

Medicare 101

Your Complete Guide to Medicare



BY POLICY ENGINEER

2026

Visit www.policyengineer.com

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Policy Engineer

PLANNING FROM THE HEART

We started Policy Engineer Insurance Solutions with two core commitments.



We have committed to continually educating the world on how to protect themselves against risks they can't afford on their own.

Secondly, we seek innovation in technology to give you back control and the ability to enroll with America's many top insurance products online from the comfort of your home.

We are building a company that cares about you and hope to earn the right to call you our client.

All the best,

Chris & Matt Franchina

Licensed insurance agents & Co-Founders

Chris CA License #0J01542

Matt CA License #0G70482

LATEST UPDATES FOR 2026

1. Part A (Hospital Coverage) Costs Are Increasing

- The hospital deductible (what you pay when admitted as an inpatient) will rise again in 2026.
- Coinsurance amounts for longer hospital stays will also increase:
- Higher daily costs for days 61–90 of a hospital stay.
- Higher daily costs for “lifetime reserve days.”
- Skilled nursing facility care (days 21–100) will have a higher daily copayment.
- People who pay a premium for Part A (because they don’t have enough work credits) will see that monthly premium increase as well.

2. Part B (Medical Coverage) Premiums Are Going Up

- The standard monthly premium for Part B will increase in 2026.
- The annual Part B deductible—what you must pay before coverage begins—will also increase.

3. Higher-Income Beneficiaries Will Pay More

- Income-related surcharges (IRMAA) for both Part B and Part D rise each year.
- In 2026, each income bracket will see higher monthly costs compared to the previous year.



WHO IS ELIGIBLE FOR MEDICARE?

- **Age: 65 and older**
- **Disability: Under 65 and receiving Social Security Disability Insurance (SSDI) payments for more than 24 months**
- **Illness: Any age with end-stage renal disease or ALS**
- **Residency: U.S. citizen or permanent resident for five consecutive years**



If you have Social Security when you turn 65

You do not need to sign up for Medicare. You will be automatically enrolled in Original Medicare (Part A and Part B) when you become eligible. Because you must pay a premium for Part B coverage, you can turn it down. However, if you decide to sign up for Part B later, your coverage can be delayed, and you may have to pay a late enrollment penalty for as long as you have Part B coverage. Residents of Puerto Rico or foreign countries will NOT automatically receive Part B. They must elect this coverage. Source: www.ssa.gov

If you don't receive Social Security income when you turn 65

You will need to take the step to sign up for medicare

Three Ways to Join Medicare:

1. You can apply online at: www.ssa.gov
2. Call Social Security at 1-800-772-1213 (TTY 1-800-325-0788) to apply over the phone or to request an application
3. Apply at your local Social Security office

MEDICARE ENROLLMENT PERIODS

1 Initial Enrollment Period:

IEP lasts **seven** months; **your sign-up window is from 3 months before your birth month when you turn 65 to 3 months later.** You must enroll in Medicare Part A and Part B during this sign-up window to avoid penalties. If you don't register in time, you may have to pay the **penalty** for parts B and D.

2 Medicare Annual Enrollment Period:

Anyone can use the Medicare Annual Election Period (AEP) to make changes to their Medicare coverage - **October 15th to December 7th**

3 Open Enrollment Period: January 1st to March 31st

4 Lock-in Period: April 1st to December 31st

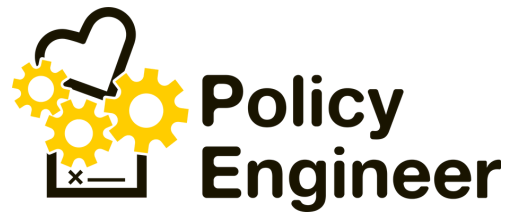
5 Special Enrollment Period: Special circumstances within the year

6 Medicare Birthday Rule: The Medicare birthday rule allows consumers to change to an equal- or lesser-coverage Medigap policy within a 60-day window without medical underwriting.



KEY COMPONENTS

of Medicare planning

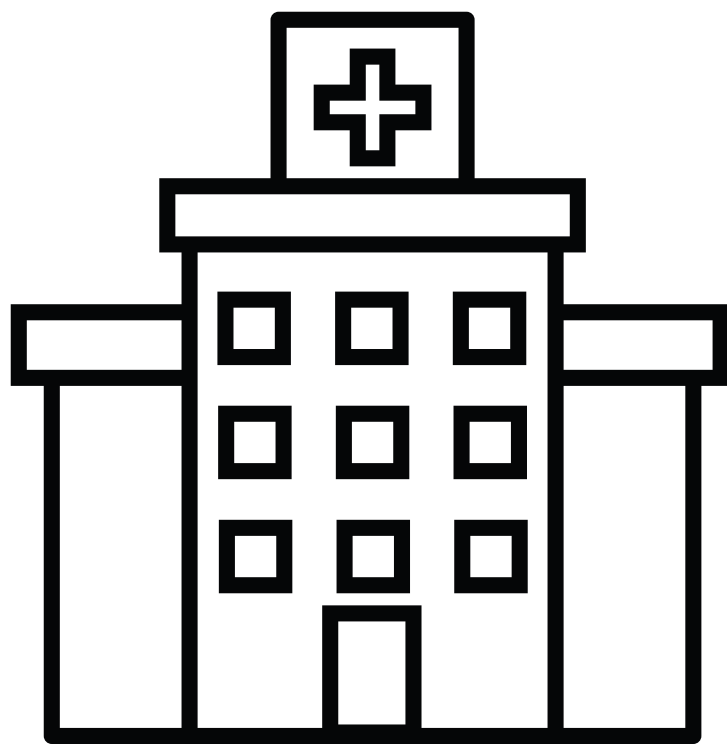


Original Medicare

Medicare Part A

Hospital Insurance

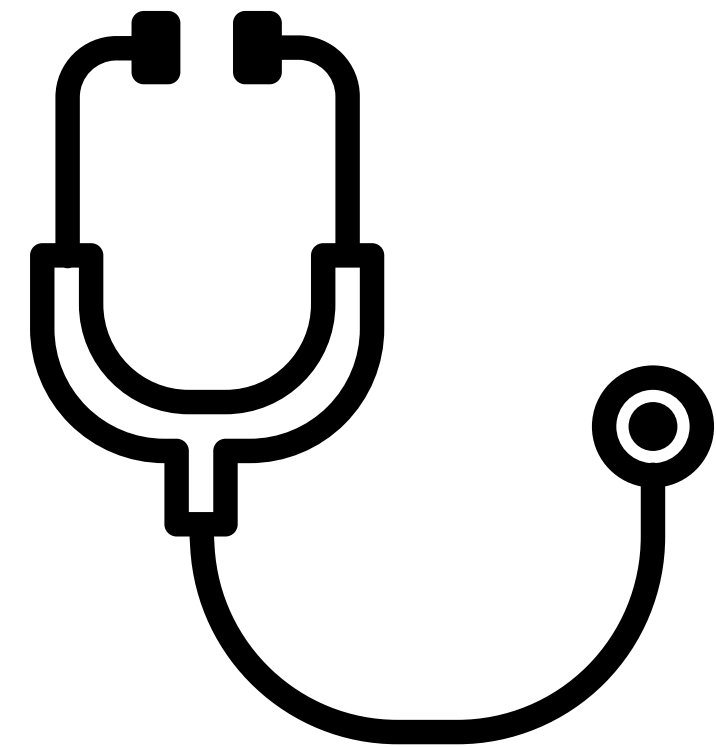
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Medicare Part B

