

# NAVIGATING MEDICARE

# 8 COMMON MISTAKES AND HOW TO AVOID THEM

**LEHIGH PARTNERS** SENIOR BENEFITS

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# Navigating Medicare: 8 Common Mistakes and How to Avoid Them

Hi, I'm David Scallion — a licensed Medicare advisor who's helped thousands of people make sense of this complicated system. I didn't grow up wanting to work in insurance. Truth is, I wanted to be an artist — drawing, storytelling, creating things that moved people. But life had other plans, and like a lot of people, I needed a steady income. So I got what you'd call a 'real job' in insurance.

And to be honest? I found Medicare the same way most people do — confused, overwhelmed, and unsure who to trust. But I've always been good at seeing patterns and connecting dots — and I realized quickly that this system seemed like it was designed to keep people in the dark.

Most people don't make bad Medicare decisions because they're careless. They make them because they're trying to do the right thing in a system that doesn't make it easy.

That's why I put this guide together — to simplify what's become too confusing, and to help you avoid the kinds of mistakes that can cost thousands or lock you into the wrong coverage.

Let's walk through the most common ones, and how to steer clear of them.

## **Mistake #1: Not Realizing There Are Two Totally Different Programs**

A few years ago, I sat at a diner with a woman named Janet. She had a notebook filled with scribbled notes and pamphlets spilling out of her purse. Her first words to me were:

"David, **I didn't realize Medicare came in flavors.**"

And honestly? That's what it feels like. Because when you first look into Medicare, it seems like a single program — but really, you're standing at a fork in the road.

There are **two completely different ways** to get your Medicare benefits:

### **Path 1: Traditional Medicare**

- **Part A:** Hospital coverage
- **Part B:** Medical coverage (doctors, outpatient care, etc.)
- A **Medigap plan** (like Plan G or N) to cover the 20% Medicare doesn't pay
- A **Part D plan** for prescriptions

**The big upside?** This route gives you the freedom to see any doctor in the country who accepts Medicare — no referrals, no network restrictions. Your out-of-pocket costs are usually predictable, especially with a Medigap plan.

Think of it like building your own toolkit. You choose the parts, and it's all designed to work together.

## Path 2: Medicare Advantage (Part C)

- Bundles Parts A and B, and usually Part D, into one plan
- Run by private insurance companies
- May include **extra perks** like dental, vision, hearing, and gym memberships
- Often has **\$0 premiums**, but includes copays and **network limitations**

When Janet and I walked through this together, she said:

"Okay... so one is more like pay-as-you-go, and the other is like pre-paying for peace of mind?"

Exactly.

## Mistake #2: Not Understanding the Medicare Letters

One morning, I got a call from a man named Harold. He said,

"David, I've got my Medicare card and three envelopes from insurance companies — and I still have no clue what Part B even is. Why do they make this so complicated?"

Medicare is full of **alphabet soup** — A, B, C, D, Plan G, Plan N — and most people feel like they're guessing on a test they didn't study for.

Let me break it down clearly:

### Part A – Think 'Admitted'

- **Inpatient care:** hospital stays, skilled nursing, hospice
- Usually **free** if you've worked 10+ years



### Part B – Think 'Basics'

- **Outpatient care:** doctor visits, lab work, durable equipment
- **Monthly premium** (about \$185 in 2025)



### Part C – Medicare Advantage

- Private plans that **replace Original Medicare**
- Often includes drug coverage and extras

### Part D – Drug Coverage

- Covers prescriptions
- Plans vary by company

### Medigap (Plan G, Plan N, etc.)

- **Supplemental coverage** for the 20% Original Medicare doesn't pay
- No networks or referrals

I once worked with a woman named Cheryl who was paying **\$464/month** for Plan G. We found the same plan for **\$112/month** — same coverage, over \$4,000 in yearly savings.

Most people don't realize it — until it's too late.

## 7-Month Period



If you sign up for Part A and/or Part B before you turn 65, your coverage starts the 1st day of your birthday month.



