



2026

Guide to Medicare Plans



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What's New in 2026?

The Centers for Medicare & Medicaid Services (CMS) implemented key Medicare updates in 2026. Here's what you need to know:

Automatic Enrollment in Prescription Payment Plan

If you use the Medicare Prescription Payment Plan to spread drug costs over the year, you'll now be automatically re-enrolled each year starting in 2026. You can opt out if needed.

Part D Out-of-Pocket Cap Set at \$2,100

Your total annual out-of-pocket spending on prescription drugs under Medicare Part D will be capped at \$2,100.

Changes to Medicare Advantage Chronic Illness Benefits

Medicare Advantage plans with Special Supplemental Benefits for the Chronically Ill (SSBCI) may not cover certain non-health-related extras previously provided.

\$35 Monthly Insulin Cap Continues

Insulin costs stay capped at \$35 per month with no deductible. Pricing will use the most favorable of several formulas to keep costs low.

Free ACIP-Recommended Vaccines Remain

Adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) will remain free under Part D, with no copay or deductible. However, it is also recommended that beneficiaries check with the pharmacy or doctor's office to confirm Medicare will cover the expense for immunization boosters at 100% for the 2026 plan year.

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What's Original Medicare?

Original Medicare is a federal health insurance program designed for:

- Individuals aged 65 or older
- People under 65 with certain disabilities
- Individuals with End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)

Original Medicare Parts Overview

Original Medicare includes:

A

Part A (Hospital Insurance)

which covers:

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

B

Part B (Medical Insurance)

which covers:

- Services from doctors and other healthcare providers
- Outpatient care
- Home health care
- Durable medical equipment (e.g., wheelchairs, walkers)
- Preventive services (e.g., screenings, vaccines)

C

Medicare Advantage Plans (Part C)

Provided by private companies, Part A, Part B, and may also include Part D prescription drug coverage. Medicare Advantage plans may offer additional benefits but might have network restrictions and require prior approval for some services.

D

Medicare Part D (Drug Coverage)

Also provided by independent insurance companies, and is available through standalone plans or as part of Medicare Advantage Prescription Drug Plans.

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Original Medicare V.S. Medicare Advantage

Original Medicare

Offers flexibility to use any Medicare-approved doctor or hospital. You may purchase Medicare Supplement Insurance (also known as Medigap in many states) to cover additional out-of-pocket costs.

Medicare Advantage

Provides a managed care alternative from an independent insurer that includes Medicare Part A and Part B, and may include additional benefits but may limit your provider choices and require pre-authorization for certain services.

Want to find out if you are eligible?

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What's Medicaid?

Medicaid is a joint federal and state program that assists with medical costs for individuals with limited income and resources. It covers services not typically included in Original Medicare, such as nursing home care and personal care services. Eligibility varies by state.

Special Dual Eligibility

Original Medicare and Medicaid: If eligible for both, Original Medicare generally pays first for covered services, followed by Medicaid. Medicaid may cover some prescription drugs not included under Original Medicare.

For more information:

- Visit [Medicare.gov](https://www.Medicare.gov) for details on plans, costs, and providers.
- Call **1-800-MEDICARE (1-800-633-4227)** for personalized help.
- Contact your local State Health Insurance Assistance Program (SHIP) for free local counseling.
- [Government Resources: Medicare.gov Guide to Medicaid and Medicare](#)

Explore resources at [Medicare.gov/basics/costs/help/medicaid](https://www.Medicare.gov/basics/costs/help/medicaid) for Medicaid details.

Want to find out if you are eligible?

