

## Working with Insurance Agents about a Medicare Plan

# Ask the Right Questions

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, contact a Benefit Specialist. To find a local Benefit Specialist, go to: <https://www.dhs.wisconsin.gov/benefit-specialists/ebs.htm>



### Questions to Ask an Agent and Plan Information

What is the difference between an Advantage plan and a Supplement policy? \_\_\_\_\_

If I enroll in an Advantage plan, can I then return to *Original Medicare* at any time?  YES  NO

If yes, are there any restrictions, and if so, what are they? \_\_\_\_\_

If I enroll in an Advantage plan, can I then return to a Supplement policy at any time?  YES  NO

If yes, are there any restrictions, and if so, what are they? \_\_\_\_\_

The name of the plan I'm considering is: \_\_\_\_\_

I heard about the plan through/from: \_\_\_\_\_

The plan I am interested in is a: (check one)

Medicare Advantage plan - Health and Prescription Drug Coverage

Medicare Advantage plan - Health Coverage ONLY

My drug coverage is provided through one of the following: (circle one)

Senior Care

Veterans Affairs

Employer/Retirement Plan

Medicare Supplement policy

When will my coverage start? \_\_\_\_\_

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What special enrollment period am I using? \_\_\_\_\_

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

**Medicare Advantage Plan:** Complete this portion for both **Health Coverage Only** and for **Health Coverage with Part D**

Is my doctor part of this network?  YES  NO

How do I find out? \_\_\_\_\_

Are all my medical providers (specialist doctors, hospitals, etc.) within the plan's network?  YES  NO

How do I find out? \_\_\_\_\_

What key benefits does the plan cover (vision, hearing, dental)? \_\_\_\_\_

\_\_\_\_\_

What key benefits are NOT covered? \_\_\_\_\_

\_\_\_\_\_

What is the out-of-network coverage, if I travel, or visit family or friends, out of state?

\_\_\_\_\_

How much is my monthly premium? \$\_\_\_\_\_ Do I have to pay my Part B monthly premium?  
 YES  NO

What is the annual deductible? \$\_\_\_\_\_

What will my co-payments be for:

Doctor visits \$\_\_\_\_\_

Hospital stays \$\_\_\_\_\_

Skilled nursing facility \$\_\_\_\_\_

Part B covered medications \$\_\_\_\_\_

What are my estimated out-of-pocket costs? \$\_\_\_\_\_

What is my maximum out-of-pocket dollar amount per year? \$\_\_\_\_\_

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*If the plan is a Medicare Advantage plan that includes Prescription Drug Coverage (Part D) continued*

Are all my drugs covered on this on plan?  YES  NO

How do I find out? \_\_\_\_\_

What will my co-payments be for brand name drugs? \$\_\_\_\_\_

And the co-payments for generics? \$\_\_\_\_\_

What is my maximum out-of-pocket dollar amount per year for medications? \$\_\_\_\_\_

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

If so, which drugs? \_\_\_\_\_

What are the restrictions? \_\_\_\_\_

### **If the Plan is a Medicare Supplement Policy**

Is there a network of providers?  YES  NO

Are all my medical providers (specialist doctors, hospitals, etc.) covered?  YES  NO

What key benefits does the plan cover (vision, hearing, dental)? \_\_\_\_\_

What key benefits are NOT covered? \_\_\_\_\_

\_\_\_\_\_

What is the coverage if I travel, or visit family or friends, out of state? \_\_\_\_\_

How much is my monthly premium? \$\_\_\_\_\_ Do I have to pay my Part B monthly premium?  
 YES  NO

What is the annual deductible? \$\_\_\_\_\_

What will my co-payments be for:

Doctor visits \$\_\_\_\_\_

Hospital stays \$\_\_\_\_\_

Skilled nursing facility \$\_\_\_\_\_

Part B covered medications \$\_\_\_\_\_

What are my estimated out-of-pocket costs? \$\_\_\_\_\_

What is my maximum out-of-pocket dollar amount per year? \$\_\_\_\_\_

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*If the Plan is a Medicare Supplement Policy continued*

**With a supplement, you must enroll in a stand-alone Prescription Drug plan (Part D) if you want drug coverage through Medicare. To find a Part D plan, go to Medicare.gov and click on Find Health & Drug Plans. Once you find a plan that works for you, you can enroll online.**

**If you would like assistance, contact a local Benefit Specialist at:**

**<https://www.dhs.wisconsin.gov/benefit-specialists/ebs.htm>.**



**Note:** if you are currently on a Medicare Supplement and decide to go with an Advantage Plan, you may not be able to return to a supplement policy.

### Notes/Comments

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### Have the Agent Complete the Section Below

Agent/Broker Name \_\_\_\_\_ Phone \_\_\_\_\_

Plan and Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Agent's Wisconsin Insurance License Number \_\_\_\_\_

The plan I am offering is:

- Medicare Advantage plan - Health and Prescription Drug Coverage
- Medicare Advantage plan - Health Coverage ONLY
- Medicare Supplement policy

Agent/Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

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