

The Annual Enrollment Period (AEP) can be a good time to review your Medicare coverage—but a useful conversation starts before you pick up the phone. A little preparation helps a broker understand your doctors, prescriptions, budget, and priorities, so you can compare options that may fit your needs.

In plain English, a broker is a licensed insurance professional who can explain and help enroll you in plans [manilatimes](#) from insurers they represent. Brokers do not all work with the same companies or offer every plan in your area, so it's important to ask about their licenses, appointments, and plan availability.

This guide covers the documents for a broker call, a practical Medicare plan change checklist, and ways to find and verify an independent, licensed broker. It also explains how a nationwide Medicare broker directory such as [MyMedicareBroker.com](#) may help you search by state, county, or licensing credentials and review broker profiles with areas of expertise.

First, know what the Annual Enrollment Period is

The Medicare Annual Enrollment Period runs from October 15 through December 7 each year. During this period, people with Medicare can generally make certain changes to their coverage, such as switching between Original Medicare and Medicare Advantage, changing Medicare Advantage plans, or changing Part D prescription drug plans. Changes generally take effect January 1.

In one sentence: AEP is the fall window for reviewing and changing certain Medicare coverage for the coming year.

Medicare Advantage also has a separate Open Enrollment Period from January 1 through March 31. It has different rules and is not a second chance to make every type of Medicare change. If you're unsure which enrollment period applies to you, ask the broker—or contact Medicare—before assuming you can enroll.

Gather these documents for a broker call

You don't need a perfectly organized binder. Having the details below nearby can make the conversation more accurate. If you don't have an item, tell the broker; don't guess at medical or coverage information.

- **Medicare card:** Have your Medicare number and Part A and Part B effective dates available if you're comfortable sharing them through a secure process. Avoid sending sensitive details by ordinary email or text unless you understand how they'll be protected.
- **Current plan information:** Keep your plan name and member ID handy. A recent insurance card or plan statement can help identify your current coverage.
- **Prescription list:** Write down each medication's exact name, strength, dosage, and how often you take it. Include the pharmacy you usually use and any mail-order preference.
- **Doctor and facility list:** Note your primary care provider, specialists, clinics, hospitals, and other facilities you want to keep using. Include their locations if there are providers with similar names.
- **Health and coverage needs:** List ongoing treatments, regular appointments, medical equipment, or other services you want to check. You do not have to share more medical detail than needed to compare coverage.
- **Budget notes:** Think about the monthly premium you can manage and how you feel about copays, deductibles, and possible out-of-pocket costs. A low premium alone does not tell you what care may cost overall.
- **Preferred pharmacies:** Drug coverage and costs can differ by pharmacy. Note a backup pharmacy, too, if you would consider using one.

- **Important notices:** Bring or reference any Annual Notice of Change or other plan correspondence. It may explain changes to next year's benefits, costs, drug coverage, or provider network.
- **Questions and priorities:** Write down what matters most—such as keeping a particular doctor, predictable costs, prescription coverage, or access to a specific hospital.

Medicare terminology, in plain English: a “network” is the group of doctors, hospitals, and other providers a plan contracts with; a “formulary” is the list of medicines a drug plan covers.

Use this Medicare plan change checklist

Before calling, use this checklist to clarify what you want to learn. You can also keep it beside you during the call and make notes as you go.

1. **Confirm your current coverage.** Are you enrolled in Original Medicare, a Medicare Advantage plan, a Part D plan, or a Medicare Supplement (Medigap) policy? These types of coverage work differently.
2. **Decide what you want to keep.** Identify the doctors, hospitals, prescriptions, and pharmacies that are most important to you.
3. **Check next year's changes.** Review plan notices and ask how benefits, premiums, cost-sharing, provider networks, and covered drugs may change.
4. **Compare total costs.** Look beyond the monthly premium. Ask about deductibles, copays, coinsurance, and the plan's annual out-of-pocket limit where applicable.
5. **Ask about access to care.** Find out whether you need referrals or prior authorization for services you expect to use. Prior authorization means the plan may require approval before it covers certain care.
6. **Discuss travel and out-of-area care.** If you spend time in another state or travel often, ask how routine and emergency care are handled away from home.
7. **Review your options before enrolling.** Ask for the plan name and details in writing, and take time to check them. Don't enroll just because a deadline feels close.
8. **Confirm the effective date.** If you make a change during AEP, ask when it begins and what you should expect from your new plan.

