DUNLAP FINANCIAL SERVICES
INSURANCE BROKERS

TURNING 65

Your Clear Guide to Medicare

A practical roadmap for enrollment, coverage choices, costs, and the questions to ask before you decide.

Start here: your Medicare timeline

Your first Medicare enrollment opportunity is usually a seven-month window. Planning early gives you time to confirm your enrollment status, compare coverage, and prevent gaps.

3 MONTHS BEFORE	BIRTH MONTH	3 MONTHS AFTER
Review employer coverage. Create a Medicare.gov account. Apply for Part A and Part B if you will not be enrolled automatically.	Coverage timing depends on when you enroll. If your birthday is on the first day of the month, Medicare generally treats the prior month as your eligibility month.	The Initial Enrollment Period remains open, but delaying can postpone coverage. Confirm your effective date before ending other insurance.

Will I be enrolled automatically?

- If you receive Social Security or Railroad Retirement Board benefits at least four months before age 65, you are generally enrolled automatically in Parts A and B.
- If you are not receiving those benefits, you generally must apply through Social Security.

Working past 65

Do not assume every employer plan lets you delay Medicare safely. The employer's size, whether coverage is based on current employment, and whether your drug coverage is creditable all matter. COBRA, retiree coverage, Marketplace coverage, and most individual insurance are not treated the same as active-employment group coverage.

IMPORTANT Before delaying Part B, ask the employer benefits administrator in writing whether the plan is primary to Medicare after age 65 and whether the prescription coverage is creditable.

The four parts of Medicare

Medicare is easier to understand when you separate the federal benefits from the private-plan options.

PART A	**Hospital Insurance** Inpatient hospital care, skilled nursing facility care, hospice, and certain home health services.
PART B	**Medical Insurance** Doctor visits, outpatient care, preventive services, durable medical equipment, and other medically necessary services.
PART C	**Medicare Advantage** A private plan that provides Part A and Part B benefits. Most include Part D; networks, referrals, prior authorization, and cost sharing may apply.
PART D	**Prescription Drugs** Private prescription drug coverage. Formularies, pharmacy networks, premiums, deductibles, and copays vary by plan.

What Original Medicare does not fully cover

- Original Medicare generally does not include routine dental, hearing aids, routine eye exams for glasses, most long-term custodial care, or routine care outside the United States.
- Original Medicare has no annual out-of-pocket maximum for Part A and Part B services.
- After the Part B deductible, you generally pay 20% of the Medicare-approved amount for many Part B services when the provider accepts assignment.

That is why many beneficiaries add a standalone Part D plan and a Medicare Supplement (Medigap) policy, or choose a Medicare Advantage plan instead of receiving benefits directly through Original Medicare.

Your two main coverage paths

ORIGINAL MEDICARE PATH	MEDICARE ADVANTAGE PATH
Part A + Part B + optional Medigap + standalone Part D	Part C private plan Usually includes Part D May include extra benefits
Provider access Any provider nationwide who accepts Medicare.	**Provider access** Usually a local or regional network; rules differ by plan type.
Costs Part B premium plus any Part D and Medigap premiums. Medigap can make covered medical costs more predictable.	**Costs** Part B premium plus any plan premium. Copays and coinsurance apply up to the plan's annual medical out-of-pocket maximum.
Administration Generally fewer network restrictions. Original Medicare does not typically require referrals.	**Administration** Networks, referrals, and prior authorization may apply. Review the Evidence of Coverage.
Best fit may include People who value broad provider access, travel flexibility, and more predictable covered medical expenses.	**Best fit may include** People comfortable using a plan network who value coordinated benefits and potentially lower monthly plan premiums.

Medigap timing matters

Your federal Medigap Open Enrollment Period lasts six months, beginning the first month you are both age 65 or older and enrolled in Part B. During this one-time window, insurers generally cannot deny a Medigap policy because of pre-existing health conditions. Outside this window, medical underwriting may apply unless you have a guaranteed-issue right or additional state protections.

