THE SURECARE GUIDE TO MEDICARE

HELPING YOU UNDERSTAND MEDICARE WITH CONFIDENCE

2027 EDITION

INDEPENDENT. EDUCATIONAL. UNBIASED.

PRESENTED BY
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SURECARE INSURANCE SERVICES

HELLO AND WELCOME!

A Personal Note from Rochelle ♥

Hello, and Mabuhay!

First, thank you for taking the time to read this guide.

Whether you're turning 65, helping a loved one, or simply trying to better understand Medicare, I'm glad you're here.

If you're feeling overwhelmed, that's completely normal.

Between all the letters, deadlines, advertisements, and plan options, it's easy to wonder where to even begin.

That's exactly why I created this guide.

My goal isn't to tell you which plan to choose.
My goal is to help you understand how Medicare works so you can confidently choose the coverage that best fits your healthcare needs and budget.

As an independent licensed insurance broker, I believe everyone deserves clear, honest, and unbiased Medicare education.

Throughout this guide, I'll explain Medicare in plain English, answer the questions I hear most often, and help you understand your options without unnecessary insurance jargon.

I hope this guide gives you the confidence to make informed Medicare decisions. Let's get started!

— Rochelle Ortega-De Vero
Founder • SureCare Insurance Services

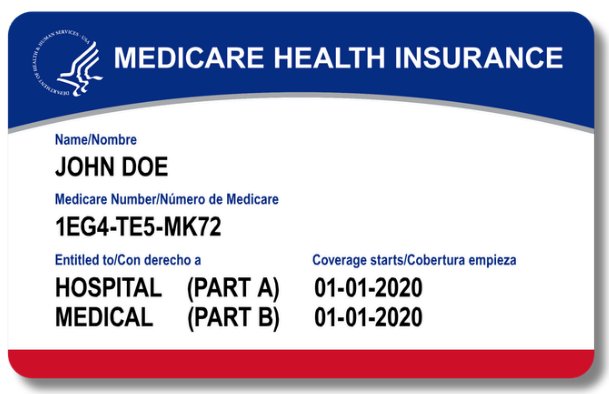
CHAPTER 1

UNDERSTANDING MEDICARE

A strong Medicare decision begins with understanding the basics.

WHAT IS MEDICARE?

Medicare is a federal health insurance program that helps eligible individuals access healthcare as they age or when they qualify due to certain disabilities or medical conditions.



Unlike employer health insurance, Medicare is divided into different parts, each covering specific healthcare services. Understanding how these parts work together is the foundation for making informed Medicare decisions.

FOR EDUCATIONAL PURPOSES ONLY

WHO QUALIFIES FOR MEDICARE?

- Age 65 or older
- Under age 65 with certain qualifying disabilities
- Diagnosed with ALS (Lou Gehrig's disease)
- Diagnosed with End-Stage Renal Disease (ESRD)
- U.S. citizens or qualifying legal residents who meet Medicare eligibility requirements

Medicare is administered by:

Centers for Medicare and Medicaid Services (CMS)

Original Medicare enrollment is handled through:

Social Security Administration (SSA).

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Medicare is not one insurance plan.

It's a federal program made up of different parts, enrollment periods, and coverage options. Understanding those pieces first will make choosing coverage much easier later in this guide.

THE FOUR PARTS OF MEDICARE

Medicare has four parts, and each one covers different healthcare services. Understanding what each part covers will make choosing Medicare much easier.

PART A
HOSPITAL INSURANCE

PART B
MEDICAL INSURANCE

PART C
MEDICARE ADVANTAGE

PART D
PRESCRIPTION DRUG PLAN

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Think of Medicare like a toolbox.

Every tool has a different purpose.

Each part of Medicare has a different job.

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THE PARTS OF MEDICARE

The Medicare health insurance program is divided into 4 parts: Parts A, B, C, and D.

Parts A and B together are called **Original Medicare**.

PART A

Hospital Insurance

- Inpatient hospital stays
- Skilled nursing facility care
- Home health care
- Hospice care

PART B

Medical Insurance

- Doctor visits
- Preventive services
- Outpatient care
- Laboratory services
- Durable medical equipment

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Original Medicare = Parts A + B

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THE PARTS OF MEDICARE

The Medicare health insurance program is divided into 4 parts: Parts A, B, C, and D.

