THE RETIREMENT JOE GUIDE SERIES

50 Medicare Questions

People Actually Ask

A plain English Medicare FAQ based on Medicare & You 2026

2026 Edition

Welcome to the Retirement Joe Medicare FAQ

Medicare has enough letters, enrollment periods, premiums, penalties, networks, and rules to make anyone wonder whether they need a decoder ring. You do not.

The Retirement Joe approach is simple: understand the rules that matter, know the questions to ask, and choose coverage based on your situation, not because your neighbor loves a plan or because a television commercial had a catchy phone number.

This guide turns the official Medicare & You 2026 handbook into 50 practical questions and plain English answers. Use it as a starting point for smarter conversations about your Medicare choices.

> **RETIREMENT JOE SAYS:** *Medicare does not have to be complicated. You just need to know which questions to ask before you make the decision.*

Important note

This guide is for educational purposes. It is not connected with or endorsed by the U.S. government or the federal Medicare program. Medicare rules, costs, plan benefits, provider networks, and drug formularies can change. State rules can also affect Medigap and other coverage. Verify current information before making a coverage decision.

Contents

Eight sections. Fifty questions. The topics are arranged in the order most people encounter them as they approach Medicare and retirement.

2026 Medicare: Key Numbers and Dates

Keep this page handy. These are some of the numbers people ask about most often.

$202.90 **Standard Part B monthly premium** 2026 standard amount	**$283** **Part B annual deductible** 2026
$1,736 **Part A inpatient deductible** Per benefit period in 2026	**$2,100** **Part D out of pocket cap** Covered Part D drugs in 2026
OCT 15 TO DEC 7 **Annual Open Enrollment** Review and change health or drug coverage	**JAN 1 TO MAR 31** **Medicare Advantage Open Enrollment** For people already in Medicare Advantage

Reminder: Medicare costs and plan details can change each year. The figures in this guide are for 2026 unless otherwise noted.

PART ONE | Questions 1 through 8

Getting Started With Medicare

Start with the building blocks: what Medicare is, how enrollment works, and the deadlines that matter.

1. What is Medicare?

Medicare is health insurance made up of different parts. Part A generally helps cover inpatient hospital care, skilled nursing facility care, hospice, and certain home health care. Part B generally covers doctors, outpatient care, durable medical equipment, and many preventive services. Part D helps cover prescription drugs.

2. What is Medicare Part C?

Part C is better known as Medicare Advantage. It is a Medicare approved private health plan that provides an alternative way to receive your Part A and Part B benefits. Most Medicare Advantage plans also include Part D prescription drug coverage and may include additional benefits.

RETIREMENT JOE SAYS: *A, B, C, D. Medicare may sound like alphabet soup, but each letter has a job.*

3. Will I automatically be enrolled in Medicare when I turn 65?

Maybe. If you are already receiving Social Security or Railroad Retirement Board benefits, you will generally automatically receive Part A and Part B beginning the first day of the month you turn 65. If your birthday is on the first day of the month, coverage generally starts the first day of the previous month.

4. What if I am 65 but have not started Social Security yet?

Then you generally need to sign yourself up for Medicare. People who are not receiving Social Security or Railroad Retirement Board benefits generally apply for Part A and Part B through Social Security.

5. What is my Initial Enrollment Period?

Your Initial Enrollment Period is generally a 7 month window: the 3 months before your 65th birthday month, your birthday month, and the 3 months afterward. For example, someone turning 65 on June 2 generally has an enrollment period running from March through September.

6. When will my Medicare coverage start?

If you enroll during the first 3 months of your Initial Enrollment Period, coverage generally begins the first day of your birthday month. If you enroll during your birthday month or one of the final 3 months, coverage generally begins the first day of the following month. Special rules apply if your birthday is on the first day of the month.

7. What happens if I miss my Initial Enrollment Period?

If you do not qualify for a Special Enrollment Period, you can generally enroll during the General Enrollment Period, January 1 through March 31. Coverage starts the first day of the month after you enroll, and late enrollment penalties may apply.

8. What is a Special Enrollment Period?

A Special Enrollment Period lets certain people enroll outside their Initial Enrollment Period. A common example is someone who delayed Part B because they had group health coverage based on their or their spouse's current employment. They can generally enroll while still covered or during the 8 month period after employment or coverage ends, whichever occurs first.

PART TWO | Questions 9 through 10

Important Medicare Enrollment Dates

Two dates can change your coverage for the coming year. Put them on the calendar before you need them.

9. What is Medicare's Annual Open Enrollment Period?

Medicare Open Enrollment runs from October 15 through December 7 each year. During this period, you can generally join, switch, or drop Medicare Advantage or Part D coverage. Changes normally become effective January 1.