If you sign up the month you turn 65 or during the last 3 months of your IEP, your coverage begins the 1<sup>st</sup> day of the month after you sign up.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

★ **NOTE:** Your 6-month Medigap Open Enrollment Period (OEP) begins the month you're 65 or older and enrolled in Part B (must also have Part A) and lasts at least 6 months (may be longer in your state).

### Mistake #3: Missing the Right Time to Join

I got a call from a man named Joe. He'd just turned 68 and received a \$20,000 medical bill. His hospital had stopped accepting his retiree coverage months earlier, and he hadn't enrolled in Medicare when he turned 65.

#### Here's the rule:

- Your Initial Enrollment Period is 7 months long:
- 3 months before your birthday month
- Your birthday month
- 3 months after

**Miss it** — and don't have 'creditable coverage' — and you could face:

- Lifetime penalties
- Delayed coverage
- Gaps in care

Joe assumed his retiree plan was enough. It wasn't.

Let's make sure you're not in that same boat.

### Mistake #4: Focusing Only on Monthly Premiums

Not long ago, I worked with a guy named Bob. He was proud of himself — and honestly, he should've been. He'd done a lot of research, watched some YouTube videos, and picked a \$0 Medicare Advantage plan. He told me:

“Why pay more if I don't have to? It's the same coverage, right?”

Fast forward six months: Bob had a health scare and needed a few outpatient procedures. Nothing major. But when the bills started rolling in... the “savings” vanished fast.

He ended up with nearly \$6,000 in copays and out-of-pocket costs.



## Mistake #5: Ignoring Prescription Drug Penalties

A while back, I got a call from a woman named Dianne — her son was a past client, and she was reaching out in a panic.

She had just gotten a prescription for the first time in years. No big deal... until she went to the pharmacy and the bill was \$275. She didn't have drug coverage because, well, she'd never needed it.

But here's the kicker: when we looked at her options, not only was she stuck without coverage until the next enrollment period — she also had a lifetime late enrollment penalty added to her future premiums.

She sighed and said, “David, no one told me I had to sign up if I wasn't even taking anything.

Unfortunately, this happens a lot.

### Here's the Rule:

When you turn 65, if you're eligible for Medicare, you're expected to have **creditable prescription drug coverage** — either through:

- A Part D plan
- A Medicare Advantage plan that includes drugs
- Or an employer plan that qualifies

If you don't — and you go 63 or more days without it — Medicare tacks on a **penalty** that increases your drug plan premium forever.

Even if you take no medications at all.

### The Fix: Just Get the Baseline

There are Part D plans as low as \$6 to \$10/month — even if you don't use them. That's cheaper than paying the penalty later.

And if you qualify for **Extra Help**, you might not pay anything at all.

### Pro Tip:

Even people with good retiree or VA benefits sometimes get tripped up. Medicare doesn't care if you think your coverage is good — it cares if the **plan meets their standard**.

I'll help you check. Always.

## Mistake #6: Thinking You Can Easily Switch Later

Not too long ago, I spoke with a woman named Linda who was calling on behalf of her aunt. Her aunt had a stroke and needed to move into a skilled nursing facility. Everything was ready — except for one major issue.

The facility didn't accept her aunt's Medicare Advantage plan.

Linda was hopeful.

“We’ll just switch her to a plan they accept, right?”

I had to take a breath before I answered.

“I wish it were that simple,” I said.

Because the truth is: it’s not always easy — or even possible — to switch plans once you’re already on Medicare.

### What Most People Don’t Realize

When you first enroll in Medicare, you get a one-time opportunity to join a Medigap plan (like Plan G or N) with no health questions asked. This is called your Guaranteed Issue Right — and it only lasts for a limited time.

After that window closes:

- Medigap plans in most states can **deny you** based on health history
- They can also **charge more** if you have pre-existing conditions
- You may be **locked out of better coverage** when you need it most

That’s what happened to Linda’s aunt. She was healthy at 65 and chose an Advantage plan to save money. But when her health changed at 70, it was too late to switch to a plan that fit her new needs.

### The Lesson?

***Don’t pick a plan just for today. Pick a plan that will still work if your health changes down the road.***

If you want the flexibility of Medigap, it’s best to grab it when you’re first eligible — even if it costs a bit more. It might save you thousands later.

