SLIETER Solutions

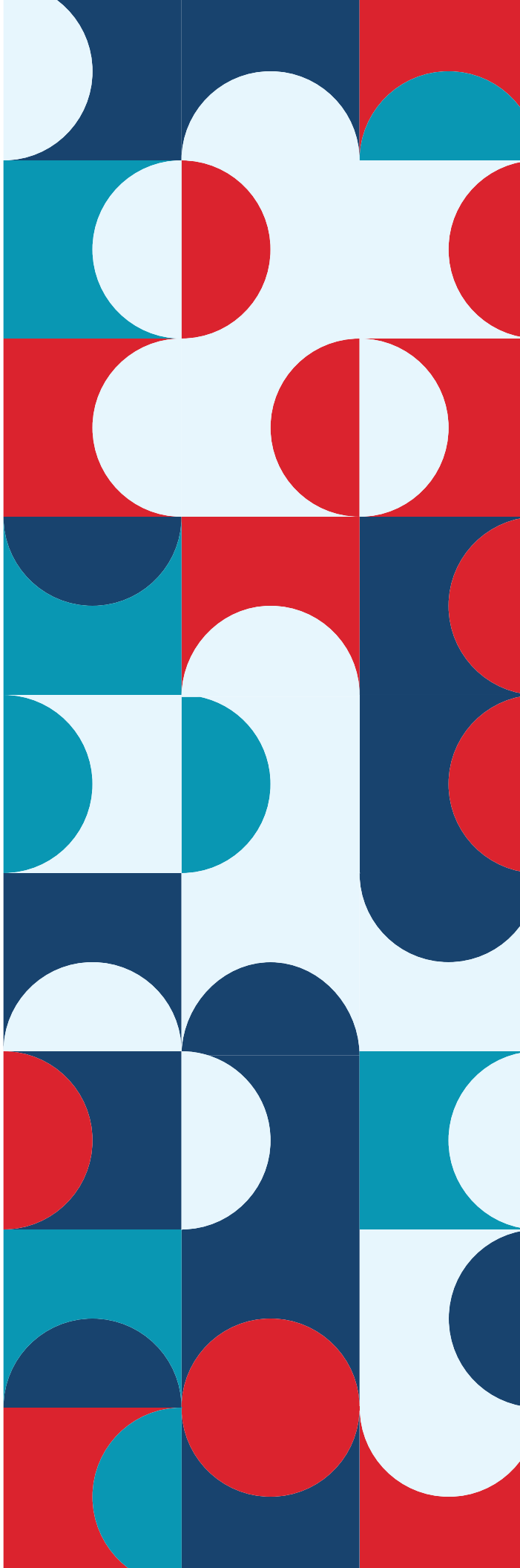
HOW CAN I HELP?

Welcome to Medicare

2026

Learn the Answers to These Questions & More!

- ✓ When and how do I enroll?
- ✓ What are all the parts of Medicare?
- ✓ What is Medicare Advantage versus Medicare Supplement?
- ✓ How do I find the right plan for my circumstances?



Medicare Eligibility & Enrollment

Who Is Eligible?

- Medicare eligibility typically begins the first day of the month in which you turn 65 years old. One exception: If you were born on the first day of a month, you will actually become eligible for Medicare on the first day of the prior month.
- If you've received Social Security disability benefits for at least 24 months, you'll become eligible for Medicare automatically. If you have ALS (Lou Gehrig's disease) you'll become eligible automatically as soon as you start receiving disability benefits.
- You must also be a U.S. citizen or permanent resident.

Do I Need to Sign Up for Medicare Parts A & B?

- **I have no current coverage or am currently covered by an Individual Health Plan:** Yes, it is often your best option to enroll in both Medicare Parts A and B when first eligible. Anyone currently receiving premium tax credits through HealthCare.gov will lose their subsidy when first eligible for Medicare. You will need to end your current individual coverage on the date that your Medicare coverage will begin.
- **I'm covered by a Retiree Group Health Plan, or RGHP:** Typically, most RGHPs will require you to sign up for both Medicare Parts A and B. However, you will need to compare the cost and benefits offered to determine if the RGHP option will be right for you when compared to buying private coverage options.
- **I'm covered by an Employer Group Health Plan, or EGHP, (19 or fewer employees):** Yes, you will need to enroll in both Medicare Parts A and B as soon as you are eligible. For smaller companies, Medicare is the primary payer and your EGHP will become your secondary coverage. Group plans can refuse to pay claims if you fail to enroll in Original Medicare.
- **I'm covered by an EGHP (20 or more employees):** Typically, if you are still working and covered by an EGHP, it is okay to enroll in Medicare Part A, since it doesn't cost you anything. However, you will not need to enroll in Medicare Part B. When you are ready to leave your employer and their EGHP, you can then sign up for Medicare Part B with no late enrollment penalty.

