

# MEDICARE DECISION SNAPSHOT—65-Year-Old, Ohio, 2026

All figures below are **2026 national figures** (Part A/B, IRMAA, Part D) or **Ohio-specific averages** (Medigap). Medicare Advantage premiums are national averages, since MA plans and networks are priced by county — you’d need to run your specific ZIP through Medicare Plan Finder to get exact local numbers. **Disclaimer:** This snapshot is intended as a quick-reference tool, not a substitute for personalized guidance from Medicare or a licensed advisor. Get additional information and the latest updates at Medicare.gov.



**ASSUMPTION:** you’ve worked 40+ quarters, so Part A (hospital insurance) is premium-free in all three scenarios. Part A only differs in what backs it up (nothing, Medigap, or MA cost-sharing rules).

## 1 THE ONE THING THAT’S THE SAME IN ALL THREE SCENARIOS

| COST                            | 2026 AMOUNT                                                                                                                                  |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Part B standard monthly premium | <b>\$202.90/month</b> (\$2,434.80/year)                                                                                                      |
| Part B annual deductible        | \$283/year                                                                                                                                   |
| IRMAA (income surcharge)        | Kicks in above \$109,000 (single) MAGI from 2 years prior; adds \$81.20–\$487.00/month on top of the standard premium at higher income tiers |



**Everyone enrolled in Medicare — Original or Advantage — pays the Part B premium.** It’s not something you avoid by choosing Advantage; it’s the base cost of Medicare itself. Advantage plans layer on top of it, they don’t replace it.

## 2 FULL COST COMPARISON

| Cost Component      | Option A:<br>Original Medicare Only (no supplement)                     | Option B:<br>Part B + Medigap Plan G + Part D                                                                              | Option C:<br>Part B + Medicare Advantage (MA-PD)                                                       |
|---------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Part B premium      | \$202.90/mo                                                             | \$202.90/mo                                                                                                                | \$202.90/mo                                                                                            |
| Part B deductible   | \$283/yr (you pay)                                                      | \$283/yr (you pay — Plan G is the one thing it doesn’t cover)                                                              | Built into plan’s own cost-sharing structure, varies by plan                                           |
| Medigap premium     | —                                                                       | Ohio avg for Plan G: <b>~\$165–270/mo</b> (statewide range roughly \$118–541, among the lowest-cost states in the country) | —                                                                                                      |
| MA plan premium     | —                                                                       | —                                                                                                                          | National avg <b>\$15/mo</b> (includes drug coverage); ~75% of enrollees pay \$0 extra premium          |
| Part D drug premium | Not included — you’d need to buy separately or pay a late penalty later | Standalone Part D avg <b>\$34.50/mo</b> ; deductible up to \$615/yr; \$2,100/yr hard OOP cap on drugs                      | Usually bundled into MA-PD premium above; same \$615 deductible cap and \$2,100 drug OOP cap may apply |

## 2 FULL COST COMPARISON (continued)

| Cost Component                                        | Option A:<br>Original Medicare<br>Only (no supplement)                                  | Option B:<br>Part B + Medigap<br>Plan G + Part D                        | Option C:<br>Part B + Medicare<br>Advantage (MA-PD)                                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part A hospital deductible (per benefit period)       | <b>\$1,736</b> — per benefit period                                                     | <b>\$0</b> — Plan G covers it fully                                     | Varies by plan; often a per-admission copay instead (e.g., \$250–350/day for first several days)                                                                  |
| Part B 20% coinsurance                                | Uncapped — you pay 20% of every outpatient bill, forever                                | <b>\$0</b> — Plan G covers essentially all of it                        | Replaced with flat copays (e.g., \$20–50 doctor visit, \$300+ specialist) rather than 20% coinsurance                                                             |
| Annual out-of-pocket max                              | <b>None.</b> Original Medicare alone has no cap — a bad year can cost tens of thousands | <b>None needed</b> — Plan G's near-total coverage functions as your cap | <b>Capped by law.</b> 2026 avg in-network MOOP: <b>\$5,421</b> ; legal max: \$9,250 (in-network); PPO in+out-of-network avg \$9,825                               |
| Extra benefits (dental/vision/hearing/gym)            | Not covered                                                                             | Not covered (buy separately if wanted)                                  | Often included at no extra cost                                                                                                                                   |
| Network restrictions                                  | None — see any provider nationwide who accepts Medicare                                 | None — Medigap follows Original Medicare, any provider nationwide       | Yes — HMO/PPO network; referrals often required for HMOs; avg beneficiary has access to only ~half the physicians available under Original Medicare in their area |
| <b>Rough predictable monthly total</b>                | ~\$203/mo, but with unlimited exposure if something goes wrong                          | ~\$355–425/mo (\$202.90 + \$120–190 Medigap + \$34.50 Part D)           | ~\$203–270/mo, but capped total annual exposure                                                                                                                   |
| <b>Rough predictable annual total (premiums only)</b> | ~\$2,435/yr                                                                             | ~\$4,265–5,100/yr                                                       | ~\$2,570–3,650/yr                                                                                                                                                 |

