SHORELINE INSURANCE SERVICES INC

Understanding Medicare and Your Healthcare Options 2026

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Medicare's Health Coverage

The **Basics** About Your Benefits...

PART A
Hospital + Skilled Nursing

PART B
Medical + Doctors + Tests

PART D
Prescription Drugs

Your Out-of-Pocket Expenses...

- Monthly Premiums (Parts B & D)
- Annual Deductibles (Parts A, B, & D)
- Co-Insurance (% paid by you)
- Co-Payments (Flat fee paid by you)

- Services or Supplies NOT APPROVED by Medicare
- Charges above the Medicare Approved amount (Balance Billing)
- Basic Dental, Hearing, and Vision Checkups and Eyewear
- Non-Diabetic Related Foot Care
- Long-Term Healthcare and Ongoing Custodial Home Healthcare

Ways to Cover the Gaps

Original Medicare (MediGap Supplements)

OR

PART C

Medicare Advantage Plan (MA & MAPD)

Medicare Part A + B

Provides your basic hospital and medical coverage

+

Medicare Supplement Insurance

Offers standardized benefits to help fill the gaps in Original Medicare.

Provided by private insurance companies.

Medicare Part D Prescription Drug Coverage

Provided by private insurance companies approved by Medicare

+

Dental & Vision Coverage

Provided by private insurance companies approved by Medicare

Medicare Part C

Include benefits equal to Part A and Part B

Includes RX + Additional benefits vary depending on the company and the plan you choose.

+

Medicare Part D Prescription Drug Coverage

Available only if you do not select an MA-PD without RX coverage

Both Supplement and Medicare Advantage plans include a gym membership at no additional cost to you.

NOTE: Remember that as a married couple, you may have always been on a "Family Plan" when you enter Medicare, you will be purchasing coverage for yourselves separately.

Medicare Part A

Your **Hospital** Benefits at a glance.

Covered Services:

- Inpatient hospital stays
- Inpatient skilled nursing facility care, except for custodial or long-term care
- Home health services for part-time care, including:
    1. Skilled nursing care
    2. Physical Therapy
    3. Speech Therapy
- Hospice Care

Coverage Requirements Specific to Part A

Service	Medicare Pays for Care If...
Hospital Stay	• Your doctor prescribes the hospital stay • Hospital agrees with your doctor that you need the care
Skilled Nursing Facility Care	• Your doctors certifies that you need daily care • Skilled care follows a 3 day inpatient hospital stay for related illness. • You require skilled nursing care for up to 100 days.
Home Health Services	• You are confined to your home • Services are limited to part-time skilled nursing care or approved therapies.
Hospice Care	• Your doctor certifies that you have six months or less to live

Part A - 2026

Out-of-Pocket Costs

	You pay
Monthly Premium	$0 Most people paid Medicare while working
Part A Deductible (per benefit period)	$1736
Coinsurance And Co-Pays	Amounts vary per service
Periods	**Hospital Stays and Co-Pays**
Up to 60 Days	$1736
Days 61-90	$434 per day
Days 91-150	$868 per day
After 150 Days	100% of costs
Periods	**Skilled Nursing Stay Co-Pays**
Days 1-20	Nothing
Days 21-100	$217 per day
After 100 Days	100% of Costs

Medicare Part B

Your **Medical** Benefits at a glance.

KEEP IN MIND

Even for services covered under Medicare, you still pay:

- Deductable & Coinsurance
- Charges above Medicare approved amount
- All costs if the provider or expense is not approved by Medicare.

Covered Services:

- Doctors' services
- Outpatient hospital services
- Medical services and supplies
- Home health services
- Certain preventative care

Coverage Requirements Specific to Part B

Service	Medicare Pays for Care If...	
Doctors Services	• Medically-necessary doctors' or covered preventive services • Physicians Asst. services • Nurse practitioner • Welcome to Medicare preventative & annual wellness visits.	• Dental Care • Routine vision care & eyeglasses • Routine foot care • Chiropractic care
Outpatient Hospital Services	• Emergency room • Immediate care clinics • Physical therapy • Lab tests and x-rays	• Cosmetics surgery • Non-emergency health care outside of the US
Medical Services & Supplies	• Ambulance services • Wheelchairs & walkers • Diabetes supplies • Casts & splints	• Prescription medications • Hearing Aids • Dentures
Home Health Services	• Intermittent skilled nursing care • Medically necessary physical and speech therapy	• Home health services not prescribed by a doctor • Long-term care • Custodial care

Part B - 2026

Out-of-Pocket Costs

You pay	
Monthly Premium	$202.90 for most people*
Part B Deductible (per benefit period)	$283
Coinsurance And Co-Pays (per benefit period)	**20%** of Medicare approved services after you meet your deductible

Beneficiaries who file an individual tax return with income greater than **$109,000** or who file a joint tax return with income greater than **$218,000** will pay a higher premium.

Two ways to help cover costs Medicare doesn't...