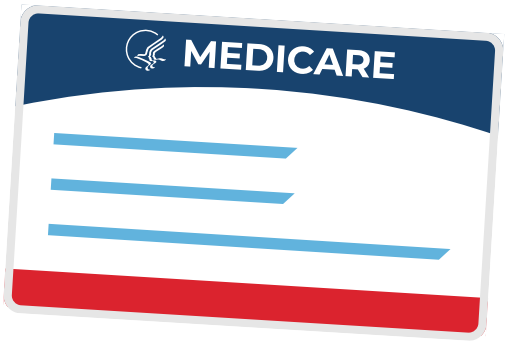
If you are on a group plan through your employer, you will need to enroll in Medicare before that coverage ends. If you wait to enroll in Part B, you are allowed to enroll during a Special Enrollment Period. You can sign up for Part B during the 8-month period that begins the month after the employer plan coverage ends, or when the employment ends, whichever is first.

It may be to your advantage to enroll in Medicare Parts A and B when you are first eligible. However, if you are still working you should compare the costs to determine if you should delay Part B enrollment or not.

Here's what to look at when comparing: premiums, deductibles, copays, coinsurance, out-of-pocket maximums, and other features to Medicare options.

When Do I Need to Enroll?

- **If you already receive benefits from Social Security:**
  You will automatically be enrolled in Medicare Parts A and B (Original Medicare). Your Original Medicare card will be mailed to you about three months ahead of the month in which you will be eligible.
- **If you do NOT receive benefits from Social Security:**
  You are **not** automatically enrolled, so you will need to take steps to properly enroll yourself in Medicare. This is typically done in the three-month period before the month you turn 65. By enrolling during this three-month period, your Medicare coverage will begin on time – the 1st of the month you turn 65. If you don't enroll during this three-month period, you will have a delayed start date for your coverage.



When Will My Coverage Begin?

If Enrolling Within 3 Months Before You Turn 65	The Month of Your 65th Birthday	If Enrolling Within 3 Months After Turning 65
Medicare coverage will begin the first day of the month in which you turn 65	Medicare will begin the first of the next month	Medicare coverage will begin the first day of the month following the month in which you enroll

How Do I Enroll In Medicare?

Medicare enrollment is handled by the Social Security Administration. There are two options for your initial enrollment in Medicare:

1. ENROLL ONLINE at **www.ssa.gov/medicare/sign-up**

Carefully select the appropriate option for you between "Sign up for Medicare" (Parts A and B) or "Sign up for Part B only." Note: You'll need to register and create an online account if you do not already have one.

2. VISIT IN-PERSON OR CALL YOUR LOCAL SOCIAL SECURITY OFFICE

To find an SSA office near you, go to **www.bit.ly/ssa-offices** or scan the QR code to the left.

After enrolling, your Medicare card should arrive within 3 weeks.

Medicare Parts A & B (Original Medicare)

What Are the 2026 Premiums?

- **Part A:** Medicare Part A does not have a premium ($0).
- **Part B:** In 2026, the premium you pay for Medicare Part B will be **$202.90 per month.**
- High income earners may pay an additional surcharge, called IRMAA (Income Related Monthly Adjustment Amount). See the chart below for details.
  - **Part B IRMAA:** An extra surcharge added to the Medicare Part B premium.
  - **Part D IRMAA:** Another extra surcharge high income earners also pay (separate from the Part B IRMAA) which may give you the right to enroll in a drug plan.

Your income level is determined by your tax return from two years ago (2024). If your income has changed significantly since, you can file an appeal with your local Social Security office. Fill out and mail form SSA-44 (**www.bit.ly/form-ssa-44**).

Individual Tax Return	Married & Joint Tax Return	Married & Separate Tax Return	Part B IRMAA +	Part D IRMAA +	Part B Premium =	Monthly Total
$109,000 or less	$218,000 or less	$109,000 or less	$0.00	$0.00	$202.90	$202.90
$109,001 – $137,000	$218,001 – $274,000	N/A	$81.20	$14.50		$298.60
$137,001 – $171,000	$274,001 – $342,000	N/A	$202.90	$37.50		$443.30
$171,001 – $205,000	$342,001 – $410,000	N/A	$324.60	$60.40		$587.90
$205,001 – $499,999	$410,001 – $749,999	$109,001 – $390,999	$446.30	$83.30		$732.50
$500,000 or more	$750,000 or more	$391,000 or more	$487.00	$91.00		$780.90

For more information, such as premiums for high-income beneficiaries who only have immunosuppressive drug coverage under Part B, go to **www.bit.ly/medicare-chart.**

Low-Income Subsidy (LIS): The Extra Help Program

The Extra Help Program helps those with limited income and resources pay drug costs. If you think you may be eligible, please contact Social Security to apply.