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Signing Up For Original Medicare

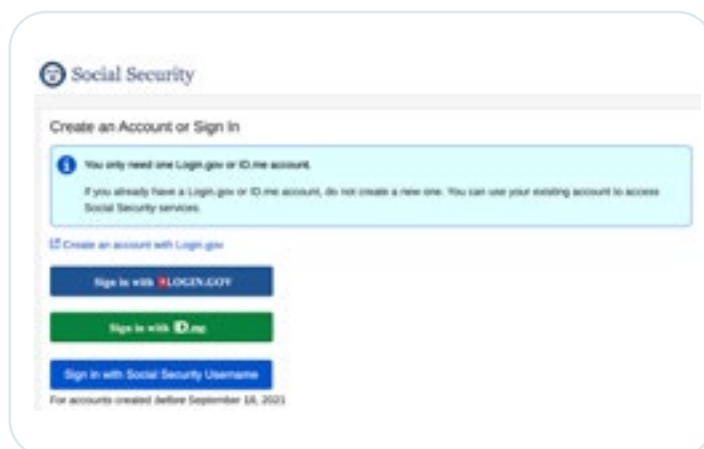
Do You Need to Apply for Original Medicare?

- Automatic Enrollment: If you're 65 and already receiving Social Security or Railroad Retirement benefits, you may be automatically enrolled in Original Medicare Part A and B.
- Manual Application: If you're not receiving benefits and lack employer health coverage, you need to apply as you approach age 65.

How to Apply for Original Medicare:

Apply via the [My Social Security account](#).
Verify your identity with a:

- Social Security number
- Valid U.S. mailing address
- Email address
- Date and place of birth
- Permanent Resident Card (if applicable)
- W2 and tax forms
- Medicaid number (if applicable)
- Group health insurance details (if applicable)



NOTE: After applying, keep your confirmation number to check your application status.

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When to Enroll in a Medicare Plan

Timing your enrollment is just as important as choosing the right plan.

- Initial Enrollment Period (IEP): 7-month period around your 65th birthday.
- Annual Enrollment Period (AEP): October 15 to December 7 each year.
- Medicare Advantage Open Enrollment: January 1 to March 31 (for current MA enrollees only).
- Special Enrollment Periods (SEPs): For life events like moving or losing other coverage.

A photograph of an elderly woman with short, wavy grey hair and black-rimmed glasses. She is smiling and looking slightly to the left. In the background, there is a birthday cake with lit candles and a pink party hat with yellow polka dots.

Turning

65?

Happy Birthday!
You're now eligible for Medicare!

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Original Medicare V.S. ACA Health Insurance Marketplace

If you have Affordable Care Act (ACA) Marketplace coverage, you should generally sign up for Original Medicare when you are first eligible to avoid coverage delays and potential penalties.

Apply Today.

Call a licensed insurance agent **888-414-1323 (TTY 711)**.
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About ACA Marketplace Plans

The ACA or Obamacare was introduced in 2008. It created the Health Insurance Marketplace to simplify coverage access and provide financial assistance. State-based marketplaces for ACA enrollment are available in certain states.

ACA plans offer a variety of affordable options for millions, including those self-employed or between jobs.

Key Features:

- Marketplace: Enroll via HealthCare.gov or state-based platforms to compare insurance options.
- Pre-Existing Conditions: Coverage cannot be denied due to pre-existing conditions.
- Subsidies: Eligible individuals and families may receive tax credits to lower monthly premiums.

You can keep your ACA Marketplace plan until Original Medicare starts. However, once you qualify for premium-free Part A or already have Part A, you may need to end your ACA coverage to avoid paying back subsidies.

Original Medicare Resources

- Visit [Medicare.gov](https://www.Medicare.gov)
- Read your [“Medicare & You” handbook](#)
- Contact your [State Health Insurance Assistance Program \(SHIP\)](#)



Understanding Medicare Supplement Insurance (also known as Medigap)

Medicare Supplement Insurance, also known as Medigap, is additional insurance offered by independent companies designed to help cover out-of-pocket costs associated with Original Medicare. Here's what you need to know:

Coverage: Medicare Supplement may help with costs not covered by Original Medicare, such as:

- Copayments
- Coinsurance
- Deductibles
- Foreign travel emergency care (not covered by Original Medicare)

Explore our [health insurance term glossary](#) to better understand different costs.

An elderly couple is sitting on a couch in a living room. The woman, on the left, has blonde hair and wears glasses and a white sweater. The man, on the right, has grey hair and a beard, and wears a blue patterned shirt. They are both looking down at a document or book on a coffee table in front of them. The background shows a bookshelf filled with books.

