

2 AM SOLUTION SERIES

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MEDICARE MADE EASY



The No-Nonsense, Plain-English Guide to
Understanding Medicare,
Avoiding Costly Mistakes,
and Getting the Coverage
You Deserve

Free Quick-Start Guide —
MedicareMadeEasy.com



Doug Slates

DOUGSLATESPUBLISHING.COM

● INSIDE THIS GUIDE

What You'll Find Here

<p>01 Medicare Doesn't Have to Be Confusing The Medicare Confidence Test™</p> <p>02 Medicare by the Numbers Key 2026 statistics every enrollee should know</p> <p>03 The 4 Parts of Medicare A, B, C, and D — plain English</p> <p>04 The Medicare Translation Guide Jargon decoded</p> <p>05 What Medicare Actually Costs 2026 premiums, deductibles, and copays</p> <p>06 The \$300,000 Question Healthcare costs in retirement</p> <p>07 Original Medicare vs. Medicare Advantage Full side-by-side comparison</p> <p>08 The 3 Most Expensive Mistakes How to avoid them</p>	<p>09 Real-Life Medicare Stories Jim and Susan's decisions</p> <p>10 The Medicare Roadmap Your visual enrollment timeline</p> <p>11 Medicare Red Flags Warning signs to watch for</p> <p>12 10 Questions to Ask Every Agent What to demand from any broker</p> <p>13 Free Medicare Resources Official clickable links</p> <p>14 Before You Enroll Checklist Printable action list</p> <p>15 Meet Your Medicare AI Assistant MedicareMadeEasy.com — ask anything</p> <p>16 Ready to Compare Plans? No pressure. No obligation. No cost.</p>
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● START HERE

How to Use This Guide

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In less than 20 minutes you'll learn everything you need to make confident Medicare decisions — at your own pace, with no sales pressure.

✓	Medicare Parts A, B, C, and D	What each part covers and what it costs
✓	Enrollment Deadlines	The dates that cost you money if missed
✓	Original Medicare vs. Advantage	The most important decision most people make
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SECTION 1

MEDICARE DOESN'T HAVE TO BE CONFUSING

Why you feel overwhelmed — and how to fix that



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● SECTION 1

Medicare Doesn't Have to Be Confusing

Every year, millions of Americans approach their 65th birthday with dread. The dread comes from the mailbox — letters from Social Security, brochures from insurers, postcards with urgent red borders. Nobody sat you down and explained any of this.

Here is the truth nobody tells you: Medicare itself is not complicated. Four parts, a handful of key dates, and decisions most people make once a year. What makes it feel overwhelming is the marketing noise layered on top of a straightforward government program.

❖ **Pro Tip:** *You are not required to work with any agent. You can enroll entirely on your own at SSA.gov and Medicare.gov — free, with no sales pressure.*

The Medicare Confidence Test™

Answer yes or no. Be honest with yourself:

1	I know the difference between Part A, Part B, Part C, and Part D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I know my exact Medicare enrollment deadline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	I understand what a late enrollment penalty is and how to avoid it.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4	I know whether Original Medicare or Medicare Advantage is right for me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	I understand what Medigap is and whether I need it.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	I know what creditable prescription drug coverage means.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	I know the difference between a premium, deductible, and coinsurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	I know what IRMAA is and whether it affects my premium.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	I know how to compare Medicare plans in my ZIP code for free.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	I know at least two free resources that can help me make Medicare decisions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCORING: 8–10 Yes: Well-prepared — use this guide to fill any gaps. | 5–7 Yes: Good start — a few sections will sharpen your decisions. | 0–4 Yes: This guide was built for you. Read every section.

◆ *Your results are a starting point. Get personalized answers at MedicareMadeEasy.com* ◆

SECTION 2

MEDICARE BY THE NUMBERS

The 2026 statistics every enrollee should know



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● SECTION 2

Medicare by the Numbers

Numbers tell a story. Here is the Medicare story every American turning 65 should know before making a single enrollment decision.

