NEW to Medicare?

Your Complete Florida Guide

Everything you need to understand your Medicare options, enroll on time, and make the best choice for your health and budget.

- ✓ What Medicare covers — and what it doesn't
- ✓ The difference between Original Medicare, Medigap, and Medicare Advantage
- ✓ 2026 costs, premiums, and deductibles
- ✓ When and how to enroll without paying a late penalty
- ✓ Why working with an independent local advisor matters

From Your Local NISONA Advisor

As an independent insurance agency serving Florida's Treasure & Space Coast, NISONA doesn't work for any single insurance company. We work for you — helping you compare every available option and find the plan that genuinely fits your needs, your doctors, and your budget. This guide gives you the same plain-English explanation we give every client who walks through our door.

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The Basics of Medicare

Medicare is a federal health insurance program for people age 65 and older, and for some people under 65 with certain disabilities or conditions. It's divided into four parts, each covering a different type of care.

PART A **Hospital Insurance**	Inpatient hospital stays, skilled nursing facility care (after a qualifying hospital stay), hospice care, and some home health care. FREE for most people — no monthly premium if you or your spouse paid Medicare taxes for at least 10 years (40 quarters) while working.
PART B **Medical Insurance**	Doctor visits, outpatient care, lab tests, X-rays, durable medical equipment, and preventive services. 2026 standard premium: $202.90/month. You'll also pay a $283 annual deductible and 20% coinsurance on most services.
PART C **Medicare Advantage**	A private insurance alternative to Original Medicare that bundles Part A, Part B, and usually Part D into one plan. Often includes dental, vision, hearing, and fitness benefits. Requires enrollment in Original Medicare (Parts A & B) first.
PART D **Prescription Drug Plans**	Standalone prescription drug coverage offered by private insurers approved by Medicare. Required to avoid a late enrollment penalty if you don't have creditable drug coverage elsewhere. 2026 standard deductible: up to $615. Premiums vary by plan. Annual out-of-pocket costs capped at $2,100.

The Gap Problem: Original Medicare Only Covers 80%

Parts A and B together cover about 80% of your approved medical costs — leaving you responsible for the other 20%, with **no annual limit** on what you could owe. A serious illness or extended hospital stay could cost you thousands of dollars even with Medicare in place. That's why most people add some form of additional coverage.

Your Three Coverage Paths

Once you have Original Medicare (Parts A and B), you have three main paths for additional coverage. Each comes with different trade-offs in cost, flexibility, and what's included.

PATH 1 — Original Medicare + Part D Only

You keep Original Medicare and add a standalone Part D prescription drug plan. You're responsible for the 20% coinsurance and all deductibles, with no annual out-of-pocket maximum.

What you pay	Part B premium ($202.90/month) + Part D premium + 20% of all medical costs
Flexibility	See any doctor or specialist who accepts Medicare — no referrals needed
Drug coverage	Requires a separate Part D plan
Best for	People who rarely use medical services and have savings to cover unexpected costs
Watch out for	No out-of-pocket maximum — one serious illness could cost tens of thousands

PATH 2 — Original Medicare + Medicare Supplement (Medigap) + Part D

A Medicare Supplement (Medigap) plan is private insurance that covers most or all of the costs Original Medicare leaves behind — deductibles, coinsurance, and copays. Combined with a Part D plan, this gives you near-comprehensive coverage with very predictable out-of-pocket costs.

What you pay	Part B premium + Supplement premium + Part D premium (most services then $0)
Flexibility	See any doctor nationwide who accepts Medicare — the largest provider network available
Drug coverage	Requires a separate Part D plan
Best for	People who want maximum predictability and freedom to see any doctor or specialist
Watch out for	Higher combined monthly premiums than Path 1 or Path 3

Popular Medicare Supplement Plans in Florida (2026)

Plan G — Most popular for new enrollees. Covers everything except the Part B deductible ($283/year). Near-zero out-of-pocket after that deductible.

High Deductible Plan G — Lower monthly premium. You pay the first $2,950 in costs before Plan G benefits kick in. Good for healthier enrollees who want catastrophic protection.

Plan N — Lower premium than Plan G. Requires small copays ($20 doctor visits, $50 ER) and you're responsible for Part B excess charges. Best for cost-conscious enrollees who rarely see specialists.

PATH 3 — Medicare Advantage (Part C)

Medicare Advantage plans are offered by private insurers approved by Medicare. They bundle Parts A, B, and usually D into one plan, often adding dental, vision, and hearing benefits. Most have an annual out-of-pocket maximum, which Original Medicare doesn't.

What you pay	Part B premium + MA premium (many are $0) + copays as you use services
Flexibility	Usually limited to the plan's network of doctors and hospitals in your area
Drug coverage	Usually included in the plan (MAPD)
Extra benefits	Often includes dental, vision, hearing, fitness memberships, OTC allowance
Watch out for	Network restrictions — your current doctors may not be in-network

Side-by-Side Comparison

Use this quick reference to see how the three coverage paths compare across the factors that matter most.

