TAKE THE HELL OUT OF HEALTHCARE

A Complimentary Medicare Guide by Lisa Dailey

Trying to Make Sense of Medicare?

Questions to Ask When Choosing Your Medicare Coverage

A plain-English guide to exploring your Medicare options with with confidence.

LISA DAILEY

Licensed Health Insurance Broker

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WELCOME

A Few Words Before We Begin...

Medicare comes with a lot of information.

There are handbooks, websites, advertisements, plan materials, television commercials, mailers—and plenty of opinions about what you should do. Sometimes the challenge isn't finding information. It's figuring out which information actually matters to you.

That's one reason I created this guide.

It isn't meant to replace the official Medicare & You handbook or explain every Medicare rule. Instead, I want to help you think about Medicare a little differently—by starting with the questions that can help you make better decisions.

Some of those questions may seem simple. Others may be things you hadn't thought to ask at all.

I've spent many years helping people navigate Medicare, and I've learned that understanding your options isn't just about knowing how Medicare works. It's also about knowing what to ask, what to pay attention to, and when your individual circumstances might make a difference.

The 11 questions in this guide aren't the only questions worth asking. They're a place to begin.

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WELCOME

A Few Words Before We Begin...

~ Continued

You don't need to become a Medicare expert.

You just need enough understanding to recognize what matters to you—and to know when it's time to ask another question.

And if this guide helps you do that, then it has done exactly what I hoped it would do.

Let's get started.

LisaDailey

*Why did I choose the name **Take the Hell Out of Healthcare**? For a very simple reason: after decades of helping people navigate health insurance, I've seen how quickly a healthcare situation can turn into what many of my clients have described as a nightmare. But many nightmares can be prevented—or at least made far more manageable—when you know what questions to ask before you need the answers.*

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QUESTION 01

Why Should I Trust You?

Before you talk about plans, premiums, benefits, or anything else related to Medicare, there may be a more important question to ask:

Why should I trust the person helping me?

That question isn't rude. It's smart.

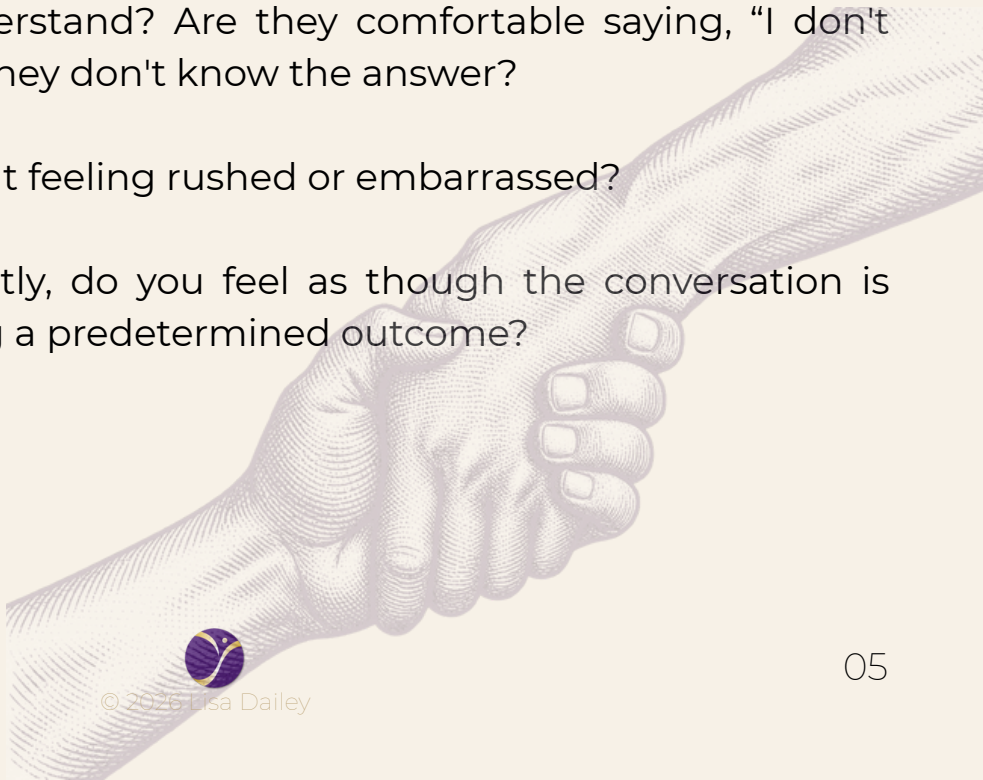
Someone can have years of experience, impressive credentials, and plenty of knowledge—and those things certainly matter. But they don't automatically earn your trust.

