

**Arkansas Insurance Department  
Senior Health Insurance Information Program  
(AR SHIP) Division**

# AR SHIIP

## Quick Guide

to

# MEDICARE

# 2026



# **Senior Health Insurance Information Program (AR SHIP) Division**

## **AR SHIP's Mission Statement:**

**Our mission is to empower, educate, and assist Medicare-eligible individuals through objective outreach, counseling, and training.**

**AR SHIP's vision is to become your trusted resource in the community for reliable Medicare information.**



**1 Commerce Way**

**Little Rock, AR 72202**

**Toll Free: 1-800-224-6330**

**FIND US ON FACEBOOK**

# Acronyms

**ALS** Amyotrophic Lateral Sclerosis

**CHAMPVA** Civilian Health and Medical Program of the Department of Veterans Affairs

**CHIP** Children's Health Insurance Program

**CMS** Centers for Medicare & Medicaid Services

**COBRA** Consolidated Omnibus Budget Reconciliation Act

**DME** Durable Medical Equipment

**ESRD** End-Stage Renal Disease

**FICA** Federal Insurance Contributions Act

**FPL** Federal Poverty Level

**GEP** General Enrollment Period

**GHP** Group Health Plan

**HSA** Health Savings Account

**IEP** Initial Enrollment Period

**IRMAA** Income-Related Monthly Adjustment Amount

**IRS** Internal Revenue Service

**LIS** Low-income Subsidy

**MAC** Medicare Administrative Contractor

**MA OEP** Medicare Advantage Open Enrollment Period

**MA-PD** Medicare Advantage Plan with Drug Coverage

**MACRA** Medicare Access and CHIP Reauthorization Act

**MAGI** Modified Adjusted Gross Income

**NTP** National Training Program

**OEP** Open Enrollment Period

**OPM** Office of Personnel Management

**PACE** Program of All-Inclusive Care for the Elderly

**PDP** Prescription Drug Plan

**QDWI** Qualifying Disabled & Working Individuals

**QHP** Qualified Health Plan

**QI** Qualified Individual

**QMB** Qualified Medicare Beneficiary

**RNHCI** Religious Nonmedical Health Care Institutions

**RRB** Railroad Retirement Board

**SEP** Special Enrollment Period

**SHIP** State Health Insurance Assistance Program

**SLMB** Specified Low-income Medicare Beneficiary

**SNF** Skilled Nursing Facility

**SSDI** Social Security Disability Insurance

**SSI** Supplemental Security Income

**TFL** TRICARE For Life

**TTY** Teletypewriter/Text Telephone

**VA** U.S. Department of Veterans Affairs

# Table of Content

<b>AR SHIIP Mission Statement.....</b>	<b>2</b>
<b>Acronyms.....</b>	<b>3</b>
<b>Table of Contents.....</b>	<b>4-6</b>
<b>Getting started with Medicare.....</b>	<b>7</b>
<b>Medicare and Responsibility.....</b>	<b>8</b>
<b>The Four Parts of Medicare.....</b>	<b>9</b>
<b>Medicare options &amp; Medicare vs. MA plan: Doctor’s &amp; Hospital choices.....</b>	<b>10</b>
<b>Medicare vs. Medicare Advantage plan: Cost and Coverage.....</b>	<b>11</b>
<b>Medicare vs. MA plan Foreign travel &amp; Automatic Enrollment Part A &amp; B.....</b>	<b>12</b>
<b>When to sign up or Make changes to your Medicare coverage &amp; IEP .....</b>	<b>13</b>
<b>Special Enrollment Period (IEP) &amp; General Enrollment Period (GEP).....</b>	<b>14</b>
<b>Yearly Open Enrollment Period (OEP) for people with Medicare &amp; MA OEP.....</b>	<b>15</b>
<b>MA &amp; Part D SEP &amp; OEP for Institutionalized Individuals (OEPI).....</b>	<b>16</b>
<b>When you must have Part A and B, Do I need to sign up for Part A?.....</b>	<b>17</b>
<b>Paying for Part A (Hospital Insurance) in 2026 &amp; Part A covers.....</b>	<b>18</b>
<b>Part A covers (continued) &amp; what you pay in original Medicare in 2026: Part A.....</b>	<b>19</b>
<b>Part A cost in 2026 (continued) &amp; Benefit Period in Original Medicare.....</b>	<b>20</b>
<b>Medicare Part B (Medical Insurance) covers &amp; Part B Preventive services.....</b>	<b>21</b>
<b>What’s not covered by Part A and B? &amp; What you pay in 2026 Part B Monthly Premiums.....</b>	<b>22</b>
<b>Monthly Part B standard premium: IRMAA for 2026 &amp; What you pay in Original Medicare.....</b>	<b>23</b>
<b>Should I keep/sign up for Part B? &amp; Medicare Supplement Insurance (Medigap) policies.....</b>	<b>24</b>
<b>What is Medigap? &amp; 8 things to know about Medigap policies.....</b>	<b>25</b>
<b>Medicare Supplement (Medigap).....</b>	<b>26</b>
<b>Medigap Policies Do Not cover EVERYTHING.....</b>	<b>27</b>
<b>Types of Medicare Supplement Insurance (Medigap) .....</b>	<b>28</b>
<b>Buyer Beware.....</b>	<b>29</b>
<b>Buyer Beware and Variables.....</b>	<b>30</b>
<b>Special Circumstances for guaranteed issue for Medigap.....</b>	<b>31</b>

# Table of Content

<b>Significant Medigap Insurance Laws.....</b>	<b>32</b>
<b>Medigap Plan coverage in 2026 &amp; Do I need a Medigap policy?.....</b>	<b>33</b>
<b>Help for people with Limited Income &amp; Resources.....</b>	<b>34</b>
<b>2026 Medicare Saving Program.....</b>	<b>35</b>
<b>2026 Full Extra Help Eligibility.....</b>	<b>36</b>
<b>When is the best time to buy a Medigap policy and How?.....</b>	<b>37</b>
<b>How Part D works &amp; Part D plan cost in 2026.....</b>	<b>38</b>
<b>Medicare Drug coverage (Part D).....</b>	<b>39</b>
<b>IRMAA: Part D Premium for 2026 &amp; Late Enrollment Penalty.....</b>	<b>40</b>
<b>Who can join Part D &amp; When can I join a Part D plan?.....</b>	<b>41</b>
<b>When can I join a Part D plan? (continued) &amp; choosing a Part D plan.....</b>	<b>42</b>
<b>Drug coverage Rules .....</b>	<b>43</b>
<b>What is a Formulary? &amp; Medicare Advantage Gap (Donut Hole).....</b>	<b>44</b>
<b>Should I join a Part D plan? &amp; Medicare Advantage plan Part C.....</b>	<b>45</b>
<b>How Medicare Advantage plan works.....</b>	<b>46</b>
<b>Different types of Medicare Advantage plans &amp; when can I join an MA plan?.....</b>	<b>47</b>
<b>How I join a MA plan? &amp; should I join a MA plan.....</b>	<b>48</b>
<b>Difference between Medigap &amp; MA plans &amp; Other Health cost plans.....</b>	<b>49</b>
<b>Medicare Supplement Plan (Open Block-Under 65).....</b>	<b>50</b>
<b>Medicare Supplement Plan (Open Block-Over 65).....</b>	<b>51</b>
<b>Medicare Supplement Plan (Closed Block-Under 65).....</b>	<b>52</b>
<b>Medicare Supplement Plan (Open Block-Over 65).....</b>	<b>53</b>
<b>Medicare Supplement Plan (Open Block-Over 65)continued.....</b>	<b>54</b>
<b>Other Health Plans: Program of All-inclusive Care for the Elderly (PACE) plan.....</b>	<b>55</b>
<b>4 Types of Medicare Saving Program &amp; Extra Help that lowers cost.....</b>	<b>56</b>
<b>What’s Extra Help &amp; Qualifying for Extra Help.....</b>	<b>57</b>

# Table of Content

<b>What’s Medicaid? &amp; How are Medicare and Medicaid different?</b> .....	<b>58</b>
<b>Medicare and the Health Insurance Marketplace</b> .....	<b>59</b>
<b>Medicare Rights and Protection &amp; What is an (ABN) Noncoverage?</b> .....	<b>60</b>
<b>Medicare Fraud, Waste &amp; Abuse (SMP)</b> .....	<b>61</b>
<b>Find a Doctor of Healthcare Provider</b> .....	<b>62</b>
<b>Medicare Frequently asked Question</b> .....	<b>63</b>
<b>AR Benefits Retiree Monthly Program &amp; MAPD Group &amp; Retirees Program</b> .....	<b>64</b>
<b>Postal Service Health Benefit (PSHB) Quick Facts</b> .....	<b>65</b>
<b>AR State &amp; Public-School Retirees</b> .....	<b>66</b>
<b>2026 AR State Non-Medicare Retirees Monthly Premiums</b> .....	<b>67</b>
<b>2026 Public School Medicare Health Advantage</b> .....	<b>68</b>
<b>2026 Public School Non-Medicare Retirees Monthly Premiums</b> .....	<b>69</b>
<b>2026 (Part B) Coverage for Medicare State &amp; Public Retiree</b> .....	<b>70</b>
<b>Key Points to Remember</b> .....	<b>71</b>
<b>Federal and State Quick Resources</b> .....	<b>72</b>
<b>Helpful Websites and Phone Numbers</b> .....	<b>73</b>
<b>Glossary</b> .....	<b>74-80</b>

# Getting Started with Medicare

Receiving Medicare is a major milestone. Listed below are 5 important facts to help you on your Medicare journey.

1. Some people receive Medicare automatically, and some have to sign up. You may have to sign up if you're 65 (or almost 65) and not receiving Social Security.
2. There are certain times of the year when you can sign up or change Medicare coverage.
3. If you sign up for Medicare (Part B) when you're first eligible, you will avoid a penalty.
4. You may be able to receive help with your Medicare costs.
5. Shop and compare plans each year.

**If you have questions regarding Medicare AR SHIP has the answers. Call AR SHIP and we will connect you with a certified Medicare counselors in your area. Call toll free at:**

**1-800-224-6330**

# MEDICARE

## Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



## Medicare & You 2026

The official U.S. government Medicare handbook



Medicare

## What Agencies Are Responsible for Medicare?



**Social Security**  
Enrolls most people in Medicare



**Railroad Retirement Board (RRB)**  
Enrolls both railroad retirees and active employees in Medicare



**Office of Personnel Management (OPM)**  
Handles federal retirees' premiums



**Centers for Medicare & Medicaid Services (CMS)**  
Forms Medicare policy and administers Medicare coverage, benefits, and payments

# The Four Parts of Medicare

## (Part A) (Hospital Insurance)



### Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

## (Part B) (Medical Insurance)



### Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)



## (Part C) (Medicare Advantage)

Medicare Advantage (MA) Plans are considered an all in one alternative plan to Original Medicare



## (Part D) (Drug coverage)

- Helps cover the cost of prescription drugs (including some shots and vaccines)
- Plans that offer Medicare drug coverage (Part D) are offered through private insurance companies that follow rules set by Medicare

 <b>MEDICARE HEALTH INSURANCE</b>	<b>Replacing your Medicare card</b>
Name/Nombre <b>JOHN L SMITH</b>	<b>If you need to replace your Medicare card because it's damaged or lost,</b> log into (or create) your secure Medicare account at <a href="https://www.Medicare.gov">Medicare.gov</a> to print or order an official copy of your Medicare card. You can also call 1-800-MEDICARE (1-800-633-4227) and ask for a replacement card to be sent in the mail. TTY users can call 1-877-486-2048.
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a <b>HOSPITAL (PART A) 03-01-2016</b> <b>MEDICAL (PART B) 03-01-2016</b>	

# Your Medicare Options

## Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



It can help pay some costs that other parts don't cover. This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you have it).

## Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

## Original Medicare vs. Medicare Advantage Plan: Doctor & Hospital Choice

Original Medicare	Medicare Advantage (Part C)
You can use <b>any doctor or hospital that takes Medicare, anywhere in the U.S.</b>	In many cases, <b>you can only use doctors and other providers who are in the plan's network and service area</b> (for non-emergency care). Some plans offer non-emergency coverage out of network, but typically at a higher cost.
In most cases, you <b>don't need</b> a referral to use a specialist.	You <b>may need to get a referral</b> to use a specialist.

## Original Medicare vs. Medicare Advantage Plan: Cost

Original Medicare	Medicare Advantage (Part C)
For Part B-covered services, <b>you usually pay 20% of the Medicare-approved amount</b> after you meet your deductible. This amount is called your coinsurance.	<b>Out-of-pocket costs vary.</b> Plans may have different out-of-pocket costs for certain services.
You <b>pay the monthly premium for Part B.</b> If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).	You pay the monthly <b>Part B premium</b> and may also have to <b>pay the plan's premium.</b> Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).
There's <b>no yearly limit</b> on what you pay out of pocket, unless you have supplemental coverage—like Medicare Supplement Insurance (Medigap), Medicaid, employer, retiree, or union coverage.	Plans <b>have a yearly limit</b> on what you pay for covered Part A and Part B services (with different limits for in-network and out-of-network services). Once you reach your plan's limit, you'll pay nothing for covered services for the rest of the year.
You <b>can choose to buy</b> Medigap to help pay your out-of-pocket costs that Medicare doesn't cover (like your 20% coinsurance). <u>Or</u> , you can use coverage from a current or former employer or union, or Medicaid.	You <b>can't buy Medigap</b> to cover your out-of-pocket costs.

## Original Medicare vs. Medicare Advantage Plan: Coverage

Original Medicare	Medicare Advantage (Part C)
Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities. Original Medicare doesn't cover some services, like routine physical exams, eye exams, and most dental care.	Plans must cover all medically necessary services that Original Medicare covers. For some services, plans may use their own coverage criteria to determine medical necessity. Plans may also offer some <b>extra benefits that Original Medicare doesn't cover.</b>
In most cases, you <b>don't need approval</b> (prior authorization) for Original Medicare to cover your services or supplies.	In many cases, you may need to get <b>approval</b> (prior authorization) from your plan before it covers certain services or supplies.
You can join a <b>separate Medicare drug plan</b> to get Medicare drug coverage (Part D).	<b>Medicare drug coverage (Part D) is included with most plans.</b> In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.

