



Cory Weaver

703-606-3013

www.healthmarkets.com/cweaver

5 BIGGEST MISTAKES YOU CAN MAKE WITH MEDICARE



MISTAKE 1

Assuming Employer or Group Coverage Means You Have No Need for Medicare!



One (very) common mistake people make is assuming that having employer or group coverage means they don't need Medicare. However, this assumption can lead to missed opportunities for more cost-effective and comprehensive coverage, especially when it comes to deductibles and other out-of-pocket costs.

While it's true that some of us may have an employer or a group plan, it's important to understand that Medicare offers distinct advantages that can enhance your healthcare coverage and potentially save you money long term.

The thing is, employer or group plans may have their own limitations and costs, meaning it's not always superior to Medicare. For example, you may have deductibles, copayments, or coinsurance for certain services. Additionally, employer plans may have narrower networks, meaning you have a limited choice of doctors and hospitals, among other limitations that won't be a problem with Medicare.

Aside from that, it's vital to consider the cost benefits of Medicare, since you have the option to choose from various plans based on your specific needs and budget. In some cases, Medicare plans may have lower premiums, deductibles, and out-of-pocket costs compared to employer/group coverage.

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MISTAKE 2

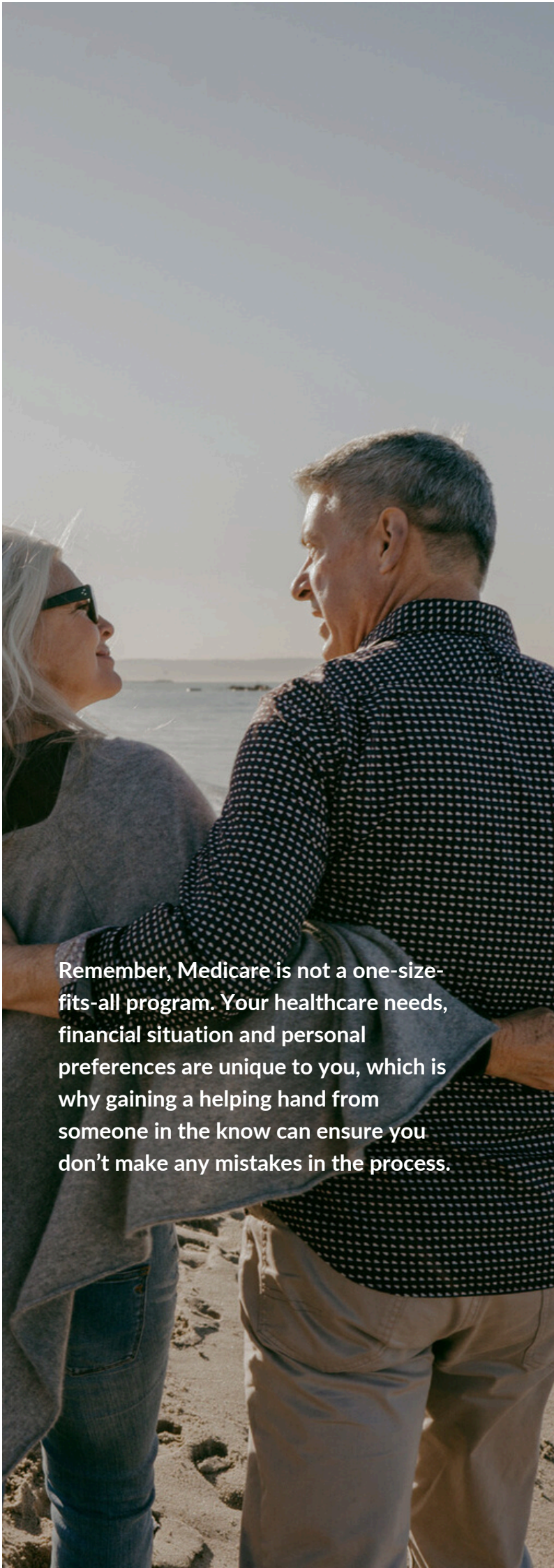
Relying On Non-Professional Guidance

One of the most significant mistakes people make when trying to understand Medicare is seeking guidance and advice from non-professionals like friend, family, and co-workers.

While it's natural to turn to the people you trust, for their experience and opinion, remember that Medicare is a complex system that can change significantly for each person depending on their individual needs and circumstances. What works for one person may not work for someone else, and vice versa.