Medical Insurance

2



Offered by private insurance companies

with an approved medicare contract

Medicare Part D

RX Drug Coverage

3

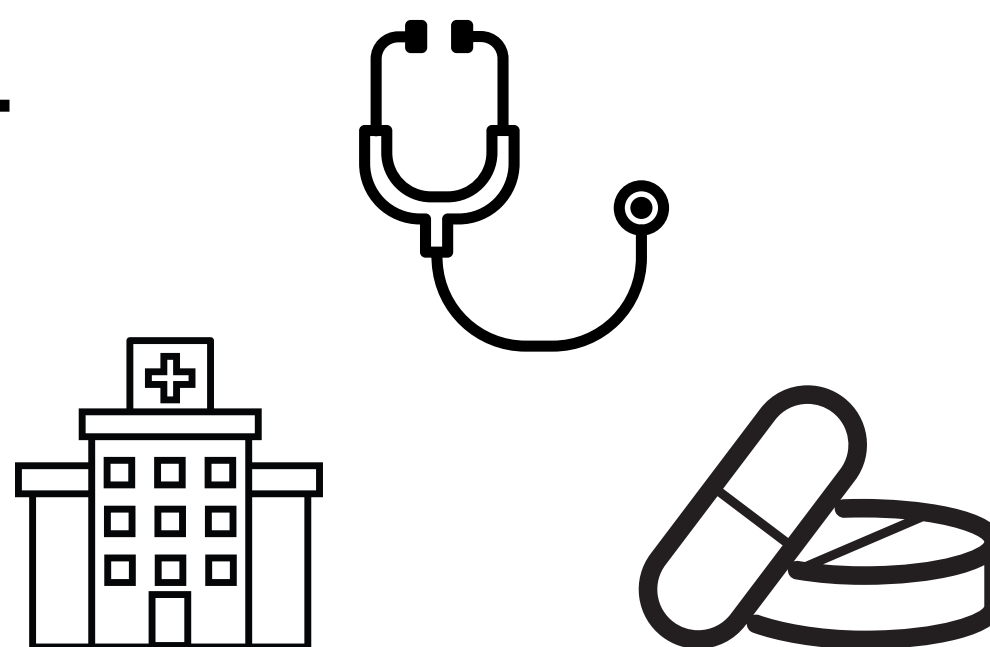


Add on to Original Medicare

Medicare Part C

Medicare Advantage

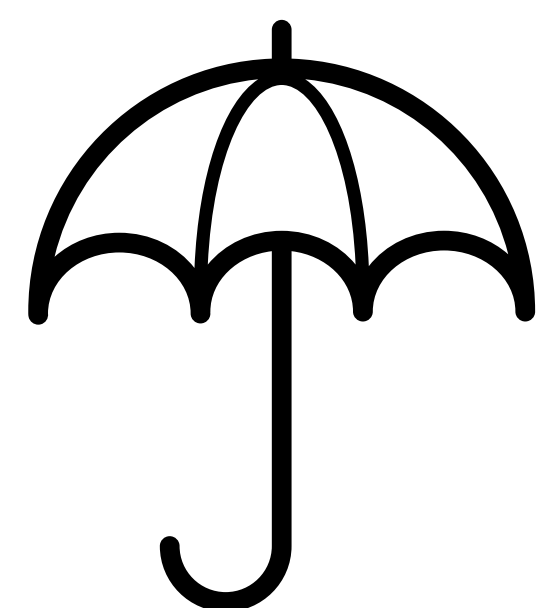
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Part A + Part B + Part D
Combined package

Medicare Supplements

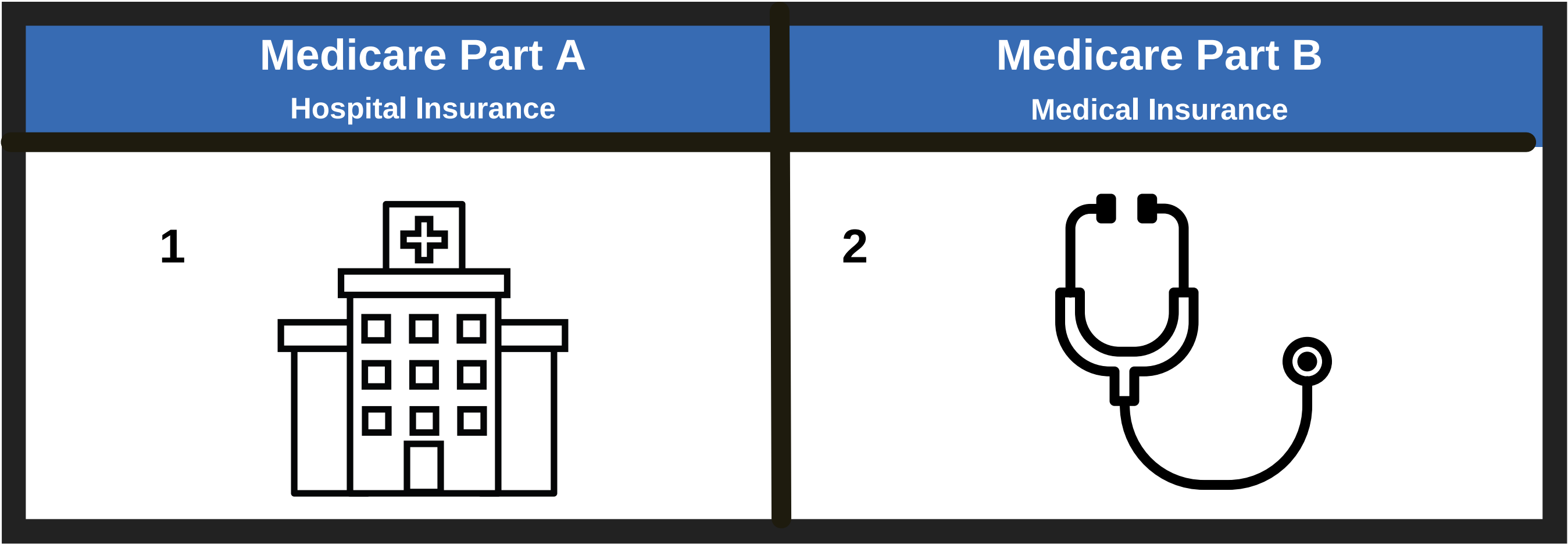
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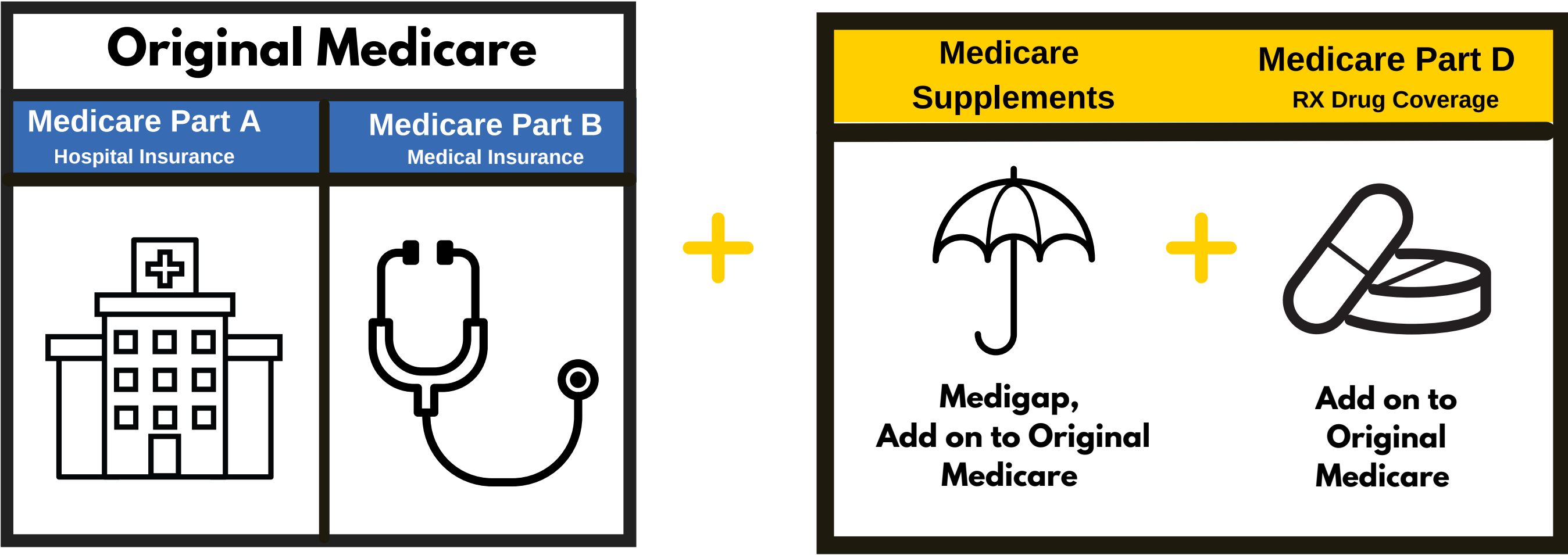
Medigap, Add on to Original Medicare