- **Income limits (based on 2025 income, at 150% FPL):** $1,976/mo (individual) and $2,664/mo (married). Amounts expected to increase slightly by February 2026.*
- **Resource limits (for 2026):** $16,590 (individual) and $33,100 (married). If using some resources for burial expenses, the limits are $18,090 (individual) and $36,100 (married).**
- **Your costs:** $0 premium and $0 deductible. You may pay up to $5.10 per generic drug and $12.65 per brand-name drug until the total covered drug costs reach $2,100.** Once total covered drug costs (including payments on your behalf) reach this threshold, you'll pay $0 for each covered drug.

Part B Premium & Social Security Check Deductions

If you receive Social Security benefits, the Part B premium will be deducted from your monthly check (even for high income earners with an IRMAA surcharge). If you don't receive Social Security benefits, you'll be billed directly by Medicare on a quarterly basis.

*www.bit.ly/lis-incomelimits **www.bit.ly/cy26-costsharing

Original Medicare Costs

For all costs associated with Original Medicare, go online to **www.bit.ly/medicare-costs**

Part A (Hospital Insurance) Costs

- **Deductible:** $1,736 for each inpatient hospital benefit period before Original Medicare starts to pay.
- **Inpatient Stay:**
  - **Days 1-60 of benefit period:** $0 after you pay your Part A deductible of $1,736.
  - **Days 61-90:** $434 copay each day.
  - **Days 91-150:** $868 copay each day while using your 60 lifetime reserve days. For each reserve day, Medicare pays covered costs minus a daily coinsurance.
  - **After day 150:** You pay all costs.
- **Skilled Nursing Facility Stay:**
  - **Days 1-20 of benefit period:** $0.
  - **Days 21-100:** $217 copay each day.
  - **After day 101:** You pay all costs.

Part B (Medical Insurance) Costs

- **Annual Deductible:** $283 before Original Medicare starts to pay.
- **General Costs for Services (Coinsurance):** Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible.
- If your doctor does not accept the Medicare-approved amount as full payment, you may be charged up to 15% beyond what Medicare pays, known as an "excess charge."

Primary Concerns with Original Medicare

- **May lead to high out-of-pocket costs with no set limit on those expenses.**
- **Does not include coverage for prescription drugs or routine dental and vision services, meaning you would need to purchase additional plans for this coverage.**

Potential Mistakes to Avoid with Medicare

- **Late Enrollment Penalties:** If you don't sign up for Part B when first eligible and don't have other qualifying coverage, your monthly premium may increase 10% for each 12-month period without Part B.* This penalty is usually lifelong. Likewise, if you don't enroll in Part D when first eligible or go 63+ days without creditable drug coverage, you may pay an extra 1% of the base premium for each full month without.**
- **COBRA** is not usually considered creditable coverage for Medicare. If you don't enroll in Part B within 8 months of turning 65, you may face lifelong financial penalties, even if you have COBRA coverage remaining or identical benefits to your former employer-sponsored plan.
- If you're not yet 65 but coming close, lookout for important mail from insurance companies, Social Security, and Medicare. Your mailbox will be inundated, but be sure not to accidentally toss out any official documents or communications.
- **Do not give out your Medicare or Social Security ID numbers to anyone other than your trusted insurance agent. Be wary of scam callers and thieves.**

*www.bit.ly/part-b-penalty **www.bit.ly/part-d-penalty

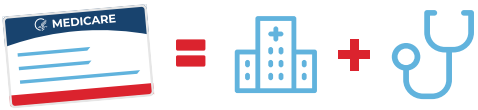
How Do I Want to Receive My Medicare Coverage?

Typically, there are two ways you can receive your coverage, explained below. Regardless of what option you choose, you must continue to pay your Medicare Part B premium plus any applicable IRMAA payments. See page 3 for those amounts.

OPTION 1

Original Medicare

Medicare Parts A & B



Original Medicare = **Part A** (Hospital) + **Part B** (Medical)

WITH

Medicare Supplement

Medigap Insurance or Med Supp

WITH

Medicare Part D

Prescription Drug Plan (PDP)

Fill in the gaps of your Medicare Parts A & B coverage with a Medicare Supplement Plan and a stand-alone prescription drug plan.

