Understanding Medicare Workbooks

Information Provided by Senior Network Advisors

SENIOR NETWORK ADVISORS
Senior Housing, Simplified

Medicare Decision Checklist

Use this checklist before choosing Medicare coverage. The goal is to make sure the plan you choose fits your doctors, medications, budget, health needs, and lifestyle.

1 Step 1: Understand Your Main Medicare Choices

- ☐ I understand the difference between:
  - ☐ Original Medicare
  - ☐ Medicare Advantage
  - ☐ Medigap / Medicare Supplement
  - ☐ Part D prescription drug coverage

2 Step 2: Review Your Current Situation

- ☐ I know when my Medicare coverage can begin.
- ☐ I know whether I need to actively enroll or if I will be automatically enrolled.
- ☐ I know whether I am still covered by employer, spouse, retiree, union, VA, Medicaid, or COBRA coverage.
- ☐ I know whether my current prescription drug coverage is creditable.
- ☐ I understand whether delaying Part B or Part D could create a penalty.

3 Step 3: Review Your Doctors and Hospitals

- ☐ I made a list of my current doctors.
- ☐ I checked whether my doctors accept Original Medicare.
- ☐ I checked whether my doctors are in network with any Medicare Advantage plan I am considering.
- ☐ I checked whether my preferred hospital is covered.
- ☐ I checked whether my specialists are covered.

4 Step 4: Review Your Prescriptions

- ☐ I made a current medication list.
- ☐ I checked whether each medication is covered.
- ☐ I checked the medication tier.
- ☐ I checked whether prior authorization is required.
- ☐ I checked whether step therapy is required.
- ☐ I checked whether my pharmacy is preferred.

5 Step 5: Review Costs

- ☐ I know the monthly premium.
- ☐ I know the deductible.
- ☐ I know the copays.
- ☐ I know the coinsurance.
- ☐ I know the maximum out-of-pocket amount, if applicable.
- ☐ I understand what costs are not included in the maximum out-of-pocket amount.
- ☐ I compared total estimated yearly cost, not just monthly premium.

6 Step 6: Review Lifestyle Needs

- ☐ I considered whether I travel often.
- ☐ I considered whether I live in more than one state.
- ☐ I understand how the plan works outside my service area.
- ☐ I know whether I need referrals.
- ☐ I know whether prior authorization may be required.

7 Step 7: Review Future Flexibility

- ☐ I understand whether I can change plans later.
- ☐ I understand that switching from Medicare Advantage to Original Medicare does not always guarantee I can buy Medigap later.
- ☐ I checked whether my state has special Medigap protections.
- ☐ I reviewed the plan with Medicare, SHIP, a licensed agent, or another trusted resource before enrolling.

Tip: *Review this checklist before enrolling and again each year during Medicare Annual Enrollment.*

Doctor and Hospital Worksheet

Use this worksheet to organize your doctors, hospitals, and other healthcare providers before choosing a Medicare plan.

1 My Primary Care Doctor

Doctor name: _____

Office name: _____

Phone number: _____

Address: _____

Accepts Original Medicare?	☐ Yes	☐ No	☐ Not sure
In network with Medicare Advantage plan I am considering?	☐ Yes	☐ No	☐ Not sure
Do I need a referral to see specialists?	☐ Yes	☐ No	☐ Not sure

2 My Specialists

Doctor Name	Specialty	Phone Number	Accepts Original Medicare?	In Medicare Advantage Network?	Notes

3 My Preferred Hospitals and Facilities

Preferred hospital: _____

Emergency hospital closest to me: _____

Preferred surgery center: _____

Preferred rehab facility: _____

Preferred imaging center: _____

Preferred lab: _____

Preferred home health agency, if needed: _____

4 Questions to Ask

- ☐ Does this doctor accept Original Medicare?
- ☐ Is this doctor in network with the Medicare Advantage plan I am considering?
- ☐ Is this doctor accepting patients with this plan?
- ☐ Which hospitals does this doctor use?
- ☐ Is my preferred hospital in network?
- ☐ Are hospital-based providers, such as radiology, anesthesia, emergency medicine, and pathology, also in network?
- ☐ If I need surgery, where would I go?
- ☐ If I need specialty care, would I have access to the providers I want?

