

Southwestern CT
Agency
on **Ageing**
& Independent Living



NORTH CENTRAL
860-724-6443

www.ncaaact.org
North Central Area Agency on Aging
151 New Park Ave. Box 75
Hartford, CT 06106

WESTERN

Western CT Area Agency on Aging
203 757-5449
www.wcaaa.org

84 Progress Lane
Waterbury, CT 06705

SOUTHWESTERN

Southwestern CT Agency on Aging
203 333-9288
www.swcaa.org

1000 Lafayette Blvd. 9th Fl.
Bridgeport, CT 06604

SOUTH CENTRAL

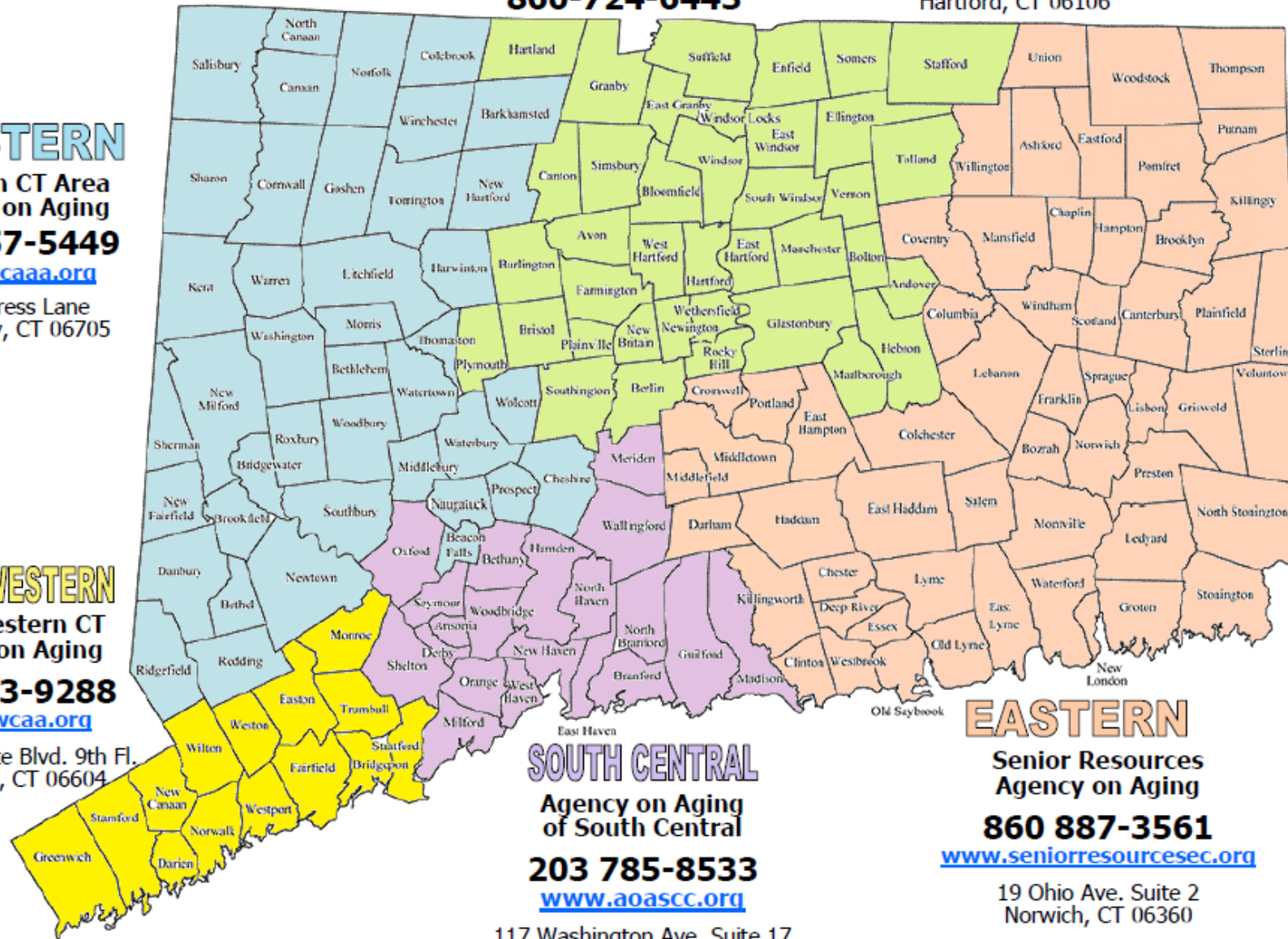
Agency on Aging of South Central
203 785-8533
www.aosccc.org

