Medicare 101

2026

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CCU HOLDINGS, LLC
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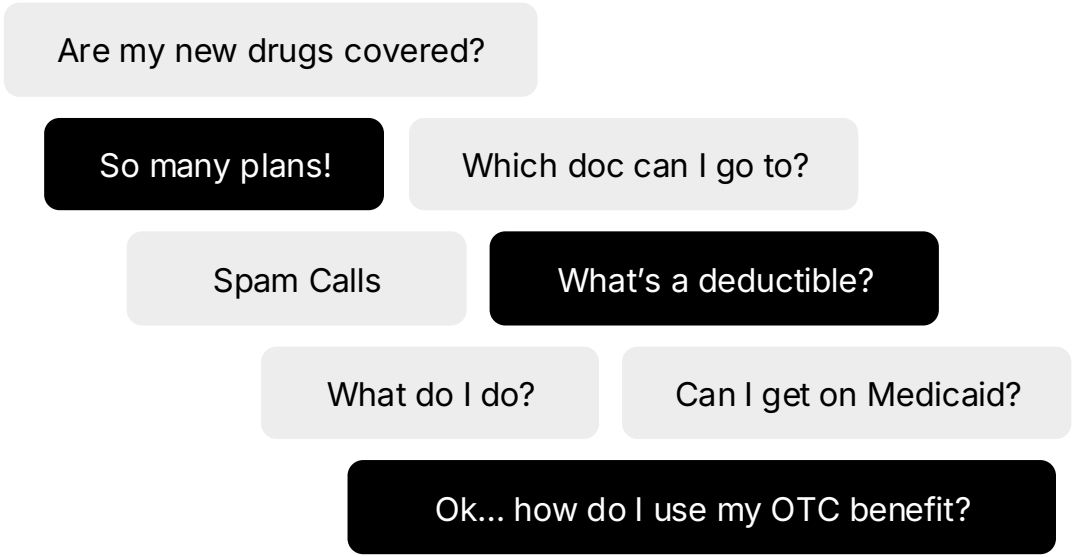
About Me

I'm a licensed agent with extensive experience in Medicare.

I help you understand Medicare, enroll in the right plan, and maximize your benefits. I am an independent agent, and as a result I'm able to compare all of the plans available to you on the market. I also have a team of professionals who can support you whenever you have questions.
I cut through the noise for you.



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Who I help

I assist clients in every type of scenario.
The most common ones are listed below.

- Turning 65
- Older than 65, but losing insurance
- Unsure whether to stay on employer insurance or enroll in Medicare
- Unhappy with your current coverage
- On social security disability

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The ABCs (and D) of Medicare

What is Medicare?

The U.S. government's largest health insurance program serving more than 62 million people.

MEDICARE IS

- A federal health insurance program
- For U.S. citizens and legal residents
- Individual health insurance

MEDICARE IS NOT

- Medicaid
- Social security
- Family plans

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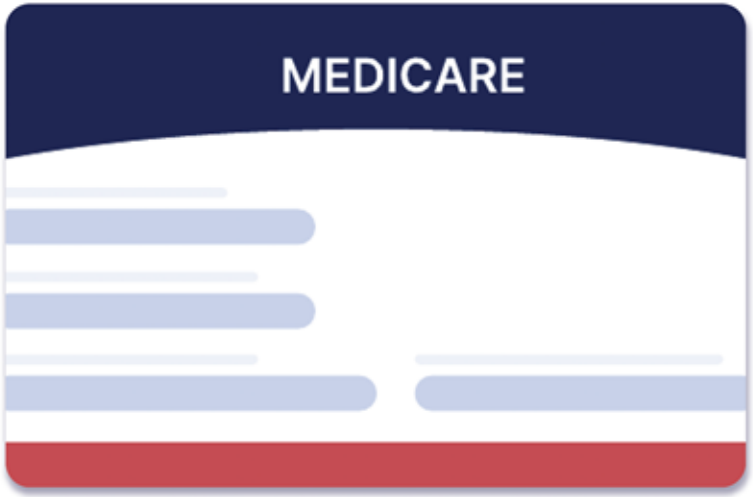
Who can get Medicare

You can qualify for Medicare if you meet one of the following requirements:

- Within three months of turning 65 or older, even if you still work
- Younger than 65 with a qualifying disability
- Have end-stage renal disease (ESRD)

Note: you also may be eligible for Medicare Part A through your spouse, though you must meet the age or disability requirement



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What does Original Medicare cover?

