



Medicare Enrollment Guide

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Getting the Most from Medicare



With 98% of people over 65 on Medicare*, there are important things to know before selecting a healthcare plan this annual enrollment season. However, we recently learned that more than two-thirds of Medicare plan users admitted to not reviewing their coverage and costs during Annual Enrollment Period (AEP) last year, according to Connie Health's 2023 AEP survey.

Most healthcare policies renew every year. Being aware of any changes to doctors, prescriptions, and out-of-pocket expenses is an important part of staying in control of your health.

By arming yourself with the right tools and information during AEP, it is possible to select the best healthcare plan and successfully navigate your Medicare journey with confidence.

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*Source: Nancy Ochieng, J.C.F. @jcubanski on T. (2023) Medicare Households Spend More on Health Care Than Other Households, KFF.

Good healthcare starts with a great plan.

When presented with the range of Medicare plan options during AEP, it's easy to shut down and maintain the same plan year after year. However, there are simple-to-follow, proactive steps you can take during the Annual Enrollment Period to reduce healthcare headaches and focus on the joys of retirement throughout the year:

1. Get help preparing your plan.

In the same way medical experts recommend annual physicals, reviewing your healthcare plan is critical to catch issues early. For instance, if price increases are communicated as part of your plan renewal and your plan auto-renews, you'll be liable to cover higher out-of-pocket expenses the following year.

Start by taking note of any changes to your health and follow our AEP checklist to prepare your plan. Contact your health insurance agent, or a Connie Health team member to walk through your plan options.

2. Minimize costs.

65% of Medicare users would be willing to switch Medicare plans if it saved them money. This is where working with a local agent can help get you the coverage you want for a price you can afford.

3. Maximize benefits.

35% had no help understanding their Medicare plan in the past year. Once you select a plan, have your insurance agent walk through how to access your benefits.

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Medicare Annual Enrollment Period Checklist

Like you, your Medicare health plan needs an annual check-up. During the **Medicare Annual Enrollment Period (AEP)**, which happens annually between October 15th and December 7th, it's essential to question whether your current Medicare plan will fit your needs in the coming year - things like cost, coverage, and medications in your network.

Although most Medicare plans will renew automatically on January 1st of the coming year, your current plan may not fit your needs from year to year.

During the Annual Enrollment Period, protect yourself from out-of-pocket expenses or medical debt. An annual plan review can help you understand your health coverage and protect you from unexpected costs.

Most Medicare households spend an average of **\$6,557** on healthcare annually - accounting for **15%** of your total household spending!*

Good healthcare starts with a great plan.

Review Your Current Health Needs

Properly assessing your health and having the right amount of coverage is a must-do to remain properly covered by your Medicare plan.

My health has changed in the past year.

YES NO

If YES, what has changed about my health or lifestyle in the past year?

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Medicare Annual Enrollment Period Checklist

Do I have a chronic health condition?

YES NO

If so, I may be eligible for a Medicare Advantage Chronic [Conditions Special Needs Plan](#) tailored to my condition.

Chronic conditions include diabetes, chronic heart failure, lung conditions, and more. Call a Connie Health agent to learn which plan suits your chronic condition.

Prepare Your Financial Plan & Healthcare Budget

Financial experts recommend planning early for out-of-pocket Medicare expenses, which can quickly add up and cause financial headaches. Keep financial records updated to see if you qualify for extra financial support if needed.

Have my finances changed in the past year?

YES NO

Do my monthly plan premiums fit my budget?

YES NO

Were my [out-of-pocket](#) costs too high for my budget this year?

YES NO

Are my predicted annual medical costs increasing in the coming year?

YES NO

Do I make less than 150% of the federal poverty level?

YES NO

[Check if you qualify for Extra Help](#), or call a Connie Health agent to determine eligibility.

Do I qualify for Medicare and Medicaid?

YES NO

If so, I could enroll in a Medicare Advantage [Dual Eligible Special Needs Plan](#). Call a Connie Health agent to speak about your plan options.

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Medicare Annual Enrollment Period Checklist

Medicare Plan Review

You should receive your Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) from your healthcare provider between September 1st and 30th—every year. Your ANOC explains how your current coverage will change starting January 1st of the coming year. The EOC provides a comprehensive list of the plan's costs and benefits in the coming year.

After reviewing your ANOC and EOC, note how your plan is changing to avoid any unexpected price increases on deductibles, changes in benefits, or prescription coverage.

- Are my monthly premiums increasing? YES NO
- Am I unsure of any changes to my prescription drug coverage? YES NO
- Are my preferred doctors and specialists still in my health plan's network? YES NO
- Has my health plan's Star Rating changed in the past year? Unsure?
I should ask an agent. YES NO
- Do I want **dental benefits**? Such as **routine dental**, **dental implants**, or **dentures**? YES NO
- Do I want **vision benefits**? Such as **routine eye exams**, **prescription glasses**, or **cataract surgery**? YES NO
- Do I want **hearing benefits**? Such as **hearing aids**? YES NO

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Helping Someone with Their Medicare Plan

You've taken on an essential role to ensure your family member or friend is enrolled in a Medicare plan tailored to their health and budget needs.

