The 2026-2027 Charleston Medicare Starter Kit

Turning 65 Guide

Ride into Retirement with Confidence

A Plain-English Guide to Choosing Medicare with Confidence

LOWCOUNTRY INSURANCE BROKERS

THE 2026–2027 CHARLESTON MEDICARE STARTER KIT

TURNING 65 GUIDE

Ride into Retirement with Confidence

A Plain-English Guide to Choosing Medicare with Confidence

Prepared for Charleston-area Medicare beneficiaries by

Lowcountry Insurance Brokers

Leah Hill, Medicare Insurance Specialist | lowcountrymedicare.com

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Welcome

If you are approaching your 65th birthday, someone has probably already told you that “Medicare is confusing.” They are not wrong. Between Parts A, B, C, and D, Medigap letters, enrollment windows, and a mailbox full of look-alike advertisements, it is easy to feel like you need a translator just to get started.

This guide is that translator. It was written by Lowcountry Insurance Brokers, a Charleston-based Medicare agency founded and led by Leah Hill, to give Lowcountry residents a plain-English starting point before they ever sit down with an agent, a call center, or a stack of mail.

Nothing in this guide is meant to replace personalized advice. Medicare decisions depend on your health, your budget, your prescriptions, and the doctors you want to keep seeing — details a general guide simply cannot know. Instead, think of this as your map: it will show you the terrain, mark the deadlines that matter, and help you walk into any conversation about Medicare, whether with us or anyone else, already speaking the language.

What this guide covers

- Your Medicare timeline, fromsix months beforeyou turn65throughenrollment
- What Parts A, B, C, and D actually pay for
- Medigap and Medicare Advantage, explained side by side
- Enrollment periods and the penalties for missing them
- Common mistakes Lowcountry retirees make — and how to avoid them
- Questions worth asking before you choose a plan
- Local Charleston-area resources and a checklist to bring to your first appointment

A note on numbers: the costs referenced in this guide reflect 2026 Medicare figures published by the Centers for Medicare & Medicaid Services (CMS). CMS typically announces the following year's premiums and deductibles each fall, so 2027 amounts will not be final until late 2026. We update our own materials as soon as CMS releases them — ask us for the current figures whenever you are ready to enroll.

Your Medicare Timeline

Medicare does not wait for you to feel ready. Your enrollment window opens and closes on a fixed schedule built around your 65th birthday, and missing it can mean gaps in coverage or penalties that follow you for years. Here is how the timeline breaks down.

6 Months Before You Turn 65

This is a good time to start gathering information rather than making decisions. Confirm the exact date your Medicare eligibility begins, request your Social Security statement, and make a list of your current prescriptions and doctors. If you are still working and covered by an employer plan, find out from your HR department how your coverage interacts with Medicare — this single conversation prevents most of the costly mistakes described later in this guide.

3 Months Before You Turn 65

Your Initial Enrollment Period (IEP) opens. This seven-month window is the single most important span of time in this entire guide, and it is explained fully in the Enrollment Periods chapter. If you plan to enroll in Original Medicare (Parts A and B), you can apply now through the Social Security Administration, online, by phone, or in person.

The Month You Turn 65

If you signed up during the three months before your birthday month, your Part A and Part B coverage typically begins on the first day of your birthday month. This is also the point at which you should be actively comparing Medicare Advantage plans, Medigap policies, and Part D drug plans, since coverage selected now can also start as early as your birthday month.

3 Months After You Turn 65

Your Initial Enrollment Period closes at the end of this month. Enrolling later in this window can delay when your coverage actually starts, so earlier is almost always better — there is rarely a reason to wait until the final weeks.

After Enrollment

Once you are enrolled, mark your calendar for the Annual Enrollment Period (October 15 – December 7) every year. This is your yearly opportunity to review your plan and switch if your health, prescriptions, or budget have changed. A short annual review, done every fall, is the single best habit for keeping your Medicare costs under control long-term.

TIMELINE AT A GLANCE

Key milestones to help you prepare for Medicare.

