

Medicare AEP Check-Up Guide

Helping you make confident coverage decisions this enrollment season



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Welcome!

Each year, Medicare beneficiaries have the opportunity to review and change their health and drug plans during the **Annual Enrollment Period (AEP)**. As your trusted agent, I'm here to help you evaluate your current coverage and make sure you're set up for success in the year ahead.

Use this guide to understand your options, what actions you can take, and how we'll work together to make the most of this important window.



Your health changes—and so do the plans. Reviewing coverage annually ensures your plan still fits your lifestyle and budget.

What is AEP?

The Annual Enrollment Period (AEP) is a critical time of year for anyone enrolled in Medicare. It runs from **October 15 to December 7 annually** and gives Medicare beneficiaries the opportunity to review and make changes to their current coverage.

Even if you're happy with your current plan, it's important to check if your benefits, provider network, or prescription drug coverage are changing in the year ahead.

During this time, Medicare beneficiaries can:

- Switch from Original Medicare to a Medicare Advantage (MA) plan
- Switch from one Medicare Advantage plan to another
- Enroll in or switch Part D prescription drug plans
- Drop Medicare Advantage and return to Original Medicare

Any changes made during AEP will take effect January 1 of the following year.

AEP - October 15 through December 7



October

November

December

Coverage starts

January 1st

What Happens If You Don't Make Changes?

If you don't make any changes during AEP, your current plan will automatically renew for the next year—even if the costs, benefits, or provider network have changed. That means you could face higher premiums, different copays, or find that your doctor or medications are no longer covered. A quick review now can help you avoid surprises on January 1.

Have Your Plan Benefits Changed?

Plans are allowed to adjust their benefits every year. Even if you're happy with your current coverage, it's important to double-check the details:



Doctor & Hospital Networks

- Is your primary care physician still in-network?
- Have any specialists been dropped?



Prescription Drug Coverage

- Have any of your medications changed tiers?
- Are your preferred pharmacies still in-network?
- Are there new quantity limits or prior authorizations?



Costs

- Monthly premium increases
- Changes to copays, deductibles, or coinsurance
- Adjustments to your out-of-pocket maximum



Extra Benefits

- Are these still included? Have any been added or removed?

Important Note for Medicare Supplement Policyholders

If you currently have a Medicare Supplement (Medigap) policy, it's important to know that AEP does not apply to switching Medigap plans—you can apply to change these plans at any time of year, but most states require health underwriting unless you qualify for a guaranteed issue right.

That said, if you're considering leaving a Medigap plan to join a Medicare Advantage plan, you can make that change during AEP. Just be sure to wait until your new Medicare Advantage coverage is active before canceling your Medigap policy.

✓ Let's talk through your options, timing, and any underwriting considerations to make sure you're making the best move for your situation.

Your Personal Coverage Planner

Everyone's healthcare needs and financial goals can change from year to year. This section is here to help you reassess what you need from your Medicare coverage and make sure your plan still aligns with your current health priorities and budget during this Annual Enrollment Period.

Worksheet: My Coverage Needs

Use this section to outline your current healthcare needs and preferences:

Current health conditions:

Prescription medications:

Preferred doctors/facilities:

Travel plans (e.g., snowbird, out-of-state):

Worksheet: My Budget & Premium Planning

Use this worksheet to calculate what you can comfortably spend on healthcare:

Monthly income:

\$_____

Monthly living expenses (housing, food, etc.):

\$_____

Estimated Medicare premiums:

\$_____

Copays & prescription costs:

\$_____

Emergency/out-of-pocket fund:

\$_____



Once you've completed this section, you'll have a clear snapshot of your coverage needs and financial capacity—making it easier to select a plan that works for you.



Review your **Annual Notice of Change (ANOC) letter** from your plan—it outlines what’s changing next year.

