



THE CLEARING

THE OPENING

# Take Your Time

*The Medicare Decision That Follows You for Life*



*A Note Before We Start · Start Here · Chapter One*

*by Dan League*

# A Note Before We Start

My mother managed just fine on her own after my father passed. She had opinions. She adapted to things that would have flattened other people. For years, she handled whatever came.

Then the complex diagnoses arrived — and with them, a second problem nobody warned us about. Denial letters. “Out of network.” Bills for care she thought was covered, that suddenly weren’t. Policies written in a language that wasn’t quite English. Friends offering confident advice that contradicted other friends’ confident advice. She asked me to help, and I tried — and I couldn’t make sense of it either. We were both reading the same letters and losing, against a clock that didn’t care that she was sick.

What I saw in her in those months was something I’d never seen before: not confusion. Desperation. The frustration of a capable person worn down by a system that seemed built to outlast her. I couldn’t fix it in time.

So afterward, I went looking for the version of it that made sense — and at first, I couldn’t find it. I stumbled through the same policies and the same impossible terms. I sat through the webinars that raised more questions than they answered. But somewhere in all that repetition, a pattern started to surface. The fog had a shape underneath it. Once I could see the shape, I set out to learn it properly — I’m working through the Medicare Interactive program from the Medicare Rights Center, the same independent resource that State Health Insurance Assistance Program (SHIP) counselors rely on, until every piece fits the way it should.

Somewhere in there, the dread I’d felt about my own turn at 65 quietly changed — not into optimism, but into something sturdier. I knew what to look for now: what I needed most, what to anticipate, where the hidden gaps were, and what I’d be giving up with any given choice — and what that would cost me. That’s what being prepared actually means. The confidence came afterward, as a result of it. And soon I’ll sit down and guide my wife through her decision — calmly, with time, with none of the desperation that defined those early years.

This book is what I wish someone had handed us before the letters started. It’s the conversation I learned how to have, written down so you can have it too — and walk into your decision the way I’ll walk into my wife’s: unhurried, clear, and confident. No one selling anything. No clock running.

## *Why I can promise that*

None of this comes with a commission. The Clearing earns nothing from your enrollment decision — not a dollar, not a referral fee. That matters for a reason worth saying plainly: almost every other source you’ll encounter does earn something when you sign up.

The TV ads. The free-dinner seminar. The broker who calls back within four minutes of an online form. That isn’t a conspiracy. It’s just how the system is built. But it means the information has a direction to it, even when it doesn’t feel that way.

This book isn’t paid to point you anywhere. Its only goal is to give you enough of the right information, in the right order, so that when you sit down with a broker, a SHIP counselor, or anyone else, you already know the questions to ask, and you can tell when you aren’t getting a straight answer.

## *About the numbers*

Every factual claim that could be disputed has a cited source — the Centers for Medicare & Medicaid Services (CMS), the health-policy research organization KFF (formerly the Kaiser Family Foundation), the Medicare Payment Advisory Commission (MedPAC), the Journal of the American Medical Association (JAMA), and U.S. Senate committee reports. Not The Clearing. Numbers don’t have a commission structure. When the data says something uncomfortable, it’s cited. When it complicates the picture, that’s cited too. The footnotes are there if you want to verify anything. I hope you do.

A quick word on the dollar figures while we’re here. The amounts in this book — the premiums, the deductibles, the income brackets — are 2026 numbers, current as of publication. They change every January. What doesn’t change is the structure they illustrate: the gap between the two paths, the way the income surcharge steps up with earnings, the shape of the trade-off. So if you’re reading this in a later year, treat each figure as the example rather than the live quote, and pull the current year’s exact numbers from Medicare.gov. The lesson is in the relationship between the numbers, not the cents.

