



THE CLEARING

CHAPTER FOUR

The Decision Nobody Told You Was Coming

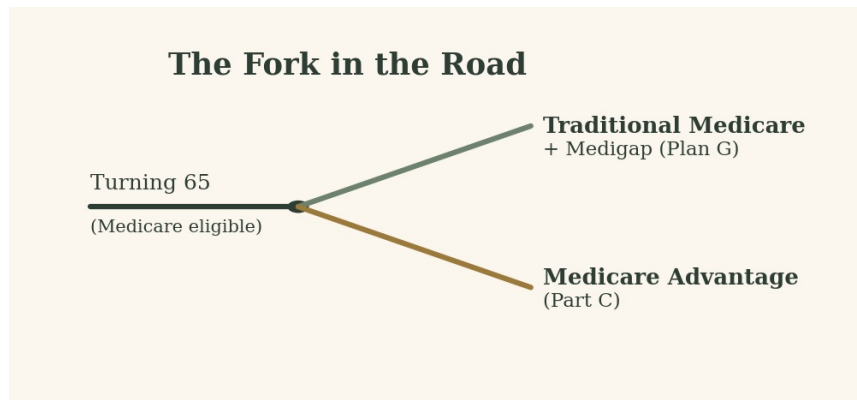
from Take Your Time: The Medicare Decision That Follows You for Life
by Dan League

If you're within a few months of 65 on either side, this is the chapter that matters most. Go slowly — almost everything else in the book leans on what's here.

Turning 65 hands you a major, largely irreversible decision, often on a deadline, with a lot of people trying to influence the outcome. Understanding the structure of the choice is the first step to making it well. Here's the structure.

The fork in the road

When you become eligible, you face one fundamental choice before anything else.



Path One is Traditional Medicare. You can add a Medigap plan like Plan G — or the lower-premium Plan N — to cover the gaps, plus a separate Part D drug plan. You can see almost any doctor in the country who accepts Medicare — and the overwhelming majority do; only about 1% of physicians have opted out of the program entirely.

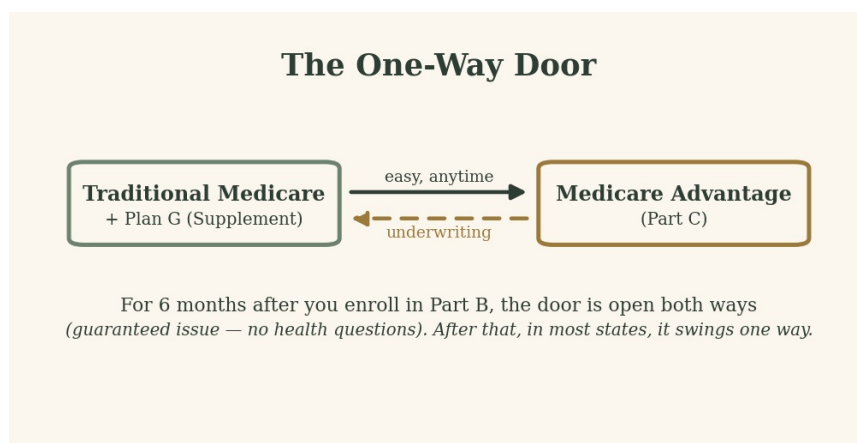
Path Two is Medicare Advantage — the path more than half of all people on Medicare now choose. A private company manages your benefits. It often advertises a low or zero added premium, usually folds in drug coverage, and adds extras like dental or a gym. In exchange, you're limited to its network, subject to prior authorization, and the company controls many decisions about your care. That network is tighter than it sounds: a 2025 KFF study found a typical Advantage plan reaches only about 48% of the physicians a Traditional Medicare beneficiary can see in the same area — and unlike Traditional, it can narrow from one year to the next, a difference we return to in Chapter Five.

That's the whole fork. Everything else flows from it. And it carries a deadline most people never hear about until it's gone.

The window you can't afford to miss

When you first enroll in Part B, you get a six-month Medigap Open Enrollment Window. During it, every company selling Medigap in your state must sell you any plan they offer, at the standard rate for your age, regardless of your health. No underwriting. No health questions. No denials.

This is guaranteed issue — the most important consumer protection in Medicare that almost nobody knows about. After the window closes, in most states, that protection is gone. Insurers can ask about your health, charge more, or deny you outright.



The door swings only one way. Walking back, later, can be hard — or impossible.

