



2026

Medicare: Your next chapter

Understanding your Medicare options

Your 2026 guide to coverage options

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Here's what you need to know about Medicare

Medicare is the federal health insurance program for people 65 or older, and for people of any age with certain disabilities. But Medicare doesn't cover all your medical expenses — deductibles and cost-sharing payments apply. Plus there's no annual or lifetime limit on what you'll have to pay out of pocket. There are private Medicare health plans available that can help reduce your out-of-pocket costs.

Make a **new start** with Medicare.

You've lived through a lot of changes. Now you need to start to get ready for Medicare. You know that the key to facing any change is preparation. We've created this guide to explain how Medicare works so you can make the right coverage decisions.



Talk with a consultant

Call **1 (800)-918-2512** (TTY: **711**) to speak with a Medicare expert who can evaluate your unique situation, and help you make the best coverage choice for you and your budget.



Attend a workshop

Visit **Medica.com/MedicareWorkshops** to find a workshop where you can learn everything you need to know about Medicare and our affordable plan options.



Get details online

Visit **Medica.com/Medicare** for valuable information and resources to help you make the best coverage decisions for you.

For accommodation of persons with special needs at meetings: **1 (800)-918-2512** (TTY: **711**)

The four "parts" of Medicare coverage



Part A: Hospital coverage

Medicare Part A helps you cover costs for inpatient hospital and skilled nursing facility stays, hospice, and home health care (see page 5).



Part B: Medical coverage

Medicare Part B helps you cover costs for visits to doctors and other providers, including outpatient care. It also covers physical and occupational therapy (see page 6).



Part C: Medicare Advantage plans

Medicare Part C lets you pick a private health plan to administer your Part A hospital coverage and Part B medical coverage on behalf of Medicare (see page 7).



Part D: Prescription drug coverage

Medicare Part D helps you cover prescription drug costs. It's provided through private plans under contract with Medicare (see page 8).



Part A:

Hospital coverage

Medicare Part A is coverage for inpatient hospital care. You don't pay a monthly premium for Medicare Part A if you or your spouse worked for at least 10 years and paid Medicare taxes.

Inpatient hospital care:

2026	YOU PAY
Days 1-60	Eligible care is covered in full after deductible of \$1,736 for each benefit period
Days 61-90	Coinsurance of \$434 per day of each benefit period
Days 91+	Coinsurance of \$868 per each "lifetime reserve" day (up to 60 reserve days can be used throughout your lifetime)

Types of hospital care that qualify for coverage:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health services

Skilled nursing facility care:

2026	YOU PAY
Days 1-20	\$0 for the first 20 days of each benefit period
Days 21-100	Coinsurance of \$217 per day of each benefit period
Days 101+	All costs for each day after day 100 in a benefit period



Part B: Medical coverage

Medicare Part B is coverage for your medical care. It primarily covers costs for visits to doctors and other providers. Generally, there's a monthly premium you pay to the federal government, usually deducted from your Social Security check. If you're not drawing Social Security, you'll be billed quarterly for your Part B premium.

Types of medical care that qualify for coverage:

- Doctor's services
- Diagnostic tests
- Medical supplies and services
- Outpatient services



2026	YOU PAY
Monthly premium	\$202.90
Annual deductible	\$283
Medica-approved expenses for eligible services and supplies	20% after deductible

If you don't enroll in Medicare Part B when you first become eligible, you may have to pay a late enrollment penalty for each year you delay enrollment.



Part C: Medicare Advantage plans

Original Medicare **or** Part C Medicare Advantage plans

There are two main ways to get your Medicare hospital and medical coverage. Call us at **1 (800) 918-2512** (TTY: **711**) and we'll help you decide which option below is right for you.

Option 1: Original Medicare

Original Medicare is Part A and Part B combined. This option doesn't include drug coverage, but you can enroll in a Part D plan for prescription coverage (see page 8).

You do need to pay your Medicare Part B premium.

Included:

Part A: Hospital coverage
Part B: Medical services

You can also add a private plan

You can add one of the private plans below to your Original Medicare coverage.

Medicare Cost plans cover costs Original Medicare doesn't cover and can provide extra benefits like prescription drugs, dental, vision, hearing, and more. You must live in the plan enrollment area.

Medicare Supplement (Medigap) plans supplement Original Medicare coverage by paying costs Medicare doesn't cover. These plans don't include prescription drug coverage.

Option 2: Medicare Advantage

Part C Medicare Advantage plans are all-in-one private plans that include hospital (Part A) and medical (Part B) coverage and usually drug coverage. They typically offer lower out-of-pocket costs compared to Original Medicare and extra benefits such as dental, vision, hearing, and more.

You do need to pay your Medicare Part B premium and may need to pay a premium to the private plan. You must live in the plan enrollment area.

Included:

Part A: Hospital coverage
Part B: Medical services

Most plans also include:

Part D prescription drug coverage
Extra benefits



Part D: Prescription drug plans

Private insurers under contract with Medicare offer Part D plans.