YOUR OPTIONS OF MEDICARE PLANNING

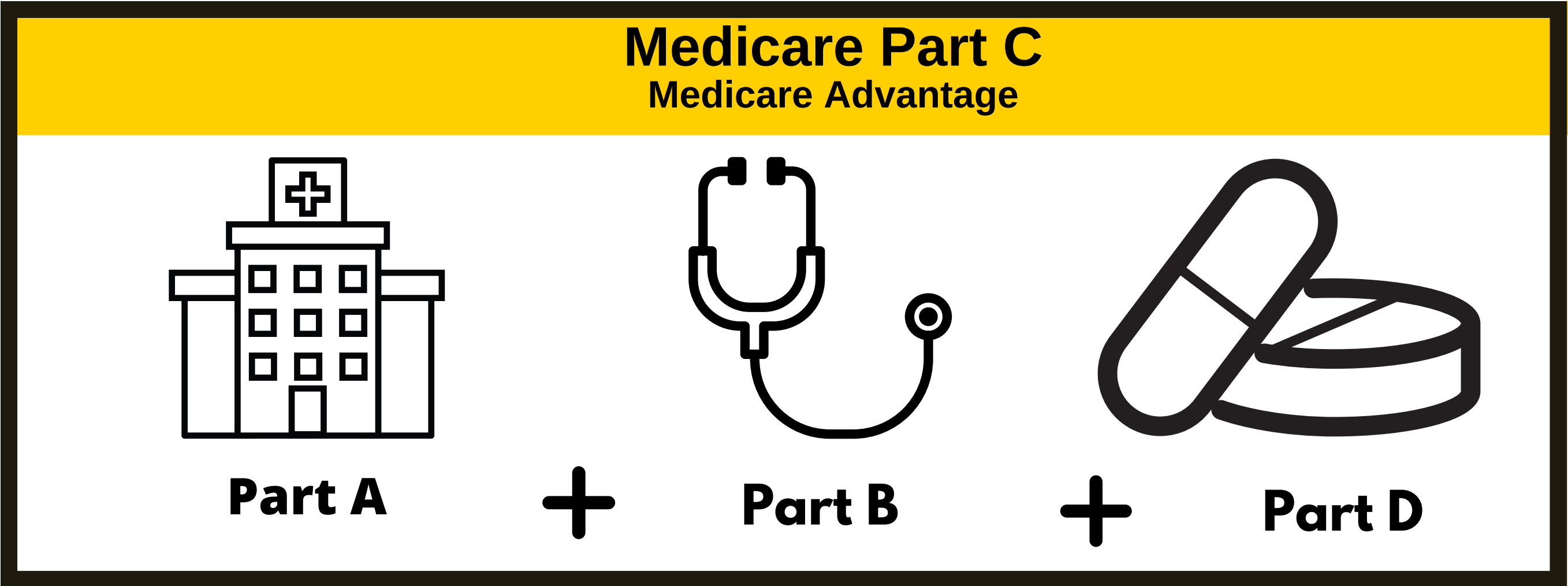
1 Choose original Medicare (if you have creditable coverage for (Part D) and don't need a Medicare supplement policy to lower costs)



2 Choose Original Medicare + Medigap to lower your out-of-pocket costs and/or part D if you don't have creditable coverage for part D



3 Choose a combined package that includes coverage equal to Part A and B. Most plans include Part D.



MEDICARE COVERAGE CHOICES

Step 1: What type of coverage do you need?

Original Medicare

Part A Part B

Hospital insurance Medical insurance

Step 2: Do you need Drug Coverage?

Part D Prescription Drug Coverage

Step 3: Step 3: Do you need to add a Medicare Supplement?

Medicare Supplement Insurance (Medigap)

Medicare Advantage Plan Part C (HMO or PPO)

Part C

Combines Part A, Part B, and usually Part D

Step 2: If part D is not included;
Do you need to add Drug Coverage?

Part D Prescription Drug Coverage

If you enroll in a Medicare Advantage Plan, you won't be able to use or purchase a Medicare Supplement Insurance (Medigap) policy.

The purpose of providing this example is for illustrative purposes.

If you are not automatically enrolled, when should you register?

You can sign up for Medicare Part A and B during a 7-month period (**initial enrollment period**) that starts **3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65**. If you sign up during the first 3 months of this period, your coverage will start on the first day of your birth month, unless your birthday falls on the first day of the month, in which case your coverage will start on the first day of the previous month. If you sign up during the last 3 months of the initial enrollment period, your coverage will start on the first day of the following month.

The General Enrollment Period: If you missed signing up for Medicare Part A and/or Part B when you were first eligible, you can sign up between January 1 and March 31 of each year. However, your coverage won't start until July 1 of that year, and you may have to pay higher out-of-pocket costs for late enrollment.

The Special Enrollment Period: If you didn't enroll in Part A and/or Part B initially because you were covered under a group health plan based on current employment (either your own, your spouse's, or a family member's due to disability), you can still sign up for Part A and/or Part B:

- Anytime while you're still covered by the group health plan, or
- Within 8 months after the employment or coverage ends, whichever comes first.