Find an independent, licensed Medicare broker

A nationwide Medicare broker directory can help you locate professionals in different parts of the country, but a directory listing is a starting point—not proof by itself that a person is currently licensed or represents the plans you need.

Tools such as the directory search by state, county, or licensing credentials can help narrow the list to people who may serve your area. Broker profiles with areas of expertise can also help you identify someone who regularly works with the coverage questions you have. For example, you might look for experience with Medicare Advantage, Part D, or people who split time between counties or states.

MyMedicareBroker.com is one example of a resource to explore when looking for broker information. As with any directory, confirm important details directly: the broker's full name, state license status, National Producer Number (NPN), the states where they are authorized to work, and which insurers and plan types they can discuss.



"Independent" generally means the broker is not an employee of just one insurance company; it does not mean the broker represents every insurer. Ask which companies they are appointed with and whether they can compare other available options in your county. If they cannot offer a plan, ask where you can review it independently, such as through Medicare.gov or the plan provider.

Verify credentials and build trust

The National Producer Number, or NPN, is a unique identifier used for insurance licensing records. In one sentence: An NPN helps you look up an insurance professional's record, but it is not a quality rating or a guarantee that the broker offers every plan.

Ask the broker for their NPN and the states where they are licensed. You can check licensing through the relevant state insurance department or an official state or national lookup resource. Make sure the name and state match the person you are speaking with, and check for current status where the lookup provides it. If anything is unclear, contact the state insurance department directly.



Also listen for how the broker explains limits and trade-offs. A trustworthy professional should be willing to tell you when a plan may not fit, clarify which companies they represent, and give you time to review. Be cautious of pressure to enroll immediately, promises that one plan is “best for everyone,” or requests for sensitive information before you understand why it is needed and how it will be protected.

What to check Question to ask Why it matters License “In which states are you currently licensed?” Licensing is state-specific, and your location matters when discussing coverage. NPN “What is your National Producer Number?” It helps you check the professional’s licensing record. Plan access “Which insurers and plan types can you represent in my county?” A broker may not offer every plan available where you live. Experience “Do you regularly help people compare plans with needs like mine?” Relevant experience can make the conversation more useful. Enrollment support “Will you explain how to review the plan after enrollment?” You should know whom to contact with questions and what the broker can assist with.

Questions to ask during the call

Bring your checklist and ask direct questions. A good conversation should leave you understanding both the recommendation and its limitations.

- “Can you confirm my doctors and facilities are in the plan’s network for next year?”
- “Are my prescriptions covered, and what tier are they on? What might they cost at my preferred pharmacy?”
- “What are the premium, deductible, copays, and other costs I should compare?”
- “Are referrals or prior approvals required for the services I use?”
- “Which insurers do you represent, and are there plans in my county that you cannot offer?”
- “Can you explain why this option may fit my priorities—and what its drawbacks are?”
- “Can I have the plan details and your recommendation in writing before I decide?”
- “If I have questions after enrollment, how should I reach you, and what support can you provide?”

Use online information carefully

Online articles and directories can help you prepare, but check the date, source, and details before relying on them. Medicare rules, plan benefits, and provider networks can change. If you see Medicare coverage discussed by a news outlet such as *The Manila Times*, treat it as background reading—not confirmation that a particular plan is available in your county or right for your situation.

Likewise, if you encounter a company name such as Plentisoft while researching insurance or directory services, clarify what role it plays and whether it is acting as a broker, technology provider, publisher, or something else. A familiar name is not a substitute for checking the individual broker's license and plan access.

For plan-specific facts, verify information using official Medicare resources and the insurer's current plan documents. Provider directories and drug lists are especially important to check for the plan year you are considering. If details conflict, ask the broker or insurer to explain the discrepancy and point you to the current written information.

A calm, prepared call is a better call

Your goal is not to memorize every Medicare rule before you speak with a broker. It is to bring reliable information about your current coverage, doctors, prescriptions, and budget—and to ask clear questions about credentials, plan availability, and trade-offs.

Use the documents for broker call list and Medicare plan change checklist above to get ready. Then search by state, county, or licensing credentials, review broker profiles with areas of expertise, and verify the person's NPN and state license. Take notes, ask for plan details in writing, and make your decision based on your needs—not pressure or a promise that one plan is perfect for everyone.

This article is for general information, not individualized Medicare, legal, or financial advice. Plan availability and rules vary by location and may change. Confirm your options with Medicare, the plan, or a properly licensed professional.