

CRC BENEFITS

Medicare at 65: Why Your First Decision Matters More Than You Think



More than half of Medicare beneficiaries are now enrolled in Medicare Advantage plans, and that number has been climbing steadily for nearly two decades.¹ It is easy to see why. Lower premiums, bundled coverage, extra benefits, all wrapped into one plan. On paper, it looks like the obvious choice.

But here is what the data and the conversations I have with brokers keep showing: most people approaching 65 have no idea what they are actually choosing between. They see the low premium, they hear “all-in-one,” and they stop reading. What many miss are the trade-offs that matter most when health needs change, and by the time they realize it, they may have fewer options than they expected.

This is not a Medicare sales conversation. It is a benefits education conversation, and most people are not having it nearly early enough.



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WHAT IS ACTUALLY CHANGING IN 2026

Something notable happened in the Medicare Advantage market heading into 2026 that changes the conversation. For the first time in nearly two decades, the Medicare Advantage market showed signs of declined enrollments. Plans that had been offering rich supplemental benefits pulled those extras back as the economics of the model tightened.² There are 231 fewer zero-premium plans in 2026 than there were in 2025, and the average plan value dropped roughly 7% compared to the prior year.³

This matters because most people approaching 65 have a mental model of Medicare Advantage built on what plans looked like three or four years ago, when carriers were competing aggressively on supplemental benefits to attract new enrollees. That model is not what they will find when they actually go shopping. The plans are still often a good fit. But the decision deserves more scrutiny than it used to, and the people who need help thinking it through are out there right now, often without anyone to guide them.



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There is also a prior authorization dimension worth flagging. New CMS regulations effective in 2026 shortened urgent authorization decisions to 72 hours and standard requests to seven days, cutting some timelines in half. That is a meaningful improvement. But prior authorization still exists in MA in ways that original Medicare simply does not have, and for someone managing a complex or progressive condition, that friction matters in ways that are difficult to fully appreciate at the point of enrollment. That doesn't necessarily make one option better than the other, but it does create a different care experience that beneficiaries should understand before enrolling.

THE NUANCES THAT MOST PEOPLE MISS

Most brokers know the basic trade-off. Original Medicare offers broad provider access with cost exposure that a Medigap policy addresses. Medicare Advantage offers lower upfront costs and bundled coverage with network restrictions and prior authorization. The part that gets glossed over is how dramatically the right answer varies depending on three things that are specific to each person.

Geography is the first. MA plan networks vary enormously by market. In competitive urban areas with multiple strong health systems, a well-designed MA plan can deliver excellent care within the network. In rural markets or areas dominated by a single large health system, those same network restrictions can be genuinely limiting. The same plan design plays very differently depending on where someone lives, and that is a conversation worth having before someone enrolls, not after.

The Medigap guaranteed issue window is the second, and it is the one that creates the most regret. During a beneficiary's initial Medigap Open Enrollment Period, federal rules generally prohibit insurers from using medical underwriting. After that window closes, medical underwriting applies in most states unless another guaranteed-issue right exists. Someone who develops a significant health condition while on a Medicare Advantage plan and later wants to switch to original Medicare with a Medigap supplement may find themselves unable to get that coverage. The window that felt flexible at 65 turns out to have been the only one.

The third is harder to see coming: what happens when things change? Someone who is healthy at 65 may find Medicare Advantage works well for years. Then circumstances change. A new diagnosis, a move closer to family, or the need to see a specialist outside the network can quickly alter what "best fit" looks like. The annual enrollment period does allow switching, but moving from MA to original Medicare with a Medigap supplement is not always as clean as it sounds, especially if health has changed along the way.

WHERE THE ADVISOR FITS

Most people approaching this decision are doing it alone. They may have a spouse to talk it through with, or a friend who went through it recently, but they rarely have someone in their corner who knows the details, does not have a product to sell, and can help them think through their specific situation clearly before the window closes.



**Sixty-five is a big decision. Most people
just need someone in their corner
who actually knows the difference.**

That is exactly where a broker who knows this space makes a real difference. Not by steering someone toward one option or the other, but by making sure they understand what they are actually choosing between, what the implications are for their specific health situation and geography, and what the timing means for their options down the road. That kind of guidance is increasingly valuable, and the clients who receive it remember it.

For brokers who also work with employer groups, there is a natural extension here. Most employers have no formal process for connecting people approaching 65 with the right guidance before the enrollment window opens. A broker who helps a client build even a simple process for flagging those conversations is filling a gap that almost nobody else is addressing. Employers increasingly recognize that employees approaching Medicare often need guidance that falls outside traditional group benefits education. Either way, the conversation starts well before October 15.

Medicare plan availability, benefits, premiums, provider networks, and underwriting rules vary by carrier, state, and individual circumstances.

BOTTOM LINE

The Medicare Advantage versus original Medicare decision is one of the most consequential choices a person makes at 65, and most are making it without enough information or the right guidance. The broker who shows up for that conversation, with clarity and with the client's long-term interests at the center of the conversation, is the one clients trust with everything that comes next. CRC Benefits connects advisors with individual and senior health resources, Medicare specialist support, and the tools to serve clients well on both sides of 65. **Reach out to the CRC Benefits Individual and Senior team to start the conversation.**

CONTRIBUTOR

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ENDNOTES

1. KFF. "Medicare Advantage in 2026: Enrollment Update and Key Trends." July 2026. <https://www.kff.org/medicare/medicare-advantage-in-2026-enrollment-update-and-key-trends/>
2. KFF. "Medicare Advantage 2026 Spotlight: A First Look at Plan Premiums and Benefits." January 2026. <https://www.kff.org/medicare/medicare-advantage-2026-spotlight-a-first-look-at-plan-premiums-and-benefits/>
3. KFF. "Medicare Advantage 2026 Spotlight: A First Look at Plan Premiums and Benefits." January 2026. <https://www.kff.org/medicare/medicare-advantage-2026-spotlight-a-first-look-at-plan-premiums-and-benefits/>

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