

2025-26 Medicare Spotlight

Exploring Medicare? You'll Need A Guide

The Lewis and Clark expedition of the early 1800s had Sacajawea to guide them through vast, undiscovered swaths of the growing United States. The mountaineer Sir Edmund Hillary had the Sherpa guide Tenzing Norgay to help him become the first to summit Mt. Everest in 1953.

Those explorers had it easy! They only needed to reach their destination once. You, on the other hand, have an annual challenge: choosing Medicare and health insurance coverage that will best meet your needs for the following year.

The federal Centers for Medicare and Medicaid Services (CMS) makes changes to Medicare every year. In 2026, many Medicare and Medicaid changes authorized in the 2025 federal Budget and Reconciliation Act also take effect.

For 2026 there are 47 Medicare Advantage plans available in Dutchess County, and 10 available Medicare Part D drug plans. Only some of them will be right for you - but which ones? OFA can be your guide to figuring out what's right for you.

You'll still have the say over your choices for 2026. OFA's trained counselors in HIICAP, the Health Insurance Information, Counseling and Assistance Program, can help you get to the best possible place for making informed decisions. HIICAP is not a sales-oriented program; your tax dollars already pay for it.

Schedule your HIICAP appointment today, either by emailing ofa@dutchessny.gov or by calling us during business hours at **845-486-2555**. Meeting with a HIICAP counselor is a great way to get to know OFA before you need us, and to help you prepare for continued successful aging here in Dutchess County.

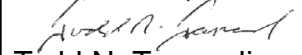
A Message from OFA Director Todd N. Tancredi

Friends,

Older adults have strength in numbers on their side, especially here in Dutchess County. If you celebrate a 65th birthday this year, you've got company - about another thousand Dutchess residents, all reaching the age of Medicare eligibility in 2025. They'll join the more than 70,000 County residents who are already Medicare beneficiaries. It's likely that what affects you as you age also affects countless older adults and caregivers.

A brief newsletter like this can't answer every Medicare question. When learning about a program as wide-ranging as Medicare, you may not even know what questions to ask. That's where the Office for the Aging can help you get to know not only Medicare, but all the services OFA offers. Reach out to us today!

Best wishes, and be well!



Todd N. Tancredi

Director, Dutchess County Office for the Aging

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New to Medicare? Start Here

Three Different Initial Enrollment Periods (One Will Apply To You)

1. The Initial Enrollment Period (IEP)

This is the 7-month window around your 65th birthday. It begins 3 months before your birth month and ends 3 months after your birth month.

For example, if a person turns 65 years old on December 5th, their IEP would run from September 1st to March 31st the following year. However...

If your birthday falls on the first of the month, the timeframe is slightly different. Your IEP would begin 4 months before your birthday and end 2 months after your birth month.

2. The Special Enrollment Period (SEP)

In general, it's important to sign up for Medicare promptly to avoid gaps in coverage or late enrollment penalties. However, if you're already covered through an employer group health plan, it might make sense to sign up for Medicare later or delay Part B. There are no penalties if you sign up or add Part B during this time.

If you or your spouse have health insurance through your job, you can sign up:

- Any time while working and still covered by the group health plan.
- Within 8 months of the day you or your spouse stop working, even if your group health plan continues for a time.
- Within 8 months of the group health plan ending while you or your spouse continue to work.

Your coverage typically begins the month after you sign up. In some cases, it may start sooner or up to three months later, depending on your circumstances.

3. Late Enrollment (With Penalties)

If you miss both the Initial Enrollment Period and Special Enrollment Period, you may have to pay a late enrollment penalty - for the rest of your life.

Late enrollment penalties:

- Are added to your monthly premium.
- Are *not* a one-time late fee.
- Are usually charged for as long as you have that type of coverage. For most people, that's a lifetime penalty. The Part A penalty is different.
- Go up the longer you wait to sign up – they're based on how long you go without coverage that is similar to Medicare.

Part A late enrollment penalty: Some people have to buy Part A because they don't qualify for premium-free Part A. If you have to buy Part A, and you don't buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You'll have to pay the penalty for *twice the number of years you didn't sign up*.

Part B late enrollment penalty: Generally, you won't have to pay a Part B penalty if you qualify for a Special Enrollment Period, but pay an extra 10% for each year you could have signed up for Part B, but didn't.

2025-26 Medicare Spotlight

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Available for free at libraries, senior centers, and municipal buildings throughout Dutchess County, as well as at the OFA website:

dutchessny.gov/aging

To be added to or removed from our mailing list, call **845-486-2544** or email bjones@dutchessny.gov.

Medicare ABCs (and Ds)

Part A (hospital insurance)

Part A helps pay for inpatient care at:

- Hospitals
- Hospice
- It also covers some outpatient home health care, and skilled nursing care only under very specific, limited circumstances. Contact OFA for details.