OPTION 2

Medicare Advantage

Medicare Part C or MA Plan

=

Part A (Hospital) + **Part B** (Medical) + **Part D** (Drugs)

Original Medicare

Medicare Advantage Plans combine Medicare Parts A & B (Original Medicare) with or without Medicare Part D (prescription drug coverage).

Some Medicare Advantage Plans may also include coverage for other services.

REMEMBER:

Those enrolled in a Medicare Advantage plan (Option 2) must remain enrolled in Medicare Parts A & B and continue to pay for Medicare Part B and any applicable IRMAA payments.

Buying Tips & Important Info About...

Medicare Supplement (Medigap Insurance or Med Supp)

- Medicare Supplement premiums can vary based on your age, gender, and tobacco usage. Rates also increase as you get older, usually. Make sure to buy from a reputable carrier that has a good renewal rate history.
- Medicare Supplement Plan G is the most popular type of Medicare Supplement Plan. Plan G pays 100% of your out-of-pocket medical expenses after you pay the Part B annual deductible. Compare different plans at **www.bit.ly/compare-medigap.**
- Medicare Supplement Plans are guaranteed issue when you first enroll in Medicare. However, if you later wish to change plans or buy from another insurance carrier, you may be subject to medical underwriting, unless you have a qualifying event.

Medicare Advantage (Medicare Part C or MA Plan)

- Medicare Advantage Plan offerings can vary by county and state.
- Make sure you understand the provider network for the plan (HMO versus PPO) and how your prescription drugs may be covered by the plan.
- Many plans may offer extra benefits, such as transportation to health-related services, fitness memberships, over-the-counter medications, meal delivery programs, and dental, vision, and hearing coverage.
- Rates are NOT based on your age, gender, or tobacco usage.
- You are allowed to change plans every year during the Medicare Annual Enrollment Period (AEP) from October 15th through December 7th or during a Special Enrollment Period (SEP). See page 8 for more details on SEPs.

Medicare Part D (Prescription Drug Coverage or PDP)

The following page details more about Medicare Part D.

- Part D coverage may be purchased as a stand-alone plan (Option 1) or included with Medicare Advantage Plans (Option 2). See both options on the previous page.
- Those opting not to enroll in Medicare Part D prescription drug coverage may be subject to a late enrollment penalty.
- Low income earners may qualify for reduced drug plan premiums and costs through the Extra Help program offered by Medicare. Contact your local Social Security office or go online to **www.bit.ly/rx-help** for more details.
- What prescription drugs are covered and how they are covered can vary between plans. Always review how your drugs are covered prior to enrolling in any plan.
- Many prescription drug plans offer savings by utilizing “preferred pharmacies.” Preferred pharmacies can vary between plan options.
- You are allowed to change drug plans every year during the Medicare AEP.

Not all plans offer all these benefits. Availability of benefits and plans varies by carrier and location. Deductibles, copays, and coinsurance may apply.

Medicare Part D Prescription Drug Costs

Medicare Part D covers most out-patient prescription drugs. Part D is offered through private companies either as a stand-alone plan for those enrolled in Original Medicare, or as a set of benefits included with your Medicare Advantage Plan.

There are four stages set to occur during the plan year. Please refer to your plan benefits for the deductible, coinsurance, and copay amounts specific to your insurance plan.

$615

DEDUCTIBLE STAGE

You're responsible for 100% of your prescription drug costs until your deductible is met.

Some plans may or may not have a deductible, or the deductible may not apply to certain low-cost or generic drugs. The max deductible is $615, however.

$2,100

INITIAL COVERAGE

You pay up to 25% of coinsurance for prescriptions covered in your plan's formulary.

You generally stay in this stage until you meet your out-of-pocket costs of $2,100. If your plan has a deductible, it contributes to reaching this amount.

$0

CATASTROPHIC COVERAGE

This stage begins when your out-of-pocket drug costs reach $2,100.

During this stage, you pay nothing for covered prescriptions.

You will stay in this stage until the end of the calendar year.

PLAN YEAR RESTARTS

No matter what, everything resets on January 1st, and you return to the deductible stage at the beginning of the next year.

PLEASE NOTE:

There is no Coverage Gap (or Donut Hole) for 2026.

Medicare Prescription Payment Plan ("M3P")

Introduced in 2025, M3P helps Medicare beneficiaries pay for prescription drugs in monthly installments. Enrollment in the payment plan is through one's drug plan.

The program works with one's current drug coverage to stretch out the out-of-pocket costs throughout the year to better predict prescription drug costs. This may be particularly helpful to those with high cost sharing early in the plan year. Please note, M3P is not a loan or line of credit, and plans will not charge interest or late fees.

