



Health Insurance

Checklist: Medicare Open Enrollment

Each year, the Medicare Open Enrollment Period runs from October 15 through December 7. During this time, you can make changes to your Medicare coverage. Changes you make will become effective on January 1 and last for the entire year.

Open Enrollment is the time when you can:

- a. switch from Original Medicare to a Medicare Advantage Plan (MAP);
- b. switch from a MAP to Original Medicare;
- c. switch MAPs;
- d. switch Medicare prescription drug plans (PDPs); or
- e. enroll in a PDP for the first time, if you already have Medicare Part A and/or Part B.

Depending on your state's rules you may also be able to enroll in or switch your Medigap plan.

This checklist includes steps for reviewing your current Medicare coverage and deciding if there are changes you want to make for next year.

☐ **Step 1: Gather your current Medicare information.**

- Find all of your insurance cards, including your Medicare card, as well as cards for any of these plans: MAP, PDP, Medigap, other supplemental coverage (e.g., employer plan or retiree plan).
- Find the Summary of Benefits and Coverage for your MAP or PDP. If you don't have a copy, check your plan's website or call the telephone number on your insurance card to ask for one.
- Check your mail for your Medicare Annual Notice of Change (ANOC). By the end of September, you should receive an ANOC from your MAP or PDP. The ANOC lists changes in plan coverage or costs that will start the following year. Your ANOC may look like a letter, a brochure, or even a newsletter. Don't ignore it!
- Make a list of your current medications. Include the drug name, dosage, and the quantity you take each month.
- Make a list of the pharmacies where you go to get your medications. You can include your current pharmacy but can also include others near to you.
- Make a list of your preferred health care providers, including doctors, hospitals, and specialists.

☐ **Step 2: Review your current Medicare coverage.**

- Review your ANOC:
 - If you have a MAP or a PDP, check if the costs of your plan are changing. Look at the plan's premium, deductible, and out-of-pocket maximum. Also check for any changes to co-pays and co-insurance amounts. Calculate the total cost of a MAP plan by using our Medicare Comparison Calculator & Worksheet: TriageHealth.org/Worksheet-Medicare. Remember, if you have a MAP, your plan's out-of-pocket maximum for prescription drugs is separate from the plan's out-of-pocket maximum for medical care.
 - If you have a MAP, check to see if all your preferred health care providers will be in-network next year.
 - If you take prescription drugs, check if:
 - each of your drugs will be on the plan's formulary next year.

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- any of the drugs you take have coverage restrictions (i.e., quantity limits, prior authorization, or step therapy requirements).

