

Part A, B, C and D Worksheets

Complete what you know. Mark unknown items for your expert review.

- **Purpose:** Identify your enrollment deadlines and compare coverage using your own doctors, prescriptions, health needs, budget, and preferences.
- **Parts A and B are the foundation.** Part C is an alternative way to receive Medicare benefits; Part D addresses prescription drugs. You do not automatically buy all four as separate plans.
- Use this packet before you enroll, switch, delay Part B, or cancel other insurance. A plan that fits a friend may not fit you.

Name or initials (do not enter a Social Security number or Medicare number)

Review date / desired coverage start date

ZIP code / county / state

What matters most? Check up to three priorities.

- ☐ Keeping my doctors and preferred hospitals
- ☐ Predictable medical bills and manageable monthly premiums
- ☐ Prescription affordability and pharmacy access
- ☐ Travel, seasonal residence, or nationwide provider access
- ☐ Coordinating employer, retiree, federal, military, or VA benefits

My most important concern or question

Privacy: Keep this completed packet secure. Do not post it publicly or send health details through an unsecured website form.

Review with Bob Crane, CFP: Help me rank my priorities and identify questions that could change my choice.

Enrollment Timing Worksheet

Your enrollment window and your coverage start date are different dates.

Date of birth / first eligibility reason (age 65, disability, ALS, ESRD, or other)

Part A effective date / Part B effective date (or not yet enrolled)

Current coverage type / employer or insurer / last day of coverage

☐ I or my spouse is actively working and coverage is based on that employment.

☐ I have COBRA, retiree, Marketplace, VA, TRICARE, CHAMPVA, FEHB, or Medicaid coverage to coordinate.

☐ I contribute to an HSA, or my employer contributes for me.

• **First enrollment:** Usually seven months around 65; a birthday on the first day of a month shifts age-based timing earlier.

• **Part B job-based SEP:** Generally while qualifying employment coverage continues and for eight months after work or coverage ends, whichever comes first. COBRA does not extend it.

• **Plan changes:** October 15-December 7 generally take effect January 1. January 1-March 31 has different rules for missed Part B enrollment versus current MA members.

• **Medigap:** The federal six-month protected purchase window starts when you are 65 or older and enrolled in B. Fall enrollment does not guarantee acceptance. [1-4]

My verified enrollment period / application deadline / person who confirmed it

My confirmed coverage start date / gap to resolve

Review with Bob Crane, CFP: Verify each deadline, HSA timing, and whether delaying coverage is safe in my situation.

Part A Worksheet

Hospital insurance - confirm eligibility, timing, and what it does not pay.

Check before enrolling or delaying

- ☐ Social Security or the Railroad Retirement Board confirmed whether my Part A premium is \$0.
- ☐ I know whether Part A will be automatic or requires an application.
- ☐ I checked how Part A coordinates with my current insurance.
- ☐ If I have an HSA, I reviewed retroactive Part A before making more contributions.

Part A premium if any / source and date verified

Part A start date / HSA contribution stop date if applicable

Commonly misunderstood points

- **Premium-free does not mean all care is free.** Part A has cost sharing. Its inpatient deductible applies per benefit period, so more than one can occur in a year.
- **Overnight does not always mean inpatient.** Observation is generally outpatient care. Hospital status can affect billing and eligibility for later skilled nursing care.
- **Part A is not permanent nursing home coverage.** Medicare skilled nursing care has eligibility and duration limits; custodial care alone is generally not covered.
- Doctors' professional services during a hospital stay are generally Part B expenses. [1, 5-7]

If hospitalized, who can help me ask about inpatient versus observation status?

My plan for hospital cost sharing or recovery help

Review with Bob Crane, CFP: Explain my Part A start date, hospital cost exposure, and recovery-care assumptions.

Part B Worksheet

Medical insurance - decide when to enroll and how to budget.

Employment ends / job-based insurance ends / employer size (verify with benefits office)

- ☐ I verified whether my current plan expects Medicare to pay first.
- ☐ I obtained evidence of current-employment coverage if requesting a Part B SEP.
- ☐ I reviewed whether Part B is needed to maintain other benefits.
- ☐ I know whether Social Security has confirmed my enrollment or delay request.