# Original Medicare vs. Medicare Advantage Plan: Foreign Travel

Original Medicare	Medicare Advantage (Part C)
Original Medicare generally <b>doesn't cover medical care outside the U.S.</b> You may be able to buy a Medicare Supplement Insurance (Medigap) policy that covers emergency care outside the U.S.	Plans generally <b>don't cover medical care outside the U.S.</b> Some plans may offer an extra benefit that covers emergency and urgently needed services when traveling outside the U.S.

★ **NOTE:** Medicare may pay for inpatient hospital, doctor, and ambulance services you get in a foreign country in rare cases.

## Automatic Enrollment: Medicare Part A & Part B

### Enrollment is automatic for people who:

- Get Social Security or RRB Benefits
- Are under 65, have a disability, and getting disability benefits from Social Security or certain disability benefits from the RRB for 24 months

### Look for your “Get Ready for Medicare” package

- Mailed 3 months before:
  - Your 65<sup>th</sup> birthday
  - Your 25<sup>th</sup> month of disability benefits
- Includes a letter, booklet, and Medicare card



# When to Sign Up or Make Changes to Your Medicare Coverage

## If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP)
- General Enrollment Period (GEP)

## If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- Open Enrollment Period for Institutionalized Individual (OEPI)
- Special Enrollment Period (SEP) (in certain circumstances)

## Initial Enrollment Period (IEP)

### 7-Month Period



If you sign up for Part A and/or Part B before you turn 65, your coverage starts the 1st day of your birthday month.



If you sign up the month you turn 65 or during the last 3 months of your IEP, your coverage begins the 1<sup>st</sup> day of the month after you sign up.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

★ **NOTE:** Your 6-month Medigap Open Enrollment Period (OEP) begins the month you're 65 or older and enrolled in Part B (must also have Part A) and lasts at least 6 months (may be longer in your state).

# Special Enrollment Period (SEP)

## Continues for 8 Months after GHP Coverage Ends

Starts after Medicare IEP if you have GHP coverage based on current employment



You can sign up for Part A (if you have to pay for it) and/or Part B:

- ✓ Anytime you're still covered by the GHP
- ✓ During the 8-month period that begins the month after the employment ends or the coverage ends

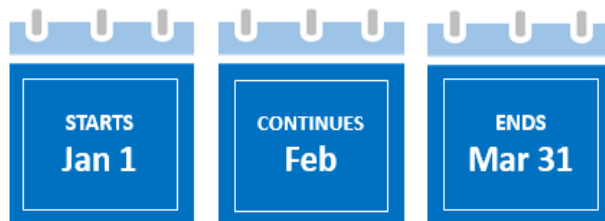
Usually, no late enrollment penalties



★ **NOTE:** You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).

# General Enrollment Period (GEP)

## 3-Month GEP each year



Coverage begins the 1<sup>st</sup> day of the month after you sign up

You can sign up for:

- Part A (if you have to buy it)
- Part B
- Part D (when you sign up for Part B)



May have late enrollment penalties

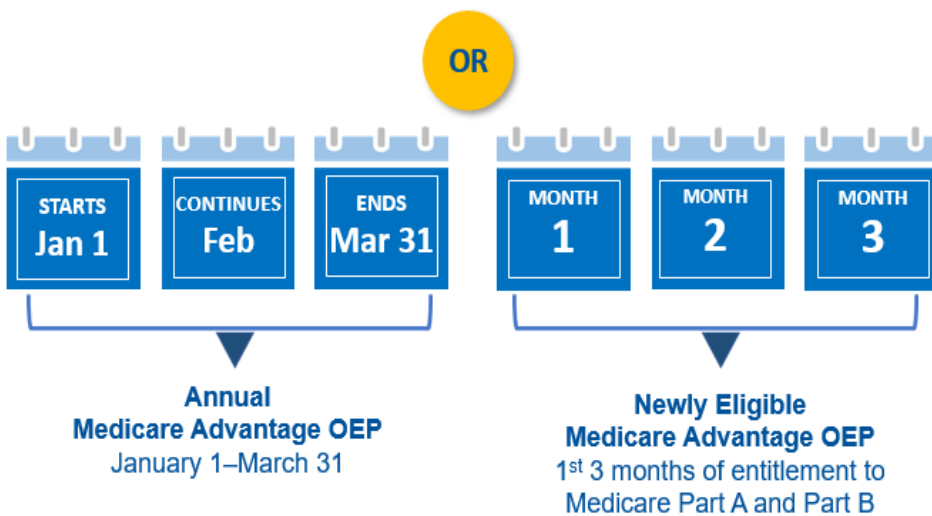
# Yearly Open Enrollment Period (OEP) for People with Medicare

## 7-Week Period



- 7-week period each year where you can join, drop, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

## Medicare Advantage Open Enrollment Period



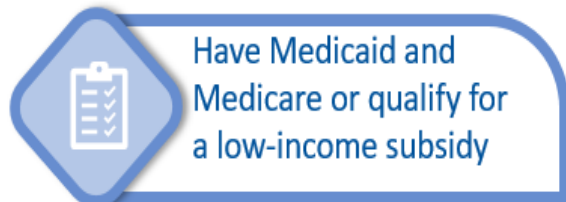
### You can:

- Switch to another Medicare Advantage Plan, with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare. If you do:
  - You can join a Medicare drug plan
  - Coverage begins the 1<sup>st</sup> of the month after you join the plan

★ **NOTE:** You need to be in a Medicare Advantage Plan to use this enrollment period.

# Medicare Advantage & Part D Special Enrollment Periods (SEPs)

You may have an SEP if you:



## Open Enrollment Period for Institutionalized Individuals (OEPI)

- **OEPI is continuous for eligible individuals who move into, reside in, or move out of an institution (like a nursing home)**
  - A Part D SEP will be provided
  - OEPI ends 2 months after the month the individual moves out of the institution
- **An individual using the OEPI to disenroll from a Medicare Advantage Plan that includes Part D benefits is eligible for a SEP to request enrollment in a Part D plan. The SEP:**
  - Begins with the month the individual requests disenrollment from the Medicare Advantage Plan, and
  - Ends on the last day of the 2<sup>nd</sup> month following the month Medicare Advantage enrollment ended.

# When You Must Have Part A & Part B



To buy a Medicare Supplement Insurance (Medigap) policy



To join a Medicare Advantage Plan



Eligible For TRICARE for Life (TFL)



Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)



Employer coverage requires you to have it (has fewer than 20 employees)

## Decision: Do I Need to Sign Up for Part A?

### Consider:



It's free for most people



You can pay for it if you or your spouse's work history isn't sufficient (there may be a penalty if you delay)



Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

★ **NOTE:** To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.

# Paying for Part A (Hospital Insurance) in 2026

## Most people don't pay a premium for Part A

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**.
- If you don't get premium-free Part A, you pay up to \$565 each month
- You may have to pay a **penalty** if you don't sign up when first eligible for Part A (if you have to buy it)
  - Your monthly premium may go up 10%
  - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up



## Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**
  - ✓ Semi-private room
  - ✓ Meals
  - ✓ General nursing
  - ✓ Drugs (including methadone to treat an opioid use disorder)
  - ✓ Other hospital services and supplies
- **Inpatient care in a skilled nursing facility (SNF)** after a related 3-day inpatient hospital stay



Part A  
Hospital Insurance

# Part A (Hospital Insurance) Covers (continued)

## Part A also helps cover:

- Blood (inpatient)
- Hospice care
- Home health services
- Inpatient care in a religious nonmedical health care institution (RNHCI)



**Part A**  
Hospital Insurance

## What You Pay in Original Medicare in 2026: Part A

### Hospital Inpatient Stay

- \$1,736 deductible for each benefit period.
- Days 1–60: \$0 copayment for each day.
- Days 61–90: \$434 copayment each day.
- Days 91–150: \$868 copayment each day while using your 60 “lifetime reserve days.”
- After day 150: You pay all costs.

**NOTE:** You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.

### Mental Health Inpatient Stay

- \$1,736 deductible for each benefit period.
- Days 1–60: \$0 each day.
- Days 61–90: \$434 copayment each day.
- Days 91 and beyond: An \$868 copayment each day while using your 60 “lifetime reserve days.”
- Each day after the lifetime reserve days: All costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other health care providers while you're a hospital inpatient.

**NOTE:** There’s no limit to the number of benefit periods you can have, whether you’re getting mental health care in a general or psychiatric hospital. However, if you’re in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

# Part A (Hospital Insurance) Costs in 2026 (continued)

- Skilled Nursing Facility (SNF) Stay**
- Days 1–20: \$0 for each benefit period.
  - Days 21–100: \$217 copayment each day.
  - Days 101 and beyond: You pay all costs.

- Home Health Services**
- \$0 for home health services.
  - 20% of the Medicare-approved amount for durable medical equipment (DME) like wheelchairs, walkers, hospital beds, and other equipment.

- Hospice Care**
- \$0 for hospice care services.
  - You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to find out if it's covered under Medicare drug coverage (Part D).
  - You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
  - Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.

- Blood**
- If hospital gets it from a blood bank at no charge, you have no charge.
  - If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

## Benefit Periods in Original Medicare

- **Each benefit period:**
  - Begins the day you first get inpatient care in hospital or SNF
  - Ends after being home for 60 days in a row (not in a hospital or skilled care in a SNF)
- You pay Part A deductible for each benefit period
- No limit to number of benefit periods you can have



Benefit periods can span across calendar years

# Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions



Part B  
Medical Insurance

## Part B: Preventive Services

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use & tobacco-caused disease
- Covid-19 vaccines
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus infection screenings
- Hepatitis C Virus infection screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

## What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:



- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge care
- Covered items or services you get from a doctor or other provider that has opted out of participating in Medicare
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

## What You Pay in 2026: Part B Monthly Premiums

Standard premium is \$202.90



Some people who get Social Security benefits pay less due to the statutory hold harmless provision



Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

## Monthly Part B Standard Premium: Income-Related Monthly Adjustment Amount (IRMAA) for 2026

If your yearly income in 2024 (for what you pay in 2026) was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90
Above \$109,000 up to \$137,000	Above \$218,000 up to \$274,000	Not applicable	\$284.10
Above \$137,000 up to \$167,000	Above \$274,000 up to \$342,000	Not applicable	\$405.80
Above \$171,000 up to \$205,000	Above \$342,000 up to \$410,000	Not applicable	\$527.50
Above \$205,000 and less than \$500,000	Above \$410,000 and less than \$750,000	Above \$109,000 and less than \$391,000	\$649.20
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$689.90

## What You Pay in Original Medicare in 2026: Part B

Yearly Deductible      \$283 (You pay this deductible once each year)

Coinsurance for Part B Services

- 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment
- \$0 for most preventive services
- 20% for outpatient mental health services, and copayments for hospital outpatient services

## Decision: Should I Keep/Sign Up for Part B?

### Consider:

- Most people pay a monthly premium
  - Usually deducted from Social Security/Railroad Retirement Board (RRB) benefits
  - Amount depends on income
- You can delay enrollment if you have group health plan (GHP) coverage based on your current employment, or the employment of a spouse or a family member if you're disabled
- You can apply for Part B at any time while working and continue for 8 months after employment ends or GHP ends, whichever comes first
- Sometimes, you must have Part B

## Medicare Supplement Insurance (Medigap) Policies

- Help pay out-of-pocket costs in **Original Medicare**
- Sold by **private health insurance companies**
- Some policies also cover benefits Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- All **standardized** Medigap policies offer the same basic benefits no matter where you live or which insurance company you buy the policy from
- Medigap policies in Minnesota, Massachusetts, and Wisconsin are standardized in a different way
- Another type of Medigap policy called Medicare SELECT is available in some states



Medicare Supplement  
Insurance (Medigap)

# What is Medicare Supplement Insurance (Medigap)?

Medigap is Medicare's Supplement Insurance that helps fill "**gaps**" in Original Medicare and is sold by private companies. Original Medicare pays for some of the cost for covered health care services and supplies. A Medicare Supplement Insurance (Medigap) policy can help pay some of the remaining health care costs, such as:

- Copayments
- Coinsurance
- Deductibles

## 8 things to know about Medigap policies

1. You must have Medicare (Part A) and (Part B).
2. You pay the private insurance company a monthly Premium for your Medigap policy. You pay this monthly premium in addition to the monthly (Part B) premium that you pay to Medicare.
3. A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.
4. You can buy a Medigap policy from any insurance company that's licensed in your state.
5. Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can not cancel your Medigap policy as long as you pay the premium.
6. Some Medigap policies sold in the past covered prescription drugs. However, Medigap policies sold after January 1, 2006 are not allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D).
7. It's illegal for anyone to sell you a Medigap policy if you have a Medicare Advantage Plan, unless you're switching back to Original Medicare.
8. Medigap policy covers you if you travel outside the country.

# Medicare Supplement (Medigap)

## Predictable Out-of-Pocket Costs

Low or no out-of-pocket copay, coinsurance or deductible plan options available.

## More Complete Coverage

Prescription drug (Part D) plans work with Medicare Supplement plans to provide you with more complete coverage.

## Keep Your Doctor

Choose any doctor or hospital that accepts Medicare patients—no referrals needed.

## Coverage When You Travel

A Medicare Supplement plan goes with you when you travel anywhere in the U.S.

## Guaranteed Coverage for Life\*

Plan features stay the same from year to year, and your coverage will never change, even if your health does.

**\*Coverage guaranteed for life as long as you pay your premiums when due and you do not make any material misrepresentation when you apply for this plan. Rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state.**

# Medigap Policies Do Not Cover Everything

Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

## Insurance plans that are not Medigap

This list include the following insurance plans:

- Medicare Advantage Plans (like an HMO, PPO, or Private Fee-for-Service Plan)
- Medicare Prescription Drug Plans
- Medicaid
- Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)
- TRICARE
- Veterans' benefits
- Long-term care insurance policies
- Indian Health Service, Tribal, and Urban Indian Health plans

## Important Information to Remember

➡ Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. Generally, Medigap doesn't cover long-term care (like care in a nursing home), vision or dental services, hearing aids, eyeglasses, or private-duty nursing.