Pay attention to how you're treated.

Does the person helping you listen before offering answers? Do they explain things in language you understand? Are they comfortable saying, “I don't know, but I'll find out” when they don't know the answer?

Can you ask questions without feeling rushed or embarrassed?

And perhaps most importantly, do you feel as though the conversation is about you—or about reaching a predetermined outcome?



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QUESTION 01

Why Should I Trust You?

~ Continued

Medicare decisions can affect your healthcare, your finances, and your peace of mind. You deserve enough information to understand the decisions you're making and enough breathing room to make them thoughtfully.

I've worked in the health insurance industry since 1979 and have been a licensed health insurance broker since 1997. That's a lot of years and a lot of experience—but I don't believe experience alone is a reason for someone to trust me.

Trust is earned.



The Lisa Rule of Thumb

"Trust isn't something a broker tells you to have. It's something they earn."

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QUESTION 02

What Services Do I Receive by Asking You to Be My Broker?

I like to think of a good health insurance broker as a bridge—a liaison between you and the insurance company.

Choosing a Medicare plan is certainly part of the relationship, but it shouldn't be the end of it.

If you're approaching Medicare for the first time, our conversation may begin before we ever talk about insurance plans. One of the first things I'll help you understand is the process of getting Medicare Part B in place. I generally encourage clients to contact Social Security to discuss enrolling in Part B and to learn what their Part B premium will be based on their individual circumstances.

Most people pay the standard Part B premium, but people with higher incomes may pay an additional amount called an Income-Related Monthly Adjustment Amount, or IRMAA.

Social Security generally determines whether IRMAA applies by looking at your federal tax return from two years earlier. If you're married and file jointly, your joint income is generally used in making that determination. IRMAA can affect both your Medicare Part B premium and what you pay for Part D prescription drug coverage.

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QUESTION 02

What Services Do I Receive by Asking You to Be My Broker?

~ Continued

Here's something else worth knowing: if the income shown on that earlier tax return is substantially higher than your current income because you've retired, reduced your work hours, or experienced certain other qualifying life changes, you may be able to ask Social Security to reconsider the amount.

You don't need to become an IRMAA expert. But if the Medicare premium you're given seems surprisingly high—especially after a recent change in income—it's worth asking questions rather than simply assuming that's what you'll have to pay.

Once those pieces are underway, we can turn our attention to the coverage you'll use alongside Medicare.

Before you enroll, I can help you understand your Medicare options, compare plans, look at provider networks and prescription drug coverage, and explain the differences in plain English so you can make an informed decision.

Once you're enrolled, I'm still here.

Over time, you may have questions about your coverage. A prescription may no longer be covered the same way. A provider may leave a network. You may receive something from the insurance company that you don't understand. Or you may simply wonder whether something has changed and what, if anything, you need to do about it.

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QUESTION 02

What Services Do I Receive by Asking You to Be My Broker?

~ Continued

That's where an ongoing relationship with an experienced broker can become especially valuable.

I can't control what an insurance company decides, and I can't promise that every problem will have the outcome we hope for. But I can often help you understand what is happening, identify whom we need to contact, ask the right questions, and help guide you toward the next step.

