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**HOW TO AVOID THE**

**TOP 7**

**MOST COSTLY MISTAKES  
MEDICARE RECIPIENTS MAKE**

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**HARDIN INSURANCE**

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## INTRODUCTION



My name is **Chris G. Hardin**. My family has been helping seniors sort through the ins-and-outs of health insurance since 1950. Over my 36+ years of personal experience, I've noticed several costly mistakes many Medicare beneficiaries make — mistakes that can increase your health care costs by hundreds of dollars each month or limit your health care choices.

I've compiled this list of the **7 most costly mistakes** and how to avoid them — newly updated for 2026.

**If you are new to Medicare**, please read this report carefully. It will help you choose among the available options and probably save you money every month.

**If you are already on Medicare**, you'll learn how to reduce your monthly costs while maintaining — or even improving — the quality of your coverage.

I am an independent insurance agent and not affiliated with Medicare. I am contracted with over 30 different insurance companies, so finding the Medicare Supplement coverage you deserve at a price you can afford is easy. Call my office at **800-866-8950** any time, or get an instant quote at [medigap4u.com/request-medigap-quote](https://www.Medigap4u.com/request-medigap-quote).

## A FEW DEFINITIONS BEFORE WE GET STARTED

**Medicare Part A (Hospital):** Covers inpatient hospital care, skilled nursing facility care, and hospice. Part A can start at 65 with no monthly premium as long as you've worked long enough to meet your required Medicare quarters.

**Medicare Part B (Medical):** Covers medically necessary services and supplies, such as doctor charges and outpatient services. The 2026 standard premium is **\$202.90 per month** (higher for high earners), with an annual deductible of **\$283**.

**Medicare Supplement (Medigap) Plans:** Optional, standardized plans that cover what Parts A and B do not — copays, deductibles, and excess charges. A given plan letter provides identical coverage no matter which company sells it; only the premium differs.

**Medicare Part D (Prescriptions):** Optional plans that cover prescription medications. Part D now includes a hard annual out-of-pocket cap — **\$2,100 in 2026**.

**Advantage Plans (Part C):** A private-insurer alternative that *replaces* traditional Parts A and B, usually as an HMO or PPO. Premiums are typically low, but out-of-network care costs more and often doesn't count toward your in-network out-of-pocket maximum.

## TOP 7 MEDICARE MISTAKES TO AVOID THIS YEAR

1

### BELIEVING YOU GET A YEARLY OPEN ENROLLMENT FOR MEDICARE SUPPLEMENTS

This is the single most expensive misunderstanding in Medicare. Many people believe that every year there is an open enrollment when they can move onto a Medicare Supplement. **There is no such annual open enrollment for Supplements.**

More than half of all Medicare beneficiaries — about **54%** — are now on a Medicare Advantage plan, and many don't realize this. People often choose Advantage thinking, *“if I want more coverage later, I'll just go back to traditional Medicare and pick up a Supplement.”* That plan usually does not work.

**Once you have had Medicare (Parts A and B) for more than 12 months, applying for a Supplement in almost every state requires medical underwriting** — you must answer health questions, and you can be turned down. The very health condition that makes you want out of an Advantage plan is often the same one that makes you uninsurable for a Supplement. By the time you need the coverage, the door back can already be closed.

**A few states are exceptions.** New York and Connecticut ban Medigap underwriting year-round — you can buy a Supplement any day with no health questions (though premiums there run higher, because everyone pays the same community-rated price). Massachusetts has a short annual window, but most states offer no such guarantee.

**This is why a Supplement is built for the long term:** one choice, renewable for life, with no network restrictions, no prior authorization, and no annual scramble — and a worst-case cost that is clear and fixed. That is real long-term risk management, not marketing sleight of hand.

#### ACTION STEPS

**Advantage Plan, \$0/month:** an in-network out-of-pocket maximum of roughly \$6,500 — up to \$9,250 — may be acceptable while you are healthy, but is a serious risk with any ongoing condition, because the door back to a Supplement may be closed by then.

**THEN CONSIDER:** High-Deductible Plan G with traditional Medicare A + B at about \$30–\$100/month. It caps your annual out-of-pocket at \$2,950 (2026), has no network restrictions, and you keep it for life — no health questions at renewal.

## 2

**STARTING MEDICARE PART B BEFORE YOU NEED TO**

Many people believe that at 65 they should start Parts A and B at the same time. That is not always the case. **Part A (Hospital)** can start with no monthly premium once your Medicare quarters are met. **Part B (Medical)** costs about **\$202.90 per month** in 2026 (more for high earners).