<p>65M+ Americans currently enrolled in Medicare</p>	<p>\$196.90 Standard monthly Part B premium — 2026</p>
<p>10,000 Baby Boomers turning 65 every single day</p>	<p>\$300K+ Estimated healthcare costs for a couple in retirement</p>
<p>7 Mo. Your Initial Enrollment Period window</p>	<p>10% Permanent Part B penalty per year of late enrollment</p>
<p>\$0 Part A premium for most Americans</p>	<p>\$2,000 Maximum drug out-of-pocket cost per year — 2026</p>

1 in 3 Medicare enrollees choose the wrong plan the first time.

Most never revisit their coverage. This guide helps you get it right from the start.

Why These Numbers Matter

The \$196.90 monthly Part B premium is just the starting point. Add Medigap, Part D, and dental — and a couple's combined Medicare costs can easily reach \$900–\$1,400 per month.

The 10% late penalty seems small until you calculate it over 20 years. A 2-year delay adds \$39/month permanently — **over \$9,000 in extra costs** across a typical retirement.

The Good News

Every one of these numbers is manageable with the right information. The \$2,000 prescription drug cap effective in 2025 is the biggest improvement to Medicare in years — eliminating the financial impact of the old 'donut hole' for most enrollees.

❖ **Pro Tip:** Set a Medicare budget. Factor in Part D, Medigap or an Advantage plan. Know your work status before you enroll.

SECTION 3

THE 4 PARTS OF MEDICARE

A, B, C, and D — decoded in plain English



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● SECTION 3

The 4 Parts of Medicare

Medicare has four parts. Each covers something specific. Understanding what each part does — and what it doesn't — is the foundation of every good Medicare decision.

A

Hospital Insurance

Part A covers inpatient hospital stays, skilled nursing facility care, hospice care, and some home health services. Most people pay **\$0 in premiums** if they or a spouse worked and paid Medicare taxes for at least 10 years.

Cost Note: \$1,720 deductible per benefit period (2026). No premium for most people.

B

Medical Insurance

Part B covers doctor visits, outpatient care, preventive services, lab tests, X-rays, mental health care, and durable medical equipment. The 20% coinsurance has no annual cap — which is why many people add Medigap coverage.

Cost Note: \$196.90/month standard premium. \$257 annual deductible. 20% coinsurance — no cap.

C

Medicare Advantage

Medicare Advantage is an alternative to Original Medicare offered by private insurers. Plans must cover everything Original Medicare covers and often add dental, vision, hearing, and drug coverage. You stay within a provider network.

Cost Note: Premiums often \$0. Annual out-of-pocket maximum provides cost protection.

D

Prescription Drugs

Part D covers prescription medications through private plans. If you use Original Medicare, add a standalone Part D plan. **Skipping Part D when eligible — even if you take no medications — triggers a permanent monthly penalty.**

Cost Note: Average \$35–\$60/month. Maximum \$2,000 out-of-pocket per year starting 2025.

◆ **Pro Tip:** *Parts A and B = 'Original Medicare.' Add Part D for drugs and Medigap for cost protection — or replace everything with a Part C Advantage plan that bundles all three.*

◆ Questions about the 4 Parts? Ask Helen at [MedicareMadeEasy.com](https://www.MedicareMadeEasy.com) ◆

SECTION 4

THE MEDICARE TRANSLATION GUIDE

Medicare jargon decoded into plain English

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● SECTION 4

The Medicare Translation Guide

Medicare comes with its own vocabulary. Every term below is one you will encounter during enrollment. Here is what each one actually means.