I've worked in the health insurance industry since 1979, both on the insurance-company side and as a broker. That experience has taught me that sometimes the most valuable thing I can provide isn't a plan recommendation.

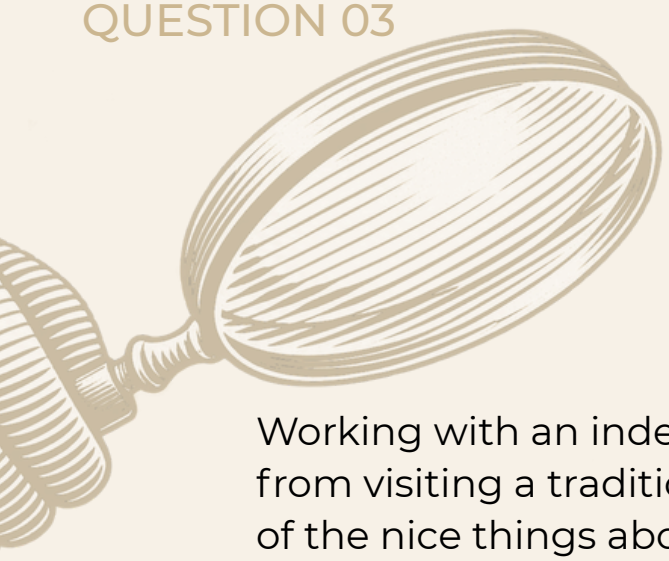
It's knowing where to begin when you don't know what to do next.

The Lisa Rule of Thumb

"Your broker shouldn't disappear after you enroll.
That's when the relationship really begins."

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QUESTION 03



What Can I Expect When We Work Together?

Working with an independent broker may look a little different from visiting a traditional insurance office—and I think that's one of the nice things about it.

I'm self-employed and work from my home office, so I don't maintain an office for client appointments. If you live in Bend, Oregon, or one of the surrounding communities, I'm happy to meet somewhere that's comfortable and convenient for you. Over the years, I've met with clients around dining room tables, at their workplaces, and over cups of coffee.

If you live outside the area, distance doesn't have to get in the way. Most of my appointments with clients in other areas are handled by phone, and when it would be helpful to see one another or review something together, we can arrange a virtual meeting.

We'll decide together what works best.

If you'd like to reach me, the easiest place to start is through the contact page on my website. I'll receive your message and can follow up with you from there. Once we're working together, of course, you'll know how to reach me directly when you have a question or need help.

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QUESTION 03

What Can I Expect When We Work Together?

My regular phone hours are Monday through Thursday, from 10:00 a.m. to 5:00 p.m.; Friday 10:00 a.m to 3:00 p.m., and meetings are scheduled by appointment.

But Medicare doesn't always pay attention to business hours—or deadlines!

During busy Annual Enrollment and Open Enrollment periods, I'm more flexible with my schedule so I can accommodate the additional appointments and time-sensitive work those seasons bring. And when we're working toward an important deadline, I'll do my best to make sure we get the job done in time.

My practice may not come with a traditional waiting room and a receptionist behind a desk. What it does come with is something I value much more: a personal relationship with the person I'm helping.



The Lisa Rule of Thumb

"You don't need to come to my office to have a broker in your corner."

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QUESTION 04

If I Ask You to Help Me Explore My Medicare Options, Am I Obligated to Enroll?

Not at all.

Talking with me about your Medicare options doesn't obligate you to enroll in a plan—or to make a decision before you're ready.

In fact, I think the first part of the process should be about gathering information.

We'll talk about your situation and what matters to you. From there, I can help you understand the types of Medicare coverage available to you and, when appropriate, compare plan options, provider networks, prescription drug coverage, costs, and other considerations that may affect your decision.

The goal isn't to get you enrolled as quickly as possible. It's to help you understand what you're choosing before you choose it.

Sometimes the information we uncover may raise more questions. That's okay. Medicare has a lot of moving parts, and you shouldn't feel pressured to understand everything—or make an important decision—all at once.