**Be prepared.
Get covered.**

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Benefits	Medicare Supplement Insurance Plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A (coinsurance or hospital costs)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B (50%-100% coinsurance or copayments depending on plan)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (50%-100% up to three pints depending on plan)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care (50%-100% coinsurance or copayments depending on plan)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Care (0%-100% coinsurance depending on plan)			100%	100%	100%	100%	50%	75%	100%	100%
Part A Deductible (0%-100% depending on plan)		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B Deductible (0%-100% depending on plan)			100%		100%					
Part B Excess Charges (0%-100% depending on plan)					100%	100%				
Foreign Travel Emergency (plan limited by plans)			80%	80%	80%	80%			80%	80%
Out of Pocket Limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$7,220 in 2025	\$3,530 in 2025	N/A	N/A

How to read: This Chart shows how much Medicare Supplement plans pay for medical services:

Note: Plan C & Plan F aren't available if you turned 65 on or after January 1, 2020, and to some people under age 65. You might be able to get these plans if you were eligible for Medicare before January 1, 2020, but not yet enrolled. Learn more about who can buy this plan.

*Plans F & G offer a high deductible plan in some states.

**Plans K & L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and Part B deductible. After you meet them, the plan will pay 100% of your costs for approved services.

***Plan N pays 100% of the costs of Part B services, except for copayments for some office visits and some emergency room visits.

Source: <https://www.medicare.gov/health-drug-plans/medigap/basics/compare-plan-benefits>



Questions? We can help.

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Eligibility

To purchase a Medigap policy, you must:

- ✓ Have Original Medicare (Part A and Part B)
- ✗ Not be enrolled in Medicare Advantage Plans, Medicaid, or other types of health coverage like [TRICARE](#) or employer health plans

Policy Features

- **Standardization:** Medicare Supplement Insurance policies are standardized in most states and identified by letters (e.g., Plan G, Plan L, Plan N, etc.). All policies of the same letter provide the same basic benefits, regardless of the insurer.
Availability: There are ten supplemental Medicare Supplement plans available in most states, each with varying levels of coverage. Note that Plan C and Plan F are not available to new Original Medicare enrollees after January 1, 2020, due to changes in coverage for the Part B deductible
- **Coverage Differences:** Plans D and G offer different benefits depending on when they were purchased, and plans E, H, I, and J are no longer sold but can be kept if already held.

Ready to Enroll?

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Buying Tips

The optimal time to purchase a Medicare Supplement (Medigap) policy is during your Initial Open Enrollment Period, which starts the first month you are 65 and enrolled in Original Medicare Part B.

During this time, you can choose any Medicare Supplement policy without medical underwriting.

Plan Pricing

Medigap policies are priced in different ways—community-rated, issue age-rated, or attained age-rated—which can impact your premium costs.

A photograph of an elderly woman with short, wavy white hair, wearing a vibrant purple knitted sweater. She is resting her chin on her hand and looking thoughtfully to the side. The background is softly blurred, showing a window and a potted plant. The image is framed by a thick orange border.

Questions about Medigap?

We can help.

Call a licensed insurance agent **888-414-1323 (TTY 711)**.
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What's Not Covered

Medicare Supplement plans do not cover:

- ✗ Long-term care
- ✗ Vision and dental care
- ✗ Hearing aids and eyeglasses
- ✗ Private duty nursing

Medicare Supplement Resources

- For more information on Medicare Supplement, visit the Medicare.Gov [“Medicare & You” Handbook](#).
- Need Local Help With Medicare? [State Health Insurance Assistance Programs](#) offer personalized, one-on-one insurance counseling and Medicare assistance.

Its time to enroll.

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Understanding Original Medicare Coverage and Costs

Navigating Original Medicare can be complex, but understanding what's covered and how much you might pay is essential for managing your healthcare expenses. Original Medicare generally covers services and items deemed “medically necessary” to treat diseases or conditions. Here's a concise guide to help you understand what Original Medicare covers and your potential costs:

What Original Medicare Covers:

- ✓ Medically Necessary services include hospital stays, surgeries, lab tests, and doctor visits.
- ✓ Medically Necessary items include durable medical equipment like wheelchairs and walkers.