Facts About Medicare Part D Coverage

- All Medicare Part D prescription drug plans cap the copay for a 30-day supply of **insulin** at $35, regardless of which coverage phase you are in.
- Medicare imposes a **late enrollment penalty, or LEP,** on anyone that does not enroll in some type of creditable drug coverage once you are first eligible for Medicare.
- It's important to note that drug costs can change throughout the year, so always be aware of how much you're spending, even if prescriptions automatically refill.

*www.bit.ly/part-d-costs

Medicare Enrollment Periods Explained

Annual Enrollment Period (AEP)

- The Annual Enrollment Period (AEP) is October 15th through December 7th each year.
- This is the time period where you can change your Medicare Advantage plan or your Medicare Part D Prescription Drug Plan if you wish.
- Plan changes made during this period will take effect on January 1st of the next year.

Open Enrollment Period (OEP)

- The Open Enrollment Period (OEP) is January 1st through March 31st each year.
- This is another opportunity for Medicare Advantage Plan members to make a plan change. During this time, Medicare Advantage-eligible beneficiaries will be able to change their MA Plan, or they may choose Original Medicare and find prescription drug coverage with a Medicare Part D Plan.
- Plan changes made during this period take effect on the first of the month following submission of a new application.

Special Enrollment Periods (SEPs)

- Special Enrollment Periods (SEPs) are special qualifying events that can occur throughout the year which allow you to enroll in or change your Medicare Advantage Plan or Medicare Part D Prescription Drug Plan.
- Qualifying events can include, but are not limited to: moving to a new area, losing employer group coverage, or moving into a skilled nursing facility.
- For dually eligible and other Part D low-income subsidy enrollees, there is a monthly SEP to enroll in a stand-alone prescription drug plan (PDP) and a monthly integrated-care SEP to enroll into an integrated D-SNP plan.

Key Medicare Terms to Remember

- **Coinsurance:** The percentage you pay for particular covered services. Your insurance coverage will pay the other portion of the amount due.
- **Copay:** A fixed cost you pay for particular covered services. Your insurance coverage will pay any amount due after your copay amount.
- **Deductible:** This is the amount you must pay for healthcare services or prescriptions before your insurance plan provider begins to pay in full.
- **Formulary:** A list of prescription drugs covered by a specific Part D plan. Each plan has its own list, usually organized into tiers with a defined out-of-pocket cost.
- **IRMAA, or Income Related Monthly Adjusted Amount:** The surcharge that higher income earners pay for receiving Parts B and/or D coverage, on top of their premiums.
- **Maximum Out-of-Pocket Costs (MOOP):** The total amount of out-of-pocket costs, which are capped, for covered services in a plan year under Medicare Advantage Plans and private health insurance.
- **Premiums:** The cost you pay for coverage, usually billed on a monthly basis.
- **True Out-of-Pocket Costs (TrOOP):** The total amount of out-of-pocket costs in a plan year for covered prescription drugs, which are specific to Medicare Part D. This includes the deductible and any copayments and coinsurance paid in the plan year.

My Physicians & Hospitals List

Your Name: _____ Phone: _____

Start Date for Part A: ____ / ____ / ____ Start Date for Part B: ____ / ____ / ____

Email: _____ ZIP: _____ County: _____

Notes: _____

Primary Care Physician

Primary Care Physician/Practice: _____

Address: _____

Specialists

Specialist/Practice: _____

Address: _____

Specialist/Practice: _____

Address: _____

Specialist/Practice: _____

Address: _____

Other

Eye Doctor(s): _____

Address: _____

Dentist(s): _____

Address: _____

Mental Health Professional(s): _____

Address: _____

I understand that this agency may contact me regarding Medicare Health Plans including Medicare Supplement, Medicare Advantage, and Part D Plans.

My Prescription Drug List

Please print the entire prescription drug name as printed on the bottle.
If the drug is generic, please print the entire generic name.

	Drug Name *As Printed on the Bottle*	**Dosage Amount & Type**	**Pill Amount Per Day**	**Pill Amount Per Month**
E.g.	*Atorvastatin Calcium*	*20 Mg – Tablet*	*1*	*30*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Preferred Pharmacy

Store Name & Address: _____

Are you open to an alternative? **YES • NO**

Would you consider using a mail order prescription program to save money? **YES • NO**

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HOW CAN I HELP?

Calling the number above will direct you to a licensed sales agent.
For individuals in need of hearing or speech support, please dial 771 (TTY) after the agent's number.

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