➡ Contact your private insurance company for more information on your coverage and your monthly premium for Medigap in addition to the monthly (Part B) premium you pay to Medicare. Also, if you buy Medigap and a separate Medicare drug plan from the same company, you may need to make 2 separate premium payments. Contact the company to find out how to pay your premiums.

➡ A Medigap policy only covers one person. Spouses must buy separate coverage.

# TYPES OF MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)

**Most companies offer two rates: Preferred and Standard.** The monthly premium amount is based on medical underwriting. Underwriting is the method insurance companies use to evaluate your health status to determine risk and insurability (to determine if they will sell you a policy).

## **Preferred Premium**

The Preferred insurance premium is typically lower than the standard premium. Insurance companies base their decision to offer a preferred premium on a variety of factors including but not limited to: smoking/tobacco use, weight, cholesterol, blood pressure, substance abuse, etc. Preferred Premiums are offered to those purchasing during the Medigap Open Enrollment Period (OEP).

Vs.

## **Standard Premium**

The standard rates apply outside the Medigap Open Enrollment Period and for those with less favorable medical histories.

## **Medigap Select Policy**

A select policy has a NETWORK or specific list of providers (hospitals) an insured person can use. In general, Medicare SELECT policies are not required to pay any benefits (claims/bills) if you do not use a preferred/network provider for non-emergency services. Medicare, however, will still pay its share of approved charges regardless of the provider you choose.

The select policy usually offers the lowest cost premium. In Arkansas, three companies offer select policies:

- ◆ AARP/United Healthcare Insurance Company

**If you choose a Medicare Select Policy, be sure your hospital is in-network.**

# BUYER BEWARE

**For Quotes And Exact Premium Cost.** Contact a company or agent to purchase.

**SHOP WITH CAUTION.** Do not just buy the cheapest policy without weighing other factors and determining the company's financial stability and reputation for resolving complaints.

**AVOID HIGH PRESSURE SALES TACTICS.** Take time and avoid being pushed into buying an insurance policy. Be wary of agents and sales material that imply a policy is connected with or endorsed by the government. Medicare Supplement Insurance and Long-term Care insurance are not connected with or endorsed by the federal government.

**DON'T BE MISLED BY ADVERTISING.** Do not buy a policy because celebrities endorse it on television, radio, newspaper, or other advertisements. Ask questions before buying a policy.

**BE CAREFUL HOW YOU PAY FOR POLICIES. Do not pay in cash.** When purchasing Medicare Supplement Insurance, it is always best to pay by check, money order, or bank draft. Premium payments should always be made payable to the insurance company instead of the agent selling the policy. If you must pay in cash, be sure to get a company-authorized receipt.

**KEEP YOUR POLICY IN A SAFE PLACE.** Select a friend or relative in advance to handle your medical affairs in case of illness and let that person know where to locate your policy.

**KEEP RECORDS.** Write down the names, phone numbers and address of the insurance company and the agent who is selling you the policy.

## **BUYER BEWARE**

When describing the benefits of Medicare Supplement Plans, all insurers use the same format, language, and definitions. They are required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier to compare policies from different insurers. As you shop for a policy, keep in mind that each company's products are standard, products compete based on price, service, and reputation.

**PRICE.** While the benefits are identical for all Medicare Supplemental Plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. The price should not be the only concern. You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. Some plans add benefits but remember the basic coverage is the same from plan to plan based on federal law.

**CUSTOMER SERVICES.** You should ask about the insurer's customer services. For example, some companies link their computers with the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover. This and other available customer services may be important considerations in making a decision.

**REPUTATION.** You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals, asking others about their experiences, and check out the number of complaints filed at this website:

<https://eapps.naic.org/cis/>.

## **VARIABLES**

**POLICY FEE:** Some policies add a one-time policy fee. **These are not allowed in Arkansas.**

**UNDERWRITING:** Most companies underwrite. However, a few policies are "guaranteed issue."

**PREMIUM TYPE:** The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approach that companies use are described below. **In Arkansas, the "no age rating method" is used.**

**1. Attained Age:** In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.

**2. Issue Age:** The premium you pay will initially be somewhat higher than under the attained age approach because a portion of the initial premium is used to pre-fund the increased claims cost in later years. As a result, in subsequent years your premiums should be somewhat less than they would be under an attained age approach.

**3. No Age Rating or Community Rated Age:** Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

**DIRECT RESPONSE/AGENT:** Premiums are basically the same when comparing a direct response sale to an agent-marketed sale.

**NON-SMOKER:** Few companies have non-smoker discounts.

**MEDICARE CROSSOVER:** This is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the policyholder's balance bills directly to the Medicare Supplement Insurance Company.

# SPECIAL CIRCUMSTANCES FOR GUARANTEED ISSUE FOR MEDIGAP

Federal and state laws guarantee acceptance into Medicare Supplement insurance (Medigap), if a Medicare beneficiary qualifies in one of seven categories listed below. This means the insurance company can not deny a policy nor impose a pre-existing waiting period based on medical history. There is a strict time limit! The Medicare beneficiary has **ONLY 63 days** from the date of loss of coverage to apply for a Medigap policy and be granted a guaranteed issue.

The Arkansas Insurance Department is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare Supplement Insurance.

## CATEGORY 1:

*If* a Medicare beneficiary is enrolled in an employer-sponsored plan and the plan terminates or ceases to provide some or all supplemental benefits to Medicare, or the insured chooses to leave the plan.

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

## CATEGORY 2:

*If* a Medicare beneficiary is enrolled in a Medicare Advantage Plan and

- the plan's certification is terminated
- the plan ceases to provide all services
- the enrollee moves out of the service
- the plan violates the contract, misrepresents during marketing
- there are other circumstances as determined by HHS Secretary

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

## CATEGORY 3:

*If* a Medicare beneficiary is enrolled in a Medicare Risk, Cost, Demonstration, HCPP, or select plan, and

- the plan's certification is terminated
- the plan ceases to provide all services
- the enrollee moves out of the service
- the plan violates the contract, misrepresents during marketing
- there are other circumstances as determined by HHS Secretary

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

## CATEGORY 4:

*If* a Medicare beneficiary is enrolled in a Medigap policy and any of the following occur:

- the Insurer becomes insolvent or bankrupt

- there is involuntary termination of coverage or enrollment
- there is material violation of the policy
- there is material misrepresentation during marketing

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

## CATEGORY 5:

*If* a Medicare beneficiary is enrolled in a Medigap policy, terminates it and enrolls for the first time in a Medicare Advantage Plan, Risk, Cost, Demonstration, HCPP, or Select plan, and disenroll from the chosen coverage within the first 12 months as permitted under federal law,

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans or his/her prior Medigap plan, if it is still available.

## CATEGORY 6:

*If* an individual is first eligible for Medicare (Part A) at the age of 65, and

- enrolls in a Medicare Advantage plan
- disenroll within the first 12 months after enrollment as permitted by federal law

Then guarantee issue of any Medigap plan sold by any insurer.

## CATEGORY 7:

*If* an individual leaves a Medicare Advantage Plan or drop a Medigap policy because the company has not followed the rules or misled the individual,

Then guarantee issue of Medigap Plans A, B, C, F, K, L, M, or N sold by any insurer.

**If you believe you meet the criteria in one of these categories and have been denied a policy, contact Arkansas SHIIP 1-800-224-6330 or email: [insurance.shiip@arkansas.gov](mailto:insurance.shiip@arkansas.gov)**

# SIGNIFICANT MEDIGAP INSURANCE LAW

- A free-look period of 30 days is required, during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the day the applicant receives the certificate or policy, not the day of the application.
- A pre-existing condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the application. The Medical questionnaire accompanying an application should have accurate information and should be completed by the applicant, not the agent.
- Should the applicant be replacing a Medicare supplement policy, no new waiting period is allowed by the replacing insurer for equivalent coverage.
- For replacement policies, the applicant is required to sign a replacement form indicating that he/she understands the hazards of changing
- No agent in Arkansas may sell a new Medicare supplement policy to anyone who already has a Medicare Supplement unless the applicant agrees to drop his or her previous insurance.
- All Medicare supplement policies must be guaranteed renewable.

- The 101<sup>st</sup> congress (1990) passed strong federal legislation, which made uniform requirements for Medicare Supplement Insurance policies in each state. Policy holders are not required to change from their old supplemental policies to a policy with the new standards unless they so choose.

## **MEDIGAP OPEN ENROLLMENT**

- **MEDIGAP OPEN ENROLLMENT:** A Medicare supplement insurer may not deny an applicant a policy during the six months period known as the Medigap Open Enrollment Period. The six month period begins with the Medicare beneficiary is BOTH enrolled in Part B and age 65 or older. During this enrollment period an insurance company can not deny a policy based on the applicant's health status. This is a one time enrollment period. Once the Medigap Open Enrollment Period begins, it cannot be started again.

### **In Arkansas, there is no open enrollment period for Medicare Beneficiaries who are not yet 65.**

However, they are entitled to a six-month Open Enrollment Period when they reach age 65.

- An insurer must suspend Medicare Supplement Premiums and benefits while the policyholder is entitled to Medicaid. The insurer must reinstate policy benefits upon request if Medicaid entitlement ends. This suspension may last up to two years. Policyholders are responsible for informing the insurer of their Medicaid eligibility within 90 days of eligibility determination.

**If Medicaid eligible, may suspend  
Medigap for two years.**

# Medigap Plan Coverage in 2026

Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood benefit (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2026**	Out-of-pocket limit in 2026**		
							\$8,000	\$4,000		

\* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 in 2026 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020.)

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance after you have met your Part B deductible (\$283 for 2026). You must pay 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.

## Decision: Do I Need a Medigap Policy?

Can I get a Medigap policy if I have a Medicare Advantage Plan, but plan on returning to Original Medicare?

Yes.

What if I have other supplemental coverage, like from an employer?

You might not need Medigap.

Can I afford Medicare deductibles and copayments?

Weigh this against how much the monthly Medigap premium costs.

What does the monthly Medigap premium cost?

It can vary.

# Help for People with Limited Income & Resources



Medicare Savings Programs



Medicaid



Extra Help



Children's Health Insurance Program (CHIP)

# 2026 Medicare Savings Program

	ARSENIORS	QMB	SMB	QI-1
<b>Benefits Package</b>	<ul style="list-style-type: none"> <li>Provides full range of Health Care Services including Personal care services in the home when prescribed by a physician.</li> <li>Pays monthly Medicare premiums and co-payments.*</li> </ul> <p><b>NOTE: Only for Seniors 65 and over.</b></p>	<ul style="list-style-type: none"> <li>Pays monthly Medicare premiums.</li> <li>Pays Medicare deductibles.</li> <li>Pay co-insurance payments.</li> <li>Pays co-payments for Medicare managed care (HMOs). Recipient receives Health Care Card.</li> </ul>	<ul style="list-style-type: none"> <li>Pays monthly Medicare Part B premium only.*</li> <li>Recipient does not receive a Health Care Card.</li> <li>Recipient CAN be certified in another Health Care Category at the same time.</li> </ul>	<ul style="list-style-type: none"> <li>Pays monthly Medicare part B Premium only.*</li> <li>Recipient cannot be certified in another Health Care category at the same time.</li> <li>Recipient does not receive a Health Care Card.</li> </ul>
<b>Monthly gross income</b>	<b>Individual</b> \$1,064.00	\$1,330.00	Greater than \$1,330.00 but less than \$1,596.00	At least \$1,596.00 but less than \$1,795.50
<b>Eligibility Requirement**</b>	<b>Couple</b> \$1,442.67	\$1,803.00	Greater than \$1,803.00 but less than \$2,164.00	At least \$2,164.00 but less than \$2,434.50
<b>Asset Eligibility Requirement</b>	<b>Individual</b> \$9,950.00 <b>Couple</b> \$14,910.00	Your home and one (1) vehicle are not counted as an asset. We also do not count some burial funds as an asset.		

\*The Medicare premium rate for 2026 is \$202.90

\*\*Current income Limits for 4/01/2026-03/31/2027

You will not be required to visit the county office. If there are any questions about your application, a caseworker may contact you. You will be placed in the Medicare Savings benefit package with the most coverage based on your eligibility. You will receive a notice in the mail within 45 days telling you if you qualify for Medicare Savings benefits and when your eligibility will begin.

## Low-Income Subsidy (LIS)/Extra Help (2026) - 48 STATES + DC

Beneficiary Group	Annual Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income ≤ 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$1.60 generic /\$4.90 brand</i>  <i>Catastrophic Copay: \$0</i>
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	<i>Copay: \$5.10 generic /\$12.65 brand</i>  <i>Catastrophic Copay: \$0</i>
Non duals with income between ≤ 150% FPL	<b>Single:</b> \$24,180*  <b>Couple:</b> \$32,700*	<b>Single:</b> \$2,015*  <b>Couple:</b> \$2,725*	<b>Single:</b> \$16,590 / \$18,090**  <b>Couple:</b> \$33,100 / \$36,100**	Yes	No	No	<i>Coinsurance: 0%</i>  <i>Copay: \$5.10 generic /\$12.65 brand</i>  <i>Catastrophic Copay: \$0</i>

\* Income amounts reflect threshold with the \$20 monthly income disregard (annually = \$240); income is rounded to the nearest whole dollar.

\*\* Asset limits include amount with \$1,500/person burial allowance.

**Income Levels Source:** <https://aspe.hhs.gov/poverty-guidelines>

**Asset/Resource Levels:** <https://www.cms.gov/about-cms/contact/newsroom>

**Part D Cost-Sharing Source:** <https://www.cms.gov/files/document/2026-announcement.pdf>

Updated Feb 2026 | [ncoa.org](http://ncoa.org)

# When's the Best Time to Buy a Medigap Policy?

## Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts at least 6 months (may be longer in your state)

## During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem



★ **NOTE:** You can also buy a Medigap policy whenever a company agrees to sell you one.

