Care at 65

MEDICARE, SIMPLIFIED

FREE GUIDE · 2026–2027 EDITION

Your complete Medicare *roadmap.*

Everything you need to understand your options, explained the way a trusted friend would. No confusing terms. No fine print. No pressure.

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A PERSONAL NOTE FROM BRIAN

I wrote this because Medicare *shouldn't be this confusing.*

Whether you're turning 65, already on Medicare and wondering if you're on the right plan, or helping a parent figure all of this out, you've probably run into the same wall most people hit: too much information, not enough straight answers.

Medicare has four parts, multiple plan types, enrollment windows with real consequences, and costs that change every year. This guide cuts through all of that. No confusing terms, no fine print. Just a clear, honest explanation written the same way I'd explain it to a close friend.

I'm an **independent agent**, which means I'm not tied to any one insurance company. My job is to find what's right for your doctors, your medications, and your budget, whether you're just getting started or ready for a second look at what you already have.

I'm also a **U.S. Marine Corps veteran**. The Corps taught me to look out for the people next to me and to give it to you straight, and that's exactly how I treat everyone I work with.

After you read this, I'd love the chance to have that conversation with you, at no cost and no pressure whatsoever.

Here to help, not just to sell.

WHAT'S INSIDE

A roadmap for the whole journey.

SECTION ONE · THE BASICS

So... what is Medicare, exactly?

Medicare is a federal health program for people 65 and older. You've paid into it your whole working life. But here's what surprises most people: **it isn't one plan, it's four separate parts**, and it doesn't cover everything.

Part A

Hospital coverage

- Stays in a hospital
- Short-term nursing care after a hospital stay
- Hospice care and some home health services

Most people pay **$0/month** (with 10+ years of work). Hospital deductible: **$1,736** per stay in 2026.

Part B

Medical coverage

- Doctor visits and specialist appointments
- Preventive care, screenings, and lab work
- Medical equipment, like walkers and wheelchairs

Monthly premium **$202.90** · deductible **$283** in 2026. Then Medicare pays 80%. **You pay 20%, with no annual cap.**

Part C

Medicare Advantage

- An all-in-one private alternative to Parts A & B
- Usually includes prescription drug coverage
- Often adds dental, vision, and hearing benefits

Many plans: **$0/month** beyond your Part B premium. Out-of-pocket limit up to **$9,250** in 2026.

Part D

Prescription drugs

- Covers your prescription medications
- Available standalone or inside an Advantage plan
- Major improvements in 2026, details ahead

Premiums vary by plan. Drug costs **capped at $2,100** for the year. Then **$0.**

THE GAP THAT SURPRISES PEOPLE MOST

Original Medicare leaves you on the hook for 20%, with no limit.

On a $100,000 surgery, that 20% is **$20,000 out of pocket.** This is exactly why almost everyone adds coverage through either a Medicare Advantage or a Supplement plan.

Your share: up to $20,000, unless you fill the gap.

SECTION TWO · 2026 UPDATES

What changed this year.

Medicare costs adjust every year. 2026 brought meaningful increases on the hospital and doctor side, and genuinely good news on prescription drugs.

WHAT IT IS	2025	2026	DIFFERENCE
Monthly Part B premium	$185.00	**$202.90**	↑ $17.90/mo
Part B annual deductible	$257	**$283**	↑ $26
Hospital deductible (per stay)	$1,676	**$1,736**	↑ $60
Nursing facility, days 21–100	$209.50	**$217/day**	↑ $7.50/day
Drug plan max deductible	$590	**$615**	↑ $25
Max drug costs for the year	$2,000	**$2,100**	Inflation-adjusted
Advantage out-of-pocket ceiling	$9,350	**$9,250**	↓ Slightly lower
Insulin monthly cap	$35	**$35**	No change

YOUR SOCIAL SECURITY CHECK IN 2026

The raise averaged about $56 more a month.

But the Part B premium increase alone was nearly $18 of that, before any other Medicare costs. And if your income was over $109,000 as an individual (or $218,000 as a couple) in 2024, you'll pay an extra surcharge on top. Worth a conversation.

LOOKING AHEAD

A first look at 2027.

CMS won't announce official 2027 premiums and deductibles until November 2026, so treat any number you see before then as an estimate. The government's own Medicare Trustees Report currently projects the Part B premium rising to about $209.50 a month, a modest increase compared to recent years. I'll update this guide the moment the real numbers are final, and I always recommend a quick plan review every fall during the Annual Enrollment Period regardless of what changes.

SECTION THREE · THE GOOD NEWS

Big changes to drug coverage in 2026.

If you take prescription medications, especially expensive ones, 2026 brings real relief. A firm cap now limits how much you'll spend on covered drugs in a single year.

STEP 1

Deductible

You pay full drug costs until your plan's deductible is met (up to $615 in 2026). Some plans skip this for generics.

