Get to know Medicare with help from Alight

Alight's Guide to Understanding Medicare

Alight Retiree Health Solutions



Welcome

Medicare is something you've earned, a benefit you count on. Understanding how it works, your plan options, and how to be sure you're making the right choice is no easy task, especially on your own.

As an advisory service, Alight can help you navigate and understand your choices by offering objective and personalized guidance.



Alight makes Medicare easier

Alight Retiree Health Solutions is a Medicare marketplace where you can shop for additional health insurance, enroll in coverage, and receive support. You get access to one-stop shopping and time-saving tools that help you choose benefits that may fit your needs and budget.

Here are just some of the services we offer:

- National and regional insurers, all in one place
- Coverage of all types, including Medicare Advantage, Medigap, prescription drug, dental, vision, and hearing plans*
- Personalized, unbiased guidance from licensed Benefits Advisors
- Assistance before, during, and after enrollment
- Online tools and resources to help you make informed decisions

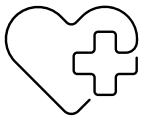
Our services are provided at no additional cost to you. You only pay for the coverage you enroll in.

*Plans may not be available in all areas.

A look ahead

Before you start	2
Original Medicare	3
Additional coverage	5
Medicare Advantage	6
Medigap	7
Guaranteed issue rights	9
Prescription drug plans	11
Medicare Part D	12
Let’s recap your options	13
Get help finding coverage	13
Your online account	14
After you enroll	14

Things to consider before you start



Your health care needs

Make an honest assessment of your overall health. Think about how often you visit doctors, clinics, hospitals, or specialists. Also, consider your budget for health-related expenses, both monthly and annually.



Your doctors

Do you already have a doctor you prefer or specialists you see? Are you open to different doctors if it means lower costs or different benefit options?



Your prescription drugs

Make a list of your medications and estimate your annual out-of-pocket costs.



Other insurance needs

Some plans offer additional vision, dental, and hearing benefits as well as fitness programs to help you stay healthier. You may save money by choosing a plan that includes these additional benefits.

Choosing health coverage can be complex, but you don't have to do it alone. Alight provides guidance and support to help you understand your options and make informed decisions about your coverage.



TIP: To enroll in a Medicare Advantage or Medigap plan, you must be enrolled in both Medicare Part A and Part B.

Original Medicare and how to enroll

Medicare is a health insurance program for people age 65 or older. People younger than 65 can also qualify for Medicare, including those with disabilities and permanent kidney failure.

Created in 1965 as a government program, Original Medicare started with Part A and Part B. Later, Part C and Part D were added as the needs of Medicare beneficiaries changed.

To qualify:

- You must be age 65 or older and meet citizenship or residency requirements.
- You can be younger than 65 with a qualifying disability.
- You have been diagnosed with end-stage renal disease or amyotrophic lateral sclerosis (ALS; also known as Lou Gehrig's disease) at any age.
- You should be automatically enrolled in Original Medicare if you're already receiving Social Security or Railroad Retirement Board benefits when you become eligible. If you're not receiving either of these benefits, you need to sign up with Social Security to get Original Medicare Parts A and B when you become eligible.

You can enroll in Medicare in one of 3 ways

Visit your local Social Security office

Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) 8 a.m.–7 p.m., Monday–Friday

Apply online at ssa.gov
If you worked for a railroad but are not receiving benefits, call your local Railroad Retirement Board office or 1-877-772-5772, general TTY 312-751-4701, 9 a.m.–3 p.m., Monday–Friday

Additional enrollment information:

- If you're still working and covered by employer health insurance when you turn 65, you can sign up for Medicare Part A (hospital coverage) and delay enrolling in Part B. But you must sign up for Part B no later than eight months after you leave your job and lose group coverage, or if you're still employed and lose creditable coverage. Otherwise, you may pay a lifetime penalty and have a gap in coverage.
- If you sign up for Medicare Part B after the initial enrollment period, your coverage starts on the first day of the month following your enrollment.
- It may take up to 60 days to get approved for Original Medicare Part B, and up to three weeks to receive your Medicare card in the mail.