<p>Initial Enrollment Period (IEP)</p>	<p>Your first Medicare window. A 7-month period centered on your 65th birthday. Miss it without a qualifying reason and you face permanent penalties.</p>
<p>Special Enrollment Period (SEP)</p>	<p>A qualifying life event — usually losing employer coverage — that gives you a penalty-free enrollment window. Most common SEP: 8 months after employer coverage ends. COBRA does NOT count.</p>
<p>Creditable Coverage</p>	<p>Prescription drug coverage at least as good as Medicare's standard Part D. If you have it, you can delay Part D without penalty. Your employer must notify you in writing each year.</p>
<p>IRMAA</p>	<p>Income-Related Monthly Adjustment Amount — a surcharge on Part B and Part D premiums for higher earners. In 2026, kicks in at \$106,000 individual / \$212,000 joint. If income has dropped, appeal using Form SSA-44.</p>
<p>Medigap</p>	<p>Private supplement insurance that fills Original Medicare's gaps — especially the uncapped 20% Part B coinsurance. Plans standardized A through N. Plans G and N most popular. Best enrolled during your 6-month Open Enrollment window.</p>
<p>Annual Enrollment Period (AEP)</p>	<p>October 15 – December 7 every year. Switch Advantage plans, move between Original Medicare and Advantage, or change Part D plans. Changes take effect Jan 1. Set a reminder every year.</p>

<p>Out-of-Pocket Maximum</p>	<p>The most you pay in a year before the plan covers 100%. Original Medicare has no cap — reason Medigap matters. Advantage plans must cap costs (approx. \$8,850 in-network in 2026).</p>
<p>Benefit Period</p>	<p>How Medicare measures hospital use. Begins on admission, ends 60 days after discharge. No limit to the number — but each triggers a new Part A deductible.</p>

SECTION 5

WHAT MEDICARE ACTUALLY COSTS

2026 premiums, deductibles, copays, and coinsurance



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● SECTION 5

What Medicare Actually Costs

Medicare is not free — but it is highly structured. Understanding the four cost categories helps you budget accurately and avoid surprises.

<p>Premium The monthly amount you pay to maintain Part A: \$0 for most. Part B: \$196.90/month</p>	<p>Copay A fixed dollar amount for a specific service — e.g., Medicare Advantage plan.</p>
<p>Deductible The amount you pay before Medicare shares costs during a benefit period. Part B: \$257 annual.</p>	<p>Coinsurance Your percentage share after the deductible. Under a Medicare Advantage plan, there is an annual cap. This is why many people add Medigap.</p>

2026 Medicare Cost Reference

Coverage	Premium	Deductible	Your Share
Part A — Hospital	\$0 most people	\$1,720/benefit period	\$0 days 1–60; \$463/day days 61–90
Part B — Medical	\$196.90/mo	\$257/year	20% — no annual cap
Part C — Advantage	Often \$0	Varies by plan	Annual OOP max ~\$8,850
Part D — Drugs	~\$35–\$60/mo	Up to \$590/year	Max \$2,000/year (2026)
Medigap Plan G	\$100–\$300/mo	\$257 Part B deductible	\$0 after deductible

◆ **Pro Tip:** *The 20% Part B coinsurance has NO annual cap. A serious illness could cost \$20,000+ out of pocket. Medigap Plan G eliminates virtually all of that for a predictable monthly premium.*

◆ *Use the free cost estimator at MedicareMadeEasy.com to run your own numbers* ◆

SECTION 6

THE \$300,000 QUESTION

Healthcare costs in retirement — what to expect and how to plan



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● SECTION 6

The \$300,000 Question

A 65-year-old couple retiring today may need \$300,000 or more

to cover healthcare costs in retirement — not including long-term care.

That number isn't meant to alarm you — it's meant to prepare you. Healthcare is the single largest variable expense most retirees face. The Medicare decisions you make at 65 have real, lasting financial consequences.

Medicare Premiums	\$196.90/mo × 2 people × 20 years = \$94,512 minimum. More if IRMAA applies.
Prescription Drugs	Average \$3,500–\$5,000/year for a couple, growing as health needs increase.
Dental, Vision, Hearing	Not covered by Original Medicare — typically \$2,000–\$5,000/year for a couple.
Copays and Coinsurance	Accumulates with regular doctor visits, procedures, and specialist care.
Long-Term Care	Not covered by Medicare. One of the largest financial wildcards in retirement.

What You Can Control

You cannot control the cost of healthcare. But you can control how much of those costs fall on you personally. The right Medicare plan,

properly enrolled, with appropriate supplement coverage, can dramatically reduce your out-of-pocket exposure across a 20-year retirement.