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QUESTION 04

If I Ask You to Help Me Explore My Medicare Options, Am I Obligated to Enroll?

~ Continued

When you're ready to move forward, I can help guide you through the enrollment process.

Until then, asking questions is simply that: asking questions.



The Lisa Rule of Thumb

"Information comes first. The decision comes when you're ready."

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QUESTION 05

What Does It Cost to Work With You—and How Are You Paid?

This is one of the easiest questions to answer: **I don't charge you a fee for my time or assistance when you work with me as your Medicare insurance broker.**

We don't exchange money. I don't send you a bill for our conversations, the time we spend reviewing your Medicare coverage options, or my assistance with your enrollment.

So how am I compensated?

When you enroll in a Medicare insurance plan for which I am authorized to receive compensation and designate me as your broker or agent, I may receive a commission from the insurance company.

The amount and manner in which brokers are compensated can vary by the type of coverage and the insurance company. Those arrangements are between the insurance company and the broker—you aren't writing me a check for the work I provide to you.

And compensation doesn't change what I believe my responsibility is to you.



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QUESTION 05

What Does It Cost to Work With You—and How Are You Paid?

~ Continued

My job is to help you understand the options I'm able to discuss with you, answer your questions, explain important differences, and help you make a decision that fits your needs.

You should never be afraid to ask your broker how they're compensated—or whether compensation could affect the options they're presenting to you.

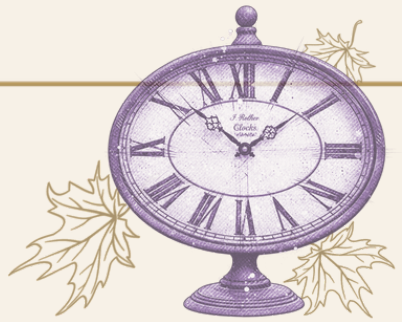


I think transparency is part of earning your trust.

The Lisa Rule of Thumb

"If you're wondering how your broker gets paid, ask. A good relationship should have room for straightforward questions."

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QUESTION 06

I'm Turning 65 Soon. When Should I Start Thinking About Medicare?

Earlier is better than later—but you don't need to have everything figured out before you contact me.

In fact, that's the point.

If you're approaching your 65th birthday, I generally recommend beginning the conversation with me about three months beforehand. That gives us time to talk about your situation, identify the steps you'll need to take, and begin preparing for the Medicare decisions ahead.

You don't need to understand Medicare before we meet. We'll start with where you are and work through what comes next.

One of the first things we'll discuss is Medicare Parts A and B and whether you need to take any action to enroll. Some people may already be enrolled and receive their red, white, and blue Medicare card showing effective dates for both Part A and Part B. Others may need to take steps to enroll, while some may have circumstances that affect when they should enroll in Part B.

If you need to take action, I'll help you understand where to begin. When appropriate, I'll generally direct you to Social Security to discuss enrollment and learn what your Part B premium will be based on your individual circumstances.

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QUESTION 06

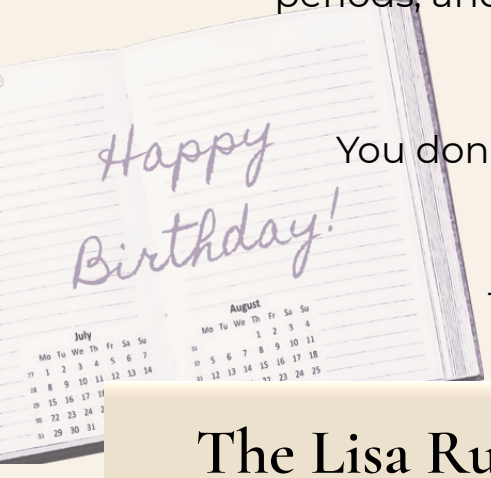
I'm Turning 65 Soon. When Should I Start Thinking About Medicare?

