



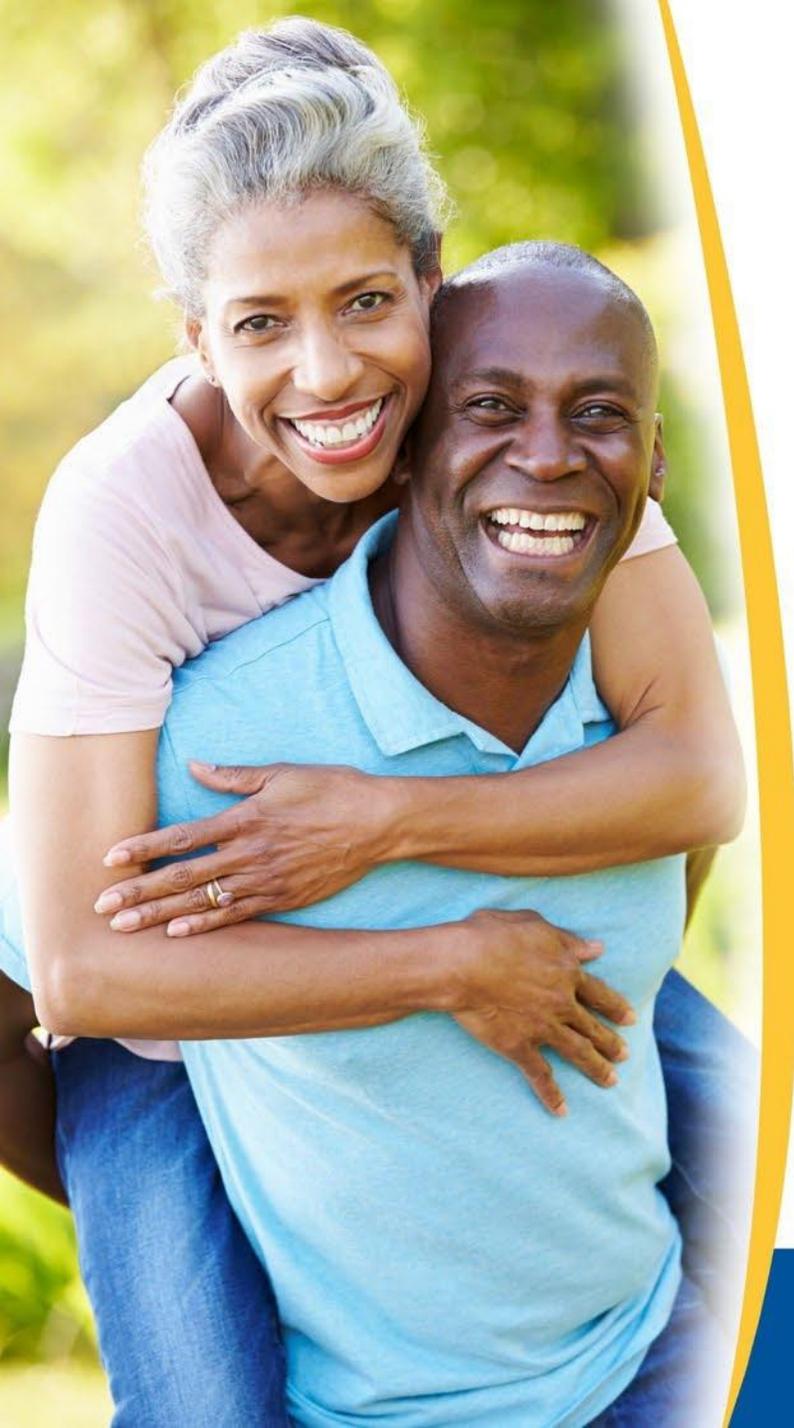
Getting Started with Medicare

Disclaimer

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Lesson 1

What's Medicare?

Medicare

Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



Medicare & You 2026

The official U.S. government Medicare handbook



Medicare

CMS Product No. 10050

What Agencies Are Responsible for Medicare?



