Medicare made for New Yorkers

Find out what Medicare Parts A, B, C, and D cover, who qualifies, how to sign up, and what happens if you have other insurance. If you're thinking about retirement, it's time to get the facts.

Metro Plus Health

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Welcome to your MetroPlusHealth Medicare Guide

Medicare doesn't have to be confusing. With the right information, you can make choices that work for your health and the way you live.

That's why we've written this guide. It will help you understand how Medicare works, what your choices are, and how to pick a plan that fits your needs. New to Medicare? Thinking about making a change or just want to learn more? This guide's for you. You'll find helpful information, tools, and tips for New Yorkers inside.

What is Medicare?

Medicare is a federal health insurance program for people 65 or older. If you're nearing 65, you can start preparing now. You qualify if you:

1. **Are 65 or older**

2. **Are a U.S. citizen, or are a legal resident who has lived in the U.S. for at least five years in a row**

3. **You or your spouse have worked and paid Medicare taxes for at least ten years**

4. **Are under 65, and have:**
   - A qualifying disability
   - Amyotrophic Lateral Sclerosis (ALS)
   - End-Stage Renal Disease (ESRD)

MetroPlusHealth and Medicare

Finding the right health care provider is important for maintaining your well-being. MetroPlusHealth makes it easy to find trusted doctors, specialists, and clinics that accept your health plan. Our user-friendly MetroPlusHealth *Find A Doctor* tool helps you quickly locate in-network providers based on your needs, location, and plan type. Our goal is to get you the quality care you deserve, right when you need it.

We can sign you up for Medicare.
Call us at 833.965.1526 (TTY: 711).

The four parts of Medicare

1 Part A: Hospital insurance

- Covers hospital stays, nursing home care, hospice, and some home health care
- Part A is usually free if you paid Medicare taxes while working

2 Part B: Medical insurance

- Covers doctors' visits, outpatient care, and home health care
- Includes checkups and other care to help you stay healthy
- You usually pay a monthly premium

3 Part C: Medicare Advantage plans

- Combines Parts A and B, often includes Part D
- Offered by private companies approved by Medicare
- May offer extras like dental, vision, and hearing

4 Part D: Prescription drug coverage

- Helps cover the cost of prescription drugs
- Offered by private insurance companies

Types of Medicare Advantage plans (Part C)

1 HMO

A type of health insurance plan that focuses on lower costs and coordinated care.

- You choose a doctor (Primary Care Physician/PCP)
- Your doctor gives you care and gives you referrals to see specialists.
- You usually must use in-network doctors and hospitals (except emergencies)

Pros: Lower monthly premiums and lower out-of-pocket costs

Cons: Less flexibility and out-of-network care must be arranged by the health plan

2 HMO D-SNP

A special type of HMO made for people who qualify for Medicare and Medicaid

What makes it different from a regular HMO:

- Designed to coordinate Medicare and Medicaid benefits
- Often includes extra benefits that traditional Medicare doesn't

Popular extra benefits:

- $0 premiums, $0 or very low copays, dental, vision, and hearing coverage are included
- Free transportation to medical appointments
- Allowance for common health care items (OTC)

Pros: Very low costs with extra benefits and coordinated care for complex needs

Cons: Network and referral restrictions apply

Common terms explained

Premium

The amount of money you pay, typically every month, to keep your health insurance policy active. Think of it like a subscription fee. You pay the premium whether or not you use any medical services.

Deductible

The amount of money you have to pay out of your own pocket for health care services before your insurance starts to pay.

Copays/Coinsurance

A fixed amount you pay each time you get a specific type of health care service or product. It's usually a set dollar amount. Coinsurance is your share of the cost of a health care service or product. The plan pays the rest of the cost.

Original Medicare vs. Medicare Advantage

	Original Medicare	Medicare Advantage (Part C)
Includes	Part A (Hospital Insurance) Part B (Medical Insurance)	Combines Part A + Part B, and usually Part D
Provider Choice	You can go to any doctor or hospital in the U.S. that accepts Medicare	You often need to use doctors in the plan's network (depending on the plan)
Referrals	No referral needed to see specialists	May need referrals to see specialists
Drug Coverage	Not included. You need to join a separate Part D plan for prescription drugs	Usually included in the plan
Extras	Doesn't generally include dental, vision, or hearing. You can buy separate plans	Often includes vision, dental, hearing, and wellness programs
Costs	You pay 20% of the cost for services after you meet the Part B deductible No yearly limit on what you pay unless you buy a Medigap plan	Copays depend on the service and plan Most plans have a yearly limit, which helps protect your budget

Medicare basics to help you choose with confidence

1

Are your current doctors and facilities in network?