Take a breath

Read that again. After that window closes, in most states, your health history can be used to deny you Medigap entirely. That isn't a scare tactic — it's federal law.

Here is a way to feel it. Picture buying a house with a loan that can only be approved during one short window. Inside the window, the lender isn't allowed to look at your finances — your offer is accepted, no questions asked, and the house is yours. Miss the window, and that same lender now runs your full credit before deciding, and can turn you down flat. Nothing about the house changed. Nothing about you changed. The only thing that changed was the date — and now you can be denied for a deadline you didn't know you'd crossed. That is guaranteed issue. Inside your six-month window, your health cannot be held against you. Outside it, in most states, it can.

Is your window still open?

Answer a few questions and the Decision Navigator tells you exactly where you stand — in about four minutes.

joinclear.ing/navigator

The Trial Right: your one-time safety net

Here's a federal consumer protection brokers aren't required to disclose. If you enroll in Advantage and decide within your first year that it's wrong for you, your Trial Right lets you return to Traditional Medicare and buy a Medigap plan with no underwriting. Your first year isn't a permanent commitment — it's twelve months to test the plan in real life. And you can act any time in that year; you don't have to wait for a fall enrollment season to leave. The full step-by-step — both ways the Trial Right applies, the one application deadline that matters, and the move to make about drug coverage — is in Appendix D.

After that first year, the Trial Right expires — silently, with no notice and no reminder. In most states, you're back to underwriting if you want to switch.

Take a breath

If you're on Medicare Advantage and reading this within your first year, check your enrollment date now. The Trial Right closes at twelve months with no warning — and it may be nearer than you think.

The Part B cost nobody mentions

Your Part B premium is your cost for life, no matter which path you choose. In 2026 it's \$202.90 a month, deducted straight from your Social Security check, and it climbs almost every year. That climb isn't random: by law, the premium is reset annually to cover about a quarter of what Part B costs the program, with taxpayers covering the rest — so as the nation's health-care spending rises, your share rises with it.

Now when an Advantage plan advertises "\$0 premium," that zero refers only to the plan's own charge. You still pay the \$202.90 to the government. The honest comparison isn't "\$0 Advantage versus \$150 Plan G." Both paths start with the same \$202.90 underneath. The gap between them is real — but so is what each side gives you for it.

And the Plan G side has its own honest catch — one this book would be hiding from you if it stopped here. A Supplement isn't a fixed cost for life. Most Medigap plans are priced by what's called "attained age," which is a polite way of saying the premium climbs as you get older, usually a few percent a year on top of ordinary inflation. A plan that runs around \$150 a month at 65 can cost noticeably more by your late seventies or eighties. For someone on a tight, fixed income, that rising premium is a genuine consideration — and it's part of why, for some people, Advantage really is the better fit. (A handful of states require pricing that doesn't rise with age; a SHIP counselor can tell you how it works where you live.) The point isn't that one path is free of drawbacks. It's that you should see both sets clearly — the networks and approvals on one side, the climbing premium on the

other — before you choose.

The IRMAA surprise

One more cost tends to arrive without warning: the Income-Related Monthly Adjustment Amount (IRMAA). It's an extra premium for higher-income beneficiaries, and the catch is the timing — it's based on your income from two years ago, not today. Cross the threshold (about \$109,000 for an individual, \$218,000 for a couple) by a single dollar, and the surcharge applies.

Take a breath

If you sold a business, took a large distribution, or simply had a high-income year two years before enrolling, your Part B bill may be far larger than you expect. If your income has since dropped — retirement, divorce, the loss of a spouse — you can appeal using Form SSA-44. The full IRMAA tiers are in Appendix B.

So, for you

What to take from this chapter. The whole decision comes down to one fork — and one of the two directions is far easier to reverse than the other. The six-month window is the only time both directions are open.

How to use it. If your window is open or near, get Plan G quotes from at least three carriers before it closes — even if you lean toward Advantage. Keep the easy-to-reverse option alive while you decide.

When it matters. The window is six months from your Part B start date. After it closes, in most states, the door swings one way. Mark the date now.

KEEP GOING, AT YOUR PACE

This is one chapter. The rest is waiting whenever you are.

Take Your Time walks through every situation this decision puts in front of you — and Fern, the guide inside *The Clearing*, is there for the questions a chapter can't answer. Private, unhurried, and free of any commission.

Start whenever you're ready: joinclearing.com/reader

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