❖ **Pro Tip:** *The highest-value Medicare decision most people make is whether to add Medigap early. Once you have a serious health condition, private insurers can deny your application in most states. Enroll during your 6-month Medigap Open Enrollment — it starts when you turn 65 and enroll in Part B.*

SECTION 7

ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE

The most important Medicare decision you will make



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● SECTION 7

Original Medicare vs. Medicare Advantage

No universally correct answer. The right choice depends on your health, your doctors, your finances, and how you live. Here is an honest comparison.

	Original Medicare	Medicare Advantage
Who runs it	Federal government	Private insurer
Doctor access	Any Medicare doctor in U.S.	Network-based HMO or PPO
Referrals	Not required	Usually required (HMO)
Out-of-pocket max	None — add Medigap	~\$8,850 in-network 2026
Drug coverage	Add Part D separately	Usually included
Dental/Vision	Not covered	Often included
Travel coverage	Full — anywhere in U.S.	Emergency only outside network
Prior authorization	Rarely required	Frequently required
Monthly cost	Part B + Medigap + Part D	Often \$0–\$50 + Part B
Best for	Complex needs, travel, specialists	Healthy, local care, low premiums

❖ **Pro Tip:** *If you develop a serious illness after choosing Medicare Advantage, switching to Original Medicare + Medigap may be difficult or impossible in most states. Think 20 years ahead — not just about your health today.*

Still Not Sure Which Option Is Right For You?

Most Americans aren't — and that's completely understandable. This is one of the most consequential financial decisions you'll make in retirement, and the right answer depends entirely on your health, your doctors, and your life.

Questions like these are exactly why MedicareMadeEasy.com exists:

- Should I choose Medigap or Medicare Advantage?
- Which option works best with my current doctors?
- What if I travel frequently or split time between states?
- What are my likely out-of-pocket costs under each option?
- What happens if my health changes significantly later?

Get Plain-English Answers Instantly

Visit MedicareMadeEasy.com and ask our Medicare AI Assistant.

No registration. No cost. No sales pitch. Available 24/7.

SECTION 8

THE 3 MOST EXPENSIVE MEDICARE MISTAKES

These cost Americans billions every year — all preventable



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● SECTION 8

The 3 Most Expensive Medicare Mistakes

These three mistakes are entirely preventable. Each one costs real money — in many cases, for the rest of your life.

<p>MISTAKE #1</p> <p>Missing Your Enrollment Deadline</p>	<p>The Problem: The 7-month IEP is your first and most critical window. Miss it without a qualifying SEP and Medicare adds a permanent 10% surcharge to your Part B premium for every 12-month period you delayed. The Part D penalty is 1% per month. A 2-year delay on a \$196.90 premium adds \$39/month permanently — over \$9,360 in extra costs over 20 years.</p> <p>The Solution: Set a calendar alert 6 months before your 65th birthday. Enroll during the first 3 months of your IEP.</p>
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<p>MISTAKE #2</p> <p>Choosing Based Only on Premium</p>	<p>The Problem: A \$0 Advantage premium sounds ideal — until a major procedure reveals a \$7,000 out-of-pocket maximum, network restrictions excluding your preferred specialists, and prior authorization delays. The lowest premium is rarely the lowest total cost.</p> <p>The Solution: Calculate worst-case annual cost: deductible + coinsurance + out-of-pocket maximum. Compare that number across plans, not just the monthly premium.</p>
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**MISTAKE
#3****Ignoring P
rescription
Drug
Coverage**

The Problem: Many people skip Part D because they currently take no medications. The penalty accumulates from the date you were first eligible — not when you started needing drugs. A 3-year delay could add **36% to your Part D premium permanently.**

The Solution: Enroll in Part D when first eligible. The cheapest plan in your area may cost as little as \$12–\$18/month.

SECTION 9

REAL-LIFE MEDICARE STORIES

Two decisions. Two very different outcomes.

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● SECTION 9

Real-Life Medicare Stories

Composite stories representing common experiences among Medicare enrollees. Names and details are illustrative. The situations are real.

JIM'S STORY — The Plan That Looked Perfect on Paper

Jim, 66, retired teacher from Ohio. Healthy, active, looking for the lowest possible monthly payment.