## ***About where this book leans***

You may notice, as you read, that the book leans toward keeping Traditional Medicare with a Supplement. I would rather you know that now than discover it and wonder. It leans there because that is where the evidence led for most people — not because I am against Medicare Advantage, which is the right choice for plenty of people who go in clear-eyed. I make that case in full, fairly and on both sides, in the closing chapter. For now, only this matters: nothing I tell you is paid for, and the direction comes from the numbers and your situation, never from a commission.

*Pull up a chair. Let me tell you what I know.*

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## **Start Here**

Most Medicare books promise to make this simple. This one won't — because it isn't simple, and pretending otherwise is its own kind of sales pitch. What this book promises instead is that by the end, you'll understand the shape of the decision: the one real choice, where the deadline hides, and how to read past the marketing.

Before anything else, here's the whole thing on one page. It comes down to one choice and two doors — and most people never find the two doors in time, because no one is required to point them out. Read this once. Every chapter that follows simply returns to it for your situation.

### ***The one choice everything flows from***

There are two paths. Traditional Medicare (Parts A and B, the federal program — the same thing CMS officially calls “Original Medicare,” so if your paperwork says Original, it means this), to which most people add a Medigap Supplement plan plus a separate drug plan. Or Medicare Advantage (Part C), a private plan that manages your Medicare for you. Every other decision flows from this single fork.

### ***The first door: the one that opens once***

When you first enroll in Part B, you get a six-month window to buy any Medigap plan in your state with no health questions and no denials. It's called guaranteed issue. After it closes, in most states, insurers can charge you more or turn you away based on your health. The door swings only one way. Leaving Traditional Medicare for Advantage is easy. Coming back — which means buying Medigap again — can be hard or impossible once that window has closed. That's the one-way door, and it's the most important thing in this book.

### ***The second door: the one almost no one mentions***

If you choose Medicare Advantage and change your mind within your first year, a federal consumer-protection rule called the Trial Right lets you return to Traditional Medicare and buy a Medigap plan with no underwriting. Think of it as a one-time replay of that six-month window — but only if Advantage was your first move. It expires twelve months after your Advantage coverage starts — silently, with no notice. Brokers aren't required to mention it. Now you know it exists.

*Two paths. Two doors that open with no health questions asked, and close again quietly. Find them in time, and the rest of this book has somewhere to land.*

### ***One way to think about all of it***

Picture a cereal box. The front shows the dental, the vision, the gym, the zero-dollar premium. The side panel — the small type, the ingredients — shows the network limits, the prior authorizations, the out-of-pocket maximum. Same product. The whole job of this book is simple: turn the box around and read the label before you buy. We'll come back to this box.

### ***Find your situation, then start there***

This book is built around situations, not topics. Find the one that fits and start where it sends you. Taking your time means reading the part that's yours, carefully — not racing through all of it.

## Your situation

- **Approaching 65 and not enrolled yet?** The door is open, or about to open — the most time-sensitive spot in the book. Start with Chapters 1, 4, and 6.
- **In your first year of Advantage, with doubts?** Your Trial Right is still alive. Read the Trial Right section in Chapter 4, then Chapter 7.
- **Already on Advantage, past your first year?** Your options are narrower, but real. Go to Chapter 7.
- **Helping a parent or spouse?** Chapter 10 was written for you. Start there.

Not sure which is you? The Decision Navigator takes about four minutes and tells you exactly which chapters and tools apply to you right now.

[joinclear.ing/navigator](http://joinclear.ing/navigator)

## The four boxes you'll see throughout

Four kinds of boxes turn up repeatedly in these pages. Each one does a single job. When you come across one, here's what it's telling you to do:

**Take a breath.** A place to stop and let something important land.

**Your situation.** Where the general rule meets your specific circumstances.

**The question to ask.** A question to carry into any conversation with a broker, counselor, or advisor.

**So, for you.** At the end of each chapter: what to take from it, how to use it, and when it matters.

## A word on vocabulary

Traditional Medicare means Parts A and B, the federal program (you'll also see it called Original Medicare on official paperwork — it's the same thing). Medicare Advantage means Part C, the private alternative. Medicare Supplement, or Medigap, means private coverage that works alongside Traditional Medicare to fill its gaps — and it can't be combined with Advantage. Within Medigap, Plan G is currently the most comprehensive option for new enrollees, and Plan N is a lower-premium alternative that trades a little cost-sharing for a smaller monthly bill. Throughout, "Plan G" always means the Medigap plan — never an Advantage plan, never a drug plan.