Commonly misunderstood points

- **Still insured is not always the same as protected from a late penalty.** COBRA, retiree insurance, and VA health care alone do not create the usual job-based Part B SEP.
- **Employer size matters.** At 65, coverage through an employer with fewer than 20 employees may pay after Medicare. Disability and ESRD coordination rules differ.
- Part B generally has a monthly premium, an annual deductible, and coinsurance. Original Medicare alone has no annual Part A/B out-of-pocket cap.
- **Higher income can raise premiums.** Ask about IRMAA and whether an eligible income-reducing life event supports a new determination. [1, 5, 8]

Part B premium estimate / possible IRMAA / monthly budget

Enroll now or delay? My reason and unresolved verification

Part B application date / requested effective date / confirmation received

Review with Bob Crane, CFP: Confirm that my enrollment timing protects both my health coverage and my finances.

Choose Your Coverage Path

Compare Original Medicare with Medigap and Part D against Medicare Advantage.

My preferences and needs

- ☐ I want broad access to providers who accept Medicare nationwide.
- ☐ I am comfortable using a plan network if my providers participate.
- ☐ I prefer a higher fixed premium if it reduces eligible medical cost sharing.
- ☐ I prefer a lower premium and can fund the plan's potential medical bills.
- ☐ I travel or live in another state for part of the year.

Other coverage that could be affected by a change (including spouse or dependents)

Questions to resolve before selecting a route

- **Original Medicare:** Which Medigap benefits are important? What is the actual premium, and do I have guaranteed purchase rights or need underwriting?
- **Medicare Advantage:** Are my providers and treatments covered under this exact plan? What are the network, referral, and prior-authorization rules?
- **Drug coverage:** Do I need separate Part D, or is it included? Does existing coverage qualify as creditable?
- Medigap does not pay MA copays. Leaving MA later does not automatically guarantee a Medigap policy. [2, 4, 9]

Route I am considering / why it fits my priorities

Reasons the other route might fit better / questions still open

Review with Bob Crane, CFP: Compare both routes without choosing solely by premium, advertising, or a friend's experience.

Part C Worksheet

Medicare Advantage - complete one copy for each specific plan considered.

Plan name / insurer / exact plan ID / plan year / county

Monthly plan premium / Part B premium / possible giveback and conditions

Medical out-of-pocket maximum: in-network / combined if applicable

Hospital copay / specialist copay / outpatient surgery / therapy / equipment

- ☐ My Part A and Part B will be active by the plan's start date.
- ☐ I verified my doctors, specialists, and preferred hospital with the plan and providers.
- ☐ I reviewed referrals, prior authorization, out-of-area routine care, and travel needs.
- ☐ I checked dental, vision, hearing, and other extras for actual limits and providers.
- ☐ If considering an SNP, the plan verified my specific eligibility.

Do not miss these points

- **\$0 premium is not \$0 health care.** Keep paying B unless assistance applies. Budget for plan cost sharing.
- A medical out-of-pocket maximum is not a cap on all spending. Premiums, drugs, and noncovered expenses have separate rules.
- An insurer name or doctor saying they take Medicare does not prove participation in this specific MA plan. Verify the exact plan and year. [2, 9]

My biggest access or cost concern / evidence still needed

Review with Bob Crane, CFP: Check the exact plan, provider access, worst-case medical cost, and any effect on my other benefits.

Part D Worksheet

Prescription coverage - compare total annual cost using your actual medications.

Current drug coverage / source of creditable-coverage notice / date of notice

Candidate plan / exact plan ID / plan year

Preferred pharmacy / backup pharmacy / mail-order preference

Monthly premium / deductible / estimated annual premium plus drug spending

- ☐ I listed every prescription with strength, form, quantity, and frequency.
- ☐ I verified each medication on the plan's current formulary.
- ☐ I checked tiers, prior authorization, step therapy, and quantity limits.
- ☐ I compared my pharmacy with preferred-network and other available pharmacies.
- ☐ I checked Extra Help eligibility and any other pharmacy assistance.

Commonly misunderstood points

- **Low premium does not mean lowest annual cost.** Compare premiums and your prescriptions together.
- Part D's annual out-of-pocket threshold applies to covered Part D drug costs, not every prescription purchase, premiums, IRMAA, or Part B drugs.
- After initial eligibility, 63 consecutive days without Part D or creditable drug coverage may trigger a late penalty. Do not treat that rule as permission to wait.
- Joining stand-alone Part D can end certain MA coverage. Verify the effect before submitting. The Prescription Payment Plan spreads payments; it does not lower the total drug cost. [3, 5, 10, 11]

Medication access or affordability problem to resolve

Review with Bob Crane, CFP: Compare actual medicines and pharmacies, and confirm that a drug enrollment will not disrupt my coverage.