6 MONTHS BEFORE 65:
Gather documents, confirm eligibility date, ask HR about employer coverage.

3 MONTHS BEFORE 65:
Initial Enrollment Period opens; you may apply for Parts A and B.

BIRTHDAY MONTH:
Coverage can begin; compare Medicare Advantage, Medigap, and Part D options.

3 MONTHS AFTER 65:
Initial Enrollment Period closes.

EVERY FALL (OCT 15–DEC 7):
Annual Enrollment Period — review and adjust your coverage.

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Medicare Parts A, B, C & D Explained

Medicare is not one single insurance plan — it is a set of building blocks, and understanding what each letter covers is the foundation for every decision that follows.

Part A — Hospital Insurance

Part A helps cover inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Most people do not pay a monthly premium for Part A because they or a spouse paid Medicare taxes while working (generally at least 10 years, or 40 quarters). For 2026, the Part A inpatient hospital deductible is $1,736 per benefit period, with daily coinsurance of $434 for hospital days 61–90 and $217 per day for skilled nursing facility days 21–100.

Part B — Medical Insurance

Part B covers outpatient care: doctor visits, preventive services, durable medical equipment, and many outpatient procedures. Unlike Part A, almost everyone pays a monthly Part B premium — $202.90 per month in 2026 for most enrollees, with an annual deductible of $283. After the deductible is met, Medicare generally pays 80% of the Medicare-approved amount for covered services, and you are responsible for the remaining 20% unless you have supplemental coverage. Higher-income beneficiaries pay an Income-Related Monthly Adjustment Amount, or IRMAA, on top of the standard premium; in 2026 that surcharge begins for individuals with income above $109,000 and couples above $218,000.

Part C — Medicare Advantage

Part C is not a separate benefit so much as an alternate way to receive your Part A and Part B benefits. Private insurance companies approved by Medicare offer Medicare Advantage plans that bundle hospital and medical coverage, usually with prescription drug coverage and extra benefits like dental, vision, or hearing, into a single plan with its own network and cost-sharing rules. This option is explored in depth in its own chapter.

Part D — Prescription Drug Coverage

Part D helps pay for outpatient prescription drugs through private plans approved by Medicare. In 2026, the average standalone Part D premium is projected at roughly $34.50 per month, plan deductibles can be no higher than $615, and — thanks to changes under the Inflation Reduction Act — your annual out-of-pocket cost for covered drugs is capped at $2,100. Once you reach that cap, your plan pays 100% of covered drug costs for the rest of the calendar year. A voluntary Medicare Prescription Payment Plan also lets you spread your out-of-pocket drug costs into monthly installments instead of paying them at the pharmacy counter.

Part	What It Covers	2026 Cost Snapshot*
A — Medicare Part A	Doctor visits, outpatient care, preventive services, equipment	$226 deductible; $185 annual premium for 20% of beneficiaries
B — Medicare Part B	Primary care, specialist visits, preventive services, outpatient care	$206.50 premium; may vary by income (IRMAA)
D — Prescription Drug	Outpatient prescription medications	~$54.30/month average; $613 max deductible; $2,100 out-of-pocket cap

**Costs are 2026 standard amounts and may vary.*
Source: Medicare.gov

Medigap Explained

Medigap, formally called Medicare Supplement Insurance, is private insurance designed to work alongside Original Medicare (Parts A and B) to help pay some of the costs Medicare does not cover — deductibles, coinsurance, and copayments.

How It Works

Medigap policies are standardized in most states into lettered plans (Plan G and Plan N are the most common choices for new enrollees today). Each letter offers a fixed set of benefits, so a Plan G policy from one insurance company covers the same core benefits as a Plan G policy from another — the difference between companies is generally price, customer service, and financial stability, not the benefits themselves.

What Medigap Does Not Do

A Medigap policy only works alongside Original Medicare — it is not compatible with Medicare Advantage, and it does not include prescription drug coverage, so most Medigap policyholders pair their supplement with a standalone Part D plan. Medigap also does not cover long-term custodial care, dental, vision, or hearing.