PART C

Medicare Advantage

- Covers your Part A & B benefits
- Usually includes Part D
- May offer extra benefits

PART D

Prescription Drug Plan

- Covers prescription drugs
- Can be standalone or included with MA plans

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Think of Part C as a different vehicle —not a different destination.

Original Medicare and Medicare Advantage both help you receive your Medicare benefits. They simply take different routes.

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YOUR TWO MEDICARE PATHS

Now that you understand the parts of Medicare, there are two main ways to receive your benefits.

ORIGINAL MEDICARE

- ☑ Part A
- ☑ Part B

OPTIONAL: ADD PART D

- ☐ Part D

OPTIONAL: ADD MEDIGAP

- ☐ MEDIGAP

MEDICARE ADVANTAGE

- ☑ Part A and Part B

MANY PLANS INCLUDE:

- ☑ Part D
- ☑ Extra Benefits
- ☑ OUT-OF-POCKET COSTS VARY BY PLAN

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Neither option is "better."

The best Medicare choice isn't the same for everyone.
It depends on healthcare needs, doctors, prescriptions, and budget.

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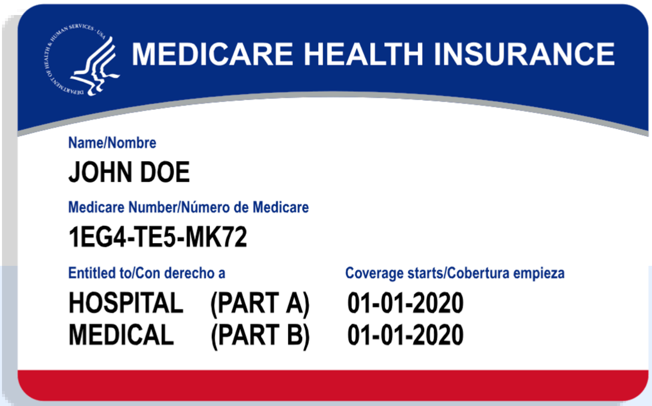
CHAPTER 2

CHOOSING YOUR MEDICARE COVERAGE

Every Medicare journey is different—let's explore your options.

UNDERSTANDING ORIGINAL MEDICARE

Original Medicare is health coverage provided directly by the federal government. It includes Part A (Hospital Insurance) and Part B (Medical Insurance).



MEDICARE COVERS:

- Hospital care
- Doctor visits
- Outpatient care
- Preventive services

OPTIONAL ADD-ONS:

- Prescription Drug Plan (Part D)
- Medigap Plan (Supplement Insurance)

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Original Medicare gives you flexibility.

You can generally see any doctor or hospital in the U.S. that accepts Medicare —without needing a provider network.

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UNDERSTANDING MEDICARE ADVANTAGE

Medicare Advantage (Part C) is an alternative way to receive Medicare benefits through approved private insurance companies. Enrollment in both Part A and Part B is required to join a Medicare Advantage plan.

MOST PLANS INCLUDE:

- Part A & Part B
- Many include Part D*
- Extra benefits

IMPORTANT TO KNOW:

- Uses provider networks
- Costs vary by plan
- Review your plan every year

**Not all Medicare Advantage plans include Part D prescription drug coverage.*

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Think of Medicare Advantage as an all-in-one package.

Many plans combine your hospital, medical, and often prescription drug coverage into one plan, while also offering additional benefits beyond Original Medicare.

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ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE

	ORIGINAL MEDICARE	MEDICARE ADVANTAGE
Who provides it?	Federal Medicare program	Private insurance company
Provider Choice	Generally any provider that accepts Medicare	Network providers
Part D	Separate Part D plan	Often included*
Medigap	Can be added	Cannot be used
Additional Benefits	Usually not included	May be available*

Availability of Part D and additional benefits varies by plan and county

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Both options provide your Medicare benefits.

The best choice is the one that fits your

doctors, prescriptions, budget, and healthcare needs.

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WHAT BOTH OPTIONS COVER

Whether you choose Original Medicare or Medicare Advantage, both provide your Medicare-covered hospital and medical benefits.

✓ Doctor Visits

✓ Specialist Visits

✓ Hospital Care

✓ Emergency and Urgent Care

✓ Preventive Services

✓ Lab Tests and X-rays

✓ Skilled Nursing Facility*

✓ Home Health Care*

Skilled nursing facility and home health services are covered when Medicare eligibility requirements are met

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Both paths begin with the same Medicare foundation.