### 3 BENEFITS OF EACH APPROACH

| Benefit                                        | Original Medicare Alone                                          | Part B + Medigap Plan G + Part D                                                                                                                                          | Part B + Medicare Advantage                                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Predictability                                 | Worst — no cap, no plan, exposed to every dollar of the 20%      | <b>Best</b> — near-zero surprise bills once premiums are paid                                                                                                             | Good — capped, but copays vary claim to claim                                                                                                          |
| Provider access                                | <b>Best:</b> any doctor/hospital in the U.S. that takes Medicare | <b>Best</b> — same as above, no network at all                                                                                                                            | Limited to plan network; may need referrals; can lose access if you move                                                                               |
| Travel flexibility (snowbird/multi-state)      | Good                                                             | <b>Best</b> — plus most Medigap plans include foreign travel emergency coverage                                                                                           | Weakest — many MA plans only cover in-network care, meaning care outside your home region may not be covered at all except emergencies                 |
| Monthly cost today                             | <b>Lowest</b>                                                    | Highest                                                                                                                                                                   | Low-to-moderate, often near \$0 extra                                                                                                                  |
| Extra perks (dental, vision, hearing, fitness) | None                                                             | Not covered (though some carriers add wellness perks)                                                                                                                     | <b>Yes</b> , commonly included                                                                                                                         |
| Worst-case financial risk                      | Catastrophic — no ceiling                                        | Minimal — deductible plus modest gaps only                                                                                                                                | Capped at \$5,421 (avg) to \$9,250 (max) per year, per plan rules                                                                                      |
| Underwriting risk if you switch later          | N/A                                                              | Ohio Medigap Open Enrollment (6 months after Part B start) is your best/only guaranteed-issue window; switching supplements <i>later</i> may require medical underwriting | Can generally switch MA plans annually during Open Enrollment without underwriting — but switching back to Medigap later may then require underwriting |
| Simplicity of “one card, one plan”             | Simple by default, but risk offsets simplicity                   | Two premiums to track (Medigap + Part D) but claims are simple                                                                                                            | One plan, one premium, one card — administratively simplest                                                                                            |

### 4 THE PRACTICAL BOTTOM LINE

- **Original Medicare with no supplement** is rarely recommended for anyone who can afford otherwise — the lack of an out-of-pocket cap is the core risk. It mainly makes sense if you have other creditable coverage (e.g., retiree coverage, VA benefits, or Medicaid) filling the gap.
- **Medigap Plan G + Part D** costs the most every month but gives you the most predictable, closest-to-zero-surprise experience, with full nationwide access. This is the classic choice for people who travel, split time between states, have a specialist they don’t want to lose, or simply want to never think about a medical bill again.
- **Medicare Advantage** usually costs the least month-to-month and adds extra perks, but trades that for network limits and variable copays — capped, but not zero.

One timing note specific to your situation: your **strongest guaranteed-issue right to buy any Medigap policy without medical underwriting** is the 6-month window starting the month you turn 65+ and enroll in Part B. If you retire and delay this decision, and later decide you want to switch into Medigap from Advantage, Ohio insurers can generally medically underwrite you (charge more or decline) outside that window — this is the main reason people treat this as a “choose once, mostly stick with it” decision rather than something to revisit yearly like Advantage plans.