

✓ **FREE GUIDE** ✓

2026 Edition

NEW TO MEDICARE?

Your Complete Starting Guide

2026 Edition — All the Facts You Need

Understand your options, avoid costly mistakes,
and make the best decision for your health.

WHAT YOU'LL LEARN IN THIS GUIDE:

- ✓ What Medicare is & who qualifies
- ✓ Parts A, B, C & D explained clearly
- ✓ The 2 main coverage paths
- ✓ Official 2026 costs & premiums
- ✓ When & how to enroll
- ✓ All enrollment periods explained
- ✓ Late penalty traps to avoid
- ✓ Key Medicare terms glossary

Nolan Popel

Independent Medicare Broker • 17 Years Experience

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01 What Is Medicare?

Medicare is the federal health insurance program created in 1965, designed primarily for people age 65 and older. It is also available to younger individuals with qualifying disabilities or specific medical conditions. Medicare is not free — but for most people, it is far more affordable than private insurance.

67M+

Americans
enrolled

\$0

Part A premium
for most people

1965

Year Medicare
was created

80%

of approved costs
Medicare covers

Who Is Eligible for Medicare?

65+

Age 65 or Older

Any U.S. citizen or legal permanent resident with 5+ years of continuous residency. Qualifies regardless of health status or income.

SSD

Under 65 — Disability

After receiving Social Security Disability (SSDI) benefits for 24 consecutive months, you are automatically enrolled in Medicare Parts A and B.

ESRD

End-Stage Renal Disease

Permanent kidney failure requiring dialysis or a transplant qualifies you at any age — no 24-month waiting period required.

ALS

ALS (Lou Gehrig's Disease)

People diagnosed with ALS are eligible for Medicare immediately upon receiving SSDI. No waiting period applies.

★ NOLAN'S NOTE:

Most people enroll at 65. But if you are still working with quality employer coverage, you may delay without penalty — this is one of Medicare's most misunderstood rules. Always verify before making that call. Give me a call and I will walk you through your specific timeline at no cost.

02

The Four Parts of Medicare

Medicare is divided into four parts. **Parts A and B** form Original Medicare — the foundation. **Parts C and D** are offered by private insurers to expand or bundle your coverage.

A

Hospital Insurance

Inpatient care, skilled nursing, hospice & home health

Premium:

FREE for most people (you or spouse paid Medicare taxes for 10+ years)

Hospital Deductible:

\$1,736 per benefit period — NOT per calendar year

Hospital Days 1–60:

\$0 per day (after deductible is paid)

Hospital Days 61–90:

\$434 per day coinsurance

Hospital Days 91+:

\$868 per lifetime reserve day (60 total lifetime days)

Skilled Nursing Days 1–20:

\$0 per day

Skilled Nursing Days 21–100:

\$217 per day coinsurance

Skilled Nursing Day 101+:

You pay ALL costs — Medicare no longer covers

B

Medical Insurance

Doctor visits, outpatient care, lab tests & preventive services

Premium:

\$202.90 per month (standard 2026 rate — most enrollees pay this)

Annual Deductible:

\$283 per year (paid once annually — not per visit)

After Deductible:

Medicare pays 80% / You pay 20% — with NO annual cap

Preventive Services:

\$0 cost-sharing for most preventive screenings & wellness visits

★ NOLAN'S NOTE:

Important:

Part B has no annual out-of-pocket cap under Original Medicare. That 20% coinsurance can add up quickly after a serious illness or surgery. This is exactly why Medigap supplement plans exist — and why choosing the right coverage path matters so much.

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Continued: Parts C and D



Medicare Advantage

All-in-one alternative — bundles hospital, medical & usually drug coverage

What it is: A private-insurer alternative that replaces Original Medicare (Parts A + B)

Drug Coverage: Usually includes Part D prescription drug coverage

Extra Benefits: Often adds dental, vision, hearing, fitness — Original Medicare does not

Networks: Most plans use HMO or PPO networks — provider choice is more limited

Annual MOOP: Federal maximum out-of-pocket cap: \$9,350 in 2026

Important: Coverage and networks can change every January 1 — review annually



Prescription Drug Coverage

Covers outpatient medications — stand-alone or bundled with Part C

What it covers: Outpatient prescription drugs — brand name and generic

How to get it: Stand-alone Part D plan, or bundled inside a Medicare Advantage plan

Formulary: Each plan maintains its own drug list (formulary) organized by cost tiers

Base Premium: \$38.99 per month in 2026 (national base rate)

2026 OOP Cap: \$2,100 maximum out-of-pocket for covered drugs — new protection in 2026

Late Penalty: +1% of base premium per month without creditable drug coverage

★ NOLAN'S NOTE:

Quick Rule: Part A + Part B = Original Medicare. From there you choose one of two paths: (1) Add a Medigap supplement + Part D drug plan, or (2) Switch to a Medicare Advantage plan that bundles everything. You cannot have both Medigap and Medicare Advantage at the same time.