## Chapter One: Why This Is So Hard — And Why That Isn't Your Fault

*If somewhere in all of this you've started to feel like everyone else understands Medicare and you're the only one falling behind, stay with me for a minute. That feeling isn't about you. It's about how the whole thing was built — and once you see that, it loosens its grip.*

Think back for a second to the first time you picked a health plan at work.

You probably didn't study it for weeks. You went to a benefits meeting, someone from HR walked you through two or three options, you picked one, and you were back at your desk in twenty minutes feeling fine about it.

What you didn't see was the work that happened before that meeting. HR had already done the hard part — months spent evaluating dozens of carriers, negotiating rates, checking which hospitals and specialists were in network, reading the drug lists, comparing deductibles and out-of-pocket maximums. They took the whole overwhelming universe of options and quietly narrowed it to the two or three that made sense.

You got a short, safe menu. You thought you were making a choice, but really you were picking from a list someone qualified had already vetted for you.

When you turn 65, that department disappears for good. Nobody does that work for you anymore. The mailers start coming, the ads start running, the

brokers start calling, and suddenly you're not choosing from a curated menu at all. You're standing in the middle of the whole grocery store, in a language you don't fully speak, with a deadline nobody told you about.

*You've never done this before because, for your whole adult life, someone else did the hardest part. That isn't a gap in you. It's a gap in the system.*

Call it the HR Role Shift. Once you see it, a lot of the shame drains out of the confusion. It was never a sign that something's wrong with you. It's simply what happens when you're handed a full-time job, with no training, that an entire department used to do for you.

### ***And the stakes aren't what they were at 40***

There's something else that changes, and it has nothing to do with the paperwork. It's you.

At 21, at your first real job, you probably picked the cheapest plan without much thought. Why not? You were healthy, nothing had ever gone wrong, and "what if" was a story about someone else. The low premium was the whole decision.

At 40, with a family and a mortgage, you read the same kind of form completely differently. By then you'd watched things happen to you or a coworker or a parent. So you stopped just asking "what does it cost each month?" and started asking "what does it cost me if the bad thing happens and I didn't buy the coverage?" You probably paid for something younger you would have skipped.

At 65, the stakes are the same, but one word has quietly dropped out of the sentence, and it changes everything. The "if." You're not guessing anymore about whether serious illness might come someday. You've either been through it yourself or sat beside a parent who was. So the question isn't whether the expensive year arrives. It's when — and whether you'll be able to weather it, financially and physically, with the plan you picked.

*At 65, the real question is no longer "what if." It's "when" — and whether you'll be ready for it.*

### ***What being prepared actually means***

Here's what surprised me, after all of that. Being prepared didn't mean memorizing every rule the free webinar threw at me. It never does. It meant knowing whether the handful of things that mattered to me were covered — my doctors, my conditions, my treatments, emergencies, the specialists I might need, recovery and therapy, where I live and where I travel, and what would need someone's approval before I could get it. And then the question the premium is built to distract you from: what do I owe when I need this, and does the monthly cost justify the protection it buys?

It's like the homeowner weighing that extra rider — the water-backup coverage that costs a little each month for a flood that has never once happened. Younger me waves it off and takes the chance. Older me, who has seen what a single burst pipe does to a whole house, pays it without blinking. You'll meet someone making this exact choice, about this exact decision, a few chapters from now.

### ***And it isn't only the work. It's the room you do it in***

There's a second piece to this, and the marketing will never bring it up, because it does better when you don't notice it.

