medicare® po polsku

FREE GUIDE · NO OBLIGATION · FAMILY EDITION

Medicare Guide 2027

for Polish-American families

What you need to know before your parent turns 65, during enrollment, and every year after.

Licensed, independent insurance agency
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2027 EDITION
Medicare po Polsku

Medicare po Polsku is not affiliated with or endorsed by the government or Federal Medicare Program.

Jakub Slomczewski
Licensed Insurance Agent

To the family,

Thank you for picking up this guide. It means you're taking your parent's Medicare decision seriously, and that's the kind of family I love to work with.

I grew up bridging English and Polish at the kitchen table. My dad, Robert, started this agency before I joined. Today, I do for other Polish-American families what I used to do for my own: translate, explain, and keep everyone in the conversation.

This guide is built for the adult child quietly running point on a Polish-speaking parent's Medicare. Reading the letters that arrive in English, sitting in on calls so they can be summarized back later, and making sense of a system that wasn't designed for households with two languages around the table. Most of our Polish-American families go through this exact pattern: parents trust their adult children with the research and the timing, then make the actual enrollment call in Polish with us.

This doesn't replace a conversation with a licensed agent. Every situation is different. Doctors, medications, travel plans, budget, U.S. work history, every family adds up differently. Use this as a starting point. After reading, you'll know what to ask and what to watch out for before any paperwork is signed.

If you have questions while reading, please call. The conversation is free, no obligation, and we'll work with your parent in Polish and brief you in English.

With my regards,

Jakub Slomczewski

Jakub Slomczewski
Licensed Insurance Agent
Medicare po Polsku

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CHAPTER ONE

What is Medicare?

The U.S. federal health-insurance program, created in 1965.

Medicare helps millions of Americans cover the cost of medical care. It's primarily for people 65 and older, though younger people on SSDI or with certain conditions also qualify.

Who qualifies for Medicare

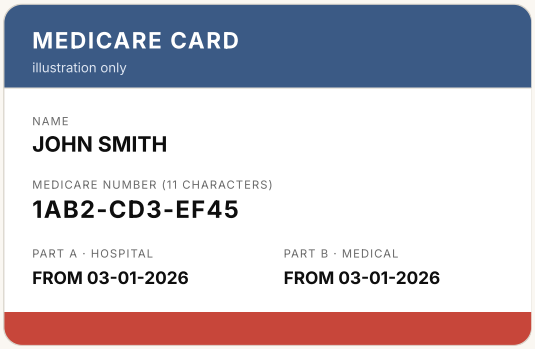
Three main groups:

- **People 65 or older.** Lawfully present in the U.S. and, in most cases, 40 quarters of work history paid into Social Security (about 10 years).
- **People under 65 receiving SSDI.** Social Security Disability Insurance recipients qualify after at least 24 months on SSDI.
- **People with specific conditions.** ESRD (end-stage renal disease) or ALS, regardless of age.

People with fewer than 40 quarters can still enroll in Medicare. In that case, Part A isn't premium-free; there's a monthly premium set yearly by CMS (Centers for Medicare & Medicaid Services).

Your parent's Medicare card

After enrolling, your parent receives a red-white-and-blue card with an 11-character Medicare ID. This card replaced the older Social-Security-numbered card in January 2020. The old cards are no longer active.



Not affiliated with or endorsed by CMS, HHS, or the Federal Medicare Program.

A simplified illustration of the Medicare card. The real card is red, white and blue; the Medicare number has 11 characters, contains letters and numbers, and does not contain a Social Security number.

If your parent still has the old card, call us. We'll help you get a new one, free of charge, with no obligation.

Is Medicare free?

Not entirely.

- **Part A.** Premium-free for most beneficiaries who have 40 quarters of work history.
- **Part B.** Monthly premium set yearly by CMS, income-adjusted upward (IRMAA) for higher earners.
- **Parts C, D, and Medigap.** Private plans, each with their own monthly premiums.

Beyond premiums, your parent pays something out of pocket when they use care: a deductible (the amount before insurance kicks in), copays (a flat fee per visit), and coinsurance (a percentage share). Those are what determine the real cost of coverage in any given year.