Part A is free if you worked and paid Medicare taxes for at least 10 years. You may also be eligible because of your current or former spouse's work.

Part B (medical insurance)

Part B helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services

Most people pay a monthly premium for Part B. The exact premium depends on your income level.

Part C (Medicare Advantage)

Part C is known as Medicare Advantage. It's an alternative to Parts A and B that bundles several coverage types, including Parts A, B, and usually D. It may also include vision, hearing, and/or dental insurance.

You must sign up for Part A or Part B before enrolling in a Medicare Advantage plan.

Part D (prescription drug coverage)

You must sign up for Part A or Part B before enrolling in Part D. OFA can help you decide which Part D plan is right for you.

Moving? Medicare Needs to Move With You

Downsizing to a smaller home is common among older adults with adult children now in their own homes. This may be your situation some day, if not already. Make sure you've added "notify Medicare" to your moving to-do list.

Does my coverage change?

Making sure your coverage stays with you is essential, regardless of how far you're moving.

Moving anywhere within the United States? Original Medicare Parts A and B are unaffected, since it's the same throughout all U.S. states and territories.

If you are a Medicare Part D prescription drug plan enrollee, the plans available in your new location may be different from what's available in your current location. In that case, you'd need to enroll in a new plan. Sometimes the same plan you have now is also available in your new location. If that's the case, you will not need to re-enroll.

When you notify Medicare that you've relocated, you'll be eligible for a three-month Special Enrollment Period (see Page 2), during which you can enroll in one of the plans available in your new location. Get this taken care of as soon as possible, so that there won't be any gaps in your prescription coverage. Wait too long to re-enroll, and you'll be assessed a penalty.

Moving and Medicare Advantage (a/k/a Part C)

If you're a Medicare Advantage (Part C) enrollee and like your current plan, you may want to take this factor into consideration before you pick a new place to live. These plans are offered by private insurance companies, with different price points and available services depending on what plan you choose.

Some Medicare Advantage plans are specific only to certain states, regions, cities...even a single ZIP code.

Medicare 2026: The New York State Numbers

(Source: Centers for Medicare and Medicaid Services (CMS))

In New York State, 3,970,385 individuals are enrolled in Medicare. Of those, about 70,000 are Dutchess County residents.

In New York State in 2026:

- In 2026, the average monthly Medicare Advantage plan premium increases to \$40.49, an increase of less than a dollar from the 2025 premium.
- 100% of people with Medicare have access to a Medicare Advantage plan, including options with \$0 premiums.

Medicare Part D in New York State:

- Your maximum out-of-pocket spending for covered drugs in 2026 will be \$2,100, up from \$2,000 in 2025.
- 10 stand-alone Medicare prescription drug plans are available in 2026. All individuals with Medicare have access to a Medicare prescription drug plan.
- 92.67% of people with a stand-alone Medicare prescription drug plan have access to a plan with a lower premium than what they paid in 2025.
- 37.82% of people with a stand-alone Medicare prescription drug plan get Extra Help (see opposite column).
- \$35.70 is the lowest monthly premium for a stand-alone Medicare prescription drug plan.

Medicare “Extra Help” and Potential Big Savings

Very few of us are in a position to casually leave money on the table, especially those of us with limited resources. That’s where Medicare’s “Extra Help” really comes in handy for prescription coverage - but many older adults don’t know they’re eligible. Social Security estimates the value of “Extra Help” is about \$6,200 per year.

Some people with limited resources and income may also be able to get Extra Help with the costs - monthly premiums, annual deductibles, and prescription co-payments - related to a Medicare prescription drug plan.

Do I Qualify?

To be eligible for Extra Help, your resources must be limited to \$17,600 for a single person, or \$35,130 for a married couple living together. Resources include the value of the things you own. Some examples are:

- Real estate other than your primary residence.
- Bank accounts, including checking, savings, and certificates of deposit.
- Stocks.
- Bonds, including U.S. Savings Bonds.
- Mutual funds.
- Individual Retirement Accounts (IRAs).
- Cash, at home or anywhere else.

Not counted toward resources: your primary residence, personal possessions, vehicle, life insurance policies, and burial expenses. Contact Social Security at ssa.gov or **800-772-1213** for more information on other resource exclusions.

Income Limits

To be eligible for Extra Help, your annual income must be limited to \$23,475 for a single person or \$31,725 for a married couple living together. Even if your annual income is higher, you may still be able to get some help.

Contact OFA for details: ofa@dutchessny.gov or **845-486-2555**.