Make sure your current doctors or hospitals you prefer are in-network providers with any Medicare Advantage plan you're thinking about. Even within NYC, a plan's network may exclude certain providers. Don't assume that, because a doctor is nearby, they're in network. Plan details may vary by ZIP code or borough. What's offered in Manhattan may differ from the Bronx or Staten Island.

2

Are your prescriptions covered? (Part D or via Advantage Plan)

Review the list of covered drugs to see if your medicines are included. Check the copays, coinsurance, and whether there are tiers that affect cost. Remember that even if a plan has a lower premium, drug costs can make it expensive.

3

Make sure you know all the costs.

Your monthly premium is only one cost. Know your deductibles, copays, coinsurance, and maximum out-of-pocket limits. Some Medicare Advantage plans have low, or even $0 premiums, but may charge more when you get care.

4

Be sure to review extra benefits.

Some Medicare Advantage plans offer extras like dental, glasses and contact lenses, hearing aids, fitness membership, rides to doctors' visits, everyday over-the-counter items, and more. If these are things you use, the savings can tip the balance.

5

Check out Star ratings and plan quality.

Medicare has a Star rating system (1-5 Stars) that reflects quality, patient satisfaction, etc. Choosing a higher-rated plan can mean better service.

6

Find out if you qualify for financial help programs.

If your income and resources are limited, you may qualify for State and local programs that help pay premiums or out-of-pocket costs, like Extra Help for Part D and Medicare Savings Programs. New York also offers help to people who have both Medicare and Medicaid.

What to look for in a Medicare plan

Think about your health needs. Ask yourself:

Do you take multiple medicines every day? YES NO

Do you see specialists often? YES NO

Do you travel often or live in multiple states? YES NO

Do you also want extras like dental, vision, or hearing? YES NO

Did you answer "yes" to travel or seeing specialists?

Original Medicare may be better for you.

Did you answer "yes" to wanting extras?

Medicare Advantage may suit you better.

Decide if you need Medigap (for Original Medicare only)

Medigap is also known as Medicare Supplement Insurance. It is a type of private health insurance. It helps pay costs that Original Medicare doesn't cover. Medigap can help pay for:

- Copays
- Coinsurance
- Deductibles
- Emergency care outside the U.S. (in some plans)
- Extra charges (depending on the plan)

Always stay on top of deadlines and changes

Open Enrollment is your chance to make changes. You can switch plans, add or drop Part D, or move between Original Medicare and Medicare Advantage. Each year, look at your choices carefully. Plan offerings, costs, drug lists, and networks can change. A quick check each year can help you make sure you get what you need.

Enrollment periods explained

1 Initial Enrollment Period (IEP)

The first window when you can sign up

When?

- 7-month window: 3 months before, the month of, and 3 months after your 65th birthday

You qualify if:

- You're turning 65
- You're under 65 and have a qualifying disability

What you can do:

- Sign up for Medicare Part A and/or Part B
- Join a Medicare Advantage (Part C) or Part D drug plan

Pro tip:

- Sign up three months before your 65th birthday to avoid delays in coverage

2 Special Enrollment Period (SEP)

An SEP is triggered by a life change

When?

- It depends on the event (usually 2–3 month window)

Examples:

- Losing employer health insurance
- Moving out of your plan's service area
- Qualifying for Medicaid or Extra Help
- Getting released from incarceration
- A natural disaster (flood, tornado, etc.) keeps you from signing up

Pro tip:

- You can make plan changes without waiting for AEP during an SEP (see below)

3 Open Enrollment Period (OEP)

For Medicare Advantage enrollees only

When?

- January 1–March 31 every year

What you can do:

- Switch to another Medicare Advantage plan
- Drop your Advantage plan and return to Original Medicare. If you like, you can add a Part D plan to Original Medicare
- You cannot switch from Original Medicare to Medicare Advantage during this time

4 Annual Election Period (AEP)

Also called Fall Open Enrollment

When?

