

**THE NEW ENROLLEE'S GUIDE TO
MEDICARE
ADVANTAGE**



WELCOME TO YOUR NEW COVERAGE!

Congratulations on enrolling in a new Medicare Advantage (MA) plan! You've successfully navigated the enrollment process, compared plans, and chosen one that's right for you. You just took an important step towards taking charge of your health, one that will benefit you throughout your golden years.

Still, the period right after you sign up can be anxiety-inducing. The silence that follows enrollment can make you doubt your decision and wonder if you should have chosen a different plan. But don't worry too much — insurance carriers need this time to review your application and set things up on the backend so you can have everything you need to take full advantage of your new MA plan.

Remember this as other brokers and carriers try to convince you to switch your plan during the Medicare Advantage Open Enrollment Period (January 1 to March 31). Switching now could mean resetting the clock for when your benefits begin.

We know how much it helps to have someone in your corner as you navigate major transitions like these. It's why we created this ebook — to help you understand what happens after Medicare Advantage enrollment.

This ebook covers:

- ✓ When you can expect to receive your plan documents
- ✓ Medicare Advantage start date rules
- ✓ Which providers you should update with your new plan information
- ✓ Budgeting for out-of-pocket expenses
- ✓ When to contact SmartMatch versus when to contact your carrier

Let's Get Started.



YOUR “FIRST 30 DAYS” CHECKLIST

In this chapter, we'll cover a checklist of tasks for your first 30 days after enrollment, including:

REMINDERS AND TO-DO'S FOR YOUR NEW PLAN

- ✓ Look for your welcome packet
- ✓ Review documents to verify covered benefits
- ✓ Set up your online account on your carrier's member portal
- ✓ Let your providers and pharmacies know

Look out for your welcome packet

When you first enroll in Medicare, CMS sends a welcome packet with a booklet, a letter, and your red, white, and blue Medicare

card. As a Medicare Advantage enrollee, you'll receive a separate welcome packet and an MA-specific member card from your insurance carrier. These should land in your mailbox seven to 10 business days (around two weeks) after you sign up for a plan.

Your MA welcome packet includes:

- ✓ Important plan documents like Evidence of Coverage (**EOC**)
- ✓ Provider directory to check for in-network providers
- ✓ **Drug formulary** (if your MA plan includes drug coverage)

Note that your ID card and welcome packet arrive separately, so don't throw out mail from your provider — even if it looks like junk mail.

AGENT TIP:

Be sure to keep both cards safe. Some healthcare providers may need to see both. Plus, if you ever decide to switch back to Original Medicare, you'll need the red, white, and blue card.

WHAT TO DO IF YOUR NEW MEDICARE ADVANTAGE CARD HASN'T ARRIVED YET

If it's been more than two weeks since you've enrolled in an MA plan and you still haven't received your MA member ID card, check your member portal for a status update. You can also call your plan provider to ask about it or request a resend — or contact your SmartMatch advisor for support in navigating this process.

Review documents to verify covered benefits

As a Medicare Advantage enrollee, you have access to the same or better coverage than Original Medicare. Some MA plans offer vision, dental, transportation, and gym membership benefits. But before you swipe your member ID card at the nearest wellness center, double-check to see which benefits you're entitled to.

Review your plan documents to ensure that the services and medications you need are covered. Your Evidence of Coverage (EOC) document, which is technically a legal agreement between you and your plan provider, outlines what your plan covers, what services and prescription drugs cost, and your rights as a beneficiary.

Also, verify that your drug formulary carries your medication at the tier (and cost) you are expecting. Look up your medications by name (both the name brand and generic names) and note the tier number for each. Keep an eye out for special restrictions, like medications that require **prior authorization**.



Set up an online account

Online member portals let you access important plan information electronically to avoid the shuffle of excessive paperwork. Once you have an MA plan ID number, register for an online account with your carrier. We will also send you a reminder to log-in to your customer portal at [SmartMatch.com](https://www.smartmatch.com) to see plan details as well.

You can use your online account to:

-  Review coverage details
-  Check on claims
-  Download or request replacement cards
-  Get plan updates and notifications
-  Access care information