AEP Checklist

Use this checklist when preparing for your enrollment appointment:

- ☐ Reviewed Annual Notice of Change
- ☐ Updated list of prescriptions
- ☐ Confirmed preferred pharmacies
- ☐ Verified current doctors and specialists
- ☐ Reviewed expected medical needs for next year
- ☐ Considered travel needs (some MA plans have limited networks)
- ☐ Asked about extra benefits
- ☐ Scheduled your appointment with your agent

Quick Summary

- AEP runs October 15 – December 7
- You can change MA and Part D plans—but not Medigap without underwriting
- Review your plan now to avoid surprises in January
- I’m here to guide you through every step

Glossary: Key Terms to Know

AEP (Annual Enrollment Period)

The window from October 15 to December 7 each year when Medicare beneficiaries can make changes to their health and drug plans.

ANOC (Annual Notice of Change)

A document sent by Medicare Advantage and Part D plans each fall outlining changes to coverage, costs, and benefits for the coming year.

Beneficiary

An individual who receives Medicare benefits.

Coinsurance

The percentage of costs a beneficiary pays for covered services after meeting their deductible.

Copayment (Copay)

A fixed dollar amount paid for a covered healthcare service or prescription.

Deductible

The amount a beneficiary must pay out of pocket for healthcare or prescriptions before Medicare or a plan begins to pay.

Formulary

A list of prescription drugs covered by a Medicare Part D or Medicare Advantage plan.

Guaranteed Issue

A right in certain situations to enroll in a Medigap (Medicare Supplement) policy without being denied or charged more due to health conditions.

Initial Enrollment Period (IEP)

The seven-month period when someone first becomes eligible for Medicare (three months before, the month of, and three months after turning 65).

Late Enrollment Penalty

A fee added to premiums for not enrolling in Medicare Part B or Part D when first eligible, unless you qualify for an exception.

Medicare Advantage (Part C)

An alternative to Original Medicare offered by private insurance companies, often including additional benefits like dental, vision, and hearing.

Medicare Part A

Hospital insurance that covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health care.

Medicare Part B

Medical insurance that covers outpatient care, doctor visits, preventive services, and some home health care.

Medicare Part C

Another term for Medicare Advantage plans.

Medicare Part D

Prescription drug coverage offered through private plans approved by Medicare.

Medigap (Medicare Supplement Insurance)

Private insurance that helps pay some of the out-of-pocket costs not covered by Original Medicare, such as copayments, coinsurance, and deductibles.

MOOP (Maximum Out-of-Pocket)

The most a Medicare Advantage plan member will have to pay in a year for covered services. Once reached, the plan pays 100% for the rest of the year.

Network

The doctors, hospitals, and other providers contracted to provide care through a specific plan.

Original Medicare

The traditional Medicare program offered directly through the federal government, including Part A and Part B.

Premium

The monthly amount beneficiaries pay for Medicare coverage (e.g., Part B, Part D, or Medicare Advantage plans).

Prior Authorization

Approval required by some plans before certain services or medications will be covered.

SEP (Special Enrollment Period)

A time outside of normal enrollment windows when individuals can enroll or change plans due to qualifying life events (e.g., moving, losing other coverage).


Star Ratings

A quality rating system used by Medicare to evaluate Medicare Advantage and Part D plans on a scale of 1 to 5 stars.

Let's Review Your Coverage Together

Whether you're exploring new plan options or just want to confirm that your current coverage still fits your needs, I'm here to help. A quick check-in can ensure you're not missing out on valuable benefits, lower costs, or better coverage for the year ahead.

Let's talk through your situation, review any changes, and make a confident, informed choice—together.

 Schedule your AEP review today!
I'm just a call, text, or email away.



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Z	I	L	U	V	Q	M	J	B	A	X	P	R	H	N



Medicare Word Search

Take a quick break and reinforce your Medicare knowledge with this fun and educational word search.

**MEDICARE
PARTA
PARTB
PARTD
ENROLLMENT**

**PREMIUM
DEDUCTIBLE
COVERAGE
ADVANTAGE
SUPPLEMENT**