2026 Medicare costs at a glance

These are national Medicare amounts. Private plan premiums, deductibles, copays, networks, and drug costs vary.

Part A premium	$0 for most people	People without enough Medicare-taxed work history may pay $311 or $565 per month.
Part A inpatient deductible	$1,736 per benefit period	A benefit period is not the same as a calendar year, so more than one deductible may apply.
Part B standard premium	$202.90 per month	Higher-income beneficiaries may pay an income-related adjustment amount.
Part B annual deductible	$283	Afterward, Original Medicare generally pays 80% of the approved amount for many Part B services.
Part D national base premium	$38.99	Used to calculate late-enrollment penalties; it is not necessarily your plan premium.
High-deductible Medigap G	$2,950 deductible	Applies to high-deductible versions of Plans G and F; availability varies.

Avoid long-term penalties

- Part B: the penalty is generally 10% for each full 12-month period you could have had Part B but did not, unless a valid exception applies. It generally lasts as long as you have Part B.
- Part D: the penalty generally equals 1% of the national base beneficiary premium multiplied by the number of full uncovered months without creditable drug coverage. It is generally added to your premium for as long as you have Part D.

Keep every annual Notice of Creditable Coverage from an employer or union plan. You may need it to prove that you were not required to enroll in Part D earlier.

Your decision checklist

Bring this worksheet to your Medicare review. A plan is only a good fit if it works with your doctors, prescriptions, budget, and lifestyle.

- ■ My Medicare effective date is: _____
- ■ I confirmed whether I will be enrolled automatically.
- ■ My current coverage is based on active employment, COBRA, retiree, Marketplace, VA, TRICARE, or another source.
- ■ I asked whether my employer coverage is primary after age 65.
- ■ I have a current list of prescriptions, dosages, and preferred pharmacies.
- ■ I have a list of doctors, specialists, hospitals, and preferred facilities.
- ■ I considered travel, seasonal residence, and out-of-area care.
- ■ I compared total annual cost - not only the monthly premium.
- ■ I reviewed provider networks, drug formularies, prior authorization, referrals, and maximum out-of-pocket costs.
- ■ I understand the Medigap enrollment window and any underwriting risk if I wait.

Questions to ask before enrolling

- Are all of my prescriptions covered, and at what tier and pharmacy cost?
- Are my doctors and preferred hospitals in network and accepting new patients?
- What would I pay in a routine year - and in a high-use year?
- What changes if I move, travel, or spend part of the year elsewhere?
- What extra benefits have limits, networks, or approved vendors?

Simple next steps

1	**Confirm your enrollment status** Visit Medicare.gov and SSA.gov or call Social Security at 1-800-772-1213. Do not share your Medicare number with unsolicited callers.
2	**Gather your information** List medications, pharmacies, doctors, hospitals, travel needs, current coverage, and your monthly budget.
3	**Compare the full picture** Evaluate premiums, deductibles, copays, coinsurance, networks, drug formularies, authorization rules, and annual maximum exposure.
4	**Enroll and verify** Save confirmation numbers and plan documents. Confirm the effective date before ending existing coverage.
5	**Review every year** Plans, premiums, provider networks, and drug formularies can change. Medicare Open Enrollment runs October 15 through December 7 for coverage changes effective January 1.

PERSONALIZED MEDICARE REVIEW

Dunlap Financial Services can help you organize your options and compare plans based on your doctors, prescriptions, budget, and preferences.

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Official resources

Medicare.gov | 1-800-MEDICARE (1-800-633-4227)
SSA.gov/medicare | Social Security: 1-800-772-1213
Medicare.gov/plan-compare

Sources reviewed August 22, 2026: Medicare.gov 2026 Costs; Medicare & You 2026; Medicare enrollment, Medigap, Part D, and coverage comparison pages. This guide is educational and is not legal, tax, or medical advice. Plan availability and benefits vary by location and may change. Enrollment in a plan depends on the plan's contract renewal with Medicare. Dunlap Financial Services is not connected with or endorsed by the U.S. government or the federal Medicare program.