And you're not alone. Americans are stepping up to provide unpaid care for friends, family, and neighbors. 1 in 6 Americans care for a friend or family member aged 50 or older, and 1 in 4 caregivers support two or more people.*

During **Annual Enrollment Period (AEP)**, which happens annually between October 15th and December 7th, help your loved ones protect their health and finances. Healthcare continuously changes, and without an annual plan review, they could risk higher out-of-pocket costs, medical debt, or a plan that no longer covers their health needs. An annual plan review will expose the gaps in coverage or their financial risks.

Complete our AEP checklist and call a licensed healthcare insurance agent to find out how to help your loved one get the most out of their Medicare plan this year and if switching plans is best for their needs.



You play a critical role in facilitating guidance to the people you're caring for. This includes their Medicare plan choices. You can speak with an agent for plan advice, but there are criteria for helping your loved one change their healthcare plan.

- The person you're caring for should be able to authorize a plan change legally.
- Or, you can make a plan change if you are their authorized representative with a durable Power of Attorney for health care decisions.

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Annual Medicare Plan Checklist

Review Their Current Health Needs

As a Caregiver, properly assessing your loved one's health and having the right coverage is a must-do to remain appropriately covered by their Medicare plan.

Has their health changed in the past year? YES NO

If yes, what has changed about their health or lifestyle in the past year?

Do you have a complete list of their current medications, including dosages? YES NO

If yes, list the medications and dosages so an agent can find plans tailored to their prescription needs.

Do they have a chronic health condition? YES NO

If so, they may be eligible for a Medicare Advantage [Chronic Conditions Special Needs Plan](#) tailored to their condition.

Chronic conditions include cardiovascular and lung disorders, chronic heart failure, diabetes, and more. Call a Connie Health agent to learn which plan suits their chronic condition.

Prepare A Financial Plan & Healthcare Budget

Financial experts recommend planning early for out-of-pocket Medicare expenses, which can quickly add up and cause financial headaches. Keep financial records updated to help your loved one qualify for extra financial support.

Have their finances changed in the past year? YES NO

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Do their monthly plan premiums fit their budget? YES NO

Were their **out-of-pocket** costs too high for their budget this year? YES NO

Are their predicted annual medical costs increasing in the coming year? YES NO

Do they make less than 150% of the federal poverty level? [Check if they qualify for Extra Help](#), or call a Connie Health agent to see if they are eligible. YES NO

Do they qualify for Medicare and Medicaid? If so, they could enroll in a Medicare Advantage [Dual Eligible Special Needs Plan](#). Call a Connie Health agent to speak about their plan options. YES NO

Medicare Plan Review

Your loved one should receive their Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) from their healthcare provider between September 1st and 30th—every year. Their ANOC explains how their current coverage will change starting January 1st of the coming year. The EOC provides a comprehensive list of the plan's costs and benefits in the coming year.

After reviewing their ANOC and EOC, work with your loved one to talk through how their plan is changing to avoid any unexpected price increases on deductibles, changes in benefits, or prescription coverage.

Are their monthly premiums increasing? YES NO

Am I unsure of any changes to their prescription drug coverage? YES NO

Are their preferred doctors and specialists still in their health plan's network? YES NO

Has their health plan's Star Rating changed in the past year? Unsure? Ask an agent. YES NO

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Do they want **dental benefits**? Such as **routine dental**, **dental implants**, or **dentures**?

YES NO

Do they want **vision benefits**? Such as **routine eye exams**, **prescription glasses**, or **cataract surgery**?

YES NO

Do they want **hearing benefits**? Such as **hearing aids**?

YES NO

Screenings and Prevention

As a caregiver, knowing when your loved one can access preventative care is essential. Here are two screenings covered by Medicare that should be scheduled - if they've recently been missed.

Has she had a **screening mammogram** in the past 12 months?

YES NO

Have they had a **screening colonoscopy** in the past 24 months?

YES NO

Plan For Additional Support

Being a caregiver is hard work. Whether you're helping with Medicare planning or involved in day-to-day care, there is support. Knowing when and where you can access support is the hardest part. Speak with an agent to get connected to resources that can help.

Do you need more information on short-term **home health care** or **home health aides**? These options can help if they are homebound and also provide support to caregivers.

YES NO

Do you need more information on **nursing homes** or **assisted living**? These are long-term facilities that provide care tailored to their needs.

YES NO

Do you need more information on **hospice care**? This type of care is for those with terminal illnesses and a life expectancy of six months or less.