Factors Affecting Coverage

- Federal laws define Medicare benefits, while state laws may dictate what services providers can offer.
- National Coverage Determinations: Medicare establishes national coverage for specific items and services.
- Specific Conditions: Some services or items may only be covered in certain settings or if specific conditions are met. For instance, organ transplants must be done in approved hospitals.

Want to better understand what is covered?

Call a licensed insurance agent

888-414-1323 (TTY 711).

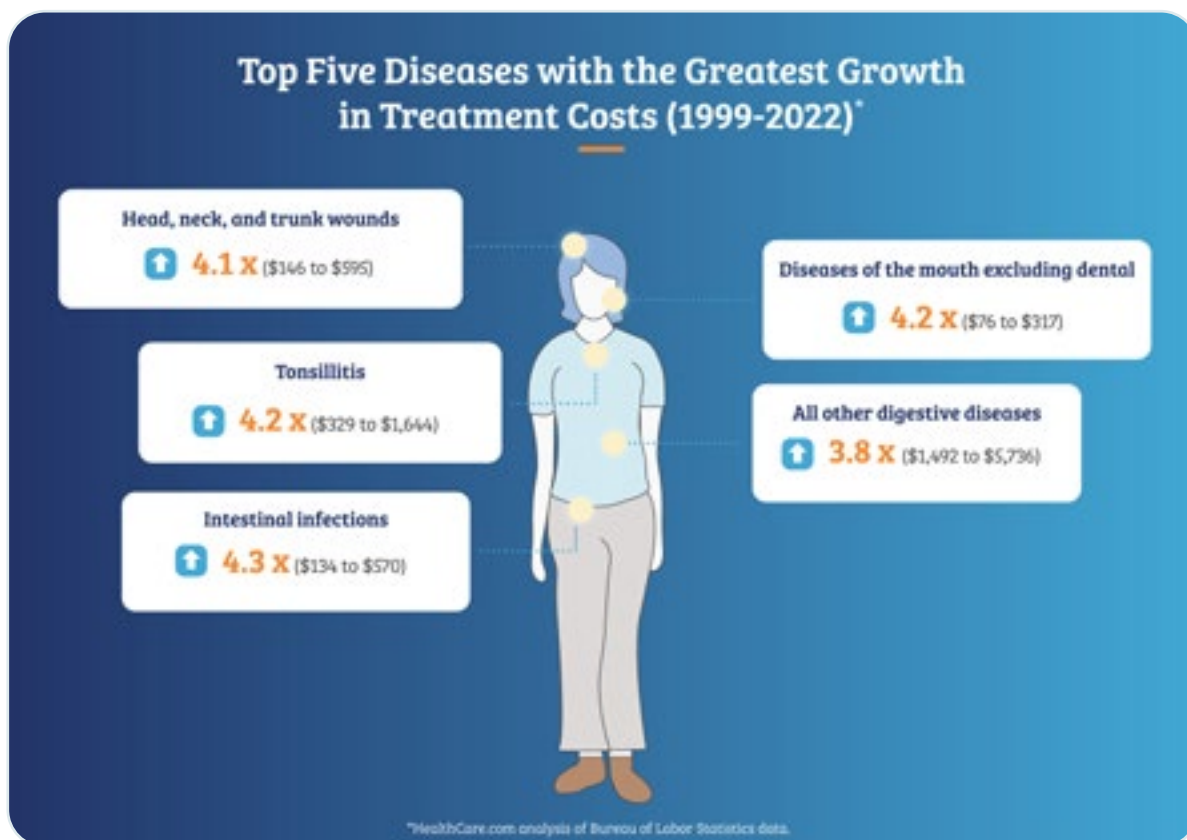
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Finding Coverage Information

- **Discuss** with your healthcare provider about the necessity of services or items and whether Original Medicare will cover them.
- **Visit** [Medicare.gov/coverage](https://www.medicare.gov/coverage): Check if specific tests, items, or services are covered.
- **Review** the “[Medicare & You](#)” Handbook which provides information on coverage under Original Medicare Part A (hospital insurance) and Part B (medical insurance), including costs and benefits.
- **Call Medicare**: Reach out to **1-800-MEDICARE (1-800-633-4227)** for assistance. TTY users can call **1-877-486-2048**.