### Mistake #7: Picking the Wrong Insurance Company

I once worked with a client named Paul. Smart guy, very organized. But like a lot of people, he had a friend who “knew someone” in insurance.

That friend recommended a Medicare plan from a company Paul recognized — one he’d used for years through his old job. Sounded safe. Sounded simple.

**So he signed up.**

But about a week after starting Medicare, Paul had to get a few lab tests and imaging done. Nothing major. When the bill came?

**\$3,282.**

None of it was covered the way he thought it would be.

Turns out the plan his friend sold him had restrictive networks and copays that added up fast. And worst of all? His preferred doctor wasn't even in-network.

## Familiar Doesn't Always Mean Better

A lot of people assume the company they had through work will also be the best for Medicare. But here's the thing:

- Some **big names in group health** don't offer the same value or service in Medicare
- Some lesser-known carriers actually **offer better pricing**, stronger benefits, or lower rate hikes
- And not all agents **represent all carriers** — so they might push the plans they can sell

You deserve **unbiased advice**. Not someone steering you toward what pays them more.

What I Look For When Helping You Choose

When we compare companies, I don't just look at the brochure. I look at:

- **How stable are their rates over time?**
- **What's their customer service like when you actually need help?**
- **How do they treat policyholders as they age?**
- **Are your doctors and meds actually covered — or just “probably”?**

You only have to pick once — but if you choose wrong, it can haunt you for years.

Let's make sure you choose for the right reasons.

## Mistake #8: Confusing Medicare with Social Security

One of the most common questions I hear is:

**“I haven't started Social Security yet — does that mean I can't get Medicare?”**

The short answer? **You can. And you should.**

But it's a totally understandable mix-up. These two programs are so closely linked in name, people assume they're part of the same system.

They're not.

## The Truth About Timing

Here's what you need to know:

- You're eligible for Medicare at 65 — no matter when you start taking Social Security
- If you're already drawing Social Security at least **6 months before your 65th birthday**, Medicare will enroll you automatically
- If you're not drawing Social Security yet — you'll need to **enroll yourself**

And if you wait, thinking a letter or a card will just show up... it won't.



That’s where people get into trouble.

## **Why This Matters**

A few years ago, I helped a man named Richard. He assumed everything was “automatic” and didn’t enroll. He was healthy, still working part-time, and hadn’t even considered filing for Social Security yet.

Then one day, his HR department let him go — and with it, his health coverage disappeared.

He found himself uninsured at 65, outside of his Initial Enrollment Period, and facing a two-month wait for Medicare coverage to begin — plus a penalty. He told me, “I thought Medicare would just show up like magic.”

Sadly, it doesn’t.

## **The Easy Fix**

If you’re turning 65 and not collecting Social Security, set a reminder three months before your birthday. That’s your time to enroll in Medicare — not Social Security — and avoid any costly gaps.

And if you're unsure how they overlap, don’t worry. I’ll walk you through it.



## Final Thought:

I know Medicare can feel overwhelming — like someone handed you a puzzle without the box lid. You get mailers, hear advice from well-meaning friends, and maybe even lose sleep trying to get it right.

But here’s the thing I always remind people:

This isn’t about becoming a Medicare expert.  
It’s about getting the right help so you can feel confident in your decision.

I’ve walked hundreds of people through this, and I’ve seen what happens when it goes right — and when it doesn’t. The right choice can bring peace of mind. The wrong one? It can cost you thousands or lock you into coverage that doesn’t fit your life.

You don’t have to figure this out alone. That’s why I do what I do.

If you’d like someone in your corner — someone who explains things clearly, answers questions honestly, and truly listens — I’m here.

Let’s make this feel easy. And maybe even a little exciting.

You’ve got this. And I’ve got your back.

—

**David Scallion**

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## Ready to Talk Through Your Medicare Options?

I'd be happy to walk through everything in a quick, no-pressure call. Whether you're just starting to explore your options or feeling stuck in the details – I've got you back.

- ✓ 15-20 minute Medicare Review
- ✓ Get answers to your personal questions
- ✓ No cost. No sales pitch. Just real help.

**Book Your Free Medicare Call**

–or–

**BOOK MY FREE CALL**

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