Original Medicare

What's covered

Original Medicare Parts A and B help pay for hospital stays and doctor visits, but it doesn't cover everything.

Part A

- Inpatient hospital care
- Inpatient care in a skilled nursing facility
- Hospice care
- Home health care

Part B

- Medically necessary services (services or supplies to diagnose or treat a condition that meets accepted standards of medical practice)
- Preventive care (health care to prevent illness or detect it at an early stage, when treatment is most likely to work best)
- Doctor visits
- Outpatient hospital care
- Durable medical equipment and supplies

What's not covered

- Most prescription drugs
- Long-term care (also referred to as Custodial care)
- Most dental care
- Eye exams related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

Even if a service or item is covered, you'll generally have to pay deductibles, coinsurance or copays without any annual limit on those costs.

There is no out-of-pocket maximum for Original Medicare Parts A and B, which means your share of costs is unlimited. Enrolling in an individual Medicare insurance plan may help protect your pocketbook.



TIP: Once you're enrolled in an individual Medicare plan, you can make changes during Medicare annual enrollment, October 15–December 7.

Why you might want additional coverage

If you're looking for more value and more coverage, consider an individual Medicare plan to help pay for costs not covered by Original Medicare. The added protection can help cover out-of-pocket expenses like copays and deductibles, prescription drugs, and other services like hearing, dental, or vision. There are three main categories of individual plan coverage:

Medicare Advantage (Part C)
Combines Part A and Part B, and often includes prescription drug coverage. Some plans may offer additional benefits like coverage for routine vision and dental care.

Medigap (also called Medicare Supplement Insurance)
Helps pay some of the out-of-pocket costs that aren't covered under Original Medicare.

Prescription drug plans (Part D)
Helps pay for covered medications.

Medicare Advantage

Medicare Advantage plans can be a good value if you're looking for bundled medical and drug coverage. Often referred to as Part C, Medicare Advantage plans provide the same hospital and medical benefits as Original Medicare, but with greater financial protection. Many Medicare Advantage plans also include prescription drug coverage.

In some cases, you'll have no deductibles, and you'll have a copay instead of coinsurance for some services.

Medicare Advantage plans have a maximum amount you'll pay out of pocket, which sets a yearly cap on your cost for covered health services. Most plans have provider networks, so check that your preferred doctors and facilities are in the plan's network.

To enroll in a Medicare Advantage plan, you must first be enrolled in Original Medicare Parts A and B.

Depending on the plan, your costs may include:

Premium
A fixed, monthly amount you pay for your Medicare plan coverage.

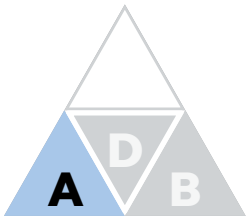
Copay
A flat dollar amount (for example, $20) you pay each time you receive care or fill a prescription.

Coinsurance
A percentage (for example, 20%) you pay for your care or drugs after you meet your deductible.

Deductible
The amount you pay for medical costs before the plan begins to pay its share of your medical costs. Some plans have a separate drug deductible before they start to pay for your prescriptions.

Comparing the parts of Medicare

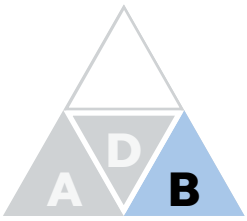
Each set of triangles represents a different part of Medicare. Medicare Advantage (Part C) shows a full triangle because it includes Parts A, B, and, in many cases, prescription drug coverage (Part D), under one plan.



Original Medicare

Part A

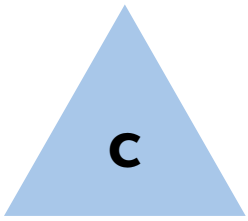
Hospital insurance that covers:
- Inpatient hospital care
- Skilled nursing facility care
- Nursing home care
- Hospice care
- Home health care



Original Medicare

Part B

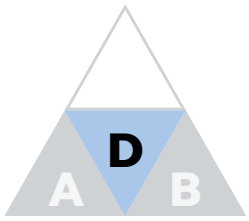
Medical insurance that covers:
- Medically necessary services
- Preventive services
- Clinical research
- Ambulance services
- Durable medical equipment
- Mental health
- Limited outpatient prescription drugs



