



ABI
Absolute Best Insurance

2026 MEDICARE 101

Understanding Your Medicare Options

HOSTED BY:

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For accommodations of individuals with special needs at events, please call (561) 420-0280/TTY: 711.





About **Absolute Best Insurance**

- **Founded 16-years-ago** by Stacy Murphy and her father Ed Murphy
- Stacy has 26 years of insurance industry expertise
- We Offer a wide range of products to meet consumers' individual needs. Such as Medicare Plans, Health Insurance, Life Insurance, Annuities, Hospital Indemnity, Cancer, Heart Attack & Stroke plans as well as Dental & Vision plans.
- Contracted with most carriers for maximum coverage options
- We meet our clients where they want to be met (home, coffee shop, seminar, physician office, virtually)
- Committed to ongoing customer service and support
- Reliable insurance partner, built on trust and exceptional service



What We'll Learn Today



Medicare Eligibility

Parts A, B, C & D

Medicare Supplements

Medicare Advantage





What is MEDICARE?

- **Federal Health Insurance Program enacted by Congress in 1965**
- **For people 65 years or older, or people younger than 65 with certain disabilities**
- **Over 60 million Americans currently on Medicare**
- **Nearly 10,000 people turn 65 every day**



Parts To Medicare

“Original Medicare”

Part A : Hospital Coverage

***Monthly Premium: \$0**

Covers:

- Inpatient hospital care
- Skilled Nursing facility care
- Hospice care
- Limited home health care

\$0 premium as long as you or your spouse has paid 40 quarters into Medicare taxes



Part B : Medical Coverage

***Monthly Premium: \$202.90**

Covers:

- Doctor visits and preventive services
- Outpatient surgeries
- Diagnostic screenings
- Durable Medical Equipment
- Emergency care ...

***Can be higher depending on income (IRMAA)**



Original Medicare Enrollment (Parts A & B)

Collecting Social Security

- **Automatically** enrolled into Original Medicare
- Receive ID card 3 months before 65th birthday
- \$202.90 deducted from Social Security check monthly (Part B premium)

Not Yet

Collecting Social Security

- Must enroll in Original Medicare:
 1. **Online:** <https://www.ssa.gov/medicare/sign-up>
 2. **Phone:** 1-800-772-1213
 3. **In-person:** <https://secure.ssa.gov/ICON/main.jsp>
 4. **By Mail**
- Part B premium is billed quarterly
 $\$202.90 \times 3 = \608.70





Key Points About Original Medicare Enrollment

Coverage usually begins first day of your 65th birthday month, unless:

- 1** Your birthday falls on the 1st of the month
 - 2** You delay enrollment due to employer coverage
- ★ Can face penalties if not enrolled when first entitled to Medicare.**





Late Enrollment Penalties

If you sign up for Part B or Part D late, and not covered by credible employer plan.

Part B: Monthly cost may go up 10% for each full 12-month period that you could have had Part B but did not.

Part D: 1% of the national base premium (\$38.99 multiplied by the # of months you were not covered while eligible.



Major Exposures of Original Medicare

Part A : Hospital Coverage

Deductible: \$1,736 per benefit period
(covers days 1-60)

Coinsurance:

Days 61-90: \$434/day

Days 91 & beyond: \$868/day
(60 lifetime reserve days)

After lifetime reserve days:

You pay 100%

Part B : Medical Coverage

Deductible: \$283 (per calendar year)

Coinsurance: You pay 20% (with no limit!)

Part B excess charges: Depending on the physician, you can pay 15% more than the Medicare approved amount.



Your Medicare Options

Original Medicare

✔ Part A

✔ Part B

You Can Add:

Part D (Drug Coverage)

Supplemental Coverage (Medigap)

Medicare Advantage (Part C)

✔ Part A

✔ Part B

May Include:

✔ Part D (Drug Coverage)

✔ Extra Benefits



Your Medicare Options

Medicare Supplement (Medigap)

Price: Part B Premium (\$202.90) + cost of Supplement Plan

Coverage: Lowest out of pocket costs for doctor visits and hospital stays

Network: Choose any doctor/hospital in the U.S. that is contracted with Medicare

Part D: Choose a drug plan from a stand-alone drug company

No referrals needed

No prior authorizations

Medicare Advantage (Part C)

Price: Part B Premium (\$202.90) + cost of Advantage Plan

Coverage: Higher out of pocket costs when seeing doctors/hospitals

Network: Choose only doctors contracted with the specific insurance company

Part D: Usually included in the Medicare Advantage Plan

Referral may be **required**

Prior authorizations are **required**

Protect Yourself Beyond Medicare Cancer, Heart Attack & Stroke Insurance

Even with Medicare Advantage or a Medicare Supplement, there are out-of-pocket costs that can hit hard when you're diagnosed with a serious illnesses:

“We recommend that every Medicare Beneficiary have a Cancer, Heart Attack, & Stroke Policy to help cover things that Medicare does not cover”

Option 1

Medicare Supplement

Best Time To Enroll

Up to 6 months prior to your birthday month!

