

A GUIDE TO CHOOSING AND ENROLLING

Your Medicare Guide

Compare your options. Follow the steps. Choose at your own pace.

Keep this guide beside you.

Use it as you compare plans and apply online. It explains what to check and walks you through the parts of the application that need extra care. Read it first, or follow along as you go. You can complete the steps yourself; Ashleigh is here if you want help.

Have these ready

- ☐ Your home ZIP code and county.
- ☐ Your doctors, hospital and preferred pharmacy.
- ☐ Your prescriptions: name, strength and how often you refill each one.
- ☐ Your Medicare card or notice with your Part A and Part B start dates.
- ☐ Details of your current insurance, including when it ends and any drug-coverage notice.

Go to the section you need

Before Enrollment / 2-5

Choose a coverage path, compare plans and check your dates.

At Enrollment / 6-13

Follow the screenshots through all six application steps.

After Enrollment / 14-15

Save your confirmation and get ready for coverage to begin.

The screenshots show one Medicare Advantage application recorded in October 2026. Your screens may differ by plan and year. Personal details shown are fictional.

SECTION 1 / BEFORE ENROLLMENT

Choose your coverage path

Start with how you want to receive your hospital and medical benefits.

Original Medicare + Medicare Supplement

Medicare pays its share of covered Part A and Part B services. A Medicare Supplement policy (Medigap) helps pay costs left to you.

Add a separate Part D plan for prescriptions.

Medicare Advantage

A private Medicare-approved plan provides your Part A and Part B benefits. Most also include Part D drug coverage.

Check the plan's doctors, prescriptions and costs before choosing.

Before you choose

- **For Medicare Supplement, enroll in a non-SELECT plan.** Medicare SELECT limits full benefits to certain hospitals and sometimes doctors, except in emergencies. Choose a policy without SELECT to avoid these added network restrictions.
- **Include drug coverage, even if you take no medicines.** Unless you have other creditable drug coverage, choose a separate Part D plan or Medicare Advantage with Part D (MAPD). An MA-only plan has no drug coverage.

Avoid a lasting Part D penalty.

After your Initial Enrollment Period ends, going **63 consecutive days or longer** without Part D or other creditable drug coverage can lead to a monthly penalty when you enroll. You generally pay it while you have Part D. People with Extra Help do not pay it.

Creditable drug coverage is expected to pay at least as much as Part D. Ask your current insurer if you are unsure.

Source: [Choosing a Medigap Policy](#); [Creditable prescription drug coverage](#); [Avoid late enrollment penalties](#).

BEFORE ENROLLMENT / COMPARE PLANS

Start with Plan G or N

Compare standard Plan G and Plan N, both Medicare Supplement policies.

Both cover many costs left by Original Medicare. With either plan, you pay the yearly **Part B deductible**. Compare the monthly premium and the costs below.

Plan G

Choose G if you want fewer bills for Medicare-covered care. It covers Part B coinsurance and copayments.

Plan N

Consider N when the quoted premium savings are worth the extra costs. You may pay up to \$20 for some office visits, and up to \$50 for ER visits if you are not admitted to the hospital.

For any plan, check these three things

Doctors. For Medicare Advantage, add your doctors to check the exact plan's network.

Prescriptions. Check that each drug is covered, its tier (cost group), any approval rules and whether a deductible applies. Another plan may put your drug on a lower tier with no deductible. Compare your exact drug, strength and pharmacy.

Yearly cost. Add the monthly premiums for the year and your expected medical and prescription costs. A lower monthly premium does not always mean a lower yearly total.

Source: Compare Medigap benefits; Drug tiers; Medicare & You: tier-specific deductibles.

BEFORE ENROLLMENT / MEDICARE SUPPLEMENT

Medicare Supplement chart

Plan F / Plan C cutoff: these plans are unavailable to people newly eligible for Medicare from **January 1, 2020**. You may still qualify if you turned 65 before 2020 or were eligible for Medicare before then, even if you enroll later.

100% = full listed benefit; **No** = not covered; other percentages = the share paid.

BENEFIT	A	B	C	D	F	G	K	L	M	N
Part A hospital coinsurance + 365 extra days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B coinsurance / copayments	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%*
Blood: first 3 pints	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice cost-sharing	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility coinsurance	No	No	100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible	No	100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible	No	No	100%	No	100%	No	No	No	No	No
Part B excess charges	No	No	No	No	100%	100%	No	No	No	No
Foreign travel emergency (limits apply)	No	No	80%	80%	80%	80%	No	No	80%	80%
Yearly out-of-pocket limit	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	N/A	N/A

Plan G is the closest standard benefit match to Plan F. G covers the same listed benefits except the Part B deductible, which you pay.