Part A and B amounts: 2026 and the 2027 projection

	2026	2027 (projected)
Part B standard monthly premium	$202.90	$209.50
Part B yearly deductible	$283	$292
Part A hospital deductible (per benefit period)	$1,736	$1,788
Part A hospital, days 61–90, per day	$434	$447
Skilled nursing facility, days 21–100, per day	$217	$223.50
Part A monthly premium, 30–39 / under 30 work quarters	$311 / $565	$330 / $600
Part B highest monthly premium (with IRMAA)	$689.90	$712.10

2026 amounts are from CMS (November 14, 2025). 2027 amounts are projected, per the Medicare Trustees Report projection (2026 Medicare Trustees Report, June 9, 2026). CMS announces the final 2027 Part A and B amounts in the fall, and they may differ from the projection.

> **Worth remembering.** Medicare isn't a single plan. It's a set of four parts, each covering different services with its own rules and costs. Full breakdown in Chapter 2.

Why this matters for Polish-speaking parents

For most Polish-American families, this is the first time the parent is buying their own health insurance, not getting it through an employer. Letters arrive in English. The terminology doesn't translate cleanly. And the decisions made in this short window shape what's covered for years. That's where this guide, and where we, come in.

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CHAPTER TWO

The four parts of Medicare

A, B, C, and D, what each one covers.

Medicare isn't one insurance product. It's four parts that fit together. Each part covers different services with its own rules and costs, set yearly by CMS.

PART A	PART B	PART C	PART D
Hospital	Doctor visits	Advantage	Drugs

Part A, hospital insurance

What it covers. Part of the cost of inpatient hospital stays, skilled nursing facility care after a hospital admission, hospice, and some home-health services.

What it costs. Premium-free for most beneficiaries who (or whose spouse) worked at least 40 quarters paying Medicare taxes. Fewer quarters means Part A is still available but with a monthly premium set yearly by CMS.

What it doesn't cover. Long-term care (e.g., permanent nursing-home stays unrelated to rehab), most doctor visits (that's Part B), and outpatient prescription drugs (that's Part D).

Part B, medical insurance

What it covers. Part of the cost of outpatient care outside the hospital: doctor visits, specialists, lab work, preventive services (vaccines, screenings, annual wellness visit), emergency ambulance, durable medical equipment, and outpatient rehab.

What it costs. A monthly premium set yearly by CMS, usually deducted directly from Social Security. Higher-income beneficiaries pay a surcharge called IRMAA (Income-Related Monthly Adjustment Amount).

Annual deductible. After your parent meets it, Medicare pays 80% of approved costs and they pay the remaining 20%, unless they have additional coverage that fills the gap.

> **Worth remembering.** Parts A and B together are what's called Original Medicare.

Part C, Medicare Advantage

What it is. An alternative to Original Medicare. Instead of getting coverage directly from CMS, your parent enrolls in a private Medicare-approved plan. The plan bundles Part A and Part B in one product, and in many cases includes Part D (drugs) too; that's called an MAPD plan.

How it works. They stay enrolled in Medicare, but the coverage is administered by a private insurance company under contract with CMS. Plans usually have a network of doctors and hospitals that must be used for the lowest cost of care.

Requirement. To enroll in Medicare Advantage, your parent must already have active Parts A and B.

Part D, prescription drug plan

What it is. A standalone prescription drug plan (PDP). Unlike Parts A and B, it's not run directly by CMS. Plans are private products that meet CMS standards.

How it works. Part D can be added as a separate plan paired with Original Medicare, or built into a Medicare Advantage plan (MAPD). Every Part D plan has its own formulary, which is the list of drugs it covers.

Medigap, a supplemental policy, not another part

Beyond the four main parts, there's a category of supplemental policies called Medicare Supplement, or Medigap. Medigap doesn't replace any part of Medicare. It pairs with Original Medicare (A + B) and helps cover the out-of-pocket costs Medicare itself leaves behind.

> **Worth remembering.** Medigap only works with Original Medicare. Your parent cannot have Medicare Advantage and Medigap at the same time. It's a choice: either Advantage, or Original plus Medigap.