Original Medicare consists of Part A and Part B

Part A
HOSPITAL INSURANCE

- Hospital room & meals
- Intensive care
- Skilled nursing facility care
- Operating room services
- Hospice care
- Rehabilitation services
- Some home health care
- Some drugs & medical supplies for inpatient stays

Part B
MEDICAL INSURANCE

- Doctor visits
- Annual wellness visits & preventive services
- Outpatient care
- Mental health care
- Clinical lab services
- Durable medical equipment
- Ambulance services
- Occupational physical therapy

Cannot be denied coverage • Coverage nationwide

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What does it cost?

Original Medicare consists of Part A and Part B
→ but NO out-of-pocket maximum

*Note: premium free if you or your spouse worked and paid taxes for 10+ years. If you don't get premium-free Part A, you pay up to $565 each month.

**If you are an above-average income earner, you will have to pay a higher Part B premium.

	Part A **HOSPITAL INSURANCE**	Part B **MEDICAL INSURANCE**
PREMIUM	$0*	$202.90 Per month**
DEDUCTIBLE	$1736 Per benefit period	$283 Per year
OTHER COSTS	$434 Per day (days 61-90) $868 Per day (after 90)	20% Of costs, plus any excess charges

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Part B: Detailed costs by income bracket

If your yearly income on your 2024 taxes was:

File individual tax return*	File joint tax return*	File married & separate tax return*	You pay (monthly) in 2026
$109k or less	$218k or less	N/A	$202.90
$109k to $137k	$218k to $274k	N/A	$284.10
$137k to $171k	$274k to $342k	N/A	$405.80
$171k to $205k	$342k to $410k	N/A	$527.50
$205k to $500k	$410k to $750k	$109k to $391k	$649.20
$500k or above	$750k or above	$391k and above	$689.90

*Larger number is inclusive. For example, $109k to $137k means that the return must be above $109k up to $137k (inclusive).

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What's not covered by Original Medicare

Parts A and B **do not cover** the following:

- All of the costs of your care (on the prior slide!)
- Prescription drugs
- Annual physical*
- Dental, vision, and hearing care
- Hearing aids
- Eyeglasses or contacts
- Long-term care
- Most care outside the U.S.

*Note: Original Medicare covers an annual "Wellness" visit 1x every 12 months, but that visit is not a physical exam. It includes a Health Risk Assessment questionnaire and a cognitive assessment.

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Getting more
coverage

To cover these coverage gaps and costs, you have two options!

1 Set-and-forget

Enroll in Original Medicare and add 1 or both

MEDICARE SUPPLEMENT OR "MEDIGAP" PLAN
Covers out-of-pocket costs

AND / OR

MEDICARE PART D PLAN
Helps pay for prescription drugs

OR

2 Pay-as-you-go

Enroll in Original Medicare and select an Advantage plan

PART C
Combines Part A and B in 1 plan

PART D
Helps pay for prescription drugs

+ may offer additional benefits, such as dental, vision, hearing

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About Medicare Supplement Plans

You pay a monthly fee in addition to the Part B premium, and the private plan covers the costs in Original Medicare.

- There are 10 plans (each has its own letter) standardized by the Federal Government, but offered by private insurance companies.*
- The monthly fee can generally range from $90 - 400, depending on the plan type and your home state.
- No drug coverage, or dental, hearing and vision benefits.
- *No medical underwriting up to 6 months after enrolling in Part B at age 65 or older.
- Guaranteed renewable.
- Coverage nationwide; no provider network.