Tip: *Keeping this information organized will help you compare Medicare plans with confidence.*

Prescription Worksheet

Use this worksheet to compare prescription drug coverage under Part D or Medicare Advantage plans.

1 My Preferred Pharmacy

Pharmacy name: _____

Location: _____

Phone number: _____

Is this pharmacy preferred by the plan? ☐ Yes ☐ No ☐ Not sure

Would mail order lower my cost? ☐ Yes ☐ No ☐ Not sure

2 My Prescription List

Medication Name	Dosage	How Often Taken	Brand or Generic	Pharmacy	Covered by Plan?	Tier	Prior Authorization?	Estimated Monthly Cost

3 Questions to Ask About Each Medication

- ☐ Is this medication covered by the plan?
- ☐ What tier is this medication on?
- ☐ Is there a deductible before the plan helps pay?
- ☐ Is prior authorization required?
- ☐ Is step therapy required?
- ☐ Are there quantity limits?
- ☐ Would using a preferred pharmacy lower the cost?
- ☐ Would mail order lower the cost?
- ☐ Is there a generic option?
- ☐ Is there a lower-cost alternative I should ask my doctor about?

Medigap vs. Medicare Advantage Comparison Page

Use this page to compare your two main Medicare options side by side.

1 Comparison Chart

Question	Original Medicare + Medigap + Part D	Medicare Advantage
Monthly premium		
Includes prescription coverage?		
My doctors are covered?		
My hospital is covered?		
My medications are covered?		
Provider network?		
Referrals needed?		
Prior authorization?		
Dental included?		
Vision included?		
Hearing included?		
Travel flexibility		
Maximum out-of-pocket		
Can benefits change yearly?		
Can I switch later?		
Medigap underwriting concern?		

2 Which Option Feels Better for Me?

I may prefer Original Medicare with Medigap because: _____

I may prefer Medicare Advantage because: _____

My biggest concern about Original Medicare with Medigap is: _____

My biggest concern about Medicare Advantage is: _____

Option I am leaning toward:

☐ Original Medicare + Medigap + Part D ☐ Medicare Advantage ☐ Still unsure

Enrollment Timeline

Use this timeline to stay organized before, during, and after your Medicare enrollment period.

1 6 Months Before Turning 65

- ☐ Start learning the basics of Medicare.
- ☐ Make a list of your doctors.
- ☐ Make a list of your hospitals and preferred facilities.
- ☐ Make a list of your prescriptions.
- ☐ Review your current health insurance.
- ☐ Ask your employer or spouse's employer how your coverage works with Medicare.
- ☐ Ask whether your current prescription coverage is creditable.
- ☐ Review whether you contribute to an HSA.

2 3 Months Before Turning 65

- ☐ Confirm whether you need to enroll in Medicare or will be automatically enrolled.
- ☐ Review your Medicare Part A and Part B start dates.
- ☐ Compare Original Medicare and Medicare Advantage.
- ☐ Review Medigap options if considering Original Medicare.
- ☐ Review Part D prescription drug plans.
- ☐ Check doctor and hospital access.
- ☐ Check medication coverage.

3 The Month You Turn 65

- ☐ Confirm your Medicare effective date.
- ☐ Confirm your plan effective date.
- ☐ Save confirmation numbers and plan documents.
- ☐ Make sure your doctors have your updated insurance information.
- ☐ Make sure your pharmacy has your updated prescription coverage information.

4 First 6 Months After Part B Starts

- ☐ Review your Medigap Open Enrollment Period.
- ☐ Decide whether you want a Medigap policy.
- ☐ Confirm whether you also need Part D coverage.
- ☐ Save copies of all enrollment documents.

