SAMPLE REVIEW · 1 OF 3

Starting Medicare review

A clear starting plan before coverage begins.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

Someone is preparing to start Medicare and wants to keep established doctors and a familiar pharmacy. Eligibility and effective dates have not yet been confirmed.

Priority: Keep care organized, understand coverage choices and avoid acting on an assumed start date.

02 · A comparison that matters

Enrollment

Compare: Part A and Part B enrollment is separate from selecting a private plan.

Still to confirm: Read the eligibility notice and confirm dates with the responsible program.

Doctors and prescriptions

Compare: Use those needs to compare relevant coverage arrangements.

Still to confirm: Check exact providers, medication coverage and pharmacy requirements.

Costs and protection

Compare: Compare premiums, service costs and appropriate supplemental options.

Still to confirm: Check actual plan terms and any applicable Medigap buying rights.

03 · Decision summary

Start with the confirmed Medicare dates, then compare arrangements against the care and prescriptions the person actually uses. The useful output is one organized timeline and comparison—not a plan application before those facts are known.

04 · Next steps

1. Confirm the eligibility pathway and Part A/Part B dates.
2. Prepare private provider and medication lists.
3. Compare the relevant options and record remaining checks before applying.

Official sources · checked September 16, 2026

Medicare: How to sign up for Medicare
Medicare: When you can sign up for Medicare
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Medigap Open Enrollment and buying protections

SAMPLE REVIEW · 2 OF 3

Current coverage review

A focused review of what changed—and what matters.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

An existing Medicare plan member receives a notice and wants to know whether their specialist and planned care will still fit. No actual plan, network or benefit amount is supplied here.

Priority: Keep access to important care and understand the effect of the notice before deciding.

02 · A comparison that matters

Plan year

Compare: Separate today's coverage from changes described for the next year.

Still to confirm: Identify the notice, effective date and corresponding coverage document.

Provider access

Compare: Check the same providers under each exact plan being considered.

Still to confirm: Confirm plan and practice participation, not just the carrier name.

Value and tradeoffs

Compare: Compare service costs and usable benefits against the current arrangement.

Still to confirm: Record benefit limits, prescription implications and enrollment timing.

03 · Decision summary

The comparison should answer the member's actual question: what changes about access, costs and benefits? A plan with a useful improvement may be worth pursuing after verification; a current coverage dispute needs its own timely process.

04 · Next steps

1. Match the notice to the exact plan and year.
2. Verify the specialist, facility and planned service requirements.
3. Document the comparison and any enrollment or appeal deadline.

Official sources · checked September 16, 2026

Medicare: Plan Annual Notice of Change
Medicare: Coverage documents and plan notices
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Special Enrollment Periods
Medicare: Filing an appeal

SAMPLE REVIEW · 3 OF 3

TRICARE For Life review

Potential added value—with the full TFL picture included.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

A military retiree reports having Medicare Parts A and B, TFL and TRICARE pharmacy coverage. They want to explore added benefits without overlooking providers or claim handling.

Priority: Understand whether an available Medicare Advantage arrangement offers useful value for this person's circumstances.

02 · A comparison that matters

Prescriptions

Compare: Review whether a plan without Part D fits; do not assume it always does.

Still to confirm: Check actual medications, pharmacy access and any reason to consider Part D.

Medical access and claims

Compare: A Medicare Advantage plan can introduce network and claims-process differences.

Still to confirm: Verify exact providers and TFL reimbursement responsibilities before enrollment.

Additional value

Compare: Check available benefits against current coverage and the person's likely use.

Still to confirm: Verify the plan, service area, costs, limits and effective date; no savings are calculated here.

03 · Decision summary

A useful TFL review compares potential added benefits with the medical, pharmacy and administrative changes. The next step is a verified plan-level comparison—not a claim that every retiree should enroll.

04 · Next steps

1. Verify existing TFL eligibility and the pharmacy arrangement.
2. Check the exact plan's providers, benefits and costs.
3. Confirm claims responsibilities and an applicable enrollment opportunity.

Official sources · checked September 16, 2026

TRICARE: TRICARE For Life overview
TRICARE: Medicare Advantage and TRICARE For Life
TRICARE: Do I need Medicare Part D with TRICARE?
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Understanding health plan costs