



Summit ElderCare® Value Comparison Worksheet

| Current Estimated Expenses | Monthly Expense |
|--|-----------------|
| Medicare Premiums (this amount is deducted from your social security check) | \$ _____ |
| Other health insurance premiums (this could include Medicare Advantage such as Fallon Senior Plan, individual supplemental plans or your monthly cost share of an employer sponsored retiree plan) | \$ _____ |
| Out of pocket costs for prescription medications | \$ _____ |
| Copayments | \$ _____ |
| Coinsurance | \$ _____ |
| Out of pocket costs for prescribed over the counter medications | \$ _____ |
| Out of pocket expenses for copayments or coinsurance for visits to doctors offices or rehabilitation visits. | |
| Primary care visits | \$ _____ |
| Wellness visits | \$ _____ |
| Specialist visits | \$ _____ |
| Rehabilitation visits | \$ _____ |
| Costs associated with medical visits not currently covered by an insurance plan (if any) | \$ _____ |
| Specify | \$ _____ |
| Specify | \$ _____ |
| Copayments or deductibles for hospitalization expenses not covered by insurance. | \$ _____ |
| Emergency room costs not covered by insurance. | \$ _____ |
| Out of pocket costs for other medical supplies (e.g. dressings, equipment, colostomy supplies, etc.) | \$ _____ |
| Attendance at an Adult Day Health Center (Average private pay cost is \$35 to \$75 per day plus transportation expenses) | \$ _____ |
| Current Estimated Expenses Monthly Expense Private Geriatric Case Management (varies by Provider) | \$ _____ |

In home assistance with (bathing/dressing, meal preparation, grocery shopping, housekeeping, and other activities of daily living) \$ _____

In home assistance with nursing (i.e. dressing changes, Medication management) or other therapeutic services \$ _____

In home assistance with companionship/supervision (Charges average \$14 - \$30 per hour) \$ _____

Transportation to and from medical appointments \$ _____

Other, please specify \$ _____

| | |
|---|-----------------|
| Total current out of pocket expenses | \$ _____ |
|---|-----------------|

You can use this worksheet to compare your current out of pocket costs to your estimated change in out of pocket costs if you enroll in Summit ElderCare.

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