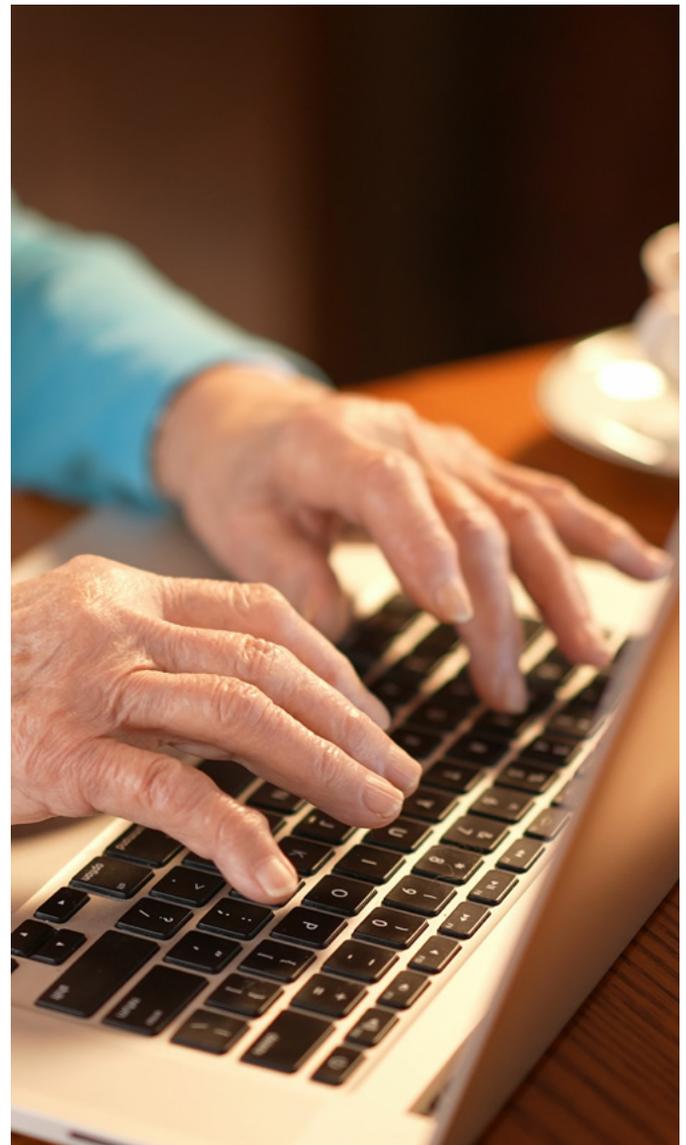
Digital access puts plan information right at your fingertips, making it easier for you to get the care (and peace of mind) you need without watching the mail.

Let your providers and pharmacies know

Once you're enrolled in your new plan, update your care providers and pharmacies about your new plan. Confirm that they accept your new insurance and give them your new member ID and other relevant information as soon as possible — ideally before your next appointment or prescription refill — so you can avoid delays and prevent billing errors.

AGENT TIP:

You're entitled to a free Welcome to Medicare visit within your first 12 months of enrolling in a plan, as well as an Annual Wellness Visit each year following. Schedule these as early as possible to establish baseline health with your plan.



WHEN DOES MEDICARE ADVANTAGE COVERAGE KICK IN?

Your coverage start date depends on **when you sign up**. For example, if you enroll in an MA plan during the three months before your 65th birthday, coverage will begin when you turn 65. But if you switch from Original Medicare to MA during the Open Enrollment Period, coverage will begin on January 1 of the following year.

Here's a breakdown of the enrollment periods and when coverage begins for each.

Initial Enrollment Period (IEP)

The IEP spans the seven months around your 65th birthday — three months before, your birthday month, and three months following. If you enroll in Parts A and B and sign up for an MA plan during the first three months of your IEP, coverage begins on the first day of your 65th birthday month. If you sign up in the last four months, coverage will begin the first day of the following month after you sign up.



Initial Coverage Election Period (ICEP)

Your ICEP begins three months before you're first enrolled in Part A or B. It ends the last day of the month before you enroll in both Parts A and B or the last day of your Part B IEP, whichever comes last. Like your IEP, your ICEP happens only once.

For example, if you enroll in MA during your IEP (which, in this case, overlaps with your ICEP), coverage begins on the first day of your 65th birthday month when you first become eligible. But if you enroll in Part A but delay Part B, MA coverage will begin the first day of the following month after you enroll in Part B.

General Enrollment Period (GEP)

If you don't enroll in Medicare when you first become eligible, you can do so during the GEP (January 1 to March 31) and then use your ICEP to sign up for MA. Coverage will begin the first day of the following month after you enroll.

Special Enrollment Period (SEP)

If you lose creditable coverage from a job or union or face an exceptional circumstance like a natural disaster, you can use the two-month SEP (and your ICEP) to enroll in a new MA plan. If you enroll during this SEP, **coverage will begin** the first day of the following month after the plan gets your request to join.

Medicare Open Enrollment Period

Open enrollment happens annually from October 15 to December 7. During this time, you can pick a new MA plan or switch from Original Medicare to Medicare Advantage. If you enroll during this time, coverage begins January 1 of the next year.



AGENT TIP:

There's often a waiting period between enrollment and coverage, so plan ahead and don't cancel existing coverage until your plan is active. Mark your effective date on your calendar and keep old and new insurance information handy during the transition period.