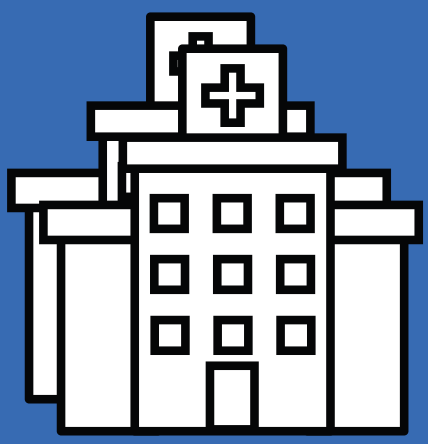
[Click here to read the blog](#)



Missed Your Medicare Enrollment DEADLINE? What to know.

There are special enrollment periods (SEP) you might qualify for if you missed your Medicare deadline to avoid t...

policyengineer.com / Jan 11, 2025



MEDICARE PART A

Original Medicare

Hospital Insurance

Includes

Provides coverage for:



Inpatient hospital care



Skilled nursing facilities



Hospice care



Limited home health care

Costs 2026

Out-of-Pocket Costs

- Monthly Premium: \$0 for most beneficiaries
- Hospital Deductible: \$1,736 per benefit period
- **Hospital Coinsurance:**
 - Days 1–60: \$0 per benefit period
 - Days 61–90: \$434 per day
 - Days 91–150 (Lifetime Reserve Days): \$868 per day
 - After Lifetime Reserve Days: You pay all costs
- **Skilled Nursing Facility Care:**
 - Days 1–20: \$0 per benefit period
 - Days 21–100: \$217 per day
 - Days 101 and beyond: You pay all costs

You'll only pay this if you have Medicare without any insurance.





MEDICARE PART B

Original Medicare

Medical Insurance

Includes

Provides coverage for:

- ✓ Doctor visits and preventative services
- ✓ Outpatient surgery
- ✓ Diagnostic screenings
- ✓ Emergency care
- ✓ Durable medical equipment

Costs 2026

Out-of-pocket Costs

- Standard Monthly Premium: **\$202.90**
- Annual Part B Deductible: **\$283**

After the deductible is met:

- You generally pay 20% of Medicare-approved amounts for doctor visits, outpatient care, labs, imaging, durable medical equipment, and most other Part B services.

Higher-Income Premiums (IRMAA):

- Beneficiaries with higher incomes will pay an additional monthly amount on top of the standard premium.
- These adjusted amounts increase in tiers based on income level.

Part B late enrollment fees

- If you did not sign up for Part B when first eligible and not covered by an employer plan? You may have to pay a late enrollment penalty as long as you have Part B.
- The monthly premium may go up 10% for each entire 12-month period that you could have had Part B but did not enroll.
- Exception: You do not have to pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period.



ORIGINAL MEDICARE

Original Medicare Part A & B does not cover

Original Medicare does not cover:

1. Deductibles.
2. Copays/Coinsurance.
3. Outpatient Prescription Drugs.
4. Healthcare outside the U.S.
5. Hearing Aids, Exams, Screenings.
6. Long-term care.

Original Medicare generally covers 80% of your hospital and medical expenses.

If you need more coverage you can:

- Add a Medigap Plan
- Add a Prescription Drug Plan (part d)
- Switch to a Medicare Advantage plan (Part C)





MEDICARE PART D

Medicare Part D Prescription Drug

Medicare Part D Costs

Provides coverage for:

- ✓ For some prescription drug costs

Two types of Part D Coverage

- ✓ Stand-alone OR with an integrated Medicare Advantage Plan
- ✓ Must be enrolled in Part A and/or Part B
- ✓ Live within the plan's service area

Part D late enrollment fees

If you did not sign up for Part D when first eligible and did not have creditable coverage for more than 63 days?

- You may have to pay a late enrollment penalty for as long you have Part D.

Your monthly cost will have a penalty:

- 1% of the national base monthly costs (\$38.99 in 2026) multiplied by the number of full, uncovered months you were eligible for part D yet did not have coverage.

If you enrolled in a plan with **creditable coverage**, you don't need to have Medicare Part D anymore, so don't forget to opt-out of your Medicare Prescription Drug Coverage. You could have creditable coverage through your spouse's work or because you enrolled in a Medicare Advantage plan with prescription coverage.

*See page 13 for premium costs

Four - Annual Coverage Stages



Stage 1 Deductible	Stage 2 Initial Coverage	Coverage Gap (Donut Hole)	Stage 3 Catastrophic Coverage
The amount you pay before a plan covers your prescription drugs costs.	The plan pays its share of the cost and you pay your share (copays and coinsurance).	Referred to as the "Donut hole". The plan is limited in how much it can pay for your drugs. You will pay 25% of the retail cost for covered drugs.	After you reach the \$2,100 MOOP , the plan will pay your drug costs for the rest of the year.
Deductible Range (2026) \$0 - \$615 (2025) \$0 - \$590	 Your Maximum Out-of-Pocket Rx Drug Costs (copays and coinsurance): \$2,100		 No copayment or coinsurance In 2026, drug costs will be simplified further, with added savings built into every stage of coverage.

MEDICARE PART B & D

Monthly Costs 2026

If your yearly income in 2024 (for what you pay in 2026) was			Part B You pay each month (in 2025)	Part D
File individual tax return	File joint tax return	File married & separate tax return		Monthly Adjustment Amount 2025
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90	monthly costs of your plan (PDP)
above \$109,000 up to \$137,000	above \$218,000 up to \$274,000	Not applicable	\$284.10	\$14.50 + PDP
above \$137,000 up to \$171,000	above \$274,000 up to \$342,000	Not applicable	\$405.80	\$37.50 + PDP
above \$171,000 up to \$205,000	above \$342,000 up to \$410,000	Not applicable	\$527.50	\$60.40 + PDP
above \$205,000 and less than \$500,000	above \$410,000 and less than \$750,000	above \$106,000 and less than \$391,000	\$649.20	\$83.30 + PDP
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$689.90	\$91.00 + PDP

*PDP = the monthly costs of your plan

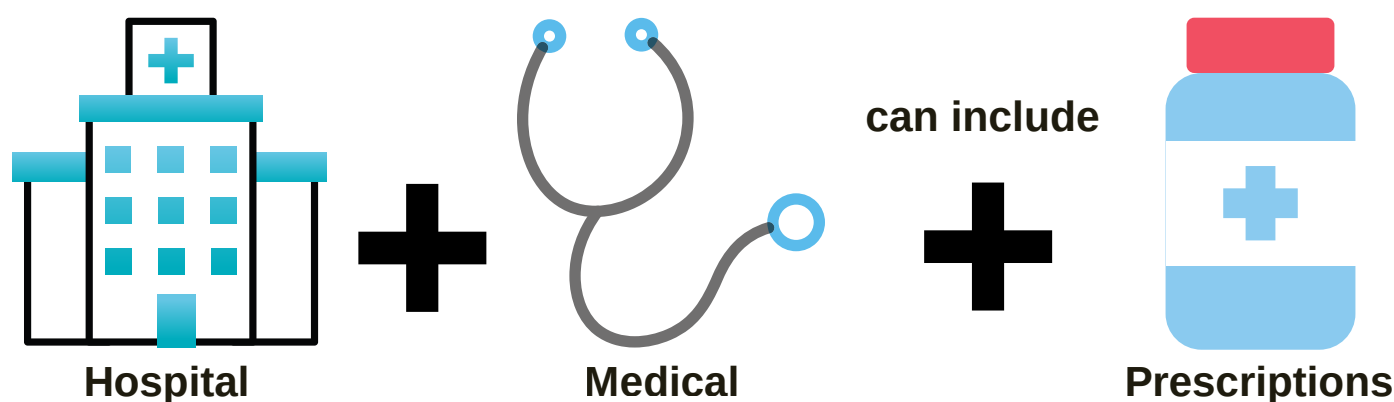




MEDICARE PART C

Known as Medicare Advantage Plans (MAPD)

Part C combines Parts A and B and can include Part D



Managed care network - choose your Primary Care Physician (You may need a referral to see a specialist with some plans).