- October 15–December 7 (every year)

What you can do:

- Switch from Original Medicare to Medicare Advantage
- Change Medicare Advantage plans
- Join, switch, or drop a Part D drug plan
- Changes start January 1 of the following year

Comparing MetroPlusHealth Medicare Advantage plans

MetroPlusHealth offers low-cost plans for people who qualify for both Medicare and Medicaid. These plans help you stay healthy with things like regular doctors' visits, prescription drug coverage, and extra wellness benefits. Whether you're new to Medicare or have both Medicare and Medicaid, we make it easy to find the plan that's right for you.

	MetroPlus Advantage Plan (HMO D-SNP)	**MetroPlus UltraCare Plan (HMO D-SNP)**	**MetroPlus Platinum Plan (HMO)**
Dual eligibility (Medicare + Medicaid)	✓	✓	Not included
Long-term care services (home/personal care)	Not included	✓	Not included
Prescription drug coverage	✓	✓	✓
Monthly premium	As low as $0 with Medicaid help	As low as $0 with Medicaid help	May have premiums
Best suited for	People who qualify for both Medicare and Medicaid and need regular care	People who qualify for both programs and need long-term support	People who want a Medicare plan with extra benefits

Understanding the costs

Comparing MetroPlusHealth Medicare Advantage Plans – continued

	MetroPlus Advantage Plan (HMO D-SNP)	MetroPlus UltraCare Plan (HMO D-SNP)	MetroPlus Platinum Plan (HMO)
Acupuncture (Coverage varies by plan)	✓	✓	✓
Podiatry	✓	✓	Members with diabetes and other conditions may qualify
$500 Flex Card benefits	• Over-the-counter medications • Groceries and food • Utility payments • Bathroom safety devices	• Over-the-counter medications • Groceries and food • Utility payments • Pet supplies	Not included
Pill Pack	✓	✓	✓
Worldwide coverage (Emergency use only)	✓	✓	Not included
Rewards program benefits	✓	✓	✓

Extras offered through Medicare Advantage

Over-the-counter cards

Monthly or quarterly allowance for items like:

- Pain relievers, vitamins, cold medicine, bandages, and first-aid supplies
- Use at approved pharmacies or online retailers
- Some plans offer cards that can be used for other health costs

Ride services

Rides to and from:

- Doctors' visits
- Pharmacies and health clinics
- May include van rides, ride-share services, or transportation reimbursement

Fitness memberships

- Many plans include gym membership and fitness program reimbursements

Meal delivery

Often offered after a hospital stay. Plans may include:

- Home-delivered meals
- Expert advice on healthy eating

Dental, vision, and hearing

- Dental: Cleanings, fillings, dentures
- Vision: Eye exams, glasses, contact lenses
- Hearing: Exams and hearing aids

Telehealth and wellness support

- 24/7 virtual visits
- Mental health support and wellness coaching

Important note:

These are examples of benefits included in some Medicare Advantage plans. For specific plan details, head to **metroplus.org**

Medicare Part D: Prescription Drug Coverage

All of MetroPlusHealth's Medicare plans offer some type of prescription coverage. Medicare Part D is a prescription drug plan offered by private insurance companies. You don't have to sign up for a Part D plan, but it can help with drug costs. Plans have coverage "stages." As you move through each stage, what you pay for a drug may change.

How Medicare Part D works

Included in many Medicare Advantage (Part C) plans
Offered through standalone Part D plans (if you have Original Medicare)

Plans may offer different:

- Premiums
- Covered drugs
- Drug prices
- Preferred pharmacies

2026 Medicare Part D coverage stages

Medicare Part D has three cost stages each year:

Deductible Stage	You pay all drug costs until you meet your plan's deductible. The 2026 maximum deductible is $615. Some plans have $0 maximum deductibles for lower-tier drugs.
Initial Coverage Stage	After you meet the deductible, your plan starts helping with costs. You pay a copay or coinsurance, and the plan pays the rest.
Catastrophic Coverage Stage	Once your out-of-pocket costs reach $2,100, you pay nothing for the rest of the year. This cap includes deductible, copays, and what you pay for drugs. It does not include premiums.

Tips for choosing a prescription plan

1 Make a list of your current drugs

- Include which drugs you take and how often
- Some plans don't cover every drug or charge more for certain drugs

2 Check the plan's drug list (formulary)

- What tier (level) is it in? Lower tiers mean lower copays
- Are generic drugs cheaper?