STEP 2

Your share

You pay copays or a percentage per prescription until your total spending reaches $2,100 for the year.

STEP 3

You pay $0

After $2,100 out of pocket, your plan covers 100% of your covered drugs for the rest of the year.

Insulin capped at $35/month

Your cost under any Medicare drug plan is capped at $35/month, no matter the actual price. The deductible doesn't apply. This is permanent.

Vaccines are free

Flu, shingles, pneumonia, RSV, COVID-19: all covered at $0. No deductible, no copay. Get them. They're paid for.

SECTION FOUR · YOUR COVERAGE CHOICE

Advantage, or a Supplement plan?

Original Medicare leaves that 20% gap. Almost everyone fills it one of two ways, and understanding the difference is the heart of Medicare planning.

OPTION 1

Medicare Advantage

An all-in-one private plan. Handles everything Original Medicare covers, usually with drugs, often with extras. Many charge no extra premium. The trade-off: networks, copays, and costs that can add up before the annual limit.

Monthly cost	Often $0–$50/mo (plus Part B)
Doctor choice	In-network doctors only
Drug coverage	Usually included
Extra benefits	Often dental, vision, hearing, gym
Worst-case costs	Up to $9,250 out of pocket in 2026
Best for	Lower monthly cost, generally healthy

OPTION 2

Supplement (Medigap)

Sits alongside Original Medicare and pays most or all of what it doesn't. Any doctor who accepts Medicare, anywhere. No networks, no referrals, no surprise bills. Plan G is the popular pick; you add a separate drug plan.

Monthly cost	$100–$300+/mo by age & state
Doctor choice	Any Medicare-accepting doctor
Drug coverage	Add a separate drug plan
Extra benefits	Generally not included
Worst-case costs	Very predictable, Plan G covers nearly all gaps
Best for	Any doctor, predictable costs, travelers

Important: switching has rules

In most states, moving from a Medicare Advantage plan to a Supplement plan means answering health questions, and a pre-existing condition could mean a higher price or a denial. The fall enrollment window does *not* automatically give you the right to switch. Please call me before making any moves.

SECTION FIVE · ENROLLMENT WINDOWS

When to sign up, and what happens if you miss it.

Unlike most insurance, you can't sign up for Medicare whenever you feel like it. There are specific windows, and missing the wrong one can mean paying higher premiums permanently.

IEP

Initial Enrollment Period

3 months before → 3 months after your 65th birthday

Your 7-month first window. The most important deadline in Medicare. Miss it without qualifying coverage and you'll face permanent premium penalties.

AEP

Annual Enrollment Period

October 15 – December 7, every year

The main window to review and change your plan each year. All changes take effect January 1. Read the notice your insurer mails you each fall.

OEP

Open Enrollment Period

January 1 – March 31, every year

On an Advantage plan? You can make one switch or return to Original Medicare. Doesn't allow switching to a Supplement plan in most states.

SEP

Special Enrollment Period

Triggered by certain life events

Moving, losing employer coverage, or a plan leaving your area can open this window, typically two months from the event. Call me right away if this happens.

The penalties are permanent, not a one-time fee

Doctor coverage late penalty: 10% added to your monthly premium for every 12 months you delayed without qualifying coverage, forever. A two-year delay at today's rate means $40+ extra every month for life.

Drug coverage late penalty: 1% per month without coverage, also permanent and compounding.

SECTION SIX · COMMON MISTAKES

5 mistakes that cost people real money.

Things I see happen again and again, and how to avoid every one of them.

I Missing your first enrollment window

Your 7-month window around your 65th birthday is the most important deadline in Medicare. Miss it without qualifying coverage and you'll face a permanent increase: **10% added to your premium for every year you delayed.**

2 Picking a plan on the monthly premium alone

A $0 premium catches everyone's eye. But what are the copays? The drug deductible? In 2026 the average Advantage plan's out-of-pocket ceiling is nearly $6,000, and some go up to $9,250. **Always look at the full picture.**

3 Assuming your plan is fine without reviewing it

Plans change every January 1: networks, drug lists, premiums, benefits. Your insurer mails a notice each fall listing what's changing. Most people throw it away. **Don't.**

4 Assuming your doctors are still covered

Network participation changes year to year. Before the new plan year, call the office: **"Do you accept this plan for 2026?"** Five minutes can save you from an unpleasant surprise.

5 Skipping drug coverage because you feel healthy

Go without a drug plan when first eligible and you'll face a permanent penalty later: **1% per month without coverage**, added to your premium for life. A plan is often just $10–$15 a month.

SECTION SEVEN · MAKING THE DECISION

How to choose the plan that fits your life.

There's no single best Medicare plan. The right one depends on your doctors, your medications, your budget, and how often you use healthcare. Here's how I walk through it with everyone I work with.

