

MEDICARE SUPPLEMENT INSURANCE POLICY CHECK - LIST  
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After reading this guide, you may find this checklist useful in assessing the benefits provided by a Medigap policy or in comparing policies.

WORKSHEET 1: Information about companies selling Medicare supplement insurance  
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Company selling Medicare Supplement policy "1"

Name of insurance company \_\_\_\_\_

Company address \_\_\_\_\_

Phone number \_\_\_\_\_ Toll-free number \_\_\_\_\_

Is this company licensed to do business in your state of residence \_\_\_\_yes \_\_\_\_no

Name of agent (if applicable) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Company ratings Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

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Company selling Medicare Supplement policy "2"

Name of insurance Company \_\_\_\_\_

Company address \_\_\_\_\_

Phone number \_\_\_\_\_ Toll-free number \_\_\_\_\_

Is this company licensed to do business in your state of residence \_\_\_\_yes \_\_\_\_no

Name of agent (if applicable) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Company ratings Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

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Company selling Medicare Supplement policy "3"

Name of insurance Company \_\_\_\_\_

Company address \_\_\_\_\_

Phone number \_\_\_\_\_ Toll-free number \_\_\_\_\_

Is this company licensed to do business in your state of residence \_\_\_\_yes \_\_\_\_no

Name of agent (if applicable) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Company ratings Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

Name of rating agency \_\_\_\_\_ Rating \_\_\_\_\_

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WORKSHEET 2: Information about Medicare Supplement policies

Does the policy cover:	POLICY 1		POLICY 2		POLICY 3	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
Medicare Part A hospital deductible?	___	___	___	___	___	___
Medicare Part A hospital daily coinsurance?	___	___	___	___	___	___
Hospital care beyond Medicare's 150-day limit?	___	___	___	___	___	___
Skilled nursing facility (SNF) daily coinsurance?	___	___	___	___	___	___
SNF care beyond Medicare's limits?	___	___	___	___	___	___
Medicare Part B annual deductible?	___	___	___	___	___	___
Medicare Part B coinsurance?	___	___	___	___	___	___
Physician & supplier charges in excess of Medicare's approved amounts?	___	___	___	___	___	___
Medicare blood deductibles?	___	___	___	___	___	___
Prescription drugs?	___	___	___	___	___	___

OTHER POLICY CONSIDERATIONS

Can the company cancel or non-renew the policy?	___	___	___	___	___	___
What are the policy limits for covered services?	_____		_____		_____	
How much is the annual premium?	_____		_____		_____	
How often can the company raise the premium?	_____		_____		_____	
How long before existing health problems are covered?	_____		_____		_____	
Does the policy have a waiting period before any benefits will be paid?	___	___	___	___	___	___
How Long?	_____		_____		_____	