Four typical paths in Medicare

Path 1

Original Medicare

Just Part A plus B. Hospital and medical coverage, no drugs, and still 20% coinsurance after the deductible. Rarely optimal without something else added on.

Path 2

Original Medicare plus Part D

Parts A and B plus a standalone drug plan. Still no help with the 20%, but at least drugs are covered.

Path 3

Original Medicare plus Medigap plus Part D

The classic setup for people who want freedom to choose doctors and predictable costs. Medigap covers what Original Medicare doesn't, and Part D handles drugs.

Path 4

Medicare Advantage (MAPD)

One plan, one card, one network. Often with lower monthly premiums in exchange for being limited to the plan's network.

Which path is right? It depends on your parent's needs, doctors, medications, travel patterns, budget, and how much care they use. That's why it's worth talking with an agent who knows their situation.

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CHAPTER THREE

When to enroll

Medicare doesn't let you enroll whenever you want. There are strict windows.

Missing some windows triggers a lifetime financial penalty. Timing matters.

IEP (Initial Enrollment Period), the seven-month window

Who it's for. People aging into Medicare for the first time, usually around their 65th birthday.

When it applies. A seven-month window around your parent's 65th birthday: three months before the birthday month, the birthday month itself, and three months after. If the birthday falls on the first of a month, the window shifts one month earlier.

−3	−2	−1	65	+1	+2	+3
3 MO BEFORE	2 MO BEFORE	1 MO BEFORE	BIRTHDAY MONTH	1 MO AFTER	2 MO AFTER	3 MO AFTER

The seven-month IEP window around the 65th birthday.

What can be done. Enroll in Part B (if not auto-enrolled), enroll in Medicare Advantage, buy a Medigap policy, or enroll in a standalone Part D plan.

AEP (Annual Election Period), the fall window

Who it's for. Anyone already on Medicare.

When it applies. October 15 to December 7 every year. A plan elected by December 7 takes effect January 1 of the following year.

What can be done. Change from one Medicare Advantage plan to another, drop Advantage and return to Original Medicare, switch from Original to Advantage, enroll in or change a Part D plan, or drop Part D.

> **Why AEP matters so much.** Plans change premiums, benefits, formularies, and provider networks every year. What worked last year may not fit this year. We recommend an AEP review for every client, even when everything seems fine.

MA-OEP (Medicare Advantage Open Enrollment Period), the spring window

Who it's for. Only people who already have a Medicare Advantage plan.

When it applies. January 1 to March 31 every year.

What can be done. A one-time change to a different Medicare Advantage plan, or dropping Advantage and returning to Original Medicare (optionally adding a standalone Part D plan). **Medigap isn't guaranteed here:** outside the Medigap Open Enrollment Period and guaranteed-issue situations, an insurer can ask health questions and decline.

SEP (Special Election Periods)

Who it's for. People in specific life situations that trigger an enrollment right outside the standard windows.

Common situations that trigger an SEP:

- **Moving.** To a state where the current plan doesn't work, or outside the plan's service area.
- **Losing employer coverage.** Loss of group coverage with creditable coverage.
- **Getting or losing Medicaid.** Or qualifying for Extra Help (LIS).
- **Plan terminates its Medicare contract.** Guaranteed right to switch to another plan.
- **Returning to the U.S.** After an extended stay abroad.

SEPs usually last two to three months from the qualifying event. Rules are specific to each of them. If a situation might trigger an SEP, call us.

Decision: still working past 65, what about Medicare?

With comparable employer coverage, your parent can usually delay Part B without penalty, as long as the coverage qualifies as creditable. Which one pays first depends on the number of employees (20+, or fewer).

Does your parent have employer coverage (own or spouse's)?

YES

Employer may pay first (with 20+ employees). **Part B can be delayed** without penalty, as long as the coverage is creditable.

NO

Best to **enroll during IEP**. Skipping it triggers a lifetime Part B penalty.

When employer coverage ends (retirement, layoff, reduction in hours), a Special Enrollment Period opens for 8 months. That window allows Part B enrollment without penalty.