Medicare Supplement Insurance:
Cover more of your healthcare costs

Features + Benefits:

- Choices of several standardized plans* (Lettered)
- No provider networks
- No specialist referrals
- The Medi-Gap plans are lettered as well (A-N)
- **CT offers Plan A, Plan F** (to those 65 or enrolled in Part A prior to January, 2020), **Plan G** (covers all costs except Part B Deductible) **and Plan N** (covers all costs except Part B Deductible and doctor of $20 and ER co-pay of $50 if you are not admitted to the hospital).

Plan coverage is the exactly the same regardless of carrier, however, prices vary by carrier

All Plans Pay For:

- Part A co-pays and co-insurance
- 365 additional days of hospital coverage
- Part B co-pays and co-insurance
- Hospice care co-insurance

Certain plans pay for:

- Skilled nursing facility co-insurance
- Part A deductible
- Part B deductible
- Part B charges over the Medicare approved amount
- Foreign travel emergency care

Prescription drug coverage is available separately under Medicare Part D and must be purchased to avoid a lifetime penalty

No networks, no referrals, and plans with low out-of-pocket expenses.

***Plan availability varies by state.**

Medicare Advantage Plans - Part C

Discover a cost effective alternative to Original Medicare

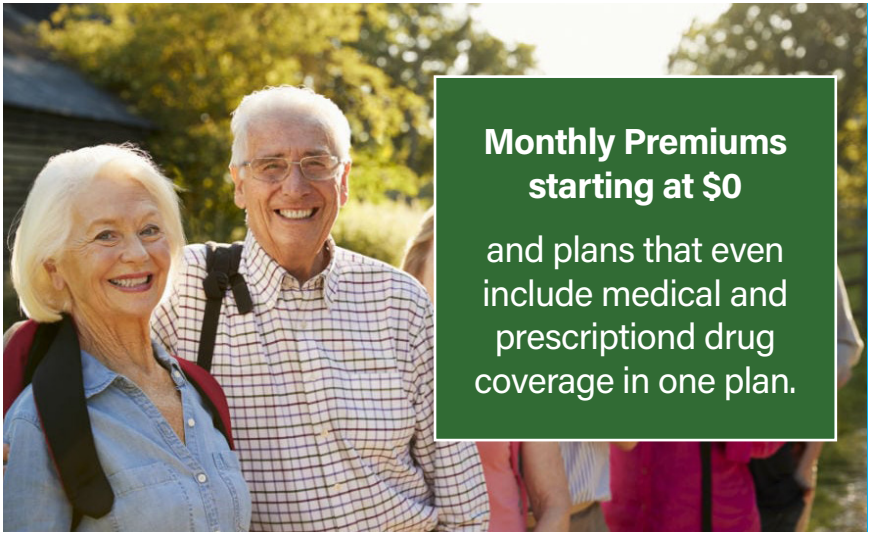
- Offered as managed care plans, such as:

    1. Health Maintenance Organizations (HMO's)
    2. Preferred Provider Organizations (PPO's)
    3. Private Fee-for Service (PPFS)(POS)

- May **have prodiver networks and may require specialist referrals.**
- Usually charge **co-pays/co-insurance** for most services (preventative services usually covered at no cost)
- May offer **additional coverage benefits,** such as:

    1. Low or no deductible
    2. Lower co-insurance
    3. Vision or Dental care
    4. Over The Counter Benefit

- Plan Benefits vary by company & the county you live in
- Often **includes prescription drug coverage** (MA-PD)
- Usually **less expensive** than supplemental insurance
- **Reduced or zero** monthy premiums



Part D Coverage

As of 2026, The Medicare "donut hole" was eliminated and replaced by a new cost structure that caps out-of-pocket coverage at $2100 per year.

The Elimination of the Donut Hole

The "donut hole" was a coverage gap in Medicare Part D where beneficiaries had to pay a larger share of their prescription drug costs after reaching a certain spending threshold. However, starting in 2026, this "gap" will no longer exist. Instead, Medicare Part D will have a more straightforward structure consisting of three (3) phases:

1. **DEDUCTIBLE PHASE:** Beneficiaries will pay 100% of their drug costs until they meet an annual deductible. Deductibles vary by carrier plan and not all drugs are subject to the deductible. In 2026, the maximum deductible will be $615.

2. **INITIAL COVERAGE PHASE:** After meeting the deductible, beneficiaries will pay 25% of the cost of their covered drugs until their total out-of-pocket costs reach $2100.

3. **CATASTROPHIC COVERAGE PHASE:** Once the $2100 out-of-pocket maximum limit is reached, beneficiaries will not have to pay anything for covered drugs for the remainder of the year.

Implications for Beneficiaries

1. **COST PREDICTABILITY:** The elimination of the donut hole and the introduction of a cap on out-of-pocket expenses will provide beneficiaries with more predictable drug costs throughout the plan year.