3 Choose a preferred pharmacy

- Use your plan's preferred pharmacies; it can save you a lot
- For more savings, try ordering prescriptions through the mail

4 Watch out for low premiums with high drug costs

- A $0 premium plan isn't always cheapest overall. Some plans may have hidden costs
- Look at total yearly cost, not just monthly premium

5 Give your plan a "checkup" every year during Open Enrollment

- Plans can change premiums, pharmacy networks, drug costs, and drug lists
- Medicare Open Enrollment: October 15–December 7

6 Think about a Medicare Advantage plan that covers drugs

- Many of these plans include extras like dental and vision
- Be sure to check that the plan you choose covers your drugs

How Extra Help and Medicaid can lower your Medicare costs

Extra Help (Low-income subsidy for Medicare Part D)

Extra Help is a Medicare program that helps people with limited income pay for Part D prescription drug costs, including premiums, deductibles, and coinsurance.

You can get Extra Help if:

- You have full Medicaid coverage
- You get Supplemental Security Income (SSI) benefits
- You meet income and resources requirements
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare Savings Program

With Extra Help, you'll pay less for your plan and your prescriptions. Your premium and deductible may be $0, and you won't have a Part D late enrollment penalty while you qualify.

Medicaid

Covers costs that Medicare doesn't for those with very low income/assets

What it can cover:

- Medicare Part B premium ($202.90 per month in 2026)
- Medicare Part A premium (if you don't qualify for free Part A)
- Copays and deductibles
- Nursing home care
- Some dental, vision, hearing, and rides to the doctor

Using Extra Help and Medicaid together

If you qualify for both, you may pay:

- $0 for Part A and B premiums
- $0 or very low drug costs
- $0 for most medical services
- Little or nothing for long-term care including nursing homes

Medicare Preventive Services

Medicare covers a wide range of preventive services to help detect health problems early, manage risks, and keep you healthy. These services are usually covered under Medicare Part B, and most are free if your provider accepts Medicare.

Welcome to Medicare visit

One-time preventive visit within your first 12 months of Part B. Includes health history review, vital signs, vision check, counseling, and referrals.

Free annual wellness visit (once every 12 months)

It includes a personalized prevention plan, cognitive assessment, and risk screenings.

Screenings and tests (most come at no cost)

- Mammograms
- Colorectal cancer screenings
- Heart disease screenings
- Diabetes screenings
- Shots (for flu, Covid-19, Hepatitis B, and other illnesses)
- Programs to help people quit smoking
- Vision exams for glaucoma, diabetes, and other vision issues

