ECOS MEDICARE SOLUTIONS

Medicare Basics Guide

Everything You Need to Know About Medicare —
Parts A, B, C, D, Enrollment, and Coverage

Book 1 of 4 · The Retire With Confidence Series

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Chapter 1: Medicare 101 — What It Is, What It Isn't, and Why It Matters More Than You Think

Imagine this: you've just blown out the candles on your 65th birthday cake. Your family is smiling. You're thinking about golf, grandkids, maybe a trip to Europe. But somewhere in that pile of birthday cards is a letter from Medicare that will affect every year of your life from this moment forward.

Ignore that letter, and you could face penalties that last the rest of your life. Misunderstand it, and you could end up with thousands of dollars in unexpected medical bills. Get it right, and you'll have the peace of mind to actually enjoy the retirement you earned.

Medicare is the single most important decision you'll make in retirement. And yet most people spend more time researching their next car than understanding their healthcare coverage.

Let's fix that right now.

What Medicare Actually Is

Medicare is a federal health insurance program run by the Centers for Medicare & Medicaid Services (CMS). It was signed into law in 1965 by President Lyndon B. Johnson as part of the Social Security Act. Its original purpose was straightforward: give Americans aged 65 and older access to affordable healthcare.

Today, Medicare covers more than 67 million Americans. That includes people 65 and older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant) or Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease).

Think of Medicare as the base layer of your retirement healthcare. It's not optional. It's not a luxury. It's the foundation that everything else—Medigap plans, drug coverage, dental, vision, long-term care—is built upon.

What Medicare Is NOT

Here's where people get into trouble. Medicare is not free healthcare. It's not unlimited healthcare. And it is absolutely not the same thing as Medicaid.

Let me be blunt: Medicare has premiums, deductibles, copays, and coinsurance. It does not cover everything. It does not cover long-term care (nursing homes for extended stays). It does not cover most dental, vision, or hearing care. It does not cover care received outside the United States in most cases. And it comes with enrollment rules so strict that missing a deadline by even one day can result in permanent financial

penalties.

I've seen people assume Medicare will "take care of everything." That assumption has bankrupted families. Don't let it bankrupt yours.

Medicare vs. Medicaid: Clear Up the Confusion Now

This is one of the most common mix-ups I see. Medicare and Medicaid are two completely different programs.

Who It's For	People 65+ or with qualifying disabilities	Low-income individuals and families
Funded By	Federal payroll taxes (you've been paying in)	Federal and state governments jointly
Administered By	Federal government (CMS)	Each state individually
Based On	Age or disability	Income and assets
Cost to You	Premiums, deductibles, copays	Little or no cost (varies by state)
Covers Long-Term Care?	Very limited (100 days max)	Yes, for those who qualify

Some people qualify for both Medicare and Medicaid at the same time. They're called "dual eligibles," and they have a unique set of rules we'll cover later in Chapter 36.

Why Medicare Matters More Than Any Other Retirement Decision

Here's a number that should get your attention: the average 65-year-old couple retiring in 2026 will need approximately $351,000 to cover healthcare costs in retirement, according to Fidelity's annual estimate. That's not including long-term care. That's not including dental implants or hearing aids. That's just premiums, copays, deductibles, and prescription drugs over a typical retirement.

Healthcare is likely the single largest expense you'll face in retirement—bigger than housing, bigger than food, and far bigger than most people budget for. The decisions you make about Medicare in your first year of eligibility will determine how much of that $351,000 actually comes out of your pocket versus being covered by your plan.

Get the wrong plan, and you could pay tens of thousands of dollars more than you need to. Get the right plan, and you'll have predictable costs, broad coverage, and the freedom to focus on living rather than worrying.

The Three Groups of People Who Get Medicare

You're automatically eligible for Medicare if you meet one of these criteria:

Group 1: You're turning 65. This is the most common path. Whether you're still working

or fully retired, age 65 is when Medicare eligibility begins for most Americans.

Group 2: You're under 65 with a qualifying disability. If you've been receiving Social Security Disability Insurance (SSDI) for 24 months, you're automatically enrolled in Medicare. This includes conditions like advanced heart failure, severe arthritis, and many others.

Group 3: You have End-Stage Renal Disease or ALS. These conditions grant Medicare eligibility regardless of age, with no 24-month waiting period for ALS.