□ **Step 3: Compare new plan options**

- Visit [Medicare.gov/Plan-Compare](https://www.Medicare.gov/Plan-Compare) to use Medicare's Plan Finder tool to compare new plan options. You don't need an online Medicare account to use Plan Finder. But, if you do have an online Medicare account, you can log in to save time; information about your current plan and about any prescription drugs Medicare has covered for you, will already be in the system. If you need help with Plan Finder, watch our video: [TriageCancer.org/Video-MedicarePlanFinder](https://www.TriageCancer.org/Video-MedicarePlanFinder).
- During Open Enrollment, Plan Finder has information for both the current year and the next year. When reviewing options for next year, make sure you choose the right year.
- Review MAPs and/or PDPs that are available.
 - Considerations for MAPs:
 - What will the plan cost? Look at the plan's premium, deductible, and out-of-pocket maximum. Also check the co-pays and co-insurance amounts. Calculate the total cost of the plan by using our Medicare Comparison Calculator & Worksheet: [TriageCancer.org/Worksheet-Medicare](https://www.TriageCancer.org/Worksheet-Medicare).
 - Are all of your health care providers in-network for the plan? Does the plan provide out-of-network coverage?
 - If you take prescription drugs:
 - What will your drugs cost? Look at the plan's drug deductible and out-of-pocket maximum. Also check the co-pays and co-insurance amounts. Remember that the plan's out-of-pocket maximum for prescription drugs is separate from the plan's out-of-pocket maximum for medical care.
 - Are each of your drugs on the plan's formulary?
 - Do any of your drugs have coverage restrictions (i.e., quantity limits, prior authorization, or step therapy requirements)?
 - Do you want to enroll in the Medicare Prescription Payment Plan: [Medicare.gov/Prescription-Payment-Plan](https://www.Medicare.gov/Prescription-Payment-Plan)?
 - Considerations for PDPs:
 - What will the plan cost? Look at the plan's premium, deductible, and out-of-pocket maximum. Also check the co-pays and co-insurance amounts.
 - If you take prescription drugs:
 - Are each of your drugs on the plan's formulary?
 - Do any of your drugs have coverage restrictions (i.e., quantity limits, prior authorization, or step therapy requirements)?
 - Do you want to enroll in the Medicare Prescription Payment Plan: [Medicare.gov/Prescription-Payment-Plan](https://www.Medicare.gov/Prescription-Payment-Plan)?
- What if I can't find certain information in Plan Finder?
 - To find information about which insurance plans your health care providers accept:
 - Check each health care provider's website. Most list the insurance plans they accept in their "Insurance" or "Finances" sections.
 - Call your health care provider's office to confirm anything you find on their website or, if you're unable to find the information on their website, ask which plans they accept.
 - Details about drug restrictions:
 - Plan Finder includes details about quantity restrictions (e.g., 30 pills per month), as well as whether or not a drug has prior authorization or step therapy requirements. To find more information about prior authorization or step therapy requirements, you can visit the plan's website to view the plan formulary. Step 4: Get help if you need it. Contact your State Health Insurance Assistance Program (SHIP). SHIPs provide free, unbiased,

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☐ **Step 4: Get help if you need it**

- Contact your State Health Insurance Assistance Program (SHIP). SHIPs provide free, unbiased, individualized counseling and assistance for Medicare beneficiaries and their caregivers. States call their SHIPs by different names. To find contact information for your SHIP, visit [TriageHealth.org/StateResources](https://www.triagehealth.org/state-resources).
- Call 1-800-MEDICARE.
- Contact our Legal & Financial Navigation program by visiting [TriageHealth.org/GetHelp](https://www.triagehealth.org/get-help).
- A note about insurance agents and brokers: some people prefer to make Medicare decisions with help from an insurance agent or broker. Keep in mind that most insurance agents and brokers are paid, at least in part, based on which insurance plan(s) you purchase, so they may have a bias towards certain plans.

☐ **Step 5: Take action, if needed.**

- If you decide you want to keep the same plan(s) you already have, you do not need to do anything.
- If you decide you want to make a change, switch plans. Enroll online at [Medicare.gov](https://www.medicare.gov) or call 1-800- MEDICARE. You can also enroll by calling the MAP or PDP directly; however, enrolling through Medicare should mean you are automatically disenrolled from any prior plan and leave less room for error.
- Print or save confirmations of any changes you make.

☐ **Step 6: After enrollment**

- If you have made changes, look out for your new plan card and other materials in the mail.
- Cancel any coverage you no longer need (or confirm it's been cancelled).
- Update any automatic payment information with your plan.
- Tell your health care providers and pharmacies about your new plan information. Take your cards with you the next time you visit them.
- Begin using your new coverage.
- Don't forget about other enrollment opportunities throughout the year:
 - If you start the year in a MAP and the coverage isn't working for you, there is a Medicare Advantage Open Enrollment Period from January 1 through March 31. During this time, you can change MAPs or you can choose to switch to Original Medicare.
 - Depending on your situation, you may be eligible for a Special Enrollment Period (e.g., when you move out of your MAP's plan area).

For more information about Medicare enrollment periods, read our Quick Guide to Medicare Enrollment Periods: [TriageHealth.org/Quick-Guides/MedicareEnrollment](https://www.triagehealth.org/quick-guides/medicare-enrollment). For more information about Medicare and Open Enrollment, visit our Medicare resources at [TriageHealth.org/Medicare](https://www.triagehealth.org/medicare).

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