10. What is the Medicare Advantage Open Enrollment Period?

It runs from January 1 through March 31. If you are already enrolled in Medicare Advantage, you can switch to another Medicare Advantage plan or return to Original Medicare and, if appropriate, join a separate Part D plan. This period does not allow someone with Original Medicare to simply join Medicare Advantage.

PART THREE | Questions 11 through 18

Still Working at 65

Working past 65 can give you options, but the rules depend heavily on the type of coverage you have and the size of the employer.

11. I am still working at 65. Do I have to enroll in Medicare?

Not necessarily. If you or your spouse is currently working and you are covered under that employer's group health plan, it may make sense to delay Part B. But you need to understand how your employer coverage works with Medicare before making that decision.

12. Does the size of my employer matter?

Absolutely. For someone age 65 or older, if the employer generally has 20 or more employees, the employer group health plan normally pays first. If the employer has fewer than 20 employees, Medicare generally pays first.

> **RETIREMENT JOE SAYS:** *One of the first questions to ask at 65: How many employees does the employer have?*

13. Can I delay Part B while I am working?

Potentially, yes, when you have qualifying health coverage based on your or your spouse's current employment. The key words are current employment. Do not assume every type of insurance gives you the same protection.

14. Does COBRA count as active employer coverage?

No. COBRA is not considered coverage based on current employment for purposes of the Part B Special Enrollment Period. Your Part B enrollment clock generally does not wait until your COBRA ends.

> **RETIREMENT JOE SAYS:** *This is a Medicare land mine. Having insurance does not always mean you are safe to delay Medicare.*

15. What about retiree health insurance?

Retiree coverage is also not considered coverage based on current employment. The Medicare handbook warns that retiree coverage may not pay for your health services if you do not have both Medicare Part A and Part B.

16. Can I stay on an ACA Marketplace plan instead of Medicare?

The Medicare handbook advises people with Marketplace coverage to sign up for Medicare when first eligible to avoid possible coverage delays and late enrollment penalties. Once you are eligible for premium free Part A, you generally will not qualify for Marketplace assistance toward premiums and medical costs.

17. Can I keep contributing to an HSA after I enroll in Medicare?

No. Once you have Medicare, you are no longer eligible to contribute to a Health Savings Account. There is an additional complication for people working past 65: premium free Part A can sometimes be retroactive for up to 6 months when you eventually enroll, so HSA contributions and Medicare enrollment should be coordinated carefully.

18. If I have Medicare and employer insurance, which one pays first?

It depends on your situation. For someone 65 or older with active employer coverage, the employer plan generally pays first when the employer has 20 or more employees. With fewer than 20, Medicare generally pays first. Medicare generally pays first when you have retiree coverage or Medicaid.

PART FOUR | Questions 19 through 26

What Does Medicare Cost?

The premium is only one part of the story. Deductibles, coinsurance, income adjustments, and late penalties all deserve attention.

19. Do most people pay a premium for Medicare Part A?

Usually not. Most people qualify for premium free Part A because they or their spouse paid Medicare taxes long enough while working. For people who must buy Part A, the 2026 Medicare handbook lists monthly premiums of either $311 or $565, depending on work history.

20. What is the Part A hospital deductible in 2026?

The Part A inpatient hospital deductible is $1,736 per benefit period in 2026. That phrase matters: per benefit period does not necessarily mean once per calendar year.

21. What is the standard Medicare Part B premium in 2026?

The standard monthly Part B premium is $202.90 in 2026.

22. What is IRMAA?

IRMAA stands for Income Related Monthly Adjustment Amount. It is an additional amount some higher income Medicare beneficiaries pay for Part B and potentially Part D. For 2026, Part B IRMAA may apply when 2024 modified adjusted gross income exceeded $109,000 for an individual or $218,000 for a married couple filing jointly.

23. What is the Part B deductible in 2026?

The annual Part B deductible is $283 in 2026.

24. After I meet the Part B deductible, what do I pay?

Under Original Medicare, you typically pay 20% of the Medicare approved amount for covered Part B services when your provider accepts Medicare assignment.

25. Does Original Medicare have a maximum out of pocket limit?

No. Original Medicare alone has no annual limit on what you can spend out of pocket. Supplemental coverage such as Medigap, Medicaid, or employer or retiree coverage may help with those costs.

26. Is there a penalty for enrolling in Part B late?

Potentially. Your Part B premium can generally increase 10% for every full 12 month period you could have had Part B but did not enroll. In many cases, that penalty continues for as long as you have Part B. Certain Special Enrollment Periods can protect you from the penalty.

PART FIVE | Questions 27 through 37

Original Medicare vs. Medicare Advantage

Both routes can work well. The real question is which structure fits your doctors, prescriptions, travel, budget, and preferences.