Social Security
Enrolls most people in Medicare



Railroad Retirement Board (RRB)
Enrolls both railroad retirees and active employees in Medicare



Office of Personnel Management (OPM)
Handles federal retirees' premiums



Centers for Medicare & Medicaid Services (CMS)
Forms Medicare policy and administers Medicare coverage, benefits, and payments

What Are the Parts of Medicare?



Part A
(Hospital Insurance)



Part B
(Medical Insurance)



Part D
(Drug coverage)

Your Medicare Options

Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.

Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Automatic Enrollment: Medicare Part A & Part B

Enrollment is automatic for people who:

- Get Social Security or RRB Benefits
- Are under 65 and have a disability

Look for your “Get Ready for Medicare” package

- Mailed 3 months before:
 - Your 65th birthday
 - Your 25th month of disability benefits
- Includes a letter, booklet, and Medicare card



Some People Must Take Action to Sign Up for Medicare



To apply for Medicare 3 months before you turn 65, contact Social Security at [SSA.gov](https://www.ssa.gov) or 1-800-772-1213 (TTY: 1-800-325-0778)



If you retired from a railroad, contact your local Railroad Retirement Board at 1-877-772-5772; TTY: 1-312-751-4701



★ **NOTE:** The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.

Your Medicare Card

- Lists Medicare Part A (shown as HOSPITAL), Part B (shown as MEDICAL) along with the date your coverage begins
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the "Get Ready for Medicare" booklet



Need a replacement card?

- Visit [Medicare.gov/account](https://www.Medicare.gov/account) to log into your secure Medicare account and print an official copy
- Call **1-800-MEDICARE** (1-800-633-4227) (TTY: 1-877-486-2048)

When to Sign Up or Make Changes to Your Medicare Coverage

If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP)
- General Enrollment Period (GEP)

If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- Open Enrollment Period for Institutionalized Individual (OEPI)
- Special Enrollment Period (SEP) (in certain circumstances)

Initial Enrollment Period (IEP)

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 1st day of the month after you sign up.

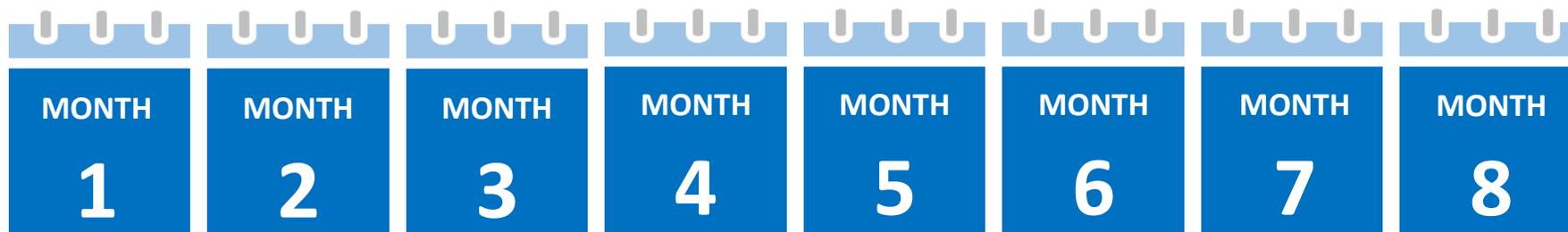
If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

- ★ **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).

Special Enrollment Period (SEP)

Starts after Medicare IEP if you have GHP coverage based on current employment

Continues for 8 Months after GHP Coverage Ends



You can sign up for Part A (if you have to pay for it) and/or Part B:

- ✓ Anytime you're still covered by the GHP
- ✓ During the 8-month period that begins the month after the employment ends or the coverage ends

