

MEDICARE SUPPLEMENT QUESTIONNAIRE

The following questions are asked only to help us make an educated recommendation.

1. Did **your agent show you or compare all of the different** Medicare Supplement Plan options? Yes / No
2. What made you choose your current supplement plan? _____
3. Have you **compared** other Medicare supplement company's **premiums for the same plan**? Yes / No
4. Do you understand the **different benefits offered** between supplement **plans F, G, and N**? Yes / No
5. During AEP, do you compare which Part D drug plan is **best for you** and offers the lowest copays? Yes / No
6. How many of your prescriptions are? _____ generics _____ brand name / 30 day or 90 day supply

Original Medicare part A & B Co-Pays & Deductibles	Current Plan Premium	Recommended Plan Benefits and Premium		
	\$	\$	\$	\$
Benefits		F	G	N
Medicare Part A coinsurance and hospital cost (up to an additional 365 days after Medicare benefits are used)		100%	100%	100%
Medicare Part B Coinsurance or copayment		100%	100%	100% \$20 DR / \$50 ER
Blood (first 3 pints)		100%	100%	100%
Part A hospice care coinsurance or copayment		100%	100%	100%
Skilled nursing facility care coinsurance		100%	100%	100%
Part A deductible		100%	100%	100%
Part B deductible		100%	(you pay \$147)	(you pay \$147)
Part B excess charges		100%	100%	(15% limiting charge)
Foreign travel emergency (up to plan limits)		80%	80%	80%

Prescription Drug Rx Card

Current Rx Carrier:	BCBS Basic PDP					BCBS Value PDP				
Premium \$	Premium \$26.40					Premium \$48.90				
Deductible \$	Deductible \$320					Deductible \$275				
Tier's 1 – 5 Co Pays	Tier's 1 – 5 Co Pays					Tier's 1 – 5 Co Pays				
	\$1	\$5	\$40	\$90	25%	\$0	\$6	\$39	\$85	25%
Preferred Mail Order 90 days	Preferred Mail Order 90 days					Preferred Mail Order 90 days				
	\$3	\$15	\$130	\$270	25%	\$0	\$18	\$117	\$225	25%
← Donut Hole / Gap 45% →										

Contact Us at **630-426-9714**

www.theinsuranceadvisor.net (click tab "need help")

Agent name: _____