1

Start with your doctors

If you rely on certain doctors, find out whether they're in the network of any plan you're considering. For Advantage plans this is essential. For a Supplement plan it doesn't matter.

2

Know your medications

Write down every prescription: name, dose, how often. Each drug plan prices the same medication differently. With the $2,100 annual cap in place, we can calculate exactly what each plan will cost you.

3

Look at total cost, not just the premium

Add the copays, drug costs, and worst-case scenario. A plan with a premium and low cost-sharing can easily be cheaper overall than a $0 plan for someone who uses healthcare regularly.

4

Think about benefits you'll actually use

Dental allowances and OTC cards add value only if you genuinely use them. In 2026 many extras were reduced. Only count what's truly there.

5

Working with me costs you nothing

I work with multiple insurance companies and don't charge for my time. My compensation comes from the carrier, at no extra cost to you. You get a real comparison checked against your specific doctors and medications.

HAVE THIS READY WHEN WE TALK

Five minutes of prep makes the call sing.

- ✓ Your Medicare card or Medicare number
- ✓ All current medications: name, dose, how often
- ✓ Your doctors' names: primary care and specialists
- ✓ Any current insurance cards (employer, VA, retiree)
- ✓ Every question you have. No such thing as a dumb one

SECTION EIGHT · A NOTE FOR VETERANS

How TRICARE and VA benefits work with Medicare.

I'm a Marine myself, and I work with veterans often. TRICARE and VA coverage each interact with Medicare differently, worth understanding before you assume you're covered.

TRICARE For Life

Works alongside Medicare

- Becomes your secondary payer automatically once you have Medicare Parts A and B
- No enrollment needed. It coordinates in the background
- The TRICARE Pharmacy Program covers prescriptions for most people, so a separate Part D plan usually isn't needed

Keep Part B active. Dropping it also drops your TRICARE For Life coverage. This is the single most important thing to know.

VA Benefits

Runs on a separate track

- VA healthcare and Medicare don't coordinate with each other. Each pays only for care received within its own system
- Enrolling in Medicare doesn't cost you VA benefits, and it opens up civilian doctors and hospitals when you want them
- VA Community Care lets you see some civilian providers under VA benefits in certain situations

Most veterans benefit from carrying both: VA for what it covers well, Medicare for everything else.

Every situation is a little different

Whether you should enroll in Medicare Part B right at 65, how TRICARE and a Medicare Advantage plan interact, and how VA Community Care fits into the picture all depend on your specific service history and current coverage. This is exactly the kind of conversation worth having before you decide anything.

SECTION NINE · QUICK REFERENCE

Medicare terms, defined simply.

A quick look-up for the words that come up most often.

Annual Enrollment Period

October 15 – December 7 every year. Review and change your Advantage or drug plan. All changes start January 1.

Benefit Period

Starts when you're admitted to a hospital. Ends after 60 consecutive days out. Each new period brings a fresh deductible.

Coinsurance

Your percentage share of a bill after meeting your deductible. With Original Medicare you pay 20%, with no annual cap.

Copay

A fixed dollar amount for a service, like $10 for a doctor visit. Common in Medicare Advantage plans.

Creditable Coverage

Drug or health coverage from an employer that's at least as good as Medicare. Lets you delay signing up without a penalty.

Deductible

What you pay before insurance starts covering costs. Part B: $283 in 2026. Hospital: $1,736 per stay.

Drug Formulary

The list of medications a plan covers and at what cost. Changes every January 1. Always verify your specific drugs.

Initial Enrollment Period

Your 7-month first window to sign up: three months before, the month of, and three months after your 65th birthday.

Supplement / Medigap

Private insurance that covers what Original Medicare doesn't. Works with any Medicare-accepting doctor nationwide.

Out-of-Pocket Limit

The most you'll pay in a year under an Advantage plan. After hitting it your plan covers 100% for the rest of the year. Up to $9,250 in 2026.

Plan G

The most comprehensive Supplement plan available to new enrollees. Covers almost everything except the $283 Part B deductible in 2026.

Premium

Your monthly payment for coverage. Part B is $202.90/month standard in 2026, plus whatever your additional plan charges.

Medicare.gov
Compare plans, look up drug costs, read your handbook.

1-800-633-4227
The official Medicare helpline, 24 hours a day.

SSA.gov
Helpful for enrollment and premium questions.

careat65.com
My website. Call me anytime at (888) 996-4534.

YOUR NEXT STEP

Let's talk through *your situation.*

A free, personal conversation. No cost, no pressure, no obligation. Just clear answers for your specific situation.

- ✓ Your doctors and medications checked against real plans
- ✓ Plans compared side by side for your area
- ✓ Every question answered. No time limit
- ✓ Honest guidance, no obligation to enroll

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