

# Health Insurance Needs Analysis

Agent Contact Information:

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**CLIENT CONTACT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

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**CLIENT SPOUSE CONTACT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Notes \_\_\_\_\_

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Do you have someone else who helps with Medical Decisions or has Power of Attorney (POA)?

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Notes \_\_\_\_\_

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**CURRENT HEALTH COVERAGE:**

- Employer Plan (not retired)
- Employer Plan
- ACA
- Original Medicare A&B
- Medicare Supplement
- Tricare
- Medicare Advantage
- Medicare Advantage SNP

- VA
- Prescription Drugs
- Short-Term or Long-Term Disability
- Hospital Indemnity
- Cancer    Heart Attack
- Stroke    Critical Care
- Major Medical    Dental    Vision
- Hearing    Accident

Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____

Notes \_\_\_\_\_

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Please note: Eligibility for Medicare may depend on enrollment in other programs such as Medicaid, COBRA, Tricare, etc. Agents: Please note that eligibility for Medicare may depend on enrollment in other programs such as Medicaid, COBRA, Tricare, etc.

## MEDICARE ELIGIBILITY:

Employer/Other Coverage End Date \_\_\_\_\_

Are you currently enrolled in Medicare or new to Medicare?

\_\_\_\_\_

Part A Effective Date \_\_\_\_\_ Part B Effective Date \_\_\_\_\_

Medicare Supplement Open Enrollment Start Date \_\_\_\_\_

Medicare Supplement Open Enrollment End Date \_\_\_\_\_

Medicare Advantage Special Enrollment Start Date \_\_\_\_\_

Medicare Advantage Special Enrollment End Date \_\_\_\_\_

### To avoid Medicare penalties, please note:

#### Part A late enrollment penalty

- Some people have to buy Part A because they don't qualify for premium-free Part A.
- If you have to buy Part A, and you don't buy it when you're first eligible for Medicare, your monthly premium may go up 10%.
- You'll have to pay the penalty for twice the number of years you didn't sign up.

#### Part B late enrollment penalty

- Generally, you won't have to pay a Part B penalty if you qualify for a Special Enrollment Period.
- You'll pay an extra 10% for each year you could have signed up for Part B but didn't.
- You may also pay a higher premium depending on your income.

#### Part D late enrollment penalty

- Generally, you won't have to pay a Part D penalty if:
  - You have creditable drug coverage (coverage that's similar in value to Part D), or you qualify for Extra Help
- You'll pay an extra 1 % for each month (that's 12% a year) if you:
  - Don't join a Medicare drug plan when you first get Medicare.
  - Go 63 days or more without creditable drug coverage).
- You may also pay a higher premium depending on your income.
- After you join a Medicare drug plan, the plan will tell you if you have to pay a penalty and what your premium will be.

If you do not sell for all MA organizations or PDP sponsors in the service area, you must use the following TPMO Disclaimer:

“We do not offer every plan available in your area. Currently, we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE or your local State Health Insurance Program to get information on all of your options.”

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## MEDICARE ELIGIBILITY:

Why are you looking to change your coverage? Initial Medicare Enrollment

Moving  Financial  Annual Review  Other \_\_\_\_\_

Notes \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Do you need additional coverage (Medicare Advantage or a Medicare Supplement)?

Some of the items and services Original Medicare doesn't cover include:

- Long-term care (also called custodial care)
- Most dental care
- Eye exams (for prescription glasses)
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice or direct care)
- Covered items or services you get from an opt-out doctor or other provider (except in the case of an emergency or urgent need)

Agent note: Please direct clients to this website to learn more: <https://www.medicare.gov/coverage>

## ADDITIONAL MEDICARE COVERAGE:

Please keep in mind that Medicare Supplements are different than Medicare Advantage plans. Key differences include, but are not limited to:

- What is Covered/Plan Options
- Carrier Availability
- When you can enroll/change plans/disenroll
- Network of providers
- Monthly Premiums
- Co-Pays, Co-Insurance, Deductibles and Max Out of Pocket
- Plan Packaging “All-in-One” vs. Separate Plans
- Physician Referrals
- Prescription Coverage
- Plan “Extras” like gym memberships

Please indicate the following areas of importance to your plan:

Areas Needing Coverage \_\_\_\_\_

\_\_\_\_\_

Network Availability \_\_\_\_\_

Monthly Premium Budget \_\_\_\_\_

Max Out of Pocket Budget \_\_\_\_\_

Needing Referrals \_\_\_\_\_

Prescription Coverage \_\_\_\_\_

Plan Extras \_\_\_\_\_

Plan Packaging \_\_\_\_\_

Other (Please Note) \_\_\_\_\_

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Desired Additional Coverage:

Medicare Supplement

Dental/Vision/Hearing

or Medicare Advantage

Other

PDP

## SUMMARY OF RECOMMENDED COVERAGE

### Primary Health:

Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_

### Ancillary Health:

Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_

### Life:

Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_

Notes \_\_\_\_\_  
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## WHERE CAN YOU GET MORE INFORMATION?

For more information regarding Medicare, you can:

- Contact your local State Health Insurance Assistance Program (SHIP) to get free personalized help making decisions about your health coverage. To get the number for your local SHIP, call 1-800-MEDICARE.

Get information from Medicare:

- Contact 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Visit the Medicare web site at Medicare.gov.
- Look at the most recent “Medicare & You” handbook. If you don’t have the most recent Handbook, you can download it on Medicare.gov or request a copy by calling 1-800-MEDICARE.

Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit SocialSecurity.gov.

Contact your employer or union benefits manager.

## DISCLAIMERS:

This worksheet is intended for use by licensed insurance agents only to help assess customer needs and aid the enrollment and/or sales process for insurance policies. This information should not be distributed or used for any other purpose other than agreed to by a client. This information is protected under the federal Protected Health Information guidelines.

Information regarding health coverage and Medicare reference information provided by Centers for Medicare & Medicaid Services such as the CMS “Fact Sheet”, Medicare.gov and the yearly Medicare & You Guidebook.

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