Jim enrolled in a \$0-premium Medicare Advantage HMO. His primary care doctor was in-network. Everything seemed fine — until he needed knee replacement surgery. His orthopedic surgeon of 12 years was out of network. Prior authorization took six weeks. The in-network surgeon had a 4-month wait.

Jim's total out-of-pocket hit his plan's annual maximum: **\$6,200.**

What Jim wished he'd known: A Medigap Plan G policy would have cost him \$140/month — \$1,680/year. It would have covered that \$6,200 completely, with access to any surgeon in the country, no authorization required. He would have saved \$4,520 on that procedure alone.

SUSAN'S STORY — The Penalty She Didn't See Coming

Susan, 68, consultant from Florida. Working part-time, covered under her husband's employer plan when she turned 65.

Susan correctly delayed Medicare — her husband's employer coverage qualified. When coverage ended, she enrolled in Parts A and B on time. But she skipped Part D: she only took one generic she bought directly.

Two years later, Susan was diagnosed with Type 2 diabetes. Her medications jumped to \$400/month. When she finally enrolled in Part D, she discovered a permanent **24% surcharge** on her drug premium. That penalty follows her for life.

What Susan wished she'd known: A \$14/month Part D plan during those two years would have cost her \$336 total. Her permanent penalty will cost thousands more over her lifetime.

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SECTION 10

THE MEDICARE ROADMAP

Every milestone from age 64 to your first annual review

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● SECTION 10

The Medicare Roadmap

Follow this timeline in order. Every step matters.

AGE 64½ — 6 MONTHS OUT

Research & Prepare

Compare Original Medicare vs. Advantage. Research independent agents who represent multiple carriers. List all prescriptions, dosages, and doctors. Review your Social Security earnings record at SSA.gov.

3 MONTHS BEFORE 65

Enroll in Parts A and B

Sign up at SSA.gov or your local Social Security office. Enroll during the first 3 months of your IEP for coverage to start on time.

3 MONTHS BEFORE 65

Choose Drug Coverage

Use the Medicare Plan Finder at Medicare.gov to compare Part D plans based on your actual medications. Evaluate total annual cost — not just the monthly premium.

3 MONTHS BEFORE 65

Choose Supplement Coverage

If going with Original Medicare, apply for Medigap now. Your 6-month Open Enrollment starts when Part B begins — insurers cannot deny you during this window.

BIRTHDAY MONTH

Coverage Begins

Confirm Medicare card arrives (allow 3 weeks). Notify all doctors, specialists, and your pharmacy. Cancel any coverage that is now redundant. Create your account at MyMedicare.gov.

FIRST YEAR

Stay Sharp

Read your Explanation of Benefits — errors happen. Use your free Welcome to Medicare preventive visit. Never give your Medicare number to anyone who contacts you unsolicited.

EVERY OCTOBER 15

Annual Enrollment Review

Review your Annual Notice of Change. Re-run prescriptions through Medicare Plan Finder. Compare costs — plans change every year. Make changes by December 7.

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SECTION 11

MEDICARE RED FLAGS

Warning signs that someone is not working in your interest



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● SECTION 11

Medicare Red Flags

Not everyone who contacts you about Medicare has your best interests at heart. Learn to recognize the warning signs.

Red Flag: Pressure to decide today

No legitimate Medicare plan requires an immediate decision. Any agent who tells you an offer expires tonight or pressures you to sign before reviewing options is not working in your interest. Walk away.

Red Flag: Pitches only one company

A truly independent agent represents multiple carriers. An agent who only shows you one company's plans is a captive agent paid to sell that company's products. Ask: "How many carriers do you represent?"

Red Flag: Unrealistic promises

"This plan covers everything with no out-of-pocket costs" is not possible under Medicare. Every plan has cost-sharing. Every plan has limitations. Verify every claim in writing.

Red Flag: No prescription drug review

Before recommending any plan, a responsible agent should ask for your complete medication list and run it through the plan's formulary. Skipping this means you could end up in a plan that doesn't cover your most important drugs.

