

## 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:	Humana Rx Plan					Humana Enhanced Rx				
Premium \$	Premium \$15.70					Premium \$52.80				
Deductible \$	Deductible \$0 1 & 2 / \$320 3 - 5					Deductible \$0				
Tier's 1 – 5 Co Pays	Tier's 1 – 5 Co Pays					Tier's 1 – 5 Co Pays				
	\$1	\$4	20%	35%	25%	\$3	\$7	\$42	44%	33%
Preferred Mail Order 90 days	Preferred Mail Order 90 days					Preferred Mail Order 90 days				
	\$0	\$0	20%	35%	-	\$0	\$0	\$116	44%	-
← Donut Hole / Gap 45% →										

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

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Agent name: \_\_\_\_\_