- Lowest rates
- Avoid mistakes
- Avoid medical underwriting

Standardized

- Must follow federal and state laws
- Plan G is Plan G, regardless of carrier
- Plan N is Plan N, regardless of carrier



Medicare Supplement (Medigap)

- **Helps pay some or all of what Medicare Parts A & B do not pay - like co-payments, coinsurance, and deductibles**
- **Works with Original Medicare**
- **Medicare Supplements fill in the gap Original Medicare leaves you with!**



Which Medicare Supplement Is Right For You?

Plan G

Premium: \$200-\$400/month

You Pay for:

1. \$283 Medicare Part B annual deductible In 2026

Plan N

Premium: \$170-\$250/month

You Pay for:

1. \$283 Medicare Part B annual deductible
2. \$20 copay per doctor visit
3. \$50 copay per ER visit (if not admitted)
4. Part B excess charges (15%)



Umbrella Coverage Options

Medicare Plan w/
Prescription Coverage

Cancer Heart or
Stroke (CHS)

Dental Vision Hearing
(DVH)
or HIP Plan

Recovery Care

Umbrella #3

Medicare Plan w/
Prescription Coverage

Cancer Heart or Stroke
(CHS)

Dental Vision Hearing
(DVH)
or HIP Plan

Umbrella #2

Medicare Plan w/
Prescription Coverage

Cancer Heart or
Stroke (CHS)

Umbrella #1



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Option 2 Medicare Advantage Plans (Part C)

- Covers Part A & B benefits, and in most cases covers Part D
- Offered by Medicare-approved private insurance companies
- Many different carriers and plan options
 - HMO
 - DSNP, CSNP
 - PPO
- Some Plans require Referrals, others do not
- Can offer additional benefits

***Coverage is based upon networks, which can change**

***Must live in plan service area**

***Must have Parts A & B**



TYPES OF MEDICARE ADVANTAGE PLANS

HMO PLANS

- Need to select a Primary Care doctor
- Generally required to see providers in the plan's network
- Usually need a referral to see a specialist
- Lower out-of-pocket costs
- Generally can use providers outside of the network for emergencies only

PPO PLANS

- You may see doctors inside and outside the plan's network
- Will usually pay more for out-of-network providers
- No referral needed to see a specialist
- Higher out-of-pocket costs

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Umbrella #1



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Part D Prescription Drug Coverage

- Prescription drug costs vary from plan to plan, based upon Formulary
- Part D Prescription Coverage is built into Medicare Advantage Plans or it is a Stand alone Part D Plan for people that opt for original Medicare and a Supplement

Deductible:

Amount you must pay before your plan begins to pay its share

\$0 - \$615
(varies by plan)

Initial Coverage Limit:

You pay a set copay or coinsurance (%) for each prescription you fill and the plan pays its share

\$2,100
out-of-pocket MAX

Catastrophic Coverage:

You pay 0% of drug costs for the rest of the year

You Pay Nothing

Part D

Deductible Exempt Drugs

You won't pay more than \$35 for a 30 day supply of covered insulin products.

Certain vaccines will be covered at NO charge.



Part D

Medicare Prescription Payment Plan

Program introduced in 2025 to help manage your prescription drug costs. Instead of paying for expensive medications all at once at the pharmacy, you can spread the out-of-pocket costs across the year, making it easier to budget.

Key Points:

- Voluntary program
- Can opt into the program at the beginning of the year or at anytime during the year:
How to opt-in: Paper Form, Call the Plan, Online
- Payments are divided into monthly installments
- You will receive a monthly bill from the plan
- You can opt-out of the program at any time