~ Continued

Once the necessary pieces of Original Medicare are in place, we can turn our attention to the coverage choices available to you.

That's when we'll begin looking more closely at the things that matter in your everyday life: your doctors and other healthcare providers, prescription medications, anticipated healthcare needs, budget, and the types of coverage you may want.

I've been helping people navigate Medicare coverage decisions since 2003, including people becoming eligible for Medicare for the first time, people making changes during eligible enrollment periods, and existing clients reviewing their coverage as their needs and available plans change.



You don't have to arrive at our first conversation knowing the Medicare alphabet.

That's what I'm here to help you understand.

The Lisa Rule of Thumb

"Turning 65? Put a reminder on your calendar to call me about three months before your birthday."

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QUESTION 07

When Can I Review or Change My Medicare Coverage?

One of the things that can make Medicare confusing is that there isn't just one enrollment period—and the rules aren't the same for every type of coverage.

For many people, the most familiar time of year is the **Annual Enrollment Period (AEP), October 15 through December 7.** During AEP, people with Medicare have an opportunity to review their coverage for the coming year and, when appropriate, make changes involving Medicare Advantage (MA), Medicare Advantage plans that include prescription drug coverage (MAPD), and standalone Prescription Drug Plans (PDP).

But October 15 through December 7 isn't the only time when a change may be possible.

If you're already enrolled in a Medicare Advantage plan, there is also a **Medicare Advantage Open Enrollment Period (OEP), January 1 through March 31.** This period applies specifically to people already enrolled in Medicare Advantage. It isn't another general opportunity to make changes to a standalone Prescription Drug Plan (PDP), which is one reason it's important not to confuse OEP with AEP.



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QUESTION 07

When Can I Review or Change My Medicare Coverage?

~ Continued

Medicare Supplement—or Medigap—coverage works differently still. Medigap policies have their own enrollment and guaranteed-issue rules, and some states provide additional opportunities for existing policyholders to change coverage. For example, Oregon has a Medicare Supplement birthday rule that gives eligible policyholders an annual opportunity around their birthday to consider certain changes.

There are also certain circumstances that may give you a **Special Enrollment Period (SEP)** and an opportunity to make a change outside the usual enrollment periods.

You don't need to memorize all of those rules.

What I want you to recognize is this: if something changes with your health coverage, where you live, your eligibility, or another important part of your circumstances, don't automatically assume you have to wait until fall.

Ask.

There may be an enrollment opportunity that applies specifically to you.

The Lisa Rule of Thumb

"Don't assume you have to wait until October. If something changes, ask whether you have another enrollment opportunity."

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QUESTION 08

Why Am I Asked to Complete a Scope of Appointment Before Discussing Medicare Plans?

If you've worked with a Medicare broker before, you may have been asked to complete something called a **Scope of Appointment (SOA)** without ever really being told why.

It's not simply paperwork your broker has decided to add to the process.

The Scope of Appointment is part of the requirements established by the Centers for Medicare & Medicaid Services (CMS) for certain Medicare sales and marketing appointments. Its purpose is to document the types of Medicare products you've agreed to discuss before the appointment takes place.

A good broker doesn't ask you to complete an SOA simply because it's good practice. It's part of the Medicare rules we're required to follow.

The SOA helps establish the boundaries of the conversation. If you've agreed to discuss particular types of Medicare coverage, that's what our appointment will focus on. If another type of Medicare product comes up that wasn't included in the original scope, additional documentation may be required before we move into that discussion.

There is another Medicare requirement that sometimes surprises people: certain telephone conversations involving Medicare Advantage and prescription drug plans may need to be recorded.

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QUESTION 08

Why Am I Asked to Complete a Scope of Appointment Before Discussing Medicare Plans?