*Note: MA, MN, and WI have plans different from the standard

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Your Medicare Supplement plan options

Note: a Plan A with one carrier offers the same benefits as Plan A with another carrier! The most common plan today is Plan G since it offers the most coverage. The main difference between carriers is price.

* F and G may also have high deductible options. However, Plans C and F are no longer available to people new to Medicare on or after January 1, 2020 as plans can no longer cover the Part B deductible.

Basic benefits	A	B	D	G*	K	L	M	N	C*	F*
Part A: Hospital coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A: Hospice care coinsurance	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Medical coinsurance	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Medical preventive care coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B: Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional benefits	A	B	D	G*	K	L	M	N	C*	F*
Skilled nursing care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible $1736		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible $283									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit $50k)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit					$8000	$4000				

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About Part C: "Medicare Advantage"

Benefits

All the benefits of Part A and Part B.
You're still in the Medicare program, but plans are offered by private companies.

- Most plans include prescription drugs

Many plans offer additional benefits:

- Routine dental
- Routine eye exams and eyeglasses
- Hearing tests & aids
- Wellness programs

Costs

Continue to pay the Part B plan premium.

- ⊕ Many plans are $0 premium
- ⊖ You may have out-of-pocket co-pays and co-insurance when you use services
- ⊕ Typically have annual out-of-pocket maximum

Other factors

- ⊖ You may need a referral to see a specialist
- ⊕ Coordinated care support with provider network

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About Part D: Medicare Prescription Drug Coverage

Private plans that help cover the cost of prescription drugs

Plans cover:

- Most common medications
- Specific brand name & generic drugs according to the plan's formulary (drug list)
- Vaccines not covered by Part B

How it works:

- You pay a monthly premium. The average premium is ~$34.50 for 2026.
- You have a co-pay for each medication, based on its tier. There are 4 or 5 tiers, from lowest to highest priced.
- You may also have a deductible
- You may have to use a specific pharmacy network

→ You can get Part D via a stand-alone Part D plan OR via a Medicare Advantage plan that includes prescription drug coverage (MAPD)

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Part D: Detailed costs by income bracket

If your yearly income on your 2024 taxes was:

File individual tax return*	File joint tax return*	File married & separate tax return*	You pay (monthly) in 2026
$109k or less	$218k or less	$109k or less	your plan premium
$109k to $137k	$218k to $274k	N/A	$14.50 + your plan premium
$137k to $171k	$274k to $342k	N/A	$37.50 + your plan premium
$171k to $205k	$342k to $410k	N/A	$60.40 + your plan premium
$205k to $500k	$410k to $750k	$109k to $391k	$83.30 + your plan premium
$500k or above	$750k or above	$391k or above	$91.00 + your plan premium

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Part D: Coverage stage & formulary

In addition to your premium, you will pay an amount per prescription, which depends on your coverage stage and drug type

Coverage stages

During the year, you may go through drug coverage stages, which impacts the amount paid per prescription

Annual deductible	→	**Initial coverage**	→	**Catastrophic coverage**
Insured pays up to $615 in 2026 (not all plans may have)		Insured pays 25% coinsurance for all covered prescriptions up to $2,100 total drug costs in 2026		Insured pays $0 co-insurance/cost share for covered drugs to end of 2026

Formulary

- Drugs are grouped into cost tiers: the lower the tier, the lower the cost
- You may be able to reduce the cost by purchasing via mail or at a preferred pharmacy

Tier 1	Generics, preferred	$
Tier 2	Generics	$$
Tier 3	Brands, preferred	$$$
Tier 4	Brands	$$$$
Tier 5	Specialty	$$$$$

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Making a decision

What should you choose?