The Underwriting Window Worth Knowing

You have a one-time, six-month Medigap Open Enrollment Period that begins the month you are both 65 or older and enrolled in Part B. During this window, insurance companies must sell you any Medigap policy they offer at their best available rate, regardless of your health history. Outside that window, insurers in most states can use medical underwriting to charge more, add waiting periods, or decline coverage altogether — which is why timing this decision correctly matters as much as the decision itself.

Who Tends to Choose Medigap

Medigap tends to appeal to people who travel frequently, want the freedom to see nearly any doctor or specialist who accepts Medicare nationwide, and prefer predictable costs over a low monthly premium. The trade-off is usually a higher monthly premium in exchange for lower, more predictable costs when you actually need care.

Medicare Advantage Explained

Medicare Advantage (Part C) plans are offered by private insurers approved by Medicare. Instead of paying separately for Part A, Part B, and a Part D plan, you generally get all of your coverage through one plan, often for a low or $0 monthly premium beyond what you already pay for Part B.

How It Works

Medicare Advantage plans typically use networks similar to an HMO or PPO you may recognize from employer coverage — you often need to use in-network doctors and hospitals, and many plans require referrals to see specialists. In exchange, plans commonly bundle in prescription drug coverage and extra benefits not covered by Original Medicare, such as dental, vision, hearing aids, or a fitness benefit. For 2026, the maximum a Medicare Advantage plan can require you to pay out of pocket for in-network Part A and Part B services is $9,250, after which the plan covers 100% of those costs for the rest of the year.

What to watch for?

- Network restrictions: confirm your current doctors, specialists, and preferred hospitals are in-network before enrolling.
- Prior authorization: some services require the plan's approval in advance.
- Plan changes year to year: networks, drug formularies, and costs can change annually, so last year's good plan is not guaranteed to be this year's good plan.
- Referral requirements: HMO-style plans often require a referral from your primary care doctor to see a specialist.

Medicare Advantage vs. Original Medicare + Medigap

Feature	Medicare Advantage	Original Medicare + Medigap
Typical monthly cost	Often $0 (may include premiums)	Part B premium + Medigap premium (higher)
Provider access	Plan networks, often local	Any provider nationwide accepting Medicare
Extra benefits (dental, vision, hearing)	Often included	Not included; purchase separately
Referral required	Often, for specialists	No
Out-of-pocket risk	Often capped; varies by plan	Higher monthly; vary by deductible and plan
Geographic flexibility	Lower roaming; outside of service area	Higher flexibility; any provider nationwide

Neither option is universally “better” — the right choice depends on how often you travel, which doctors you want to keep, how you prefer to budget for healthcare, and what medications you take. This is precisely the kind of decision worth talking through with a local, licensed agent rather than guessing from a mailer.

Enrollment Periods

Medicare runs on specific windows of time, and each one serves a different purpose. Knowing which window applies to your situation is one of the most valuable things this guide can offer.

Initial Enrollment Period (IEP)

A seven-month window centered on your 65th birthday: it begins three months before your birthday month, includes your birthday month, and extends three months after. This is when most people first enroll in Parts A and B and select their Medicare Advantage, Medigap, or Part D coverage.

General Enrollment Period (GEP)

If you miss your Initial Enrollment Period and are not eligible for a Special Enrollment Period, you can sign up for Part A and/or Part B between January 1 and March 31 each year, with coverage generally starting the first day of the month after you enroll. Enrolling through the GEP often means a late enrollment penalty, discussed in the next chapter.

Annual Enrollment Period (AEP)

Every year from October 15 through December 7, anyone with Medicare can switch Medicare Advantage plans, switch Part D plans, or move between Original Medicare and Medicare Advantage. Changes take effect January 1. This is the window most current beneficiaries use to fine-tune their coverage.

Medicare Advantage Open Enrollment Period (MA OEP)

From January 1 through March 31, people already enrolled in a Medicare Advantage plan get one opportunity to switch to a different Medicare Advantage plan or drop Medicare Advantage in favor of Original Medicare (adding a standalone Part D plan if needed).

Special Enrollment Periods (SEPs)

Certain life events — losing employer coverage, moving outside your plan's service area, qualifying for Extra Help, or a plan leaving the Medicare program, among others — open a Special Enrollment Period outside the usual calendar. SEP rules vary by situation, so if something in your life has changed, it is worth asking whether it opens a window for you.