03

Your Two Coverage Paths

Once you have Parts A and B, you face the most important Medicare decision: which path do you take? There is no universal right answer — it depends on your health, budget, doctors, and lifestyle.

PATH 1 Original Medicare + Medigap + Part D		PATH 2 Medicare Advantage (Part C)
Provider Choice	Any doctor or hospital nationwide that accepts Medicare — no referrals needed	Network-based (HMO or PPO). Out-of-network care may cost significantly more
Cost Predictability	Very predictable — Medigap covers most gaps, limiting your surprises	Copays and coinsurance per visit. Costs can vary depending on services used
Monthly Premium	Higher: Part B (\$202.90) + Medigap premium + Part D plan	Lower: often \$0 plan premium (you still pay the Part B premium)
Drug Coverage	Requires a separate stand-alone Part D plan	Usually bundled directly into the plan
Extra Benefits	Medical coverage only — dental and vision require separate plans	Often adds dental, vision, hearing, and fitness benefits
Travel & Snowbirds	Works anywhere in the U.S. that accepts Medicare — ideal for travelers	Limited to the plan's service area — travel coverage is restricted
Plan Stability	Plans are stable year to year — no surprises each January	Coverage, premiums, and networks can change every January 1
Best For	Predictability, nationwide travel, and choosing any specialist	Lower monthly premium, extra benefits, and staying in one local area

★ **NOLAN'S NOTE:**
Path 1 gives you the most freedom — see any Medicare provider in the country. Path 2 can save monthly premium dollars but comes with networks and annual changes. I help clients weigh both paths based on their real situation — doctors, medications, health history, and travel habits. Never a one-size-fits-all recommendation.

04

2026 Medicare Costs at a Glance

Knowing the official numbers before you enroll prevents surprises. All figures are from the official CMS 2026 Medicare Costs publication.

PART A — Hospital Insurance Costs (2026)

Part A Premium	FREE for most (40+ quarters of Medicare taxes paid)
Hospital Deductible	\$1,736 per benefit period — not per year
Hospital Days 1–60	\$0 per day after the deductible
Hospital Days 61–90	\$434 per day coinsurance
Hospital Days 91+	\$868/day (lifetime reserve days — 60 max lifetime)
Skilled Nursing Days 1–20	\$0 per day
Skilled Nursing Days 21–100	\$217 per day coinsurance
Skilled Nursing Day 101+	You pay 100% of all costs

PART B — Medical Insurance Costs (2026)

Part B Premium	\$202.90 per month (standard rate — most enrollees pay this)
Annual Deductible	\$283 per year
After Deductible	Medicare pays 80% / You pay 20% — no annual cap without Medigap
Preventive Services	\$0 cost-sharing for most preventive screenings & wellness visit

PART D — Prescription Drug Coverage (2026)

Base Premium	\$38.99 per month (2026 national base rate)
2026 Out-of-Pocket Cap	\$2,100 maximum — new protection limiting your drug costs
Late Enrollment Penalty	+1% of base premium for each month without creditable coverage

■ IRMAA — Higher-Income Surcharge

If your 2024 income exceeded **\$109,000 (individual)** or **\$218,000 (married filing jointly)**, you will pay an IRMAA surcharge on top of the standard Part B and Part D premiums. Your Part B premium could range from \$244.60 up to \$628.90 per month depending on income. IRMAA is calculated using income reported **2 years prior** — plan accordingly.

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05

When to Enroll — Periods & Deadlines

Enrollment timing is the most critical piece of Medicare planning. Miss your window and you could face **permanent premium penalties**. Here are every enrollment period you need to know.

IEP

Initial Enrollment Period

When: 7-month window — 3 months before your 65th birthday month, your birthday month, and 3 months after.
Action: Sign up for Parts A and B. This is your primary opportunity — do not miss it.

SEP

Special Enrollment Period

When: While you or your spouse have active employer coverage, plus up to 8 months after it ends.
Action: Delay Medicare without penalty. Employer coverage must be 'creditable.' Employer size matters.