REAL-WORLD EXAMPLE: The Cost of Waiting

> *Tom, age 66, retired at 65 but assumed his COBRA coverage was "good enough." He didn't sign up for Medicare Part B during his Initial Enrollment Period. When his COBRA ran out 18 months later, he enrolled in Part B during the General Enrollment Period. But because he was 12 months late, he now pays a 20% penalty on his Part B premium—permanently. In 2026, the standard Part B premium is $202.90 per month. Tom pays $223.19 per month. Over 20 years, that's an extra $8,880 he didn't need to spend—all because of a timing mistake.*

The Bottom Line

Medicare is not a set-it-and-forget-it decision. It's a system with moving parts, enrollment windows, penalties, and costs that change every year. But here's the good news: it's learnable. It's manageable. And with the right guidance, you can make decisions that save you thousands of dollars and protect your health for decades.

The chapters that follow will walk you through every piece of Medicare—the four parts, the costs, the enrollment rules, and the plan choices. By the end of Part I, you'll know more about Medicare than 95% of the people enrolled in it.

FREQUENTLY ASKED QUESTIONS

Q: Is Medicare really free?

> *A: Part A (hospital insurance) is premium-free for most people—if you or your spouse paid Medicare payroll taxes for at least 10 years (40 quarters). Part B, Part D, and any supplemental plans all have premiums. And even with Part A, you'll still pay deductibles and copays.*

Q: Do I have to sign up for Medicare at 65?

> *A: Not necessarily. If you're still working and have creditable employer coverage (from an employer with 20+ employees), you can delay Part B without penalty. But the rules are strict—get this wrong and you'll pay a penalty for life.*

Q: What if I'm a veteran? Do I still need Medicare?

> *A: VA benefits are excellent, but they don't count as creditable coverage for Medicare purposes. Most veterans benefit from enrolling in Medicare alongside their VA benefits. We cover this in detail in Chapter 34.*

Q: Can my spouse get Medicare through me?

> *A: Your spouse can qualify for premium-free Part A based on your work record if you have 40+ quarters of Medicare-taxed employment. They still enroll separately and must meet age or disability requirements.*

Q: What happens if I move to another state?

> *A: Medicare is a federal program—it follows you everywhere in the U.S. However, Medicare Advantage and Medigap plan availability and pricing can vary by state and county. If you move, review your plan options in your new area.*

CHAPTER 1 CHECKLIST

> ☐ *I understand that Medicare is not free—it has premiums, deductibles, and copays*
>
> ☐ *I know the difference between Medicare and Medicaid*
>
> ☐ *I understand the three groups who qualify for Medicare*
>
> ☐ *I know that late enrollment can result in permanent penalties*
>
> ☐ *I've noted my 65th birthday and the 7-month window around it*
>
> ☐ *If I'm still working at 65, I've confirmed whether my employer coverage is "creditable"*

READY TO TAKE THE NEXT STEP?

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Chapter 2: The Four Parts of Medicare — A, B, C, and D Explained Simply

If Medicare were a car, Part A would be the engine, Part B would be the steering wheel, Part C would be the premium upgrade package, and Part D would be the fuel. You need to understand all four to stay on the road.

Too many people sign up for Medicare without understanding what each part does. They end up with coverage they don't need and gaps they don't know about. This chapter will make sure that doesn't happen to you.

Part A: Hospital Insurance

Medicare Part A covers inpatient care. Think of it as your "inside the hospital" coverage. Here's what Part A covers:

Inpatient hospital stays (semi-private room, meals, nursing care, drugs administered in the hospital, and other hospital services). Skilled nursing facility care (up to 100 days per benefit period, after a qualifying 3-day hospital stay). Home health care (part-time skilled nursing, physical therapy, occupational therapy, and other services). Hospice care (comfort care for terminal illness, including medications for pain management).

Here's the key detail most people miss: Part A is premium-free for most Americans. If you or your spouse worked and paid Medicare payroll taxes for at least 10 years (40 quarters), you pay $0 per month for Part A. If you don't have 40 quarters, you can still buy Part A—but the 2026 premium is up to $565 per month.