Enrollment periods at a glance

- IEP: 7 months around your 65th birthday — yourfirst chance toenroll
- GEP: Jan 1 – Mar 31 — a fallback if you missed your IEP (may involve penalties)
- AEP: Oct 15 – Dec 7 — the annual window to switch plans for everyone
- MA OEP: Jan 1 – Mar 31 — one plan switch for current Medicare Advantage members
- SEP: Triggered by specific life events, at any time of year

→ See Enrollment Periods Infographic - Last Page

Late Enrollment Penalties

Medicare's late enrollment penalties are designed to encourage people to enroll when they first become eligible, and they can be genuinely expensive over time because, in most cases, they last for as long as you have that coverage.

Part B Late Enrollment Penalty

If you do not sign up for Part B when you are first eligible and do not qualify for a Special Enrollment Period (most commonly because you have coverage through current employment), your monthly premium may go up 10% for each full 12-month period you could have had Part B but did not enroll. This penalty is generally permanent for as long as you have Part B.

Part D Late Enrollment Penalty

If you go 63 or more consecutive days without Part D or other "creditable" drug coverage after your Initial Enrollment Period ends, you may owe a Part D late enrollment penalty. The penalty is calculated as 1% of the national base beneficiary premium ($38.99 in 2026) for each full month you went without creditable coverage, rounded to the nearest 10 cents, and it is added to your Part D premium for as long as you have Part D coverage.

Part A Late Enrollment Penalty

Most people do not pay a Part A premium at all. But if you do owe a premium and do not enroll when first eligible, your premium may increase by 10%, and you may have to pay that higher premium for twice the number of years you delayed enrollment.

How to Avoid These Penalties

- Know your Initial Enrollment Period dates and act within them.
- If you are still working past 65 with employer coverage, confirm in writing whether that coverage is "creditable" for both medical and drug purposes.
- If you delay Part B or Part D because of employer coverage, keep documentation — you will need proof of creditable coverage when you do enroll.
- When employer coverage ends, act quickly: most Special Enrollment Periods tied to losing employer coverage have their own strict deadlines.

The bottom line

- Thesepenalties areavoidablealmostevery time, and thefix issimplyknowingyour datesandyour coverage status before a deadline passes — which is exactly what a short planning conversation is for.

Common Mistakes

After many years of guiding Lowcountry families through Medicare, certain mistakes come up again and again. Here are the ones most worth avoiding.

1. Assuming Medicare is automatic. If you are not already collecting Social Security benefits when you turn 65, in most cases you must actively enroll — Medicare will not sign you up on its own.
2. Missing the Initial Enrollment Period. Waiting too long, even by a few weeks, can delay coverage or trigger a late enrollment penalty that follows you for years.
3. Not confirming whether employer coverage is creditable. Some employer plans, especially at smaller companies, are not considered creditable coverage by Medicare, which can trigger a penalty even for people who thought they did everything right.
4. Choosing a plan based on premium alone. The lowest monthly cost is not always the lowest overall cost once deductibles, coinsurance, and network restrictions are factored in.
5. Not checking whether current doctors and prescriptions are covered. A plan can look excellent on paper and still be a poor fit if your cardiologist is out of network or your maintenance medication is not on the formulary.
6. Assuming Medigap and Medicare Advantage can be combined. They cannot — choosing between them is one of the central decisions in this guide.
7. Skipping the annual review. Plans change every year. A plan that fit perfectly in January can look very different by the following Annual Enrollment Period.
8. Waiting past the Medigap underwriting window. Once your one-time guaranteed-issue window closes, medical underwriting can make switching to or between Medigap plans more difficult and more expensive later.

Questions to Ask Before Choosing a Plan

A good plan comparison is really a series of good questions. Bring this list to any conversation about Medicare — with us or anyone else — and insist on clear answers before you enroll.

About YourCoverage

- Are my current doctors, specialists, and preferred hospitals in this plan's network?
- Are my current prescriptions on this plan's drug formulary, and at what tier?
- What is the plan's annual deductible, and how does coinsurance work after that?
- What is the maximum I could pay out of pocket in a worst-case year?
- Does this plan require referrals to see specialists?