Red Flag: Unsolicited contact claiming to be Medicare

Medicare will never call, email, or text you unsolicited to sell anything. If someone contacts you claiming to be from Medicare and asks for your Medicare number, it is fraud. Hang up. Report to 1-800-MEDICARE.

Red Flag: Gifts or cash offers to enroll

It is illegal for Advantage and Part D plans to offer cash, gift cards, or other inducements to get you to enroll. These are federal violations. Report them.

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SECTION 12

10 QUESTIONS TO ASK EVERY MEDICARE AGENT

A good agent welcomes these. A bad one will dodge them.

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● SECTION 12

10 Questions to Ask Every Medicare Agent

Print this page. Bring it to every consultation. The quality of the answers tells you everything you need to know.

1 Are you an independent broker or a captive agent?

- Independent brokers represent multiple carriers. Captive agents sell one company only.

2 How many insurance carriers do you represent?

- More carriers = more objective comparison. Fewer than 5 is a yellow flag.

3 Will you run my medications through the plan formulary?

- Non-negotiable. Drug coverage varies dramatically by plan.

4 What is the plan's annual out-of-pocket maximum?

- This is your worst-case scenario for the year. Know it before you sign.

5 Are my current doctors in this plan's network?

- Verify independently at the plan's website — agent info can be outdated.

6 What happens if I need a specialist outside the network?

- HMO plans restrict specialists. PPO plans offer more flexibility.

7 How do I appeal a denied claim or prior authorization?

- Every plan has an appeals process. A good agent knows it and explains it.

8 What are this plan's CMS star ratings?

- CMS rates plans 1–5 stars. Look for 4 or 5 stars. Low ratings are a red flag.

9 What happens to my coverage when I travel?

- . Critical for snowbirds. Original Medicare covers you anywhere in the U.S.

10 What is your commission for recommending this plan?

- . Agents earn commissions — that's standard. A transparent agent answers directly.
-

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SECTION 13

FREE MEDICARE RESOURCES

Official government-backed resources — all clickable

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[MedicareMadeEasy.com](https://www.MedicareMadeEasy.com)

● SECTION 13

Free Medicare Resources

These are the official, government-backed resources every Medicare enrollee should bookmark. All links are clickable.

Medicare.gov

<https://www.medicare.gov>

The official U.S. Medicare website. Compare plans, find doctors in your network, check coverage, and file complaints. The Medicare Plan Finder lets you compare Advantage and Part D plans in your ZIP code based on your actual medications.

SSA.gov

<https://www.ssa.gov>

Social Security Administration. Enroll in Parts A and B online, check your work record, manage IRMAA appeals, and coordinate Social Security benefits with Medicare enrollment timing.

MyMedicare.gov

<https://www.mymedicare.gov>

Your personal Medicare account. Track claims, check deductible status, view Medicare Summary Notices, and monitor for billing errors. Create an account as soon as your Medicare coverage begins.

SHIP Help — shiphelp.org

<https://www.shiphelp.org>

Free, unbiased Medicare counseling in every state. SHIP counselors are trained volunteers with no financial interest in your decision. One of the most underused and most valuable Medicare resources available.

1-800-MEDICARE

<tel:+18006334227>

The official Medicare helpline. Available 24 hours a day, 7 days a week. Trained counselors answer questions about coverage, claims, enrollment, and complaints.

TTY users: 1-877-486-2048.

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SECTION 14

BEFORE YOU ENROLL CHECKLIST

Print this page. Work through it in order. Nothing skipped.

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● SECTION 14

Before You Enroll Checklist

Print this page. Work through it in order. Nothing skipped.