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Estimating Surgery Costs

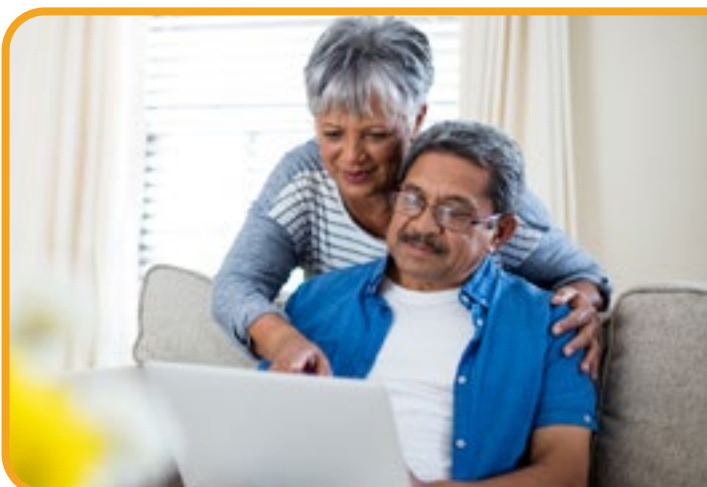
- **Procedure Price Lookup:** Use this [Medicare.gov tool](#) to estimate costs.
- **Consult Healthcare Providers:** Ask about the costs of the procedure and any additional care needed.
- **Check Your Original Medicare Summary Notice:** Review whether you've met Part A or B deductibles and potential copayments.
- **Verify with Other Insurance:** If you have additional insurance like Medicare Supplement Insurance or Medicaid, check their coverage.

Reducing Your Costs

Ask About Assignment: Ensure your provider accepts assignment to cover the Medicare-approved amount.

Explore Assistance Programs: Look into programs for financial assistance if you have limited income. Check the "Medicare & You" handbook or Medicare.gov.

By staying informed and proactive, you can better manage your Original Medicare coverage and associated costs. For further information, always refer to official Medicare resources or contact Medicare.gov directly.



Questions? We can help.

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Telehealth Coverage Adjustments

Through September 30, 2025, beneficiaries can access telehealth services at any location in the U.S., including their homes. Starting October 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) for most telehealth services. If you aren't in a rural health care setting, you can still get certain Medicare telehealth services on or after October 1, including:

- Monthly End-Stage Renal Disease (ESRD) visits for home dialysis
- Services for diagnosis, evaluation, or treatment of symptoms of an acute stroke, wherever you are, including in a mobile stroke unit
- Services for the diagnosis, evaluation, or treatment of a mental and/or behavioral health disorder (including a substance use disorder) in your home

Chronic Pain Management

Medicare will now cover monthly services for treating chronic pain if you have been suffering from it for more than three months.

Enhanced Mental Healthcare

Coverage has expanded to include intensive outpatient program services provided by hospitals, community mental health centers, and other facilities.

Don't Be Without Coverage.

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More Enrollment Opportunities:

You can qualify for Medicare plans during a special enrollment period if you are turning 65, new to Medicare, moving, or losing coverage. During the Annual Enrollment Period, a beneficiary can join, switch, or drop their Medicare plan.

Ongoing COVID19 Support:

Original Medicare continues to cover the COVID-19 vaccine along with various tests and treatments to safeguard your health.

Extra Help Program Changes

The Extra Help program has been expanded to provide greater coverage for individuals with limited resources and income.

For detailed information, refer to the specific pages mentioned in the 2025 Medicare & You handbook.

