

## Comparison of Medicare Supplement Plans

Policy You Now Have	Policy Being Sold to You
Name of Company _____	Name of Company: <b>Regence BlueCross BlueShield of Utah or Regence HealthWise</b>
Policy Type or No. _____	Policy Type or No. _____
Premium _____	Premium _____
<b>Part A</b>	<b>Part A</b>
Pays Medicare Part A deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays Medicare Part A deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pays Medicare coinsurance 61st to 90th day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays Medicare coinsurance 61st to 90th day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pays Medicare coinsurance 91st to 150th day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays Medicare coinsurance 91st to 150th day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pays at least 90% for additional 365 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays at least 90% for additional 365 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has skilled nursing facility coinsurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has skilled nursing facility coinsurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part B</b>	<b>Part B</b>
Pays Medicare Part B deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays Medicare Part B deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pays all Medicare Part B coinsurance amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays all Medicare Part B coinsurance amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pays at least 80% of excess charges (above Medicare approved)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pays at least 80% of excess charges (above Medicare approved)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Benefits</b>	<b>Other Benefits</b>
Has foreign travel benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has foreign travel benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is policy renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is policy renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do premiums increase as age increases? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do premiums increase as age increases? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does policy have automatic claims filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does policy have automatic claims filing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does policy have prescription coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does policy have prescription coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date