About Cost

- What is the monthly premium, and is it likely to change next year?
- Are there extra benefits included — dental, vision, hearing — and what are their limits?
- If I travel frequently or spend part of the year outside South Carolina, how does this plan handle care out of the area?

About the Decision Itself

- Why does this plan fit my specific health needs and budget better than the alternatives?
- What happens if I want to change my mind next year?
- Is the person helping me a licensed, local agent who can explain their compensation and whether they represent multiple companies?

Extra Help & Medicare Savings Programs

Medicare costs are not one-size-fits-all, and several federal and state programs exist specifically to lower costs for beneficiaries on a limited income. Many eligible people never apply simply because they assume they will not qualify — it is always worth checking.

Extra Help (the Part D Low-Income Subsidy)

Extra Help reduces or eliminates your Part D premium and deductible and caps what you pay per prescription. In 2026, eligibility is generally based on having income at or below 150% of the federal poverty level — roughly $23,000 to $24,000 a year for an individual, with a higher threshold for married couples — along with limited savings and other resources. If you already have both Medicare and Medicaid, receive Supplemental Security Income, or are enrolled in a Medicare Savings Program, you typically qualify for Extra Help automatically with no separate application.

Medicare Savings Programs (MSPs)

Medicare Savings Programs are state-administered programs that can pay your Part B premium and, in some cases, your Part A premium, deductibles, and coinsurance. There are several levels — including the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individual (QI) programs — each with its own income limit. South Carolina residents apply for MSPs through the SC Department of Health and Human Services, not through Medicare directly.

Because income and resource limits are updated annually and vary somewhat by household situation, the most reliable way to know whether you qualify is a quick screening — something we are glad to help you request, or that your local SHIP counselor can walk you through at no cost.

Special Situations

Still Working Past 65

If you or your spouse are still working and covered by an employer group health plan when you turn 65, you may be able to delay Part B (and sometimes Part A) without penalty, as long as the employer plan is considered creditable coverage and the employer has enough employees to trigger that rule — generally 20 or more. Get this confirmed in writing from your HR or benefits department; verbal assurances are not enough if a penalty is ever assessed later. Once employer coverage ends, you typically get an eight-month Special Enrollment Period to sign up for Part B without a late penalty.

Splitting Time Between South Carolina and Another State

ManyLowcountryretirees spend part of the yearelsewhere. If that describes you, network access becomes an especially important factor: Medicare Advantage plans are generally built around a local or regional network, while Original Medicare paired with Medigap is accepted by any provider nationwide who takes Medicare. Some Medicare Advantage plans do offer travel or “snowbird” benefits — always confirm the specifics before yourely on them.

Veterans and TRICARE

Veterans with VA health benefits and beneficiaries with TRICARE For Life often still choose to enroll in Medicare Part B when first eligible, since VA and TRICARE facilities and Medicare providers are largely separate systems, and delaying Part B can trigger the penalty described earlier if you are not otherwise exempt. If you have VA or TRICARE coverage, this is a conversation worth having early, since the right approach depends on your specific benefits and the VA facilities available to you locally.

Helping a Parent or Family Member

If you are assisting anaging parent or relative with their Medicare decisions, you can attend appointments with them, and in many cases a signed authorization allows an agent to speak with you directly about their coverage. Bringing their Medicare card, prescription list, and current insurance information to any meeting — whether or not they can attend in person — makes the conversation far more productive.