	Path 1 Original Medicare + Part D	Path 2 Medigap + Part D	Path 3 Medicare Advantage
Monthly premium	Part B + Part D	Part B + Supplement + Part D	Part B + MA plan (often $0 MA premium)
Out-of-pocket max	■ None	✓ Effectively near-zero with Plan G	✓ Annual cap applies
Doctor choice	✓ Any Medicare doctor nationwide	✓ Any Medicare doctor nationwide	■ Network-based (HMO/PPO)
Referrals needed	✓ No	✓ No	■ Often yes (HMO)
Drug coverage	+ Separate Part D plan required	+ Separate Part D plan required	✓ Usually included
Dental/Vision/ Hearing	■ Not covered	■ Not covered	✓ Often included
Nationwide use	✓ Yes	✓ Yes	■ Usually local network only
Best for	Minimal users with savings	Predictability & maximum freedom	Lower premiums & extra benefits

When and How to Enroll

Timing your Medicare enrollment correctly is critical. Missing key windows can mean delayed coverage or permanent late enrollment penalties.

Initial Enrollment Period (IEP)

Your first chance to enroll. Starts 3 months before your 65th birthday month and ends 3 months after — a 7-month window total. This is the most important enrollment window. Missing it without qualifying coverage elsewhere means penalties and gaps.

→ **Action: Sign up for Parts A and B during this window unless you have qualifying employer coverage.**

Special Enrollment Period (SEP)

If you're still working at 65 and covered by an employer group health plan (with 20+ employees), you can delay Part B without penalty. Once that coverage ends, you get an 8-month SEP to enroll without penalty.

→ **Action: Contact your HR department to confirm your employer coverage qualifies before delaying Medicare.**

General Enrollment Period (GEP)

If you miss your IEP and don't qualify for an SEP, you can enroll January 1 through March 31 each year, with coverage starting July 1. A late enrollment penalty may apply.

→ **Action: Avoid this if possible — enroll during your IEP.**

Medicare Advantage / Part D Open Enrollment

October 15 through December 7 each year. This is when you can switch or join Medicare Advantage plans and Part D plans for the following year.

→ **Action: Review your plan every year during this window — costs and coverage can change annually.**

■ Late Enrollment Penalties

Part B penalty: 10% added to your Part B premium for each 12-month period you were eligible but didn't enroll. This penalty is permanent and follows you for life.

Part D penalty: 1% of the national base beneficiary premium for each month you were without creditable drug coverage. Also permanent.

These penalties are genuinely avoidable — enrolling on time or maintaining creditable coverage through an employer plan eliminates them entirely.

Common Questions Answered

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

Only if you're already receiving Social Security or Railroad Retirement benefits — you'll be enrolled automatically in Parts A and B and receive your Medicare card in the mail about 3 months before your birthday. If you're not yet collecting Social Security, you must actively sign up at ssa.gov or your local Social Security office.

Can I keep my current doctors?

With Original Medicare (Paths 1 and 2), yes — you can see any doctor in the country who accepts Medicare, with no referrals needed. With Medicare Advantage (Path 3), you're generally limited to the plan's network, so it's critical to check whether your current physicians are in-network before enrolling.

I'm still working at 65 — do I have to enroll in Medicare?

Not necessarily. If you're covered by an employer group health plan through your own (or your spouse's) current employer with 20 or more employees, you can typically delay Part B without penalty. However, the rules vary by employer size and plan type, so it's important to check with your HR department and ideally with a Medicare advisor before making this decision.

Are Medicare Advantage and Medicare Supplement the same thing?

No — they're very different products that are often confused. Medicare Supplement (Medigap) works alongside Original Medicare to cover your out-of-pocket costs; it offers maximum flexibility but doesn't include drug coverage or extra benefits. Medicare Advantage replaces Original Medicare with a private plan that usually bundles everything including drugs, dental, and vision, but limits you to a provider network.

When is the best time to enroll in a Medigap plan?

During your 6-month Medigap Open Enrollment Period, which begins the month you're both 65 or older and enrolled in Part B. During this window, no insurer can deny you coverage or charge you more based on health conditions. After this window, insurers can use medical underwriting — making it harder and more expensive to enroll.

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Why Work With NISONA?

With so many Medicare options available, the single most valuable thing you can do is work with an advisor who isn't tied to any one insurance company.

✓ Independent & Unbiased

NISONA represents multiple carriers — not just one. That means we compare every plan available to you and recommend the one that actually fits your needs, not the one that pays us the most commission.

✓ Local to the Treasure & Space Coast

We're based in Sebastian, FL and serve communities across Florida's Space and Treasure Coast. We know your local carrier networks, your regional hospitals, and the options available in your county.

✓ No Cost to You

Our service is completely free. We're compensated by the insurance carriers when you enroll — at no additional cost to you and with no impact on your premium.

✓ Licensed & Experienced

Kathy Jones is a licensed insurance advisor with deep experience in Medicare Supplement, Medicare Advantage, Part D, and supplemental health products across Florida.

✓ No Pressure, Ever

We don't do high-pressure sales. We explain your options clearly, answer your questions honestly, and let you make the decision that's right for you — on your timeline.

Ready to Talk Through Your Options?

Call or contact us for a free, no-pressure consultation. We'll walk through your specific situation, answer every question, and help you make the most confident Medicare decision of your life.

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By appointment only. Available Monday–Friday, 9am–7pm EST.

This guide is for general informational purposes only and reflects Medicare program details as of 2026. Coverage, costs, and rules are subject to change. NISONA is an independent insurance agency and is not affiliated with or endorsed by the U.S. Government or the Medicare program. Always confirm current plan details with a licensed advisor before enrolling.