
Medicare Made Simple

2027

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Medicare History

A LANDMARK EXPANSION OF U.S. HEALTH COVERAGE

1965

President Lyndon B. Johnson signed the Social Security Amendments, creating both Medicare and Medicaid.

TWO PROGRAMS · TWO DISTINCT POPULATIONS

MEDICARE

Health insurance for older adults and certain people with disabilities

MEDICAID

Health coverage for eligible low-income individuals and families

Medicare Eligibility

65+

AGE

Adults age 65 or older

24

DISABILITY

Under age 65: Medicare generally begins after 24 months of Social Security Disability benefits.

DX

CERTAIN MEDICAL CONDITIONS

End-Stage Renal Disease (ESRD) or ALS (Lou Gehrig's disease) may qualify

Medicare eligibility is based primarily on age or disability—not income.

Medicare Enrollment

YOUR 7-MONTH INITIAL ENROLLMENT PERIOD



ENROLL 3 MONTHS BEFORE YOUR BIRTHDAY

Coverage starts the first day of your 65th-birthday month.

ENROLL IN YOUR BIRTHDAY MONTH OR WITHIN 3 MONTHS AFTER

Coverage starts the month after enrollment.

AUTOMATIC ENROLLMENT

May occur when receiving Social Security or Railroad Retirement Benefits

Under age 65 and on SS disability benefit for 24 months

MISSED YOUR IEP?

Enroll January 1–March 31.

Coverage begins the following month.

Avoid Late Enrollment Penalties

Enroll when first eligible to avoid coverage gaps and potential penalties.

01

Delaying Medicare enrollment can increase your monthly premium; sometimes for a lifetime

02

Penalties vary for Parts B, D and Part A if you must pay a premium.

03

Special Enrollment Periods may allow you to avoid penalties

Special Enrollment Periods

Certain life events may let you enroll in Medicare or change your Medicare plan outside the usual enrollment periods.



MOVE

Outside your
plan's
service area, or
in/out of nursing
home



COVERAGE

Lose Medicaid,
employer,
or union health
coverage



EMERGENCY

Affected by a
declared
emergency or
disaster

Enrollment options and deadlines depend on your situation and type of Medicare coverage.

Two Choices for Coverage

OPTION 1

Traditional Medicare

"Red, White & Blue Card"

INCLUDES

- ☒ Part A
- ☒ Part B

OPTIONAL ADD-ONS

- ☒ You can add Part D
- ☒ You can also add supplemental coverage

OR

OPTION 2

Medicare Advantage Plan

(also known as Part C)

INCLUDES

- ☒ Part A
- ☒ Part B

MOST PLANS INCLUDE

- ☒ Part D
- ☒ Extra benefits

Traditional or Original Medicare

ADVANTAGES

- ✓ Can use any provider accepting Medicare
- ✓ Limited prior authorizations (certain hospital outpatient procedures, DME)
- ✓ Can add supplemental insurance
- ✓ Coverage throughout the U.S.

POSSIBLE DISADVANTAGES

- ⚠ Generally excludes routine dental, vision and hearing care
- ⚠ No annual out-of-pocket limits for Parts A and B
- ⚠ Separate Part D plan for prescription coverage
- ⚠ Supplemental coverage can be expensive

Medicare Advantage Plans

ADVANTAGES

- ✓ Must cover what Traditional Medicare covers
- ✓ Extra benefits
- ✓ Low or \$0 plan premiums; Part B premium still applies
- ✓ Annual out-of-pocket limits
- ✓ Most include drug coverage

POSSIBLE DISADVANTAGES

- ⓘ May have geographic restrictions
- ⓘ Prior Authorizations
- ⓘ Provider restrictions
- ⓘ Cannot add Medigap to cover copays

NEXT:

Understanding Parts A, B, and D

PART

A

PART

B

PART

D

Let's break down what each part means.