Use in-network doctors and other providers

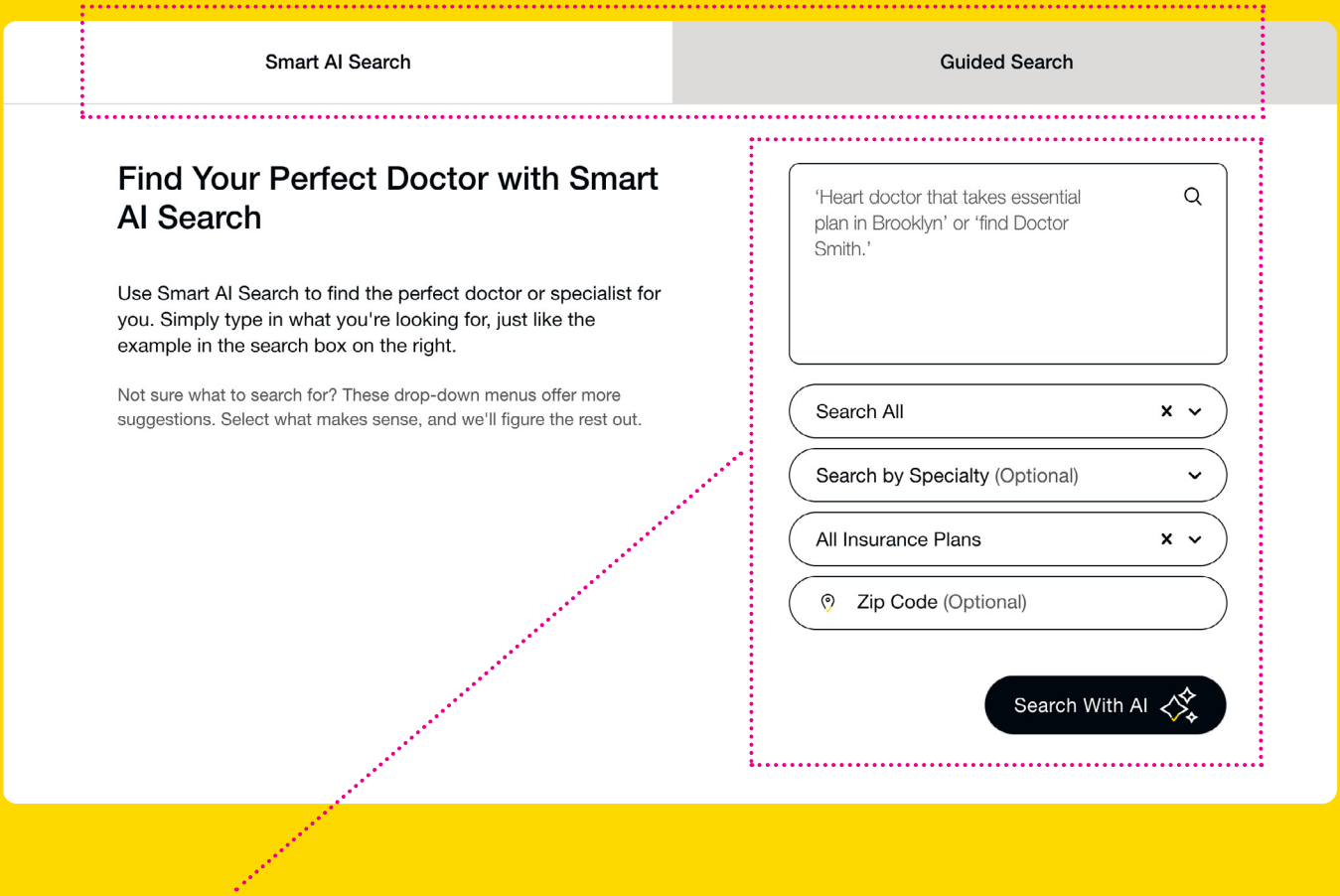
To avoid surprise costs, make sure your doctors take Medicare.

Click here to find out more about preventive services

Find the perfect doctor with the MetroPlusHealth *Find A Doctor* tool

1 **Visit metroplus.org and click *Find A Doctor* in the top left corner** ..... OR ..... Click here to use the tool