You're eligible if you:

- Are enrolled in Medicare Part A and/or Part B
- Are a permanent resident in the plan's service area

You have two options for Part D drug coverage:

Option 1:

"Combined coverage" plans offer Part D coverage in addition to hospital and medical coverage. Examples include Medicare Advantage and Medicare Cost plans.

Option 2:

"Standalone coverage" plans only offer Part D prescription drug coverage. You can pair these plans with Original Medicare alone or with some private health plans like Medicare Cost plans or Medicare Supplement (Medigap) plans.

Part D stages of coverage:

1. Annual deductible stage

Some plans have a Part D deductible you must pay before your plan begins to pay its share of your drug costs.

2. Initial coverage stage

You pay copay or coinsurance amounts set by your plan until your out-of-pocket costs reach \$2,100.

3. Catastrophic coverage stage

Your plan pays the full cost for your covered Part D drugs once you reach your \$2,100 annual out-of-pocket maximum.

If you choose not to enroll in Part D when first eligible, you may have to pay a monthly late enrollment fee if you enroll later. This higher premium will apply as long as you have Part D, and the longer you delay Part D enrollment, the greater the penalty.

How to choose the **right** plan

Don't want Original Medicare alone? These questions can help you understand your private plan options.

Do you want to keep your current doctors?

If the plan you're considering has a provider network, make sure the doctors you use are in the network.

Do you take prescription drugs?

When selecting a Part D plan, check to see if it covers your prescription drugs and what the copays are.

Would you rather have a low monthly premium or low cost-sharing for medical costs?

There's generally a tradeoff between the two. Higher premium plans usually have lower cost sharing (copays/coinsurance) and vice-versa.

Do you travel often or spend time each year in a different part of the U.S.?

If so, find out if the private plan you're considering provides travel and/or "snowbird" coverage.

Does the plan have a maximum out-of-pocket limit?

This is an important feature because it puts a cap on what you'll pay each year. Once you've reached this limit, the plan pays all covered medical expenses for the remainder of the year.

Does the maximum out-of-pocket limit change depending upon which doctors you see?

Always check the plan details. Some plans have different out-of-pocket maximums for in-network and out-of-network services.

Do you have a health condition that requires frequent doctor visits?

If so, make sure you're comfortable with the plan's copay or coinsurance amounts.

Will you need to have medical procedures done in the near future?

Figure out what your share of costs would be with the plan you're considering.

Do you use a health club?

If so, find out if the plan offers a free or reduced club membership and if there's a minimum visit requirement.



Eligibility and Enrollment: What you **need to know**

Who's **eligible** for Medicare?

Most people become eligible for Medicare at age 65. You don't have to be retired or collecting Social Security. You may also be eligible for Medicare before 65 if you're permanently disabled or if you've been diagnosed with End-Stage Renal Disease (ESRD).

Medicare **eligibility** requirements

- You must be a U.S. citizen or have been a permanent legal resident for at least five consecutive years.
- You must also meet one or more of the following:
 - You're age 65 or older
 - You receive retirement benefits from Social Security or the Railroad Retirement Board, or are eligible for them
 - You're any age and have a qualifying permanent disability
 - You require ongoing dialysis for ESRD or need a kidney transplant

Initial Enrollment Period (IEP)



You become eligible to sign up for Medicare during a seven-month period called the Initial Enrollment Period (IEP). For most people, this means the three months before you turn 65, the month you turn 65, and the three months after you turn 65.

If you're enrolling for the first time due to disability, your IEP timing is based on your disability date.

During IEP, you're eligible to enroll in Medicare Part A, Part B, and Part D. You can also enroll in private Medicare plans after you enroll in Parts A and B.

Want your coverage to start on the month of your 65th birthday? You'll need to enroll at least one month before your birthday month.

Medicare provides times when you can make changes to your coverage after your IEP.

Annual Open Enrollment Period:

October 15-December 7

During this time, you can make plan changes that will take effect on January 1 of the new plan year. All enrollment, disenrollment, or plan change options are available during this time. Here are specific examples:

- Change from Original Medicare to a Medicare Advantage plan
- Change from a Medicare Advantage plan back to Original Medicare
- Switch from a Cost plan with Part D to another Cost plan with Part D or an alternative private plan like Medicare Advantage
- Switch from one Medicare Advantage plan to another Medicare Advantage plan
- Switch from a Medicare Advantage plan that doesn't offer drug coverage to a Medicare Advantage plan that offers drug coverage, or vice-versa
- Switch from one Medicare Part D Prescription Drug plan to another

Medicare Advantage Open Enrollment Period:

January 1-March 31

If you're enrolled in a Medicare Advantage plan, you have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare (Part A and Part B)
- Sign up for a standalone Medicare Part D Prescription Drug plan (if you return to Original Medicare)

Special Enrollment Period:

During this time you're able to change your coverage outside of the annual open enrollment period or the Medicare Advantage open enrollment period **if you have a qualifying event**, which includes things like moving or your current plan ending.