Medicare Resources

- For more information on Medicare Supplement, visit the Medicare.Gov "[Medicare & You' Handbook](#)."
- Need Local Help With Medicare? [State Health Insurance Assistance Programs](#) offer personalized, one-on-one insurance counseling and Medicare assistance.

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Preventive Services Covered By Original Medicare

Original Medicare provides [extensive coverage for preventive services](#) designed to help detect and address health issues before they become serious problems. Here's an overview of the key preventive services covered by Original Medicare, detailing what's included, how often they're covered, and potential costs.

Abdominal Aortic Aneurysm Screening

**Coverage:**

Original Medicare covers an [abdominal aortic aneurysm screening ultrasound](#) once in your lifetime if you're at risk and have a referral from your doctor.

**Who's at Risk:**

- Family history of abdominal aortic aneurysms.
- Men aged 65–75 who have smoked at least 100 cigarettes in their lifetime.

**Costs:**

Free if your provider accepts assignment.

Alcohol Misuse Screening and Counseling

**Coverage:**

Original Medicare covers one [alcohol misuse screening](#) per year and up to four brief counseling sessions if misuse is identified.

**Costs:**

No charge if your provider accepts assignment. Counseling must occur in a primary care setting.

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Bone Mass Measurements

- ✓ **Coverage:**
Original Medicare covers [bone mass measurements](#) if you're at risk for osteoporosis, based on medical history or ongoing treatments.
- + **Frequency:**
Once every 24 months, or more often if medically necessary.
- \$ **Costs:**
Free if your provider accepts assignment.

Cardiovascular Behavioral Therapy

- ✓ **Coverage:**
Annual [cardiovascular behavioral therapy](#) visits to discuss diet, exercise, and aspirin use.
- ! **Risk Factors:**
 - High blood pressure
 - Unhealthy cholesterol levels
 - Diabetes
 - Overweight
 - Tobacco and/or alcohol use
- \$ **Costs:**
Free if your provider accepts assignment.

Ready To Enroll?

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Cervical and Vaginal Cancer Screenings



Coverage:

Original Medicare covers Pap tests and pelvic exams for [cervical and vaginal cancer screenings](#), including a clinical breast exam.



Frequency:

- Pap tests and pelvic exams: Once every 24 months (or annually if high risk).
- HPV tests: Once every 5 years for women aged 30–65.



Risk Factors for Cervical Cancer:

- History of sexually transmitted diseases
- Early sexual activity
- Multiple sexual partners
- Abnormal Pap test history



Costs:

Free if your provider accepts assignment.

Colorectal Cancer Screenings



Coverage:

Original Medicare covers various screenings including [colonoscopies](#), fecal occult blood tests, flexible sigmoidoscopies, and more.



Frequency:

- Colonoscopy: Every 120 months (or 24 months if at high risk).
- Fecal occult blood test: Annually.
- Flexible sigmoidoscopy: Every 48 months (or 120 months after a colonoscopy if not high risk).



Risk Factors for Colorectal Cancer:

- Age
- Personal or family history of colorectal cancer or polyps
- Inflammatory bowel disease



Costs:

Free for most tests if your provider accepts assignment. Additional costs apply if polyps are removed during a colonoscopy.



Depression Screening

- ✓ **Coverage:**
Original Medicare covers one depression screening per year in a primary care setting.
- \$ **Costs:**
Free if your provider accepts assignment.

Diabetes Screenings and Self-Management Training

- ✓ **Coverage:**
Original Medicare covers up to two diabetes screenings per year and outpatient self-management training for diagnosed diabetes.
- ! **Risk Factors:**
 - High blood pressure
 - Obesity
 - Family history of diabetes
- \$ **Costs:**
Free for screenings if your provider accepts assignment. Self-management training may involve a 20% copayment after the Part B deductible.

Flu Shots

- ✓ **Coverage:**
Original Medicare covers the seasonal flu shot once each flu season.
- \$ **Costs:**
Free if your provider accepts assignment.

It's Easy: Enroll today!

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Glaucoma Screenings



Coverage:

Original Medicare covers [glaucoma screenings](#) once every 12 months if you're at high risk.



