RETIREMENT FASTLANE

FREE PRINTABLE WORKSHEETS

Medicare Without the Maze

A Plain-English Guide to Enrolling, Choosing Coverage, and Controlling Costs

Daniel Larsen, CFA

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These worksheets come from *Medicare Without the Maze* by Daniel Larsen, CFA, part of the Retirement Fastlane series. Print as many copies as you like for your own personal, non-commercial use. Fill them out in pencil and update them as your plans change.

For educational purposes only; not individualized investment, tax, legal, or insurance advice. Examples and figures follow the book (2027 figures as of November 18, 2026). See the Important Disclaimer in the book before relying on anything here.

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Worksheet A: My Medicare Profile

Use with Chapter 1.

Item	Me	Spouse
Date of birth / 65th birthday		
Medicare-covered work quarters (40 for premium-free Part A)		
Receiving Social Security? (automatic enrollment)		
Current health coverage		
Employer size (20+ employees?) and coverage based on current work?		
HSA contributions?		
Medicare number (keep safe)		
Path chosen (Original + Medigap + Part D, or Medicare Advantage)		

My doctors and hospitals

Doctor or facility	Specialty	Phone	Accepts Medicare / in network?

Worksheet B: Enrollment Timeline

Use with Chapters 2, 3, 4, and 9.

Date or window	Me	Spouse
Initial Enrollment Period (7 months)		
Planned Part A start		
Planned Part B start		
Employer coverage end date (if delaying)		
Special Enrollment Period (8 months after work or coverage ends)		
HSA contributions stop (6 months before Medicare, if past 65)		
Medigap Open Enrollment Period (6 months from Part B start at 65+)		
Part D or Medicare Advantage start		
Coverage for younger spouse until 65		
Creditable drug coverage notices saved?		

Worksheet C: Plan Comparison

Use with Chapters 4, 5, and 7. Use actual quotes and Plan Finder estimates.

Item	Option 1	Option 2	Option 3
Plan name and type			
Monthly premium (plan)			
Part B premium (plus IRMAA)			
Part D premium (if separate)			
Annual premiums total			
Medical deductible			
Out-of-pocket maximum (medical)			
Estimated drug costs for my drugs			
Doctors in network?			
Preferred hospitals in network?			
Prior authorization or referrals required?			
Coverage when traveling			
Dental, vision, hearing benefits			
Star rating			
Typical-year total cost			

Item	Option 1	Option 2	Option 3
Bad-year total cost			

Worksheet D: My Prescription List

Use with Chapter 6. Enter these exactly in the Medicare Plan Finder.

Drug name	Dose	How often	Generic available?	Part B or Part D?	Prescribing doctor

Preferred pharmacy: _____ **Mail order?** ☐ Yes ☐ No **Medicare Prescription Payment Plan?** ☐ Yes ☐ No

Worksheet E: Health Care Budget

Use with Chapters 7 and 8. Annual amounts.

Item	Me	Spouse	Total
Part B premium (plus IRMAA)			
Medigap or Medicare Advantage premium			
Part D premium (plus IRMAA)			
Typical medical out-of-pocket			
Typical drug out-of-pocket			
Dental			
Vision			
Hearing			
Travel medical insurance			
Long-term care insurance premium			
Typical-year total			
Additional cost in a bad year (to out-of-pocket limits)			
Health care reserve set aside			

HSA balance available for Medicare costs: _____

Worksheet F: Annual Medicare Review

Use with Chapter 10, every October.

- ☐ Read my Annual Notice of Change (premium, cost-sharing, formulary, network changes).
- ☐ Updated my list of doctors, hospitals, and prescriptions.
- ☐ Entered my drugs in the Medicare Plan Finder and compared total costs.
- ☐ Called my doctors to confirm network participation (Medicare Advantage).
- ☐ Reviewed my Medigap premium and compared quotes for the same plan letter.
- ☐ Checked my income against IRMAA thresholds (two-year lookback).
- ☐ Considered whether my path still fits my health and travel plans.
- ☐ Made changes by December 7 (or decided to stay).
- ☐ Saved confirmation numbers and new plan documents.

Year	Plan(s)	Changes considered	Decision

Worksheet G: Key Contacts and Records

Use with Chapter 11.

Contact	Name / number	Notes
Medicare	1-800-633-4227 / Medicare.gov	
Social Security	1-800-772-1213 / SSA.gov	
My SHIP		
Medigap insurer		
Part D plan		
Medicare Advantage plan		
State Medicaid office		
Senior Medicare Patrol		
Person authorized to speak with Medicare for me		

Where my Medicare records are kept: _____