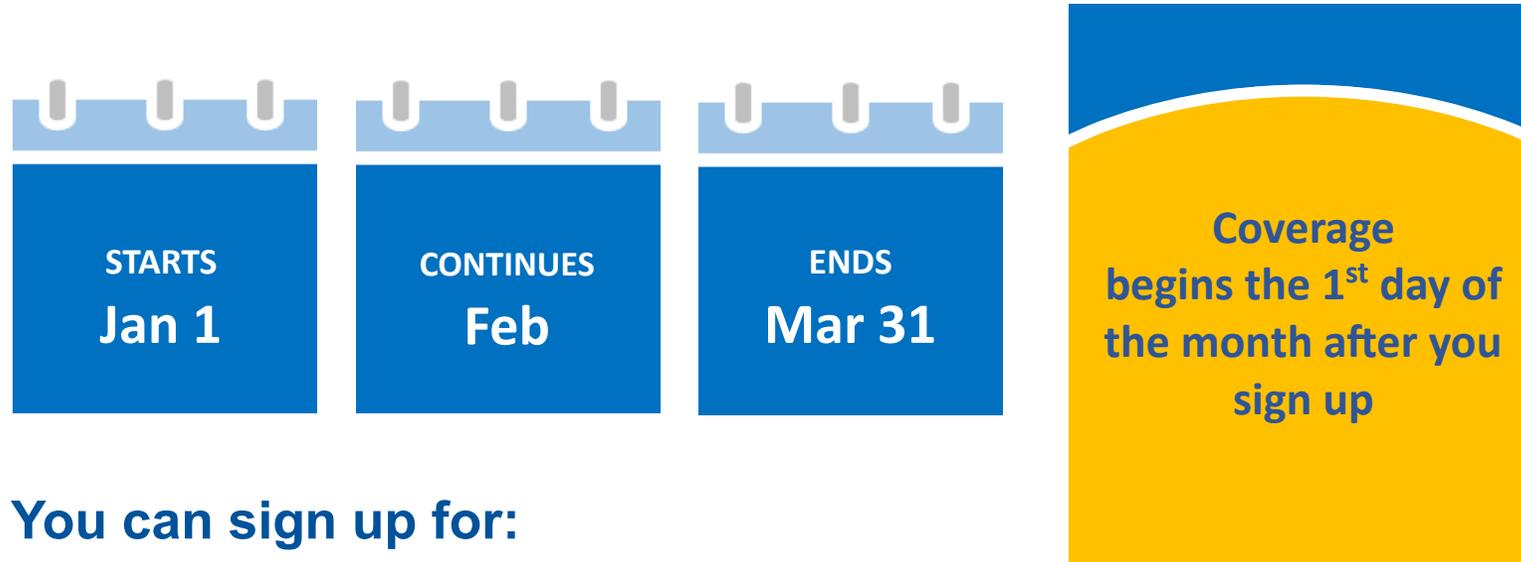
Usually, no late enrollment penalties



 **NOTE:** You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).

General Enrollment Period (GEP)

3-Month GEP each year



You can sign up for:

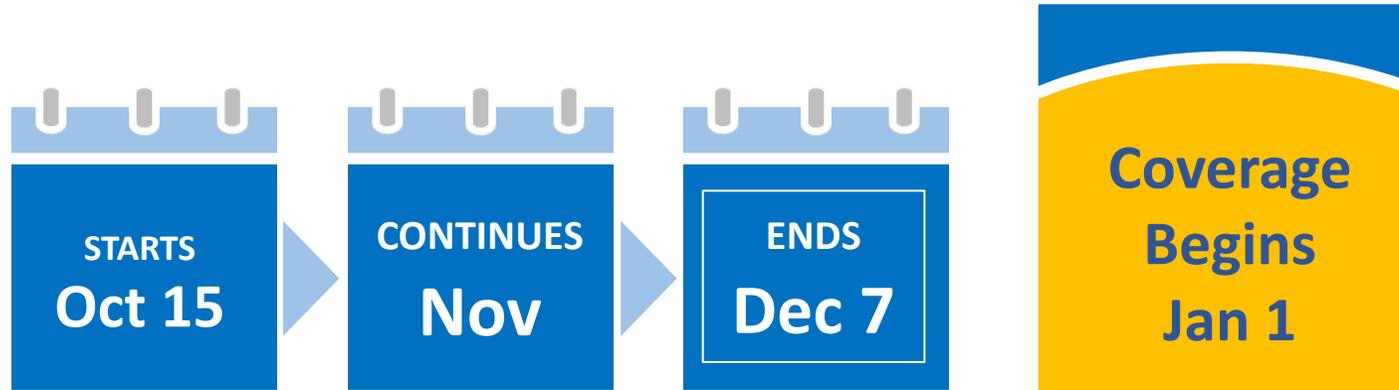
- Part A (if you have to buy it)
- Part B
- Part D (when you sign up for Part B)