Medicare Advantage isn't less Medicare —it's simply another way to receive your Medicare benefits through a private insurance company.

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UNDERSTANDING MEDICARE COSTS

Every Medicare option has costs.
Understanding the four common types of Medicare costs will make it easier to compare your choices.

PREMIUM

A monthly amount you pay to keep your coverage.

DEDUCTIBLE

The amount you pay before your plan begins sharing the cost of covered services.

COPAYMENT (COPAY)

A fixed amount you pay for certain healthcare services (such as primary care, specialist, or urgent care visits).

COINSURANCE

A percentage of the cost that you pay after meeting your deductible.

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Don't focus on just one cost.

The lowest monthly premium doesn't always mean the lowest overall healthcare costs. Consider your doctors, prescriptions, and expected healthcare needs.

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UNDERSTANDING ORIGINAL MEDICARE COSTS

Original Medicare doesn't have one single cost. Depending on your situation, you may pay for different parts of your coverage.

COST	WHAT IT MEANS
Part A Premium	Most people pay $0 because they worked and paid Medicare taxes long enough.*
Part B Premium	Most people pay a monthly premium for Part B.
Part A & Part B Cost Sharing	Deductibles, copays, and coinsurance may apply when you receive care.
Part D (Optional)	Separate prescription drug coverage with its own premium and cost sharing.
Medigap (Optional)	Helps pay many of the out-of-pocket costs that Original Medicare doesn't fully cover.

Most people qualify for premium-free Part A based on their work history or their spouse's work history. Others may pay a monthly premium.

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**Original Medicare gives you flexibility—
but you decide how much protection you want.**
Many people choose to add a Part D plan, a Medigap plan, or both to help protect themselves from higher out-of-pocket costs.

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UNDERSTANDING MEDICARE ADVANTAGE COSTS

Medicare Advantage plans combine your
Medicare-covered benefits into one plan.
Your costs vary depending on the plan you choose.

COST	WHAT IT MEANS
Monthly Premium	Many plans have a $0 plan premium, but you must continue paying your Medicare Part B premium.*
Copayments	Most plans have fixed copays for services like primary care, specialists, urgent care, and hospital stays.
Maximum Out-of-Pocket (MOOP)	Medicare Advantage plans include an annual limit on covered medical expenses, helps protect you from very high out-of-pocket medical costs.
Prescription Drug Costs	Many plans include Part D prescription drug coverage with its own copays and coverage rules.**
Extra Benefits	Some plans include benefits such as dental, vision, hearing, fitness, transportation, or over-the-counter allowances.**

**You must continue paying your Medicare Part B premium unless another program helps pay it.*

*** Benefits and prescription drug coverage vary by plan and county.*

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One plan can simplify your coverage.
Many Medicare Advantage plans combine your hospital, medical, and often prescription drug coverage into one plan, while also offering additional benefits that Original Medicare doesn't typically include.

FOR EDUCATIONAL PURPOSES ONLY

HOW TO CHOOSE THE RIGHT MEDICARE OPTION

There's no one-size-fits-all Medicare plan.
Your doctors, medications, budget, and
lifestyle all play a role in finding the right fit.

Original Medicare may be a good fit if...

✓ Freedom to see almost any Medicare doctor.
✓ Travel often or live in multiple states.
✓ Want flexibility to add Part D or Medigap.

Medicare Advantage may be a good fit if...

✓ Like having one combined plan.
✓ Want extra benefits like dental or vision.
✓ Prefer predictable copays and an annual spending limit.

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The best Medicare plan isn't the one your neighbor has.
It's the one that fits your
doctors, medications, budget, and healthcare goals.

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CHAPTER 3

ENROLLING IN MEDICARE

Understanding your enrollment periods and important deadlines.

WHEN CAN YOU ENROLL IN MEDICARE?

IEP

INITIAL ENROLLMENT PERIOD

FOR MOST PEOPLE TURNING 65

7-month enrollment window

SEP

SPECIAL ENROLLMENT PERIOD

Working past 65; Losing employer coverage
Moving; Other qualifying events

AEP

ANNUAL ENROLLMENT PERIOD

OCTOBER 15 – DECEMBER 7

Review or change Medicare Advantage and Part D plans

OEP

OPEN ENROLLMENT PERIOD

JANUARY 1 – MARCH 31

One opportunity to switch to another Medicare Advantage plan or return to Original Medicare.