## How to Buy a Medigap Policy



Decide on a  
**Medigap plan (A–N)**



Find **insurance companies** that sell  
Medigap policies in  
your state



Check on **Medigap protections** in your state



**Shop around**  
(consider plan and price)



**Choose** the insurance  
company and the  
Medigap policy



**Apply** for the policy

## How Part D Works

- It's optional
  - You can choose a plan and join
  - You may pay a lifetime penalty if you join late
- Plans have lists of covered drugs (formularies), which:
  - Must include a range of drugs in each category
  - May change during the year—you'll be notified
- If you have limited income and resources, you may get Extra Help


## Medicare Drug Plan Costs: What You Pay in 2026

### Most people will pay:

- A monthly **premium** (varies by plan and income)
- A yearly **deductible** (if applicable)
- **Copayments or coinsurance**
- **Out-of-pocket** costs—**\$2,100** cap on covered Part D drugs



## Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
  - Run by insurance companies and other private companies approved by Medicare
  - Provided through:
    - Medicare drug plans (sometimes called a Prescription Drug Plan or PDP) (work with Original Medicare)
    - Medicare Advantage Plans with drug coverage (sometimes called MA-PDs)
    - Some other Medicare health plans
- 

## Income-Related Monthly Adjustment Amount (IRMAA): Part D Premium for 2026

If your filing status and yearly income in 2024 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
\$109,000 or less	\$218,000 or less	\$109,000 or less	Your plan premium (YPP)
Above \$109,000 up to \$137,000	Above \$218,000 up to \$274,000	Not applicable	\$14.50 + YPP
Above \$137,000 up to \$171,000	Above \$274,000 up to \$342,000	Not applicable	\$37.50 + YPP
Above \$171,000 up to \$205,000	Above \$342,000 up to \$410,000	Not applicable	\$60.40 + YPP
Above \$205,000 and less than \$500,000	Above \$410,000 and less than \$750,000	Above \$109,000 and less than \$391,000	\$83.30 + YPP
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$91.00 + YPP

## Part D Late Enrollment Penalty 2026

- You may have to pay more if you wait to join, unless you have:
  - Creditable prescription drug coverage
  - Extra Help
- You'll pay the penalty for as long as you have coverage
  - 1% for each full month eligible and without creditable prescription drug coverage
  - Multiply percentage by base beneficiary premium (\$36.78 in 2026)
  - Amount changes every year

# Who Can Join Part D?

	To join a Medicare Drug Plan	To join a Medicare Advantage Plan with Drug Coverage	To join a Medicare Cost Plan with Drug Coverage or a PACE Program
<b>You must have</b>	Medicare Part A (Hospital Insurance)  and/or Medicare Part B (Medical Insurance)	Part A and Part B	Part A and Part B, or Part B only

★ **NOTE:** To join any Medicare drug or health plan you must be a United States citizen or lawfully present in the U.S.

# When Can I Join a Part D Plan?

**Can I join during my 7-month Initial Enrollment Period (IEP)?**

Yes. It starts 3 months before the month you turn 65. Or, if you get Medicare due to a disability, it starts 3 months before your 25<sup>th</sup> month of disability.

**Can I join if I'm getting disability benefits?**

Yes. You can join starting 3 months before your 25<sup>th</sup> month of disability and ending 3 months after your 25<sup>th</sup> month of disability.

**Can I sign up, switch, or join during the yearly Open Enrollment Period (OEP)?**

Yes. It's from October 15–December 7. Coverage begins January 1.

**What if I get Part B for the first time during a General Enrollment Period (GEP)?**

You can sign up for a Medicare drug coverage starting the date you submit your Part B application.

## When Can I Join a Part D Plan? (continued)

What if I'm in a Medicare Advantage Plan on January 1 but I want to switch to Original Medicare?

You may add Medicare drug coverage if you switch during the Medicare Advantage OEP (January 1–March 31).

What if I'm new to Medicare and enrolled in a Medicare Advantage Plan during my IEP?

You can make a change within the first 3 months you have Medicare.

Are there other times when I can join, drop, or switch coverage?

Yes, in certain limited circumstances.

## Choosing a Part D Plan

- **Compare plans by computer or phone:**
  - Find health and drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
  - Contact your SHIP at [shiphelp.org](https://www.shiphelp.org) for help comparing plans
- **To join a Medicare drug plan, you can:**
  - Join at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
  - Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)
  - Join on the plan's website or call the plan
  - Complete a paper enrollment form
- The plan will notify you whether it has accepted or denied your application

# Drug Coverage Rules

## Plans may have coverage rules for certain drugs

- **Prior authorization:** You and/or your prescriber must contact your plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it. Plans may also use prior authorization when they cover a drug for only certain medical conditions it is approved for, but not others. When this occurs, plans will likely have alternative drugs on their list of covered drugs (formulary) for the other medical conditions the drug is approved to treat.
- **Quantity limits:** Limits on how much medicine you can receive at a time.
- **Step therapy:** You may need to try one or more similar, lower-cost drugs before the plan will cover the prescribed drug.
- **Prescription safety checks at the pharmacy (including opioid pain medicine):** Before the pharmacy fills your prescriptions, your Medicare drug plan and pharmacy perform additional safety checks, like checking for drug interactions and incorrect dosages. These safety checks also include checking for possible unsafe amounts of opioids, limiting the days supply of a first prescription for opioids, and use of opioids at the same time as benzodiazepines (commonly used for anxiety and sleep). Opioid pain medicine (like oxycodone and hydrocodone) can help with certain types of pain, but have risks and side effects (like addiction, overdose, and death). These can increase when you take opioids with certain other drugs, like benzodiazepines, anti-seizure medications, gabapentin, muscle relaxers, certain antidepressants, and drugs for sleeping problems. Check with your doctor or pharmacist if you have questions about risks or side effects.
- **Drug Management Programs:** Medicare drug plans and health plans with drug coverage have a program in place to help you use these opioids and benzodiazepines safely. If you receive opioids from multiple doctors or pharmacies, your plan will contact the doctors who prescribed these drugs to make sure they're medically necessary and you're using them appropriately.
- If your plan decides your use of prescription opioids and benzodiazepines may not be safe, the plan will send you a letter in advance. This letter will tell you if the plan will limit coverage of these drugs for you, or if you'll be required to receive the prescriptions for these drugs only from one doctor or pharmacy you select. You and your doctor have the right to appeal these limitations if you disagree with the plan's decision. The letter will also tell you how to contact the plan if you have questions or would like to appeal.
- **The opioid safety reviews at the pharmacy and the Drug Management Programs generally don't apply** if you have cancer, are receiving palliative or end-of-life care, are in hospice, or live in a long-term care facility.

If you or your prescriber believes that your plan should waive one of these coverage rules, you may be able to ask for an exception.

# What is a Formulary?

A **FORMULARY** is a list of drugs covered by a Medicare prescription drug plan. *Each plan has its own formulary and the formulary can change from year to year.*

Shop and compare plans every year. Drug costs (premiums, deductibles and formularies) change every year. Contact the plan to find out its current formulary or visit the plan's website. Your plan should notify you if there are any formulary changes.

**Use the Medicare Plan Finder at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan)**

**OR**

**Call 1-800-MEDICARE (1-800-633-4227)**

**TTY users should call 1-877-486-2048**

**OR**

**Call AR SHIP for help 1-800-224-6330**

Many Medicare drug plans place drugs into different "tiers" or "levels" with different costs. Generally, the higher the tier, the higher the cost. **HOWEVER**, if your doctor thinks you need a drug in a higher tier instead of a similar drug in a lower tier, he/she can ask your plan for an exception to receive a lower copayment for that drug.

Each month that you fill a prescription, your drug plan will mail you an **Explanation of Benefits (EOB) notice**. This will give you a summary of your prescription drug claims and your costs. Review your notice and check it for mistakes. Contact your plan if you have questions or find mistakes.

## Medicare Coverage Gap (Donut Hole)

**Coverage Gap.** Starting in **2026** the 5% coinsurance will be eliminated, and beneficiaries will have **\$0 cost-sharing**. If you have Medicare drug coverage (Part D), your yearly out-of-pocket Part D drugs will be capped at \$2,100 in 2026. Once you reach this cap, you won't have to pay a copayment or coinsurance for covered Part D drugs for the rest of the calendar year.

The coverage for generic drugs works differently from the discount for brand-name drugs. Once your total out-of-pocket drug cost reaches the catastrophic coverage threshold (\$2,100 in 2026) you will have no co-pays

**Catastrophic Coverage.** Beneficiary enters catastrophic coverage after spending **\$2,100** out of pocket in 2026. Out-of-pocket costs include: Deductible; What beneficiary paid during initial coverage period; Almost the full cost of brand-name drugs (including the manufacturer's discount) purchased during the coverage gap; Amounts paid by others, including family members, most charities, and other persons on beneficiary's behalf; and Amounts paid by State Pharmaceutical Assistance Programs (SPAPs), AID'S Drug Assistance Programs, and the Indian Health Service.

# Decision: Should I Join a Part D Plan?

## If you have creditable drug coverage, consider costs and coverage:

- Will you or your spouse or dependents lose your health coverage if you join a Part D plan?
- How do your out-of-pocket drug costs compare to out-of-pocket drug costs with a Part D plan?
- How will your costs change if you get Extra Help with Part D plan costs?

## If you don't have creditable drug coverage, consider possible penalties:

- Will joining when you're first eligible help you avoid a likely lifetime late enrollment penalty if you join a plan later?
- Do you qualify for Extra Help? If so, you may join a plan without penalty.

## Medicare Advantage Plans (Part C)

**Part A**



**Part B**



**Most plans include:**

**Part D**

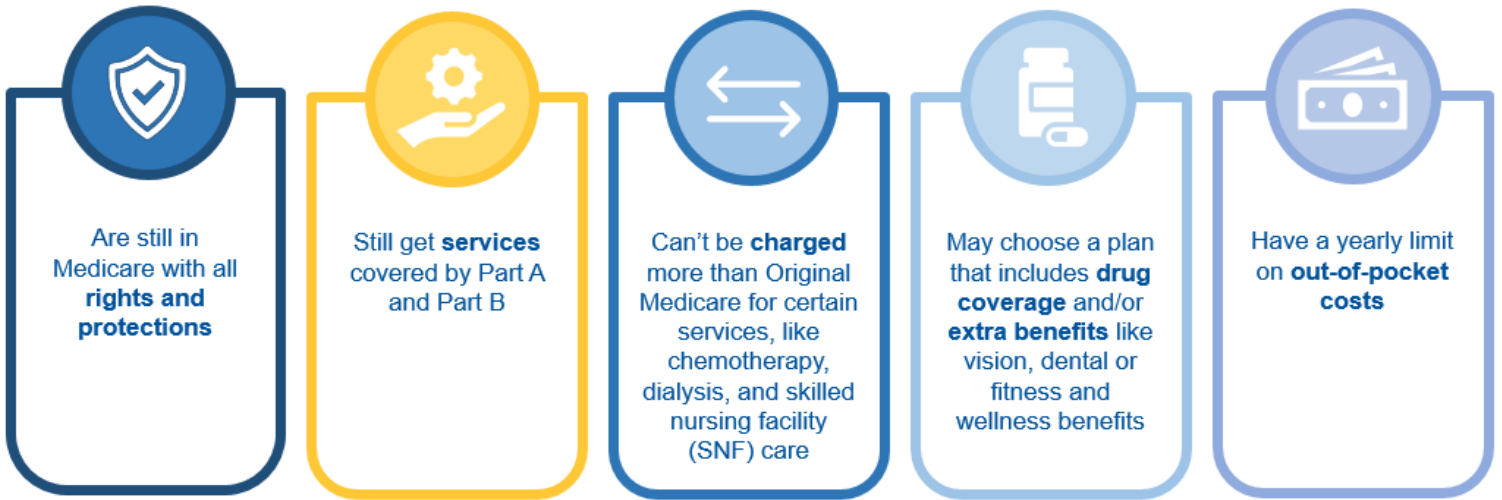


**Some extra benefits**

- Another way (other than Original Medicare) to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer non-emergency coverage out of network, but typically at a higher cost)

