WHAT LEVEL OF **RISK** ARE YOU COMFORTABLE WITH?



Personalized options to fit your needs!

## **OPTION 1:**

Medicare Advantage Plan with full co-payments made by you.



/month

**OPTION 2:** 

Medicare Advantage Plan with hospital benefit to help cover copayments.

\$

## /month

## **OPTION 3:**

Medicare Advantage Plan with hospital benefit to help cover copayments PLUS \$ \_\_\_\_\_ cancer benefit.



