

FREE GUIDE · 2026 FIGURES

The Medicare Comparison Guide

Your main Medicare choices, side by side and in plain English. From Sun State Partners: an independent insurance agency in Dunedin, FL, licensed in 35 states.

Original Medicare + Medigap · Plan G · Plan N · High-Deductible Plan G · Medicare Advantage

Turning 65, or taking a fresh look at your coverage? Medicare comes with a lot of letters, numbers and deadlines. This guide puts the main choices in side-by-side tables so you can see how they work before you talk with anyone about a plan.

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About the numbers in this guide. Dollar amounts shown are the official 2026 figures published by Medicare (medicare.gov) and the Centers for Medicare & Medicaid Services (cms.gov). Medicare updates them every year, usually in the fall, so always check the current year's amounts. Plan premiums are set by each insurance company and are not shown here.

Original Medicare basics

Original Medicare is run by the federal government: Part A and Part B, plus optional Part D drug coverage you buy from a private plan.

	PART A HOSPITAL INSURANCE	PART B MEDICAL INSURANCE	PART D PRESCRIPTION DRUGS
Covers	Inpatient hospital stays, skilled nursing facility care (after a qualifying hospital stay), hospice, some home health care	Doctor visits, outpatient care, lab tests, preventive services, durable medical equipment (like walkers and wheelchairs), some home health care	Covered prescription drugs, through a private plan approved by Medicare. Stand-alone, or built into many Medicare Advantage plans
Premium	\$0 for many people who (or whose spouse) paid Medicare taxes long enough, generally at least 10 years. Others can buy Part A	Monthly premium set yearly by Medicare. Higher incomes pay more (IRMAA)	Varies by plan
Deductible (2026)	\$1,736 per benefit period. You can pay it more than once a year	\$283 per year	Varies by plan
After that	Daily coinsurance after day 60 in the hospital and after day 20 in a skilled nursing facility	You generally pay 20% of the Medicare-approved amount	Copays vary by plan and pharmacy. Each plan has its own drug list (formulary)
Yearly cap	None	None. The 20% has no cap	\$2,100 out of pocket for covered drugs in 2026

Benefit period: starts when you're admitted and ends after you've been out of the hospital or skilled nursing facility for 60 days in a row.

There's no yearly out-of-pocket limit in Original Medicare. This is the main reason people add a Medigap policy or choose a Medicare Advantage plan, which has a yearly limit.

What Original Medicare generally doesn't cover

× Routine dental care	× Eye exams for glasses	× Hearing aids
× Long-term custodial care	× Care outside the U.S. (with rare exceptions)	× Most prescription drugs without Part D or other drug coverage

Timing matters for Part D: going without it or other "creditable" drug coverage for too long can mean a penalty (see Chapter 5).

Your two main paths

When you're first eligible, you'll choose one of two main paths. Either way, you keep paying your Part B premium.

PATH 1 Original Medicare + Medigap + Part D	PATH 2 Medicare Advantage (Part C)
Keep Original Medicare (Parts A and B), add a Medicare Supplement (Medigap) policy, and add a stand-alone Part D drug plan.	A private plan approved by Medicare replaces how you get your Part A and Part B benefits. Often includes drug coverage.
✓ Any doctor or hospital in the U.S. that accepts Medicare ✓ Predictable costs when you use care ✓ No network rules or referrals	✓ Lower monthly premium in general (sometimes none beyond Part B) ✓ Yearly out-of-pocket limit for covered services ✓ Often includes drugs and some extras
– Higher, steady monthly premium in general – Drug plan bought separately – Health questions possible outside your Medigap Open Enrollment Period	– Copays and coinsurance as you use care – Usually a network; HMOs often need referrals – Costs, networks and drug lists can change each January

A quick way to think about it: Medigap tends to cost more each month and less when you use care. Medicare Advantage tends to cost less each month and more when you use care, up to the plan's yearly limit. The right balance depends on your health, your doctors, your travel and your budget.

Things people often miss

Switching later isn't always simple. Moving from Medicare Advantage to Medigap may mean health questions outside your guaranteed issue rights, and you could be turned down. One exception: the 12-month "trial right" for people who join Medicare Advantage when first eligible at 65.	Premiums change over time. Medigap insurance companies price policies in different ways (community-rated, issue-age or attained-age), which affects how your premium can change as you get older.
Networks and drug lists change every year. Medicare Advantage and Part D plans can change costs, networks and covered drugs each January. Read your Annual Notice of Change each fall.	Your spouse is separate. Each person has their own Medicare coverage and their own enrollment dates.