2 **Select *Smart AI Search* or *Guided Search***



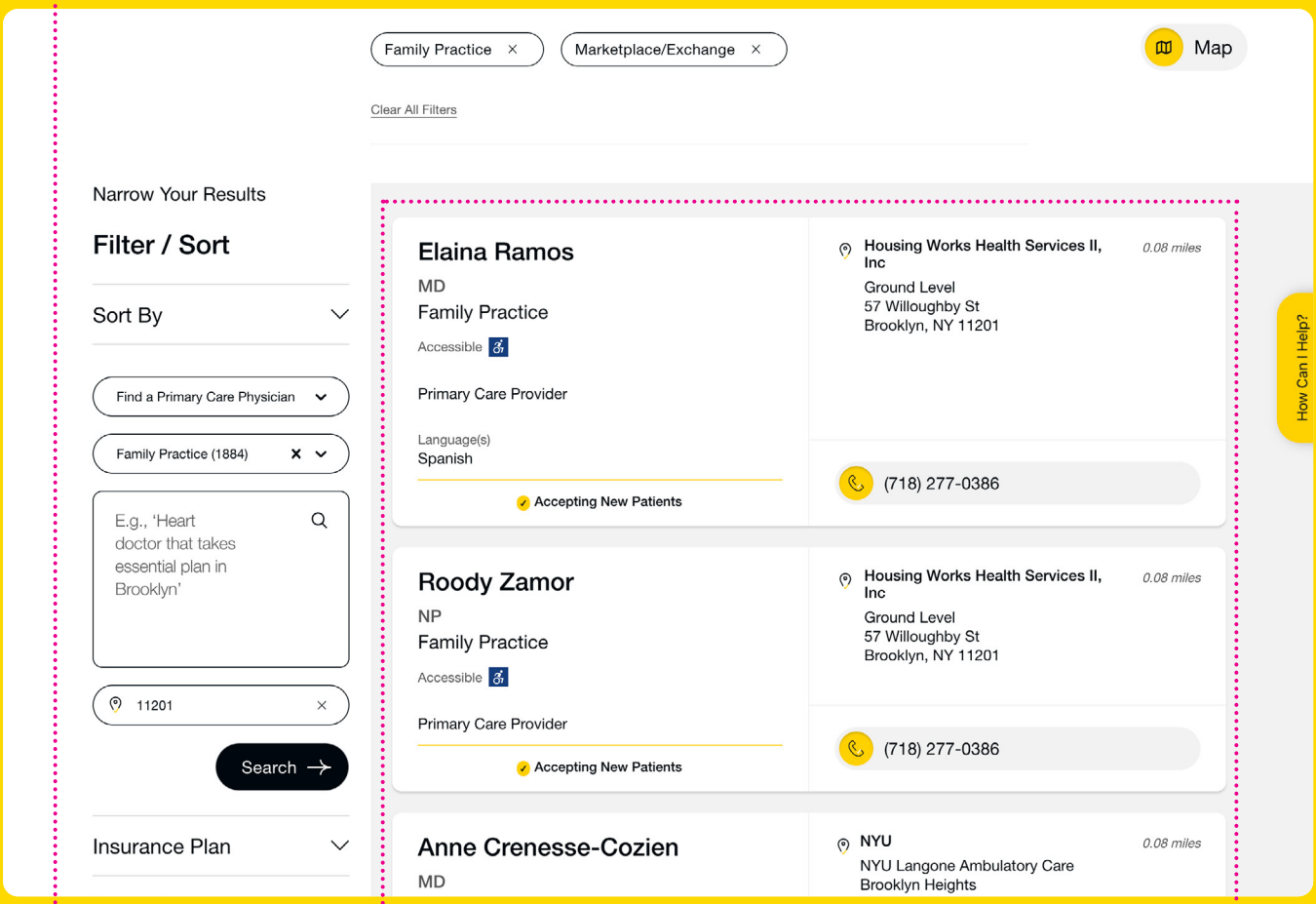
3 **Fill out the information for your search. Be sure to select *Medicare* under the *Search by Plan* drop-down menu**

The tool is equipped with AI capabilities to make your search easier and more specific.

Find the perfect doctor with the MetroPlusHealth *Find A Doctor* tool–continued

4 **Use the filter and sort tools on the left side of your results to filter by:**

- Specialty
- Gender
- Location
- Language



5 **The search results will let you know:**

- The doctor's name, address, and phone number
- If they are accepting new patients
- Languages spoken
- That the office is accessible to people with disabilities, particularly those with limited mobility who use wheelchairs

Local resources

EPIC Program (Elderly Pharmaceutical Insurance Coverage)

New York State program that helps seniors pay for prescription drugs

Call: 800.332.3742 (TTY: 800.290.9138) 8:30am–5pm, Monday through Friday

Click here to find out more about EPIC

Health Insurance Information Counseling and Assistance Program (HIICAP) New York's State Health Insurance Program (SHIP)

Get help with Medicare bills, questions about Medigap, dealing with payment denials and appeals, Medicare rights, and protection

Call: 800.701.0501 (TTY: 711)

Click here to find out more about the NYS Office for the Aging

Medicare.gov (the official U.S. government website for Medicare)

Call: 1.800.MEDICARE (800.633.4227) (TTY: 877.486.2048)