Medicare Advantage Plans offers all the services that Original Medicare provides.

*This is not a complete list of services available

How Medicare Part C works

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D. You can choose a bundle that will cover your needs best.
- You may pay a monthly cost for the bundle. Medicare Advantage plan costs may vary in your zip code in addition to Medicare Part B premium.
- And the part A premium if you don't have premium-free part A). Medical visits or services could be subject to copayments, coinsurance, or deductibles each year.

There are different types of Medicare Advantage plans.

- HMO (Health Maintenance Organization):
- PPO (Preferred Provider Organization)
- PFFS (Private Fee-for-Service)
- SNP (Special Needs Plan)
- HMO-POS (Health Maintenance Organization Point-of-Service)
- MSA (Medical Savings Account).

**Medicare Advantage plans are not standardized; you may prefer a different insurer that better suits your needs. With our Medicare plan finder, you can review Medicare plans and enroll in the one that fits your needs and budget.
Quote & Apply Online!**



MEDICARE SUPPLEMENT

(Medigap)



Includes

- ✓ No referral needed
- ✓ No provider networks
- ✓ All plans part A deductibles, copays, and coinsurance
- ✓ Freedom to choose any Medicare appointed doctor in the U.S
- ✓ Standardized plan letter with associated coverage
- ✓ Has monthly costs and will vary based on county/zipcode and age

What are Medigap plans and how do they work?

Medigap helps to fill some gaps that Original Medicare doesn't cover. Original Medicare generally covers 80% of your hospital and medical expenses. 20% of the Original Medicare expenses will most likely come out of your pockets. Medigap exists to cover these out-of-pocket costs, such as copayments or deductibles.

Medicare Supplements **Do not cover**

- ▶ **Prescription Drugs; Drug coverage will need to be purchased separately:**
 - Medicare Part D
 - Private prescription drug coverage (PDP)
 - Other credible coverage
- ▶ **Non Approved Medical Expenses**

Medicare Supplement insurance will only pay for the portion of medical expenses approved but not paid for by Medicare.

IMPORTANT! Medigap policies are standardized and go by letters: A, B, C, D, F, G, K, L, M, and N in most states. Each lettered plan's coverage are the same, no matter which insurance company sells it. Make sure that you are not overpaying for the exact same policy elsewhere.



MEDICARE SUPPLEMENT PLANS

Deciding which Medicare Supplement Plan is right for you

MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS										
Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance	-	-	100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible	-	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B deductible (\$283 in 2026)	-	-	100%	-	100%	-	-	-	-	-
Part B excess charges	-	-	-	-	100%	100%	-	-	-	-
Foreign travel emergency (up to plan limits)	-	-	80%	80%	80%	80%	-	-	80%	80%

- Plans F and G also offer a high-deductible plan...
- Plan N has 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 inpatient admission

Out-of-pocket limit in 2026**
\$8,000 \$4,000

Plans G & N are Policy Engineers' most commonly sold plans; they are highlighted above in blue.

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 before your policy pays anything. (Plans C and F won't be available to people who are newly eligible for Medicare on or after January 1, 2020.)



Guaranteed Issue Rights

Guaranteed Issue Rights (Also Called "Medigap Protections") are rights you have in certain situations when insurance companies must offer you certain Medigap policies.

- Out of the coverage area:** You are in a Medicare Advantage Plan and your plan stops offering coverage in your area, leaves Medicare completely, or you move out of your coverage area.
- Employer plan ends:** You have Original Medicare and Employer group health plan (including retiree or COBRA) or union coverage that pays after Medicare pays and that plan is ending.
- Out of coverage area:** You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.
- Trial Right:** You joined a Medicare Advantage Plan or Program of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.
- Trial Right:** 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.
- Coverage ends no fault to you:** Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.
- The company breaks the rules:** You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.

Medigap must follow federal and state laws designed to protect you, and they must be clearly identified as "Medicare Supplement Insurance." Insurance companies can sell you only a "standardized" plan, identified in most states as plans A – D, F, G, and K – N. All plans offer the same basic benefits. Still, some offer additional benefits to choose which one meets your needs. All policies offer the same basic benefits, but some offer additional benefits, so you can choose which one meets your needs. In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in different ways (source:medicare.gov).

HOW TO REVIEW PLANS

Check the star rating when selecting a Medicare plan. These ratings are updated every year and will help you review.

Key terms

Premiums: The amount you pay for your health insurance. For example monthly or annually.

Deductible: The amount you have to pay on your own before insurance starts to cover the costs

Copay: A flat fee you have to pay for covered services

Coinsurance: The percentage of costs you have to pay after reaching your deductible

Each plan is assigned a star rating from one to five stars ★ ★ ★ ★ ★

- Member satisfaction surveys, plans and providers
- Performance measurements based on more than 50 key factors
- Additional information is available on [Medicare.gov](https://www.medicare.gov)



ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE

Original Medicare

- You can go to any doctor or hospital that takes Medicare, anywhere in the U.S.
- For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible (coinsurance)
- There's no yearly limit on what you pay out of pocket.
- You can get Medigap policy to help pay your remaining out-of-pocket costs.
- Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities.
- You don't need a referral to see a specialist in most cases.



Medicare Advantage

- In many cases, you'll need only to use doctors and other providers who are in the plan's network.
- Out-of-pocket costs vary—plans may have different costs for certain services.
- Plans have a yearly limit on what you pay out of pocket for services that Medicare Part A and Part B cover. Once you reach your plan's limit, you'll pay nothing for services Part A and Part B covers for the rest of the year.
- You can't add Medigap to your policy.
- You may need to get a referral to see a specialist.



MEDICARE SUPPLEMENT VS MEDICARE ADVANTAGE

Medicare supplement

- Higher monthly costs but you could have no co-pay.
- Freedom to choose doctors with out of networks or a referral system.
- Coverage travels with you anywhere in the United States.
- Plan coverage are standardized, no difference between carriers for the same letter plan. Price is usually the only difference.
- Prescription Drug Plans must be purchased separately.
- Use any hospital except closed networks i.e. Kaiser.
- Some routine services are not covered i.e. hearing, vision, dental.



Medicare Advantage

- Affordable plans, but may have co-pays.
- Often have a restricted network of providers.
- You may need referrals for specialists.
- Plans are not standardized and vary per carrier in each county
- Manage care system encourages carriers to work more closely to manage your health care.
- May include Prescription Drug plans (MAPD).



65+ AND STILL, WORKING?