Part A Costs in 2026

Monthly Premium	$0 (with 40+ quarters)	Free for most people
Monthly Premium (30-39 quarters)	$311 per month	Reduced premium
Monthly Premium (<30 quarters)	$565 per month	Full premium
Inpatient Deductible	$1,736 per benefit period	You pay this before Part A kicks in
Days 1–60	$0 coinsurance	Fully covered after deductible
Days 61–90	$434 per day	You pay this daily coinsurance
Days 91–150 (Lifetime Reserve)	$868 per day	60 lifetime reserve days total
Beyond 150 days	All costs	You pay everything
Skilled Nursing: Days 1–20	$0 coinsurance	Fully covered
Skilled Nursing: Days 21–100	$217.00 per day	Daily coinsurance
Skilled Nursing: Beyond 100 days	All costs	You pay everything

Notice that Part A coverage has a hard limit. After 60 days in the hospital, you start paying $434 per day. After 90 days, it jumps to $868 per day using your lifetime reserve days—and you only get 60 of those in your entire life. After 150 days total, Medicare stops paying entirely. This is one of the biggest gaps in Medicare, and it's exactly why supplemental insurance matters.

Part B: Medical Insurance

If Part A is your "inside the hospital" coverage, Part B is your "outside the hospital" coverage. It handles doctor visits, outpatient services, preventive care, and medical equipment.

Part B covers: doctor and specialist visits, outpatient surgery and procedures, diagnostic tests (lab work, X-rays, MRIs), mental health services (outpatient), durable medical equipment (wheelchairs, walkers, oxygen), preventive services (annual wellness visits, screenings, flu shots), and ambulance services when medically necessary.

Part B Costs in 2026

Unlike Part A, Part B is not free. Everyone who enrolls in Part B pays a monthly premium. The standard premium for 2026 is $202.90 per month. But here's the catch: if your income is above a certain threshold, you'll pay more. A lot more. This is called IRMAA, and it's so important that we're dedicating an entire chapter to it later (Chapter 11).

Standard Monthly Premium	$202.90
Annual Deductible	$283
Coinsurance (after deductible)	20% of the Medicare-approved amount
Excess Charges	Up to 15% above the Medicare rate (Original Medicare only)

That 20% coinsurance is unlimited. There is no out-of-pocket maximum on Original Medicare Part B. If you have a $205,000 surgery, you owe $40,000. That's not a typo. This is one of the most dangerous gaps in Medicare, and it's the primary reason Medigap insurance exists.

Part C: Medicare Advantage (The All-in-One Option)

Medicare Part C—commonly called Medicare Advantage—is not a separate benefit from the government. It's a way of receiving your Part A and Part B benefits through a private insurance company instead of through the government directly.

Think of it this way: Original Medicare (Parts A and B) is like buying groceries at the farmers' market—you pick each item individually and pay as you go. Medicare Advantage is like a meal kit subscription—everything is bundled, and the company manages the details.

Medicare Advantage plans often include extra benefits not found in Original Medicare: dental, vision, hearing, gym memberships, transportation to medical appointments, and over-the-counter drug allowances. Most plans include Part D drug coverage built in. And many have $0 monthly premiums (you still pay your Part B premium).

But there are trade-offs. Medicare Advantage plans use networks (HMO, PPO, or PFFS). You may need referrals to see specialists. You're limited to doctors and hospitals within the plan's network (or face higher costs). And if you travel frequently or split time between states, a network-based plan may not cover you well outside your service area.

We'll do a full, side-by-side comparison of Original Medicare vs. Medicare Advantage in Chapter 6.

Part D: Prescription Drug Coverage

Medicare Part D covers outpatient prescription drugs. It's offered through private insurance companies approved by Medicare. Every plan has a formulary—a list of drugs it covers—organized into tiers that determine your cost.

A landmark change is now in effect for 2026: there is a $2,000 annual out-of-pocket cap on prescription drug spending for Part D enrollees. Before this change, some seniors were paying $10,000 or more per year for medications. The $2,000 cap is a game-changer, and Medicare also offers a monthly payment option so you can spread that $2,000 across the year instead of paying it all at once.

We'll cover Part D in full detail in Chapter 8, including how formularies work, how to compare plans, and how the new $2,000 cap changes your financial planning.