Medicare Advantage

Part C

- Covers all services under Parts A and B
- Many plans cover prescription drugs
- Many plans cover dental and vision



Prescription Drug Plan

Part D

- Covers prescription drugs

Medigap

Also known as Medicare Supplement Insurance, Medigap plans help fill "gaps" in coverage that Original Medicare doesn't cover and can help pay some of the unpaid out-of-pocket health care costs, like copays, coinsurance, and deductibles. With this option, most people buy two separate plans—a Medigap plan for medical expenses and a Part D prescription drug plan for medications.

To enroll in a Medigap plan, you must be enrolled in Original Medicare Parts A and B. You'll pay a monthly premium in addition to your monthly Medicare Part B premium. If you choose a Medigap plan, and want coverage for medications, you must enroll in a separate prescription drug plan.

Even if you have health conditions, all standardized Medigap plans are guaranteed renewable, meaning insurance companies can't cancel your plan if you're making your premium payments. Your policy will also renew automatically each year.

TIP: If you have a Medigap plan, you can change plans anytime, subject to underwriting. You don't have to wait until annual enrollment. If you want to keep your plan, it will automatically renew every year.

The best time to buy a Medigap policy is during your six-month Medigap Open Enrollment Period that begins the first month you have Medicare Part B **and** you're 65 or older. After this enrollment period, in certain situations you may have rights to buy a Medigap policy (guaranteed issue).



Types of Medigap plans

A variety of Medigap plans are available. Each plan provides different benefits, so it's important to compare before deciding. Your monthly premium is based on the coverage offered and the insurance company you choose.

Note: Plans C and F aren't available to people newly eligible for Medicare on or after January 1, 2020. If you were eligible before this date, or if you already have or were covered by Plan C or F (or the Plan F high deductible version) before January 1, 2020, you can keep your plan if you wish.

									Medicare-eligible before 2020 only	
Coverage	**A**	**B**	**D**	**G[1]**	**K[2]**	**L[2]**	**M**	**N[3]**	**C**	**F[1]**
Medicare Part A coinsurance and hospital costs (up to 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A hospice care coinsurance or copayments	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergencies (up to plan limits)			80%	80%			80%	80%	80%	80%

✓ Indicates areas where the plan pays 100% of the benefit cost.

When a percentage is shown, that's the portion your plan covers. You're responsible for the remaining amount.

[1] Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copays, and deductibles) up to the applicable annual deductible amount before the plan begins paying benefits.

[2] 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.

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

Medigap plans are standardized differently in Massachusetts, Minnesota, and Wisconsin. Visit our website to review the plans available in your area or discuss your options with an Alight licensed Benefits Advisor.

For details on deductibles and costs, visit **medicare.gov**.

Guaranteed issue rights

Guaranteed issue rights, or "Medigap protections," are your rights to buy certain Medigap policies in limited situations outside of your Medigap open enrollment period. In these situations, an insurance company:

- Must sell you a Medigap policy
- Must cover all your pre-existing health conditions
- Can't charge you more for a Medigap policy because of past or present health problems

In most cases, you have a guaranteed issue right when your other health coverage changes in some way, like if you lose your other coverage. You may also have a "trial right" to try a Medicare Advantage Plan (Part C) and still buy a Medigap policy if you change your mind.

Note: If you live in Massachusetts, Minnesota, or Wisconsin, you have guaranteed issue rights to buy a Medigap policy, but the Medigap policies are different. Some states provide additional special rights to buy a Medigap policy.



