

YOUR ANNUAL COVERAGE REVIEW

Your Medicare Open Enrollment Checklist

How to review your coverage during Open Enrollment — and stop overpaying on autopilot. A plain-English checklist from the team at HealthVocate.

Oct 15–Dec 7
the Open Enrollment window

~7 in 10
don't compare plans (KFF)

Every year
costs, drug lists & networks shift

Your Medicare plan can change every year — the premium, the drug formulary, the pharmacy network, even which doctors are covered. Skip your Open Enrollment review and you're on autopilot, and autopilot usually costs more. Most beneficiaries never compare (**KFF**). Here's how to review yours in an afternoon.

Your Open Enrollment checklist

- 1 Know your window.**
Medicare Open Enrollment runs October 15 – December 7. Anything you change takes effect January 1. (Already in a Medicare Advantage plan? You get one more switch January 1 – March 31.)
- 2 Read your Annual Notice of Change (ANOC).**
Your plan mails this each fall. It spells out exactly what's changing next year — premium, deductible, copays, drug tiers, network. Don't toss it.
- 3 Re-check your drug list (formulary).**
Confirm every medication you take is still covered, on the same tier, with no new restrictions like prior authorization, step therapy, or quantity limits. Drug coverage changes yearly.
- 4 Confirm your pharmacy and doctors.**
Networks shift. Make sure your pharmacy still has "preferred" (lower-cost) status and your doctors still participate in the plan.
- 5 Compare total annual cost — not just premium.**
A low premium can hide high drug costs or a big deductible. Add premium + expected drug costs + typical copays to compare plans fairly. Medicare's Plan Finder at Medicare.gov does the math.
- 6 Reassess your coverage type.**
Original Medicare with a Medigap policy and a Part D drug plan, versus an all-in-one Medicare Advantage plan — if your health, medications, or travel changed this year, the right structure may have too.
- 7 Decide before December 7 — or you're locked in.**
Do nothing and you're auto-renewed into next year's version of your current plan, changes and all. Choose actively.

What changes each year — and what to check

What can change	Why it matters	What to check
Premium	Your fixed monthly cost.	Compare next year's premium in your ANOC.
Drug formulary	A covered drug can drop or move to a pricier tier.	Confirm each medication is still covered at the same tier.
Pharmacy network	Your pharmacy may lose "preferred" status.	Verify your pharmacy's cost tier for next year.
Provider network	On Advantage plans, a doctor can leave the network.	Confirm your providers still participate.
Deductible & copays	Out-of-pocket costs can rise.	Add up total expected annual cost, not just premium.
Extra benefits	Advantage dental/vision/OTC perks change yearly.	Check which extras remain — and their limits.

Key Medicare dates

Open Enrollment (AEP): Oct 15 – Dec 7 — changes take effect Jan 1.

Advantage OEP: Jan 1 – Mar 31 — one switch if you're already in Advantage.

Initial Enrollment: the 7 months around your 65th birthday.

Special Enrollment: triggered by qualifying life events (a move, losing other coverage).

Dates and rules can change — confirm at [Medicare.gov](https://www.Medicare.gov) or 1-800-MEDICARE.

Common mistakes

- Letting it auto-renew without reading the ANOC.
- Comparing only the premium.
- Assuming your drugs and doctors are still covered.
- Missing the December 7 deadline.
- Ignoring total out-of-pocket cost.

See if your plan still fits.

Healthvocate checks your current Medicare coverage against the medications and doctors you actually use, and flags what's changing for next year — in plain English, so you can decide with clear eyes. Start free at [HealthVocate.com](https://www.HealthVocate.com).

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