GEP

LATE PENALTY

General Enrollment Period

When: January 1 – March 31 each year. Coverage begins July 1. Late penalties apply.
Action: This is the late enrollment fallback for those who missed the IEP without a qualifying SEP.

AEP

Annual Election Period

When: October 15 – December 7 each year. Changes take effect January 1.
Action: All Medicare enrollees may switch their Medicare Advantage or Part D plan.

OEP

Medicare Advantage Open Enrollment

When: January 1 – March 31 each year.
Action: Switch to a different MA plan or return to Original Medicare. One change allowed.

MEP

LATE PENALTY

Medigap Open Enrollment

When: 6 months starting the month you turn 65 AND are enrolled in Part B.
Action: Guaranteed right to buy ANY Medigap plan — no medical underwriting. Your golden window.

★ NOLAN'S NOTE:

The Medigap Open Enrollment Period (MEP) is your golden window. Once it closes, insurers can use medical underwriting to deny coverage or charge you more based on health conditions. Use this window wisely — it is a one-time opportunity for most people.

06

Late Enrollment Penalties

Late enrollment penalties are **permanent** — they are added to your premium for as long as you have Medicare. Here is exactly what you risk by missing your enrollment window.

Part B Late Enrollment Penalty

■ **PERMANENT** — no cap or expiration

10% added to your premium for every 12-month period you were without Part B and were not covered by qualifying employer insurance. This penalty is permanent with no cap.

■ **Example: Miss 3 years of Part B = +30% on your premium for life.**

Part D Late Enrollment Penalty

■ **PERMANENT** — accumulates month by month

1% of the national base premium (\$38.99 in 2026) for each month you went without creditable drug coverage. This penalty is permanent and added to your monthly Part D premium.

■ **Example: Miss 24 months = +24% added to your drug premium, forever.**

Part A Late Enrollment Penalty

■ **RARE** — but real for some enrollees

10% added to your Part A premium. This only applies to people who must pay for Part A (fewer than 40 quarters of work). The penalty lasts twice as long as the period you delayed.

■ **Example: Rare — but a real risk for those with limited U.S. work history.**

★ NOLAN'S NOTE:

The #1 mistake I see: someone retires at 66, loses employer coverage, and doesn't realize they had only 8 months to enroll in Part B before permanent penalties kicked in. Please call me before you retire — I will map out your exact Medicare timeline at no cost to you.

07 How to Enroll in Medicare

Signing up for Medicare is more straightforward than most people expect. Here is exactly how it works — step by step.

★ **AUTOMATICALLY ENROLLED — No Action Needed**

If you are already receiving Social Security benefits before age 65, you will be **automatically enrolled** in Medicare Parts A and B. Your Medicare card will arrive approximately 3 months before your 65th birthday.

Manual Enrollment — Step by Step:

1

Apply Online at SSA.gov

Visit ssa.gov/medicare. The online application takes about 10 minutes, is available 24/7, and requires no office visit or appointment.

2

Call Social Security

Call 1-800-772-1213 (TTY: 1-800-325-0778), Monday–Friday 8 AM – 7 PM. A representative will walk you through the entire enrollment process.

3

Visit Your Local SSA Office

Find the nearest office at ssa.gov/locator. Bring your ID, Social Security card, and proof of citizenship or legal residency.

4

Create a MyMedicare.gov Account

Track your claims, view your Medicare Summary Notice, and manage your coverage online at [MyMedicare.gov](https://my.medicare.gov). It is free and easy to set up.

5

Choose Your Additional Coverage

Decide between Original Medicare + Medigap + Part D, or Medicare Advantage. This is where I step in — comparing plans across multiple carriers at no cost to you.

6

Call Nolan — It Is Free

I represent multiple carriers and hundreds of plan options. My job is to find the right fit for your health needs and budget. No pressure. No fees. Just honest guidance.

★ **NOLAN'S NOTE:**

Tip: Enrolling in Part A only (free for most) while staying on employer coverage is usually smart — it adds hospital coverage as a backup with no extra cost. Hold off on Part B until you are ready to leave employer coverage to avoid paying an unnecessary monthly premium.

08

What Medicare Does NOT Cover

Original Medicare covers a lot — but not everything. These gaps surprise many new beneficiaries. Knowing them in advance helps you choose the right additional coverage from day one.



Dental Care

Routine cleanings, fillings, extractions, and dentures are NOT covered by Original Medicare.



Vision

Routine eye exams, eyeglasses, and contact lenses are not covered.