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Missing an enrollment window could delay your coverage or result in penalties.

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WHY ENROLLING ON TIME MATTERS

Missing certain Medicare enrollment deadlines can lead to higher monthly costs that may last for years.

⚠️ PART B LATE ENROLLMENT PENALTY

If you delay Part B without qualifying coverage, your monthly premium may permanently increase.

💊 PART D LATE ENROLLMENT PENALTY

If you go without creditable prescription drug coverage, you may pay a penalty when you enroll later.

✅ GOOD NEWS!

Many people with qualifying employer coverage may qualify for a Special Enrollment Period and avoid these penalties.

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Most Medicare late enrollment penalties are preventable.
Knowing your enrollment deadlines today can save you money for years to come.

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DO YOU NEED TO ENROLL AT AGE 65?

Not everyone needs to enroll in Medicare at age 65.
It depends on your work and health coverage.

✅ YOU MAY NEED TO ENROLL IF...

- You're retiring or losing employer coverage.
- You don't have employer health insurance.
- You want Medicare as your primary coverage.

⏳ YOU MAY BE ABLE TO DELAY IF...

- You're still working.
- You have creditable employer coverage.
- You're covered by your spouse's employer plan.

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Turning 65 doesn't always mean it's time to enroll.
Your work and health coverage determine when you should enroll.

I'M STILL WORKING AT 65

If you're still working, you may not need to enroll in every part of Medicare right away. Your next step depends on your employer's health coverage.

✅ YOU MAY BE ABLE TO DELAY ENROLLMENT IF...

- You're actively employed.
- Your employer coverage is creditable.
- Your employer coverage is your primary insurance.

⚠️ YOU SHOULD REVIEW YOUR OPTIONS IF...

- You're retiring soon.
- Your employer has fewer than 20 employees.
- You're contributing to a Health Savings Account (HSA).

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Working past age 65 doesn't automatically mean you should delay Medicare.

The right decision depends on your employer coverage and your personal situation.

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RETIRING AFTER AGE 65

When your employer coverage ends, don't wait too long to enroll in Medicare. You may qualify for a Special Enrollment Period (SEP) that lets you enroll without a late penalty.

✅ YOUR NEXT STEPS

- Enroll in Medicare Part B.
- Choose your Medicare coverage.
- Start your Medicare application before your employer coverage ends, if possible.

⏳ REMEMBER

- You generally have 8 months to enroll in Part B after employment or employer coverage ends (whichever happens first).

⚠️ IMPORTANT

- COBRA and retiree coverage usually do not extend your Special Enrollment Period.

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Planning ahead can help you avoid gaps in coverage.

The best time to prepare for Medicare is before your employer health plan ends.

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HOW TO APPLY FOR MEDICARE

There are several ways to enroll in Medicare.
Choose the method that's most convenient for you.

💻 ONLINE

- Apply online at SSA.gov
- Fastest option for most people

☎️ BY PHONE

- Call Social Security
- Complete your application with a representative

🏢 IN PERSON

- Visit your local Social Security office
- Appointments are recommended

📄 AUTOMATICALLY ENROLLED

- Some people receiving Social Security benefits before age 65 are automatically enrolled in Medicare.

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Applying for Medicare doesn't automatically choose your plan.
After enrolling in Original Medicare, you'll still decide whether Original Medicare or Medicare Advantage is the better fit for your needs.

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WHAT HAPPENS AFTER YOU ENROLL?

Once you're enrolled in Medicare, there are just a few more steps before your coverage begins.

📬 YOU'LL RECEIVE

- Your Medicare card
- Your Medicare number
- Your effective dates

📋 NEXT

Choose the Medicare coverage that best fits your needs.

- Original Medicare
- Medicare Advantage
- Part D
- Medigap (if applicable)

📅 BEFORE COVERAGE BEGINS

- Confirm your doctors
- Check your prescriptions
- Understand your costs

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Getting your Medicare card isn't the last step
—it's the beginning of choosing the coverage that's right for you.

YOUR MEDICARE CARD

Your Medicare card includes important information you'll use when receiving healthcare services.

🪪 WHAT'S ON YOUR CARD?

- Your Name
- Your Medicare Number
- Hospital (Part A) effective date
- Medical (Part B) effective date

📌 KEEP IT SAFE

- Keep it in a secure place.
- Bring it to medical appointments.
- Only share your Medicare number when necessary.