6 MONTHS BEFORE YOUR 65TH BIRTHDAY

- Confirm enrollment deadline — 3 months before your birthday month
- Check your Social Security earnings record at SSA.gov for accuracy
- Ask HR in writing whether your employer coverage is "creditable"
- Decide: Original Medicare + Medigap, or Medicare Advantage?
- List all prescriptions with dosages for plan comparison
- List all doctors and verify they accept Medicare
- Research licensed independent agents who represent multiple carriers

3 MONTHS BEFORE YOUR 65TH BIRTHDAY

- Enroll in Parts A and B at SSA.gov or your local Social Security office
- If choosing Original Medicare: apply for a Medigap plan now
- Compare Part D drug plans at Medicare.gov Plan Finder
- If choosing Advantage: compare plans at Medicare.gov
- Confirm all your doctors are in your chosen plan's network
- Verify your most important medications are on the plan's formulary

WHEN YOUR MEDICARE CARD ARRIVES

- Confirm card arrives (allow 3 weeks after enrollment)

- Notify all doctors, specialists, and your pharmacy
- Cancel any coverage that is now redundant
- Create your account at MyMedicare.gov
- Set recurring calendar reminder: October 15 — Annual Enrollment

EVERY YEAR — OCTOBER 15 TO DECEMBER 7

- Review your Annual Notice of Change from your current plan
- Check whether your doctors are still in-network for next year
- Re-run your prescriptions through Medicare Plan Finder
- Compare current plan against alternatives in your ZIP code
- Make any changes by December 7 — they take effect January 1

● **START HERE**

How to Use This Guide

Most people spend years hearing about Medicare but never receive a clear explanation of how it actually works. This guide was designed to change that.

In less than 20 minutes you'll learn everything you need to make confident Medicare decisions — at your own pace, with no sales pressure.

✓	Medicare Parts A, B, C, and D	What each part covers and what it costs
✓	Enrollment Deadlines	The dates that cost you money if missed
✓	Original Medicare vs. Advantage	The most important decision most people make
✓	How to Avoid Penalties	Permanent surcharges and how to prevent them
✓	What Medicare Really Costs	2026 premiums, deductibles, and your share
✓	How to Compare Plans	Tools and frameworks for your ZIP code
✓	Where to Get Unbiased Help	Free resources that work for you, not insurers

Need Personalized Help?

Visit [MedicareMadeEasy.com](https://www.MedicareMadeEasy.com) and ask our Medicare AI Assistant any Medicare question.

Available 24/7. No registration required. No cost.

SECTION 15

MEET YOUR MEDICARE AI ASSISTANT

Plain-English answers to any Medicare question — 24/7, no sales pitch

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● SECTION 15

Meet Your Medicare AI Assistant

Medicare questions don't follow business hours. Now there's a resource that does.

MedicareMadeEasy.com

Ask Medicare questions in plain English. Get plain-English answers.

MedicareMadeEasy.com features an AI Medicare assistant built on Anthropic technology. Trained to answer Medicare questions clearly, accurately, and without a sales agenda.

Available 24 hours a day. No account required. No sales pitch.
Educational use only.

Ask it anything. Here are some examples:

Q: Do I need Medicare if I'm still working?

A: Yes — and whether you should enroll depends on employer size and coverage type. The assistant walks you through the exact rules for your situation.

Q: What Medicare plans are available in my state?

A: Options vary significantly by ZIP code. The assistant explains how to find and compare plans in your area at no cost.

Q: What is Medigap and do I need it?

A: Whether Medigap makes sense depends on your health, plan choice, and risk tolerance. Plain-English explanation without a sales agenda.

Q: Can I change my plan if I made a mistake?

A: Depends on when you enrolled and what changed. The assistant explains your options clearly and directly.

Visit [MedicareMadeEasy.com](https://www.MedicareMadeEasy.com) — free, no account required, available 24/7.

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SECTION 16

READY TO COMPARE PLANS?

No pressure. No obligation. No cost to you.

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MedicareMadeEasy.com

● SECTION 16

Ready to Compare Plans?

When you are ready to speak with a Medicare professional, here is what working with an independent licensed agent looks like — and what it costs you.

No Pressure. No Obligation. No Cost.

Independent Medicare agents are compensated by the insurance carrier you choose — not by you. There is no fee for their services. You pay the same premium whether you work with an agent or enroll entirely on your own.

What a good independent agent provides:

- Comparison of multiple carriers in your ZIP code
- Drug formulary review against your prescriptions
- Network verification for your doctors and specialists
- Ongoing support for claims, appeals, and annual reviews
- No pressure to decide. No sales tactics. No commitment required.