Hearing Aids

Routine hearing exams and hearing aids are not covered by Original Medicare.



International Travel

No coverage outside the U.S. Limited emergency exceptions may apply near U.S. borders.



Long-Term Custodial Care

Help with daily activities in a nursing home or assisted living is not a Medicare benefit.



Prescription Drugs

Outpatient prescriptions are not covered by Original Medicare — a Part D plan is required.



Cosmetic Procedures

Elective and cosmetic procedures are excluded from Medicare coverage.



Non-Emergency Transport

Most non-emergency ambulance rides and medical transportation are not covered.

★ NOLAN'S NOTE:

Solution: Medicare Advantage plans often bundle dental, vision, and hearing benefits. For those on Original Medicare with a Medigap plan, stand-alone supplemental plans can fill many of these gaps at a reasonable cost. I help clients find the right combination of coverage to close the gaps that matter most to their lifestyle and budget.

09

Medicare Glossary — Key Terms to Know

Medicare has its own language. Here are plain-English definitions for every word you will encounter.

Benefit Period

Begins when you are admitted to a hospital or SNF; ends when you have not received inpatient care for 60 consecutive days. The Part A deductible resets at the start of each benefit period.

Coinsurance

Your share of costs as a percentage after your deductible. Part B standard: you pay 20%, Medicare pays 80% — with no annual cap unless you have Medigap.

Copayment (Copay)

A fixed dollar amount per visit or service. Common in Medicare Advantage plans (e.g., \$10 per primary care visit, \$40 per specialist visit).

Creditable Coverage

Drug or health coverage that is at least as good as Medicare's standard. Having it allows you to delay enrollment without incurring a late penalty.

Deductible

The amount you pay before insurance starts paying. Part A: \$1,736 per benefit period. Part B: \$283 per year (2026).

Formulary

The list of prescription drugs covered by your Part D or Medicare Advantage plan. Drugs are organized by cost tiers — lower tiers cost less.

Guaranteed Issue

Your legal right to buy a Medigap plan without being turned down or charged more due to health conditions. Applies during specific enrollment windows only.

IRMAA

Income-Related Monthly Adjustment Amount — a surcharge on Part B and Part D premiums for higher-income beneficiaries, based on income reported 2 years prior.

Lifetime Reserve Days

60 extra hospital days Medicare provides over your lifetime, used after 90 consecutive hospital days in a benefit period. Cost is \$868 per day in 2026.

Medigap / Medicare Supplement

Private insurance that fills Original Medicare's gaps — covering deductibles, coinsurance, and copays. Plans are federally standardized A through N.

Medicare Advantage (Part C)

A private-insurer alternative to Original Medicare that bundles Parts A, B, and usually D, often with dental, vision, and hearing benefits.

Out-of-Pocket Maximum (MOOP)

The most you will pay in a year under a Medicare Advantage plan. Once reached, the plan covers 100%. Original Medicare has NO annual cap without Medigap coverage.

Prior Authorization

Approval required from your plan before receiving certain services or medications. Common in Medicare Advantage — can delay or sometimes deny care.

SNF (Skilled Nursing Facility)

A facility providing medically necessary skilled care after a qualifying hospital stay of at least 3 consecutive days.

SHIP

State Health Insurance Assistance Program — free, unbiased Medicare counseling provided by your state government. A valuable unbiased resource.

10 Your Medicare Action Plan

You have covered a lot of ground. Here is how to turn knowledge into action — with clear, simple next steps.

1

Check Your Eligibility

Confirm your 65th birthday date and whether you have creditable employer coverage. These two facts define your entire Medicare timeline.

2

Mark Your Enrollment Window

Your IEP is a 7-month window. Mark your calendar — the 3 months before your birthday month are the ideal time to enroll.

3

Decide: Retire or Keep Working?

If keeping employer coverage, verify it is creditable. If retiring, set up Medicare before your last day of employer coverage — not after.

4

Enroll in Parts A and B

Apply at ssa.gov, call 1-800-772-1213, or visit a local SSA office. The online application takes about 10 minutes.

5

Choose Your Coverage Path

Original Medicare + Medigap + Part D, or Medicare Advantage? Compare costs, networks, and your personal health needs before deciding.

6

Call Nolan — It Is Free

I represent multiple carriers. My job is to find the best fit for your health and budget. No pressure. No fees. Just real, honest guidance.

Ready to Navigate Medicare with Confidence?

I have helped 3,200+ clients find the right Medicare coverage — without pressure, without confusion, and without cost to you.

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