117 Washington Ave. Suite 17
North Haven, CT 06473

EASTERN

Senior Resources Agency on Aging
860 887-3561
www.seniorresourcec.org

19 Ohio Ave. Suite 2
Norwich, CT 06360





SHIP

State Health Insurance
Assistance Program

Navigating Medicare

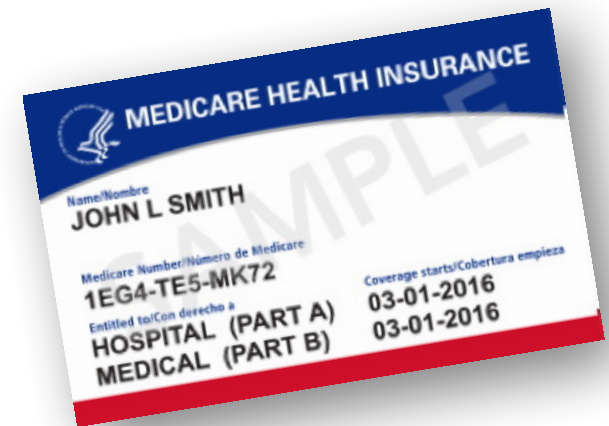


Aging Answers

Southwestern CT
Agency
on Aging
& Independent Living

MEDICARE 2026 Update

Southwestern CT Agency on Aging
Certified CHOICES Counselor



SHIP
State Health Insurance
Assistance Program



This presentation is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of 3 financial assistance awards totaling \$1,429,766 with 100 percent funding by ACL/HHS. Approximately 40% SHIP, 30% MIPPA, 30% SMP. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

What You'll Learn Today:



- What Medicare is and who qualifies
- Enrollment periods and when to act
- Medicare Part A and B Basics
- Your Medicare Coverage options
- Medicare.gov Plan Finder Tool
- Resources and local help

Enrollment: Automatic Enrollment



 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

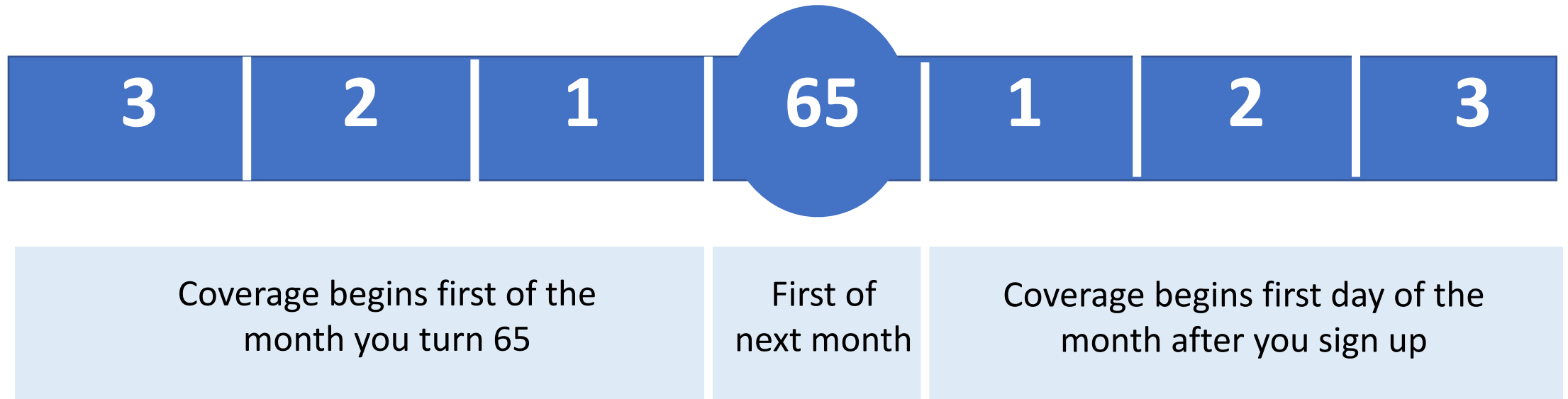
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