Plan N*: up to \$20 for some office visits and up to \$50 for ER visits without inpatient admission.

K / L: full covered-service payment begins after the yearly limit and Part B deductible are met. Check current-year limits.

High-deductible F / G: you pay a separate yearly deductible before benefits are paid.

Foreign emergencies: emergency care must begin within the first 60 days of a trip abroad; a separate deductible, lifetime limit and other rules apply.

Lettered plans apply in most states. Some states standardize differently; confirm the policies available where you live.

Source: [Compare Medigap benefits](#); [Choosing a Medigap Policy](#).

BEFORE ENROLLMENT / TIMING

When you can enroll

Your Medicare dates and current coverage determine when you can apply.

New to Medicare at 65. Your first enrollment period usually lasts seven months: three before your birthday month, that month and three after. A birthday on the first of the month changes these dates.

Already have Medicare before 65. Turning 65 gives you another seven-month opportunity for Advantage or Part D. Your Medigap window is separate.

Leaving employer coverage. You generally have two full months after the month coverage ends to join Advantage or Part D. The usual work-based Part B deadline is eight months after the job or its coverage ends, whichever comes first. COBRA does not extend that Part B deadline.

Changing plans in the fall. October 15-December 7 is the annual window for Advantage and Part D changes that start January 1. The January-March Advantage window is only for people already in Advantage.

Buying a Medicare Supplement policy

Your six-month Medigap window starts in the first month you are 65 or older and have Part B. During this window, an insurer cannot deny you a policy it sells or charge more because of your health.

Outside this window, your health may affect whether you can buy a policy and its price, unless you have a protected right to buy. State rules may give you more options. Retirement and fall enrollment do not restart the six months.

Use the Medigap insurer's application and answer any health questions accurately. The Advantage screens in this guide are a different application. Arrange Part D separately if needed, and confirm acceptance and start dates before changing coverage.

For the drug-coverage gap and penalty rule, see page 2.

Source: [When can I buy a Medigap policy?](#); [How do I buy a Medigap policy?](#); [Special Enrollment Periods](#); [Understanding Medicare Advantage & Medicare Drug Plan Enrollment Periods](#); [COBRA coverage](#).

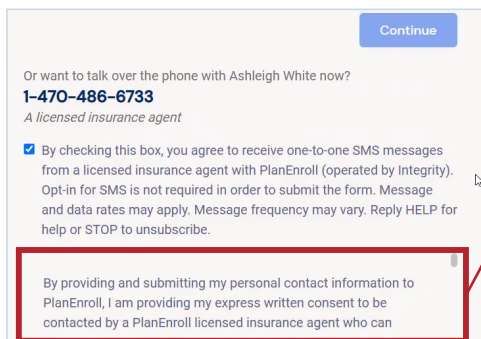
SECTION 2 / AT ENROLLMENT

Start your enrollment

Select Enroll for the plan you want. This example shows a Medicare Advantage application.

Read, scroll, then continue

Read the terms. Scroll **inside the box outlined in red, all the way to the bottom**. Then select **Continue** above the box.



Continue

Or want to talk over the phone with Ashleigh White now?
1-470-486-6733
A licensed insurance agent

☒ By checking this box, you agree to receive one-to-one SMS messages from a licensed insurance agent with PlanEnroll (operated by Integrity). Opt-in for SMS is not required in order to submit the form. Message and data rates may apply. Message frequency may vary. Reply HELP for help or STOP to unsubscribe.

By providing and submitting my personal contact information to PlanEnroll, I am providing my express written consent to be contacted by a PlanEnroll licensed insurance agent who can

SCROLL INSIDE THIS BOX

By providing and submitting my personal contact information to PlanEnroll, I am providing my express written consent to be contacted by a PlanEnroll licensed insurance agent who can

Enlarged view of the inner scroll area

Scrolling the page behind the pop-up is not enough. Continue becomes active after you scroll to the bottom of the inner box.

Read the contact-consent text. Text-message opt-in is optional; you do not have to select it to submit the form.

The application has six steps

1 / Contact Information

2 / Eligibility Information

3 / Other Information

4 / Payment Information

5 / Statement of Understanding

6 / Review & Submit

Work through one step at a time. You can review and correct your answers before you submit.

APPLICATION / STEP 1 OF 6

Contact Information

Enter the details of the person applying.