⚠️ PROTECT YOURSELF

- Medicare will never call asking for your Medicare number or request payment to keep your coverage.

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Your Medicare card is as important as your Social Security card.
Protect it and only share your Medicare number with trusted healthcare providers and authorized representatives.

FOR EDUCATIONAL PURPOSES ONLY

YOUR MEDICARE CHECKLIST

Here's a simple checklist to help you stay on track as you prepare for Medicare.

BEFORE YOU ENROLL

◻ Know your Initial Enrollment Period
◻ Decide whether to delay Part B
◻ Gather your documents

CHOOSE YOUR COVERAGE

◻ Original Medicare
◻ Medicare Advantage
◻ Prescription Drug (Part D)
◻ Medigap Plan (if needed)

BEFORE COVERAGE BEGINS

◻ Verify your doctors
◻ Check your prescriptions
◻ Review your costs
◻ Keep your Medicare card safe

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A little preparation today can save you time, money, and stress later.

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MEDICARE DOESN'T HAVE TO BE CONFUSING.

One step at a time,
one chapter at a time,
one informed decision at a time.

The more you understand Medicare before enrolling, the more confident you'll feel when it's time to make your decisions.

— Rochelle Ortega De Vero
SureCare Insurance Services

CHAPTER 4

USING YOUR MEDICARE BENEFITS

A practical guide to getting the most from your Medicare coverage.

YOUR FIRST MEDICARE APPOINTMENT

The Welcome to Medicare is a one-time benefit available during your first 12 months of Medicare Part B. It helps you establish a preventive care plan with your healthcare provider.

ELIGIBILITY

- People enrolled in Medicare Part B
- Available during the first 12 months after Part B begins

SCHEDULING THE VISIT

- Schedule with a provider who accepts Medicare.

Note: This visit focuses on preventive care and planning. It is different from a routine physical exam.

BEFORE YOUR APPOINTMENT

- Medicare card
- Valid Photo ID
- Current medications
- Questions for your doctor
- List of specialists (if applicable)

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Bring your questions. The more you understand today, the more confident you'll feel tomorrow.

ANNUAL WELLNESS VISIT VS. PHYSICAL EXAM

Many people think these are the same visit—but they're not. Knowing the difference can help you avoid unexpected costs and make the most of your Medicare benefits.

🩺 ANNUAL WELLNESS VISIT

Covered by Medicare (when eligible)

- Focuses on prevention and staying healthy
- Reviews your health history
- Reviews your medications and health risks
- Creates or updates a personalized prevention plan

❤️ ROUTINE PHYSICAL EXAM

May have costs depending on your coverage

- Hands-on examination by your healthcare provider
- Evaluates your current physical health
- May not be covered by Original Medicare as a routine yearly service

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Don't assume "annual" means "physical."

Ask your healthcare provider which appointment you're scheduling so you understand what to expect and whether any costs may apply.

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FINDING DOCTORS WHO ACCEPT MEDICARE

Choosing a Medicare plan is only part of the process. Before scheduling appointments, it's important to make sure your doctors accept your Medicare coverage.

🩺 BEFORE YOUR APPOINTMENT

- Confirm your doctor accepts your Medicare coverage.
- Ask if they're accepting new Medicare patients.
- Verify your specialist referrals, if required.

📋 IF YOU HAVE MEDICARE ADVANTAGE

- Stay within your plan's provider network.
- Check if referrals are needed for specialists.
- Verify hospitals and urgent care centers are in-network.

🌎 IF YOU HAVE ORIGINAL MEDICARE

- Most doctors who accept Medicare can see you without a provider network. Ask whether the provider accepts Medicare assignment.

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A few minutes spent verifying your doctor today can help you avoid unexpected bills tomorrow.

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UNDERSTANDING PROVIDER NETWORKS

Not all Medicare plans work the same way. Understanding provider networks can help you avoid unexpected costs and choose where you receive care.

🌐 HMO PLANS

- Usually require you to use doctors and hospitals in the plan's network.
- May require a referral to see a specialist.
- Emergency and urgent care are covered even when you're away from home.

🩺 PPO PLANS

- Let you see in-network and out-of-network providers.
- You generally pay less when staying in-network.
- Referrals are usually not required.

🌎 ORIGINAL MEDICARE

- No provider network.
- You may visit almost any provider who accepts Medicare.
- You may still choose to add a Medigap or Part D plan.