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- Those ***collecting*** a Social Security Benefit will automatically be enrolled in Medicare Parts A&B
- Initial Enrollment package
 - Mailed **three** months before eligibility
 - If you are **not** collecting Social Security Benefits you must enroll in Medicare Parts A&B by contacting SSA or enrolling on [SSA.gov](#)


Enrollment: Initial Enrollment Period

Initial Enrollment Period : 7-Month Period



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Enrollment: Who might delay enrolling?

- Employer Group Health Plan coverage based on **ACTIVE** (you or spouse) employment
 - Must be 20 or more employees (if disabled must be more than 100 employees) to defer enrolling in Part B
 - Once you (or spouse) decide to stop working you will be granted a Special Enrollment Period
- 
- A decorative yellow dashed line in the bottom right corner, consisting of several curved segments.

Enrollment: Special Enrollment Period



When Is My Special Enrollment Period?



While you have coverage from an employer

OR



The 8 months after your coverage ends for Parts A and B



The 63 days after your coverage ends for Parts C and D

Enrollment: SEP & Enrolling in B When You Have A



- Form CMS-L564 – Request for Employment Verification
- Form CMS-40B – Application for Enrollment in Medicare – Part B
- <https://secure.ssa.gov/mpboa/medicare-part-b-online-application/>
- Or – fax completed forms to your local Social Security Office

OPEN ENROLLMENT PERIOD



October 1, 2025

Start comparing your current coverage with other options. Beneficiaries should be reviewing mailings from CMS and Plan.



October 15 – December 7, 2025

Change your Medicare health or drug coverage for 2025, if you decide to. You can join, switch or leave a Medicare Part D plan or Medicare Advantage Plan.



Jan. 1st 2026

New coverage begins if you made a change! If you kept your existing coverage and your plan's costs/benefits changed, those changes become effective as of January 1st

Medicare Advantage Plan Open Enrollment Period

January 1, 2026 – March 31, 2026

Can use only if you're already enrolled in a Medicare Advantage Plan.

Switch to another Medicare Advantage Plan (with or without D)

Drop your Medicare Advantage Plan and go back to Original Medicare; you can also join a Part D plan

New coverage becomes effective the first month after the plan gets your request

You have only ONE change!

Mailings
Received
Yearly



Medicare & You 2026

The official U.S. government Medicare handbook



Medicare

Annual Notice of Change (ANOC):

-Mailed by September 30th

-Provides details on any changes for your plan that would be effective January 1st of the next year

Evidence of Coverage

-Mailed same time as ANOC

-Official detailed description of what your plan covers and how it works, serves as your contract with the plan for the coming year

Why evaluate your coverage during Open Enrollment?