May have late enrollment penalties

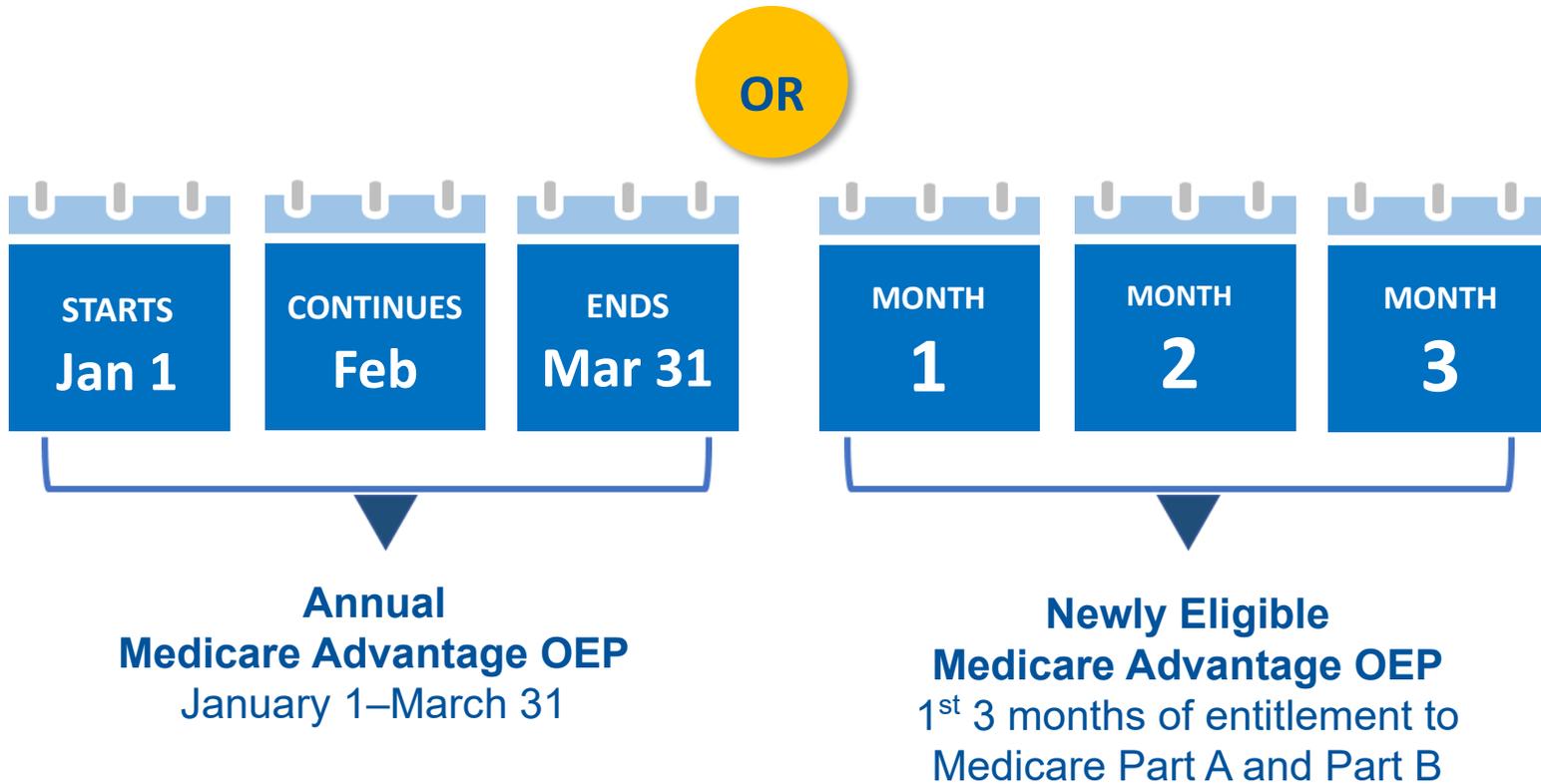
Yearly Open Enrollment Period (OEP) for People with Medicare