Medigap vs. Medicare Advantage

Medigap plans are standardized, so a Plan G from one insurance company has the same medical benefits as a Plan G from another (prices and service can differ). Medicare Advantage plans vary much more from plan to plan.

Feature	Original Medicare + Medigap	Medicare Advantage
How it works	Medicare pays first, then the Medigap policy pays its share	Replaces how you get Parts A and B. The private plan pays your claims
Monthly premium	Premium to the insurance company, plus your Part B premium	Varies by plan. Some charge no premium beyond your Part B premium
When you get care	Depends on the plan letter. Plan G: \$0 for Medicare-covered services after the Part B deductible	Copays and coinsurance set by each plan, often a set dollar amount per visit
Yearly out-of-pocket limit	Plan G: the Part B deductible. Plan N: deductible, copays and any excess charges. High-Deductible G: the \$2,950 deductible	Every plan has a yearly limit for covered services. Medicare caps how high it can be
Doctors and hospitals	Any in the U.S. that accepts Medicare	Usually a network (HMO or PPO). Out-of-network care may cost more or not be covered
Referrals	Not needed	HMOs often need referrals
Prior authorization (plan approval before care)	Rarely needed. Your doctor treats you, Medicare pays its share and Medigap pays the rest. There are no plan approvals to wait on, and only a short list of items needs Medicare's OK first, like certain medical equipment.	Common, and it can slow down care. Plans often require approval before hospital stays, surgery, MRIs and CT scans, skilled nursing, rehab, home health and some drugs.
Travel	Anywhere in the U.S. Foreign travel emergency care at 80%, up to plan limits	Emergency and urgent care anywhere in the U.S. Routine care outside the service area often limited. Foreign coverage varies
Health questions	None during your Medigap Open Enrollment Period. Outside it, insurers in many states can ask, and may deny or charge more	Generally none. Join during your enrollment windows
Drug coverage	Not included. Add a separate Part D plan	Often included. If not, you generally can't add a stand-alone Part D plan
Dental, vision, hearing, fitness	Not included. Medigap covers only Medicare-covered services	Many plans include some. Benefits vary by plan
Changes each year	Medigap benefits are standardized; premiums can change	Costs, networks and drug lists can change each January

Source for figures: [Medicare.gov](https://www.medicare.gov), 2026.

Plan G vs. Plan N vs. High-Deductible Plan G

Same letter, same medical benefits, no matter which insurance company sells it. The differences are what you pay up front, at the doctor's office and in a year with a lot of care.

Benefit	Plan G	Plan N	High-Deductible Plan G
Monthly premium (relative)	Baseline	Usually priced below Plan G	Usually priced well below Plan G
Yearly deductible you pay first	Part B deductible (\$283)	Part B deductible (\$283)	\$2,950 in Medicare-covered costs
Part A hospital deductible (\$1,736)	Covered	Covered	Covered after deductible
Part A hospital coinsurance and extra hospital days	Covered	Covered	Covered after deductible
Part B deductible (\$283)	You pay	You pay	Counts toward deductible
Part B coinsurance (the 20%)	Covered	Covered, except copays below	Covered after deductible
Office visit copay	\$0	Up to \$20 for some visits	\$0 after deductible
Emergency room copay (not admitted)	\$0	Up to \$50	\$0 after deductible
Part B excess charges	Covered	Not covered	Covered after deductible
Skilled nursing facility coinsurance	Covered	Covered	Covered after deductible
Hospice coinsurance	Covered	Covered	Covered after deductible
Foreign travel emergency	80%, up to plan limits	80%, up to plan limits	80%, up to plan limits, after deductible
Doctors and hospitals	Any in the U.S. that accepts Medicare	Any in the U.S. that accepts Medicare	Any in the U.S. that accepts Medicare
Drug coverage	Not included. Add Part D	Not included. Add Part D	Not included. Add Part D
What you pay in a year with a lot of care	The Part B deductible, then \$0 for Medicare-covered services	The Part B deductible, plus copays and any excess charges	Up to \$2,950, then \$0 for Medicare-covered services
● Covered ● Covered, with copays ● You pay / not covered ● Covered after the yearly deductible			

Part B excess charges: some doctors who don't accept Medicare's approved amount can charge up to 15% more. High-Deductible Plan G isn't sold in every state. Medigap plans are standardized differently in Massachusetts, Minnesota and Wisconsin. Figures: Medicare.gov, "Compare Medigap Plan Benefits," 2026.