YES NO

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Medicare Calendar

Important Reminders to Help You Manage Your Medicare Plan All Year Long

Your Medicare coverage can last more than 20 years. Finding the right plan that fits your health needs and budget each year is critical to reducing headaches and focusing on the joys of retirement. Also, making the most of your Medicare coverage will help you gain more from all the parts of your policy. Save these important reminders to confidently navigate your healthcare journey throughout the year.

January	February	March	April	May	June
Receive Your New Plan ID Card & Review Your New Benefits  Jan 1 - Feb 28					
General Enrollment Period for Original Medicare Medicare Advantage Open Enrollment Period  Jan 1 - Mar 31					
July	August	September	October	November	December
		Insurance Plan Yearly Change Notice  Sep 1 - 30			
		Part B Premium Adjustment  Last week of Sep - Oct 15	Annual Enrollment Period  Oct 15 - Dec 7		

Medicare Advantage Special Enrollment Period* Based on qualifying events

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Calendar Reminders

Receive Your New Plan ID Card & Review Your New Benefits

If you made a plan change during the **Annual Enrollment Period**, you can expect to receive your new ID card in the mail starting January 1st. If you're a Connie customer, you can expect to receive a call from your Connie Care Team member to answer questions about your new plan and walk through your benefits.

General Enrollment Period for Original Medicare

The **General Enrollment Period** is for people eligible for Medicare who missed their **Initial Enrollment Period**. Enroll in Original Medicare Parts A and B if you don't qualify to enroll during a **Special Enrollment Period**.

Medicare Advantage Open Enrollment Period

Suppose you're already enrolled in a Medicare Advantage plan (Part C). In that case, you'll be eligible to switch to a new Medicare Advantage plan or switch to Original Medicare during the **Medicare Advantage Open Enrollment Period**.

Insurance Plan Yearly Change Notice

If enrolled in a Medicare plan, you should receive your Annual Notice of Change (ANOC) by mail and email. The ANOC provides information about how your plan will change in the coming year. Review the Evidence of Coverage (EOC), which provides a comprehensive list of what the plan covers and how it works, including how much you pay in the coming year. Work with your insurance agent to decide if you need to change your plan during the **Annual Enrollment Period**.

Part B Premium Adjustment

If enrolled in Original Medicare, you'll want to understand changes to the **premiums**, deductibles, and Income-Related Monthly Adjustment Amounts (IRMAA) announced by The Centers for Medicare & Medicaid Services (CMS). These adjustments will impact your Medicare costs for the upcoming year.

Annual Enrollment Period (AEP)

Medicare plans renew annually, with hundreds of new policies hitting the market each year. Take time during the **Annual Enrollment Period** to review your plan and make changes. Schedule time with your agent if you need help identifying changes to your coverage - to ensure you remain on the right plan with your best interests in mind. Connie Health not only helps people navigate hundreds of Medicare plans with relationships with top providers in their area, we'll work to find you a plan that retains your doctors and benefits while providing potential cost savings.

* Medicare Advantage Special Enrollment Period (MA SEP)

If you move, lose coverage, or have other qualifying events, a **Medicare Advantage Special Enrollment Period** allows you to switch or sign up for a Medicare plan outside your standard Medicare enrollment periods. Contact your Connie Health agent to discover your eligibility for a Special Enrollment Period.

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For some, your Medicare journey can last more than 20 years. Each year during the Annual Enrollment Period (AEP), give yourself a quick refresher on important industry terms and coverages to go into next year with even more confidence and control over your Medicare plan.