Personal Information

Title

☐ Mr.

☐ Mrs.

☐ Ms.

* First Name Jordan	Middle Initial	* Last Name Sample
* Date of Birth mm/dd/yyyy	* Sex ☐ Male ☐ Female	Home Phone Number 2025550147 Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).
Email Address jordan@example.com		

Fictional example. Enter the applicant's own details.

- **Name and contact details:** use your legal name, an email address and a phone number you check regularly. An asterisk marks a required field.
- **Home address:** enter where you live. Add a different mailing address only if you want mail sent elsewhere.
- **Emergency contact:** add one if you wish and the form offers it. Check your entries, then select Continue.

Helping someone? Enter their information here. Step 5 asks about your role.

APPLICATION / STEP 2 OF 6

Eligibility Information

Use your Medicare card or official Medicare notice.

Name (as it appears on your Medicare card)

* Medicare Number

Part A Effective Date:



Part B Effective Date:



Show date picker

Enter your Medicare number and the start dates for Part A and Part B.

- Copy your name and Medicare number carefully. **Do not use your Social Security number.**
- Enter the **Part A and Part B start dates** shown on your card or notice, not your birthday or today's date.
- Check the **requested plan effective date** - the date you want coverage to start. Both Part A and Part B must have started by that date.

Complete the other questions

Answer questions about where you live, Medicaid and employment. Use your Medicaid record if the form asks for a Medicaid ID.

Special Needs Plans have extra eligibility rules. Living in a care facility alone does not mean you qualify; check the plan's requirements.

Next, choose your enrollment reason. Use the following page to find the choice that fits your situation.

Source: [Joining a plan](#); [Special Needs Plans](#).

APPLICATION / STEP 2 CONTINUED

Choose your enrollment reason

This tells the plan why you are eligible to enroll now.

Open **"You have a chance to get other coverage"** under **Special Enrollment Period**. This section also includes choices for people new to Medicare.

You have a chance to get other coverage
You have a chance to get other coverage

☐ I had Medicare before, but I'm now turning 65. ?

☐ I am new to Medicare. ?

☐ I am new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. ?

☐ I left coverage from my employer or union (including COBRA coverage). ?

☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan. ?

Recorded screen. Use the question-mark icons for more detail.

Turning 65 and new to Medicare. Look for "I am new to Medicare" if this is your first enrollment opportunity and you are applying during that enrollment period.

Had Medicare before; now turning 65. Look for "I had Medicare before, but I'm now turning 65." Turning 65 gives you another enrollment opportunity.

Leaving employer or union coverage. Review "I left coverage from my employer or union (including COBRA coverage)." Check when that coverage ends and the deadline for your plan type.

Have Part A and recently added Part B. Review "I already have Hospital (Part A) and recently signed up for Medical (Part B)." An initial Advantage enrollment period may apply even after age 65.

Continue not working? Check for a missing required answer. Choose the reason that fits your situation. More than one period may apply; check page 5 or ask Ashleigh if you are unsure.

Source: [Joining a plan](#); [Special Enrollment Periods](#).

Other Information

Choose your language and any accessible format you need for plan materials.

Physician Selection (Optional)

Please provide the name of a Primary Care Physician (PCP), clinic, or health center:

Please provide the ID of your Primary Care Physician:

Choosing a doctor is optional in this recorded PPO example.

Check your primary care doctor

HMO and HMO-POS: most require a primary care provider (PCP). Choose a doctor in the exact plan's network who is accepting you as a patient. Enter the doctor's name, office location and PCP ID when asked.

Special Needs Plans (SNPs): some also require a PCP. Check the plan's rules. **PPO, PFFS and MSA plans** generally do not require you to choose one.

No primary care doctor yet?

Search the plan's network for a primary care doctor and select that doctor in the enrollment application.

Source: Compare health plan types; Model enrollment form: PCP field.

APPLICATION / STEP 4 OF 6

Payment Information

Choose how to pay any monthly plan premium.

Please select a premium payment option:

- ☒ Get a monthly Bill
- ☐ Automatic deduction from your monthly Social Security/Railroad Retirement Board (RRB) benefit check.

This example offers monthly billing or deductions from Social Security / Railroad Retirement Board benefits.

- Choose one of the payment methods offered and answer its follow-up questions, even if your plan shows a \$0 premium.
- If you choose deductions from your benefits, keep paying valid bills until the plan confirms those deductions have started.
- Check the first bill or benefit statement. Contact the insurer if the amount differs from your enrollment materials.

Your Part B premium is separate.