Make sure that you are not overpaying for Health Insurance

Medicare + Health insurance through your employer

May not be cost-effective

- If you work for a smaller company.
- If your work doesn't have a prescription plan.
- If your employer uses COBRA.
- If your employer doesn't contribute to your insurance monthly costs.

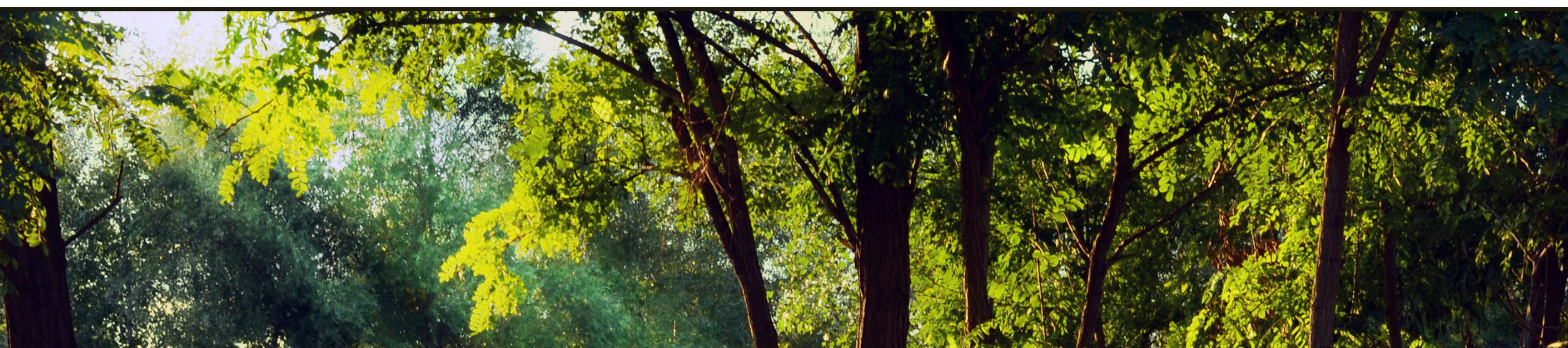


Medicare + Medigap or Medicare advantage

Most likely more cost-effective

- If your work doesn't cover RX.
- If your work's health plan doesn't cover deductibles, co-insurance, or copayments.
- If your employer's plan charges a monthly cost.

It is important to review your employer's health insurance coverage to Medicare with Medigap or Medicare Advantage.



BUYER TIPS

Medicare Supplement Tips

- 1 **Don't overpay:** Although policies are standardized, they are sold at different prices. Make sure you get the competitive price for the exact same coverage.
- 2 **Don't miss guaranteed acceptance periods:** the insurance company has to accept you without asking you health questions during this period.
- 3 **Maximize all discounts:** you can get discounts if you are a non-smoker, married couple, pay annually, or have multiple policy discounts.

Medicare Prescription Drug (part D) Tips

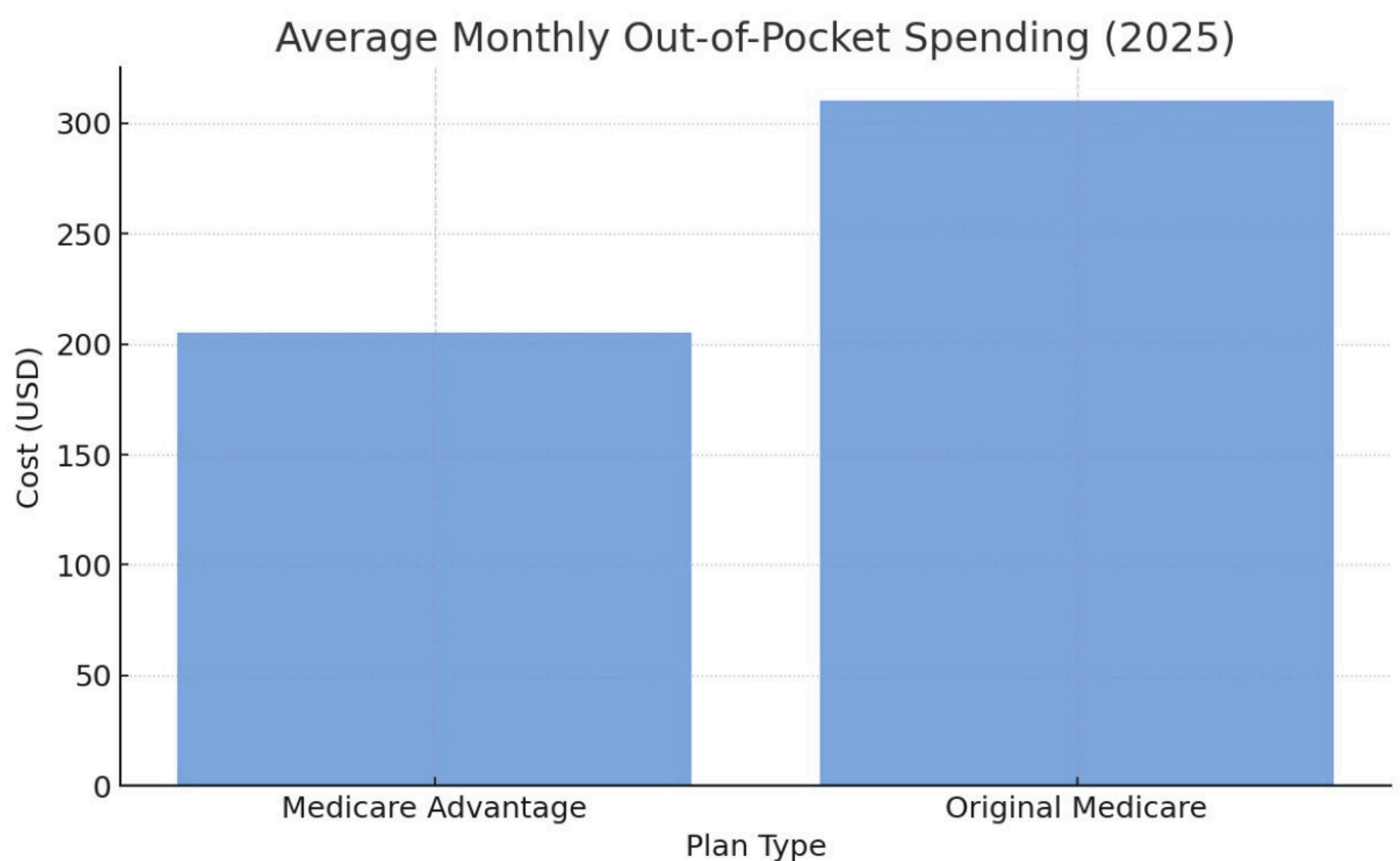
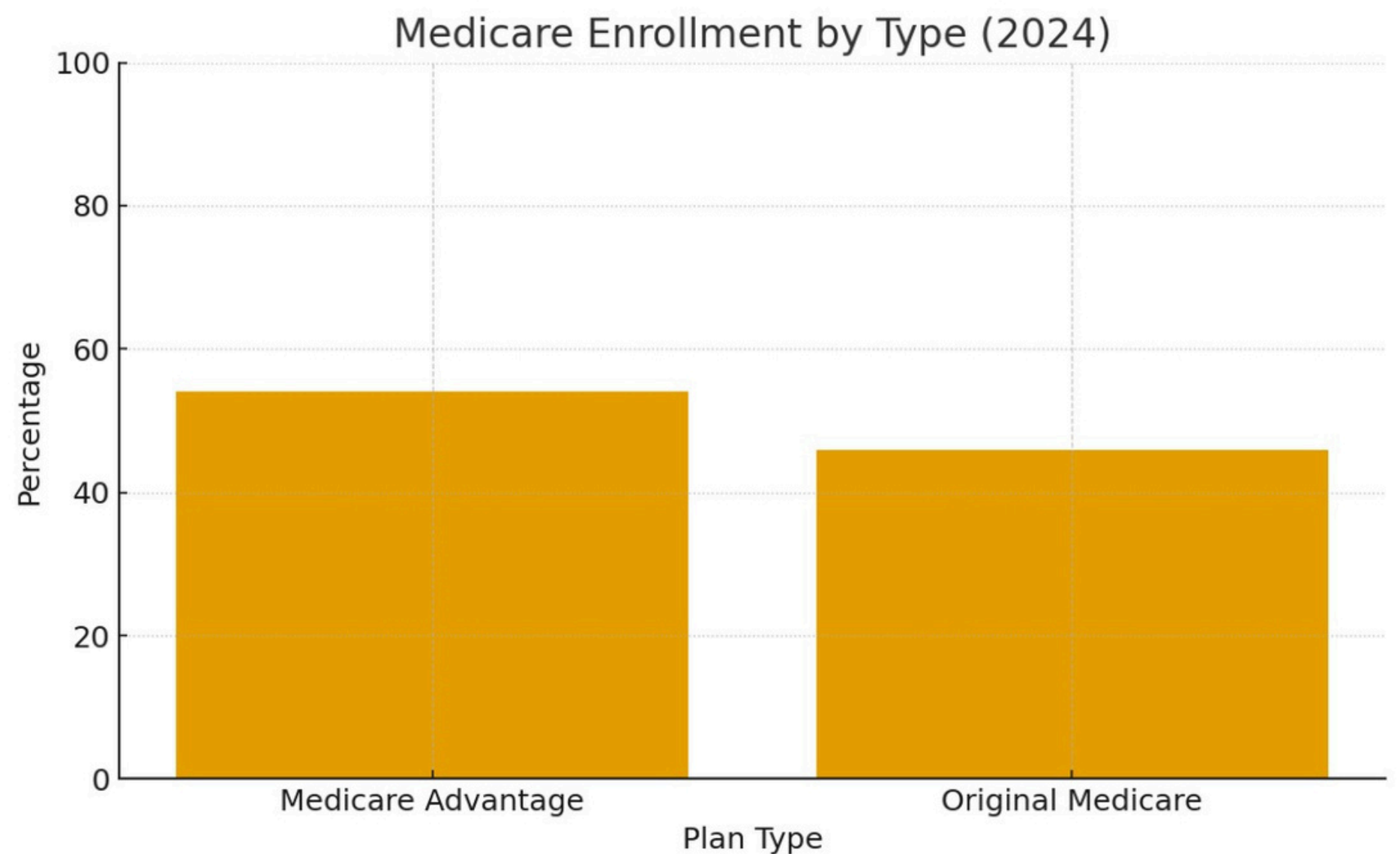
- 1 **Know your total annual cost:** this includes your monthly cost, deductibles, and co-pays instead of just your monthly cost.
- 2 **Not all formularies are created equal:** drugs have different tiers, and the price will be based on which tier they are on.
- 3 **Preferred Pharmacy status:** at some pharmacies, your out-of-pocket costs could be less, if they are at a preferred pharmacy.
- 4 **Use discounts and coupons when advantageous:** you can ask your pharmacists if cheaper alternatives or coupons are available.

