



2026 Medicare Options



This packet provides partial information on Medicare plan premiums, copayments, and coinsurance for plans available in Rockland County. Consumers must obtain complete and current plan details directly from the insurance company before enrolling.

Original Medicare does not cover all services. Coverage should be confirmed with the provider prior to receiving care. Services typically not covered may include dental care and dentures, cosmetic surgery, custodial care, care received outside the United States, hearing aids, orthopedic shoes, routine foot care, and routine vision care.

The Health Insurance Information Counseling and Assistance Program (HIICAP) does not endorse or recommend any insurance company or Medicare product. This packet is for educational purposes only.

Medicare Open Enrollment runs annually from **October 15-December 7**. Coverage changes made during this period take effect January 1.

Medicare Advantage Open Enrollment runs annually from **January 1-March 31** and is limited to individuals already enrolled in a Medicare Advantage plan.

Rockland County HIICAP

845-364-2118

<https://www.rocklandcountyny.gov/departments/office-for-the-aging>

For assistance available 24/7, call Medicare at 1-800-633-4227 or visit www.medicare.gov

2026 Medicare Deductible and Coinsurance Amounts

Medicare Part A – Hospital Insurance Deductible Amounts	
<u>Days</u>	<u>Cost</u>
1-60	\$1,736
61-90	\$434 per day
91-149	\$868 per day
150+	Beneficiary pays all costs

Skilled Nursing Facility Coinsurance	
<u>Days</u>	<u>Cost</u>
1-20	No cost following 3-day inpatient hospitalization
21-100	\$217 per day
101+	Beneficiary pays all costs, excludes custodial care

Medicare Part B – Medical Insurance	
Annual Deductible	\$283
Standard Monthly Premium	\$202.90
Coinsurance	20%

Medicare Supplement Insurance (Medigap) Policies

How do I compare Medigap Policies?

If a checkmark appears, the Medigap plan covers 100% of the described benefit. If a percentage appears, the Medigap plan covers that percentage of the benefit and you're responsible for the rest. If a column is blank, the Medigap plan does not cover that benefit.

Benefits	Medicare Supplement Insurance (Medigap) Plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B deductible			✓		✓					
Medicare Part B excess charges					✓	✓				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2026**			
							\$8,000	\$4,000		

Plans C and F will not be available to people who are newly eligible for Medicare on or after January 1, 2020.

*Plans F and G also offer a high-deductible plan. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 in 2026 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Monthly Premiums for Medigap Policies

Available in Rockland County

1/1/2026

(Confirm pricing with insurer prior to enrolling)

Insurers	A	B	C	D	F	F*	G	G*	K	L	M	N
Aetna Life Insurance Company 888-624-6290	318.21	362.44			422.90		406.26					
Bankers Conseco Life Ins. Co. 201-270-1250 OR 800-446-5018	328.18	536.45			723.15	60.25	666.60	60.25	111.20	255.94	354.44	415.40
EmblemHealth Plan 800-524-2414	248.96	344.07	423.98		758.71	88.23	432.09	67.69				314.77
Globe Life Insurance 315-451-2544	335.00	449.00	500.00	492.00	566.00	137.00	461.00	91.00	175.00	311.00		450.00
Humana 877-426-1269	348.00	392.90	528.79		539.53	118.44	647.27	111.19	226.75	323.93		458.83
Mutual of Omaha 855-977-6312	351.72	512.25	512.82	539.03	516.15		511.36				526.10	
Transamerica Financial 800-797-2643	337.46	406.90	527.16	484.41	530.22		444.83		242.79	360.41	443.79	417.31
United Healthcare (AARP) 888-378-0849	223.00	323.00	443.00		419.00		372.50		113.75	230.75		299.00