**If you will keep working past 65 and stay on creditable group insurance**, you may not need Part B yet. Part B is too expensive to carry as secondary coverage, and as long as you remain continuously covered by creditable group insurance you will **not** be penalized for delaying it. Talk with your benefits manager about the right time to enroll.

**If you are self-employed, retiring at 65, or buying your own individual coverage**, it usually makes the most financial sense to enroll in Parts A and B, add a Medicare Supplement, and add a Part D drug plan as soon as you are eligible. Medicare is typically less expensive than individual coverage and provides better benefits.

**ACTION STEPS**

**If you'll keep working past 65, confirm the best enrollment timing with your benefits manager. If you're retiring or self-employed, enroll in Parts A & B, a Supplement, and a Part D plan as soon as you're eligible.**

## 3

**BUYING PLAN F OR G WITHOUT LOOKING AT PLAN N — OR THE HIGH-DEDUCTIBLE OPTION**

People are often told Plan F or G is the “best coverage.” Sometimes it is — but many people discover **Plan N** or **High-Deductible Plan G** is a better value. Every standardized plan is just a combination of the same building blocks; the differences between F, G, and N are small and specific.

The main difference between Plan G and Plan N is the Part B deductible (**\$283** in 2026) and a copay of **up to \$20** per office visit and up to **\$50** for an ER visit. For that small trade-off, Plan N usually costs \$20–\$50 less per month. (Note: as of January 1, 2021, people newly eligible for Medicare can no longer buy Plans F or C.)

**Don't overlook High-Deductible Plan G.**

High-Deductible Plans G and F cap your total out-of-pocket at about **\$2,950 in 2026** — a clear, fixed, and manageable number — with premiums of roughly **\$30–\$100 per month**. Standard Plan G runs about **\$130–\$250 per month**. For many healthy clients, the high-deductible option is the strongest value: worst-case exposure is a known \$2,950, and the premium savings are substantial.

**ACTION STEPS**

**You're primarily safeguarding against large rate increases and unpredictable claims. Compare Plan G, Plan N, and High-Deductible Plan G side by side. Weigh the guaranteed premium savings against a known, capped risk of about \$2,950 (2026) — a number most people understand and accept.**

## MEDICARE SUPPLEMENT (MEDIGAP) PLANS IN 2026

The chart below shows the basic benefits each standardized Medigap plan covers in 2026.

- ✓ = The plan covers 100% of this benefit.
- X = The plan doesn't cover this benefit.
- % = The plan covers that percentage of this benefit, and you're responsible for the rest.

Medicare Supplement Insurance (Medigap) Plans										
Benefits	A	B	C	D	F*	G*	K	L	M	N
Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	X	X	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	X	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	X	X	✓	X	✓		X	X	X	X
Part B excess charge	X	X	X	X	✓	✓	X	X	X	X
Foreign travel emergency (up to plan limits)	X	X	80%	80%	80%	80%	X	X	80%	80%

**Out-of-pocket limit in 2026\*\***

\$8,000	\$4,000
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\* Plans F and G also offer a high-deductible plan in some states. 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. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020.)

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$202.90 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance. You must pay 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.

4

## NOT SHOPPING YOUR SUPPLEMENT — AND THINKING YOU'RE STUCK UNTIL YEAR-END

Medicare Supplements are standardized: a plan with a given letter has the exact same benefits at every company — Plan G is Plan G everywhere. **The only difference is the premium.** If you're in good health and can save at least \$20 a month, it's usually worth changing companies, because your coverage stays identical while your premium drops.

Here's what many people miss: **you are not locked in until year-end.** Unlike Advantage and Part D plans, Medicare Supplements can be changed **any time of year** — the October–December open enrollment window does not apply to them. So if you get hit with a rate increase in the middle of the year, you don't have to keep paying it.

When you switch, you'll typically go through medical underwriting, but healthy clients usually still save. A good agent will make sure you're not just chasing a low teaser rate that jumps later, and can coordinate the transition so you have no overlapping premiums and no gap in coverage.

### ACTION STEPS

**Compare your Supplement premium against other companies every three or four years — or any time you get a large increase. March through August tends to give the most reliable rates. Remember: you can switch a Supplement any month of the year, not just during open enrollment. Call me at 800-866-8950 and I'll coordinate the change.**

## 5

**NOT SHOPPING YOUR PART D DRUG PLAN — AT ENROLLMENT AND EVERY YEAR**

Many people pick a Part D plan by its brand name or premium, assuming a well-known company or a higher price means a better plan. **Nothing could be further from the truth.** A Part D plan must be judged on one thing: its **formulary** — the list of drugs it covers — measured against the specific medications *you* take. The best plan is the one that covers all your prescriptions at the lowest total cost.