Medicare Advantage Plan Tips

- 1 **Make sure your doctors and hospital are within the network:** out of network will result in higher costs.
- 2 **Make sure your prescriptions are covered:** check if your prescriptions are on your plan. Check the tier of your drug, which pharmacy, and check if it qualifies as preferred or standard.
- 3 **Review plans max out of pocket (MOOP):** this can make a difference if you use your plan often or have a major medical service.

MEDICARE STATISTICS

- In 2025, about 68.9 million Americans are on Medicare.
- 54.6 million are enrolled in Part D prescription drug coverage
- According to a report on the 2025 Medicare annual enrollment period (AEP), about 42% of people with Original Medicare had a Medigap (supplement) policy in 2022.
- Out-of-pocket costs differ: Medicare Advantage out-of-pocket costs may differ from Original Medicare.
- Medicare Advantage enrollment is projected to continue growing: one projection estimates 64% of beneficiaries will be in MA by 2034
- Medicare beneficiaries had average out-of-pocket (OOP) spending of about \$3,107 per beneficiary in 2025 (excluding monthly costs)



NEED EXTRA HELP?

Medicare and Medicaid



Medicaid is a joint federal and state program that:

- It helps with medical costs for some people with limited income and resources.
- Offers services not normally covered by Medicare, like nursing home care and personal care services.



If you have Medicare and full Medicaid coverage, most of your health care costs are likely covered.

Part D Extra Help is available:

Additional help paying for your prescriptions may be available.

You may qualify for a Low-Income Subsidy (LIS) if your yearly income and resources are below certain limits.

You may qualify for Extra Help if your assets are not worth more than \$35,130 if you are married or \$17,600 as a single individual. Your annual income is limited to \$31,725 for a married couple living together or \$23,475 for an individual.

You can apply at: www.ssa.gov/benefits/medicare/prescriptionhelp

(Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts, or back payments from Social Security or SSI.) If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

Q&A

Can you have Medicare Advantage plans and Medicaid together?

Yes! Many "dual eligible" Medicare beneficiaries prefer Medicare Advantage plans as a way to get their Medicare coverage.

Will my Medicare coverage follow me if I move out of the state?

If you have a Medigap insurance plan, you will be available to any doctor in the U.S. who accepts Original Medicare. If you have a Medicare Advantage plan, it will only cover you in your original service area for non-emergency needs. You will have 63 days of guaranteed acceptance to enroll in a new plan if you move.

What should couples consider when choosing Medicare plans?

Though there is no one-size-fits-all plan, some Medicare plans will offer a "couples" or "household" discount for enrolling in the same Medicare plan.

How do I change my Medicare coverage?

We help our customers change their coverage by utilizing our "Medicare Plan Finder" where you can quote & apply for Medicare. Or one of our licensed insurance agents can help you enroll in a plan that best fits your needs.



POLICY ENGINEER

Tech

Our technology will give you access to policies from many top insurance companies in America to ensure you never overpay for a policy that suits your needs

Process

You will experience a fast and simple process of online self-enrollment or you can choose to work with a licensed insurance agent.

Promise

Your life's needs will change over time. We promise to be here to serve you along the way. As a client, you will have lifetime access to a licensed insurance agent, professional, and customer service team.

CLICK HERE TO REGISTER FOR OUR

Medicare 101 Educational Webinar!