Part A – Hospital Insurance



Inpatient hospital stays



Skilled Nursing Facility (SNF) care after a qualifying hospital stay



Home health care (limited situations)



Hospice care



Inpatient mental health care



Blood transfusions during inpatient stay

Part A – Hospital Coverage Costs

Original Medicare

Most people pay no Part A premium

	2027 projected	2026
Days 1–60: Deductible Per benefit period	\$1,788	\$1,736
Days 61–90 In each benefit period	\$447 per day	\$434 per day
After day 90 Up to 60 lifetime reserve days total	\$894 per day	\$868 per day

Once all 60 lifetime reserve days are used, no reserve days remain.

2027 amounts are projected, not final.

Part A – Skilled Nursing Care Costs

ELIGIBILITY

Does not include long-term custodial care

3-day hospital stay required

Observation Status does NOT count

COVERAGE WINDOW

Full coverage days 1-20

Coinsurance days 21-100 (Projected 2027: \$223.50 per day)

Up to 100 days per benefit period, if eligible

BENEFIT PERIOD

Ends after 60 consecutive days without inpatient hospital care or skilled care in a SNF.

Appeal Rights in Skilled Therapy

You have the right to appeal a Medicare decision to deny or end coverage for skilled care

MAIN QUESTIONS FOR CONTINUATION OF SKILLED CARE

- 1** Can care be safe and effective without the involvement of skilled professionals?
- 2** Are skilled services needed to maintain function, or prevent or slow decline?

If covered services are ending, follow the appeal instructions and deadline on the notice.

Part A – Hospice Coverage

Comfort care rather than treatment to cure terminal illness

COVERAGE & SERVICES

- Services for pain relief and symptom management
- Drugs and DME for pain relief and management
- Aide and homemaker services
- Spiritual and grief counseling

ADDITIONAL DETAILS

May pay 5% of the Medicare-approved amount for inpatient respite stay

Generally does not cover nursing home room and board

Home Health Care Coverage

YOU GENERALLY MUST:

Be under the care of a doctor

(or other authorized practitioner) who establishes and periodically reviews a plan of care

Be homebound, meaning:

- Leaving home requires considerable and taxing effort, and
- You need assistance, special equipment, special transportation, or it is medically inadvisable for you to leave home.

Need skilled services, such as:

- Part-time skilled nursing care
 - Physical therapy
 - Speech-language pathology services
 - Continued occupational therapy
-

Receive services

from a Medicare-certified home health agency.

Part B – Medical Insurance



Doctor office visits



Preventive care &
vaccines



Durable Medical
Equipment



Ambulance Services



Some professionally
administered drugs

Part B – Medical Coverage

PART B COSTS

Monthly premium

\$209.50

2027 projected

Up from \$202.90

Yearly deductible

\$292.00

2027 projected

Up from \$283.00

OTHER COSTS & COVERAGE

Generally 20% coinsurance of the Medicare-approved amount after the yearly deductible

Income adjustments can affect premium

Includes coverage for observation status

Hold Harmless Provision

Federal law prevents Part B premium increases from reducing eligible beneficiaries' take-home Social Security payments

EXAMPLE

Social Security cost-of-living adjustment (COLA)	+\$20
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Standard Part B premium increase	+\$25
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Their premium increase with hold harmless	+\$20
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Change in take-home Social Security payment	\$0
--	------------

Their payment stays the same instead of dropping \$5.

2027 context: COLA is 3.6%. Part B is projected to rise \$6.60/month (not final).

Some Can Delay Part B

COMMON REASONS TO DELAY

Covered by a health plan through your or your spouse's current employment that pays primary to Medicare

8-MONTH SPECIAL ENROLLMENT PERIOD

After active employment or employer coverage ends, whichever happens first.

LATE ENROLLMENT PENALTY

Generally applies if you delay Part B without qualifying coverage or an enrollment exception

- 10% of the standard Part B premium
- For **each full 12-month period** you could have had Part B but didn't enroll
- Generally lasts as long as you have Part B



To enroll: Contact Social Security or visit www.socialsecurity.gov

Medicare Savings Program

Helps pay Medicare costs for eligible individuals with limited income and resources.