Keep paying your Part B premium and any other premiums required for your coverage. The payment choice on this screen does not replace them.

For a separate Part D plan, Social Security deductions can take up to three months to begin. Follow the plan's payment instructions while you wait.

Source: Medicare drug coverage costs and premium payments; How to Pay Part A & Part B premiums.

APPLICATION / STEP 5 OF 6

Statement of Understanding

Read the statements, then choose the option that describes your role.

* What is your relationship to the person enrolling in this Medicare plan?

- ☐ I am the person enrolling
- ☐ I am helping the person enrolling
- ☐ I am the authorized representative

Choose the relationship that matches your role in this application.

I am the person enrolling: you are applying for yourself.

I am helping the person enrolling: you are helping with the form. Being a family member or helper does not give you permission to sign for the applicant.

I am the authorized representative: you have current legal authority to make this enrollment decision for the applicant.

If you are using a medical power of attorney

It must be in effect and give you authority to make this enrollment decision. Give Ashleigh the **POA-Health document for verification before submitting**. The insurer may also ask for a copy. A financial-only power of attorney is not automatically enough.

If your authority comes from a court order or another legal arrangement, ask Ashleigh which documents to provide before continuing.

Read each statement before agreeing. Ask the plan or Ashleigh about anything you do not understand.

Source: Enrollment representative authority.

APPLICATION / STEP 6 OF 6

Review & Submit

You are almost finished. Check your answers before sending them.

Please review the following information for accuracy. Please note that once you submit your application, you will no longer be able to make edits online. To make changes to any of the information you entered, please find the appropriate section and select *Edit*. You will then be taken to that part of the application and will be able to make changes.

Please note that the enrollment process will not be complete until your submitted application has been reviewed and approved.

You cannot edit the application online after submitting it.

Use **Edit** beside any section that needs a correction. Then check:

- ☐ The plan name and coverage year
- ☐ Your requested start date and enrollment reason
- ☐ Your Medicare number and Part A / Part B dates
- ☐ Your home address, phone number and email
- ☐ Your doctors, prescriptions and pharmacy
- ☐ Your payment choice and enrollment statements

Have employer, union or retiree coverage? Check how joining affects that coverage and anyone insured with you before submitting.

Ready to apply?

Scroll to the end and select **Submit** when everything is correct. The next screen shows how to save your application and confirmation.

SECTION 3 / AFTER ENROLLMENT

What happens after you submit

Your application is submitted. The plan must still approve it.

Application submitted

 Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

[Email](#) [Print](#)

Submission receipt from the recording. Personal details are omitted.

1. Save your confirmation

Use **Email, Print or View application**. Keep the tracking number and check the plan name, requested start date and premium.

2. Watch for the plan's response

Answer requests for missing information. Watch for the decision, confirmed start date and member card.

What to expect

- You will be notified of the determination once your application has been reviewed
- Your insurance card will be mailed within 7 to 10 business days following application approval.
- If you provided an email address on your application, you will receive an email allowing you to register on our member portal to access a digital copy of your insurance card.

Example only. Card delivery and other timing vary by plan.

Follow the timeline in your confirmation. Contact the plan if you have not heard back by then, or if you need care close to your start date.

3. Get ready to use your coverage

Confirm approval and the start date before using coverage or ending other insurance. A switch may end your earlier Medicare plan automatically; check before canceling it yourself.

Need medicine before your card arrives? Once coverage starts, ask the plan and pharmacy to verify membership. A submission number is not proof of coverage. Keep receipts and ask about reimbursement.

Ashleigh also receives an alert when you submit.

AFTER ENROLLMENT / HELP

Help if you need it

You can do this yourself. You can also ask for help at any point.

A plan or application question?

Ashleigh White / (470) 486-6733

Ask about a confusing field, coverage choice or enrollment date.

Waiting for approval or your member card?

Contact the insurer listed in your application. It can check your status, confirm your start date and help with member materials.

Return to PlanEnroll to compare plans

ourlifecoverage.com/medicare

More help with Medicare

Medicare: [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE (1-800-633-4227).

TTY: 1-877-486-2048.

Free, impartial counseling: find your State Health Insurance Assistance Program (SHIP) at shiphelp.org.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE to get information on all of your options.

This is a solicitation for insurance. Not connected with or endorsed by the United States government or the federal Medicare program.

Ashleigh P. White | NPN 17705112

Georgia license 3026384 | California license 0L86167

Plan availability and protections vary by state. Use current plan documents.

Screen examples: October 2026. Guide revision 6: October 5, 2026.