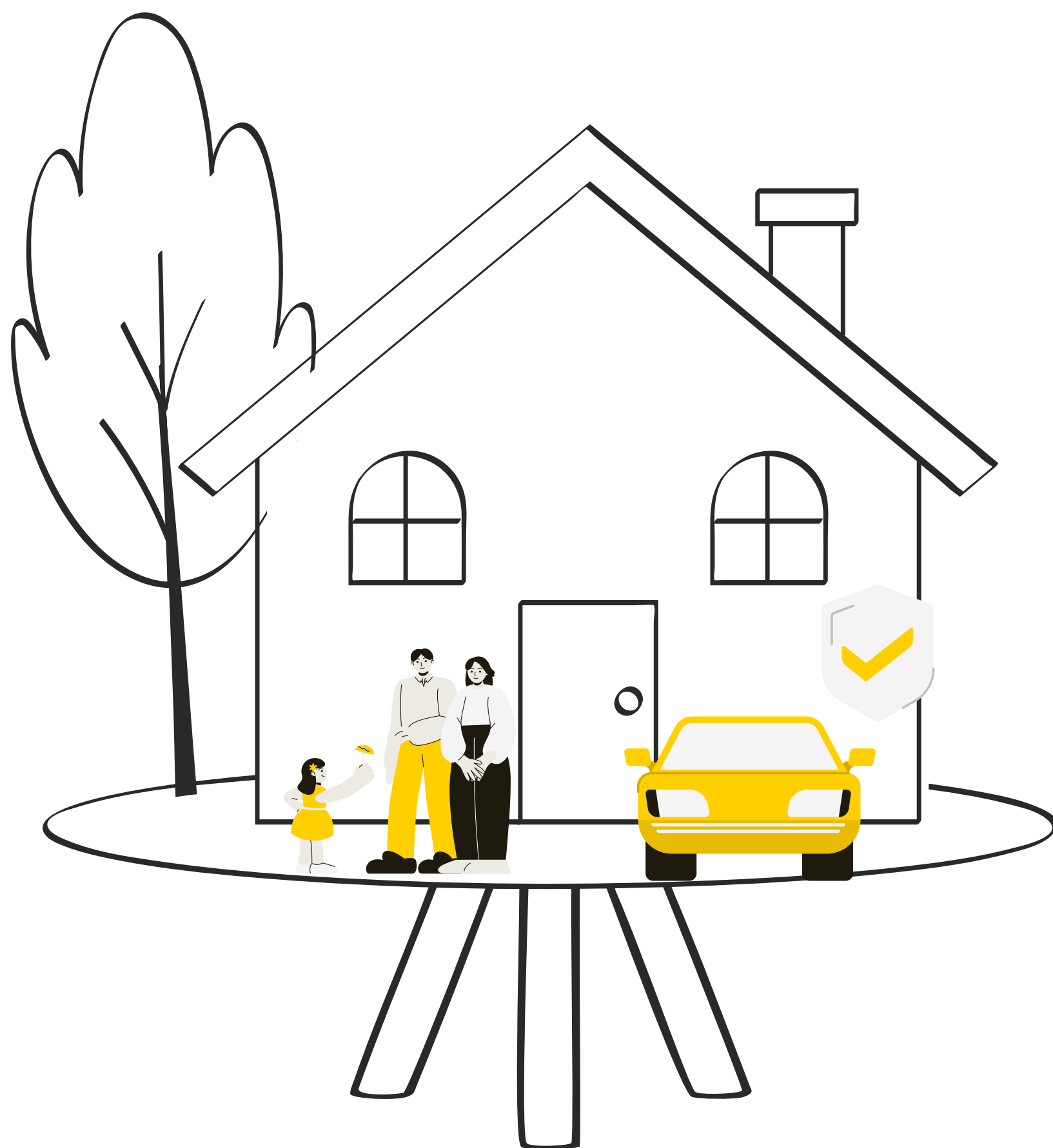
- How to decide between a Medicare Supplement or Medicare Advantage Plan
- How to maximize coverage to protect your peace of mind and fit your health needs and budget
- How to take advantage of specific rights & entitlements that protect you from overpaying!



This event is for educational purposes only; no plan benefit information will be shared. For accommodations of persons with special needs at meetings, call (714) 794-9975 (M-F 9:00 am – 5:00 pm). You will be directed to a licensed insurance agent by calling the number above. By submitting your information, you acknowledge that a licensed insurance agent may contact you by phone, email, or mail to discuss and quote Medicare Advantage Plans, Medicare Supplement Insurance, or Prescription Drug Plan.

OUR METHOD

"The Stable Table"



Health

Wealth

Legacy

Just as a table needs three legs to stand, a fulfilling lifestyle requires three well-planned supports to thrive. Our 'Stable Table' method provides comprehensive health, wealth, and legacy strategies to ensure a stable, worry-free future.

MORE RESOURCES:

Any questions?

email us: info@policyengineer.com
(714) 794-9975 to speak with a
licensed insurance agent.

Or schedule a meeting
with one of our Policy
Engineer licensed
insurance agents

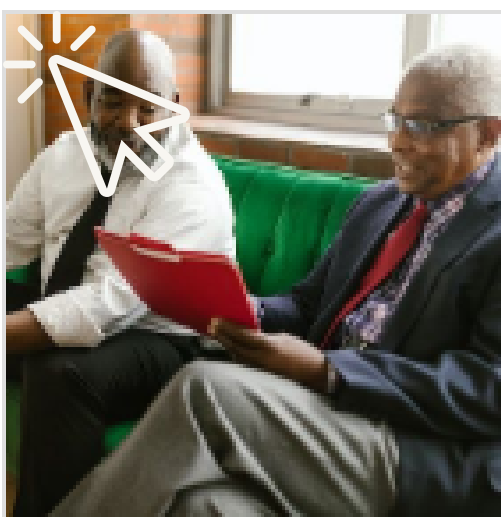
1. [Click here to review the plans](#)
2. [Click here to go to our Medicare page](#)



Understanding Medicare PPO Plans in 2026: A Comprehensive Guide

Navigating Medicare can feel overwhelming — especially when you're faced with multiple plan types and ever...

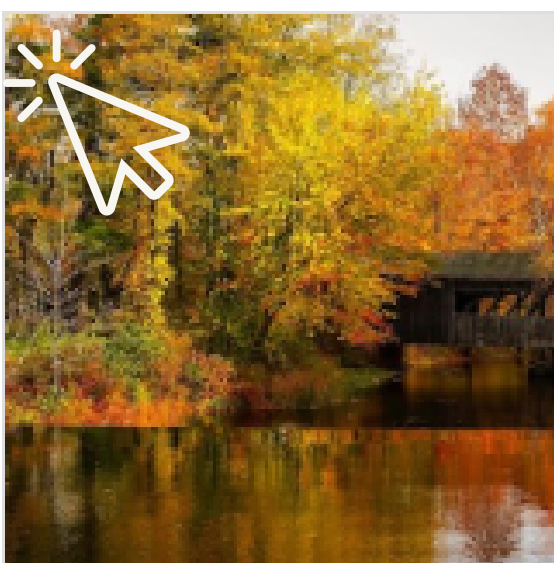
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Understanding IRMAA 2026: How Income Affects Your Medicare Premiums

Medicare's base premiums are only part of what some beneficiaries pay. For those with higher income, an extra...

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Understanding Medicare Parts A & B Changes for 2026

Medicare is not static; each year, the premiums, deductibles, and cost-sharing structures can change. In...

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