How the Four Parts Work Together

Part A	Hospital / Inpatient	$0 (most people)	Premium-free with 40 quarters
Part B	Doctors / Outpatient	$202.90/mo (standard)	No out-of-pocket maximum
Part C	A + B + often D via private plan	$0–$200+/mo	Bundled with extras
Part D	Prescription Drugs	Varies by plan	$2,100 annual OOP cap

REAL-WORLD EXAMPLE: Margaret's Part B Surprise

> *Margaret, age 67, had Original Medicare with Parts A and B and no supplemental coverage. She needed knee replacement surgery. The Medicare-approved cost was $50,000. Part A covered her hospital stay after her $1,736 deductible. But the surgeon's outpatient follow-up care was billed through Part B. After her $283 deductible, she owed 20% of all Part B charges—with no maximum. Her out-of-pocket costs totaled over $11,000. If Margaret had a Medigap Plan G, her total out-of-pocket would have been $283 (the Part B deductible). That's it.*

FREQUENTLY ASKED QUESTIONS

Q: Do I need all four parts?

> *A: At minimum, you need Parts A and B. From there, you choose: either Original Medicare with a Medigap plan and standalone Part D, or a Medicare Advantage plan that bundles everything. We'll help you decide which path is right in Chapter 6.*

Q: Can I have Medicare Advantage AND a Medigap plan?

> *A: No. Medigap only works with Original Medicare (Parts A and B). If you enroll in a Medicare Advantage plan, you cannot use a Medigap plan. It's one path or the other.*

Q: Is Medicare Advantage really free?

> *A: Many plans have $0 premiums, but you still pay your Part B premium ($202.90/month in 2026). And you'll still have copays, deductibles, and coinsurance within the Advantage plan.*

Q: What's the difference between coinsurance and copay?

> *A: A copay is a fixed dollar amount you pay (e.g., $30 for a doctor visit). Coinsurance is a percentage of the total cost (e.g., 20% of a $10,000 procedure = $2,000). Both are your share of the cost after Medicare pays its portion.*

CHAPTER 2 CHECKLIST

> ☐ *I understand what Parts A, B, C, and D each cover*
>
> ☐ *I know Part A is premium-free for most people with 40+ work quarters*
>
> ☐ *I understand that Part B has no out-of-pocket maximum*
>
> ☐ *I know the difference between Original Medicare and Medicare Advantage*
>
> ☐ *I'm aware of the $2,000 Part D out-of-pocket cap*

READY TO TAKE THE NEXT STEP?

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been there.

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Chapter 3: When and How to Enroll — The 7-Month Window You Cannot Miss

If Chapter 1 explained what Medicare is and Chapter 2 explained how it works, this chapter is about the when—and in Medicare, timing is everything.

Miss your enrollment window by a single day, and you could face penalties that follow you for the rest of your life. I'm not being dramatic. I'm being honest.

Let's walk through every enrollment period, every deadline, and every exception—so you never get caught off guard.

The Initial Enrollment Period (IEP): Your 7-Month Golden Window

Your Initial Enrollment Period is a 7-month window centered around your 65th birthday. It starts 3 months before your birthday month, includes your birthday month, and extends 3 months after your birthday month.

For example, if your birthday is October 15, your IEP runs from July 1 through January 31 of the following year.

During this window, you can sign up for Part A, Part B, or both. This is your cleanest, easiest entry point into Medicare. If you enroll during the three months before your birthday month, your coverage starts on the first day of your birthday month.

3 months before birthday month	1st day of birthday month
During birthday month	1st day of the following month
1 month after birthday month	1st day of 2nd month after enrollment
2 months after birthday month	1st day of 3rd month after enrollment
3 months after birthday month	1st day of 3rd month after enrollment

The message is clear: enroll early. The earlier you enroll within your IEP, the sooner your coverage starts and the fewer gaps you'll have.

The General Enrollment Period (GEP): The Backup Plan with Penalties

If you miss your IEP and don't qualify for a Special Enrollment Period, your next chance is the General Enrollment Period, which runs from January 1 through March 31 each

year. Coverage doesn't start until July 1.

That means you could be without Medicare coverage for months. And here's the penalty: for every 12-month period you could have had Part B but didn't sign up, your Part B premium goes up by 10%. That penalty is permanent.

If you were eligible at 65 but didn't enroll until 67, that's two years late—a 20% penalty. On the 2026 standard premium of $202.90, that's an extra $40.58 per month, or $486.96 per year, for life.

Special Enrollment Periods (SEPs): The Safety Nets

There are several situations that give you a Special Enrollment Period, allowing you to enroll outside of the standard windows without penalty.