2. **PAYMENT OPTIONS:** Starting in 2026, beneficiaries will also have the option to spread their drug costs into equal payments throughout the year, rather than having to meet the deductible or the $2100 out-of-pocket maximum all at once in the beginning of the year.

Conclusion

The changes to Medicare Part D in 2026 aim to reduce the financial burden on beneficiaries by eliminating the donut hole and capping out-of-pocket expenses. This restructuring is a part of broader reforms that fall under the Inflation Reduction Act, which seeks to make prescription drug coverage more affordable and accessible for Medicare recipients.

Medicare Part D (needed with a Supplement)

Your **prescription drug** benefits at a glance.

Features + Benefits:

- Provides savings on the most widely used prescription drugs, including insulin
- Covers both brand-name and generic medications
- Accepted by pharmacies nationwide

Out-of-Pocket Part D Costs in 2026

2026 Drug Costs	
Phase 1 $0 - 615 (Deductible Phase)	Member pays deductible on certain drugs and 25% on others. **Monthly Premium: Varies by Plan**
Phase 2 $615 - $2100 (Payment Phase)	Member pays 25% of cost
Phase 3 > $2100 (Catastrophic Phase)	Member pays $0

No “Donut Hole”

Medicare Savings Program

The State of Connecticut offers financial assistance to eligible Medicare enrollees through our "Medicare Savings Programs." These programs may help pay Medicare Part B premiums, deductibles and co-insurance.

If you qualify for one of these three Medicare Savings Programs (depending on your income), DSS will pay your Medicare Part B premium each month. In addition, some enrollees will be covered for Medicare deductibles and co-insurance. Our Medicare Savings Programs are funded by Medicaid.

There are three Levels within MSP.
Your gross income or combined gross income with your spouse determines which category you will qualify for. The monthly limits effective through **February 28, 2027** are:

Generally, if your monthly income is at or below these levels...	
$2807 Single **$3806 Couple**	**QMB - This program pays your Part A & B premiums, deductibles, and co-insurance.** **Medicare providers are not allowed to bill you for Medicare covered items and services
$3073 Single **$4166 Couple**	**SLMB - This program pays for your Part B premium only.**
$3272 Single **$4437 Couple**	**ALMB - This program pays for your Part B premium only.** This program is subject to available program funding.

All three levels also automatically enroll you into the Low-Income Subsidy (LIS), also called "Extra Help." The LIS or Extra Help pays the full cost of a Medicare Part D (prescription coverage) benchmark plan, or a portion of a non-benchmark plan, yearly deductibles and co-insurance or co-pays. This coverage remains the same even if you reach the coverage gap. The LIS also allows you to change your Medicare Part D or Medicare Advantage plans outside of the open enrollment period.

The QMB level is the only level that acts like a Medicare Supplemental or Medigap plan. It will cover the costs of the deductibles or co-pays of Medicare Part A and Medicare Part B up to the Medicare approved rate. It will also pay the premium for Medicare Part A for qualified adults 65 years of age or older when they are not eligible for premium free Medicare due to work earnings. You are protected by federal law from being "balance billed" or billed for services after Medicare Part A and B pays its portion of the bill, if a provider agrees to treat you, whether or not the provider is a Medicaid provider.

Income Related Medicare Adjustment Amount (IRMAA) Explained

What you pay in 2026, if your yearly income in 2023 was:

Filing Single (2023 Tax Return)	Filing Joint (2023 Tax Return)	IRMAA	Total Part B Premium (Monthly)	Total Part B Premium (Quarterly)	Total Part D Cost (Monthly)
< $109,000	< $218,000	No	$202.90	$608.70	Plan Premium + $0
$109,001 to $137,000	$218,000 to $274,000	Yes	$284.10	$852.30	Plan Premium + $14.50
$137,001 to $171,000	$274,001 to $342,000	Yes	$405.80	$1,217.40	Plan Premium + $37.50
$171,001 to $205,000	$342,001 to $416,000	Yes	$527.50	$1,582.50	Plan Premium + $60.40
$205,001 to $500,000	$410,001 to $750,000	Yes	$649.20	$1,947.60	Plan Premium + $83.30
> $500,000	> $750,000	Yes	$689.90	$2,069.70	Plan Premium + $91.00

Important Contact Information

Medicare: 1-800-MEDICARE (633-4227)
www.medicare.gov

National Social Security: 1-800-772-1213
New Haven Social Security: 1-866-331-5281
www.ssa.gov

RX - Physician Lists

Name:

RX	Dosage	Quantity

Name:

RX	Dosage	Quantity

Pharmacy: CVS Walgreens Walmart Big Y

Stop & Shop ShopRite Mail Order Other: _____

PCP		
OB/GYN		
Cardiologist		
Dermatologist		
Ortho		
Ophthalmologist		
Dentist		

PCP		
Urologist		
Cardiologist		
Dermatologist		
Ortho		
Ophthalmologist		
Dentist		

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"We do not offer every plan available in your area. We represent 11 Carriers who offer 53 plans for Medicare Advantage and 21 Plans for RX. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."