7-Week Period



- 7-week period each year where you can join, drop, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

Medicare Advantage Open Enrollment Period



You can:

- Switch to another Medicare Advantage Plan, with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare. If you do:
 - You can join a Medicare drug plan
 - Coverage begins the 1st of the month after you join the plan

★ **NOTE:** You need to be in a Medicare Advantage Plan to use this enrollment period.



Lesson 2

Original Medicare Part A (Hospital Insurance) & Part B (Medical Insurance)

Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**
 - ✓ Semi-private room
 - ✓ Meals
 - ✓ General nursing
 - ✓ Drugs (including methadone to treat an opioid use disorder)
 - ✓ Other hospital services and supplies
- **Inpatient care in a skilled nursing facility (SNF)** after a related 3-day inpatient hospital stay



Part A
Hospital Insurance

Part A (Hospital Insurance) Covers (continued)

Part A also helps cover:

- Blood (inpatient)
- Hospice care
- Home health services
- Inpatient care in a religious nonmedical health care institution (RNHCI)



Part A
Hospital Insurance

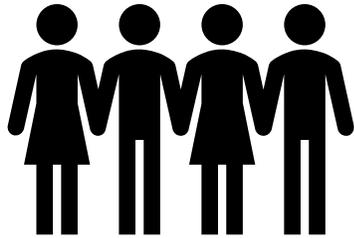
Most people don't pay a premium for Part A

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**
- You may have to pay a **penalty** if you don't sign up when first eligible for Part A (if you have to buy it)
 - Your monthly premium may go up 10%
 - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up

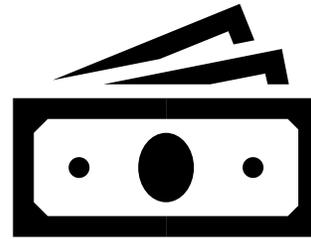


Decision: Do I Need to Sign Up for Part A?

Consider:



It's free for most people



You can pay for it if you or your spouse's work history isn't sufficient (there may be a penalty if you delay)



Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

★ **NOTE:** To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.

Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions



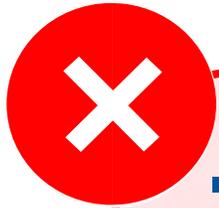
Part B
Medical Insurance

Part B: Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use & tobacco-caused disease
- Covid-19 vaccines
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus infection screenings
- Hepatitis C screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:



- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge care
- Covered items or services you get from an opt-out doctor or other provider
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

What You Pay in 2026: Part B Monthly Premiums

Standard premium is \$202.90



Some people who get Social Security benefits pay less due to the statutory hold harmless provision



Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

Monthly Part B Standard Premium: Income -Related Monthly Adjustment Amount (IRMAA) for 2026

If your yearly income in 2024 (for what you pay in 2026) was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90
Above \$109,000 up to \$137,000	Above \$218,000 up to \$274,000	Not applicable	\$284.10
Above \$137,000 up to \$171,000	Above \$274,000 up to \$342,000	Not applicable	\$405.80
Above \$171,000 up to \$205,000	Above \$342,000 up to \$410,000	Not applicable	\$527.50
Above \$205,000 and less than \$500,000	Above \$410,000 and less than \$750,000	Above \$109,000 and less than \$391,000	\$649.20
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$689.90

What You Pay in Original Medicare in 2026: Part B

Yearly Deductible \$283 (You pay this deductible once each year)

Coinsurance for Part B Services

- 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment
- \$0 for most preventive services
- 20% for outpatient mental health services, and copayments for hospital outpatient services

★ **NOTE:** If you can't afford to pay these costs, there are programs that may help.