The most common SEP is for people who are still working at age 65 and have employer-sponsored health coverage from an employer with 20 or more employees. As long as you have this "creditable coverage," you can delay Part B without penalty. When you leave your job or lose that coverage, you get an 8-month SEP to enroll in Part B.

Other SEPs include: moving out of your plan's service area, losing your current coverage through no fault of your own, qualifying for Medicaid or Extra Help, being released from incarceration, or specific circumstances related to disasters or government errors.

The Creditable Coverage Trap

This is where I've seen the most expensive mistakes. "Creditable coverage" doesn't just mean you have health insurance. It means your current coverage is at least as good as Medicare Part B, AND it comes from an employer with 20 or more employees who is actively employing you.

COBRA does not count as creditable coverage. Retiree insurance may or may not count. Coverage from a spouse's employer with fewer than 20 employees may not count. VA coverage does not count for Medicare purposes. Marketplace (ACA/Obamacare) plans do not count.

If your coverage is not creditable and you delay Part B enrollment, you will owe a permanent penalty. I cannot emphasize this enough: verify your creditable coverage status before making any enrollment decisions.

Medicare Advantage and Part D Enrollment Periods

Medicare Advantage and Part D have their own enrollment seasons:

Annual Enrollment Period (AEP): October 15 through December 7 each year. This is when you can join, switch, or drop a Medicare Advantage plan or Part D plan. Changes take effect January 1.

Medicare Advantage Open Enrollment Period (MA OEP): January 1 through March 31. If you're already in a Medicare Advantage plan, you can switch to a different Advantage plan or return to Original Medicare and pick up a Part D plan. You can make one change during this period.

REAL-WORLD EXAMPLE: The COBRA Mistake

> *Steve retired at 65 and elected COBRA continuation from his former employer. His HR department told him COBRA would "cover him" for 18 months. What they didn't tell him was that COBRA is not creditable coverage for Medicare purposes. Steve assumed he had 18 months to figure out Medicare. He was wrong. When his COBRA ended at age 66½, he enrolled in Part B during the General Enrollment Period—but because he was 18 months late, he faces a permanent 10% Part B penalty. At $202.90/month standard, his penalty adds $20.29/month, or $222/year, for the rest of his life. Total estimated cost over 20 years: $4,440.*

FREQUENTLY ASKED QUESTIONS

Q: I'm turning 65 but still working. Do I have to sign up?

> *A: If your employer has 20+ employees and you have their group health plan, you can delay Part B without penalty. You should still sign up for Part A (it's free and doesn't interfere with employer coverage). When you retire or lose that employer coverage, you'll have an 8-month SEP to enroll in Part B.*

Q: My spouse has employer coverage. Does that protect me?

> *A: It depends. If your spouse's employer has 20+ employees and you're covered under their group plan as a dependent, you can delay Part B. If the employer has fewer than 20 employees, Medicare becomes your primary insurance at 65, and you need to enroll.*

Q: Can I enroll in Medicare online?

> *A: Yes. You can enroll at ssa.gov, by calling Social Security at 1-800-772-1213, or by visiting your local Social Security office. Your initial enrollment in Parts A and B goes through Social Security, not Medicare directly.*

CHAPTER 3 CHECKLIST

> ☐ *I know my 7-month Initial Enrollment Period dates*
>
> ☐ *I've verified whether my current employer coverage is "creditable"*
>
> ☐ *I understand that COBRA is NOT creditable coverage for Medicare*
>
> ☐ *I know the Part B late enrollment penalty is 10% per year, permanently*
>
> ☐ *I know the Annual Enrollment Period runs October 15 – December 7*

> ☐ *I've created a calendar reminder 3 months before my 65th birthday*

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Chapter 4: What Medicare Covers (And the Gaps That Will Shock You)

Here's a question I hear all the time: "Darin, I have Medicare. I'm covered, right?"

And my answer is always the same: "You're partially covered. And the uncovered parts can destroy your retirement savings if you're not prepared."

Medicare is excellent at what it does. But what it doesn't do is where families get blindsided. Let's walk through both sides.

What Medicare DOES Cover

Medicare covers a broad range of medically necessary services. Here are the highlights:

Under Part A (Hospital/Inpatient): inpatient hospital care, skilled nursing facility care (up to 100 days), home health services, hospice care, and inpatient psychiatric care (up to 190 lifetime days in a psychiatric hospital).