Part D

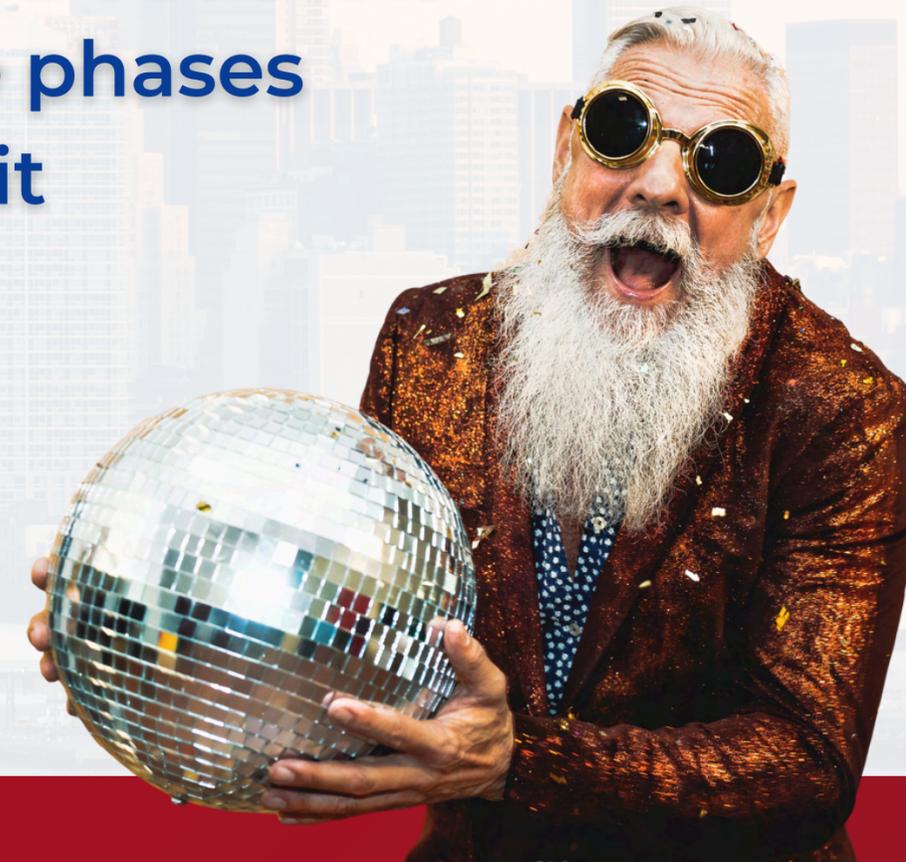
Medicare Prescription Payment Plan

Who is likely to benefit:

- People with high out-of-pocket drug costs at the beginning of the year

The Program **DOES NOT**:

- Save you money on prescriptions, just helps to spread out costs
- Change how you move through the Part D coverage phases
- Change what counts toward your Out-of-Pocket limit





OUR PART D PROCESS



Input drug list into our Rx calculator



Choose your pharmacy



Compare plan options available to you



Enroll into plan of your choice



Re-evaluate each Annual Election Period (Oct 15th - Dec 7th)



Skilled Nursing Coverage

In each benefit period you pay:

- Days 1 - 20: \$0 copayment (Note: if you are on a Medicare Advantage Plan, you may be charged co-payments during the first 20 days.)
- Days 21-100: \$209.50 each day
- After day 100: all costs

Part A limits SNF coverage to 100 days in each benefit period.

Note: Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and if, or how much, Medicare will pay for them.



Medicare & You 2026

The official U.S. government Medicare handbook



Medicare

28 Section 2: Find out what Medicare covers

Note: Hospitals are now required to share the standard charges for all of their items and services (including the standard charges negotiated by [Medicare Advantage Plans](#)) on a public website to help you make more informed decisions about your care.

Am I an inpatient or outpatient?

Whether you're an inpatient or an outpatient affects how much you pay for hospital services and if you qualify for Part A [skilled nursing facility care](#).

- You're an inpatient when the hospital formally admits you with a doctor's order.
- You're an outpatient if you're getting emergency or observation services (which may include an overnight stay in the hospital or services in an outpatient clinic), lab tests, or X-rays, without a formal inpatient admission (even if you spend the night in the hospital).

Each day you have to stay, you or your caregiver should ask the hospital and/or your doctor, a hospital social worker, or a patient advocate if you're an inpatient or outpatient.

Important! Sometimes doctors will keep you as an outpatient for observation services while they decide whether to admit you as an inpatient or release (discharge) you. If you're under observation more than 24 hours, the hospital must give you a "Medicare Outpatient Observation Notice" (also called "MOON"). This notice tells you why you're an outpatient (in a hospital or [critical access hospital](#)) getting observation services, and how it affects what you pay in the hospital and for care after you leave.

New!

You now have appeal rights when a hospital changes your status from inpatient to outpatient if you meet certain criteria. For more information, visit [Medicare.gov/providers-services/claims-appeals-complaints/appeals/original-Medicare](https://www.medicare.gov/providers-services/claims-appeals-complaints/appeals/original-Medicare).

