Senior Healthcare Planning

2027 Medicare Annual Review

Client name: Date:

Have your health needs changed? ☐ Yes ☐ No

If yes, what changed?

Current & 2027 Plan

2026 insurance company and plan:

2027 company and plan being reviewed:

2027 plan type: Plan identification number:

Star rating (if applicable): Still offered in 2027? ☐ Yes ☐ No

Network & Providers

Current doctors and specialists:

Are your doctors accepted by the 2027 plan? ☐ Yes ☐ No

Are your preferred hospitals covered? ☐ Yes ☐ No

Is your preferred pharmacy covered? ☐ Yes ☐ No

2027 Copays & Coinsurance

Find each copay or coinsurance percentage in your plan documents.

Primary care visit: Specialist visit:

Inpatient hospital: Emergency room:

Urgent care: Dental visit:

Hearing visit: Vision exam:

Hospital charge is per day, per admission, or other:

Extra Benefits

Changes to dental, vision, hearing, over-the-counter benefits, fitness or transportation:

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Bring: Cards | Medications | Doctors | Annual Notice of Change

Schedule Your Annual Review

Scan here

Medications & Drug Coverage

Current medications, doses and how often you take them:

Have your prescription drug tiers changed for 2027? ☐ Yes ☐ No

Are all your prescriptions covered in 2027? ☐ Yes ☐ No

Do you receive any Medicare Part B-covered drugs? ☐ Yes ☐ No

Restrictions: prior authorization, step therapy or quantity limits:

Eligibility & Assistance

Eligible for a Chronic Condition or Dual Eligible Special Needs Plan? ☐ Yes ☐ No

Are you eligible for Extra Help with prescription costs? ☐ Yes ☐ No

Are you eligible for food assistance benefits? ☐ Yes ☐ No

Have you applied for any of these programs? ☐ Yes ☐ No

2027 Costs

MONTHLY PREMIUMS Find your actual amounts. Do not count included coverage twice.

Medicare Part B (including IRMAA):		Medicare Advantage:	
Medicare Supplement:		Part D (including IRMAA):	
Separate dental:		Separate vision:	
Separate hearing:		Other premium:	

DEDUCTIBLES AND OUT-OF-POCKET COSTS

Part B deductible you pay:		Advantage medical out-of-pocket maximum:	
Part D drug deductible:		Part D catastrophic out-of-pocket threshold:	
Medicare Supplement plan letter:		Covers Part B excess charges?	☐ Yes ☐ No

Would you consider medical underwriting to see if a lower Medicare Supplement premium is available? ☐ Yes ☐ No

Estimated total yearly cost (premiums + care + prescriptions):

Notes & Review Summary

Changes or concerns:

Stay or switch? Next steps:

Reviewed with: Date: