MEDICARE EDUCATIONAL SESSION PLAN YEAR 2026

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TOP MEDICARE QUESTIONS

- Who is eligible for Medicare?
- I am working past 65, what should I do?
- What are my coverage options?
- When can I enroll?
- What are my next steps?
- Where can I find more information?

DO YOU QUALIFY FOR A MEDICARE PLAN?

- You are 65 or older
- You or your spouse has worked long enough to be eligible (at least 10 years)
- You are a permanent legal resident
- You have ALS/Lou Gehrig's Disease or ESRD
- You have been on Social Security Disability for at least 2 years.

HOW MEDICARE WORKS (COVERAGE)

Part A: Hospital Insurance

Part B: Doctors & Outpatient

Original Medicare

Part C: Medicare Advantage Plans

Part D: Prescription Drug Coverage

Part E: Medicare Supplements

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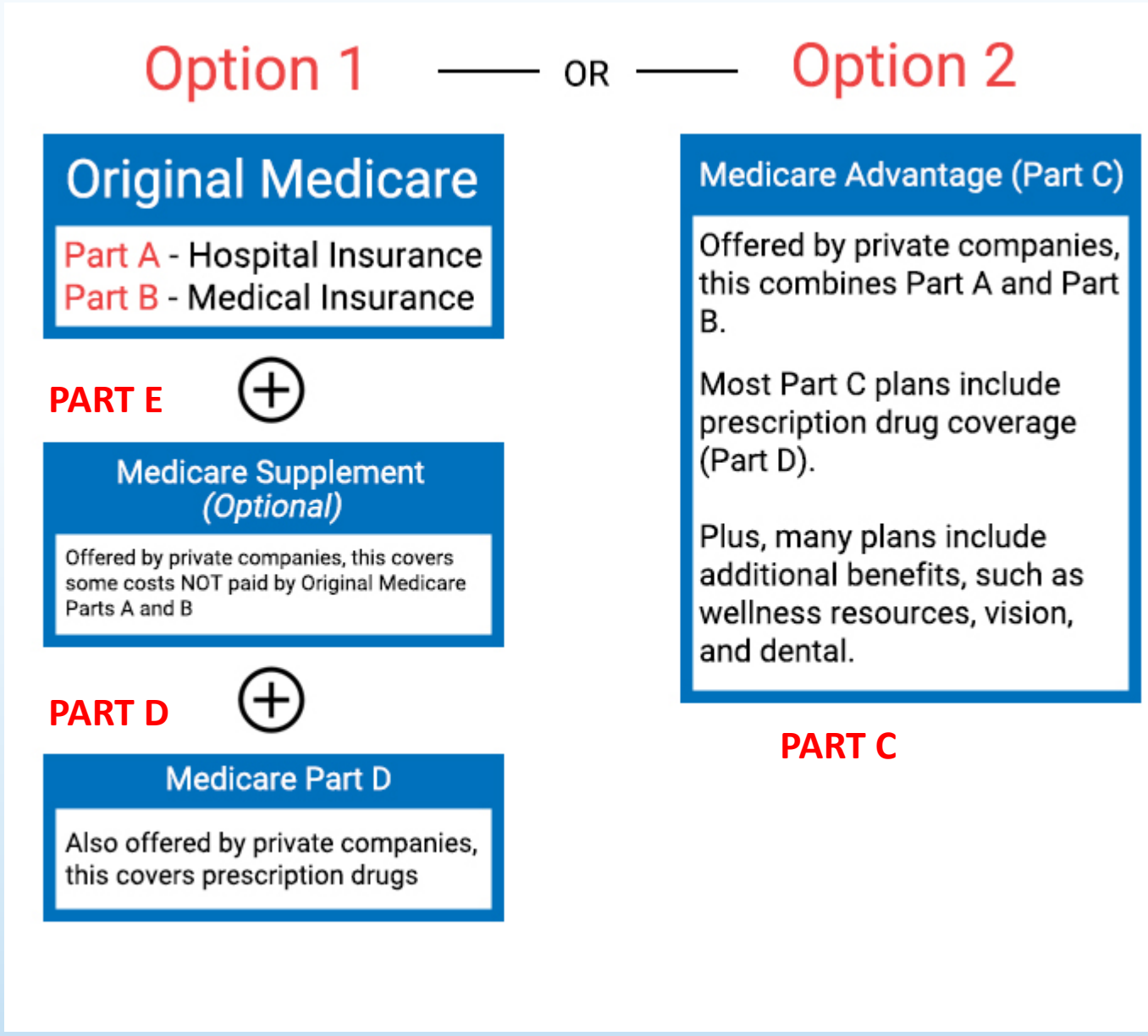
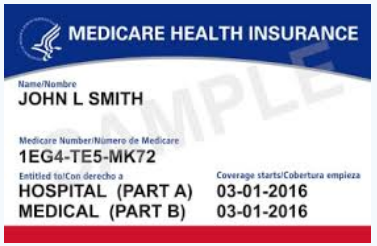

Option 1
OR
Option 2
Original Medicare
Part A - Hospital Insurance
Part B - Medical Insurance
PART E
Medicare Supplement
(Optional)
Offered by private companies, this covers some costs NOT paid by Original Medicare Parts A and B
PART D
Medicare Part D
Also offered by private companies, this covers prescription drugs
Medicare Advantage (Part C)
Offered by private companies, this combines Part A and Part B.
Most Part C plans include prescription drug coverage (Part D).
Plus, many plans include additional benefits, such as wellness resources, vision, and dental.
PART C

OPTION 1

PART A - HOSPITAL



- Premium – Free to most people as long as they paid Medicare taxes while working (at least 10 years)
- Covers expenses such as inpatient hospital facility charges, skilled nursing, hospice, and home health care
- Cannot be denied Part A due to medical history or a pre-existing conditions
- $1,700 (2026) per stay deductible and no maximum out-of-pocket – up from $1,676 in 2025
- Limited to 90-days per year, plus 60 lifetime
- Per day copay days 61-90 is $429 (2026) up from $419 (2025)
- Hospital care outside the U.S. isn't usually covered

80% of costs covered

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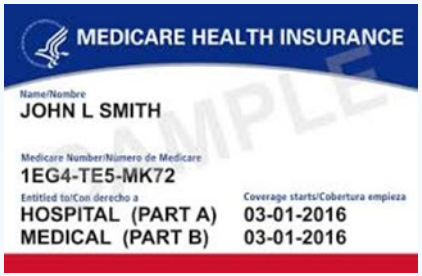
PART B – DOCTORS, ETC.



- Premium applies - $206.50 (Projected for 2026) – currently $185.00
- Additional premium may apply based on income (IRMAA)
- May have a higher premium if you miss initial enrollment period-10% lifetime penalty may apply
- $288 annual deductible and 20% coinsurance ($257 in 2025)
- Covers expenses such as doctor services, outpatient services, durable medical equipment and some preventive care
- No maximum out-of-pocket limit
- You can get care throughout the U.S., but generally not outside the country

80% of costs covered

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PART B—PREMIUM INCOME CHART

2026 Premium Chart Not Yet Available

2026 Standard Premium Projected $206.50

Medicare 2025 Part B Premiums by Income

If your filing status and yearly income in **2023** was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	(In 2025) Each month you pay
$106k or less	$212k or less	$106k or less	$185.00
Above $106k up to $133k	Above $212k up to $266k	N/A	$259.00
Above $133k up to $167k	Above $266k up to $334k	N/A	$370.00
Above $167k up to $200k	Above $334k up to $400k	N/A	$480.90
Above $200k & Less than $500k	Above $400k & Less than $750k	Above $106k & Less than $394k	$591.90
$500k or above	$750k and above	$394k and above	$628.90

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PART E
MEDICARE SUPPLEMENT PLANS

- Supplement Plans (Medigap) are health insurance options designed to supplement some or all Original Medicare out-of-pocket costs.
- You must be enrolled in Original Medicare Part A & Part B to enroll in a supplement plan.
- Plans are named by letters - A thru N.
- Offered by private insurance companies & premiums vary by company and state in which you live.
- Premiums and deductibles vary by plan design and insurance company underwriting.
- Some expenses covered: coinsurance and hospital costs, skilled nursing coinsurance, deductibles, copayments, blood transfusions, foreign travel medical costs, annual well exams.

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PART E (cont.)
MEDICARE SUPPLEMENT PLANS

- In NYS, all Medicare beneficiaries are eligible for continuous open enrollment for Medicare Supplement plans (does not apply to Prescription Drug Plans). This is not true in all states.
  - Must offer you a policy at any time, no matter your age or health status
  - Cannot deny you coverage or charge you more because of your health status
  - Open to people with Medicare under age 65 as well as those over age 65
- Medicare Supplement plans in NYS are community rated - not age-rated meaning your premiums vary depending on where you live in NY and are NOT affected by your age or health status.

Helps cover 20% of remaining costs

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PART D— PRESCRIPTION DRUG PLANS

- Helps cover prescription drug cost not covered by Original Medicare
- Enrollees must enroll in Part A and/or Part B to enroll in Part D
- Part D Prescription Drug plans are sold by private insurance companies with monthly premiums
- Insurance company formularies apply
- Monthly premiums will vary by company and plan design
- Deductibles may or may not apply depending on plan design – 2026 max deductible increases to $615 – up from $590 in 2025
- Penalties apply for late enrollment – cannot go without creditable drug coverage for more than 63 consecutive days

Medicare Part D 5-Tier Plans

- Tier 1 — Preferred Generic
- Tier 2 — Generic
- Tier 3 — Preferred Brand
- Tier 4 — Non-Preferred Drug
- Tier 5 — Specialty Tier

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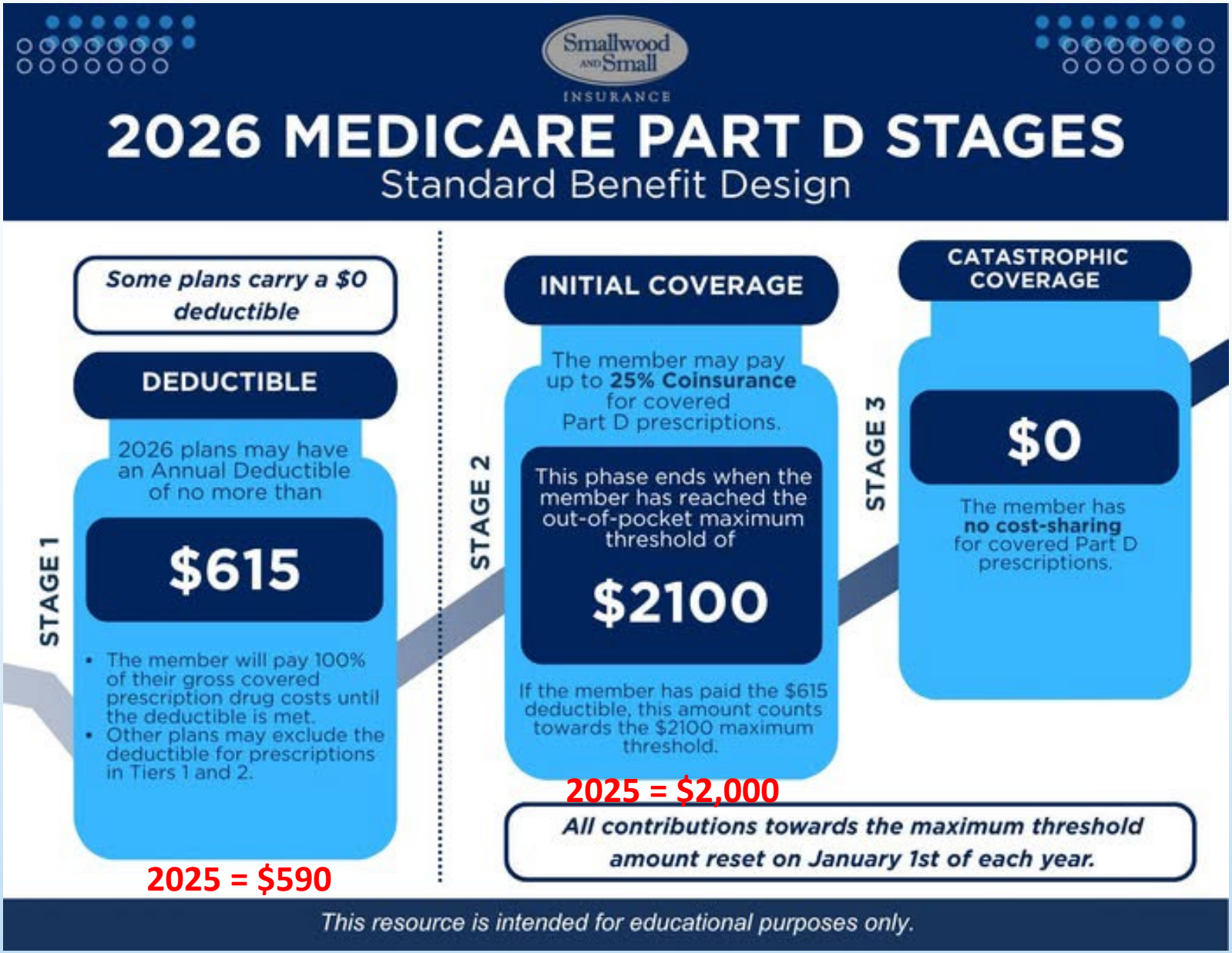
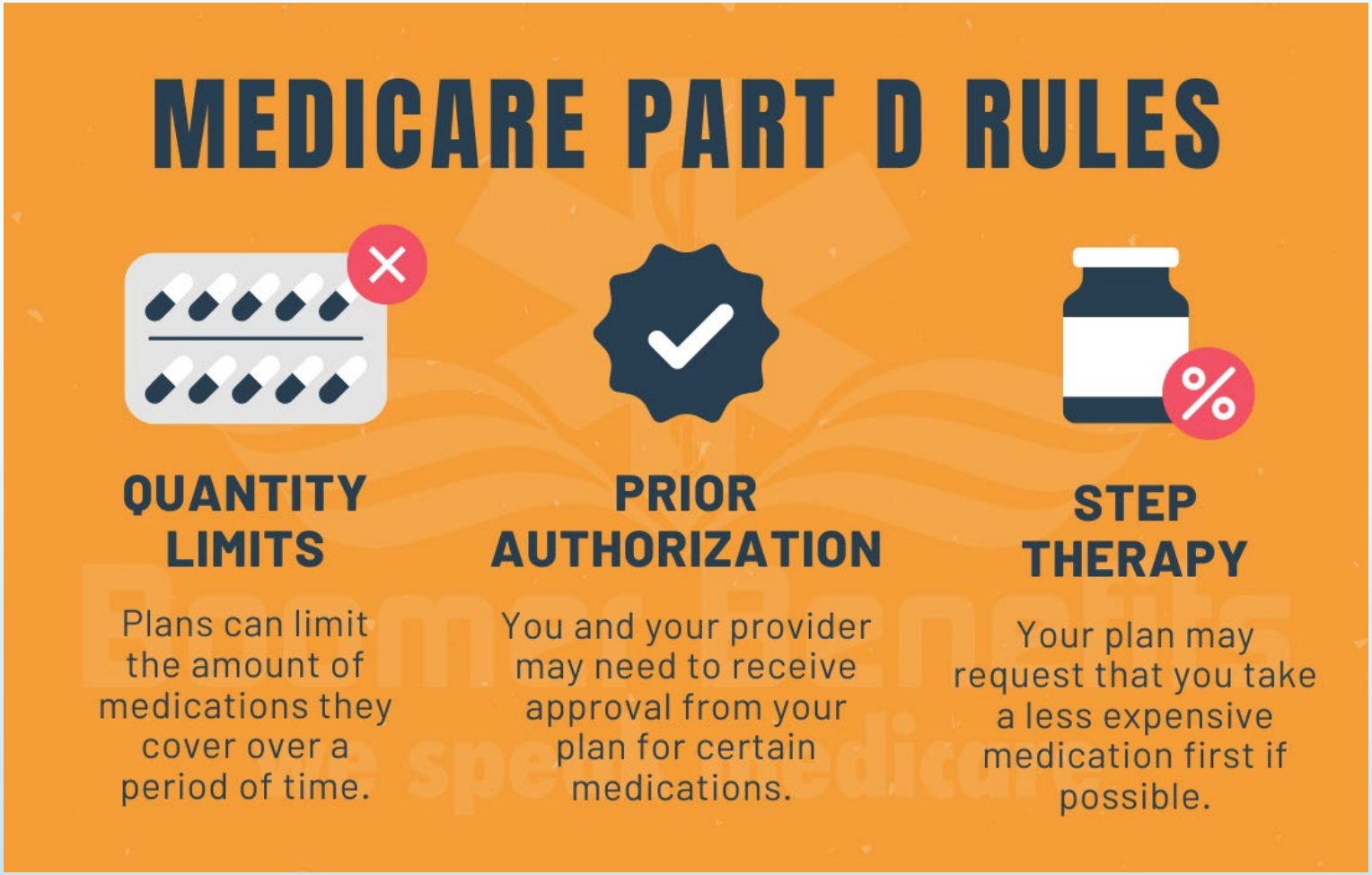
MEDICARE PART D – 2026



PART D: PRESCRIPTION PLANS



PART D
PREMIUM IRMAA CHART 2025

2026 Premium Chart Not Yet Available

Medicare 2025 Part D Premiums by Income
If your filing status and yearly income in **2023** was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	(In 2025) Each month you pay
$106k or less	$212k or less	$106k or less	Your plan premium
Above $106k up to $133k	Above $212k up to $266k	N/A	$13.70 + your plan premium
Above $133k up to $167k	Above $266k up to $334k	N/A	$35.30 + your plan premium
Above $167k up to $200k	Above $334k up to $400k	N/A	$57.00 + your plan premium
Above $200k & Less than $500k	Above $400k & Less than $750k	Above $106k & Less than $394k	$78.60 + your plan premium
$500k or above	$750k and above	$394k and above	$85.80 + your plan premium

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OPTION 2

PART C—MEDICARE ADVANTAGE PLANS

- Medicare approved plans from a private insurance company that offer an alternative to Original Medicare for health and drug coverage
- Enrollees still must enroll in Original Medicare Part A & B and pay Part B premiums
- Medicare Advantage plans may have monthly premiums, deductibles, coinsurance, and copays. Some plans have no monthly premiums.
- Includes everything that Original Medicare covers and may add benefits like vision, hearing, dental, wellness, fitness and more
- Most plans also include drug coverage (Part D)
- Enrollees must live in plan service area, except for emergencies
- Provider network coverage options; HMO, POS, PPO

PART C:
MEDICARE ADVANTAGE PLANS

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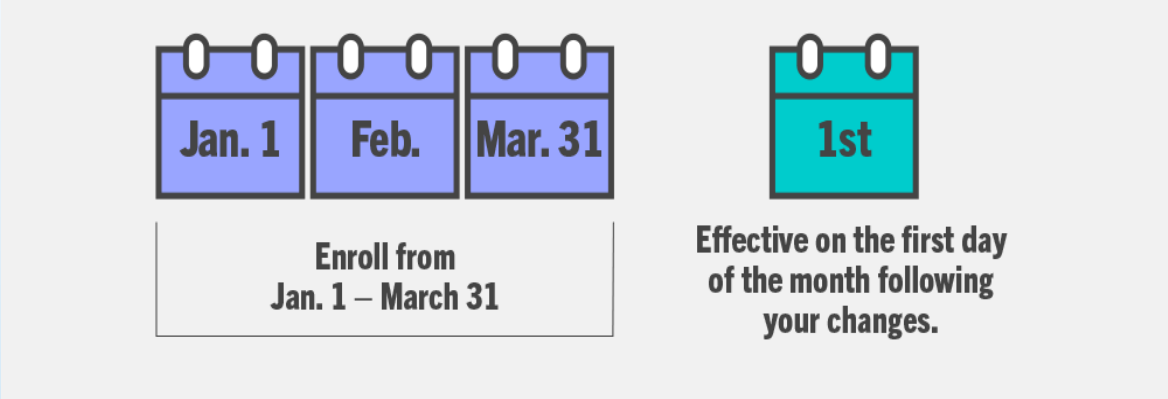
WHEN CAN YOU ENROLL?

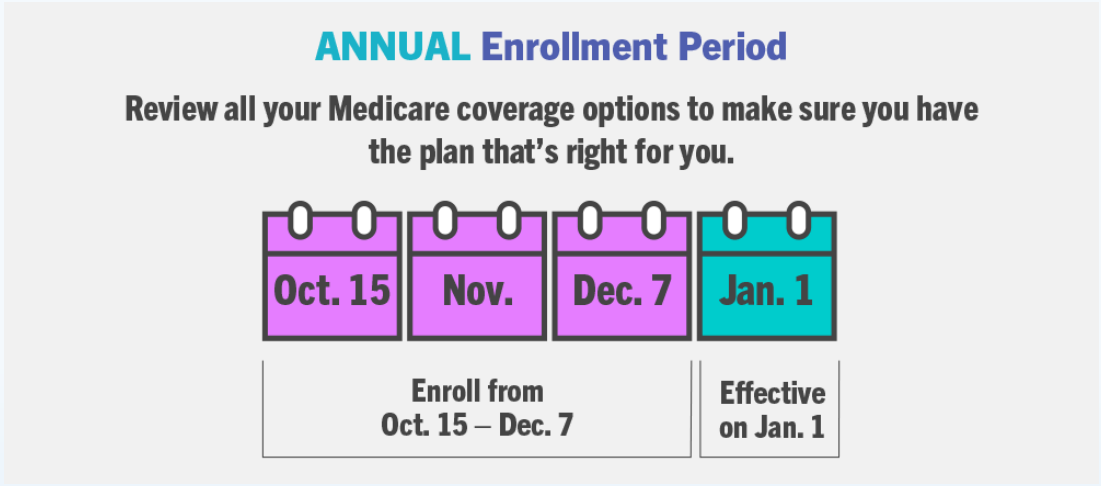
- **Enrollment is automatic if you are already receiving Social Security Benefits**
- **If not receiving Social Security, then you must initiate enrollment**

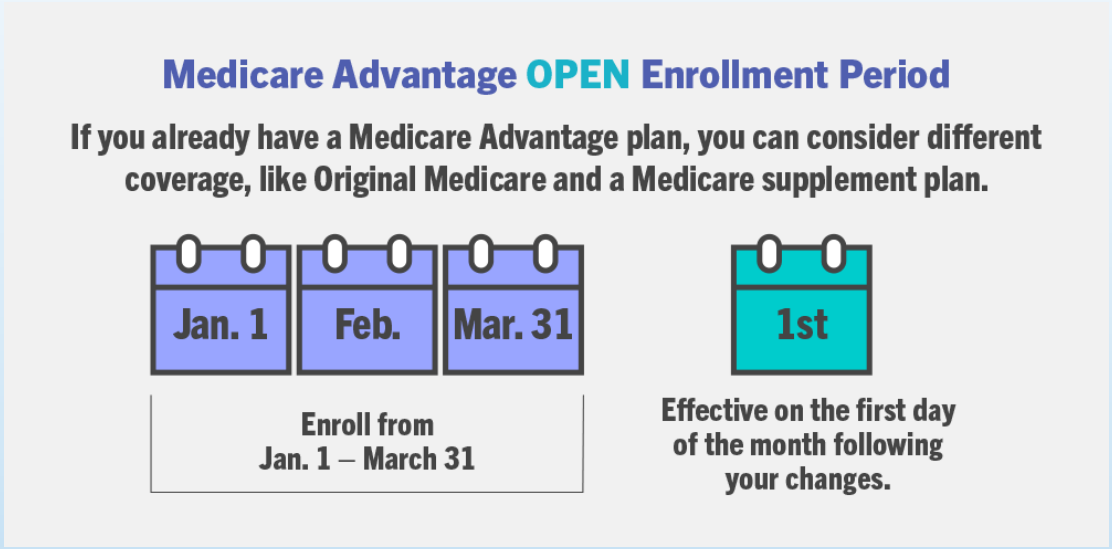
GENERAL ENROLLMENT PERIOD

If you miss your Initial Enrollment Period and don't qualify for a Special Enrollment Period, then you can enroll in Medicare during the General Enrollment Period. You may have a possible gap in coverage and sustain late enrollment penalties.



ANNUAL ENROLLMENT PERIODS





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WHAT IF ME OR MY SPOUSE WORK PAST AGE 65?

If working past age 65

- May enroll or defer Medicare Parts A and B (Rules apply-see next slide)
- HSA contributions are subject to 6-month look-back
- Avoid penalty by stopping HSA contributions one-month prior to your 65th birthday
- If you want to continue to contribute to your H.S.A., then you cannot enroll in Part A or Part B – it will start the clock on your H.S.A. six-month lookback

Retiring after 65

- Must enroll in Part A and Part B using General Enrollment or Special Enrollment Period
- When retiring, you're eligible for an 8-month Special Enrollment Period
- Must have Part D coverage within 63-day period which starts after losing coverage to avoid late enrollment penalty

Retiring before 65

- Enroll in another employer plan, ACA Marketplace, or COBRA

RETIRING AFTER 65?

- If you have health coverage through your employer or your spouse's employer and the subscriber is an active employee, then you may be able to delay enrollment into Part B or you may need to enroll at age 65. What you can do will depend on the employer's rules.

- **Employer with 20+ employees**: Generally, you can choose to delay Medicare enrollment and remain on employer coverage or drop your employer coverage and enroll in Medicare with a supplement or Medicare Advantage plan.

- **Employer with less than 20 employees**: Generally, you will need to enroll in Medicare during your Initial Enrollment Period. You can choose to use your employer coverage as your supplement and Part D coverage, or you can drop employer plan and enroll in coverage in the Medicare marketplace.

- Once you or your spouse (the active employee with health insurance) stops working, then you will need to enroll in Part A and Part B.

- Losing group employer coverage qualifies you for a Special Enrollment Period and you will avoid late enrollment penalties. You will need to provide proof of creditable drug coverage to avoid Part D penalties. SEP is 8 months for hospital and doctor coverage **but** 63 days for Part D.

***Retiree medical plans and COBRA do not count as employer coverage and are not creditable.**

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HOW DO I KNOW WHICH OPTION IS BEST FOR ME?

Considerations when selecting coverage
1-Costs
2-Coverage
3-Prescription Drugs
4-Doctors & Hospital Choice
5-Quality of Care
6-Travel

HOW DO YOU ENROLL IN MEDICARE?

Call Social Security 1-800-772-1213

(TTY: 1-800-325-0778)

7am to 7pm or visit www.ssa.gov

Additional Resources:
Medicare 1-800-Medicare

(1-800-633-4227)

Visit www.Medicare.gov

ENROLLED, WHAT HAPPENS NEXT?

- Confirm Parts A & B coverage effective dates and will receive Original Medicare card.
- Complete an enrollment into supplement, Part D and/or Medicare Advantage plan on paper or electronically.
- Private insurer & CMS confirm enrollment.
  - (CMS may require proof of qualifying coverage)
- Enrollment materials are sent to you from insurance company:
  - ID Card
  - Evidence of Coverage
  - A Formulary (if you signup for a plan with prescription drug
    - coverage)
  - Letter &/or phone calls from your insurance company

CONTACT INFORMATION

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