Plans change drug coverage every year/ costs of drugs



Contracts with Pharmacies can change year to year

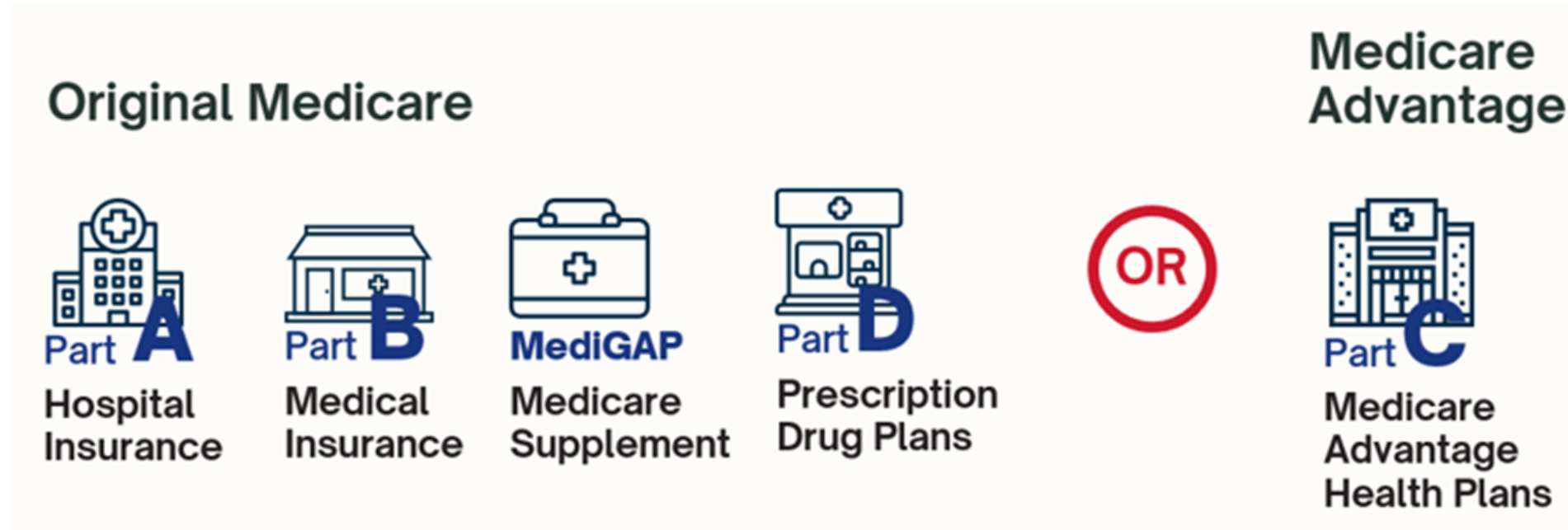


Medicare Advantage Plans can change Provider coverage year to year



Potential for significant savings with most appropriate plan

When it comes to Medicare Benefits, you have two options, both of which require you to enroll in both Medicare Parts A&B



Original Medicare



Part **A**

Hospital
Insurance



Part **B**

Medical
Insurance



MediGAP

Medicare
Supplement



Part **D**

Prescription
Drug Plans

Part A:

Hospital Insurance

Premium – premium free for individuals who earned 40 work quarters, for individuals with less than 40 quarters, you may purchase Part A

Inpatient care in a hospital

Inpatient Skilled Nursing Facility (SNF) care

Hospice

Home Health Care

Part B:

- Physician services (in & outpatient)
- Diagnostic Tests
- Durable Medical Equipment
- Prosthetic Devices
- Limited Ambulance Services

Coinsurance – Medicare will pay 80% for reasonable and customary services – you will pay 20%

Many preventive health benefits including a Welcome to Medicare Exam and a yearly Wellness Exam

Monthly Premium:

2025- \$185

2026: ?

Higher earners will pay more. Single \$106,000 or married couple \$212,000

Medicare DOES NOT cover



Routine dental
care

Including
dentures



Routine Vision

Eye exam relating
to prescribing
glasses



Routine
Hearing

Including hearing
aids



Long Term Care



Cosmetic Surgery

Part D Prescription Drug Plans

11 Stand alone
prescription drug
plans
to chose from

Range monthly
premiums
\$8.40- \$238.60

Drug deductible
\$0 - \$615

4 Benchmark Plans

Questions to ask when selecting at a Drug plan

Are my drugs covered?

Are my covered drugs under a different tier?

Do any of my drugs have restrictions?

Is my pharmacy of choice in network? Is it a preferred pharmacy?