	Option 1 Medicare Supplement + Prescription Drug Plan	Option 2 Medicare Advantage
COVERAGE	Everything Original Medicare covers	Everything Original Medicare covers, plus additional benefits
COST	⊗ Medigap: -$200 per month Drug plan: ~$46 per month ✓ Very low out-of-pocket expenses	✓ Typically $0 premium ⊗ Copays and co-insurance for services ⊗ $9,250 out of pocket-maximum maximum (in-network)
CHOICE	✓ Any doctor, anywhere, who accepts Medicare. No referral required.	⊗ May need a referral ⊗ May only see in-network doctors
	Know what you'll pay each month	Pay as you go

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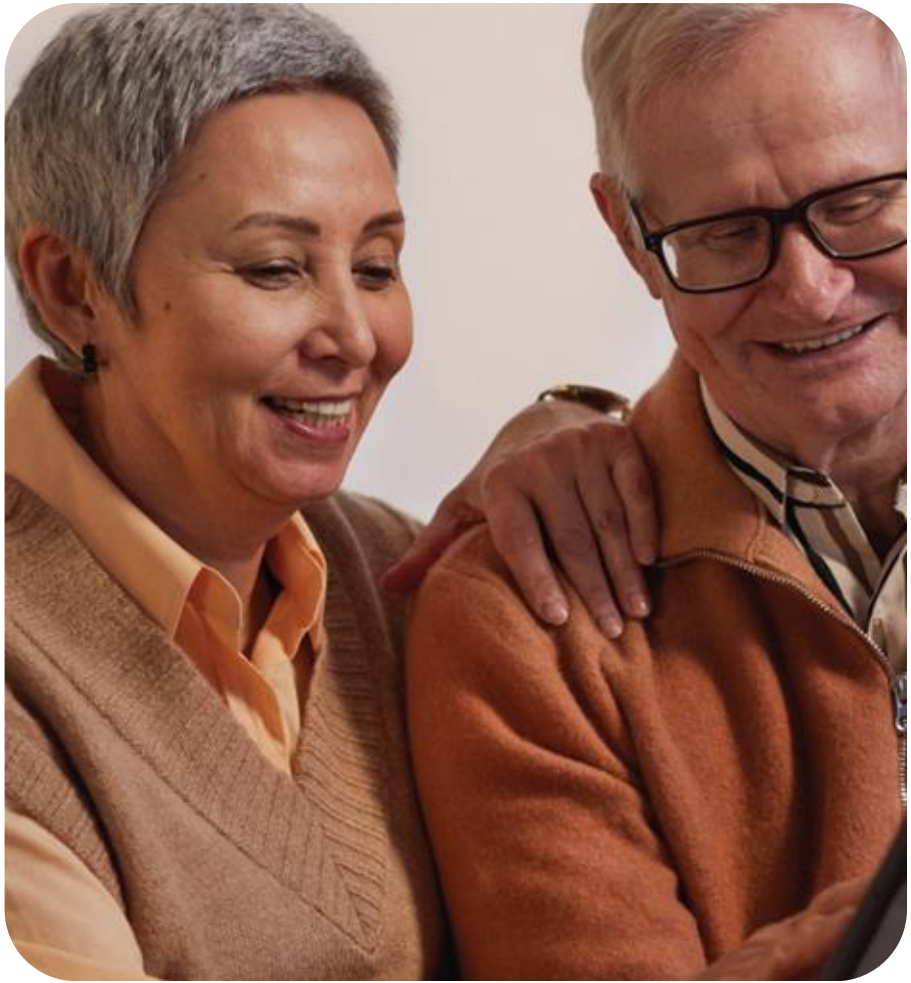

What should you consider?

It's a personal decision based on cost, convenience, and health history. Consider the following questions:

- What am I willing/able to spend on premiums, deductibles, coinsurance, and copays?
- Does the plan I'm considering have all the benefits I'm looking for?
- How important is it to me to have vision, dental, and hearing services covered?
- Am I okay with having a restricted list of providers and hospitals within a network?
- Do I feel comfortable using this plan to manage any chronic health conditions I have?