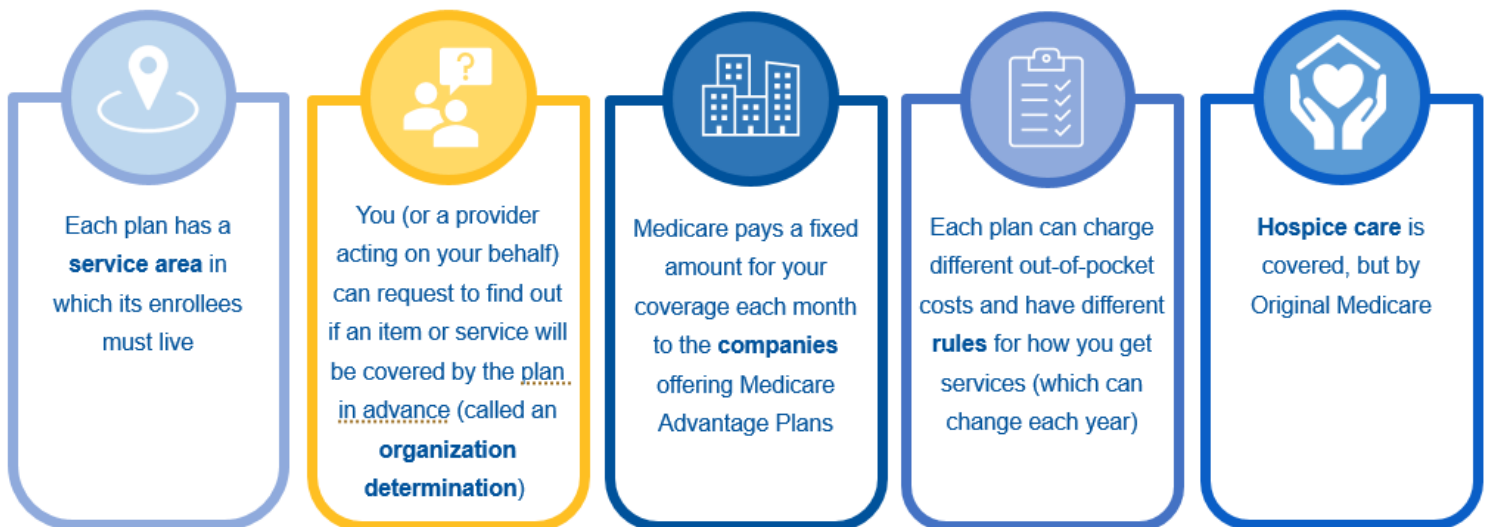
# How Medicare Advantage Plans Work

## In a Medicare Advantage Plan, you:

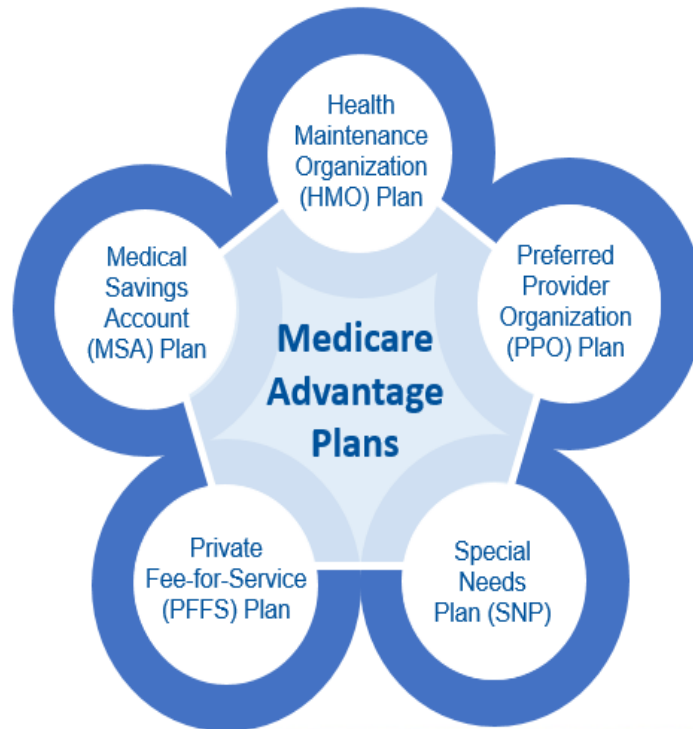


# How Medicare Advantage Plans Work (continued)

## In a Medicare Advantage Plan:



# Different Types of Medicare Advantage Plans



## When Can I Join a Medicare Advantage Plan?

**When can I first join a Medicare Advantage Plan?**

You can join when you first qualify for Medicare, generally during your Initial Enrollment Period (IEP), which begins 3 months before you first qualify for both Part A and Part B.

**What if I have Part A and sign up for Part B during a General Enrollment Period (GEP)?**

You can join a Medicare Advantage Plan with or without drug coverage.

**If I join a Medicare Advantage Plan, when can I make a change?**

You can make changes during the yearly Open Enrollment Period (OEP), a Medicare Advantage OEP, or a Special Enrollment Period (SEP).

# How Do I Join a Medicare Advantage Plan?

- Find and enroll in health and drug plans at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
- Once you understand the plan's rules and costs, here are ways to join:
  - Visit the plan's website to find out if you can join online
  - Fill out a paper enrollment form
  - Call the plan you want to join (visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to get your plan's contact information)
  - Call Medicare

## Decision: Should I Join a Medicare Advantage Plan?

### Consider



★ **NOTE:** You must have Medicare Part A and Part B to join, and you must pay the Part B premium and usually a monthly plan premium.

# How Are Medigap Policies & Medicare Advantage Plans Different?

	Medigap Policies	Medicare Advantage Plans
<b>Offered by</b>	Private companies	Private companies
<b>Government oversight</b>	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
<b>Works with</b>	Original Medicare	N/A
<b>Covers</b>	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	Part A- and Part B-covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most Medicare Advantage Plans include Medicare drug coverage.
<b>You must have</b>	Part A and Part B	Part A and Part B
<b>Do you pay a premium?</b>	Yes. You pay a premium for the policy, and you pay the Part B premium.	Yes. In addition to paying the Part B premium, you may have to pay a monthly plan premium.

## Other Health Plans: Medicare Cost Plans

- You can join even if you only have Part B
- If you have Part A and Part B and go to a non-network provider:
  - Your services are covered under Original Medicare
  - You'll pay the Part A and Part B coinsurance and deductibles
- You can join anytime the plan accepts new members
- You can leave anytime and return to Original Medicare
- You can either get your Medicare drug coverage from the Cost Plan (if offered) or you can join a Medicare drug plan

## 2026-2027 MEDICARE SUPPLEMENT OPEN AND CLOSED BLOCK OVER AND UNDER 65

2026 -2027 Med Supps Open Block - Under 65	A	B	C	D	E	F	HD-F	G	HD-G	H	I	J	K	L	M	N
ACE Property and Casualty Insurance Company	\$559															
American Retirement Life Insurance Company	\$1,065															
American Retirement Life Insurance Company	\$1,402															
Atlantic Capitol Life Assurance Company	\$625															
Bankers Reserve Life Insurance Company of Wisconsin	\$883															
Cigna National Health Insurance Company	\$707															
Continental Life Insurance Company	\$498															
First Health Life and Health Insurance Company	\$498															
Government Personnel Mutual Life Insurance Company						\$640		\$478								\$424
HumanaDental Insurance Company	\$1,022															
Medico Life and Health Insurance Company	\$792															
Monitor Life Insurance Company of New York	\$984															
National Health Insurance Company	\$686															
QualChoice Life and Health Insurance Company	\$1,122															
State Farm Mutual Automobile Insurance Company	\$1,131															
The American Home Life Insurance Company	\$886															
The Epic Life Insurance Company	\$825															
Tier One Insurance Company	\$1,045															
Transamerica Life Insurance Company	\$524															
Transamerica Life Insurance Company	\$613															
UnitedHealthcare Insurance Company	\$1,566															
USAA Life Insurance Company	\$464															
Washington National Insurance Company	\$960															
Woodman of the World Life Insurance Society	\$1,077															

<b>2026 -2027 Med Supps Open Block Over 65+</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>HD-F</b>	<b>G</b>	<b>HD-G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
ACE Property and Casualty Insurance Company	\$140					\$167		\$142	\$56							\$111
American Retirement Life Insurance Company	\$355					\$449	\$143	\$392								\$305
American Retirement Life Insurance Company	\$467					\$560		\$394								\$308
Atlantic Capitol Life Assurance Company	\$156					\$169		\$141	\$47				\$86			\$109
Bankers Reserve Life Insurance Company of Wisconsin	\$196					\$241		\$196								\$154
Cigna National Health Insurance Company	\$177					\$224		\$171	\$61							\$136
Continental Life Insurance Company	\$174					\$272		\$214	\$47							\$127
First Health Life and Health Insurance Company	\$177	\$218				\$278		\$245								\$139
Government Personnel Mutual Life Insurance Company						\$640		\$478								\$424
HumanaDental Insurance Company	\$204					\$249		\$206	\$58							\$171
Medico Insurance Company						\$606		\$518								\$438
Medico Life and Health Insurance Company	\$226					\$275	\$66	\$222	\$73							\$163
Monitor Life Insurance Company of New York	\$219					\$277		\$219	\$78							\$161
National Health Insurance Company	\$171					\$206	\$67	\$182	\$73							\$143
QualChoice Life and Health Insurance Company	\$189							\$189	\$68				\$105			\$165
State Farm Mutual Automobile Insurance Company	\$197		\$360	\$191		\$364		\$192								\$142
The American Home Life Insurance Company	\$197					\$253		\$203								\$155
The Epic Life Insurance Company	\$183		\$252			\$257		\$209					\$111	\$158		\$188
Tier One Insurance Company	\$232					\$288		\$247								\$166
Transamerica Life Insurance Company	\$175	\$254	\$300	\$278		\$302		\$232					\$115	\$171	\$210	\$198
Transamerica Life Insurance Company	\$204	\$276	\$324	\$301		\$329		\$245					\$121	\$179	\$221	\$207
United American Insurance Company	\$159	\$334	\$410	\$388		\$376	\$72	\$330	\$72				\$164	\$244		\$249
UnitedHealthcare Insurance Company	\$236	\$288	\$395			\$397		\$265					\$123	\$218		\$262
USAA Life Insurance Company	\$185					\$328		\$254								\$176
Washington National Insurance Company	\$204					\$302		\$210	\$56							\$134
Woodman of the World Life Insurance Society	\$239					\$295		\$242	\$74							\$180

2026 -2027 Med Supps Closed Block Under 65	A	B	C	D	E	F	HD-F	G	HD-G	H	I	J	K	L	M	N
Accendo Insurance Company	\$6,138															
Aetna Health and Life Insurance Company	\$711															
Assured Life Association						\$617		\$469								
Central States Health & Life Co. of Omaha - Modernized	\$387	\$423	\$553			\$537		\$374								\$290
Central States Health & Life Co. of Omaha (Stand)			\$397			\$401										
Cigna Health and Life Insurance Company - Modernized	\$999															
Combined Insurance Company of America			\$483	\$234												
Elips Life Insurance Company	\$690															
Golden Rule Insurance Company – Standardized	\$175		\$260			\$235		\$293								
Heartland National Life Insurance Company - Modernized						\$605		\$560								
IdeaLife Insurance Company	\$455	\$697			\$410	\$478		\$419								
Independence American Insurance Company	\$954															
Jefferson National Life Insurance Company	\$108	\$386	\$454			\$426										
Lincoln Heritage Life Insurance Company						\$455										
Loyal American Life Insurance Company – Standardized						\$325										
Lumico Life Insurance Company	\$846															
Manhattan Insurance and Annuity Company - Modernized	\$1,221															
Mutual of Omaha Insurance Company - Modernized	\$905															
Nassau Life and Annuity Company – Standardized		\$426	\$566	\$445		\$537		\$459								
Omaha Insurance Company	\$1,870					\$610	\$85	\$483	\$72							\$271
Oxford Life Insurance Company				\$278		\$424					\$432					
Physicians Mutual Insurance Company – Standardized	\$241	\$305	\$492			\$426										
Principal Life Insurance Company – Standardized	\$335	\$395	\$552	\$448	\$475	\$483		\$359								
Reserve National Insurance Company								\$399								\$320
S. USA Life Insurance Company – Modernized	\$1,440															
State Mutual Insurance Company						\$455										
Sterling Life Insurance Company – Standardized	\$1,165															
The Manhattan Life Insurance Company – Modernized	\$1,427															
Thrivent Financial for Lutherans – Modernized	\$294		\$359	\$319		\$409	\$62	\$326		\$461	\$468					
Transamerica Life Insurance Company	\$524															
United Insurance Company of America - Modernized	\$669															
United National Life Insurance Company – Modernized	\$184			\$214		\$377		\$331								\$228
United of Omaha Insurance Company - Modernized	\$217					\$643		\$532							\$220	\$630
United of Omaha Life Insurance Company (Stand)	\$247					\$640		\$662								
United World Life Insurance Company -Standardized	\$296	\$397				\$572		\$482								
UnitedHealthcare Insurance Company – Modernized	\$379	\$462	\$630	\$591	\$593	\$635		\$596		\$585	\$587	\$613				
Western United Life Insurance Company – Modernized	\$155	\$170	\$197	\$406	\$179	\$623		\$554							\$160	\$437

<b>2026 -2027 Med Supps Closed Block Over 65+</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>HD-F</b>	<b>G</b>	<b>HD-G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
Accendo Insurance Company - Modernized	\$199					\$294		\$263								\$206
Aetna Health and Life Insurance Company	\$252					\$335	\$117	\$262								\$165
American Continental Insurance Company - Mod	\$389					\$564	\$218	\$485								\$335
American Family Life Assurance Company of Columbus – Mod	\$186		\$410	\$235		\$440		\$394								\$260
American National Life Insurance Company – Modernized						\$441	\$86	\$341								\$240
American Republic Corp. Insurance - Standardized						\$479	\$96					\$349				
Assured Life Association						\$617		\$469								
Atlantic Coast Life Insurance Company - Modernized			\$513			\$404		\$367								\$270
Bankers Fidelity Life Insurance Company						\$233	\$198									
Bankers Fidelity Life Insurance Company – Modernized						\$233		\$198								
Bankers Life and Casualty Company – Standardized						\$497	\$53	\$417				\$332				
Central States Health & Life Co. of Omaha - Modernized	\$387	\$423	\$553			\$537		\$374								\$290
Central States Health & Life Co. of Omaha (Stand)			\$397			\$401										
Cigna Health and Life Insurance Company - Modernized	\$227					\$288		\$212	\$75							\$175
Colonial Penn Life Insurance Company – Modernized				\$262		\$360	\$68	\$384	\$56				\$86		\$223	\$293
Combined Insurance Company of America			\$483	\$234		\$300										\$210
Companion Insurance Company – Modernized	\$137					\$325		\$265								
Continental General Insurance Company - Modernized						\$433		\$375								
Coventry Health and Life Insurance Company						\$268										
Elips Life Insurance Company	\$173					\$207		\$175	\$65							\$132
Gerber Life Insurance Company – Modernized						\$699		\$586								
Golden Rule Insurance Company – Standardized	\$175		\$260			\$235		\$293								
Heartland National Life Insurance Company - Modernized						\$605		\$560								
Humana Insurance Company - Standardized						\$456	\$97						\$124			
IdeaLife Insurance Company	\$455	\$697			\$410	\$478		\$419								
Independence American Insurance Company	\$212					\$259		\$276								\$160
Jefferson National Life Insurance Company	\$108	\$386	\$454			\$426										
Liberty National Life Insurance Company – Standardized							\$82									
Lincoln Heritage Life Insurance Company						\$455										
Loyal American Life Insurance Company - MODERNIZED	\$303	\$354	\$430	\$378		\$439		\$386								\$287
Loyal American Life Insurance Company - STANDARIZED						\$325										
Lumico Life Life Insurance Company	\$211					\$287		\$209								\$145
Manhattan Insurance and Annuity Company - Modernized	\$271					\$382		\$256								\$180
Mutual of Omaha Insurance Company - Modernized	\$226					\$356		\$338								
Nassau Life and Annuity Company – Standardized		\$426	\$566	\$445		\$537		\$459								
Omaha Insurance Company	\$468					\$610	\$85	\$483	\$72							\$271