Examples of guaranteed issue periods:

You have a guaranteed issue right if...	You have the right to buy...	You can/must apply for a Medigap policy...
You have a Medicare Advantage Plan, and any of the following are true: • Your plan is leaving Medicare • Your plan stops giving care in your area • You move out of the plan's service area You only have this right if you switch to Original Medicare (rather than join another Medicare Advantage Plan).	Medigap Plan A, B, C*, D*, F*, or G* that is sold by an insurance company in your state.	• 60 days before the date your Medicare Advantage plan coverage ends. • No more than 63 days after your Medicare Advantage plan coverage ends. **Note:** Medigap coverage can't start until your Medicare Advantage plan coverage ends.
You have Original Medicare and an employer group health plan (including retiree, COBRA, or union coverage) that pays after Medicare pays and that plan is ending. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until your COBRA coverage ends.	Medigap Plan A, B, C*, D*, F*, or G* that is sold by an insurance company in your state.	**No more than 63 days after the latest of these 3 dates:** 1. Date your current coverage ends. 2. Date on the notice you get telling you that your coverage is ending (if you get one). 3. Date on a claim denial, if this is the only way you know that your coverage ended.
You dropped a Medigap policy to join a Medicare Advantage plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back **(trial right)**.	The Medigap policy you had before you joined the Medicare Advantage plan or Medicare SELECT policy, if the same insurance company you had before still sells it. If your former Medigap policy **isn't** available, you can buy Medigap, Plan A, B, C*, D*, F*, or G* that is sold by an insurance company in your state.	• 60 days before the date your coverage ends. • No more than 63 days after your coverage ends. **Note:** Your rights may last for an extra 12 months under certain circumstances. Check with your State Insurance Department.

***Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020, but haven't yet enrolled, you may be able to buy Plan C or Plan F. People new to Medicare on or after January 1, 2020, have the right to buy Plan D or G instead of Plan C or F.

Prescription Drug Plans

Prescription drug plans (Part D) can help reduce the cost of your medications, while providing more predictable charges. Remember: Original Medicare doesn't cover most prescription drugs.

The federal government sets guidelines that all Part D prescription drug plans must meet. Each plan has a list of drugs that it covers (known as a formulary). Before choosing a Part D prescription drug plan, review its formulary to make sure your drugs are included. Plans also have different charges, so check the annual deductible, premiums, copays, and coinsurance to ensure costs are covered.

- Medicare Part D coverage is not automatic. You must enroll for coverage to begin.
- If you have other prescription drug coverage, such as Veterans Affairs (VA) coverage, you may not need an additional drug plan. Discuss any other coverage you have with a licensed Benefits Advisor.
- Part D charges a late enrollment penalty if you don't sign up when you're first eligible—unless you qualify for an exception. The penalty is a fee set by Medicare that gets added to your premium, and you pay it for as long as you have Part D.
- To enroll in a Part D prescription drug plan, you must first be enrolled in Original Medicare Parts A and/or B.

TIP: The Inflation Reduction Act of 2022 may help Medicare beneficiaries save money, improve access to affordable treatment, and strengthen the Medicare program. Visit **medicare.gov** to find out how it impacts you.



Medicare Part D

HOW IT WORKS

2027 out-of-pocket drug costs	
$0 →	**$2,400**

Deductible phase	Initial coverage phase
$0–$700 Your cost: 100%	Until you hit $2,400 out-of-pocket maximum Your cost: Varies

You pay at most $35/month for covered insulin products (deductible is waived).
Covered vaccines are available at no cost (deductible is waived).

Deductible phase You'll pay the full cost up to the first $700 in covered prescription drug charges for the year before your drug plan begins to pay its share of costs. An exception is made for covered insulin products and vaccines, which do not require payment of a deductible.

Initial coverage phase After satisfying your $700 deductible, you'll pay a copayment or coinsurance for each covered drug (as defined by your plan) and the plan pays its share. The initial coverage continues until the $2,400 out-of-pocket maximum is reached. After the initial coverage period, the plan pays all remaining costs for covered drugs.

Drug-related costs that count toward your total out-of-pocket costs:

- Covered drug costs subject to your annual deductible
- Coinsurance and copays you paid

Drug-related costs that do not count toward your out-of-pocket costs:

- Plan premiums
- Pharmacy dispensing fees (if any)
- Costs of drugs not covered under your plan

These values are accurate as of August 2026. For the most current amounts, please visit **medicare.gov**.