27. What is the biggest difference between Original Medicare and Medicare Advantage?

With Original Medicare, you receive Part A and Part B directly through Medicare and may add separate Part D and Medigap coverage. With Medicare Advantage, you receive your Medicare covered benefits through a Medicare approved private plan. Most Medicare Advantage plans combine Part A, Part B, and Part D.

28. Can I go to any doctor with Original Medicare?

Generally, yes. You can use any doctor or hospital in the United States that accepts Medicare. Medicare Advantage plans may require you to use doctors and hospitals within the plan's network for non emergency care.

29. Will I need referrals to see specialists?

With Original Medicare, you generally do not need referrals. Some Medicare Advantage plans may require referrals to see specialists.

30. Can Medicare Advantage require prior authorization?

Yes. Medicare Advantage plans must cover medically necessary services covered by Original Medicare, but they may require prior authorization before certain services or supplies are covered.

31. Does Medicare Advantage usually include prescription drug coverage?

Yes. Most Medicare Advantage plans include Part D prescription drug coverage.

32. Do I still pay my Part B premium with Medicare Advantage?

Generally, yes. Some Medicare Advantage plans have a $0 plan premium, but that does not mean Medicare itself is free. You usually still pay your Part B premium. Some plans may help pay part of that premium.

33. Does Medicare Advantage have a maximum out of pocket limit?

Yes. Unlike Original Medicare alone, Medicare Advantage plans have a yearly limit on what you pay for covered Medicare services. Once you reach the applicable plan limit, you pay nothing for covered services for the remainder of the year.

34. What extra benefits can Medicare Advantage offer?

Plans may offer benefits that Original Medicare does not, including things such as dental, vision, hearing, gym related benefits, transportation, and certain over the counter benefits. The exact benefits and limitations vary by plan.

> **RETIREMENT JOE SAYS:** *Extra benefits are nice. Make sure your doctors, hospitals, and prescriptions work first. The free toothbrush should not be driving the bus.*

35. What happens if my doctor leaves my Medicare Advantage network?

Provider networks can change during the year. The plan must still provide access to qualified providers and, in certain circumstances, notify you when a provider leaves. Plans may also need to help you select another provider or continue medically necessary care already underway.

36. Does Medicare cover me outside the United States?

Original Medicare generally does not cover health care outside the U.S. Some Medigap policies may provide foreign travel emergency coverage. Medicare Advantage plans also generally do not cover foreign medical care, although some may include emergency or urgently needed coverage while traveling internationally.

37. Should I review my Medicare plan every year?

Yes. Medicare recommends reviewing your health and prescription coverage every year to make sure it still meets your needs. Medicare Advantage members should pay particular attention to their Annual Notice of Change and Evidence of Coverage.

> **RETIREMENT JOE SAYS:** *Your plan may have the same name next year. That does not mean the benefits, costs, doctors, or drugs are staying the same.*

PART SIX | Questions 38 through 42

Medicare Supplement: Medigap

Medigap works with Original Medicare, not Medicare Advantage. Timing matters because your enrollment rights can change.

38. What is Medigap?

Medigap is private supplemental insurance designed to work with Original Medicare and help pay certain out of pocket costs Medicare does not pay. You generally must have Part A and Part B before purchasing a Medigap policy.

39. When is the best time to buy Medigap?

Generally during your 6 month Medigap Open Enrollment Period. It starts the first month you are both age 65 or older and enrolled in Medicare Part B. After that period, your ability to buy a policy or the price you pay can depend on your circumstances and state rules, although certain guaranteed issue protections may apply.

40. Can my spouse and I share one Medigap policy?

No. A Medigap policy covers one person. Married couples who both want Medigap need separate policies.

41. Can I have Medicare Advantage and Medigap together?

No. Medigap is not designed to pay Medicare Advantage copays, deductibles, or premiums. It is generally illegal to sell you a Medigap policy while you are enrolled in Medicare Advantage unless you are switching back to Original Medicare.

42. If I leave Medigap for Medicare Advantage, can I always get my Medigap policy back?

Do not assume that you can. If you drop Medigap to join Medicare Advantage, you may not be able to get the same policy (or potentially another Medigap policy) back, depending on your circumstances and state rules. Certain Medicare trial right protections can apply in specific situations.

PART SEVEN | Questions 43 through 48

Prescription Drug Coverage

Part D decisions are about more than today's prescriptions. Formularies, pharmacies, penalties, and annual changes all matter.

43. What is Medicare Part D?

Part D is Medicare prescription drug coverage. You can receive it through a separate Medicare drug plan or, in most cases, as part of a Medicare Advantage plan that includes drug coverage.