WHAT IT MAY PAY

- ✓ **May pay your Part B premium**
- ✓ **May pay your Part A premium (if applicable)**
- ✓ May pay deductibles, copays, and coinsurance (QMB only)
- ✓ Automatically qualifies you for Extra Help with Part D prescription drug costs (-QDWI)

TYPES OF MSPs

- | | |
|-------------|--|
| QMB | Most comprehensive assistance |
| SLMB | Pays Part B premium |
| QI | Pays Part B premium |
| QDWI | Pays Part A premium for certain disabled workers |

READY TO APPLY?

Contact your county Department of Job and Family Services (JFS)

Supplemental/Medigap Insurance

Private insurance that helps pay some of the out-of-pocket costs

HOW IT WORKS

- 1 COVERAGE**
Traditional Medicare only
- 2 REQUIRED**
Must have Parts A & B
- 3 PREMIUMS**
Vary by company & coverage

MEDIGAP OPEN ENROLLMENT

- A one-time, 6-month period beginning the first month you're 65 or older and have Part B
- No medical underwriting during this period
- You can apply later, but underwriting may apply

WHAT IS NOT COVERED

New policies don't include prescription drug coverage and generally don't cover routine dental or vision care

Part D: Prescription Coverage Choices

Two Types of Part D Coverage:

- Stand Alone Plans: Choose with Traditional Medicare or Part C Advantages Plans without drug coverage
- Part D included with most Medicare Advantage Plans

Do not need if have VA Coverage

Do not need if have creditable coverage through a retirement plan or current employer

Lifetime Penalty of 1% of national base premium for each month not enrolled (\$41.33 in 2027)

Cannot enroll mid-year with some exceptions



Part D Standard Benefit 2026

PART D

01

DEDUCTIBLE

\$700

Initial deductible

Up from \$615 in 2026

02

INITIAL COVERAGE LIMIT

\$2,400

**25% of costs up to this
limit**

Including deductible

Up from \$2,100 in 2026

03

CATASTROPHIC COVERAGE

\$0

copays

Prescription Costs

PART D

01

COST SHARING

Maximum out of pocket includes deductible and personal costs

Not all medications subject to deductible

02

PLAN DESIGN

Based on plan tiers, some lower costs generics may have a \$0 out of pocket

\$35 cap on insulin remains for 2027

Some plans have more generous designs

03

PAYMENT + REVIEW

Can spread higher costs over 12 months & be billed by plan

Must compare plans each year

PART D

Part D Selection Considerations

4 SELECTION Criteria

KEEP IN MIND

Note: Formularies and costs can change at any time. Appeals can be done through your physician

Compare every plan across all four criteria

01 Coverage and costs

02 Restrictions:
prior authorization, step therapy, quantity limits

03 Pharmacy Network

04 Star Ratings: based on member complaints, accurate pricing, number leaving, ease of filling prescriptions, changes to plan