Calls to this number are free, 24 hours a day, seven days a week

Click here to visit the offiicial Medicare website

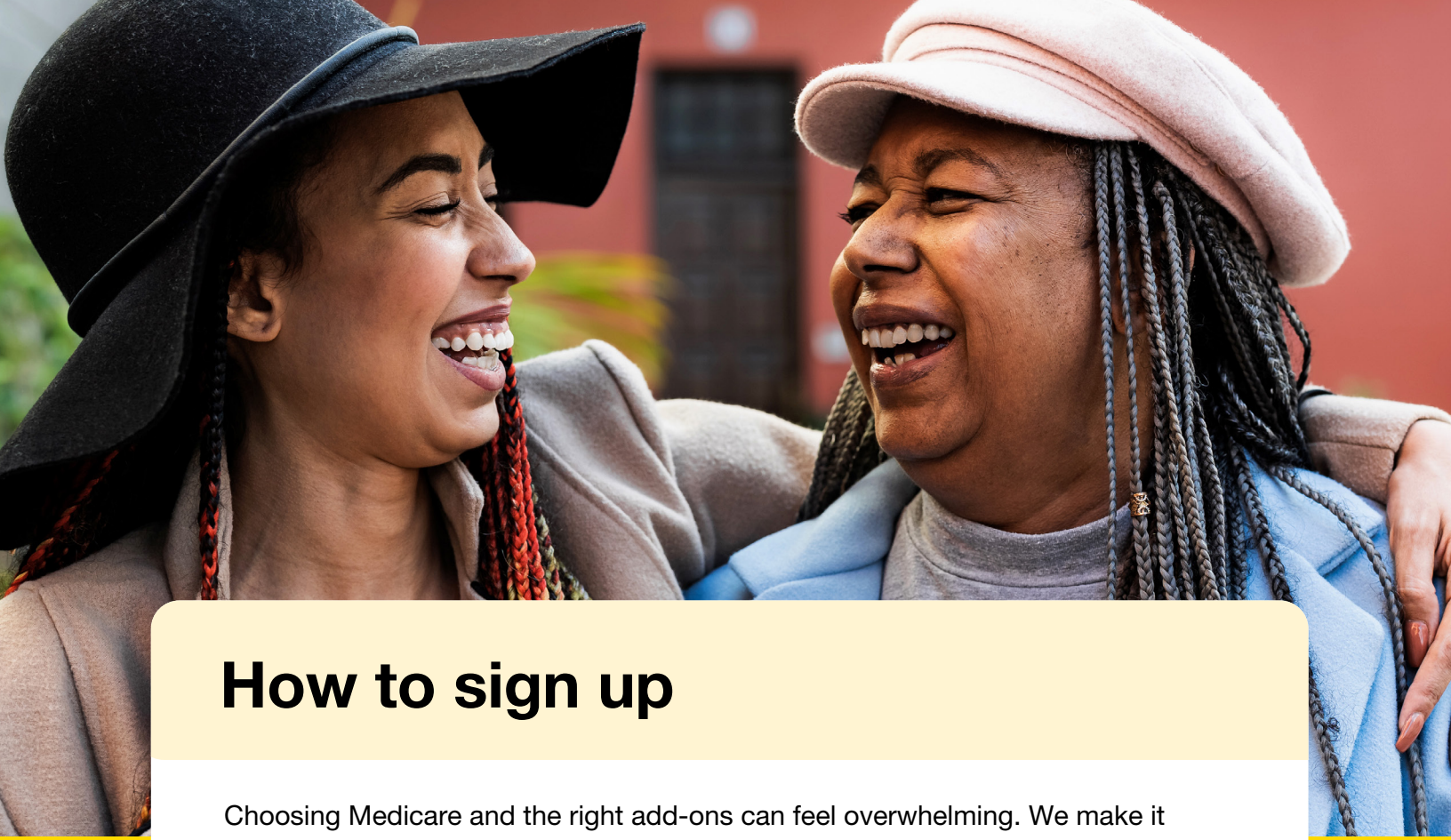
Social Security Administration

Call: 800.772.1213 (TTY: 800.325.0778) 8am–7pm, Monday through Friday

Click here to visit the offiicial Social Security website

Medicare & You 2026 handbook

Click here to see the official 2026 Medicare handbook



How to sign up

Choosing Medicare and the right add-ons can feel overwhelming. We make it simple. We help you get started and stay with you as your plan details and health needs change. Our experts are always here to connect you with trusted doctors, specialists, and clinics that accept your Medicare plan.

In-person at an office:
metroplus.org/Locations

Schedule a meeting online:
metroplus.org/Medicare

Over the phone:
833.965.1526 (TTY: 711)

What you'll need:

- Check what you qualify for and compare plans
- Check your provider networks and drug lists
- Medicare card if you're currently enrolled and want to switch to MetroPlusHealth
- Proof of where you live (like an electric bill)
- List of the medicines you take

How to reach MetroPlusHealth

We're here to help!

MetroPlusHealth
50 Water Street, 7th fl.
New York, NY 10004

Monday to Friday, 8am–8pm
Saturday, 9am–5pm

Phone: 833.986.0356 (TTY: 711)

Click here to visit metroplus.org online

We have offices in all five boroughs for in-person help

We speak 40+ languages

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