Oxford Life Insurance Company				\$278		\$424						\$432				
Philadelphia American Life Insurance Company - Modernized			\$268			\$398	\$34	\$336								\$258
Physicians Murual Insurance Company - Standardized	\$241	\$305	\$492			\$426										
Physicians Life Insurance Company – Standardized						\$485	\$119	\$395								
Physicians Mutual Insurance Company – Modernized						\$557	\$134	\$427								\$403
Principal Life Insurance Company – Standardized	\$335	\$395	\$552	\$448	\$475	\$483		\$359								
Puritan Life Insurance Company of America - Modernized	\$389	\$490	\$551	\$496	\$500	\$567		\$499								
Reserve National Insurance Company		\$380	\$466	\$298		\$503	\$80	\$399								\$320
S. USA Life Insurance Company – Modernized	\$360					\$458		\$314								
Sentinel Security Life Insurance Company - Modernized						\$477		\$391								
Southern Guaranty Insurance Company - Modernized						\$486		\$377								\$249
Standard Life and Accident Company				\$384			\$44									
Standard Life and Accident Insurance Company - Modernized							\$40									\$133
State Mutual Insurance Company						\$455										
Sterling Investors Life Insurance Company –Modernized				\$583		\$344		\$334								
Sterling Life Insurance Company	\$353	\$446				\$464		\$415				\$190				\$351
The Manhattan Life Insurance Company – Modernized	\$357		\$426			\$471		\$348								\$291
Thrivent Financial for Lutherans – Modernized	\$294		\$359	\$319		\$409	\$62	\$326		\$461	\$468					
Transamerica Life Insurance Company	\$175	\$254	\$300	\$278		\$302		\$232					\$115	\$171	\$210	\$198
Transamerica Life Insurance Company – Standardized	\$164			\$287		\$313				\$693	\$702	\$907				
United Insurance Company of America - Modernized	\$167			\$188		\$197		\$195	\$54							\$122
United National Life Insurance Company – Modernized	\$184			\$214		\$377		\$331								\$228
United of Omaha Insurance Company - Modernized	\$217					\$643		\$532							\$220	\$630
United of Omaha Life Insurance Company (Stand)	\$247					\$640		\$662								
United World Life Insurance Company -Standardized	\$296	\$397				\$572		\$482								
UnitedHealthcare Insurance Company – Modernized	\$303	\$369	\$504	\$473	\$475	\$508		\$477		\$468	\$470	\$490	\$157	\$280		
US Fire Insurance Company Modernized						\$234		\$195								\$141
USABLE Mutual Insurance Company - Standardized	\$249	\$302	\$411			\$416		\$322				\$335				
Washington National Insurance Company - Standardized				\$297		\$277		\$269								
Western United Life Insurance Company – Modernized	\$155	\$170	\$197	\$406	\$179	\$623		\$554							\$160	\$437

## Other Health Plans: Program of All-inclusive Care for the Elderly (PACE) Plans

To qualify, you must:



Be 55 or older



Live in the service area of a PACE organization



Need a nursing home-level of care (as certified by your state)



Be able to live safely in the community with the PACE services

## Other Health Plans: Program of All-inclusive Care for the Elderly (PACE) (continued)

About PACE coverage and premiums:



If you have Medicare, but not Medicaid, you'll be charged a monthly premium to cover the long-term care portion of the benefit and a premium for Medicare Part D drugs.



If you have Medicaid, you won't have to pay a monthly premium for the long-term care portion of the benefit.

## Individuals who have limited income and resources may qualify for Medicare Assistance Programs

### There are 4 types of Medicare Savings Programs:

1. **AR Seniors** - helps pay for (Part A) and/or (Part B) premiums, deductibles, coinsurance, copayments, and full Medicaid benefits (must be 65 or older).
2. **Qualified Medicare Beneficiary (QMB) Program** – helps pay for (Part A) and/or (Part B) premiums, deductibles, coinsurance, copayments, copays for managed care, and a Medicaid card.
3. **Specified Low-Income Medicare Beneficiary (SMB) Program**– helps pay (Part B) premiums and the (Part B) late enrollment penalty.
4. **Qualifying Individual (QI-1) Program** – helps pay (Part B) premiums and late enrollment penalty.

*These programs are different in every state and each has different income and asset levels to qualify.*

**Call AR SHIP - 1- 800 - 224 - 6330**

### Extra Help (a Federal Program) that lowers (Part D) costs

If you qualify for **Extra Help** and enroll in a Medicare drug plan, you will receive help paying your Medicare drug plan's monthly premium, yearly deductible, coinsurance, and copayments.

With **Extra Help**, there will be no coverage gap (donut hole) and no late enrollment penalty. You can switch drug plans quarterly.

Medicare will mail you a **LETTER** if you are qualified for **Extra Help**. Keep the letter for your records. You will not need to apply.

You automatically qualify for **Extra Help** if you have Medicare and meet any of these conditions:

- ⇒ You have both Medicare and Medicaid
- ⇒ You are in a Medicare Savings Program
- ⇒ You receive Supplemental Security Income (SSI) benefits

*Income and asset levels can change every year.*

**Call AR SHIP – 1-800-224-6330**

## What's Extra Help?

- Program to help people pay for Medicare drug costs (Part D) (also called the low-income subsidy (LIS))
- You pay no premiums or deductible, and small or no copayments
- No Part D late enrollment penalty if you qualify for Extra Help

★ **NOTE:** Most people with Medicare can only switch plans at certain times of the year. Starting in 2026, if you have Medicaid or get Extra Help, you may be able to change your standalone drug coverage once per month.

## Qualifying for Extra Help

### You automatically qualify for Extra Help if you get:

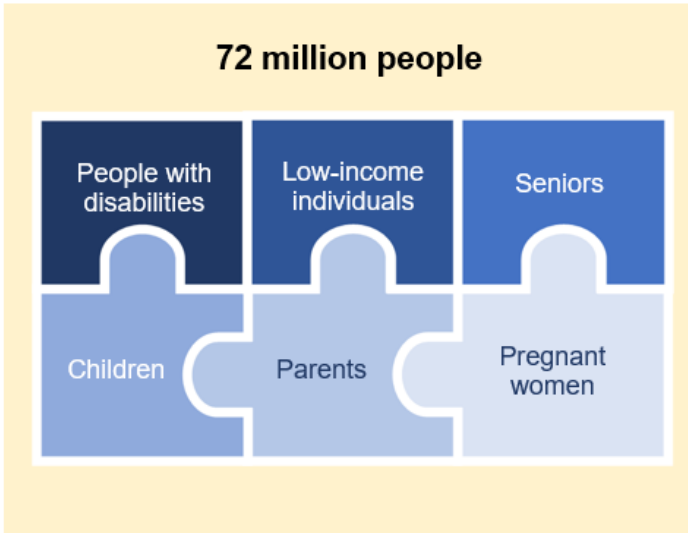
- Full Medicaid coverage
- Supplemental Security Income (SSI)
- Help from Medicaid paying your Medicare premiums (Medicare Savings Programs; sometimes called “partial dual”)

### If you don't automatically qualify you must:

- Apply online at [SSA.gov/medicare/part-d-extra-help](https://SSA.gov/medicare/part-d-extra-help) and visit [secure.ssa.gov/i1020/Ee001View.action](https://secure.ssa.gov/i1020/Ee001View.action) for the “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)

# What's Medicaid?

In October 2024,  
Medicaid provided health coverage to:



- Joint federal and state program
- Helps pay health care costs for people with limited income and resources, or whose medical expenses exceed their available income
- Some people qualify for Medicare and Medicaid
- May cover services that Medicare may not or may partially cover, like nursing home care, personal care, and home- and community-based services

# How Are Medicare & Medicaid Different?

Medicare	Medicaid
Federal health insurance administered by the federal government.	Joint federal and state program administered by state governments within broad federal rules (federal/state partnership).
Health insurance for anyone 65 and older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).	Health coverage for some people with limited income and resources.
Nation's primary payer of inpatient hospital services to the disabled, elderly, and people with ESRD.	Nation's primary public payer of acute health, mental health, and long-term care services.

# Medicare and the Health Insurance Marketplace

The Health Insurance Marketplace provides a way for people who do not have health insurance through a job or a federal program to receive health coverage. **The Marketplace does not offer Medicare health plans, Medicare drug plans (Part D), or Supplement Insurance policies. Medicare is not part of the Marketplace.**

## **What is considered “minimum essential coverage”?**

As long as you have Medicare (Part A) coverage (or coverage from a Medicare Advantage Plan), you have minimum essential coverage and you do not have to receive any additional coverage. If you only have Medicare (Part B), you are not considered to have minimum essential coverage.

## **Can I get a Marketplace plan instead of Medicare, or can I get a Marketplace plan in addition to Medicare?**

Generally, no. It is against the law for someone who knows you have Medicare to sell you a Marketplace plan because that would duplicate your coverage. HOWEVER, if you are employed and your employer offers employer-based coverage through the Marketplace, you may be eligible for this type of coverage.

## **What if I become eligible for Medicare after I join a Marketplace plan?**

If you have a Marketplace plan, you can keep it until your Medicare coverage starts. Then, you can terminate the Marketplace plan without penalty. Visit **HealthCare.gov** to find out how to terminate your Marketplace plan.

**Note:** If you have been receiving premium tax credits or other savings on a Marketplace plan, your eligibility for these savings will end once your Medicare (Part A) coverage starts.

***To learn more about how Medicare works with the Marketplace,  
visit [HealthCare.gov](https://www.healthcare.gov) and [Medicare.gov](https://www.medicare.gov).***

# Medicare Rights and Protections

## What are my Medicare rights?



- Be treated with dignity and respect at all times
- Be protected from discrimination
- Your personal and health information kept confidential
- Have questions about Medicare answered
- Have access to doctors, other healthcare providers, specialists, hospitals, and receive emergency care when needed
- Receive information from Medicare, healthcare providers, and Medicare contractors about your treatment choices in clear language, in a format you understand, and to participate in treatment decisions
- Request a review (appeal) of certain decisions about healthcare payments, coverage of services, or prescription drug coverage
- File complaints (or grievances), including complaints about the quality of your care
- Receive a decision about a healthcare payment, coverage of services, or prescription drug

## What is an Advanced Beneficiary Notice of Noncoverage (ABN)?

To protect you from unexpected bills, Medicare requires healthcare providers to give you in a written notice if they think Medicare will not pay for an item or service. It will give you the cost of the item or service so you can decide whether to pay for it or not.

### *How do I file an Appeal?*

You can appeal a denied item or service if you think Medicare should pay but did not or if you think Medicare did not pay the right amount.

Review your Medicare Summary Notice (MSN) that shows the item or service you are appealing and follow the directions on the MSN to appeal within 120 days of the date you receive the MSN in the mail. You should receive a decision from the Medicare Administrative Contractor (MAC) within 60 days after they receive your request. If Medicare will cover the item (s) or service (s), it will be listed on your next MSN.

### *What if I think my services are ending too soon or I am denied admission to the hospital?*

You can ask for a **fast appeal** – an immediate review by the BFCC-QIO.

For more information, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals) or

**Call AR SHIP – 1-800-224-6330**

# Medicare Fraud, Waste & Abuse

## What is Senior Medicare Patrol?

The national Senior Medicare Patrol (SMP) program is a federally-funded grant program of the U.S. Department of Health and Human Services, Administration for Community Living. The Arkansas SMP program is administered through the Arkansas Insurance Department in Little Rock.

The goal of the SMP program is twofold:

1. To educate and protect Medicare recipients, their caregivers and families, as well as professionals in the aging industry, from fraud and scams.
2. To protect the Medicare trust fund, which is made up of taxpayer money and loses approximately \$90 billion annually to fraud, waste and abuse.

The SMP message is simple: “protect, detect and report.” These three steps work together to combat fraud and errors.

## Why is SMP’s work important for Medicare beneficiaries?

Senior citizens are one of the most vulnerable and valuable populations in our society. The outreach and education efforts of the SMP program empower individuals to understand, recognize, and report health care fraud, errors, and scams targeting seniors. Hearing the SMP message repeatedly helps protect against and prevent fraud and scams. We are a local, unbiased, and empathetic group ready to listen, consult, support, and assist those who contact us by phone or email.

Our helpline—**866-726-2916**—is available for easy communication with our office, or you may also email us for assistance—

[aid.insurance.smp@arkansas.gov](mailto:aid.insurance.smp@arkansas.gov).



## What are the most common types of Medicare fraud?

Some examples of Medicare fraud include:

- **Stolen Medicare number:** A Medicare number is stolen or obtained deceptively and used to submit fraudulent claims. These are usually claims for services or supplies that were never received nor requested, not ordered by your provider, or not medically necessary, such as: durable medical equipment, glucose monitors, diabetic supplies, and genetic testing.
- **Double billing:** A provider charges Medicare twice for the same service or item that was either not received or only received once.
- **Upcoding:** Filing a Medicare claim for a more expensive product or procedure than was provided.
- **Hospice fraud:** Someone is signed up on hospice despite having no terminal diagnosis or consent, or offering medically unnecessary hospice care in exchange for a Medicare number.

## How do I know if my loved one on Medicare is being defrauded?

The only way to detect suspected fraud or errors is by reviewing the *Medicare Summary Notice*. If you are a Medicare recipient, caregiver, or a family member, it is crucial to review the *MSN* regularly. A good way to quickly know if your loved one has been defrauded is to create an account at [medicare.gov](http://medicare.gov). This secure account will allow for easier and more readily-available monitoring of your loved one’s Medicare account online.