44. Do I need Part D if I do not take any prescription drugs?

You do not necessarily have to enroll simply because you are eligible, but going without Part D or other creditable prescription coverage can create a late enrollment penalty later. If you go 63 consecutive days or longer without qualifying drug coverage after becoming eligible, a penalty may apply when you eventually enroll.

> **RETIREMENT JOE SAYS:** *I do not take prescriptions describes today. Medicare planning is about tomorrow too.*

45. What does creditable drug coverage mean?

It is prescription coverage that Medicare considers sufficient to protect you from the Part D late enrollment penalty. Employer or union coverage, TRICARE, Indian Health Service, and VA coverage can sometimes qualify. Your plan should tell you whether your existing prescription coverage is creditable. Keep those notices in case you need to prove prior coverage later.

46. What is a drug formulary?

A formulary is the plan's list of covered prescription drugs. Part D plans usually divide covered drugs into different tiers. Drugs in lower tiers generally cost less than drugs in higher tiers. If your doctor believes you need a higher tier drug, you or your prescriber may sometimes request an exception.

47. Is there a maximum out of pocket amount for Part D drugs in 2026?

Yes. For 2026, yearly out of pocket costs for drugs covered by your Part D plan are capped at $2,100. Once you reach the applicable limit, you do not pay copayments or coinsurance for covered Part D drugs for the rest of the calendar year.

48. What is the Medicare Prescription Payment Plan?

It is an optional way to spread your prescription drug out of pocket expenses across the calendar year instead of paying the full amount at the pharmacy when you fill prescriptions. It changes when you pay; it does not reduce what you owe. The program does not lower drug prices or save you money.

PART EIGHT | Questions 49 through 50

What Medicare Does Not Always Cover

The last two questions are among the most important, because they expose two common gaps people discover after retirement.

49. Does Original Medicare cover dental, vision, and hearing?

Original Medicare does not generally cover routine eye exams or most dental care. It also does not generally cover hearing aids or examinations used to fit hearing aids. Medicare Advantage plans may offer additional dental, vision, and hearing benefits, but the coverage varies significantly by plan.

50. Does Medicare cover nursing homes and long term care?

This may be the most misunderstood Medicare question. Medicare does not cover non medical long term custodial care simply because someone needs ongoing help living independently. Medicare can cover short term skilled nursing facility care when Medicare's requirements are met. Under Original Medicare in 2026, during a qualifying benefit period, days 1 through 20 are $0 per day after the applicable Part A deductible, days 21 through 100 are $217 per day, and after day 100 you pay all costs. Medicare planning and long term care planning are two different conversations.

> **RETIREMENT JOE SAYS:** *Medicare can help with skilled medical care. It is not designed to fund years of custodial care.*

Before You Choose: Retirement Joe's Medicare Checklist

Medicare is not really about finding the "best" plan. It is about finding coverage that fits you. Before making a decision, work through these six items.

DOCTORS AND HOSPITALS	Confirm that the providers and facilities you want to use will work with the coverage you are considering.
PRESCRIPTIONS	Review every medication, dosage, formulary tier, restriction, and preferred pharmacy.
TRAVEL	Think about where you live, where you spend time, and whether you need broader access outside a local network.
BUDGET	Compare premiums with deductibles, copays, coinsurance, and the possibility of a high cost year.
CURRENT COVERAGE	Understand how Medicare works with employer, retiree, COBRA, VA, TRICARE, Medicaid, or other insurance before changing anything.
ANNUAL REVIEW	Read your plan notices every fall. Costs, networks, drug coverage, and benefits can change even when the plan name stays the same.

RETIREMENT JOE SAYS: *The right Medicare decision is personal. Start with your doctors, prescriptions, travel, current insurance, and budget; then compare the coverage.*

Source and Important Notes

Primary source

Centers for Medicare & Medicaid Services, Medicare & You 2026: The Official U.S. Government Medicare Handbook.

- This guide summarizes common Medicare questions in plain language. It does not reproduce every rule, exception, eligibility requirement, plan limitation, or state specific protection in the official handbook.
- Dollar amounts and enrollment dates shown in this guide are based on 2026 information and may change in later years.
- Medicare Advantage and Part D plan premiums, copays, networks, formularies, prior authorization rules, and extra benefits vary by plan and service area.
- Medigap availability, underwriting rules, guaranteed issue rights, and additional enrollment protections can vary by state.
- For current federal Medicare information, use Medicare.gov or 1 (800) MEDICARE. For enrollment in Part A and Part B, use Social Security. You can also seek help from your State Health Insurance Assistance Program (SHIP) or a licensed insurance professional.

RETIREMENT JOE GUIDE SERIES

Medicare does not have to be complicated. Ask better questions before you make the decision.