

Weekly Insight
March 23, 2026

How To Stop Paying Surprise Medicare Bills

This Week's Focus

If you opened a bill and thought, "This cannot be right," you are not alone. Medicare Advantage costs can surprise people when a doctor is out of network, a service needs approval first, copays change after the first of the year, or prescriptions price differently at the pharmacy.

This edition of SFL Weekly Insights clearly shows you how to decode the paperwork, spot the real reason the bill is higher, and take the next step before you get stuck in a plan that keeps surprising you.

Content Overview



Why your bill and your plan notice do not match



The 4 surprise triggers that raise Medicare Advantage costs



How to check network, approvals, drugs, and copays



A 5-minute worksheet that prepares your plan review



Why Medicare Advantage Bills Can Surprise You

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You are not alone if you feel that your Medicare Advantage costs went up in this year. Many people keep the same plan. Then the plan changes around them. Copays reset. Networks shift. Drug rules change. Approval rules tighten.

Here is the most important thing to know: An Explanation Of Benefits (EOB) is not a bill. An EOB is a notice from the plan that explains what was billed, what the plan thinks it should pay, and what you might owe. A provider bill is a separate paper. If you mix them up, everything feels confusing.

Before you pay anything, do this simple "3-paper check":

1. The provider bill
2. The plan's Explanation Of Benefits (EOB)
3. Your plan card (exact plan name)

If those three papers do not match, slow down. That is where surprise costs start.

The 4 surprise triggers (find yours first)

Trigger 1: Network surprise

A doctor, lab, specialist, or hospital can be out of network. When that happens, your cost can jump fast. Sometimes you only learn after the visit. **What to do:** Call the office and ask, "Are you in network for my exact plan name this year?" Then confirm with the plan.

Trigger 2: Approval was required first

Some services need prior authorization. If approval is missing, delayed, or denied, the paperwork can turn into a mess. **What to do:** Ask the provider, "Was prior authorization required?" Ask the plan, "What is the reference number?" Write it down.

Trigger 3: Copays and cost sharing changed in January

The same visit can cost more this year than last year. That is because plans can change copays and coinsurance each plan year. **What to do:** Compare costs for the care you use most: primary care, specialists, imaging, therapy, urgent care, hospital.

Trigger 4: Prescription rules changed

A drug can move to a new tier. A new rule can appear. Your pharmacy may no longer be preferred. **What to do:** Write down your top 3 prescriptions and your pharmacy name. That is how pricing should be checked.

The one sentence that prevents overpaying

Do not pay a surprise bill until you can explain it in plain words. If you keep seeing surprise costs, it may be a plan-fit problem, not a one-time error. Medicare Advantage Open Enrollment ends March 31. If you are already in Medicare Advantage, this is the window where you could make **one** change to your Medicare Advantage plan.

Discover **WHY** You've Been Charged

5-Min Bill Decoder Worksheet



Step 1: What papers do you have?

Check all that apply: Provider bill Plan EOB notice Pharmacy receipt Denial letter

Step 2: Fill in the basics (copy what you see)

Date of service: _____
Provider or facility name: _____
Your exact plan name (from your card): _____
Claim number (if shown): _____
Amount the provider billed: \$ _____
Amount the plan says is allowed (if shown): \$ _____
Amount the plan paid (if shown): \$ _____
Amount you are being asked to pay: \$ _____

Step 3: Find the trigger (check the first one that fits)

- Network issue (out of network)
- Approval issue (prior authorization required)
- Copay change (same visit, higher cost this year)
- Prescription change (tier, rule, or pharmacy price changed)
- Billing error (wrong code, wrong service, wrong date)
- Not sure (I cannot tell from the paperwork)

Step 4: Make the right call (and write it down)

If you checked Network or Approval: call the plan first.
If you checked Billing error: call the provider billing office first.
If you checked Prescription: call the plan's drug help line or member services.
Who I spoke with: _____
Date and time: _____
What they told me: _____
Next step they gave me: _____

Step 5: Do you need a plan review before March 31? Circle YES or NO for each line:

- YES / NO - I have had more than one surprise bill since January.
- YES / NO - My doctor or hospital is out of network.
- YES / NO - My care is delayed because approval is required.
- YES / NO - My prescriptions cost more than expected.
- YES / NO - I do not trust what my plan will cost next month.

If you circled YES 2+ times, you need to schedule a plan review now.



THIS IS YOUR NEXT STEP

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Or call: **785-404-6664**