HOW TO CHECK PRESCRIPTION PLANS YEARLY

WWW.MEDICARE.GOV

CALL OSHIP: 1-800-686-
1578

Extra Help lowers the cost of Part D

\$0

premium + deductible

for people eligible for
the full subsidy

**Some people are
enrolled automatically.**

THREE PART D PLANS IN OHIO

**Wellcare Classic • Humana Basic
HealthSpring Assurance**

LOWER DRUG PRICES

Generic and brand-name drugs

HOW TO APPLY

ssa.gov →

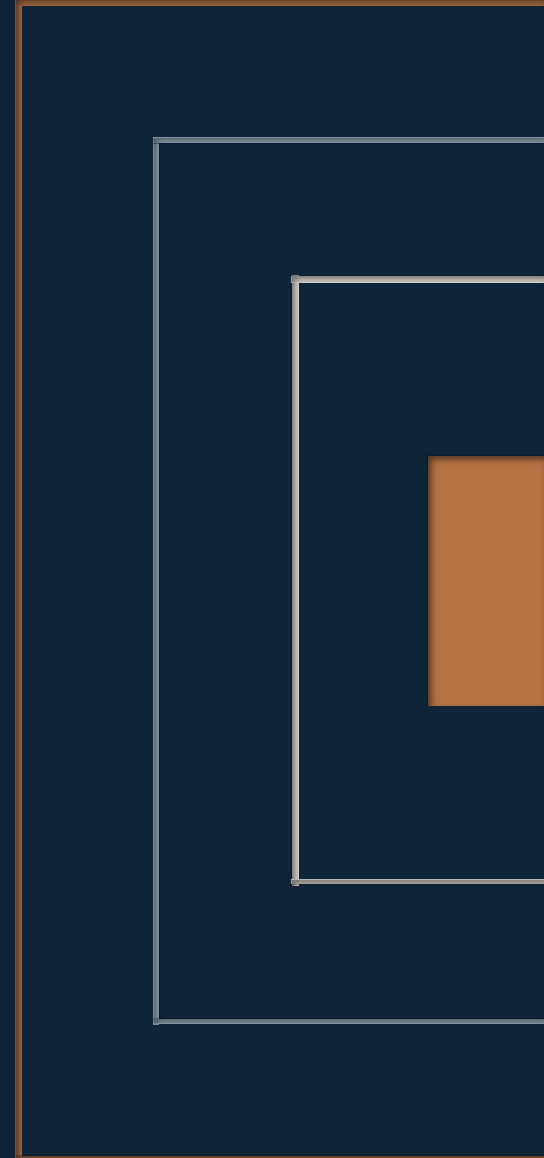
Apply through the Social Security Administration.

Part D Changes Ohio 2027

- One less plan, 2 dropped, 1 added
- Higher Deductibles & Premiums
- End of Premium Reduction Stabilization Program – ended 1 year earlier than proposed in the Inflation Reduction Act signed in 2022 which held premium increases to 6% annually

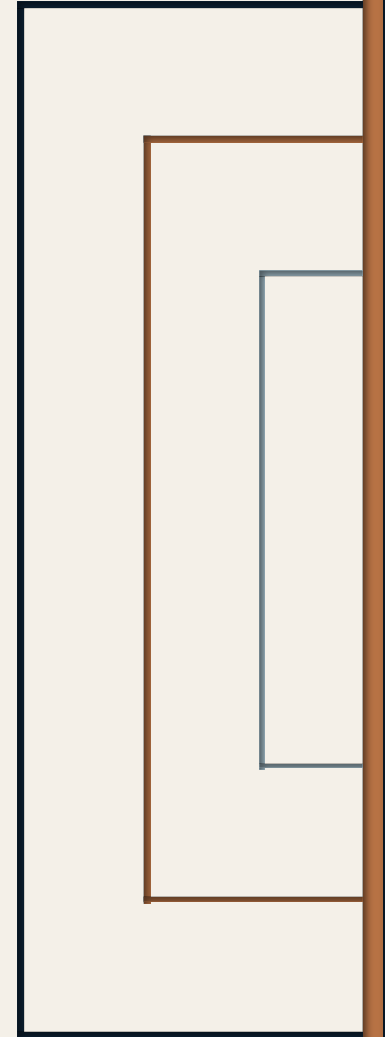
Part C: Medicare Advantage Plans

- Must have Parts A & B
- Private companies contract with federal government to provide Medicare coverage
- Most include drug coverage
- Are **not** supplemental plans – Cannot have a supplement & Part C



How MA plans differ from Traditional Medicare

- Out-of-Pocket Maximums Apply
- No 3 -Day hospital stay required for skilled care in rehab facilities
- Provider limitations apply
- Most include drug coverage
- prior authorizations using AI
- Cover additional benefits
- Can switch MA plans or switch to MA plans January 1-March 31