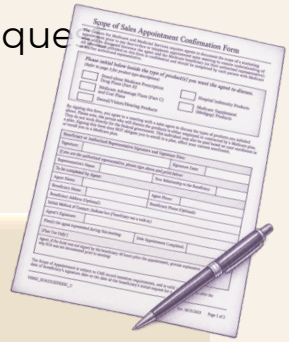
~ Continued

If I tell you that our call needs to be recorded, it isn't because I personally decided that recording our conversation would be a wonderful idea!

It's another compliance requirement that applies to certain Medicare sales and enrollment conversations. These requirements are intended to provide safeguards for people with Medicare and establish a record of what occurred during the conversation.

You don't need to memorize which form applies when, which calls must be recorded, or all of the regulations your broker is required to follow.

But you should recognize the terminology and understand that when a Medicare broker asks you to complete an SOA or tells you that a particular call must be recorded, there may be a regulatory reason behind the reque



And you should always feel comfortable asking why.

The Lisa Rule of Thumb

"If you're asked to sign something or agree to a recorded call, ask what it's for. A good broker should be able to explain it."

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QUESTION 09

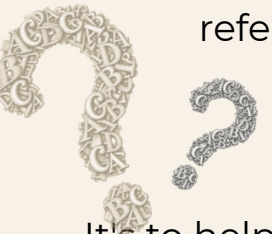
Help! What Do Medicare Parts A, B, C, and D Actually Mean?

You're definitely not the first person to ask.

Medicare comes with its own language, terminology, and alphabet—and it can be confusing when you're encountering it for the first time.
You don't need to learn Medicare before we meet. Part of my job is helping you understand it.

When we talk, I'll explain the basic pieces of Medicare, how they relate to one another, and the terminology you'll hear as we begin discussing your coverage options.

I'll also encourage you to become familiar with the official *Medicare & You* handbook and other Medicare resources available to you. They're valuable references for the details you may want to look up along the way.



My goal isn't to turn you into a Medicare expert.

It's to help you understand enough to participate confidently in the decisions we're making together.

And sometimes the most important question is the one you didn't know you needed to ask.

The Lisa Rule of Thumb



"Don't worry about memorizing the Medicare alphabet. Understand what applies to you—and know when to ask questions."

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QUESTION 10

Which Insurance Companies Do You Work With—and Can I Keep My Doctors?

These are two questions I hear frequently, and the answers can change over time.

I work with multiple insurance companies that offer Medicare coverage, but the companies and plans available to you depend on where you live and what is currently offered in your area. The companies I'm appointed to represent may also change over time.