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Additional considerations

Special Needs Plans

Medicare Special Needs Plans (SNPs) typically offer more benefits with specific care plans. You may qualify if:

- You have a chronic condition, like diabetes or a heart condition
- You receive Medicaid assistance from your state
- You live in a facility like a nursing home and need additional care

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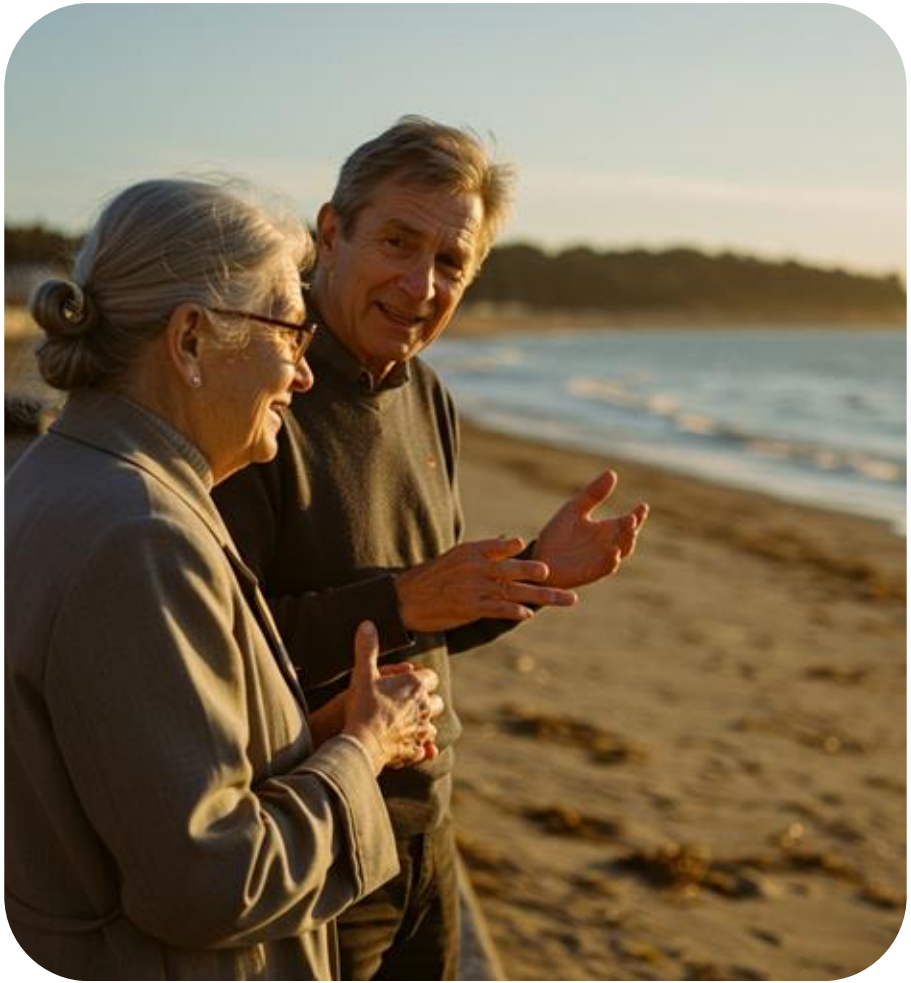

Financial assistance

Depending on your income and assets, you may qualify for additional assistance through:

- Medicaid
- Medicare Savings Programs to reduce Part A and B costs
- Extra Help (Low Income Subsidy) to reduce medication costs
- Additional local assistance programs