When researchers look at how people over 65 make health decisions, the strongest predictor of a bad one isn't education, and it isn't how much you already know. It's anxiety. Fear makes clear thinking hard for anyone, and the Medicare environment, with its deadlines and four-minute callbacks and dinner seminars, runs on exactly that fear.

So if you've felt rushed, cornered, a little panicked, that isn't weakness. It's the environment working exactly as intended; the pressure is the product. Later, in Chapter Eight, I'll show you the research in full, and what a calmer place to decide looks like. For now, hold onto this much: the overwhelm was never a failure of intelligence. It's what this kind of pressure does to anybody.

I watched this happen to my own mother. She was one of the most capable people I knew, and the system wore her down anyway. If it could overwhelm someone like her, the problem was never the people across the table — it was the design. Knowing that is its own kind of protection: it changes how you walk into every conversation that follows.

### ***Two minutes on how we got here***

It helps to know the mess was assembled piece by piece, not invented to torment you.

In 1965, Medicare became law: hospital care (Part A) and doctor visits (Part B), government-run, with no private companies in the middle. About 19 million people signed up that first year.

In 1997, Congress let private insurers offer an alternative, called Part C. The company takes a fixed monthly payment from the government for each person and manages their care.

In 2003, Congress added drug coverage, Part D, and gave Part C the name it goes by today: Medicare Advantage. (More on that name in a moment.)

So now there are four parts, A, B, C, and D, plus a separate private product called Medigap that sits alongside A and B. And inside each one, dozens of plan letters, carriers, and county-by-county differences. The complexity isn't in your head. It got built one law at a time.

One overlap trips almost everyone up: Medicare's parts are lettered (A, B, C, D) and so are Medigap's plans (A through N). They're different systems. In this book, a "Part" always means a piece of Medicare itself; "Plan G" or "Plan N" always means a Medigap supplement.

### ***The name that was built to blur***

Here's one thing worth getting straight early, because almost everyone walks in believing the opposite: Medicare Advantage isn't quite Medicare.

When you enroll, you hand your Traditional Medicare benefits to a private company that manages your care under federal contract. It collects more than a thousand dollars a month from the government for you — about \$1,200 on average, depending on your county and health. You still pay your Part B premium. And from that point on, it's the company, not the government, that decides what's covered, which doctors are in network, and what needs approval first.

Agents are legally allowed to call this "your Medicare coverage." But that's a brand name, not a description. It implies something better than the product is — and a name like that makes it easy not to look closely. On paper, in the actual statute, it's just "Part C," sitting right there between Part B and Part D, as plain as a filing label. That's the version that never makes it onto a billboard.

And it wasn't always called Medicare Advantage. When Congress created this option in 1997, it had a plainer name: Medicare+Choice. The rename came in 2003. "Choice" simply describes what you're doing. "Advantage" tells you how to feel about it before you've looked. Same program, better-sounding name.

Soon, I'll show you exactly how that name, and a dozen other true-but-incomplete claims, get used on you — and how to read past them.

#### **So, for you**

**What to take from this chapter.** The confusion is manufactured, not personal. A capable person gets overwhelmed here because the decision was built that way — and the room you make it in is engineered to rush you. You aren't behind.

**How to use it.** Give yourself permission to go slow. You don't owe anyone a same-day answer. Read at your pace, and let the next chapters show you the simple shape underneath the fog.

**When it matters.** Right now — before you sit down with anyone who sells plans. The calm you build before that conversation is the whole advantage.

#### WHEN YOU'RE READY

This is where the book begins. The rest follows your situation, not a syllabus.

Take Your Time walks through the decision one situation at a time — turning 65, a first year of Advantage, helping a parent, a window that has closed. And Fern, the guide inside *The Clearing*, is there for the questions in between. No commission, no clock.

Continue whenever you like: [joinclearing.com/reader](https://joinclearing.com/reader)

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