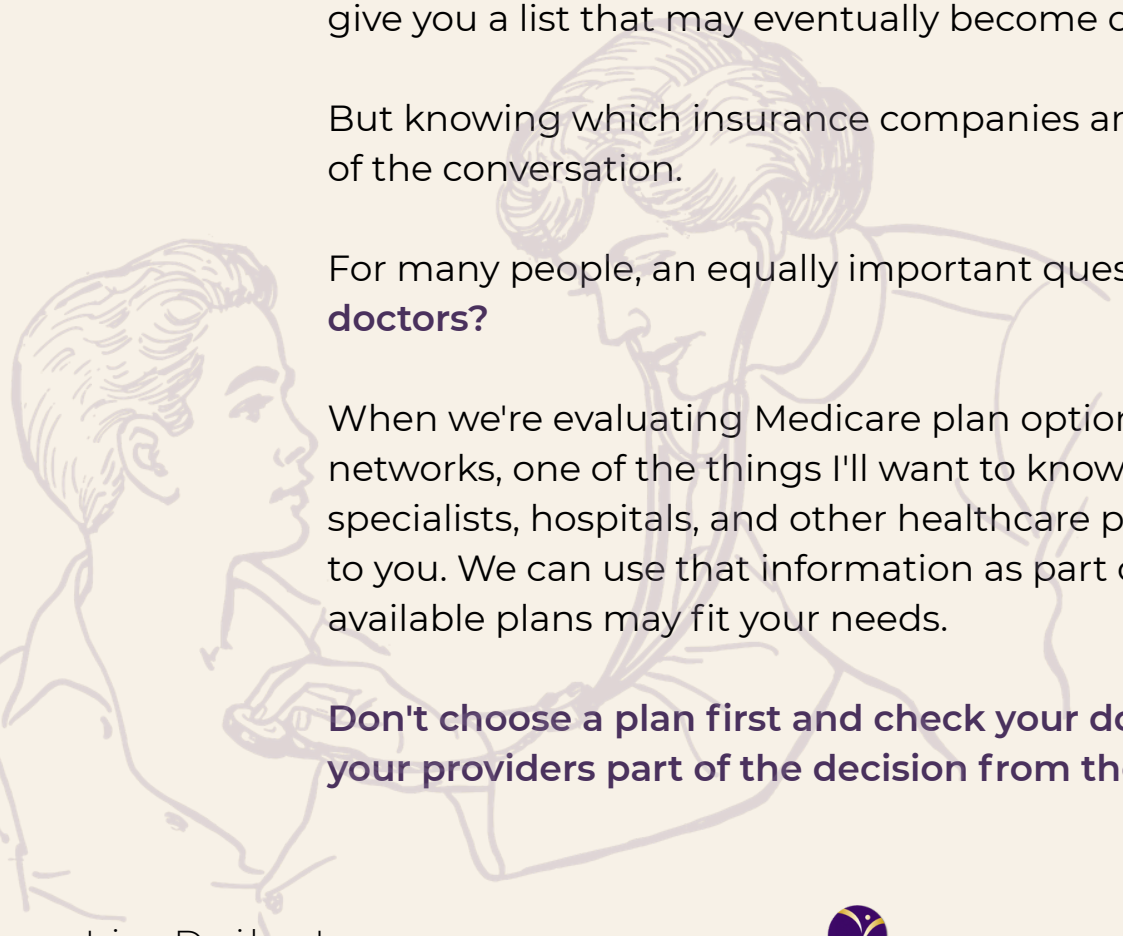
That's why I'd rather talk with you about what's available **now** than give you a list that may eventually become outdated.

But knowing which insurance companies are available is only part of the conversation.

For many people, an equally important question is: **Can I keep my doctors?**

When we're evaluating Medicare plan options that use provider networks, one of the things I'll want to know is which doctors, specialists, hospitals, and other healthcare providers are important to you. We can use that information as part of evaluating which available plans may fit your needs.

Don't choose a plan first and check your doctors afterward. Make your providers part of the decision from the beginning.



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QUESTION 10

Which Insurance Companies Do You Work With—and Can I Keep My Doctors?

~ Continued



And there's another reason this deserves attention over time: provider networks can change.

A doctor or hospital that participates with a plan today may not necessarily participate forever. Insurance companies can change their networks, and healthcare providers can change which plans they accept.

That's why reviewing your coverage isn't simply about looking at premiums or benefits. It's also an opportunity to consider whether the plan continues to work with the healthcare relationships that matter to you.

I can't promise that a particular insurance company, plan, doctor, or hospital will always be available. What I can do is help you ask the right questions and evaluate the information that's available when you're making your decision.

The Lisa Rule of Thumb



"Your doctors are part of your Medicare decision. Check the network before you choose the plan—and check it again when you review your coverage."

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QUESTION 11

Can my broker help me understand Medicare information I receive?

Absolutely. Medicare provides a wealth of information to help you understand your benefits, coverage choices, rights, and responsibilities. The Medicare & You handbook is an excellent resource, and you may also receive notices, letters, and other important information from Medicare throughout the year.

But official information isn't always easy to understand—or easy to apply to your own situation.

That's where I can help.

If you're reading your Medicare & You handbook and something raises a question, bring it to me. If you receive a Medicare notice you don't understand, ask me about it. Sometimes the most important part isn't simply understanding what the information says—it's understanding whether it applies to you and whether you need to do anything about it.

I don't replace Medicare or its official resources. Think of me as another resource available to help you make sense of the information you're receiving and determine what questions you may need to ask next.

