

Take a moment to assess your Medicare Advantage Plan

Utilize this convenient checklist to identify your priorities and determine if your current Medicare Advantage Plan meets your needs.

If you are currently enrolled in a Medicare Advantage plan or a Part D (prescription drug) plan, you will receive an Annual Notice of Changes (ANOC) in September. This document outlines all the modifications to your plan coverage and healthcare expenses for the upcoming year.

To assist you in evaluating your ANOC, here are essential factors to consider and questions to ask yourself. These prompts will aid in determining whether it is necessary to explore new Medicare Advantage plans during the upcoming Annual Election Period (AEP).

Cost

Assess if these statements are relevant to your circumstances:

- Did your premium increase last year?
- Have there been changes to your prescriptions?
- Has your health condition changed?
- Will your copays change for the following:

Visits to your primary care physician?

Visits to specialists?

Prescription medications?

Hospital stays?

• Verify if your current plan offers significant cost-saving benefits, such as:

Allowances for over-the-counter items like toothpaste and aspirin?

Assistance with transportation to doctor appointments and pharmacies?

Help with household tasks and chores, such as laundry or meal preparation?

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Coverage

Have you recently begun utilizing additional services in the past year, such as engaging in physical therapy or seeking treatment from a mental health professional?

- Will these needed services still be covered at the same level?
- Does your plan include adequate coverage for important benefits, like:
 - Dental?
 - Vision?
 - Hearing?
- Does your plan give you the freedom to choose doctor(s) and specialist(s) without a referral?
- Does your current coverage travel with you, even out of state?

Prescriptions

- Has the deductible for your drug plan increased?
- Are there coverage changes to your prescriptions?
- Are your medications still included in the same tiers?
- Is your preferred pharmacy still included in your plan's network?
- Have you added new prescriptions in the last 12 months?
 - Are they still in the same tier?
 - Is the copay still the same?

Providers

Are your preferred healthcare providers still included within the network of your plan, like:

- Your preferred primary care doctor?
- Your preferred hospital(s)?
- Your preferred specialist(s)?

Have providers been removed from your plan's network in the last 12 months?

- Are you willing to switch providers if they are no longer in your plan's network to get extra benefits or save money?

Bottom Line Assessment

- Does your current plan still fit your needs?

As you consider these questions, particularly if you responded negatively to the last one, you might realize that it is worth considering a new Medicare Advantage plan that aligns with your requirements and financial situation.

Obtain the coverage that meets your needs and deserves. Fill Out [Form For Evaluating Medicare Benefits](#) now to determine if you qualify and seize the incredible advantages awaiting you.

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Please note that we do not offer every plan available in your area. The information we provide is limited to the plans we offer in your specific location. For comprehensive information about all your options, please contact Medicare.gov or call 1-800-MEDICARE (TTY users should call 1-877-486-2048) 24 hours a day, 7 days a week.

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