Under Part B (Medical/Outpatient): doctor visits and specialist consultations, outpatient surgery, preventive services (mammograms, colonoscopies, cardiovascular screening, diabetes screening), annual wellness visits, clinical laboratory services, mental health services (outpatient), durable medical equipment, ambulance services, and some home health services.

Medicare also covers many preventive services at no cost to you—no copay, no deductible—as long as you see a doctor who accepts Medicare assignment. These include your Annual Wellness Visit ("Wellness Visit" is different from a physical exam), flu shots, hepatitis B shots, pneumonia vaccines, COVID-19 vaccines, cardiovascular disease screenings, diabetes screenings, and several cancer screenings.

What Medicare Does NOT Cover

Here's where the conversation gets uncomfortable. Medicare has significant gaps, and these gaps are where financial disaster lives.

Most dental care	Cleanings, fillings, dentures,	$2,000–$10,000+

Most dental care	extractions	$2,000–$10,000+
Routine eye exams	Glasses and contact lenses	$300–$800
Hearing aids	Devices and fitting exams	$2,000–$7,000 per pair
Long-term custodial care	Nursing home stays, assisted living	$60,000–$120,000+/year
Care outside the U.S.	Emergency care abroad (with rare exceptions)	Varies widely
Cosmetic surgery	Elective procedures	$5,000–$20,000+
Acupuncture (most)	Limited to chronic low back pain only	$75–$150 per session
Concierge or boutique medicine	Direct primary care memberships	$1,500–$5,000/year

That long-term care line should stop you in your tracks. A semi-private room in a nursing home averages $8,669 per month nationally in 2026—that's over $104,000 per year. Medicare covers skilled nursing facility care for up to 100 days only, and only after a qualifying 3-day hospital stay. For the millions of Americans who will need long-term care (and roughly 70% of people over 65 will), Medicare provides almost no help.

The 20% Problem: Medicare's Unlimited Coinsurance

I call this the "20% Problem" because it's the single biggest financial risk in Original Medicare, and most people don't discover it until they get a bill.

After you meet your Part B deductible ($283 in 2026), you pay 20% of the Medicare-approved amount for most outpatient services. That sounds manageable for a $200 doctor visit (you'd owe $40). But what about a $300,000 cancer treatment? That's $60,000 out of your pocket. And there is no annual out-of-pocket maximum on Original Medicare.

Let me repeat that: Original Medicare has no cap on what you can owe. Medicare Advantage plans, by contrast, are required to have an out-of-pocket maximum (the limit in 2026 is $8,850 for in-network services). This is one of the most important distinctions between Original Medicare and Medicare Advantage.

REAL-WORLD EXAMPLE: The $47,000 Surprise

> *Patricia, age 72, was diagnosed with non-Hodgkin's lymphoma. Her treatment included chemotherapy, radiation, multiple specialist visits, and a two-week hospital stay. Total Medicare-approved charges: $287,000. Under Original Medicare with no supplemental coverage, Patricia's share was the Part A deductible ($1,736) plus 20% of Part B outpatient charges, totaling approximately $47,000. If Patricia had a Medigap Plan G, her total cost would have been $283 (the Part B annual deductible). The rest would have been covered.*

FREQUENTLY ASKED QUESTIONS

Q: Does Medicare cover physical therapy?

> *A: Yes, Part B covers outpatient physical therapy, occupational therapy, and speech-language pathology services when medically necessary. There is no longer a hard annual cap, but Medicare may review claims above a certain threshold.*

Q: Does Medicare cover mental health counseling?

> *A: Yes. Part B covers outpatient mental health services, including visits with psychiatrists, psychologists, and clinical social workers. You pay 20% of the Medicare-approved amount after your deductible.*

Q: Does Medicare cover weight-loss drugs like Ozempic or Wegovy?

> *A: Part D now covers certain anti-obesity medications for qualifying conditions as of 2026. Coverage varies by plan and formulary. Check your specific Part D plan's formulary for coverage details and prior authorization requirements.*

CHAPTER 4 CHECKLIST

> ☐ *I understand what Medicare covers and what it doesn't*
>
> ☐ *I know that Original Medicare has NO out-of-pocket maximum*
>
> ☐ *I'm aware that dental, vision, and hearing are not covered by Original Medicare*
>
> ☐ *I understand that Medicare covers only 100 days of skilled nursing—not long-term care*
>
> ☐ *I've started thinking about supplemental coverage to fill Medicare's gaps*

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