Enrollment windows

Medicare has set times to sign up and to make changes. Missing a window can mean a gap in coverage, a penalty, or health questions.

Window	When	What you can do
Initial Enrollment Period (IEP)	7 months: the 3 months before your 65th birthday month, your birthday month, and the 3 months after	Sign up for Parts A and B. Join a Medicare Advantage or Part D plan. Signing up before your birthday month helps avoid a gap
Medigap Open Enrollment Period	6 months, starting the first month you're 65 or older and enrolled in Part B. Happens once	Buy any Medigap policy sold in your state with no health questions. Insurers can't deny you or charge more because of your health
Annual Enrollment Period (AEP)	October 15 – December 7 each year. Changes start January 1	Switch between Original Medicare and Medicare Advantage, change Medicare Advantage plans, or join, switch or drop a Part D plan
Medicare Advantage Open Enrollment Period (MA OEP)	January 1 – March 31 each year	If you're in a Medicare Advantage plan, make one change: another Medicare Advantage plan, or Original Medicare plus a Part D plan
General Enrollment Period (GEP)	January 1 – March 31 each year	Missed your IEP and no Special Enrollment Period? Sign up for Part B (and Part A, if you buy it). Coverage starts the month after. Penalties may apply
Special Enrollment Periods (SEPs)	Triggered by certain life events. Timing depends on the event	For example: moving, losing other coverage, or qualifying for Medicaid or Extra Help

Still working at 65? How your coverage affects your timing

Your coverage	Part B	Medicare Advantage or Part D
Current employer group health plan (yours or your spouse's)	You may be able to delay. Special Enrollment Period lasts up to 8 months after the employment or the group coverage ends, whichever happens first	2 full months after the month that coverage ends to join
COBRA	Doesn't delay Part B. Getting COBRA doesn't extend your 8-month window	Creditable COBRA drug coverage can protect you from the Part D penalty while you have it. When it ends, join within 63 days
Retiree coverage	Doesn't delay Part B. It isn't based on current employment	Creditable retiree drug coverage can protect you from the Part D penalty while you have it. When it ends, join within 63 days

Tip: the 2-month window for Medicare Advantage or Part D starts when your employer coverage ends, not when Part B starts. To avoid gaps, sign up for Part B and your drug or Advantage plan at the same time, before your employer coverage ends.

Ask your employer whether your plan's drug coverage is "creditable" (expected to pay, on average, as much as standard Part D coverage). They should send you a yearly notice. Waiting on Part B without current employer coverage could mean a gap in coverage and a lifetime Part B penalty.

Late enrollment penalties

Late enrollment penalties are added to your monthly premium. They aren't a one-time fee, and for Parts B and D they usually last for as long as you have that coverage.

	What triggers it	How much	How long
Part B	Not signing up when first eligible, unless you qualified for a Special Enrollment Period	An extra 10% of the standard Part B premium for each full 12-month period you could have had Part B but didn't	Generally for as long as you have Part B
Part D	63 days or more in a row without Part D or other creditable drug coverage after your IEP ends	An extra 1% of the "national base beneficiary premium" (set yearly by Medicare) for each full month without coverage	As long as you have Medicare drug coverage, even if you switch plans. People who qualify for Extra Help don't pay it
Part A (only if you have to buy it)	Not signing up when first eligible	Premium may go up 10%	Twice the number of years you could have had Part A but didn't sign up
Medigap (not a penalty)	Missing your Medigap Open Enrollment Period	You may have to answer health questions, and could pay more or be turned down	From then on, outside guaranteed issue rights

How to avoid them: sign up during your IEP, or keep proof of current employer coverage and creditable drug coverage if you delay. Keep the creditable coverage notices you get each year.

Which might fit you?

This isn't a recommendation. It's a way to sort your priorities before a review. Check what sounds like you, then bring this page to your call.