Glossary of Common Medicare Terms

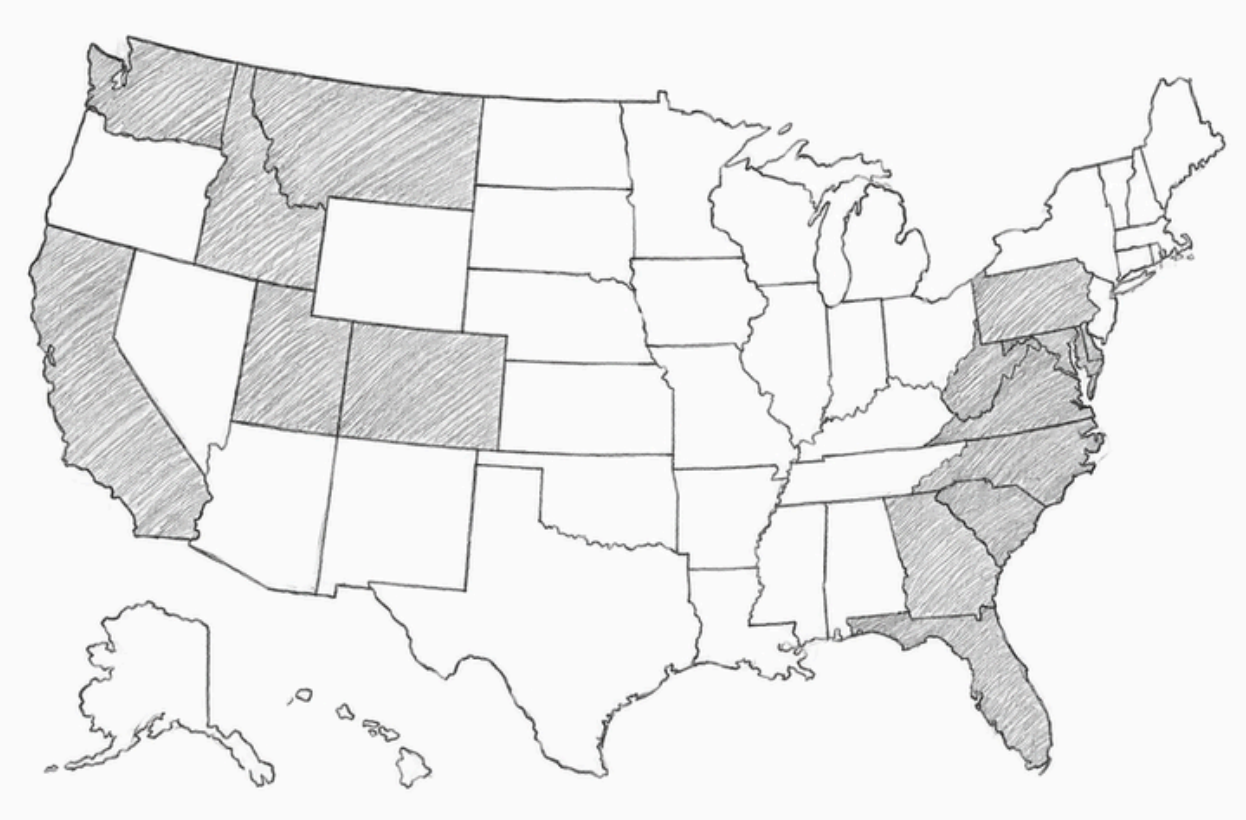
- Benefit period: How Medicare measures youruse of hospital and skilled nursing facility services; it begins the day you are admitted and ends after 60 consecutive days without inpatient care.
- Coinsurance: The percentage of a covered service's cost you pay after meeting your deductible — typically 20% under Part B.
- Copayment: A fixed dollar amount you pay for a covered service or prescription, rather than a percentage.
- Creditable coverage: Health or drug coverage that Medicare considers at least as good as its own, which allows you to delay enrollment without a late penalty.
- Deductible: The amount you pay out of pocket before Medicare or your plan begins to pay its share.
- Formulary: The list of prescription drugs a Part D or Medicare Advantage plan covers, usually organized into cost tiers.
- Guaranteed issue: A period during which an insurer must sell you a policy regardless of your health history.
- IRMAA (Income-Related Monthly Adjustment Amount): An additional premium charged to higher-income beneficiaries for Part B and Part D.
- Network: The group of doctors, hospitals, and other providers a plan has contracted with; care outside the network may cost more or not be covered.
- Premium: The amount you pay, usually monthly, to keep a Medicare plan or supplement in force.

Local Charleston Resources

Medicare decisions are personal, but you do not have to make them alone — and you do not have to rely only on a national call center that has never heard of the Lowcountry. These local and regional resources can help.

