MEDIHEALTH INSURANCE GROUP, LLC · BOSSIER CITY, LOUISIANA

Your 2026 Medicare Guide

The official Medicare handbook runs 128 pages. This is the same information — the parts, the costs, the deadlines, and the choices — condensed into five. Medicare made simple, the way it should be.

Licensed in LA · TX · MI · TN · OH | Independent Broker · NPN 21393713 | No cost to you, ever

WHAT CHANGED THIS YEAR

New in 2026

$2,100 drug cap

Your out-of-pocket costs for covered Part D drugs are capped at $2,100 for the year. After that, you pay nothing more for covered drugs through December.

Spread drug costs monthly

The Medicare Prescription Payment Plan lets you pay drug costs in monthly installments instead of all at once at the pharmacy. It doesn't lower your total — it smooths it out.

More coordinated care

Medicare now pays for Advanced Primary Care Management, where your provider coordinates your care and gives you 24/7 access to your care team.

THE NUMBERS

2026 Medicare Costs at a Glance

COST	2026 AMOUNT
Part B standard monthly premium Higher earners pay more (IRMAA) above $109,000 single / $218,000 joint	**$202.90**
Part B annual deductible	**$283**
Part B coinsurance after deductible No annual limit unless you add supplemental coverage	**20%**
Part A hospital deductible Per benefit period — can apply more than once a year	**$1,736**
Hospital days 61–90 Days 91–150 using lifetime reserve days: $868/day	**$434/day**
Skilled nursing facility, days 21–100 Days 1–20: $0	**$217/day**
Part A premium if you must buy it Most people pay $0 based on work history	**$311 or $565**
Part D out-of-pocket cap	**$2,100**
Part D national base premium Used to calculate the late enrollment penalty	**$38.99**
High-deductible Plan G deductible Medicare Supplement option	**$2,950**

Questions? We answer them for free.

No pressure, no obligation — year-round support, not just at enrollment.

(318) 300-3180

medihealthinsgp.com

UNDERSTANDING YOUR OPTIONS

Medicare Parts Explained

Medicare is built from four parts. Parts A and B together are called Original Medicare. Part C is a private alternative that bundles them, and Part D adds prescription drug coverage.

A Hospital Insurance PART A

Usually premium-free

Covers inpatient hospital stays, skilled nursing facility care after a qualifying hospital stay, hospice, and some home health care. Most people pay no premium because they or a spouse paid Medicare taxes long enough while working.

- $1,736 deductible per benefit period, then $0 for days 1–60 of a hospital stay
- A new benefit period can start — and the deductible can apply again — more than once in a year
- If you have to buy Part A, the penalty for signing up late is 10% for twice the number of years you delayed

B Medical Insurance PART B

$202.90/month standard

Covers doctor visits, outpatient care, labs, durable medical equipment, and preventive screenings. After your $283 deductible, Medicare pays 80% of the approved amount and you pay the other 20%.

- **There is no annual cap on that 20%** unless you add supplemental coverage
- Premium is usually deducted from your Social Security payment
- Late enrollment penalty: 10% added for each full 12 months you could have had Part B but didn't — for life

C Medicare Advantage PART C

Often $0 plan premium

A Medicare-approved plan from a private company that bundles Parts A and B, usually includes Part D, and often adds extras like dental, vision, hearing, and fitness benefits. Plans use provider networks and may require prior authorization.

- You must have both Part A and Part B, and you keep paying your Part B premium
- Every plan has an annual out-of-pocket maximum — a real ceiling on covered costs
- You cannot use a Medicare Supplement policy alongside a Medicare Advantage plan

D Prescription Drug Coverage PART D

$2,100 yearly cap

Available as a stand-alone plan alongside Original Medicare, or built into most Medicare Advantage plans. Each plan has its own formulary — the list of drugs it covers and the tier each one falls into.

