

## Frequently Asked Questions

### **I have never changed insurance companies for my Medicare Supplement insurance. What can I expect?**

First, it's important to understand that unless you are changing plan types (*Plan types are designated by letter i.e. F, G, N etc.*) you will receive the exact same benefits, same coverage, same timely payment of bills, everything. When it comes to Medicare Supplement insurance (aka Medigap) insurance companies are like car dealers. They are simply retailing a plan manufactured by the U.S. Government. Insurance companies cannot change the plan any more than a car dealers can alter the engine, color or seats of a car. The only difference from one insurance company to the other is the cost. Our goal is to help you pay less for the same benefits.

### **What if I change my mind?**

It's important to know your rights as a consumer. Whenever you change Medigap insurers, you have a 30-day risk free period where you can switch back without consequences. The old insurance company must take you back and the new insurance company must refund your money.

### **How long does this take?**

With modern technology, Medicare Supplement insurance policies no longer require lengthy paper applications. We now take the application entirely by telephone or over the computer. While each insurance company has a slightly different application process, the telephone interview is typically completed in 25 minutes or less. You sign the application electronically. No paperwork!

### **How do I coordinate starting with a new insurer and canceling the old insurer without a lapse in coverage or overlap in payments?**

When we take an application over the telephone we set a "Start Date" at the beginning of the next month or later. That gives you time to call and cancel your old insurer, which you will instruct to stop coverage the day before your new policy starts coverage. We prefer to give at least two weeks between taking the application and the start date of the policy. That gives plenty of time for the new policy to be approved by the new insurer and time for the old insurer to cancel their policy. The insured person must call the old insurer and cancel the more expensive plan. **IMPORTANT** Never cancel your old insurance policy until you have received official notification that the new policy has been approved.

**Both my husband and I want the lower cost policy to maximize our savings and get a family discount. However, he doesn't like talking on the telephone. Can I just answer the application questions for him?**

No! Each individual has their own Medicare Supplement insurance policy and underwriting rules require that the proposed insured answer the questions in the application themselves without the aid or input of others. This is an important part of the underwriting process.

**I had some medical issues (cancer, heart attack etc.) many years ago, but feel fine now. Will that disqualify me from getting a new Medigap insurance policy?**

Not usually. Every insurer has slightly different requirements, but most look for medical issues that are more recent. Most applications look for medical issues that are either ongoing, have resulted in complications or occurred within the past two or three years. In the majority of cases, medical issues that are more than two years past and have had no complications will not be an issue. Some exceptions include (but are not limited to) AIDs, Parkinson's disease, Alzheimer's, COPD, COLD, Lou Gehrig's disease (ALS) and medical complications that resulted in amputation.

**How often should I shop Medigap insurance rates? Other than shopping for lower cost, is there anything else I can do to keep my insurance rates down?**

We automatically shop for our clients every year and suggest a review at least once every two to three years or immediately if you get an unusually large rate increase (anything near 10%). Because each plan type is standardized and the only difference between insurers is the present and future cost, there is really no reason to pay more than you have to.

Yes, there are things you can do to help keep the annual rate increases to an absolute minimum. While they are too involved to go into detail here, the simplest explanation is to make certain your policy is not in a pool of seniors with poor health. If it is, the rates will rise regardless of your own health. Just ask us, we will be happy to go into detail about how you may be able to reduce future rate increases.

**I like your service, but how do you get paid?**

That is a very good question. Our fee is paid by the insurance company you choose, not you. Your cost for insurance is the same whether you use our service or not. You cannot buy a policy and pay less if you don't use a professional to help you. It is much like buying a CD at a bank, or a bond from the U.S. Treasury. When you buy a \$5,000 CD you pay \$5,000 and get \$5,000 in principle back from the bank. However, in that price and the interest you receive is a calculation that allows the bank to pay the people involved in the process. It is much the same with insurance. The bottom line is that you are not paying for our service and our service does not have a negative impact on the price you pay for insurance. We take pride in finding the best insurance plan at the best price for your needs and stay in touch with you through the years to be certain the insurance company and policy you choose lives up to your expectations.