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Avoid Unexpected Bills

Know the Differences Between a Medicare Wellness Exam and a Physical

Annual Wellness Visit

(Your Medicare deductible is waived)

Cost: FREE

Coverage: Annually, when it occurs at least 12 months after your Initial Preventative Physical Exam, and when you have been covered by Part B for more than 12 months

Purpose: To develop and update a personalized prevention plan, based on your current health and risk factors

Other: Medications are *not* refilled or prescribed

Annual Physical Exam

(The Part B deductible applies)

Cost: Copay

Coverage: Annually; you will be billed and responsible for 20% of the Medicare approved amount

Purpose: For medically necessary services, including evaluation and management of an illness or injury

Other: Medications may be refilled or prescribed

The terms “wellness visit” and “physical exam” sound similar, but when it comes to Medicare, the two procedures are *not* interchangeable. It’s something you’ll need to watch for when you make appointments with your doctor. The wellness exam is different from a full body physical that you may have undergone in past years.

If you’ve had Medicare Part B (Medical Insurance) for longer than 12 months, you can get a yearly “Wellness” visit once every 12 months to develop or update a personalized prevention plan to help prevent disease and disability, based on your current health and risk factors. Your provider may also perform a cognitive impairment assessment. You pay nothing for this visit if your doctor or other qualified healthcare provider have agreed to accept the Medicare-approved amount as full payment for any covered service provided to a Medicare patient.

The Part B deductible doesn’t apply. However, you may have to pay coinsurance, and the Part B deductible may apply if:

- Your doctor or other healthcare provider performs additional tests or services during the same visit. These additional tests or services aren’t covered under the preventive benefits.
- A cognitive impairment assessment is performed to look for signs of Alzheimer’s disease or dementia.

The personalized prevention plan is designed to help prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy.

Before your Medicare wellness visit, put together a complete list of the medications you take, as well as any vitamins, minerals, supplements, and over-the-counter medications.

2025 OFA “Navigating Medicare” Classes

Class registration is required

*Contact OFA at **845-486-2555** during business hours to register,
unless otherwise indicated below*

The Office for the Aging has added additional “Navigating Medicare” classes to the year-round schedule of monthly classes at the following locations:

Poughkeepsie Galleria Community Room (2001 South Rd., Poughkeepsie)
(third Wednesday of every month)

October 15th, November 19th, December 17th

Starr Library, Rhinebeck (68 W. Market St.)

(fourth Monday of every month)

October 27th, November 24th, December 22nd

Here’s the rest of the fall schedule so far, along with how to register:

Date and Time	Location	To Register, Call
Friday, October 10th - 3:00pm	Boardman Road Branch Library 141 Boardman Rd., Poughkeepsie	845-485-3445 x3380
Monday, October 20th - 2:00pm	Starr Library 68 West Market St., Rhinebeck	845-486-2555
Wednesday, October 29th - 1:00 pm	Fishkill Recreation Center 793 NY 52, Fishkill	845-831-3371
Thursday, November 6th - 9:30am	Adriance Library 93 Market St., Poughkeepsie	845-485-3445 x3380
Wednesday, November 19th - 2:00pm	Stanford Library 6035 NY 82, Stanfordville	845-868-1341
Tuesday, December 2nd - 9:30am	Adriance Library	845-485-3445 x3380

*We continue to add “Navigating Medicare” classes during Open Enrollment.
Visit **dutchessny.gov/calendar** for the most up-to-date calendar listings*



SHIP

State Health Insurance
Assistance Program

Navigating Medicare



6 Common Medicare Scams

1. "You need a new Medicare card"

Scam callers pretend to be representatives of Medicare.

They're trying to trick you into giving them your personal information.

Medicare does NOT call you, unless you've already asked them to.

If you can't find your Medicare card, call 800-633-4227 to get a new one mailed to you, or use your **medicare.gov** account to print one for yourself.

2. "Your benefits are cancelled"

The **scam caller** is trying to scare you and trick you into giving up personal information.

Stay calm and do not give them *any* information. Just hang up.

You can call Medicare directly to check your coverage status.

3. "You can get money for medical expenses"

If somebody you don't know contacts you out of the blue with a claim that you've overpaid for services and qualify for a rebate...**that's a scam.**

4. "Free" equipment or medical tests

If it sounds too good to be true, **it's a scam.** Legitimate insurance agents are forbidden by federal law from even using the word "free" in their sales pitch.

5. What's this on my porch?

If an unexpected delivery of medical equipment arrived at your home, report it as an **attempted scam.** Do not sign for the delivery.

6. You see Medicare claims that don't look right

Check the claims listed on every Medicare Summary Notice you receive, and check that they match up with the medications and services you have received.

Somebody billed Medicare under your ID for equipment you don't use, your doctor didn't prescribe, at a facility thousands of miles away? **That's a scam.** Report it.

REPORTING MEDICARE SCAM ATTEMPTS

Report the scam or scam attempt at **medicare.gov** or call **800-633-4227 (MEDICARE).**

Clip and save this page, and find more printable scam prevention resources at dutchessny.gov/ofaprintable



**Dutchess County Office for the Aging
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