Just as important, **you have to re-shop every year.** Each plan can change its formulary, copays, and premiums annually, so the plan that fit you this year may not fit next year — especially if you take brand-name drugs. Run your drug list through the tool at **Medicare.gov** during open enrollment (October 15–December 7) to confirm your plan still does what you expect and to compare alternatives.

One bit of good news: Part D now has a hard annual out-of-pocket cap — **\$2,100 in 2026** — so catastrophic drug costs are far more predictable than they used to be.

**ACTION STEPS**

**List every prescription you take and check it against each plan's formulary — the priciest or best-known plan is rarely the best fit. Re-run the free tool at Medicare.gov every year during open enrollment. If no plan covers everything, ask your doctor or pharmacist about covered alternatives.**

**6****UNDERESTIMATING THE IMPACT OF A MEDICARE ADVANTAGE PLAN**

When you enroll in a Medicare Advantage plan, you are **no longer on traditional Medicare Parts A and B**. These plans look attractive — low or \$0 premiums, low office copays, and extras like gym memberships and a nurse hotline. But those perks are bait, and the real trade-offs are significant.

**You lose predictability.** Every test, scan, specialist visit, and procedure carries its own copay, and you keep paying until you hit the out-of-pocket maximum. In 2026 that in-network maximum commonly runs around **\$6,500** and can reach the federal cap of **\$9,250** in-network (up to **\$13,900** once out-of-network care is included). It's very hard to know in advance how many copays a health issue will trigger — and by the time you find out, it's too late to change.

**You're tied to a network and to prior authorization.** Out-of-network providers may cost far more or refuse you, and those charges often don't count toward your maximum. Many plans require referrals, and routine services increasingly need prior authorization. Your doctor can also drop the plan at any time, and finding one plan that covers *both* your doctors and your medications can be very difficult.

**ACTION STEPS**

**Run the numbers. Advantage plans look great on the surface, but once you dig into the real copays and network rules you may pay far more for less than you expected. Call my office at 800-866-8950 and I'll help you compare honestly.**

**7**

## **ASSUMING YOUR HEALTH CARE NEEDS WILL REMAIN THE SAME**

Many people gauge their future medical costs by looking at the last ten years of their own spending, or at what a relative spent. That can be a useful starting point, but it ignores *your* individual situation — and how quickly it can change.

I've watched people in excellent health suddenly develop conditions that needed immediate, expensive attention — a very fit, athletic client who abruptly needed a joint replacement, for example. When that happens, you want good options without having to spend a fortune to get them.

### **ACTION STEPS**

**Play a few rounds of “What If” with yourself. What if you hurt your back and need surgery?**

**What if you develop diabetes? What if you have a heart attack?**

**When it comes to your health care, you can't just hope for the best. Plan for the worst, and enjoy the peace of mind of knowing you're adequately covered no matter what happens.**



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### **DOWNLOAD 2026 RESOURCES**

**MEDICARE & YOU (2026) — [medicare.gov/publications](http://medicare.gov/publications)**

**CHOOSING A MEDIGAP POLICY — [medicare.gov/publications](http://medicare.gov/publications)**

**2026 MEDICARE COSTS FACT SHEET — included at the end of this guide**

# 2026 Medicare Costs **Fact Sheet**

The premiums, deductibles, and coinsurance you'll pay this year — straight from the official CMS figures, in plain numbers.

<b>PART B PREMIUM</b> <b>\$202.90</b> / month (standard)	<b>PART B DEDUCTIBLE</b> <b>\$283</b> / year	<b>PART A HOSPITAL</b> <b>\$1,736</b> per benefit period	<b>PART D DRUG CAP</b> <b>\$2,100</b> out-of-pocket max
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**PART A Hospital Insurance** Inpatient hospital, skilled nursing, hospice, some home health

WHAT YOU PAY	2026	2025
Monthly premium — 40+ work quarters	<b>\$0</b>	<b>\$0</b>
Monthly premium — 30–39 quarters	<b>\$311</b>	<b>\$285</b>
Monthly premium — under 30 quarters	<b>\$565</b>	<b>\$518</b>
Inpatient hospital deductible (per benefit period)	<b>\$1,736</b>	<b>\$1,676</b>
Days 1–60 — daily coinsurance	<b>\$0</b>	<b>\$0</b>
Days 61–90 — daily coinsurance	<b>\$434</b>	<b>\$419</b>
Lifetime reserve days — daily	<b>\$868</b>	<b>\$838</b>
Skilled nursing, days 21–100 — daily	<b>\$217</b>	<b>\$209.50</b>