2026 Rockland County Medicare Advantage Plans

<u>Plan</u>	<u>Premium</u>	<u>Drug Deductible</u>	<u>Primary Care</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Rating</u>
<u>Aetna: 1-833-859-6031</u>						
Aetna Medicare Elite Plan (PPO)	\$0.00	\$615	\$5	\$0-\$45	\$399/day, days 1-6	4.5
Aetna Medicare Elite Extra (PPO)	\$44.00	\$615	\$0	\$45	\$950 per stay	4.5
Aetna Medicare Enhanced (HMO-POS)	\$69.00	\$615	\$0	\$0-\$40	\$395/day, days 1-6	3
Aetna Medicare Enhanced (PPO)	\$91.00	\$615	\$0	\$0-\$45	\$399/day, days 1-6	4.5
<u>Anthem BC & BS: 1-833-668-2339</u>						
Anthem Medicare Advantage (HMO)	\$65.00	\$200	\$10	\$50	\$385/day, days 1-6	3.5
Anthem Medicare Advantage 2 (HMO-POS) ID:H6988-010-0	\$30.00	\$230	\$0	\$50	\$385/day, days 1-6	5
Anthem Medicare Advantage 2 (HMO-POS) ID:H8432-016-0	\$44.00	\$150	\$5	\$55	\$415/day, days 1-5	3.5
<u>EmblemHealth: 1-800-447-2254</u>						
EmblemHealth VIP Gold Plus (HMO)	\$252.00	\$200	\$0	\$0	\$195/day, days 1-10	4
<u>Healthfirst: 1-877-237-1303</u>						
Healthfirst Increased Benefits Plan (HMO)	\$24.20	\$615	\$0	\$25	\$489/day, days 1-5	4.5
Healthfirst Signature (HMO)	\$0.00	\$615	\$0	\$40	\$611/day, days 1-4	3
Healthfirst Signature (PPO)	\$55.00	\$615	\$0	\$40	\$490/day, days 1-4	3
<u>HealthSpring: 1-866-617-8713</u>						
HealthSpring True Choice (PPO)	\$0.00	\$250	\$0	\$40	\$270/day, days 1-6	3
<u>Humana: 1-888-873-0686</u>						
HumanaChoice Giveback H5970-030 (PPO)	\$0.00	\$615	\$0	\$40	\$380/day, days 1-7	3
HumanaChoice H5970-029 (PPO)	\$32.00	\$615	\$0	\$40	\$380/day, days 1-7	3
<u>MVP: 1-800-324-3899</u>						
MVP Medicare Secure Plus with Part D (HMO-POS)	\$116.00	\$400	\$0	\$35	\$350/day, days 1-5	4
MVP Medicare Complete Wellness with Part D (PPO)	\$15.00	\$615	\$0	\$55	\$445/day, days 1-5	3.5
<u>UnitedHealthcare: 1-800-555-5757</u>						
AARP Medicare Advantage from UHC NY-0013 (PPO)	\$49.00	\$600	\$0	\$0-\$55	\$450/day, days 1-5	3.5
AARP Medicare Advantage from UHC NY-34 (HMO-POS)	\$29.00	\$600	\$0	\$0-\$45	\$395/day, days 1-5	3.5

<u>Plan</u>	<u>Premium</u>	<u>Drug Deductible</u>	<u>Primary Care</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Rating</u>
<u>VNS Health Medicare: 1-866-783-1444</u>						
VNS Health EasyCare (HMO)	\$25.00	\$500	\$0	\$35	\$400/day, days 1-5	3.5
<u>Wellcare: 1-844-480-0680</u>						
Wellcare Assist Open (PPO)	\$58.80	\$530	\$0	\$25	\$600/day, days 1-4	3
Wellcare Fidelis Assist (HMO-POS)	\$32.50	\$615	\$0	\$25	\$475/day, days 1-5	3
Wellcare Fidelis Simple (HMO-POS)	\$0.00	\$615	\$0	\$25	\$600/day, days 1-4	<u>3</u>
Wellcare Giveback Open (PPO)	\$0.00	\$615	\$0	\$35	\$2,015 per stay	3
Wellcare Simple (HMO-POS)	\$0.00	\$615	\$0	\$25	\$600/day, days 1-4	3
Wellcare Simple Open (PPO)	\$0.00	\$615	\$0	\$30	\$600/day, days 1-4	3

Before choosing a Medicare Advantage plan, be sure to:

- Confirm your doctors, hospitals, and pharmacies are in the plan’s network.
- Check that your prescription drugs are covered and understand the costs.
- Find out if the plan has a health deductible, how much it is, and which services apply.
 - Review the Extra Benefits and understand any limits or requirements.