THE TYPES OF COSTS YOU'LL ENCOUNTER ON YOUR MA PLAN

GLOSSARY OF TERMS

Premium	The amount you pay each month to your insurance provider to keep your plan active.
Deductible	The amount you have to pay out of your own pocket each year before benefits kick in.
Copayment	The flat amount you pay a provider at the time of service.
Co-insurance	A percentage of medical costs that you pay after you've met your deductible.
Out-of-pocket costs	The portion of medical costs that you're responsible for, including copay, coinsurance, deductibles, and premiums.

\$ The monthly fee: MA and Part B Premiums

Many Medicare Advantage plans have \$0 premiums, though not all. **CMS estimates** that MA premiums averaged \$16.40 per person in 2025 and predicts they will fall to around \$14 in 2026. But even with a \$0 premium plan, you still pay the Part B premium (**\$202.60 in 2026**) with Medicare Advantage.

INDIVIDUAL FILERS		JOINT FILERS	
MODIFIED ADJUSTED GROSS INCOME	TOTAL MONTHLY PREMIUM AMOUNT	MODIFIED ADJUSTED GROSS INCOME	TOTAL MONTHLY PREMIUM AMOUNT
Less than or equal to \$109,000	\$202.90	Less than or equal to \$218,000	\$202.90
Greater than \$109,000 and less than or equal to \$137,000	\$284.10	Greater than \$212,000 and less than or equal to \$266,000	\$284.10
Greater than \$137,000 and less than or equal to \$171,000	\$405.80	Greater than \$266,000 and less than or equal to \$334,000	\$405.80
Greater than \$171,000 and less than or equal to \$205,000	\$527.50	Greater than \$334,000 and less than or equal to \$400,000	\$527.50
Greater than \$205,000 and less than \$500,000	\$649.20	Greater than \$400,000 and less than \$750,000	\$649.20
Greater than or equal to \$500,000	\$689.80	Greater than or equal to \$750,000	\$689.80

Additionally, if you earned above \$109,000 as an individual or over \$212,000 as a couple in 2024, you'll be responsible for higher Part B premiums in 2026, thanks to **IRMAA**. Your Income-Related Monthly Adjustment Amount, or IRMAA, is based on the reported income in your tax return two years prior, and enforces additional surcharges for individuals and/or couples who made above a certain amount. You can pay your Part B premium through Social Security, using your online Medicare account, through your bank, or by mail.

If your Medicare Advantage plan has a premium, you can pay it through your online member portal (the one you signed up for on the "First 30 Days" checklist). Set up autopay so you can keep your coverage active without having to remember to do it each month.

Out-of-pocket minimum: Deductibles

Not all MA plans have a deductible, though plans that include prescription drug coverage (Part D) often do. In 2026, deductibles for Part D plans, whether stand-alone or included in MA, can't exceed \$615. However, the full deductible for your MA plan may be higher or lower. Once you hit the deductible, you pay only a fraction of the costs, and your insurance provider covers the rest until you hit the out-of-pocket max. Your deductible will be listed in your plan documents.

Payment per service: Copay and coinsurance

While they're often used interchangeably, copay and coinsurance are two different forms of out-of-pocket costs. A copayment is a flat fee you pay at the time of service (e.g., \$150 per doctor visit), but coinsurance is a percentage of the cost (e.g., you pay 25% of prescription drug costs after meeting the deductible).

MA **copays can't be higher than what you'd pay for Original Medicare**. Copays and coinsurance costs are outlined in your plan documents.

The most you'll pay in a year: Your out-of-pocket maximum

Unlike Original Medicare, MA has annual out-of-pocket limits known as maximum out-of-pocket (MOOP). They vary from one plan to another, but in 2026, the MOOP for MA plans is \$9,250, which doesn't include the separate \$2,100 MOOP for Part D. This cap may be lower on certain plans.

Deductibles, copays, and coinsurance for covered in-network Part A and Part B services all count towards your MOOP. However, monthly premiums and out-of-network costs — especially for HMOs — don't.

Once you hit the out-of-pocket max, the plan pays for 100% of all covered services for the rest of the year. Though the out-of-pocket limit is high, it creates a nice safety net to prevent you from spending too much in a year when you need more care.



AGENT TIP:

If you're likely to hit your MOOP, schedule procedures early in the year. Talk with your doctor about the feasibility of timing procedures strategically. Contact SmartMatch if you need help calculating whether you're likely to reach your MOOP based on your anticipated healthcare needs.

HOW TO USE YOUR SMARTMATCH SUPPORT SYSTEM

There are a lot of rules to Medicare Advantage — and less publicly available information about it than Original Medicare — which makes it easy to feel overwhelmed and fall into bureaucratic traps if you're not careful.