5 Every Year After Enrollment

- ☐ Review your plan during Medicare Annual Enrollment, October 15 to December 7.
- ☐ Check whether your doctors are still covered.
- ☐ Check whether your hospitals are still covered.
- ☐ Check whether your prescriptions are still covered.
- ☐ Compare total estimated yearly cost.
- ☐ Review any plan changes for the upcoming year.

Tip: *Use this timeline to stay organized and make confident Medicare decisions.*

Questions to Ask a Medicare Agent

Use this page when speaking with a Medicare agent, plan representative, or counselor.

1 Agent or Counselor Information

Name: _____ Company or organization: _____

Phone number: _____ Email: _____

Date of conversation: _____

2 Questions About the Agent

- [ ] Are you licensed to discuss Medicare plans in my state?
- [ ] Do you represent one insurance company or multiple companies?
- [ ] Are there plans you do not represent?
- [ ] Are you able to compare Original Medicare, Medigap, Medicare Advantage, and Part D?
- [ ] Is there any cost to me for this appointment?

3 Questions About Doctors and Hospitals

- [ ] Are my doctors in network?
- [ ] Are my specialists in network?
- [ ] Is my preferred hospital in network?
- [ ] Are hospital-based providers also in network?
- [ ] Do I need referrals?
- [ ] What happens if one of my doctors leaves the network?

4 Questions About Prescriptions

- [ ] Are all my medications covered?
- [ ] What tier is each medication on?
- [ ] Is prior authorization required?
- [ ] Is step therapy required?
- [ ] Are there quantity limits?
- [ ] Is my pharmacy preferred?
- [ ] Would mail order lower my cost?
- [ ] What is my estimated yearly prescription cost?

5 Questions About Costs

- [ ] What is the monthly premium?
- [ ] What is the deductible?
- [ ] What are the primary care and specialist copays?
- [ ] What is the hospital copay or coinsurance?
- [ ] What is the emergency room copay?
- [ ] What is the maximum out-of-pocket amount?
- [ ] What costs do not count toward the maximum out-of-pocket amount?
- [ ] What would this plan cost me in a bad health year?

6 Notes From Conversation

_____

_____

_____

_____

_____

_____

Tip: *Take notes and compare information from more than one agent or plan representative to help you make the best decision.*

State-Specific Notes Page

Medicare is a federal program, but where you live still matters.
Use this page to track state-specific details.

1 My State and ZIP Code

State: _____

County: _____

Primary ZIP code: _____

Do I live in more than one state during the year? ☐ Yes ☐ No

If yes, list other state and ZIP code: _____

2 Medicare Advantage Availability

How many Medicare Advantage plans are available in my area?

_____

Plans I am considering:

1. _____
2. _____
3. _____

Important local network notes:

_____

_____

3 Medigap Notes

Are Medigap plans standardized by letter in my state?
☐ Yes ☐ No ☐ Not sure

Does my state have special Medigap rules or protections?
☐ Yes ☐ No ☐ Not sure

Does my state have a birthday rule, anniversary rule, or other Medigap switching protection?
☐ Yes ☐ No ☐ Not sure

If yes, explain: _____

_____

Medigap plans I am considering:

1. _____
2. _____
3. _____

4 Special Medigap States

☐ Massachusetts
☐ Minnesota
☐ Wisconsin

If checked, review state-specific Medigap information before choosing a plan.

5 Medicaid or Medicare Savings Program Notes

Do I have Medicaid? ☐ Yes ☐ No ☐ Not sure

Do I qualify for a Medicare Savings Program? ☐ Yes ☐ No ☐ Not sure

Have I checked with my state Medicaid office or SHIP counselor? ☐ Yes ☐ No

Notes: _____

_____

6 State Resources

State Health Insurance Assistance Program contact: _____

State insurance department contact: _____

Medicaid office contact: _____

Other local resource: _____

7 Final State-Specific Questions

☐ Are my Medicare Advantage options based on my county or ZIP code?
☐ Are my preferred doctors and hospitals in network in this specific area?
☐ Are Medigap premiums different in my ZIP code?
☐ Does my state offer extra Medigap protections?
☐ If I move, will my plan still work?
☐ If I split time between two states, how will my care be covered?

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