AR SMP Program Director, Kathleen Pursell  
1 Commerce Way  
Little Rock AR 72202

**The Arkansas Senior Medicare Patrol (AR SMP) can help with suspected fraudulent charges or billing errors on your Medicare statements.**

**866-726-2916**

**[insurance.arkansas.gov/SMP](http://insurance.arkansas.gov/SMP)**

## Find a doctor or healthcare provider who accepts Medicare Assignment

For a list of providers in your area go to the Medicare.gov Physician Compare website at: <https://www.medicare.gov/physiciancompare>

### Next:

- ☀ Enter your zip code in the “My Location” box
- ☀ Next type a “Name or Keyword” of the Specialty, provider name, or group you are searching for (optional)
- ☀ click “Search” button



Search for Forms, booklets, videos and more information from Arkansas Employee Benefits

Division by visiting their website at:

<https://www.transform.ar.gov/employee-benefits/retirees/>

Or call (501)682-9656

# Medicare Frequently Asked Questions

**Does Medicare pay for glasses and dentures?** No, original Medicare does not cover glasses or dentures, some advantage plans offer dental and vision benefits.

**Am I automatically enrolled in Medicare when I turn 65?**

Many people automatically receive Original Medicare if they're receiving Social Security retirement benefits when becoming eligible for Medicare coverage. Other's need to sign up for Medicare through Social Security.

**What is Medicare (Part C)?**

Medicare (Part C) is just another name for private Medicare insurance. The Balanced Budget Act of 1977 created (Part C), which is now referred to as Medicare Advantage. Medicare advantage plans are private health plans that you can choose instead of original Medicare. Advantage plans usually have a network of providers from whom Medicare individuals will seek care.

**Do I have to enroll in Medicare (Part D)?** No. It is not mandatory, but Medicare individuals are encouraged to enroll in a (Part D) plan to avoid a penalty for not enrolling at the time that the individual is eligible. The penalty is not a one-time penalty. The penalty will exist for the lifetime of Medicare/Social Security.

**What parts of Medicare do I need?**

If Medicare is your only medical coverage, you need both parts of Original Medicare (Parts A and B). You must have both (A and B) to be eligible to enroll in either a Medicare supplement plan or a Medicare Advantage plan.

**What are Medicare Supplemental Plans?** Medicare Supplement plans pay **AFTER** Medicare. Medicare (Part B) pays 80% of Medical cost after the Medicare (Part B) deductible has been meet. Medicare Supplement will pay the 20% that the individual would normally pay after Medicare pays.

**Do I need Medicare if I already have health insurance?** You may need Medicare even if you already have other health insurance coverage, or if your current plans don't meet minimum coverage requirements. Most plans that employers offer meet these standards. If you or your spouse has insurance through your job, you probably don't need Medicare. However, by staying on an employer plan, you can delay enrolling in (Part B) without penalty until you or your spouse decide to retire.

**Can my doctor insist that I pay for care up front before Medicare pays?** Yes, but only if your doctor does not accept assignment. If your doctor participates with Medicare, he or she can collect the deductible and copayment. If your doctor does not accept assignment, he or she cannot charge you more than the Medicare approved amount.

# Postal Service Health Benefit (PSHB) Program Quick Facts

- The [Postal Service Health Benefits \(PSHB\) Program](#) is a separate program within the Federal Employees Health Benefits (FEHB) Program, administered by the Office of Personnel Management (OPM).
- PSHB provides health benefits plans to eligible Postal Service employees, Postal Service annuitants, and their eligible family members.
- Postal Service employees and Postal Service annuitants are no longer eligible to enroll or continue enrollment in an FEHB plan as of January 1, 2025, and must have enrolled in a PSHB plan to maintain health coverage through the Postal Service.
- If a Postal Service employee or Postal Service annuitant is covered under a family member's FEHB plan not through the Postal Service, they can continue that coverage after January 1, 2025.
- Former Postal Service employees and their family members who are on Temporary Continuation of Coverage prior to January 1, 2025, through their FEHB plan will continue with that FEHB plan after January 1, 2025.

## PSHB Plans vs. FEHB Plans:

- As part of the FEHB Program, PSHB plans cover the same set of comprehensive health benefits included in FEHB plans. PSHB plans are offered by many of the same carriers that offer FEHB plans.
- There are a few important differences for PSHB enrollees:
  - ◊ The PSHB plan year runs from January 1 through December 31 each year. This is the same for annuitants covered by FEHB, but different from the FEHB plan year for employees, which begins on the first day of the first full pay period in January each year.
  - ◊ As required by the Postal Service Reform Act of 2022 (PSRA), certain Medicare-eligible Postal Service annuitants and their Medicare-eligible family members must enroll in Medicare Part B to remain enrolled in a PSHB plan. There are some exceptions to this requirement.

## ARBENEFITS RETIREE PROGRAM for all State and Public School Retirees

All retirees are covered under one healthcare program

### **ARBenefits Retiree**

ARBenefits now offers Medicare-eligible retirees their current coverage plus additional services through the new **ARBenefits Group Medicare Advantage (PPO) plan**. Reach out to UnitedHealthcare for more information about the plan and benefits at 1-844-488-3953, and contact the Employee Benefits Division for eligibility questions at 877-815-1017 or [ask.ebd@arkansas.gov](mailto:ask.ebd@arkansas.gov).

### **What is different for State and Public School Retirees?**

#### **State Retirees:**

**Medicare Primary Retired State Employees can keep their prescription drug plan and do not need to join Medicare (Part D) for prescription drug coverage.**

#### **Public School Retirees:**

**Medicare Primary Retired Public School Employees must join Medicare (Part D) for prescription drug coverage.** There is a 63-day Special Enrollment Period to join Medicare (Part D) when the Public School Retiree's prescription insurance ends. AR SHIP can help you compare (Part D) plans to find the least expensive plan that covers the medications you take. **Medicare Part D** helps cover prescription drug costs. You must be signed up for Parts A & B before enrolling in Part D. If you are a state retiree on the Health Advantage Primary Plan, **you do not need** to sign up for Part D coverage. If you are a public school retiree on the Health Advantage Primary Plan, **you do need** to sign up for Part D coverage.

**Call AR SHIP – 1-800-224-6330**

## 2026 AR Arkansas State Medicare Health Advantage Premium Retiree Monthly Premiums Rates Effective January 1, 2026 - December 2026

Contact AR Benefits at	Base Monthly Premium	State & Plan Contribution	Total Monthly Retiree Rate
Medicare Retiree only	\$570.39	\$308.05	\$262.34
Medicare Retiree & Non-Medicare Spouse	\$1,689.27	\$877.59	\$811.68
Medicare Retiree & Child( ren)	\$986.86	\$443.08	\$543.78
Medicare Retiree & Non-Medicare Spouse & Child (ren)	\$2,105.74	\$1,080.70	\$1,025.04
Medicare Retiree & Medicare Spouse	\$1,140.78	\$514.67	\$626.11
Medicare Retiree & Medicare	\$1,557.25	\$648.71	\$908.54

## 2026 Arkansas State Medicare UNITED HEALTHCARE (UHC) MAPD GROUP Retirees Monthly Premiums (Medical & Pharmacy)

Medicare Eligible	Base Monthly Premium	State & Plan Contribution	Total Monthly Retiree Rate
MAPD Retiree Only	\$280.31	\$252.28	\$28.03
MAPD Retiree & Non-Medicare Spouse	\$1,399.19	\$823.00	\$576.19
MAPD Retiree & Non-Medicare Child (ren)	\$696.78	\$388.31	\$308.47
MAPD Retiree & MAPD Child	\$560.62	\$504.56	\$56.06
MAPD Retiree & NON-Medicare Spouse & Child (ren)	\$1,815.66	\$1,026.13	\$789.53
MAPD Retiree & MAPD Spouse	\$560.02	\$504.56	\$56.06
MAPD Retiree & MAPD Spouse & Child (ren)	\$977.09	\$641.05	\$336.04
MAPD Retiree & Non- Medicare Spouse & MAPD Child (ren)	\$1,679.50	\$1,075.28	\$604.22
MAPD Subscriber & MAPD Spouse & MAPD Child (ren)	\$840.93	\$756.84	\$84.09

# 2026 Arkansas State Non-Medicare Retirees Monthly Premiums Rates Effective January 1, 2026 - December 2026

Plan Premium	Base Monthly Premium	State & Plan Contribution	Total Monthly Retiree Rate
Retiree Subscriber Only	\$1,118.87	\$781.01	\$337.86
Retiree Subscriber & Non-Medicare Spouse	\$2,237.75	\$1,350.99	\$886.76
Retiree Subscriber & Child (ren)	\$1,535.34	\$916.14	\$619.20
Retiree Subscriber & Non-Medicare Spouse & Child (ren)	\$2,654.22	\$1,554.06	\$1,100.16
Retiree Subscriber & Medicare Spouse	\$1,689.26	\$985.66	\$703.60
Retiree Subscriber & Medicare Spouse & Child (ren)	\$2,105.73	\$1,121.09	\$984.64
Retired Subscriber & Medicare Child (ren)	\$1,689.26	\$1,070.06	\$619.20
Retired Subscriber & Non-Medicare Spouse & Medicare Child (ren)	\$2,808.14	\$1,707.98	\$1,100.16
Retiree Subscriber & Medicare Spouse & Medicare Child (ren)	\$2,259.65	\$1,275.01	\$984.64
Retiree Subscriber & MAPD Spouse	\$1,399.18	\$1,033.69	\$365.49
Retiree Subscriber & MAPD Spouse & Child (ren)	\$1,815.65	\$1,169.04	\$646.61
<b>Classic</b>			
Retiree only	\$972.73	\$755.27	\$217.46
Retiree & Spouse	\$1,945.46	\$1,308.94	\$636.52
Retiree & Child (ren)	\$1,334.80	\$890.76	\$444.04
Retiree & Family	\$2,307.54	\$1,512.34	\$795.20
<b>Basic</b>			
Retiree only	\$858.52	\$735.62	\$122.90
Retiree & Spouse	\$1,717.06	\$1,278.10	\$438.96
Retiree & Child (ren)	\$1,178.09	\$872.25	\$305.84
Retiree & Family	\$2,036.63	\$1,482.61	\$554.02

**2026 Public School Medicare HEALTH Advantage (HA)  
Premium Retire Monthly Premiums  
Rates Effective January 1, 2026 - December 2026**

<b>Contact AR Benefits at 501-682-9656</b>	<b>Base Monthly Premium</b>	<b>State &amp; Plan Contribution</b>	<b>Total Monthly Retiree Rate</b>
Medicare Retiree only	\$258.18	\$130.20	\$127.98
Medicare Retiree & Non-Medicare Spouse	\$1,279.76	\$508.58	\$771.18
Medicare Retiree & Child (ren)	\$644.12	\$117.50	\$526.62
Medicare Retiree & Non-Medicare Spouse & Child (ren)	\$1,665.69	\$405.21	\$1,260.48
Medicare Retiree & Medicare Spouse	\$516.36	\$206.26	\$310.10
Medicare Retiree & Medicare Spouse & Child (ren)	\$902.30	\$153.24	\$749.06

**2026 Public School Medicare UNITED HEALTHCARE (UHC)  
MAPD GROUP Retirees Monthly Premium  
Rates Effective January 1, 2026 - December 2026**

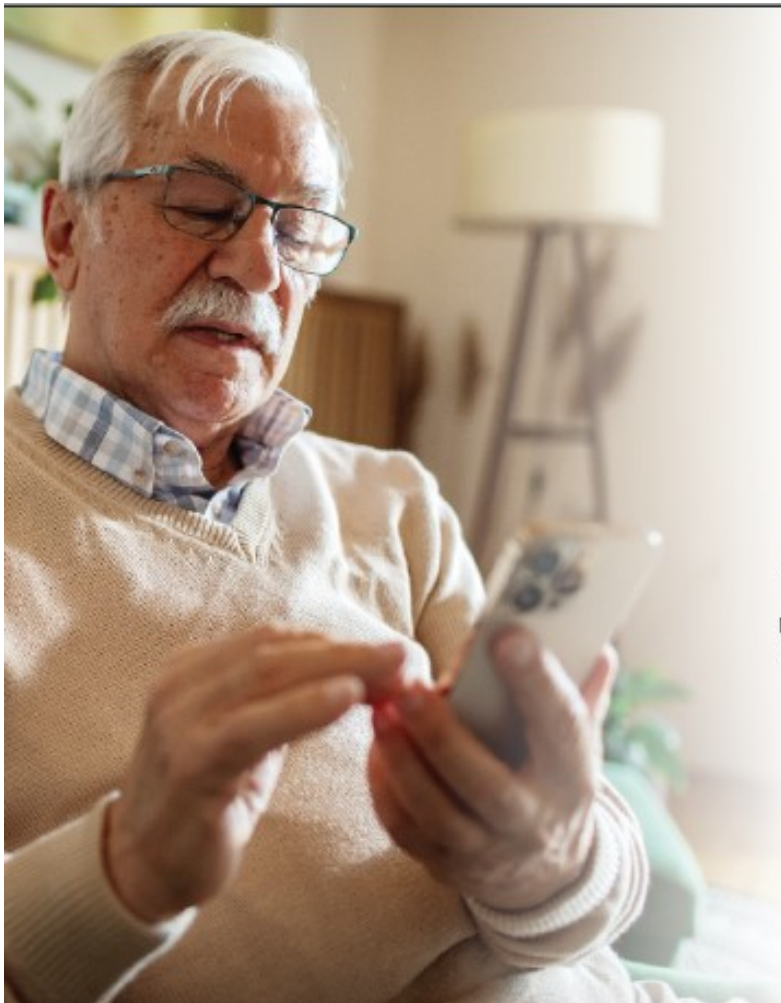
<b>Medicare Eligible</b>	<b>Base Monthly Premium</b>	<b>State &amp; Plan Contribution</b>	<b>Total Monthly Retiree Rate</b>
MAPD Retiree Only	\$200.31	\$180.28	\$20.03
MAPD Retiree & NON-Medicare Spouse	\$1,221.89	\$541.61	\$680.28
MAPD Retiree & Non-Medicare Child (ren)	\$586.25	\$208.03	\$378.22
MAPD Retiree & MAPD Child	\$400.62	\$360.56	\$40.06
MAPD Retiree & NON-Medicare Spouse & Child (ren)	\$1,607.82	\$494.76	\$1,113.06
MAPD Retiree & MAPD Spouse	\$400.62	\$360.56	\$40.06
MAPD Retiree & MAPD Spouse & Child (ren)	\$786.56	\$333.72	\$452.84
MAPD Retiree & Non-Medicare Spouse & MAPD Child (ren)	\$1,422.20	\$721.89	\$700.31
MAPD Subscriber & MAPD Spouse & MAPD Child (ren)	\$600.93	\$540.84	\$60.09