And that help doesn't end when you enroll in a Medicare plan. I'm here as a resource for my clients throughout the year.

The Lisa Rule of Thumb



"Don't ignore Medicare information you don't understand—and don't guess. Ask for help."

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PRO TIPS FOR MEDICARE

8 Dos & Don'ts Before Enrolling in a Medicare Plan





DO start the conversation about Medicare before you think you need to know all the answers.	**DON'T** assume every person's Medicare situation follows the same rules.
DO contact me about three months before your 65th birthday.	**DON'T** wait until the last minute to figure out whether you need to take action.
DO include your doctors, hospitals, prescriptions, and priorities when evaluating coverage.	**DON'T** choose a plan first and check your providers afterward.
DO learn the basic Medicare acronyms you'll encounter - AEP, OEP, SEP, MA, MAPD, PDP, SOA	**DON'T** assume similar-sounding enrollment periods allow the same changes.
DO ask why you're completing a Scope of Appointment (SOA) or why a call needs to be recorded.	**DON'T** be embarrassed to ask what a Medicare requirement means.
DO review your coverage periodically because plans, networks, medications, and circumstances can change.	**DON'T** assume that what worked before will automatically remain your best fit.
DO ask whether another enrollment opportunity may apply when something changes in your life.	**DON'T** automatically assume you have to wait until October.
DO expect your broker to explain things in plain language you understand.	**DON'T** feel pressured to make a decision before you understand what you're choosing.

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Dear Reader,



Keep Asking Questions.

If you've made it this far, I hope you've learned more than the answers to eleven Medicare questions.

I hope you've learned that **asking questions is part of making good healthcare decisions.**

The eleven questions in this guide are a starting point. They aren't the only questions worth asking, and they won't cover every situation you may encounter.

Your healthcare needs are personal. Your doctors and prescriptions are personal. Your finances, priorities, circumstances, and comfort with risk are personal. And all of those things can change.

Medicare can change, too.

That's why I don't believe the goal should be to memorize every rule or understand every detail. The goal is to become comfortable asking questions, recognizing when something deserves a closer look, and knowing when you may need help finding the answer.

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Sometimes the most important question is the one you didn't know you needed to ask.

And that's one of the reasons an experienced broker relationship can matter.

When something changes, something doesn't make sense, or you simply find yourself wondering, *"Is there something I'm missing?"*— you have someone to ask.

You don't have to know every question in advance.

Sometimes, the next step is simply a conversation.

Best, Lisa



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Hi ~ I'm Lisa.



I've worked in the health insurance industry since 1979 and have been a licensed health insurance broker since 1997. Today, I help small employers, individuals and families, and Medicare beneficiaries make sense of health insurance and the decisions that come with it.

My approach is pretty simple: explain things in plain English, help people understand their choices, and be there when questions—or problems—arise.
I believe a good broker relationship isn't just about helping someone choose a plan. It's about becoming a trusted resource they know they can call when they aren't sure what to do next.

Away from insurance, I'm an artist and lifelong creative. I enjoy photography, digital art, music, and learning new ways to make things—and I share my home with **Hunter, a rather opinionated cat who has never once asked me to explain a deductible.**

That combination of experience, education, advocacy, and a little humanity is what Take the Hell Out of Healthcare is all about.

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Ready to Take the Next Step?

Whether you're approaching Medicare for the first time—or you're already enrolled and wondering whether your current coverage still fits—figuring out what comes next doesn't have to feel overwhelming.

We can start with a conversation about your healthcare needs, your priorities, and the questions that matter most to you.

No pressure. No obligation. Just clear information and a place to begin.

Lisa Dailey
Licensed Health Insurance Broker

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Medicare Beneficiaries Click Here

This guide is intended for general educational purposes. Medicare plan availability, benefits, costs, provider networks, eligibility requirements, and other plan details may vary by location and change over time. Current information should be verified based on your individual circumstances.

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