That's why it's always smart to seek out expert Medicare guidance from professionals that can tailor their knowledge to your specific circumstances.

When you work with a professional Medicare advisor, you can work together to evaluate your specific healthcare needs, review your current coverage, and assess any changes that may impact your plan selection moving forward. They can also help you understand the implications of different options, such as the costs, benefits, and network providers, which can be complex to navigate on your own. With this guidance, you can ensure that you make choices that align with your individual requirements, budget, and long-term healthcare goals.

A photograph of an older couple standing on a sandy beach, looking out at the ocean under a clear sky. The woman is on the left, wearing sunglasses and a grey sweater. The man is on the right, wearing a patterned shirt and khaki pants. They are both looking towards the horizon.

Remember, Medicare is not a one-size-fits-all program. Your healthcare needs, financial situation and personal preferences are unique to you, which is why gaining a helping hand from someone in the know can ensure you don't make any mistakes in the process.

MISTAKE 3

Getting Confused During Initial Enrollment Medicare Advantage vs. Medicare Supplement



Understanding the difference between Medicare Advantage and Medicare Supplement plans can be quite confusing, especially during the initial enrollment period when you have guaranteed approval.

But don't worry, I'm here to make things as simple as possible for you, breaking down all the details you need to know.

Medicare Advantage, also referred to as Part C, is an all-in-one alternative to Original Medicare offered by private insurance companies. These plans often include additional benefits like prescription drug coverage, dental, vision and hearing services. With Medicare Advantage, you receive your Medicare benefits through the insurance company, which usually has its own network of doctors and hospitals.

On the other hand, Medicare Supplement, or Medigap, plans work alongside Original Medicare. They help cover the "gaps" in coverage (hence the name), such as deductibles, copayments, and coinsurance. Unlike Medicare Advantage, you can use any doctor or hospital that accepts Medicare.

The key to avoiding this mistake is understanding your healthcare needs and comparing each option's pros and cons. In turn, you'll have the power to make the right decision for you, with much less confusion than you felt before.

For example, if you prefer the convenience of having all your benefits bundled together, a Medicare Advantage plan might be a good fit for you.

Just make sure to review the plan's network of doctors and hospitals to ensure your preferred healthcare providers are included. With that, you won't have to change your routine or move away from your preferred providers.

On the other hand, if you value flexibility and want to choose your doctors and hospitals without referrals, a Medicare Supplement plan might be the way to go. Keep in mind that you'll need to pair it with Original Medicare, and you'll also need to have a separate prescription drug plan if necessary.

No matter what, it's essential that you take the time to research and compare the details of both options, thinking long and hard about your personal healthcare needs, budget, and the level of coverage you desire.

And, don't worry, if you're still feeling stuck, give me a call to talk it through.

Remember, confusion is normal when it comes to Medicare, but with a little knowledge and the right resources and guidance, you can confidently make the best choice for your healthcare coverage, especially during the initial enrollment period with guaranteed approval.



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**THE BEST PREPARATION FOR
TOMORROW IS DOING YOUR
BEST TODAY.**

H. JACKSON BROWN, JR.

MISTAKE 4

Being Brand Loyal & Not Comparing Options

When it comes to choosing the right insurance plan for your Medicare coverage, being loyal to a specific insurance company can lead you to making a major mistake. It's important not to limit yourself to just one option and overlook other insurance companies that may offer better coverage tailored to your needs.

While it's understandable to feel comfortable and familiar with a particular insurance company, sticking solely to their offerings may mean missing out on potentially superior coverage options elsewhere. Different insurance companies provide various Medicare plans, each with its own benefits and costs. By exploring and comparing multiple options, you give yourself the chance to find the plan that provides the best coverage at the most reasonable cost long term.

Once you are eligible for Medicare, it's important to keep an open mind and compare different insurance companies and their plans periodically. Look beyond the brand you're familiar with and consider factors like monthly premiums, deductibles, copayments, and the extent of coverage for services that are most important to you.



As a licensed agent, working with me means Medicare Made Simple. My promise with each client is to provide solutions to your individual needs that will keep your healthcare costs as low as possible while providing the most expansive coverage.

Remember, the ultimate goal with changing insurers is to find the insurance plan that meets your specific healthcare needs while providing the best value. When you're brand loyal, you remain blind to potentially better options (and savings), so take the time to compare and make an informed decision based on what suits you best.