Risk Factors for Glaucoma

- Diabetes
- Family history of glaucoma
- Certain ethnic backgrounds



Costs:

20% of the Medicare-approved amount after the Part B deductible, with possible additional copayments in hospital outpatient settings.

Hepatitis B Shots and Screenings



Coverage:

Original Medicare covers [Hepatitis B shots and screenings](#) for those at high risk or pregnant.



Risk Factors for Hepatitis B:

- Diabetes
- Certain occupations and conditions



Costs:

Free if your provider accepts assignment.

Hepatitis C and HIV Screenings



Coverage:

Original Medicare covers [Hepatitis C screenings](#) for certain risk groups and [HIV screenings](#) for individuals.



Costs:

Free if your provider accepts assignment.



Lung Cancer Screenings

- ✓ **Coverage:**
Original Medicare covers annual low-dose CT scans for lung cancer screening if you meet specific criteria including smoking history.
- ! **Risk Factors for Lung Cancer:**
 - Smoking history
 - Exposure to secondhand smoke or cancer-causing agents
- \$ **Cost:**
Free if your provider accepts assignment.

Mammograms (Breast Cancer Screenings)

- ✓ **Coverage:**
Original Medicare covers annual screening mammograms for women 40 and older, diagnostic mammograms as needed, and one baseline mammogram for women aged 35-39.
- \$ **Costs:**
Free for screening and baseline mammograms; 20% of the Medicare-approved amount for diagnostic mammograms after meeting the Part B deductible.

Medicare Diabetes Prevention Program

- ✓ **Coverage:**
Original Medicare covers this program for those at risk of type 2 diabetes, including core sessions and follow-up support.
- \$ **Costs:**
Free if you qualify.

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Obesity Behavioral Therapy



Coverage:

Original Medicare covers [screenings and counseling for obesity](#) with a BMI of 30 or more.



Costs:

Free if your provider accepts assignment.

Pneumococcal Shots



Coverage:

Original Medicare covers [pneumococcal vaccines](#) to protect against pneumonia.



Costs:

Free if your provider accepts assignment.

Prostate Cancer Screenings



Coverage:

Original Medicare covers [PSA blood tests and digital rectal exams](#) for men over 50.



Costs:

- PSA test: Free.
- Digital rectal exam: 20% of the Medicare-approved amount after the Part B deductible.

Sexually Transmitted Infection Screenings and Counseling



Coverage:

Original Medicare covers [STI screenings and counseling](#) if you're pregnant or at increased risk.



Costs:

Free if your provider accepts assignment.



“Welcome to Original Medicare” Preventive Visit



Coverage:

Original Medicare covers this one-time visit within the first 12 months of having Part B.



What's Included:

- Medical history review
- Preventive services information
- BMI calculation
- Vision test
- Depression risk assessment



Cost:

Free if your provider accepts assignment.

For more information on any of these services, contact your Original Medicare provider or visit [Medicare.gov](https://www.Medicare.gov) to ensure you receive the preventive care you need.

Ready to get started? Enrolling is simple.

Call a licensed insurance agent **888-414-1323 (TTY 711)**
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Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or you are in your Medicare Initial Enrollment Period.

You can qualify for Medicare plan options during a Special Enrollment Period if you are turning 65, new to Medicare, moving or losing coverage. During the Medicare Annual Enrollment Period, you can join, switch or drop your Medicare plan.

Participating sales agencies represent Medicare Advantage [HMO, PPO, SNP, and PFFS] organizations [and stand-alone PDP prescription drug plan] that are contracted with Medicare. Enrollment depends on the plan's contract renewal with Medicare.

We do not offer every plan available in your area. Currently, we represent 7 organizations which offer 3,188 products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

The number of organizations represented and number of plans offered may vary depending on state and plan availability.

PLEASE NOTE: Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and, in some states, to those under age 65 eligible for Medicare due to disability or End-Stage Renal disease.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.

Medicare Supplement insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

Medicare Supplement plans may require underwriting and enrollment is not guaranteed.

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