- Once your out-of-pocket drug spending reaches $2,100, covered drugs cost you nothing more that year
- Late enrollment penalty: 1% of the $38.99 base premium for every month you went without creditable coverage, added for as long as you have Part D
- Formularies change every January — the plan that was cheapest last year often isn't this year

The single most important sentence in this guide: Original Medicare by itself has no limit on what you can spend out of pocket in a year. That's the gap a Medicare Supplement or a Medicare Advantage plan is designed to close — in two very different ways. Page 3 compares them.

What Original Medicare doesn't cover

- Long-term and custodial care — help with bathing, dressing, and daily activities
- Routine dental care, dentures, and most cleanings and fillings
- Eye exams for glasses, and hearing aids or the exams to fit them
- Routine physicals, cosmetic surgery, and concierge medicine

What you get at no cost

Medicare covers a long list of preventive services with no coinsurance or deductible when you see a provider who accepts assignment — including the annual wellness visit, most cancer screenings, cardiovascular and diabetes screenings, and vaccines. For 2026, colorectal screening options were expanded to include CT colonography. These are already paid for — use them.

KNOW THE DIFFERENCE

Original Medicare vs. Medicare Advantage

There's no universally right answer. The best fit depends on your doctors, your medications, how much you travel, and whether you'd rather pay a steady premium or pay as you go.

	Original Medicare (A & B)	Medicare Advantage (Part C)
Doctors & hospitals	Any provider in the U.S. that accepts Medicare. No networks.	Generally must use the plan's network and service area. Out-of-network care costs more, if covered at all.
Referrals	Usually not needed to see a specialist.	May be required, depending on whether the plan is an HMO or PPO.
Monthly cost	Part B premium, plus a separate Part D premium, plus a Medigap premium if you add one.	Part B premium plus the plan premium, which is often $0. Drug coverage is usually included.
Out-of-pocket limit	None — unless you add Medigap, employer coverage, or Medicaid.	Every plan has a yearly maximum. After you hit it, covered services cost you nothing.
Extra benefits	Not included. Routine dental, vision, and hearing are generally not covered.	Most plans add dental, vision, hearing, fitness, and over-the-counter allowances.
Prior authorization	Rarely required.	Commonly required for certain services, procedures, and drugs.
Travel	Covered anywhere in the U.S. Foreign emergency care may be covered by some Medigap plans.	Coverage tied to the plan's service area. Some plans add a foreign emergency benefit.
Best suited to	People who travel, split time between states, see specialists often, or want predictable costs.	People who are comfortable in a local network and want low premiums plus extra benefits.

FILLING THE GAPS

Medicare Supplement (Medigap)

How Medigap works

- Sold by private carriers but **standardized by federal law** — Plan G from one company covers exactly what Plan G covers from any other. Only the price and the service differ.
- It pays your share of Original Medicare costs: the 20% coinsurance, hospital deductibles, and more.
- It does **not** include drug coverage. You add a separate Part D plan.
- Plans C and F are closed to anyone who became Medicare-eligible on or after January 1, 2020.

Timing is everything

Your **Medigap Open Enrollment Period** is a one-time, 6-month window that starts the first month you have Part B and are 65 or older.

- During that window, carriers must sell you any plan they offer at their best available rate, regardless of your health history.
- After it closes, most carriers can ask health questions and decline you — outside of limited guaranteed-issue situations.
- This window does not repeat annually. It is the most consequential deadline on this page.

Popular options: Plan G is the most comprehensive plan available to new enrollees and the most common choice. High-deductible Plan G carries a much lower premium with a $2,950 deductible in 2026. Plans K and L trade lower premiums for out-of-pocket limits of $8,000 and $4,000 respectively. No Medigap plan covers the Part B deductible.

KNOW YOUR TIMING

Enrollment Periods

Missing a window can mean waiting months for coverage — or paying a penalty that follows you for the rest of your life. These are the windows that matter.

3 MONTHS BEFORE THROUGH 3 MONTHS AFTER YOUR 65TH BIRTHDAY MONTH

Initial Enrollment Period

Your first 7-month window to sign up for Part A and Part B. Signing up before your birthday month gets coverage started sooner. If your birthday falls on the first of the month, the whole window shifts one month earlier.