**HOW ONE HOSPITAL STAY ADDS UP — BY DAY IN A BENEFIT PERIOD**

<b>\$0</b>	<b>\$434</b>	<b>\$868</b>	<b>All</b>
<b>Days 1–60</b> after the \$1,736 deductible	<b>Days 61–90</b> per day	<b>Days 91+</b> lifetime reserve, per day	<b>Beyond reserve</b> you pay all costs

A "benefit period" starts the day you're admitted and ends after 60 days with no inpatient care. A new stay later in the year means a new \$1,736 deductible. This is the gap a Medicare Supplement is designed to cover.

## PART B

## Medical Insurance

Doctor visits, outpatient care, durable  
medical equipment

WHAT YOU PAY	2026	2025
<b>Standard monthly premium</b>	<b>\$202.90</b>	<b>\$185.00</b>
<b>Annual deductible</b>	<b>\$283</b>	<b>\$257</b>
<b>Coinsurance after deductible</b>	<b>20%</b>	<b>20%</b>

## Higher premiums for higher incomes — IRMAA (2026)

IF YOUR 2024 INCOME WAS... (individual)	(JOINT RETURN)	YOU PAY / MONTH
<b>\$109,000 or less</b>	\$218,000 or less	<b>\$202.90</b>
\$109,001 – \$137,000	\$218,001 – \$274,000	<b>\$284.10</b>
\$137,001 – \$171,000	\$274,001 – \$342,000	<b>\$405.80</b>
\$171,001 – \$205,000	\$342,001 – \$410,000	<b>\$527.50</b>
\$205,001 – \$499,999	\$410,001 – \$749,999	<b>\$649.20</b>
\$500,000 or more	\$750,000 or more	<b>\$689.90</b>

**About IRMAA:** Roughly 8% of beneficiaries pay an income-related adjustment. It's based on your **modified adjusted gross income from two years ago** — so 2026 premiums use your 2024 tax return. A life change (retirement, loss of a spouse) can be appealed to Social Security with Form SSA-44.

## PART D

## Prescription Drug Coverage

Premiums vary by plan; cost-sharing rules  
are standardized

WHAT YOU PAY	2026	2025
<b>Annual deductible — maximum a plan may charge</b>	<b>\$615</b>	<b>\$590</b>
<b>Out-of-pocket cap — then you pay \$0</b>	<b>\$2,100</b>	<b>\$2,000</b>
<b>Average standalone plan premium</b>	<b>~\$34.50</b>	<b>~\$38.31</b>

PHASE 1

**Deductible**

You pay 100% of drug costs until you meet the plan deductible (up to \$615).

**You pay: full cost**

PHASE 2

**Initial Coverage**

You pay 25% of covered drug costs. The old "donut hole" coverage gap is gone.

**You pay: 25%**

PHASE 3

**Catastrophic**

Once your out-of-pocket spending hits \$2,100, you're done paying for covered drugs this year.

**You pay: \$0**

**Part D high-income surcharge — IRMAA (2026)**

IF YOUR 2024 INCOME WAS... (individual)	(JOINT RETURN)	ADDED TO PLAN PREMIUM
<b>\$109,000 or less</b>	\$218,000 or less	<b>\$0</b>
\$109,001 – \$137,000	\$218,001 – \$274,000	<b>+\$14.50</b>
\$137,001 – \$171,000	\$274,001 – \$342,000	<b>+\$37.50</b>
\$171,001 – \$205,000	\$342,001 – \$410,000	<b>+\$60.40</b>
\$205,001 – \$499,999	\$410,001 – \$749,999	<b>+\$83.30</b>
\$500,000 or more	\$750,000 or more	<b>+\$91.00</b>

**Where a Medicare Supplement fits.** Original Medicare (Parts A & B) has no annual out-of-pocket limit on its own. The deductibles and the 20% Part B coinsurance above are exactly what a Medicare Supplement (Medigap) plan is built to cover, so your costs become predictable. Want to see how Plan F, G, and N compare for your situation? That's what we're here for.

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**Source:** Centers for Medicare & Medicaid Services (CMS), 2026 Parts A & B Premiums and Deductibles, released November 14, 2025; CMS Part D 2026 benefit parameters. Figures are official 2026 amounts. This sheet is for general education and is not insurance, tax, or legal advice. Your premiums and plan costs depend on your income, enrollment, and the plan you choose. We do not offer every plan available in your area; contact Medicare.gov or 1-800-MEDICARE for a complete list of options.