- Lowcountry Insurance Brokers — Charleston-based, personalized Medicare guidance from Leah Hill and her team. Phone: 888-251-5355 | lowcountrymedicare.com
- South Carolina State Health Insurance Assistance Program (SC SHIP) — free, unbiased Medicare counseling funded by the state and federal government.
- Social Security Administration — handles Medicare enrollment, ID verification, and premium questions; the Charleston-area field office can assist in person or by phone.
- Trident Area Agency on Aging — serving Charleston, Berkeley, and Dorchester counties with senior services, including Medicare-related support.
- Medicare.gov and 1-800-MEDICARE — the federal government's official source for plan details, coverage rules, and complaint resolution.

Lowcountry Insurance Brokers also serves clients beyond the Charleston metro, including in Georgia, North Carolina, Ohio, West Virginia, Utah, Florida, Maryland, and Pennsylvania. If you split time between South Carolina and another state, or are helping a family member out of state, ask whether we can assist there as well.



Appointment Preparation Checklist

A Medicare consultation goes faster, and produces a better recommendation, when you arrive prepared. Use this checklist before your first appointment.

Bring with you

- Medicare card (red,white, andblue) or yourSocial Securitynumberif you have notyetenrolled
- A complete list of current prescriptions, including dosages
- Names of your primary care doctor, specialists, and preferred hospital or health system
- Your current insurance card, if you have coverage through an employer, COBRA, or the Marketplace
- A rough sense of your monthly healthcare budget
- Any mail you have received from Medicare, Social Security, or insurance companies that you have questions about
- Your travel habits — do you winter elsewhere, or travel frequently within the year?
- A list of questions from the previous chapter, plus anything specific to your situation

If you are assisting a parent or family member, it is also helpful to bring a signed authorization or to have them present (in person or by phone) so we can speak with you directly about their coverage.

Meet Leah Hill

Leah Hill is the founder and principal partner of Lowcountry Insurance Brokers, LLC, a privately owned Medicare insurance agency based in Charleston, South Carolina. With more than 20 years of experience in the insurance industry, Leah has spent her career helping seniors, retirees, people approaching Medicare eligibility, beneficiaries with disabilities, and their families make sense of Medicare.

Leah founded Lowcountry Insurance Brokers to offer a more personal and understandable alternative to impersonal call centers and confusing Medicare marketing. Her approach centers on clear explanations, careful attention to each client's individual needs, and support that continues well after enrollment — not just during the sales conversation.

Her areas of focus include Medicare Parts A and B enrollment, Medicare Advantage and Medigap comparisons, Part D prescription drug guidance, annual coverage reviews, Extra Help and Medicare Savings Program guidance, and ongoing support with claims, billing, and coverage questions after you are enrolled.

Based in Charleston, Leah works with clients throughout the Lowcountry — including North Charleston, Mount Pleasant, Summerville, Goose Creek, West Ashley, James Island, and downtown Charleston — as well as clients in other states where she or an assigned licensed agent is appropriately authorized to help.

Your Next Step

Reading a guide is a good start. Talking through your specific situation with a local, licensed Medicare specialist is how you actually choose with confidence.

Schedule your free Medicare consultation

- Nocost,no obligation— just aclear conversation aboutyouroptions
- Personalized comparison of Medicare Advantage, Medigap, and Part D plans available in your area
- Help avoiding enrollment deadlines and late penalties
- Ongoing support after you enroll, every year at renewal time

Lowcountry Insurance Brokers | P.O. Box 14495, Charleston, SC 29422 | Phone: 888-251-5355 | Fax: 843-310-1010

ENROLLMENT PERIODS

at a glance

IEP: 7 months around your 65th birthday – your first chance to enroll

GEP: Jan 1 – Mar 31 – a fallback if you missed your IEP (may involve penalties)

AEP: Oct 15 – Dec 7 – the annual window to switch plans for everyone

MA OEP: Jan 1 – Mar 31 – one plan switch for current Medicare Advantage members

SEP: Triggered by specific life events, at any time of year

Not sure which period applies to you?
We're here to help.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Medicare Made Easy.
Personalized guidance. Local expertise.
Confidence for your next chapter.