When to seek help from an independent agent:

- You have complex health needs or take multiple prescriptions
- You are unsure whether Original Medicare or Advantage is right for you
- You want someone to verify your doctors are in-network before you enroll

- You have received conflicting information and want a second opinion
- You are approaching a deadline and want to avoid a costly mistake

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Free plan comparison. Licensed independent agents. Your ZIP code.
No pressure. No obligation. No cost to you.

SECTION

WHY MEDICAREMADEEASY EXISTS

Education first. Decisions second.

MedicareMadeEasy.com

● OUR PHILOSOPHY

Why MedicareMadeEasy Exists

Education First. Decisions Second. Understanding Before Enrollment.

The better informed you are, the better Medicare decisions you will make.

Most Medicare information comes from companies trying to sell a product. Brokers earn commissions. Insurance companies advertise heavily. Government websites are accurate but difficult to navigate.

MedicareMadeEasy.com was created with a different purpose: to give Americans the clear, unbiased Medicare education they deserve before making decisions that will affect their healthcare and finances for decades.

We are consumer-first.

Every piece of content on this site and in this guide is written to help you make better decisions — not to steer you toward any specific plan or carrier.

We are editorially independent.

MedicareMadeEasy.com operates with the same editorial philosophy as Consumer Reports and Kiplinger. We report the facts. We explain the tradeoffs. You decide.

We use AI to democratize Medicare advice.

Our AI Medicare Assistant gives every American access to the kind of clear, personalized Medicare guidance that used to require an expensive consultation.

We believe informed people make better decisions.

You should understand Medicare before you enroll — not after. This guide, our website, and our AI assistant exist for exactly that purpose.

MedicareMadeEasy.com

Free Medicare education. AI-powered answers. Consumer-first guidance.
No account required. No cost. No sales agenda.

SECTION

BEFORE YOU MAKE ANY MEDICARE DECISION

Answer these seven questions first

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● ACTION PAGE

Before You Make Any Medicare Decision

The best Medicare decisions start with clear answers to a few key questions. Before you enroll in anything, take five minutes to answer these seven questions. Then bring your answers to MedicareMadeEasy.com.

1 What is your ZIP code?

Medicare Advantage plan availability, Medigap pricing, and provider networks vary significantly by location. Your ZIP code is the starting point for everything.

2 What is your age?

Your age determines your enrollment window and whether penalty rules apply to you. If you are turning 65, your deadlines are different from someone who is 67 or 70.

3 Are you currently enrolled in Medicare?

If yes, you may be in your Annual Enrollment Period window to switch plans. If no, understanding your enrollment period is the first priority.

4 Which doctors do you want to keep?

If specific doctors matter to you, you need to verify network participation before choosing a Medicare Advantage plan. Original Medicare works with any Medicare-accepting doctor.

5 What prescriptions do you currently take?

Your medication list is the single most important factor in choosing a Part D plan. Drug coverage varies dramatically — the same medication can cost \$10 or \$400 depending on the plan.

6 Do you travel frequently or split time between states?

Medicare Advantage plans restrict coverage to networks. If you travel or have a second home, Original Medicare with Medigap may serve you far better.

7 Do you prefer lower monthly premiums or lower financial risk?

This one question often determines your path. Lower premiums mean higher potential exposure. Lower financial risk means a higher monthly investment in protection.

Bring These Answers to MedicareMadeEasy.com

Use our Medicare AI Assistant to explore your options based on your specific situation.

No registration. No cost. No sales pressure. Available 24 hours a day.

Ready to Compare Medicare Plans?

No pressure. No obligation. No cost.



- ✓ Medicare AI Assistant — ask any Medicare question, 24/7
- ✓ Medicare education for every stage of enrollment
- ✓ Plan comparison resources for your ZIP code
- ✓ Enrollment guidance and deadline tracking
- ✓ 2026 Medicare updates and cost figures
- ✓ Nationwide information for all 50 states
- ✓ Free guides, checklists, and calculators



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Avoid Costly Mistakes. Understand Your Options. Enroll With Confidence.

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