Lesson 3

Medicare Supplement Insurance (Medigap) Policies

Medigap Policies

- Are sold by **private insurance companies**
- Fill **gaps in Original Medicare** coverage, like copayments, coinsurance, and deductibles
- Each **standardized** Medigap policy under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs
- Another type of Medigap policy called Medicare SELECT is available



Medicare Supplement Insurance (Medigap)

Decision: Do I Need a Medigap Policy?

It only works with Original Medicare, right?

Yes.

What if I have other supplemental coverage, like from an employer?

You might not need Medigap.

Can I afford Medicare deductibles and copayments?

Weigh this against how much the monthly Medigap premium costs.

What does the monthly Medigap premium cost?

It can vary.

When's the Best Time to Buy a Medigap Policy?

Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts at least 6 months (may be longer in your state)

During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem



★ **NOTE:** You can also buy a Medigap policy whenever a company agrees to sell you one.

How to Buy a Medigap Policy



Decide on a **Medigap plan (A–N)**



Shop around
(consider plan and price)



Find **insurance companies** that sell Medigap policies in your state



Choose the insurance company and the Medigap policy



Check on **Medigap protections** in your state



Apply for the policy



Lesson 4

Medicare Drug Coverage (Part D)

Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
 - Run by private companies that contract with Medicare
 - Provided through:
 - Medicare drug plans (also known as PDPs) (work with Original Medicare)
 - Medicare Advantage Plans with drug coverage (also known as MA-PDs)
 - Some other Medicare health plans
- 

How Part D Works

- It's optional
 - You can choose a plan and join
 - You may pay a lifetime penalty if you join late
- Plans have formularies (lists of covered drugs), which:
 - Must include a range of drugs in each category
 - May change during the year—you'll be notified
- Your out-of-pocket costs may be less if you use a preferred pharmacy
- If you have limited income and resources, you may get Extra Help

Choosing a Part D Plan

- **Compare plans by computer or phone:**
 - Find health and drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
 - Contact your SHIP at [shiphelp.org](https://www.shiphelp.org) for help comparing plans
 - **To join a Medicare drug plan, you can:**
 - Join at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
 - Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)
 - Join on the plan's website or call the plan
 - Complete a paper enrollment form
 - The plan will notify you whether it has accepted or denied your application
- 



Lesson 5

Medicare Advantage & Other Medicare Health Plans

Medicare Advantage Plans (Part C)

✓ Part A



✓ Part B



Most plans include:

✓ Part D



✓ Some extra benefits

- Another way (other than Original Medicare) to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer non-emergency coverage out of network, but typically at a higher cost)

How Medicare Advantage Plans Work

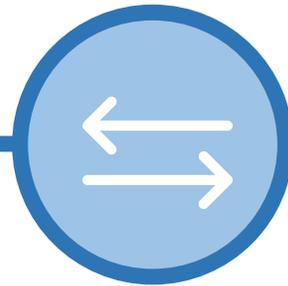
In a Medicare Advantage Plan, you:



Are still in Medicare with all **rights and protections**



Still get **services** covered by Part A and Part B



Can't be **charged** more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care



May choose a plan that includes **drug coverage** and/or **extra benefits** like vision, dental or fitness and wellness benefits



Have a yearly limit on **out-of-pocket costs**

How Medicare Advantage Plans Work (continued)

In a Medicare Advantage Plan:



Each plan has a **service area** in which its enrollees must live



You (or a provider acting on your behalf) can request to find out if an item or service will be covered by the plan in advance (called an **organization determination**)



Medicare pays a fixed amount for your coverage each month to the **companies** offering Medicare Advantage Plans



Each plan can charge different out-of-pocket costs and have different **rules** for how you get services (which can change each year)



Hospice care is covered, but by Original Medicare

How Do I Join a Medicare Advantage Plan?