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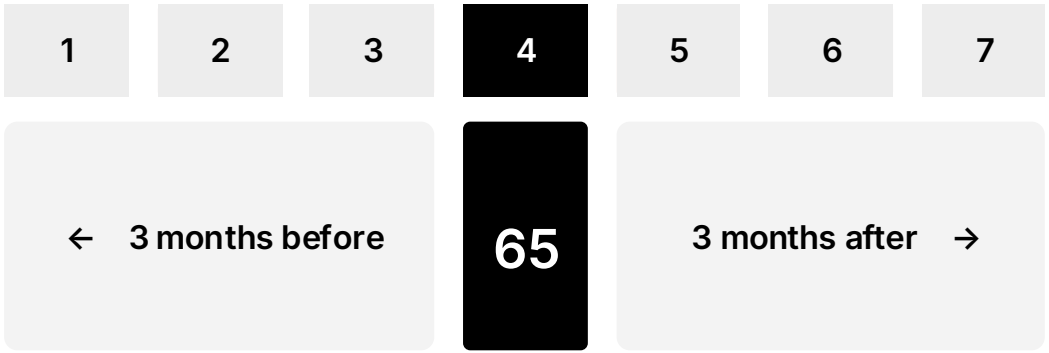
Enrolling in Medicare

Enrolling in Original Medicare

INITIAL ENROLLMENT PERIOD:
3 months before and after the month you turn 65

- Enroll at SSA.gov for Original Medicare
- Enroll in Part A; you can delay Part B



If you miss it, you can enroll during the General Enrollment Period (Jan - Mar for Parts A and B). Late enrollment premium penalties apply, so don't miss it!

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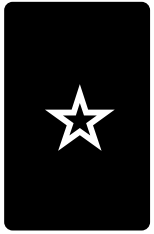
Enrolling in Medicare Supplement

For 6 months after the month you're 65 and older, and enrolled in Part B, you may enroll in a Supplement plan

- No underwriting required*
- Guaranteed renewable

↓

1	2	3	4	5	6



6 months after the month you're 65 or older and enrolled in Part B

(you may be able enroll before you turn 65, but the plan won't take effect until the month of your 65th birthday. In short, sign up before you turn 65 so there's no coverage gap!)

If you enroll later, you may be denied based on your health history or see higher premiums.

Note: You have guaranteed issue rights typically when you have other health coverage that changes in some way. Special situations will apply.

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Working past 65

3 months before and after the month you turn 65

	Can delay without penalty if:	Cannot delay without penalty if:
COVERAGE	20 or more employees	Fewer than 20 or more employees
CHOICE	Considered "creditable"	Not considered "creditable"

What if I'm covered by my spouse's employer?

You may be able to delay if your employer-based health coverage is through your spouse. It depends on your spouse's employer and any rules the employer has around covered dependents

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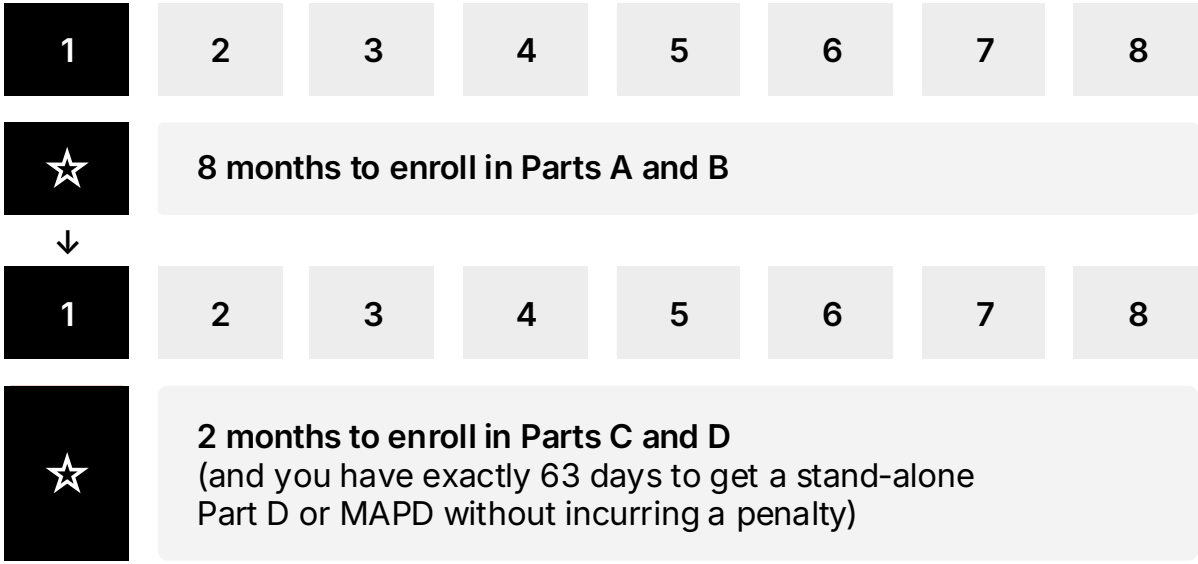
Enrolling in Medicare, after 65

