete both sides of the form!**

### Are you interested in: (Check all that apply)

- HMO (Health Maintenance Organization)** - You generally must get your care from providers in the plan's network. In most cases, you must have a Primary Care Doctor and get referrals for specialists.
- HMO-POS (Health Maintenance Organization/Point of Service)** - You usually get your care from providers in the plan's network but may go out of network. If you go out of network, you will likely pay higher copays. In most cases, you must have a Primary Care Doctor and get referrals for in-network specialists.
- PPO (Preferred Provider Organization)** - You usually get your care from providers in the plan's network but may go out of network. If you go out of network, you will likely pay higher copays. You are not required to have a Primary Care Doctor or to get referrals to see specialists.

**In addition to health care and prescription drug coverage, Medicare Advantage Plans provide additional benefits for their members. Please number the top 5 extra benefits in priority order:**

- |                    |                            |                               |
|--------------------|----------------------------|-------------------------------|
| ___ Vision         | ___ Fitness Benefits       | ___ In-Home Support           |
| ___ Dental         | ___ Worldwide Emergency    | ___ Home Safety Devices       |
| ___ Hearing        | ___ Telehealth             | ___ Emergency Response Device |
| ___ Transportation | ___ Over the Counter Drugs |                               |

Please continue on side 2...

**When choosing a Medicare Advantage Plan, it is important to ensure that your current providers accept the plan you choose. Please list the full names of your providers in order of their priority to you. Providers can include hospitals, primary care physicians, specialists, home-health providers, etc. In completing your Medicare Advantage comparison, we will attempt to research whether your providers accept the recommended plans.**

**Provider #1:** \_\_\_\_\_

**Provider #2:** \_\_\_\_\_

**Provider #3:** \_\_\_\_\_

**Provider #4:** \_\_\_\_\_

**Note: We strongly suggest that prior to enrolling in any plan, you call your providers' billing departments directly to verify that they are in the plan's network.**