MISTAKE 5

Getting Complacent & Not Reviewing Your Yearly Options

Pro Tip: Insurance companies hope their members become comfortable with their selection and get overwhelmed by the comparison process. Inevitably, those who are complacent will pay more than necessary - whether its due to increasing premiums or missing out on competitive benefits.

It's crucial to remember that both insurance coverage and your personal healthcare needs can change annually. When you don't reassess your options, you might miss out on better coverage or fail to align your plan with your ever-evolving healthcare requirements.

While you may not know this, all types of insurance coverage, including Medicare plans, undergo changes from year to year.

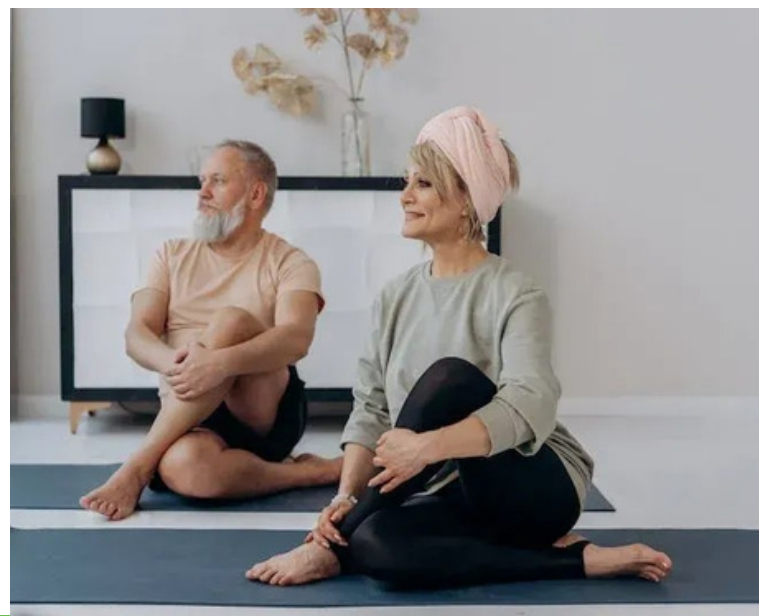
That means insurance companies adjust premiums, deductibles, copayments, and even the range of covered services. However, it's up to you to stay on top of these changes, ensuring you're getting the exact coverage you need.

In the end, if you don't review your options, you risk staying on a plan that no longer provides the most cost-effective or comprehensive coverage for your needs.

Additionally, even though most of us prefer not to think about it, our healthcare needs and priorities shift over time, meaning new medical conditions and treatment needs change as life develops. By regularly evaluation your healthcare requirements, you can ensure that your Medicare plan continually aligns with necessary benefits and services you require at this moment in time.

To avoid this mistake, try to set aside time each year to review your Medicare options. Start by thoroughly examining your current plan. Look at any notifications or updates sent by your insurance company. Then, pay attention to changes in costs, coverage limitations and the list of in-network providers. With those details you can compare plan options based on your budget.

It's your responsibility to stay ahead of the game and take charge of your Medicare coverage by actively reviewing your options in regular intervals.



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THE NEXT STEPS ARE UP TO YOU...

I completely understand that navigating the complexities of Medicare can be a daunting task. However, by avoiding these five common mistakes, you can make informed decisions and ensure you have the right coverage to meet your healthcare needs.

Let's recap the most important points:

-  Evaluate the need for Medicare even if you have employer/group coverage.
-  Seek expert Medicare guidance tailored to your unique circumstances.
-  Know the difference between Medicare Advantage and Medicare Supplement options.
-  Compare insurance options beyond brand loyalty for better coverage.
-  Review your options yearly to adapt to changing coverage and evolving healthcare needs.

READY TO FAST-TRACK YOUR SUCCESS?

I'm here to help you make the most of your Medicare journey.

As part of the largest brokerage representing independent Medicare plans, I'm able to offer top-rated expertise with absolutely no fees for my clients.

I am a fully licensed agent representing all major carriers, and provide unbiased Medicare coverage advice. With a local office in Manassas and the ability to assist you from the comfort of your home, I can bridge the healthcare gap and ensure you receive the best possible Medicare plan.

Take advantage of my **no-cost, no-obligation** top-rated services and let our experts guide you toward the right Medicare coverage long term.

Don't miss out on the benefits and peace of mind you deserve.

GET STARTED RIGHT AWAY!



Call: 703-606-3013



Email: cweaver@healthmarkets.com



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Cory Weaver, 703-606-3013

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