



The Medicare Annual Enrollment Workbook

Everything you need
to find a Medicare
Advantage plan
you'll love

- 7 Signs You
Need a New Plan
- 3 Important
Steps if You're
New to Medicare

FALL
ENROLLMENT
SPECIAL!



PLUS:
Medicare
myths that
cost you
money!



Your Season for Change

7 signs you're ready for a new Medicare plan

Should I stay or should I go? If you're enrolled in a Medicare Advantage (MA) plan, or if you have a Part D prescription drug plan, that's the question you get to ask yourself every year during Medicare Annual Enrollment Period (AEP, Oct. 15 to Dec. 7). "With Medicare Advantage, you always get a do-over," says Sandy Leith, director of the Senior Health Insurance Program at the Illinois Department of Aging. "You can move from MA plan to MA plan. Insurance companies are not allowed to turn you down." What's more, if you don't have an MA plan but want one, AEP is the time to enroll.

Now, if you're 100% happy with your current policy, stay right where you are. But here are some telltale signs that you should consider an upgrade.

1

Your health status has changed

You may have recently developed a new medical condition. Or maybe you're even getting healthier. "Perhaps you lost weight or started exercising and you don't have to take insulin anymore," says Melinda Munden, director and deputy commissioner of the State Health Insurance Program at the North Carolina Department of Insurance. "So a different plan might better suit your needs." Prescription changes, she says, are one of the biggest reasons people change plans.

2

You're planning an elective surgery

If there's a knee or hip replacement in your future, it's a good idea to check your plan to make sure you have the best coverage possible for inpatient care, rehabilitation, physical therapy, and medication. You may also want to make sure your preferred surgeon or hospital is in network.

3

Your doctor or hospital pulled out of your MA network

"It happens all the time," says Munden. "Providers often change their contract arrangements, so plans can look very different from year to year." AEP is your opportunity to move into a plan that works with the providers and facilities you like best.

4

Your plan's premiums went up

The cost of your plan isn't set in stone. It can change from year to year. In fact, roughly 3 in 10 people who switch MA plans do so because their premiums have increased by \$40 or more, according to research from the Kaiser Family Foundation (KFF).

5

You're planning a trip

Not all MA plans will cover you if you get sick or injured while you're on the road. If you need care from outside your network, it could cost you a lot. So if you've got travel on the horizon, in the U.S. or abroad, make sure your plan has your back when you're away from home and out of your network.

6

You recently became a snowbird

About 4% of older adults chase the warmth by spending summers up north and winters in the South, according to a study in Population Health Management. If that sounds like you, look for an MA plan that will travel with you. You want to be sure your MA plan covers you in both areas.

7

You've noticed falling stars

Medicare Advantage plans are rated on a five-star system that creates a snapshot of benefits, care, and customer satisfaction. More stars are better, and in 2020, the average rating for plans that included prescription coverage was 4 out of 5. So be sure to check your plan's star rating. If it's lower than 4, consider upgrading.

PRE-MEDICARE CHECKLIST

New to Medicare? Get peace of mind — and the most bang for your buck — by ticking these items off your checklist early.

Create a My Social Security account by visiting ssa.gov, calling 800-772-1213 (TTY 800-325-0778), or visiting your local Social Security office.

Enroll in Original Medicare. If you've been collecting Social Security benefits for at least four months, you'll automatically be enrolled. But check your My Social Security account to make sure.

Complete Parts 1 and 2, starting on the next page. The information you provide in this workbook will help our licensed insurance agents match you with a plan that meets your needs.

Find Your Advantage

To find the right Medicare plan for you, you'll need to determine your needs and priorities. This workbook will help you get organized so you can shop with confidence. Use it to guide your own search, or keep it nearby to reference while speaking to a ClearMatch Medicare agent.

PART 1: Build Your Personal Profile

Answer questions below to the best of your ability, thinking about how you plan to use your healthcare in the year ahead.

1. Are there any doctors you want in your network? If so, whom?

2. What medications do you currently take, if any?

3. How much time do you plan to spend traveling next year?

4. Will any of your travel take you out of the country?

5. What chronic conditions do you need help managing?

6. Do you think you'll need any surgeries next year?

7. Have you recently neglected any medical, vision, or dental appointments due to limitations in coverage?

GETTY IMAGES



**Call an
agent
now**

To speak to a licensed insurance agent, call ClearMatch Medicare at 855-921-1317



Let Us Help

Our agents care about one thing: finding a plan that works for you. Just call 888-921-1317.

PART 2: Set Your Priorities

Next, rate the following plan features by circling the appropriate number on a scale of 1 to 10, with 10 being most important.

Low monthly premium:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: MA users pay the standard premium for Medicare Part B. But beyond that, the monthly price can range from \$0 to more than \$100.

Low out-of-pocket limits:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: An out-of-pocket limit sets a maximum amount you can pay during any one calendar year. The average for in-network MA members is just over \$5,000, according to KFF.

Prescription coverage:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: "Some people opt not to enroll in a prescription plan and roll the dice," says Daniel Moran, a specialist at the Dartmouth-Hitchcock Centers for Health and Aging. Then something happens — maybe it's a little stroke — and they end up taking meds that cost \$600 a month.

Fitness benefits:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Some MA plans include gym memberships, and regular exercise can reduce your healthcare expenses.

In-network doctors:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Most MA plans limit you to a network of providers. If you love your current doctor, you'll want to be sure he or she is covered.

In-network hospitals:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Same goes for medical facilities: If you have a favorite, make sure it's covered.

Dental care:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Original Medicare doesn't cover dental, vision, or hearing. Most MA plans do.

Vision care:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Many MA plans cover eye exams and corrective lenses.

Hearing care:

1 2 3 4 5 6 7 8 9 10

WHY IT MATTERS: Nearly 9 in 10 MA plans cover the cost of hearing aids, according to KFF.

PART 3: Evaluate Your Current Plan

Finally, complete this section with the help of your plan's Evidence of Coverage (EOC) and Annual Notice of Change (ANOC). If you have Medicare Advantage, both forms should land in your mailbox in September. Together, they outline everything about your current plan, including changes to your costs, coverage, and service network.

1. Will your premiums change next year? If so, how?

2. Will your deductibles, co-pays, or co-insurance change? If so, how?

3. Will your out-of-pocket maximum go up or down? If so, by how much?

**4. Have any of your providers been added or removed from your coverage?
If so, list them here:**

**5. Have any of your medications been removed from your coverage?
If so, list them here:**

6. Are there any other changes that you're concerned about?

**7. Is there anything specific about your current plan that you don't like?
If so, what?**



MEDICARE MISCONCEPTIONS

Don't fall for these myths.
They can cost you.

Medicare is free

FALSE While Original Medicare Part A (hospital insurance) is free for most people, Part B (which covers outpatient services) charges a monthly premium. In a recent survey,

Nationwide Retirement Institute found that 53% of older adults weren't aware of this cost.

Medicare covers your annual physical

FALSE Instead of an annual physical, Original Medicare covers an Annual Wellness Visit, where a doctor reviews your medication and talks through your risk factors. If you want

more comprehensive preventive care, go with an MA plan or Medigap.

Medication that was covered last year will be covered next year

FALSE Both Part D and MA plans with drug coverage occasionally change their formularies, which list their covered drugs. Be sure to check the changes before the enrollment period ends.



PART 4: Talk to an Insurance Agent

Once you're finished, check how well your current Medicare plan from Part 3 aligns with the priorities you laid out on the previous pages. And when you're ready to find a new plan, give us a call at 888-921-1317. Our caring, licensed insurance agents are ready to help.