Let's recap your options

Option 1

PART A + PART B

Original Medicare

Option 2

PART A + PART B + MEDIGAP

Original Medicare plus a Medigap plan

Option 3

PART A + PART B + PART D

Original Medicare plus a Medicare prescription drug plan

Option 4

PART A + PART B + MEDIGAP + PART D

Original Medicare plus Medigap and prescription drug plans

Option 5

MA

Medicare Advantage plan with drug coverage

Option 6

MA + PART D

Medicare Advantage plan plus a prescription drug plan

You cannot have a Medicare Advantage plan and a Medigap plan at the same time.



Get help finding coverage

Our licensed Benefits Advisors can help you explore your options, understand the differences between plans and help you enroll—at no additional cost to you. You only pay the costs of the plans you choose.

In addition, our online plan recommendation tool can save you time sorting through options. It's built on powerful algorithms that use information you provide about your doctors, prescription drugs, and health needs to give each plan a score that's tailored to you. The higher the score, the better the match.

With our plan recommendation tool, you can:

- Quickly sort through a wide range of options because each plan is scored based on your needs
- Find plans that cover your prescription drugs and your preferred doctors and hospitals
- Find plans that include vision and dental coverage or buy a stand-alone plan
- Get access to a variety of well-known insurance companies
- Compare the total estimated out-of-pocket cost between Medicare Advantage and Medigap plus Part D prescription drug plan to see if the difference impacts you
- Enroll online

Your online account

Once you receive communications with an Alight website address and your Alight ID number, you can set up your online account.

With your online account, you get the convenience of 24/7 one-stop shopping, plus information you need to make informed decisions about your health care coverage.

When you're ready to shop and enroll, be sure to:

- Create a list of needs that you'd like your benefits to cover
- Have your Medicare ID card available
- Gather all legal documents if a Power of Attorney will be signing your enrollment forms on your behalf
- Log in and create a profile with your personal information, doctors, and prescription drugs

After you enroll

Once your application has been submitted, the insurance company may contact you to verify your enrollment (as required by the Centers for Medicare & Medicaid Services). Carefully review the insurance cards and plan information you receive.

After you enroll, if you have an issue regarding a bill or have a coverage question, call your insurance company directly.

If you need to change your plan after your initial enrollment, please call an Alight licensed Benefits Advisor. We can also help with Medicare questions, insurance claims, access to care, and other issues.



Why take on health coverage decisions alone when you have concierge service and personalized support from Alight?

We can help guide you so you can feel confident in your health care decisions. From comparing options to enrolling in coverage, we're here to support you every step of the way.

Notes

Notes

alight

About Alight Solutions

Alight is a leading cloud-based human capital technology and services provider that powers confident health, wealth, and wellbeing decisions for 36 million people and dependents. Our Alight Worklife® platform combines data and analytics with a simple, seamless user experience. Supported by our global delivery capabilities, Alight Worklife is transforming the employee experience for people around the world. With personalized, data-driven health, wealth, pay, and wellbeing insights, Alight brings people the security of better outcomes and peace of mind throughout life's big moments and most important decisions. Learn how Alight unlocks growth for organizations of all sizes at alight.com.

Medicare has neither reviewed nor endorsed this information.

We do not offer every plan available in your area. Currently we represent 46 organizations nationally which offer 5,354 products nationally. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

The number of organizations and products available will vary by ZIP Code area and may be updated periodically. Any information we provide is limited to those plans we do offer in your area.

Alight Retiree Health Solutions is available through Alight Health Market Insurance Solutions Inc., a third-party marketing organization (TPMO), retained to promote or sell a plan sponsor's Medicare products on the plan sponsor's behalf who holds the contract with the Federal government. Alight Retiree Health Solutions represents Medicare Advantage (HMO, PPO, PFFS) organizations and stand-alone PDP prescription drug plans. Each of the organizations represented by Alight Retiree Health Solutions has a Medicare contract. Enrollment in any plan depends on contract renewal. Alight Health Market Insurance Solutions Inc. is contracted to represent insurance plans in your state. California Agency License Number: 0E97576, Arkansas Agency License Number: 100102657, DBA in North Dakota: Alight Health Market Insurance Solutions Inc., Fictitious Name in New York: Alight Health Market Insurance Agency.

©2026 Alight Solutions