- Find and enroll in health and drug plans at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
 - Once you understand the plan's rules and costs, here are ways to join:
 - Visit the plan's website to see if you can join online
 - Fill out a paper enrollment form
 - Call the plan you want to join (visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to get your plan's contact information)
 - Call Medicare
- 

Decision: Should I Join a Medicare Advantage Plan?

Consider



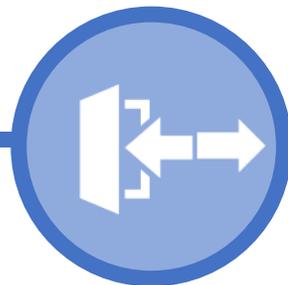
If the plan offers **extra benefits** (in addition to Original Medicare benefits) and if you need to pay extra to get them



Are my doctors in the plan's **network**?



You may need a **referral** to use a specialist



You can only **join/leave plan** during certain periods



It doesn't work with **Medigap** policies



NOTE: You must have Medicare Part A and Part B to join, and you must pay the Part B premium and usually a monthly plan premium.

Medigap Policies

Medicare Advantage Plans

Offered by

Private companies

Private companies

Government

State, but must also follow federal laws

Federal (plans must be approved by Medicare)

oversight

Works with

Original Medicare

N/A

Covers

Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.

Part A- and Part B-covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most Medicare Advantage Plans include Medicare drug coverage.

You must have

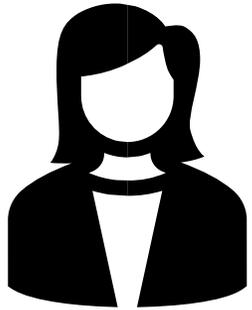
Part A and Part B

Part A and Part B

Do you pay a premium? Yes. You pay a premium for the policy, and you pay the Part B premium. Yes. In addition to paying the Part B premium, you may have to pay a monthly plan premium.

Other Health Plans: Program of All-inclusive Care for the Elderly (PACE) Plans

To qualify, you must:



Be 55 or older



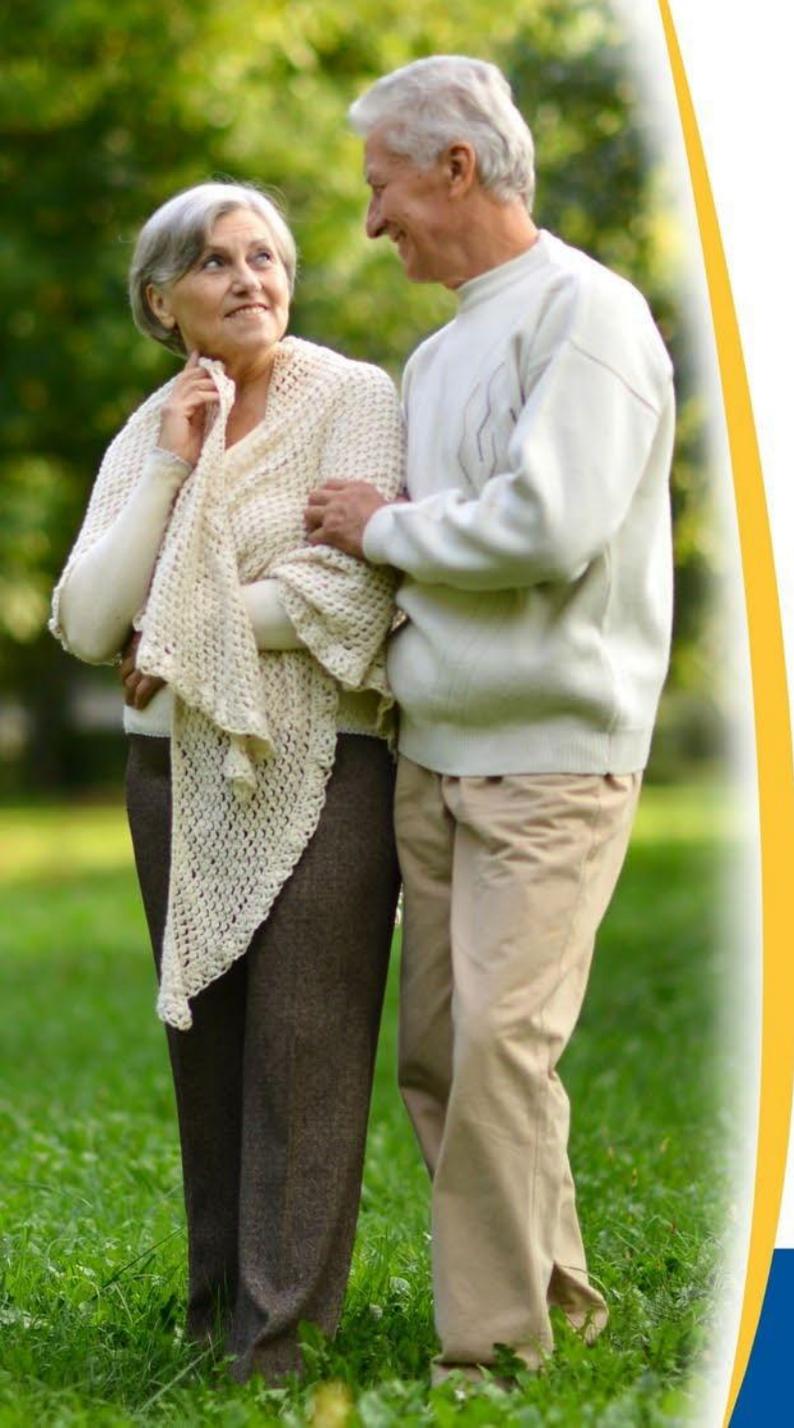
Live in the service area of a PACE organization