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Knowing your provider network before scheduling care can help you avoid unnecessary out-of-pocket costs.

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UNDERSTANDING MEDICARE PART D

Prescription drug coverage helps lower the cost of covered medications. Understanding how your drug coverage works can help you avoid unexpected expenses.

💊 WHAT IS PART D?

- Covers many prescription medications.
- Available as a stand-alone Part D plan or included in many Medicare Advantage plans.
- Each plan has its own list of covered drugs (formulary).

📋 BEFORE YOU ENROLL

- Make a list of your current medications.
- Check if your prescriptions are covered.
- Confirm your preferred pharmacy participates in the plan.

💲 YOUR COSTS MAY INCLUDE

- Monthly premium (if applicable)
- Deductible
- Copayments or coinsurance

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Choosing a plan because it's inexpensive isn't always the best value. Make sure your medications are covered first.

UNDERSTANDING DRUG LISTS (FORMULARIES)

Every Medicare drug plan has its own list of covered medications called a formulary. Checking this list before you enroll can help you avoid unexpected prescription costs.

💊 WHAT IS A FORMULARY?

- A formulary is a plan's list of covered drugs.
- Not every plan covers the same medications.
- Formularies may change each year.

📋 BEFORE YOU ENROLL

- Make a list of your medications.
- Check if they're covered.
- Compare different plans.

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The best Medicare plan isn't always the one with the lowest premium. It's the one that covers the medications you need.

FOR EDUCATIONAL PURPOSES ONLY

CHOOSING YOUR PHARMACY

Where you fill your prescriptions
can affect how much you pay.

🏥 PREFERRED PHARMACIES

- Usually offer the lowest copays.
- Standard pharmacies may cost more.
- Many plans offer lower copays at preferred pharmacies.

📅 REVIEW EACH YEAR

- Your medications may change.
- Your pharmacy network may change.
- Compare your coverage every Annual Enrollment Period (AEP).

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Reviewing your pharmacy each year could save you money—even if your medications stay the same.

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PREVENTIVE SERVICES

Medicare covers many preventive services to help detect health problems early and keep you healthy.

🩺 COMMON PREVENTIVE SERVICES

- Annual Wellness Visit
- Diabetes screenings
- Cardiovascular screenings
- Depression screening
- Bone density test (when eligible)

💉 COMMON VACCINES

- Flu shot
- COVID-19 vaccines
- Pneumonia vaccine
- Hepatitis B (when eligible)

❤️ CANCER SCREENINGS

- Mammograms
- Colon cancer screening
- Cervical cancer screening
- Lung cancer screening (when eligible)

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Preventive care helps find problems early —often before symptoms begin.

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VACCINES COVERED BY MEDICARE

Vaccines help protect you from serious illnesses. Medicare covers many recommended vaccines, though coverage depends on whether they're covered under Part B or Part D.

💉 COMMONLY COVERED UNDER PART B

- Flu shot
- COVID-19 vaccines
- Pneumonia vaccine
- Hepatitis B (when eligible)

💊 COMMONLY COVERED UNDER PART D

- Shingles (Shingrix)
- RSV vaccine
- Tdap (Tetanus, Diphtheria & Pertussis)
- Other recommended vaccines not covered by Part B

📅 STAY UP TO DATE

- Ask your doctor which vaccines are recommended.
- Keep your vaccination record.
- Coverage rules may change over time.

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Preventing illness is often easier —and less costly—than treating it later.

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URGENT CARE VS. EMERGENCY ROOM

Knowing where to go helps you receive
the right level of care when you need it.

🩺 URGENT CARE

For non-life-threatening illnesses and injuries.

- Minor cuts & burns
- Sprains or minor fractures
- Cold, flu, sore throat
- Ear or urinary infections

🚑 EMERGENCY ROOM

For life-threatening emergencies.

- Chest pain
- Trouble breathing
- Stroke symptoms
- Severe bleeding

⚠️ WHEN IN DOUBT

- Call 911 if your life may be in danger.
- Never delay emergency care because of cost.

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**Choosing the right place for care
can save time, money, and stress.**

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UNDERSTANDING MEDICARE COSTS

Understanding a few common Medicare terms can help you avoid surprises when you receive healthcare services.

💵 PREMIUM

- The amount you pay each month for your coverage.
- Some people pay $0 for Part A if they qualify.
- Most people pay a monthly premium for Part B.

