Harmony SoCal Insurance Services
Independent Medicare help for Orange County | (714) 922-0043

Annual Medicare Review Workbook

A friendly, step-by-step workbook to compare your current Medicare coverage against next year and spot important changes early.

Your Medicare plan can change every year, even if you do nothing at all. This workbook walks you through a simple yearly review so nothing catches you off guard. In under an hour, you can confirm your plan still fits your doctors, medications, and budget.

Why Review Every Year

Your Medicare plan can change from one year to the next, even when you take no action. Premiums, drug lists, provider networks, and copays are all subject to annual updates. A change you never chose can quietly raise your costs. Reviewing yearly is how you stay in control.

A short review helps you catch shifts before they surprise you. Fifteen to thirty minutes now can prevent frustration and expense later. It also gives you time to switch plans during the fall enrollment window if needed. Waiting until a problem appears often means fewer options.

For Orange County members, this habit is worth building into every fall. The plans available locally can change their terms year to year. A steady annual check keeps your coverage aligned with your life. It turns a stressful scramble into a calm routine.

Gather Your Documents

Start by collecting your Annual Notice of Change and your Evidence of Coverage. Your plan mails these each fall, and together they explain what is shifting. The notice highlights changes, while the evidence document holds the full details. Reading both gives you the complete picture.

Next, pull together a current list of your medications, including dosages. Add the doctors, specialists, and hospitals you rely on. Note the pharmacies you use most often. These details drive nearly every part of your comparison.

Keep last year's plan summary handy as well. Having both years in front of you makes changes easy to spot. A simple folder or digital note keeps everything in one place. Good organization is half the work of a smooth review.

Check What Changed

Compare this year and next year side by side. Look closely at the monthly premium, the annual deductible, and the copays for services you use most. Even small increases add up across twelve months. Writing the figures down makes the difference easy to see.

Read the Annual Notice of Change carefully for anything flagged as new. Plans sometimes adjust benefits, add rules, or change how a service is covered. A benefit that mattered to you last year may look different now. Do not assume everything stays the same.

Because these amounts are set annually, treat your notes as a snapshot. Confirm the current figures with a licensed agent if anything looks unclear. They can explain how a change affects your specific situation. That step keeps your review accurate.

Confirm Your Prescriptions

Drug coverage changes more often than people expect. Confirm that each of your medications is still on your plan's formulary. Then check which cost tier it falls on for the coming year. A drug that moves to a higher tier can raise your costs sharply.

Watch for new coverage rules as well. Some plans add prior authorization or step therapy to certain drugs. These rules can affect how quickly you get a medication. Knowing about them early prevents delays at the pharmacy.

If your drug list has grown or changed, note that too. A plan that fit last year may no longer be the best match. A licensed agent can run your full medication list against available plans. That comparison shows whether a switch would save you money.

Confirm Doctors And Pharmacies

Networks can shrink or grow from year to year. Verify that your primary doctor, specialists, and preferred hospital remain in network for the coming year. A provider leaving the network can mean higher costs or a search for someone new. Confirming early gives you time to plan.

For drug plans, check whether your pharmacy is still preferred. A preferred pharmacy usually means lower out-of-pocket costs. Some plans also expand mail-order options that can save money. It is worth a quick look at how you fill your prescriptions.

If a key provider or pharmacy drops out, weigh how much that matters to you. Sometimes the convenience is worth switching plans. Other times a small change is easy to absorb. Making that call is easier once you see the full picture.

Weigh Your Total Value

Cost is only half of the value equation. Consider the benefits you actually use, from preventive care to extra perks. A plan with a slightly higher premium may deliver more of what you need. Look at the whole package, not just the price tag.

Think about how your health has changed over the past year. New conditions, new medications, or new specialists can shift what you need from a plan. The coverage that fit you last year may not fit you now. Your review is the moment to reflect that.

Balance predictability against flexibility as you weigh your options. Some people value a low out-of-pocket maximum, while others prize broad provider access. There is no single right answer, only the answer that fits you. A licensed agent can help you weigh the trade-offs.

Decide And Take Action

Write down anything that no longer fits your needs. A short list of concerns makes your next conversation productive. If everything still fits, you may choose to keep your current plan. Staying put is a valid decision when your plan still serves you well.

If a change makes sense, remember the fall enrollment window. That is your chance to switch plans for the coming year, and it has a firm deadline. Marking the dates on your calendar keeps you from missing the opportunity. Acting during the window protects your options.

When you are ready, bring your notes to a licensed agent for a final review. They can confirm current figures, compare available plans, and answer your questions. Because Medicare details update every year, this check keeps your decision sound. From there, any change is simple to complete.

Make It A Yearly Habit

The easiest way to stay ahead is to turn this review into a routine. Pick a consistent time each fall, such as the week your plan mail arrives. Put it on your calendar so it never slips. A small habit protects you year after year.

Keep your review notes in one place from year to year. Comparing this year's notes to last year's makes trends easy to spot. You will quickly see whether costs are creeping up. That history helps you decide when a change is truly worth it.

Loop in a trusted family member if that helps you stay organized. A second set of eyes can catch details you might miss. It also gives you someone to talk options through with. Shared review often leads to more confident decisions.

Finally, keep your licensed agent's contact information handy. A quick call can answer questions the paperwork raises. Because figures and plans change annually, that relationship pays off every fall. An agent who knows your history can guide you faster.

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Frequently Asked Questions

How long does an annual review take?

For most people, a focused review takes about fifteen to thirty minutes. Having your documents and medication list ready makes it faster. The small time investment can prevent bigger costs and surprises later.

What documents do I need?

Start with your Annual Notice of Change and Evidence of Coverage, which your plan mails each fall. Add a current list of your medications, doctors, and pharmacies. Last year's plan summary is also helpful for comparison.

My plan works fine. Do I still need to review it?

Yes. Plans can change premiums, drug lists, and networks even when you do nothing. A quick review confirms your plan still fits before those changes affect you. It is easier to check now than to fix a surprise later.

When can I actually switch plans?

The fall Annual Enrollment Period is the main window to change Medicare Advantage and Part D plans. Changes generally take effect January 1. Certain life events can also open a Special Enrollment Period outside that window.

What if my medication moved to a higher tier?

A drug moving to a higher tier can raise your costs for the year. During your review, compare your plan against others that may cover it better. A licensed agent can run your full medication list to find the best match.

How do I know the numbers I found are current?

Medicare figures update every year, so treat your notes as a snapshot. Confirm the current premiums, deductibles, and copays with a licensed agent. That final check keeps your review accurate before you decide.

Talk It Through, at No Cost

This guide is educational. Plan details and figures change, so confirm current specifics with a licensed local agent. Call (714) 922-0043 or visit hsocal.com to book a free 45-minute review.

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