Medigap: Plan Options



Medicare Part A&B does not pay 100%



You might want to consider purchasing *additional insurance* to help with those costs



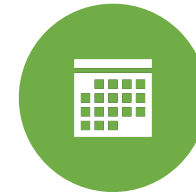
Plans range in premium and coverage



Plans are standardized meaning a Plan G is a Plan G regardless of the company you purchase it through



In CT, plans are community rated



In CT, plans have a continuous enrollment period

Standardized Medicare Supplement (“MediGap”) Plans Offered in Connecticut

CHOICES
1-800-994-9422

Current Monthly Rates¹

Rates shown are monthly electronic funds transfer rates rounded to the nearest dollar. Rates may vary by mode of payment. Check with the company for exact rates.

Company Information			Plans Available to All Applicants over Age 65 Beneficiaries with Disabilities under age 65 may purchase A, B or D plans (or C plan if eligible) ³									Plans Only Available to Those First Eligible for Medicare Prior To 1/1/2020			Important Dates	
Individual Plan Companies	Telephone Number	Pre-ex Cond. ²	A ³	B ³	D ³	G	G High Deductible ⁴	K	L	M	N	C ³	F	F High Deductible ⁴	Date Approved	Effective on or After
Anthem Blue Cross & Blue	1-800-238-1143	6 mos.	\$1,210			\$294					\$224		\$366		9/18/24	1/1/25
Cigna National	1-866-459-4272	6 mos.	\$447			\$246	\$85				\$176		\$338		12/12/25	8/1/25
Globe Life & Accident Ins. Co	1-800-801-6831	2 mos.	\$323			\$426	\$50				\$209	\$412	\$453	\$50	3/5/25	4/1/25
Omaha Ins. Co.	1-800-775-6000	N/A	\$923			\$462	\$59				\$317		\$508	\$96	5/7/25	7/1/25
Transamerica Life Company	1-800-797-2643	6 mos.	\$299			\$263		\$125	\$185	\$228	\$214	\$530	\$409		12/15/23	3/15/24
United American Ins. Co.	1-800-331-2512	2 mos.	\$222	\$346	\$440	\$411	\$50	\$135	\$200		\$207	\$442	\$392	\$56	11/16/23	1/1/24
USAA Life Ins. Co.	1-800-531-8000	N/A	\$602			\$316					\$206		\$322		12/12/24	9/1/25
Washington National Ins.Co	1-800-525-7662	N/A	\$467			\$430	\$67				\$312		\$377		7/24/23	1/1/24
Group Plans	Payment of a group membership fee is required for group plan purchase. All rules listed apply to both group and individual plans.															
United HealthCare AARP	1-800-523-5800	3 mos.	\$279	\$478		\$295		\$88	\$164		\$224	\$514	\$368		3/14/25	6/1/25

1. CT plans are community-rated and guaranteed-issue, meaning rates are the same regardless of age, and issuance of a policy cannot be denied based on age or pre-existing condition. Please see note #3 below regarding plans for individuals with disabilities.
2. Those age 65 or older without prior employer health insurance, MA-PD, or Medigap coverage within 63 days of Medigap enrollment may have a waiting period before preexisting health conditions are covered by the Medigap policy.
3. Plans for those under 65 - All companies must offer Plans A. If a company also offers Plan(s) B, C and/or D, then it must also offer the plan(s) to Medicare beneficiaries under 65 with a disability.
4. Please see Note # 1 on reverse side for information on high deductible plans F and G.

Standardized Medicare Supplement (“MediGap”) Plans Offered in Connecticut Benefit Chart

Benefits	Plans Available to All Applicants over Age 65 Beneficiaries with Disabilities under age 65 may purchase A, B or D plans (or C plan if eligible)								Plans Only Available to Those First Eligible for Medicare Prior To 2020	
	Plan A	Plan B	Plan D	Plan G ¹	Plan K	Plan L	Plan M	Plan N	Plan C	Plan F ¹
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up ²	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B co-insurance or copayment ³	✓	✓	✓	✓	50%	75%	✓	✓ ⁴	✓	✓
Blood: First 3 pints	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance (\$209.50 per day)			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible (\$1,676 per benefit period) ⁵		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible (\$257 per year)									✓	✓
Part B excess charges ⁶				✓						✓
Foreign travel emergency (Deductible \$250, then plan pays 80% up to \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit:	N/A	N/A	N/A	N/A	\$7,220 ⁷	\$3,610 ⁷	N/A	N/A	N/A	N/A