Have enrollment questions? Call 1 (800) 918-2512 (TTY: 711)

What you need to know about **working** **past age 65**



First, talk with your benefits administrator to find out how your current health insurance works with Medicare. Then you can decide if it's a good idea to delay enrollment.

My employer has more than 20 employees:

If you're employed and have health coverage through an employer with 20 or more employees, you can probably delay enrollment and keep your employer plan. But you could consider enrolling in Part A since there's usually no premium and it can act as secondary coverage.

The same goes if you're covered under your spouse's employer-sponsored plan. As long as their employer has 20 or more employees, you can delay enrollment.

My employer has less than 20 employees:

If you're employed and have health coverage through an employer with less than 20 employees, you need to enroll in Medicare Part A and Part B. It'll become your primary insurance (see pages 5 - 6).

I have a Health Savings Account (HSA):

You're not allowed to contribute to an HSA if you enroll in Medicare even if your primary insurance is through your employer.

I have an individual market health plan:

You can continue with your individual market plan after age 65 but many people find that Medicare coverage is more affordable. And if you have a premium subsidy, your subsidy will end when you become eligible for premium-free Medicare Part A.

My current benefits have stopped, can I enroll in Medicare Part B?:

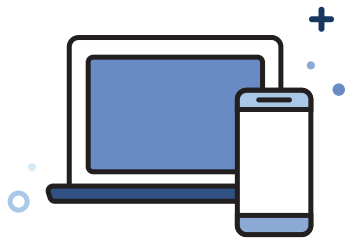
When you leave your job or your employer stops offering coverage you have an eight-month Special Enrollment Period (SEP). You can enroll starting the month after you separate from your employer or the month after your coverage ends, whichever happens first. Enrolling within those eight months eliminates any late penalty payments.



Do the math

If you're going to work past age 65, compare what you're paying for your current health plan vs. what you'd pay for Medicare. Also consider a private Medicare plan - some of them have a \$0 premium (depending on where you live).

Call **1 (800) 918-2512 (TTY: 711)** to speak with a Medicare expert about your unique situation. They'll help you make the best coverage decision.



Resources for limited incomes

What if I can't afford a private Medicare health plan?

People who qualify for both Medicare and Medicaid in their state may be eligible for a \$0 premium dual health plan that offers combined hospital, medical, and prescription drug coverage under Medicare Part C.

To be eligible for a dual health plan, you need to:

- Qualify for Medicaid / meet specific income criteria
- Have Medicare Parts A and B benefits
- Be at least 65 years old

What if I need extra help with my Part D prescription drug costs?

Extra Help is a program that can help you pay for Part D drug prescription costs like premiums, deductibles, and coinsurance.

You're eligible if you meet specific income and resource limits.

Some people are automatically eligible for Extra Help. You're automatically eligible if you have Medicare and any of the following:

- Have full Medicaid coverage
- Get help from your state Medicaid program covering your Part B premiums
- Get Supplemental Security Income (SSI) benefits



If you don't know if you're eligible, you can call and speak with one of our experts.

1 (800) 918-2512 (TTY: 711)

“Get ready for Medicare” checklist

Talk with your current employer or union benefits administrator

Find out if they offer group coverage to retirees that’s better and more affordable than an individual Medicare plan. Decide if you want to work past age 65 (see pages 12-13).

Enroll in Medicare (see page 10 for when to sign up)

If you're close to 65, but NOT getting Social Security or Railroad Retirement Board (RRB) benefits, you'll need to sign up for Medicare Part A and Part B. Apply online at ssa.gov/benefits/medicare. Or call Social Security at **1 (800) 772-1213** from 7 a.m.-7 p.m., Monday-Friday (**TTY: 1 (800) 325-0778**).

If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll be automatically enrolled in Part A and Part B starting the first day of the month you turn 65.

If you delayed enrollment past 65 you will need to provide additional forms so you don't have a Part B or Part D penalty.

Decide if you want to get your medical and hospital coverage through Original Medicare or a private Medicare Advantage plan

If you decide to get your Part A hospital and Part B medical coverage through Original Medicare, you can then decide if you want to enroll in a private Medicare plan that works with Original Medicare - like a Medicare Supplement (Medigap) plan or Medicare Cost plan and/or a stand-alone Part D drug plan.

If you want to get your hospital and medical coverage through a private Medicare Advantage plan, you will need to enroll in Part A and Part B first. Remember, many of these plans include Part D drug benefits along with medical and hospital coverage.



You're not just covered, you're cared for.®

Have questions? We're here to help.

1 (800) 918-2512 (TTY: 711)

Oct. 1 - March 31

8 a.m. - 8 p.m. CT, seven days a week

April 1 - Sept. 30

8 a.m. - 8 p.m. CT, Monday - Friday

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Follow us on social media with the handle **@Medica**.

Medica is a Cost, HMO-POS, PPO and PPO D-SNP plan with a Medicare contract. Enrollment in Medica depends on contract renewal.