OCTOBER 15 – DECEMBER 7 EACH YEAR

Open Enrollment (AEP)

Anyone with Medicare can join, switch, or drop a Medicare Advantage or Part D plan. Changes take effect January 1. Even if you're happy with your plan, formularies and networks change annually — a yearly review is worth the half hour.

JANUARY 1 – MARCH 31 EACH YEAR

Medicare Advantage Open Enrollment

If you're already in a Medicare Advantage plan, you get one change: switch to a different Advantage plan, or return to Original Medicare and add a Part D plan.

JANUARY 1 – MARCH 31 EACH YEAR

General Enrollment Period

The catch-up window if you missed your Initial Enrollment Period and don't qualify for a Special Enrollment Period. Late penalties may still apply.

6 MONTHS, STARTING WHEN YOU FIRST HAVE PART B AT 65+

Medigap Open Enrollment

Your one guaranteed shot at any Medicare Supplement plan without health underwriting. It doesn't come back.

VARIES — TYPICALLY 60 DAYS FROM THE EVENT

Special Enrollment Period

Triggered by qualifying life events: moving, losing employer or union coverage, qualifying for Medicaid or Extra Help, or your plan leaving the area. If you're still working past 65 with employer coverage, this is usually how you enroll later without penalty.

THE COST OF WAITING

Late Enrollment Penalties

PART	HOW THE PENALTY WORKS	HOW LONG YOU PAY IT
Part A	Premium rises 10% — only applies if you have to buy Part A	Twice the years you delayed
Part B	Premium rises 10% for each full 12 months you could have enrolled but didn't	As long as you have Part B
Part D	1% of the $38.99 national base premium for each month without creditable coverage	As long as you have Part D

Still working at 65? Whether you can safely delay Part B without a penalty depends largely on the size of your employer, and the rules cut both ways. This is one of the most common and most expensive mistakes we see. It's worth a five-minute phone call before you decide.

LOWERING YOUR COSTS

Help Paying for Medicare

Extra Help (Part D Low-Income Subsidy)

Helps pay drug plan premiums, deductibles, and coinsurance. In 2026, people who qualify generally pay no more than **$5.10 per generic** and **$12.65 per brand-name** drug at a participating pharmacy. Qualifying also removes the Part D late enrollment penalty.

Based on 2025 limits, a single person with yearly income under about $23,475 and resources under $17,600 may qualify — higher if married, still working, or supporting dependents. Current-year limits are posted on Medicare.gov.

Medicare Savings Programs

State-run programs that can pay your Part B premium, and in some cases your deductibles and coinsurance as well. Applications go through your state Medicaid office. Enrolling can also protect you from a Part B late enrollment penalty.

Medicare Prescription Payment Plan: available from every drug plan at no cost. It spreads your out-of-pocket drug costs across monthly bills instead of large payments at the pharmacy counter. It doesn't reduce what you owe — it changes when you pay it.

PROTECT YOURSELF

Your Rights & Guarding Against Fraud

- ✓ Review your Medicare Summary Notices and pharmacy receipts for services you never received.
- ✓ Guard your Medicare Number like a credit card. Medicare will never call to ask for it.
- ✓ You have the right to appeal any coverage or payment decision, from either Medicare or a plan.
- ✓ Report suspected fraud to 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048.

Bring these to your consultation

- ✓ Your prescription list, including dosages
- ✓ The doctors and hospitals you want to keep
- ✓ Your Medicare card or number, if you have one
- ✓ Any current insurance from an employer or union

That's enough for a genuinely useful first conversation.

Let's make this simple.

We're an independent brokerage based right here in Bossier City. We compare plans across multiple carriers, explain the trade-offs in plain English, and stay with you long after you're enrolled — for billing questions, plan changes, and claims. Our help costs you nothing, and your premium is identical whether you enroll through us or on your own.

CALL OR TEXT
(318) 300-3180

ONLINE
medihealthinsgp.com

YOUR ADVISORS
James Flynn · NPN 21393713
Krysti Flynn · NPN 22202514