<u>Plan</u>	<u>Extra Benefits</u>						<u>Part B Reduction</u>
	<u>Dental</u>	<u>Vision</u>	<u>Hearing</u>	<u>Fitness</u>	<u>OTC Card</u>	<u>Transportation</u>	
<u>Aetna: 1-833-859-6031</u>							
Aetna Medicare Elite Plan (PPO)	✓	✓	✓	✓			
Aetna Medicare Elite Extra (PPO)	✓	✓	✓	✓			
Aetna Medicare Enhanced (HMO-POS)	✓	✓	✓	✓			
Aetna Medicare Enhanced (PPO)	✓	✓	✓	✓			
<u>Anthem BC & BS: 1-833-668-2339</u>							
Anthem Medicare Advantage (HMO)		✓	✓				
Anthem Medicare Advantage 2 (HMO-POS) ID:H6988-010-0	✓	✓	✓	✓	✓		
Anthem Medicare Advantage 2 (HMO-POS) ID:H8432-016-0	✓	✓	✓				
<u>EmblemHealth: 1-800-447-2254</u>							
EmblemHealth VIP Gold Plus (HMO)	✓	✓	✓	✓			
<u>Healthfirst: 1-877-237-1303</u>							
Healthfirst Increased Benefits Plan (HMO)	✓	✓	✓	✓	✓	✓	
Healthfirst Signature (HMO)	✓	✓	✓	✓			
Healthfirst Signature (PPO)	✓	✓	✓	✓			
<u>HealthSpring: 1-866-617-8713</u>							
HealthSpring True Choice (PPO)	✓	✓	✓	✓	✓		
<u>Humana: 1-888-873-0686</u>							
HumanaChoice Giveback H5970-030 (PPO)	✓	✓	✓				✓
HumanaChoice H5970-029 (PPO)	✓	✓	✓	✓			
<u>MVP: 1-800-324-3899</u>							
MVP Medicare Secure Plus with Part D (HMO-POS)	✓	✓	✓	✓	✓	✓	
MVP Medicare Complete Wellness with Part D (PPO)	✓	✓	✓	✓	✓		
<u>UnitedHealthcare: 1-800-555-5757</u>							
AARP Medicare Advantage from UHC NY-0013 (PPO)	✓	✓	✓	✓			
AARP Medicare Advantage from UHC NY-34 (HMO-POS)	✓	✓	✓	✓	✓		
<u>VNS Health Medicare: 1-866-783-1444</u>							
VNS Health EasyCare (HMO)	✓	✓	✓	✓	✓	✓	

<u>Plan</u>	<u>Extra Benefits</u>						
	<u>Dental</u>	<u>Vision</u>	<u>Hearing</u>	<u>Fitness</u>	<u>OTC Card</u>	<u>Transportation</u>	<u>Part B Reduction</u>
<u>Wellcare: 1-844-480-0680</u>							
Wellcare Assist Open (PPO)	✓	✓	✓	✓	✓		
Wellcare Fidelis Assist (HMO-POS)	✓	✓	✓	✓	✓		✓
Wellcare Fidelis Simple (HMO-POS)	✓	✓	✓	✓			
Wellcare Giveback Open (PPO)	✓	✓	✓	✓			✓
Wellcare Simple (HMO-POS)	✓	✓	✓	✓			
Wellcare Simple Open (PPO)	✓	✓	✓	✓			