Luckily, you have your SmartMatch agent at your fingertips to help you navigate the uncertainty you may be feeling. SmartMatch is here to answer your questions, review your policies with you, and help you when evaluating, picking, using, or switching your plan.

We'll even help you figure out when to call us vs when to call your carrier. Simply put, they help with administrative issues, while we help with everything else — even your carrier.

THIS TABLE BREAKS IT DOWN:

WHEN TO CONTACT SMARTMATCH	WHEN TO CONTACT YOUR CARRIER
You receive a \$300 bill for an MRI you thought would be a \$50 copay	You lost your member ID and need a replacement sent to your home address
Your doctor wants you to start a \$200 a month medication, and you want to know if there's a less expensive option	You need to change your primary care physician throughout the network
You need help understanding your EOC for the new year and evaluating your options for the next year.	You need prior authorization for a scheduled knee surgery
You're moving to a new address and need to know your plan availability	You want to file a claim or check on the status of a filed claim

There's no reason to navigate 1-800 numbers alone. We're licensed insurance agents who know how to navigate Medicare parts, plans, and policies. We're also heavily invested in clearing the way for adults to get the care they need.

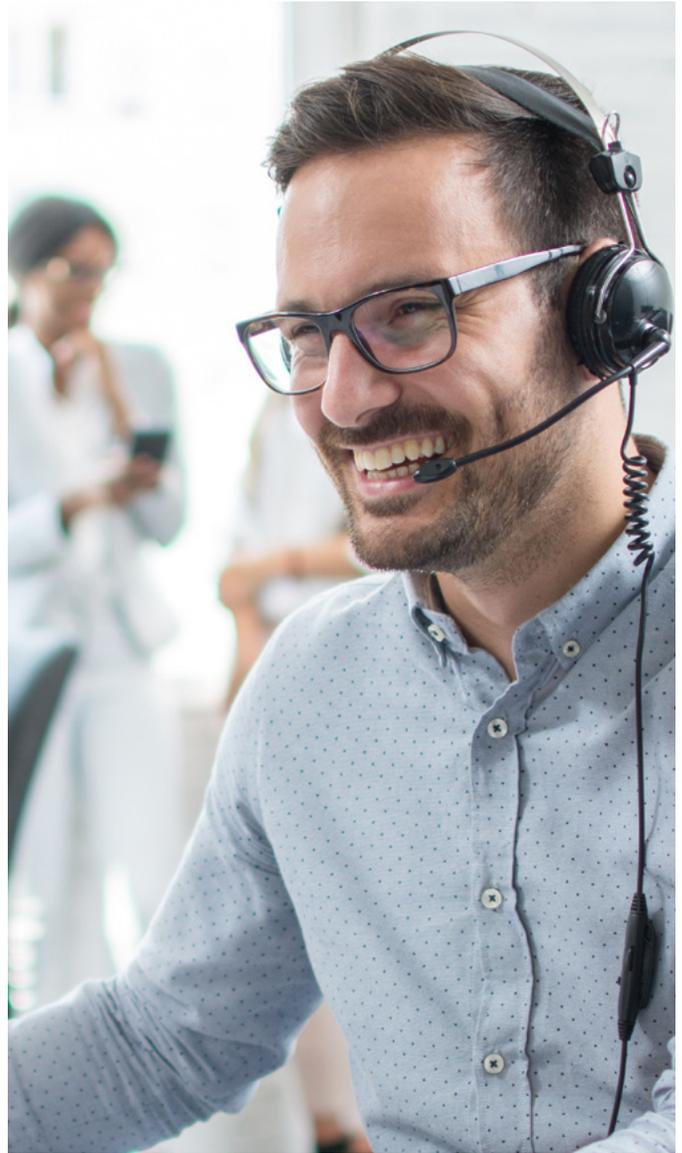
NAVIGATING YOUR NEW MEDICARE ADVANTAGE PLAN WITH CONFIDENCE

Enrolling in Medicare Advantage is a big win for managing your healthcare and financial future. The first 30 days might feel overwhelming with new cards, documents, and information to absorb, but feel confident knowing you've taken an important step toward comprehensive, often more affordable healthcare.

Take the time in these early weeks to understand your benefits, verify your providers are in-network, review your drug formulary, and explore the supplemental benefits available to you. Set up your online account and familiarize yourself with your member portal. The effort you invest now will pay dividends all year long in smoother healthcare experiences and fewer billing surprises.

Remember that you're not navigating this alone. SmartMatch is your partner throughout your Medicare journey — not just during enrollment season. Whether you have a question about a bill, need help understanding your coverage, or simply need someone to explain things in plain English, we're just a phone call away. We believe everyone deserves to understand and maximize their Medicare benefits without confusion or frustration.

Welcome to Medicare Advantage!



Contact Information:

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