## 2026 Public School Non-Medicare Retirees Monthly Premiums Rates Effective January 1, 2026 - December 2026

Plan Premium	Base Monthly Premium	State & Plan Contribution	Total Monthly Retiree Rate
Retiree Subscriber only	\$1,021.58	\$492.62	\$528.96
Retiree Subscriber & Non-Medicare Spouse	\$2,043.16	\$796.54	\$1,246.62
Retiree Subscriber & Child (ren)	\$1,407.52	\$435.72	\$971.80
Retiree Subscriber & Non-Medicare Spouse & Child (ren)	\$2,429.09	\$778.17	\$1,650.92
Retiree Subscriber & Medicare Spouse	\$1,279.76	\$576.98	\$702.78
Retiree Subscriber & Medicare Spouse & Child (ren)	\$1,655.70	\$520.06	\$1,145.64
Retired Subscriber & Medicare Child (ren)	\$1,279.76	\$307.96	\$971.80
Retired Subscriber & Non-Medicare Spouse & Medicare Child (ren)	\$2,301.34	\$650.42	\$1,650.92
Retiree Subscriber & Medicare Spouse & Medicare Child (ren)	\$1,537.94	\$392.30	\$1,145.64
Retiree Subscriber & MAPD Spouse	\$1,221.89	\$672.89	\$549.00
Retiree Subscriber & MAPD Spouse & Child (ren)	\$1,607.83	\$615.47	\$992.36
<b>Classic</b>			
Retiree only	\$888.14	\$635.96	\$252.18
Retiree & Spouse	\$1,776.27	\$1,176.73	\$599.54
Retiree & Child (ren)	\$1,223.65	\$762.87	\$460.78
Retiree & Family	\$2,111.79	\$1,351.85	\$759.94
<b>Basic</b>			
Retiree only	\$783.87	\$650.33	\$133.54
Retiree & Spouse	\$1,567.73	\$1,233.33	\$334.40
Retiree & Child (ren)	\$1,079.99	\$818.31	\$261.68
Retiree & Family	\$1,863.86	\$1,454.30	\$409.56

# 2026 (Part B) Coverage for Medicare State & Public Retiree

<b>(Part B) Physician and Medical Services</b>	<b>AR Benefits Retirees Plan Covers</b>
(Part B) deductible	AR Benefits pays deductible \$283 deductible
Normally 20% of Medicare-approved amount ((Part B) Coinsurance) and 20% of Medicare-approved charges for Durable Medical Equipment (DME), after (Part B) deductible is Met	AR Benefits pays 20% of the Medicare-approved amount
Medicare (Part B) excess charges 100% (This benefit would apply when you receive services from a physician that <b>does not</b> accept assignment)	AR Benefits pays 100% of the excess charges when you receive services from a physician that <b>does not</b> accept Medicare



## Arkansas Senior Health Insurance Information Program (AR SHIIP)

AR SHIIP offers Arkansans assistance on any questions they may have regarding Medicare.

We have certified counselors who can provide free, unbiased, confidential and educational information.

**Call 1-800-224-6330**

to reach your state-authorized Medicare department.

NO sales pitch here, just helpful information that will empower you to make the right decisions for your healthcare coverage.



This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award 2502ARMSH with 100 percent funding by ACL/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

## Key Points to Remember




MEDICARE

Medicare is a health insurance program




Medicare doesn't cover all your health care costs




You have choices in how you get coverage



Decisions affect the type of coverage you get



Certain decisions are time-sensitive



There are programs for people with limited income and resources

# Federal and State

## Quick Resource

### **MEDICARE SAVINGS PROGRAM**

[WWW.ACCESS.ARKANSAS.GOV](http://WWW.ACCESS.ARKANSAS.GOV)

APPLY ONLINE for Medicare Savings Program Assistance.

### **EXTRA HELP**

[WWW.SSA.GOV/PRESCRIPTIONHELP](http://WWW.SSA.GOV/PRESCRIPTIONHELP)

APPLY ONLINE IF INDIVIDUAL QUALIFIES for EXTRA Help with Prescription medications.

### [www.medicare.gov](http://www.medicare.gov)

- Compare Drug Plans (Part D)
- Compare Medicare Advantage Plans (Part C)
- Compare Hospitals
- Compare Nursing Homes
- Compare Home Health Agencies
- Order a replacement Medicare card

### [www.mymedicare.gov](http://www.mymedicare.gov)

- Create an account
- Manage personal Medicare information via a secure website:
- Review eligibility, entitlement and plan information
- Track preventive services
- Keep a prescription drug list
- Complete Authorization Forms  Review Claims

### **Acentra Health**

Website: [Acentra Health BFCC-QIO](http://Acentra Health BFCC-QIO)

Visit website for your region phone number. Acentra Health is the Beneficiary and Family Centered Care Quality Improvement Organization

### **MEDICARE COORDINATION OF BENEFITS 1-855-798-2627**

CALL IF PRIMARY AND SECONDARY Insurance IS NOT ACCURATE ON FILE WITH MEDICARE at national level.

## **MEDICARE**

Website: <http://Medicare.gov>  
1-800-633-4227

UHC Customer Service dedicated to  
**ARBenefits Group**  
**MAPD plan**

Website dedicated to ARBenefits Group MAPD  
plan <https://retiree.uhc.com/arbenefts>

## **MEDICAID**

Website: <https://medicaid.mmis.arkansas.gov/>  
1-800-482-5431  
on a wide range of topics.

## **VETERANS**

ADMINISTRATION

Website: <http://www.va.gov/>  
1-800-827-1000

## **CONSUMERS**

Website: [www.insurance.arkansas.gov/  
consumer-services](http://www.insurance.arkansas.gov/consumer-services)

This agency assists insurance  
consumers with complaints and  
inquiries regarding insurance  
companies, producers, and adjusters.  
CSD investigates all complaints.

## **SOCIAL SECURITY**

Website: <http://www.socialsecurity.gov/>  
1-800-772-1213

Having the right  
resources starts with the right  
guidance....

**HAPPY RETIREMENT**  
Mr. Carroll Astin  
AR SHIP Director  
(2019-2025)

## **ARKANSAS SENIOR HEALTH INSURANCE INFORMATION PROGRAM (AR SHIP)** **800-224-6330**

Website: <https://insurance.arkansas.gov/>  
Website: <http://www.shiipar.com>

## **SENIOR MEDICARE PATROL (SMP)**

[https://Senior Medicare Patrol \(SMP\) - Arkansas Insurance Department](https://SeniorMedicarePatrol(SMP)-ArkansasInsuranceDepartment)  
Fraud Prevention Line  
866-726-2916

## **HEALTHY AGING FOR OLDER ADULTS**

Website: <http://www.cdc.gov/aging/>  
Chronic Disease Prevention and Health  
Promotion provides  
information on a wide range of topics.

# **GLOSSARY**

## **Assignment**

An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

## **Benefit period**

The way that Original Medicare measures your use of hospital and skilled nursing facility services. A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

## **Beneficiary**

Someone who has healthcare insurance through Medicare or Medicaid.

## **Coinsurance**

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

## **Copayment**

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

## **Creditable prescription drug coverage**

Prescription drug coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare prescription drug coverage later.

# **GLOSSARY**

## **Critical access hospital**

A small facility located in a rural area more than 35 miles (or 15 miles if mountainous terrain or in areas with only secondary roads) from another hospital or critical access hospital. This facility provides 24/7 emergency care, has 25 or fewer inpatient beds, and maintains an average length of stay of 96 hours or less for acute care patients.

## **Custodial care**

Non-skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

## **Deductible**

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

## **Demonstrations**

Special projects, sometimes called "pilot programs" or "research studies," that test improvements in Medicare coverage, payment, and quality of care. They usually operate only for a limited time, for a specific group of people, and in specific areas.

## **Durable Medical Equipment (DME)**

Reusable medical equipment like wheelchairs, walkers, crutches, hospital beds, home oxygen equipment, diabetic testing meters and supplies.

## **Extra Help**

A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

## **Formulary**

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

# **GLOSSARY**

## **Inpatient rehabilitation facility**

A hospital, or part of a hospital, that provides an intensive rehabilitation program to inpatients.

## **Health Insurance Marketplace**

A comparison-shopping area that allows people to buy private health insurance that best meets their needs.

## **Health Maintenance Organization (HMO)**

HMO is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. When you have an HMO, you generally must get your care and services from doctors, other health care providers, and hospitals in the plan's network, except: Emergency care, Out-of-area urgent care, Temporary out-of-area dialysis.

## **HMO Point-of-Service (HMOPOS)**

This HMO plan may allow you to receive some services out-of-network for a higher copayment or coinsurance.

## **Inpatient rehabilitation facility**

A hospital, or part of a hospital, that provides an intensive rehabilitation program to inpatients.

## **Lifetime reserve days**

In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

## **Long-term care hospital**

Acute care hospitals that provide treatment for patients who stay, on average, more than 25 days. Most patients are transferred from an intensive or critical care unit. Services provided include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

## **Medically necessary**

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

# GLOSSARY

## **Medicare Advantage Plan**

A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your (Part A) and (Part B) benefits.

If you're enrolled in a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Medicare services aren't paid for by Original Medicare

### Most Medicare Advantage Plans offer prescription drug coverage

Medicare-approved amount. In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

## **Medicare assignment**

An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and copay.

## **Medicare health plan**

Generally, a plan offered by a private company that contracts with Medicare to provide (Part A) and (Part B) benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans. PACE plans can be offered by public or private companies and provide (Part D) and other benefits in addition to (Part A) and (Part B) benefits.

## **Medicare plan**

Any way other than Original Medicare that you can receive your Medicare health or prescription drug coverage. This term includes all Medicare health plans and Medicare drug plans.

# **GLOSSARY**

## **Medicare Medical Savings Account (MSA)**

An MSA is a type of consumer-directed Medicare Advantage Plan (Part C) These plans are similar to Health Savings Account (HSA) Plans like you'd get from an employer or the Marketplace. With MSA Plans, you can choose your health care services and providers (these plans usually don't have a network of doctors, other health care providers, or hospitals).

1. High-deductible health plan: This is a special type of Medicare Advantage Plan. This type of plan only starts to cover your costs once you meet a high yearly deductible , which varies by plan.
2. Medical savings account (MSA): This is a special type of savings account. Medicare gives the plan an amount of money each year for your health care expenses. This amount is based on your plan. The plan deposits money into your MSA account once at the beginning of each calendar year. Or, if you become entitled to Medicare in the middle of the year and join a Medicare MSA Plan at that time, the plan will deposit the money into your account the first month your coverage starts. You can use this money to pay your Medicare-covered costs before you meet the plan's deductible. You can access the money using a checking account or special debit or credit card your bank gives you. Check with your plan for details. The yearly deposit and yearly deductible are pro-rated based on when your enrollment begins.

## **Minimum essential coverage**

Coverage that you must have to meet the individual responsibility requirement under the health care law.

## **National Provider Identifier (NPI)**

A unique identification number for covered health care providers.

## **Preferred Provider Organization (PPO)**

A PPO is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PPOs have networks of doctors, other health care providers, and hospitals. You pay less if you go to providers and facilities that are belong to the plan's network. You can generally go to out-of-network providers for covered services, but you'll usually pay more.

# **GLOSSARY**

## **Premium**

The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

## **Preventive services**

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include Pap tests, flu shots, and screening mammograms).

## **Primary care doctor**

The doctor you see first for most health problems. He or she makes sure you receive the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

## **Prior authorization**

You and/or your prescriber must contact the drug plan before you can fill certain prescriptions.

## **Private Fee-for-Service (PFFS)**

A PFFS is a type of Medicare Advantage Plan. PFFS plans aren't the same as Original Medicare or Medigap. The plan determines how much it will pay doctors, other health care providers, and hospitals, and how much you must pay when you get care.

## **Referral**

A written order from your primary care doctor for you to see a specialist or receive certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can receive medical care from anyone except your primary care doctor. If you don't receive a referral first, the plan may not pay for the services.

## **Service area**

A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can receive routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

# GLOSSARY

## Special Needs Plan (SNP)

A Special Needs Plan (SNP) provides benefits and services to people with specific diseases, certain health care needs, or who also have Medicaid. SNPs tailor their benefits, provider choices, and list of covered drugs (formularies) to best meet the specific needs of the groups they serve. SNPs are either HMO or PPO plan types, and cover the same Medicare Part A and Part B benefits that all Medicare Advantage Plans cover. However, SNPs might also cover extra services for the special groups they serve. For example, if you have a severe condition, like cancer or congestive heart failure, and you need a hospital stay, an SNP may cover extra days in the hospital. You can only stay enrolled in an SNP if you continue to meet the special conditions of the plan.

## Skilled nursing facility care

Skilled nursing care and therapy services provided on a daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.



Senior Health Insurance  
Information Program

## Have Medicare Questions? We Have Answers!



- **Helps Arkansans navigate through the Medicare maze**
- **AR SHIP Certified Counselors assist Medicare recipients with free, unbiased, confidential, educational information**
- **NO sales pitch, just informative counseling that will empower you to make good decisions for your Healthcare Coverage**



**1-800-224-6330**

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award 90SAP60077 with 100 percent funding by ACL/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

***THIS PAGE LEFT BLANK INTENTIONALLY***



Senior Health Insurance  
Information Program

Call 1-800-224-6330

Jimmy Harris, Commissioner

1 Commerce Way Little Rock, Arkansas 72202

[www.insurance.arkansas.gov](http://www.insurance.arkansas.gov)

[www.shiipar.com](http://www.shiipar.com)

Email: [insurance.shiip@arkansas.gov](mailto:insurance.shiip@arkansas.gov)

Call AR SHIIP Toll Free:

**1-800-224-6330**

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a 100 percent financial assistance award from grant 90SAPG0141 funding by ACL/CMS/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by ACL/CMS/HHS, or the U.S. Government.