Religious non-medical health care institution (inpatient care)

If you qualify for inpatient hospital or skilled nursing facility care in these facilities, Medicare will only cover inpatient, non-religious, non-medical items and services, like room and board, and items or services that don't need a doctor's order or prescription (like unmedicated wound dressings or use of a simple walker). Medicare doesn't cover the religious portion of this type of care.

Skilled nursing facility care

Medicare covers skilled nursing facility care after a 3-day minimum medically necessary inpatient hospital stay (not including the day you leave the hospital) for an illness or injury related to the hospital stay. Medicare covers semi-private rooms, meals, skilled nursing and therapy services, and other medically necessary services and supplies in a [skilled nursing facility](#).

To qualify for skilled nursing facility care, your doctor must certify that you need daily skilled care (like intravenous fluids/medications or physical therapy) which, as a practical matter, you can only get as a skilled nursing facility inpatient. **Medicare doesn't cover non-medical long-term care.** Go to page 56.

Need for Additional Coverage

IRMAA

Income Related Monthly Adjustment Amount

What is it?

- If your Modified Adjusted Gross Income(MAGI) is above a certain amount, IRMAA is an extra charge added to your premium
- Medicare uses the (MAGI) reported on your IRS tax return from 2 years ago
- IRMAA can be appealed for multiple reasons



If your MAGI (Modified Adjusted Gross Income*) in 2024 was...			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	Part B Premium + IRMAA	Part D IRMAA (in addition to Part D plan premium)
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90	----
\$109,001 to \$137,000	\$218,001 to \$274,000	N/A	\$284.10 (202.90 + 81.20)	+ \$14.50
\$137,001 to \$171,000	\$274,001 to \$342,000	N/A	\$405.80 (202.90 + 202.90)	+ \$37.50
\$171,001 to \$205,000	\$342,001 to \$410,000	N/A	\$527.50 (202.90 + 324.60)	+ \$60.40
\$205,001 to \$499,999	\$410,001 to \$749,999	\$109,001 to \$390,999	\$649.20 (202.90 + 446.30)	+ \$83.30
\$500,00 +	\$750,000 +	\$391,000 +	\$689.90 (202.90 + 487.00)	+ \$91.00



Low Income Subsidy & Medicaid

What is it?

- If your Income and Assets are below a certain Level you may qualify for assistance
- If you qualify for the **Qualified Medicare Beneficiary program** (Part of Medicaid) the state will pay your Medicare Part B Premium (\$202.90)
 - You can apply for this program at:
 - <https://myaccess.myflfamilies.com/>
- **Low Income Subsidy** - Your Income may be too high for Medicaid but you may qualify to get assistance paying for Medications.
 - You apply for LIS on SocialSecurity.Gov

Absolute Best Insurance can assist you with applying for these programs.





Dual Eligible Special Needs Plans (DSNP)

- Medicare Advantage plan for people who qualify for both Medicare & Medicaid.
- Includes Extra Benefits
- Low to no out-of-pocket costs depending on level of Medicaid
- Care Coordination



Enrollment Periods

- **Initial Enrollment Period (IEP)** When you first become eligible for Medicare
- **Annual Enrollment Period (AEP)**
 - Oct 15th- December 7th (plan takes effect Jan 1)
 - Anyone on a Medicare Advantage can change to another MA Plan or PDP
 - Anyone on A stand Alone Part D can change to another Part D or MA plan
- **Open Enrollment Period (OEP)**
 - Jan 1st - March 31st
 - Anyone on a Medicare Advantage plan can change to another MA plan or PDP plan
- **Special Enrollment Periods (SEP)** (based on special circumstances)
 - Chronic Condition Plans - allow enrollment anytime during the year
 - Dual Eligibles (Medicare & Medicaid)
 - Move out of plan service area, or Move in or out of a Nursing Home
 - Leave Group/Employer coverage
 - Fema declared diasters or weather-related declarations
 - 5 star plans



MY RECOMMENDATION

UMBRELLA #1

Medicare Plan

+

Dental, Vision,
Hearing Plan

UMBRELLA #2

Medicare Plan

+

Cancer, Heart
Attack & Stroke
Plan

+

Dental, Vision,
Hearing Plan



Myth #1

"I must pay a fee to get help or advice from an agent."

TRUTH:

**Our services are at
NO cost to you!**



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Myth #2

"Nobody works for free, so the insurance company must charge higher prices if I work with an agent like you."

TRUTH:

You will pay the exact same price whether you use our help or not. Insurance companies pay us directly for educating and helping you enroll!





We also offer...



**Long Term Care Insurance
Health Insurance (ACA)**

Dental, Vision, & Hearing Plans

Life Insurance & Annuities

Cancer, Heart, Stroke Policies*

Hospital Indemnity*

Travel Insurance





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