



Medicare Supplement Questionnaire

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

1. Did your agent show and compare all the different Medicare Supplements Plans options available? Yes / No
2. What made you choose your current supplement plan? _____
3. All Medicare Supplement Plans are standardized, which means when you compare plans with the same letter the only difference is price. When is the last time you did a price comparison? _____
4. Do you understand what the difference is between plan F, G and N? Yes / No
5. During AEP, do you go to Medicare.gov to see which prescription drug plan will have the lowest copays for the following year? Yes / No
6. Which would interest you more with your Medicare supplement: A) Having a **lower monthly premium** with the same Benefits? or B) Keeping your **premium the same but** having more *Benefits*? A or B

*Now that I have a better understanding of your Supplement needs,
I would like to show you some options.*

| | Medicare Supplement Insurance plans | | | |
|---|-------------------------------------|---------------------------|------|-------|
| | Current Plan | Recommended Plan Benefits | | |
| | \$ | \$ | \$ | \$ |
| 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%* |
| 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% | | |
| Part B excess charges | | 100% | 100% | |
| Foreign travel emergency (up to plan limits) | | 80% | 80% | 80% |
| | | | | |
| | | | | |

* Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Agent Name: _____

Phone # _____