Doctors & Medication Inventory

Use extra copies as needed. Keep completed health information private.

Doctors and facilities - verify each exact plan

1. Doctor / specialty or facility / location / must keep? / exact plan verified and date

2. Doctor / specialty or facility / location / must keep? / exact plan verified and date

3. Doctor / specialty or facility / location / must keep? / exact plan verified and date

Prescription list - include strength and supply

1. Drug / strength and form / frequency / quantity or days supplied / pharmacy

2. Drug / strength and form / frequency / quantity or days supplied / pharmacy

3. Drug / strength and form / frequency / quantity or days supplied / pharmacy

4. Drug / strength and form / frequency / quantity or days supplied / pharmacy

- For each candidate plan, record the drug tier, restrictions, and pharmacy price separately.
- Bring a current pharmacy printout or medication list to the review. Do not stop or change treatment because of this worksheet.

Review with Bob Crane, CFP: Verify provider participation and drug coverage using current plan documents and pharmacy information.

Compare Your Annual Budget

Use plan documents and personalized quotes for the same coverage year.

Coverage year / comparison date

Option 1 - name and route

Monthly total premiums: A if any + B + plan/Medigap + separate D + IRMAA

Annual premiums / expected medical cost sharing / expected drug spending

High-cost year: medical exposure + separate drug exposure + premiums

Option 2 - name and route

Monthly total premiums: A if any + B + plan/Medigap + separate D + IRMAA

Annual premiums / expected medical cost sharing / expected drug spending

High-cost year: medical exposure + separate drug exposure + premiums

Expenses to keep separate

- ☐ Dental, vision, hearing, travel, and services outside the benefit package
- ☐ Custodial care or help with daily activities that Medicare generally does not cover
- ☐ Financial help from Medicaid, Medicare Savings Programs, or Extra Help
- ☐ Other policies and savings available without counting the same benefit twice

Monthly amount I can afford / emergency reserve available

Review with Bob Crane, CFP: Compare affordability in an ordinary year and an expensive year, not just the advertised premium.

Expert Review & Action Plan

Review with Bob Crane, CFP, before making a final enrollment decision.

- ☐ My enrollment period, application deadline, and start date are verified.
- ☐ My doctors, facilities, prescriptions, pharmacies, and travel needs are checked.
- ☐ I understand premiums, cost sharing, and the limits of out-of-pocket protection.
- ☐ My Medigap rights or underwriting requirements have been checked if relevant.
- ☐ The effect on employer, retiree, federal, military, VA, or family coverage is reviewed.
- ☐ Any HSA, IRMAA, Medicaid, or Extra Help issues have been addressed.

Recommended coverage route / plan or policy / why it matches my needs

Open questions / who will verify / follow-up date

Applications to submit / deadlines / person responsible

New effective date confirmed / existing coverage cancellation date if appropriate

- **Do not cancel existing coverage until the new coverage and any required approvals are confirmed.**
- Bring this packet to your review. An informed decision depends on the details that advertising and quick comparisons may leave out.

Review with Bob Crane, CFP: Help me make and document an informed choice; this worksheet does not submit an enrollment.

Resources & Next Steps

A reusable educational packet for a personal Medicare review

Talk with your Medicare guide

- **Bob Crane, CFP | PrimeTime Health & Wealth**
- PrimeTimeHealthAndWealth.org
- Multilayered expertise to solve your Medicare and retirement needs.

Official resources used for the review points

- [1] [When to sign up and coordination with existing coverage](#)
- [2] [Your coverage options](#)
- [3] [Choosing prescription coverage](#)
- [4] [When to buy Medigap](#)
- [5] [Medicare costs](#)
- [6] [Skilled nursing facility care](#)
- [7] [Long-term care coverage limits](#)
- [8] [SSA income-reducing life event and IRMAA](#)
- [9] [How Original Medicare and MA work](#)
- [10] [Avoiding late enrollment penalties](#)
- [11] [Prescription Payment Plan](#)

How to use and protect this packet

- Type into the fillable fields in a compatible PDF reader, or print and write by hand. Save a copy after entering information.
- Do not include Social Security numbers, Medicare numbers, account numbers, or passwords. Use a secure process for sharing personal or health information.
- A completed packet is a discussion aid, not a Scope of Appointment, consent to contact, plan recommendation guarantee, or enrollment application.

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Review with Bob Crane, CFP: Schedule a personal review before submitting applications or changing existing coverage.