- Plans F and G have a high deductible option which require first paying a plan deductible of \$2,870 for 2025 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible Plans F and G count your payment of the Medicare Part B deductible (but not the separate \$250 foreign travel emergency deductible) towards meeting the plan deductible.
- Days 91-150 in the hospital are considered Lifetime Reserve Days and can only be used once. Once lifetime reserve days are used, all Medigap plans will cover the full cost of 365 additional days, which can also only be used once in your lifetime.
- Covers 20% coinsurance for most outpatient services, including observation status in a hospital, doctor visits, physical or occupational therapy, medical and surgical supplies, durable medical equipment, ambulance services, mental health services, preventive services and certain specific outpatient prescription drugs.
- Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.
- Part A Benefit Period begins the first day you enter hospital and ends when you have not received skilled care for 60 consecutive days. You may be responsible for the Part A deductible multiple times per year if you have multiple benefit periods.
- Medicare providers who do not accept assignment can charge up to 15% above the Medicare-approved rate. DME providers CAN charge beyond 15% if they do not accept assignment.
- For Plans K and L, after you meet your out-of-pocket yearly limit (\$7,220 for Plan K and \$3,610 for Plan L in 2025) and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

Medicare Advantage Plans (Part C)

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In most cases, you’ll need to use doctors who are in the plan’s network.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn’t cover—like vision, hearing, and dental services.

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

See Section 4 (starting on page 61) to learn more about Medicare Advantage.

Extra Benefits Offered by Plans:

- *Dental
- *Vision
- *Hearing
- Gym Memberships
- Over the counter
- Telehealth

**Many plans require beneficiaries to see providers within their network, require referrals & prior authorization for services

Questions to ask when selecting a Medicare Advantage Plan

Same questions you should ask for the drug plan

Are you doctors/hospitals in network?

Do I need referrals to see specialists

Do I need prior authorization for services?

How do your total plan costs compare to other Medicare coverage options?

Medicare Plan Finder Tool

- User friendly online Tool on Medicare.gov
- Use to compare Medicare plan options specific to your needs
 - Medicare Drug Prescription Plans (Part D)
 - Medicare Advantage Health Plans (Part C)
 - Medicare Supplemental Plans (Medigap)
- Provides detailed information on coverage, costs and benefits of different plan options in your area based on your prescriptions
- Allows you to enroll directly with Medicare Advantage plans or a Part D plan from Medicare.gov
- We recommend creating a Medicare.gov account to store your plan details and information

Medicare Plan Finder Tool- Provider Directory

- The Medicare.gov Plan Finder Tool has been updated to include a Provider Directory
- Users can now enter their healthcare provider's name to find plans that include that provider in their network
- This is a new feature, and it's recommended that you confirm with your provider directly to ensure they accept your chosen insurance carrier

Making Medicare affordable

Medicare Savings Programs (MSP) are available to CT residents who have limited income.

- Pays your Medicare Part B premium
- In some cases, pays your Medicare Part A&B cost-shares
- Gross monthly income is used to determine eligibility, no assets
 - Single: \$3,209 • Couple \$4,336 effective 3/1/2025
- Automatically qualified for LIS upon approval of MSP

Low Income Subsidy Program (LIS)

- Reduces the cost of covered Part D prescriptions to no more than \$12.15 / \$4.90
- Pays the Medicare Part D deductible
- Pays up to \$52.52 towards your Part D premium

Questions?

You may find SHIP counselors located in your town by calling our in-state toll free number

You can also reach your SHIP program by calling or emailing us:

1-800-994-9422

choices@swcaa.org

My Contact Information:



Katie Wheeler

Regional CHOICES Manager

203-814-3639

kwheeler@swcaa.org