🧾 DEDUCTIBLE

- The amount you pay before your plan starts helping pay for covered services.
- Deductibles vary depending on your Medicare coverage.

🤝 COPAY AND COINSURANCE

- **Copay**: A fixed amount you pay for a healthcare service or prescription.
- **Coinsurance**: Your share of the cost after you've met your deductible.

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The lowest premium doesn't always mean the lowest overall cost. Consider your premiums, deductibles, copays, and provider access together when comparing plans.

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WHEN TO REVIEW YOUR MEDICARE COVERAGE

Your healthcare needs and Medicare plans change over time. Reviewing your coverage each year helps keep your plan up to date.

📅 REVIEW EVERY YEAR

- Read your ANOC.
- Compare your plan during AEP.
- Verify your doctors and pharmacy are still in-network.

❤️ REVIEW SOONER IF...

- You move.
- Your health changes.
- Your medications change.
- Your doctor leaves your network.

🤝 YOU DON'T HAVE TO DO IT ALONE

- Review your plan every year.
- Compare plans before making changes.
- Review your options with a licensed Medicare broker.

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The best Medicare plan this year may not be the best next year.

A yearly review helps keep your coverage up to date.

CHAPTER 5

MAKING MEDICARE WORK FOR YOU

A practical guide to reviewing your coverage and getting the most from Medicare every year.

PROTECTING YOURSELF FROM MEDICARE FRAUD

Scammers often target Medicare beneficiaries. Knowing the warning signs can help protect your personal information and your Medicare benefits.

🛡️ RED FLAGS

- Someone asks for your Medicare number unexpectedly.
- You receive medical supplies you didn't order.
- A caller promises "free" services or gifts.
- Someone pressures you to enroll immediately.

📞 WHAT TO DO

- Protect your Medicare card like a credit card.
- Review your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB).
- Report suspicious charges, calls, or Medicare fraud.
- Never give personal information to unsolicited callers.

💡 SureCare Insight

If something sounds too good to be true, it probably is.
Protecting your Medicare information helps protect your healthcare.

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COMMON MEDICARE MISTAKES

Help avoid costly mistakes by planning ahead.

⚠️ DON'T FORGET

- Missing your Initial Enrollment Period.
- Assuming every Medicare plan includes your doctor.
- Choosing a plan without checking your medications.

💰 COSTLY MISTAKES

- Focusing only on the monthly premium.
- Ignoring deductibles and copays.
- Skipping your yearly plan review.

✔️ SMART HABITS

- Read your ANOC.
- Review your coverage every year.
- Ask questions before making changes.

💡 SureCare Insight

The best Medicare decisions are made before problems happen—not after.

FOR EDUCATIONAL PURPOSES ONLY

YOUR MEDICARE JOURNEY STARTS HERE

Congratulations! You now have a stronger understanding of Medicare and the choices available to you. Remember, Medicare isn't one-size-fits-all—your healthcare needs, budget, and preferences are unique.

🎯 WHAT YOU'VE LEARNED

- Medicare Parts A, B, C & D
- Enrollment periods
- Original Medicare vs. Medicare Advantage
- Medigap and Part D
- Provider networks
- Prescription drug coverage
- Preventive care
- Annual coverage reviews

💙 REMEMBER

- Review your coverage every year.
- Ask questions when you're unsure.
- Compare plans before making changes.
- Choose the coverage that best fits your needs.

💡 SureCare Insight

The best Medicare plan isn't the one someone else chooses—it's the one that's right for you.

HELPFUL RESOURCES

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

• 1-800-MEDICARE (1-800-633-4227)

• 1-877-486-2048 (TTY)

• www.medicare.gov

• The "Medicare & You" handbook, published each fall by CMS

SOCIAL SECURITY

• 1-800-772-1213

• 1-800-325-0778 (TTY)

• www.socialsecurity.gov

Sign up for Medicare, apply for extra help, or report an address change online.

YOUR STATE HEALTH INSURANCE PROGRAM (SHIP)

YOUR STATE MEDICAID OFFICE

FOR EDUCATIONAL PURPOSES ONLY

THANK YOU

Thank you for reading
THE SURECARE GUIDE TO MEDICARE
I hope this guide gave you confidence as you prepare for Medicare.

Ready to review your Medicare options?
Schedule your free Medicare review today.

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