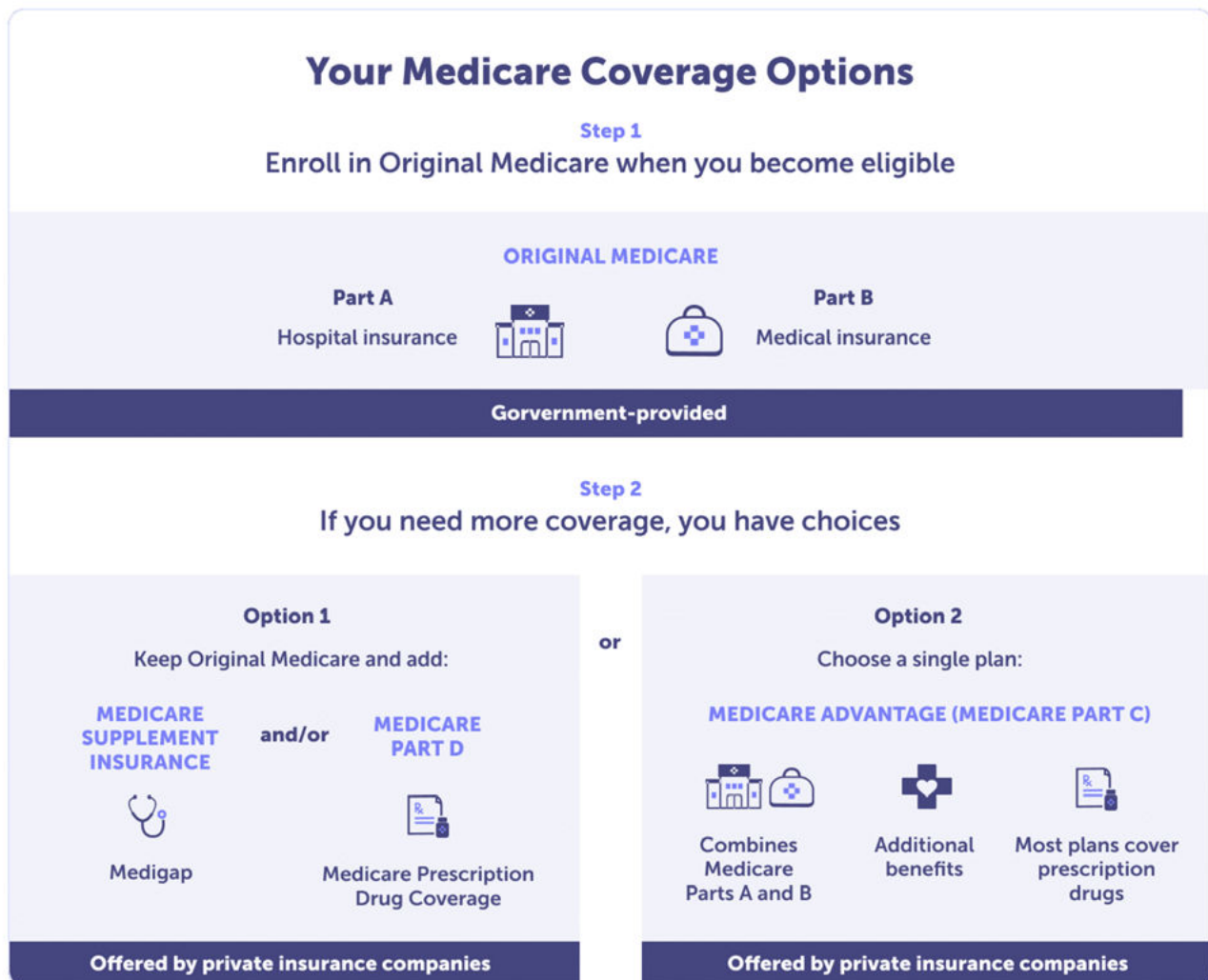
Here's a refresher on what you're likely already enrolled in - Original Medicare Parts A & B - the most basic coverage the government offers. And how to expand your Original Medicare, including Medicare Parts C, D, and Medigap.

Original Medicare includes:

- Part A (hospital insurance)
- Part B (medical insurance)

Plan options that give you more than Original Medicare coverage:

- Medicare Part C (Medicare Advantage)
- Medicare Part D (stand-alone Medicare Prescription Drug Coverage)
- Medigap (Medicare Supplement)



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Medicare Part A & Medicare Part B

Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) are the parts of Original Medicare. They cover your hospital and medical insurance.

Medicare Part C (Medicare Advantage)

Medicare Part C, or Medicare Advantage (MA), expands Original Medicare (Parts A & B) coverage. These are often called bundled plans because they include equal coverage to Original Medicare, plus extra benefits such as dental, vision, and hearing. Plans can also include Part D Prescription Drug Coverage. Those plans are called Medicare Advantage Prescription Drug plans.

Medicare Part D (Medicare Prescription Drug Coverage)

Medicare Part D is a federal program designed to offer prescription drug coverage. Original Medicare Parts A and B work with Medicare Part D. If you have a Medicare Advantage plan, you'll get this coverage through a MAPD (Medicare Advantage Prescription Drug) plan. You cannot have a Medicare Advantage

Prescription Drug plan and a stand-alone Medicare Part D Prescription Drug plan.

Avoid Medicare Part D Penalties

While Medicare Part D is an optional part of Medicare, if you don't have another source of prescription drug coverage, you may incur a late enrollment penalty when you decide to buy Medicare Part D.

Medigap Plans (Medicare Supplement)

Medigap, also known as a Medicare Supplement plan, assists in paying some or all out-of-pocket costs under Original Medicare Parts A & B, including cost-sharing expenses (copayments, deductibles, and coinsurance). Some plans include emergencies during international travel.

Usually, the decision you'll need to make is whether you want Original Medicare with a Medicare Supplement and a prescription drug plan (Medicare Part D) or a Medicare Advantage Prescription Drug plan. For most people, Original Medicare—alone—will not serve their needs or help control their out-of-pocket costs.

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