Need a nursing home-level of care (as certified by your state)



Be able to live safely in the community with the PACE services



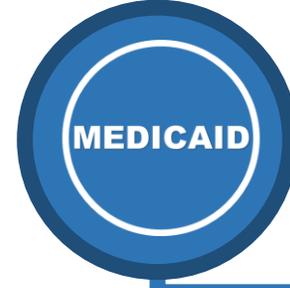
Lesson 6

Help for People with Limited Income & Resources

Help for People with Limited Income & Resources



Medicare Savings Programs



Medicaid



Extra Help



Children's Health Insurance Program (CHIP)

What's Extra Help?

- Program to help people pay for Medicare drug costs (Part D) (also called the low-income subsidy (LIS))
 - You pay no premiums or deductible, and small or no copayments
 - No coverage gap or Part D late enrollment penalty if you qualify for Extra Help
- ★ **NOTE:** If you qualify for Extra Help, a Special Enrollment Period (SEP) allows you to change your Medicare drug plan (also known as a PDP) once per quarter in the first 3 quarters of the year.

Qualifying for Extra Help

You automatically qualify for Extra Help if you get:

- Full Medicaid coverage
- Supplemental Security Income (SSI)
- Help from Medicaid paying your Medicare premiums (Medicare Savings Programs; sometimes called “partial dual”)

If you don't automatically qualify you must:

- Apply online at SSA.gov/medicare/part-d-extra-help and visit secure.ssa.gov/i1020/Ee001View.action for the “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)

Key Points to Remember



Medicare is a health insurance program



Medicare doesn't cover all your health care costs



You have choices in how you get coverage



Decisions affect the type of coverage you get



Certain decisions are time-sensitive



There are programs for people with limited income and resources

Medicare Resources

Centers for Medicare & Medicaid Services (CMS)	<ul style="list-style-type: none">▪ 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)▪ CMS.gov▪ Medicare.gov▪ Medicare.gov/providers-services/claims-appeals-complaints▪ Medicaid.gov
Social Security	<ul style="list-style-type: none">▪ 1-800-772-1213 (TTY: 1-800-325-0778)▪ SSA.gov
State Health Insurance Assistance Programs (SHIP)	<ul style="list-style-type: none">▪ shiphelp.org <div data-bbox="1268 791 1589 943"><p>SHIP State Health Insurance Assistance Program Navigating Medicare</p></div>
Children's Health Insurance Program	<ul style="list-style-type: none">▪ InsureKidsNow.gov