ADDITIONAL BENEFITS

Gym Memberships

Cash Cards

Dental

Hearing Vision

**Reductions in Part B
premium**

HOW TO SELECT

Choose the plan that fits your needs

- | | | |
|-------|-----------------|---|
| 01 | COST | Focus on the services & benefits you use most |
| <hr/> | | |
| 02 | COVERAGE | Formulary and provider network |
| <hr/> | | |
| 03 | STAR RATINGS | Quality |
| <hr/> | | |
| 04 | PLAN REPUTATION | Ask providers |
| <hr/> | | |

PLAN SELECTION

4

DECISION
CHECKS

COMPARE THE WHOLE
PLAN

MY CARE OHIO

Medicare Advantage Plans for Duals

4

MEDICAID COVERAGE CHOICES

AVAILABLE PLANS

01

Anthem

02

CareSource

03

Molina

04

Buckeye

ANOTHER MEDICARE PLAN?

YES

**You can choose
another Medicare
plan.**

THE TRADE-OFF

You will deal with
different payers.

MORE INFORMATION

www.medicare.gov

OSHIIP 1-800-686-1578

PROHIBITED

NO

Cold calling

**Door-to-door
solicitation**

Pressure tactics

UNINVITED SALES CONTACT

MEDICARE ADVANTAGE

MA Marketing Guidelines

01 OBTAIN A SCOPE OF APPOINTMENT

Confirm that the beneficiary agreed to discuss certain products. Beware of agent cross selling.

02 DISCLOSE LIMITED PLAN REPRESENTATION

Third-party marketing organizations may not sell every plan — and must share this information.

03 SUPERLATIVES CAN BE USED — SO BEWARE

Medicare Appeal Rights

- Right to appeal coverage & payment denials for covered services
- Process slightly different for Traditional Medicare & MA Plans
- Conduct prescription appeals through your physician-formulary & tier exceptions can be submitted
- Can appeal observation status if changed after discharge

OTHER NEWS FOR YOU

2027 & Beyond

MA reaches 55%—while access and benefits tighten

55%

of beneficiaries are in
MA plans

34

major health system providers
dropped MA plans

- | | | |
|----|----------|--|
| 01 | BENEFITS | Some supplemental benefits scaled back |
| 02 | COSTS | Higher out-of-pocket costs |
| 03 | LIMITS | Higher maximum out-of-pocket limits |

Medicare Advantage

**Some plans
cover GLP-1
drugs.**

Each Medicare
Advantage Plan sets
its own
requirements.

[CHECK THE PLAN](#)

TRADITIONAL MEDICARE ONLY

Coverage of GLP-1 Drugs

ELIGIBILITY REQUIREMENTS

- 01 **Age 18 or older**
- 02 **Prescribed by a physician**
- 03 **BMI of 27–30 or higher**
- 04 **Specific health diagnoses**

COVERED OPTIONS

Faundayo tablets

**Wegovy injections &
tablets**

Zepbound KwikPen

WISer Demonstration

Wasteful & Inappropriate Service Reduction

What it is

- Voluntary prior authorization pilot
- Traditional Medicare Only
- Uses AI & clinical review

Services Affected

17 in all including:

- Knee arthroscopy for arthritis
- Skin tissue substitutes
- Implantation of electrical nerve stimulators

4

ELIGIBLE GROUPS

Medicare eligibility
is limited to these
categories.

MEDICARE ELIGIBILITY

Eligibility for Immigrants

LIMITS ELIGIBILITY TO

- 01 **American citizens**

- 02 **Nationals and green card holders**

- 03 **Cuban & Haitian refugees**

- 04 **Lawful residents from certain Pacific Islands**

Legislative Updates

Access To Medicare Act

bipartisan bill to allow Traditional Medicare Coverage for skilled care without a 3- day hospital stay

No UP CODE Act

bipartisan bill to reduce overpayments to Medicare Advantage Plans which seek incentives by over-coding diagnoses

Act now!

01

Understand your coverage options

02

Review your benefits

03

Choose coverage that meets your healthcare needs



Applies to all Medicare beneficiaries.