A Medigap plan + Part D might be worth a closer look if:	A Medicare Advantage plan might be worth a closer look if:
☐ You want to keep seeing doctors and hospitals across the U.S. without network rules or referrals ☐ You'd rather pay a steady monthly premium than copays each time you get care ☐ You travel within the U.S. often, or spend part of the year in another state ☐ You'd like predictable costs if you have a major illness or surgery ☐ You're in your Medigap Open Enrollment Period, or you're comfortable answering health questions	☐ Your doctors, specialists and hospitals are in a plan's network ☐ You'd like a lower monthly premium and are comfortable with copays as you use care ☐ You want health and drug coverage in one plan, with one card ☐ Extra benefits like dental, vision or hearing coverage are important to you ☐ You mostly get care close to home ☐ You have health conditions that might make it hard to get a Medigap policy outside your guaranteed issue rights

Within Medigap, think about:

Plan G	Plan N	High-Deductible Plan G
☐ You want little to pay at the doctor's office after the Part B deductible	☐ You're comfortable with small copays for office and ER visits in exchange for a lower premium, and your doctors accept Medicare's approved amount	☐ You're comfortable covering a larger deductible yourself in a year with a lot of care, in exchange for a lower monthly premium

For everyone: bring these to your review

☐ A list of my doctors, specialists and hospitals ☐ A list of my prescriptions (name, dose, how often) and my pharmacy ☐ My Part A and Part B start dates	☐ Whether my current or employer drug coverage is creditable ☐ My monthly budget for premiums, and what I could cover in a year with a lot of care
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What clients say

Reviews posted by clients on Trustpilot and Yelp, quoted as written (trimmed only where marked with ...).



“Steven was so nice and helpful. He helped me find what I wanted, ... answered all the questions I had. I wish I had found him 2 years ago! Thank you Steven!!!”

Paul H. Trustpilot · 5 out of 5 stars · October 2025

“Gayle and I were very pleased with the help Angela provided us with ... She was responsive to our questions and always replied quickly back to any of our requests. We do recommend her and the company she is with if anyone is looking for supplemental ins. coverage.”

Stargazing T. Yelp · September 2024



“Steven is very good at his job and very caring for his client I appreciate his kindness and caring”

Eva K. Trustpilot · 5 out of 5 stars · October 2025

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YOUR NEXT STEP

Book a free review

Comparing plans on your own can take hours. A licensed Sun State Partners agent can walk you through your options at no cost to you and with no obligation to enroll.

What we'll do together	
☐ Check your doctors and prescriptions against the plans we offer in your area	☐ Explain your enrollment dates and help you avoid gaps and penalties
☐ Compare costs side by side, including premiums and what you'd pay when you use care	☐ Answer your questions in plain English, then let you decide

Call or text 888-909-5428 (Mon–Sat, 9am–8pm ET), or **book a free call at sunsst.com**.

Licensed agents · No cost · No obligation to enroll

About Sun State Partners

We're an independent insurance agency based in Dunedin, Florida, licensed in 35 states and working with 21 insurance carriers. Because we're independent, we can compare options from several companies instead of just one.

Helpful official resources

Resource	What it's for	Contact
Medicare	Information on all your Medicare options	Medicare.gov · 1-800-MEDICARE (1-800-633-4227) · TTY 1-877-486-2048
Social Security	Signing up for Parts A and B	ssa.gov · 1-800-772-1213
State Health Insurance Assistance Program (SHIP)	Free, unbiased counseling	Find yours at shiphelp.org

Sources for figures in this guide

- All 2026 figures were checked on October 12, 2026:
- Part A deductible (\$1,736) and Part B deductible (\$283): CMS, "2026 Medicare Parts A & B Premiums and Deductibles" (cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles); Medicare.gov, "Costs" (medicare.gov/basics/costs/medicare-costs)
 - Part D out-of-pocket limit (\$2,100): Medicare.gov, "Costs"
 - High-Deductible Plan G deductible (\$2,950) and Plan N copays (up to \$20 / \$50): Medicare.gov, "Compare Medigap Plan Benefits" (medicare.gov/health-drug-plans/medigap/basics/compare-plan-benefits)
 - Late enrollment penalties: Medicare.gov, "Avoid late enrollment penalties" (medicare.gov/basics/costs/medicare-costs/avoid-penalties)
 - Special Enrollment Periods and COBRA: Medicare.gov, "Special Enrollment Periods," "When does Medicare coverage start?" and "COBRA coverage"

Medicare disclaimer: We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer 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.

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