Ask the Right Questions: Talking to an Insurance Agent about a Plan

If you are thinking about changing your Medicare coverage, work together with your insurance agent to complete this form and decide if the plan is right for you. If you have questions or need help, call the Illinois SMP at AgeOptions: (800)699-9043.

Plan Information:

Date: ______________________

What is the name of the plan? ____________________________________________

How did I hear about the plan? ___________________________________________

The plan I am interested in is a:

☐ Medicare Advantage plan - Health Coverage ONLY
☐ Medicare Advantage plan - Health and Prescription Drug Coverage

☐ Medicare Prescription Drug plan
☐ Medicare Supplement plan

Has the agent given me a written description of the plan? ☐ YES ☐ NO

If the plan is a Medicare Advantage plan:

Does the plan include Prescription Drug (Part D) coverage? ☐ YES ☐ NO
How much will my monthly premium payment be? $________________________

Will I still have to pay my Part B premium? ☐ YES ☐ NO

Have I asked all my medical providers (doctors, hospitals, etc.) ☐ YES ☐ NO if they accept the plan?

What will my co-payments be for:

  Doctor visit $________________
  Hospital stay $________________
  Prescription drugs $________________

Can I return to Original Medicare at any time? ☐ YES ☐ NO
If the plan is a Medicare Supplement plan:

How much will my monthly premium payment be?  $________________

What benefits does the plan cover?  ____________________________________________

If the plan covers Prescription Drugs:

How much will my monthly premium payment be?  $________________

What will my co-payments be?  ________________________________

Are all of my drugs covered?  □ YES  □ NO

Do any of my drugs require prior authorization, □ YES  □ NO
step therapy, or quantity limits?

If so, which drugs?  ____________________________________________

What are the rules?  ____________________________________________

Have the agent complete the section below

Agent/Broker Name ___________________________  Phone _________________

Plan and Company Name ________________________________________________

Company Address ______________________________________________________

Agent’s Illinois Insurance License Number ________________________________

The plan I am offering is:

☐ Medicare Advantage plan - Health Coverage ONLY  ☐ Medicare Advantage plan - Health and Prescription Drug Coverage

☐ Medicare Prescription Drug plan  ☐ Medicare Supplement plan

Agent /Broker Signature_________________________________________ Date _____________

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