If you delayed enrollment, you can enroll the month after the last month of employment or health coverage. You may:

- Enroll in Part A and/or Part B
- Enroll in Part C or Part D stand-alone plan
- Enroll in a Medicare Supplement plan (within 6 months)

↓ Month after the last month of employment or employee health coverage



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Changing your plan

If you don't like your initial decision, you can always change it!*

*Note: while you have opportunities to change plans, if you elect to start on a Medicare Advantage plan and then later decide to switch to a Medigap plan, you may be subject to underwriting requirements as you will be outside the guaranteed issue period.

Medicare Annual Enrollment [October 15 - December 7]

- Switch from or into a Medicare Advantage plan
- Join, switch, or drop a Prescription Drug Plan

Medicare Advantage Open Enrollment [January 1 - March 31]

- Open only to Medicare Advantage Plan members to switch or drop plans

Special Enrollment Periods: Qualifying Events

- E.g. you move, lose coverage, qualify for a Special Needs Plan, start receiving State financial assistance, and other qualifying events
- Time frames vary depending on the Special Enrollment Period

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Don't be late!

If you're late enrolling in Parts A, B and D, you can face a penalty.

Part A	10%, if not qualified for premium free
Part B	10%, if not qualified for special enrollment period (e.g.loss employer coverage)
Part D	1% of current average premium for each month, if more than 63 days without creditable coverage*

*Note: see the "Terminology" section for what qualifies as creditable coverage

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Getting through the terminology

Benefit Period

The length of time Original Medicare uses to assess your use of hospital and skilled nursing facilities. It begins the day you're admitted as an inpatient to a hospital or skilled nursing facility and ends when you haven't gotten any care from these facilities for 60 consecutive days.

Coinsurance

The amount of money (usually represented as a percentage of the total cost) that you may be required to pay for services once you hit your plans deductible.

Copay

The amount of money you may be required to pay for medical services or supplies, like doctor's appointments and medications

Deductible

The amount of money you will be required to pay out of pocket for healthcare services and supplies including medications before your insurance plan starts to cover any amount of the costs

Lifetime reserve days

If you have Original Medicare and require hospitalization for more than 90 days in a single benefit period a portion of your costs for 60 additional reserve days will be covered. You'll pay coinsurance for each one of these reserve days, and Medicare will cover whatever is left over.

Out-of-pocket limit

The maximum amount you have to pay for covered health care services in a plan year is called the out-of-pocket maximum. Medicare Advantage plans are required to set annual dollar limits on these costs. Original Medicare does not have an annual out-of-pocket maximum.

Premium

The monthly payment you make to Medicare to receive the benefits of your healthcare plan.

Creditable coverage

Coverage and plan benefits that are up to the same standards as Medicare are considered "creditable coverage". Beneficiaries with other sources of creditable coverage - for example, through an employer - may stay on that plan and avoid late enrollment penalties.

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