> **A trap that's easy to miss.** Not every employer plan exempts your parent from the Part B late-enrollment penalty. The coverage must qualify as creditable, which isn't the same as "good coverage." Verify before delaying Part B.

The most common enrollment mistake

Picking a plan from a TV ad without verification. The ad doesn't know your parent's doctors, drugs, or travel patterns. A 30-minute verification with an agent saves months of later corrections.

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CHAPTER FOUR

The big choice: Medigap or Advantage?

Two paths, two philosophies.

Once your parent has Original Medicare (Parts A and B), they face one of the most important decisions in Medicare. Either Medicare Advantage (one plan, one card, limited to the network), or Original Medicare plus a Medigap supplemental policy plus a standalone Part D drug plan.

There's no universal answer. It depends on doctors, medications, travel, and budget.

Medigap, the supplemental policy

What it is. A private policy that pairs with Original Medicare and pays for the costs Medicare leaves to the patient. "Gap" is literal: Medigap fills the financial gaps in Medicare.

How it works. Medigap policies are federally standardized by CMS. A plan with the same letter (e.g., Plan G, Plan N) offers exactly the same benefits, no matter which insurance company sells it. Plan G from Carrier A covers the same things as Plan G from Carrier B. The difference is price, the company's financial strength, and the level of customer service.

The decision happens in two steps

- **First, pick the letter.** That sets the benefits.
- **Then, pick the carrier.** Compare prices for that same letter across insurers.

Important note. Medigap doesn't cover drugs. With the "Original Medicare plus Medigap" path, your parent almost always also adds a standalone Part D plan.

The critical, one-time six-month Medigap window

One of the most common sources of regret in Medicare. Read this carefully.

Your parent has a one-time, six-month window called the Medigap Open Enrollment Period. It starts the month they turn 65, as long as Part B is active. During this window, three guarantees apply:

- **Guaranteed issue.** An insurance company cannot refuse a Medigap policy.
- **No medical underwriting.** The carrier cannot ask health questions.
- **No health-based pricing.** The insurance company can't charge more because of past or present health problems.

> **Worth remembering.** This window opens only once in a lifetime. After it closes, most states allow carriers to require medical underwriting, refuse a policy, or charge higher rates based on health. We recommend talking with an agent at the start of the six-month window, not at the end.

Medicare Advantage, the "all-in-one" alternative

What it is. A way to receive Medicare benefits through a private insurance plan approved by CMS. The plan bundles Part A and Part B, and in many cases Part D too.

How it works. Your parent's Parts A and B must still be active, but instead of every visit being billed directly to CMS, the entire experience is handled by a private plan. They get one insurance card, one phone number, one cost structure.

Network: the preferred provider group. This is the biggest difference. With Original Medicare, your parent can see any doctor that accepts Medicare. With Advantage, there's a network: a defined list of doctors, specialists, hospitals, and pharmacies the plan has contracts with.

Two main network structures

- **HMO (Health Maintenance Organization).** Must use in-network providers only. Usually requires a Primary Care Physician (PCP) who refers to specialists. Out-of-network care isn't covered except in emergencies.
- **PPO (Preferred Provider Organization).** Network applies, but out-of-network care is also covered at higher cost. Often no referrals needed for specialists.

Comparing the two paths

Medicare Advantage

Works well when:

- Your parent's regular doctor is in the plan's network.
- They don't travel out of state often.
- They prefer one card, one plan, one phone number.
- A lower monthly premium matters more than network freedom.

Original + Medigap + D

Works well when:

- Freedom to see any doctor across the U.S. matters.
- They travel often (e.g., winters in Florida, summer in Poland).
- They have complex medical history and need easy specialist access.
- Cost predictability matters more than a low monthly premium.

> **A decision that lasts.** Choosing Medicare Advantage at 65 and trying to switch back to Original Medicare plus Medigap two years later can be problematic: no guaranteed issue, underwriting required. This is not a one-year decision.

That said, this isn't a "once and forever" choice. Many people change strategies as life changes. That's why it's worth reviewing the plan annually to make sure it still fits.

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CHAPTER FIVE

Part D, prescription drugs

The category where costs vary the most between plans.

There are two ways to insure prescription drugs under Medicare:

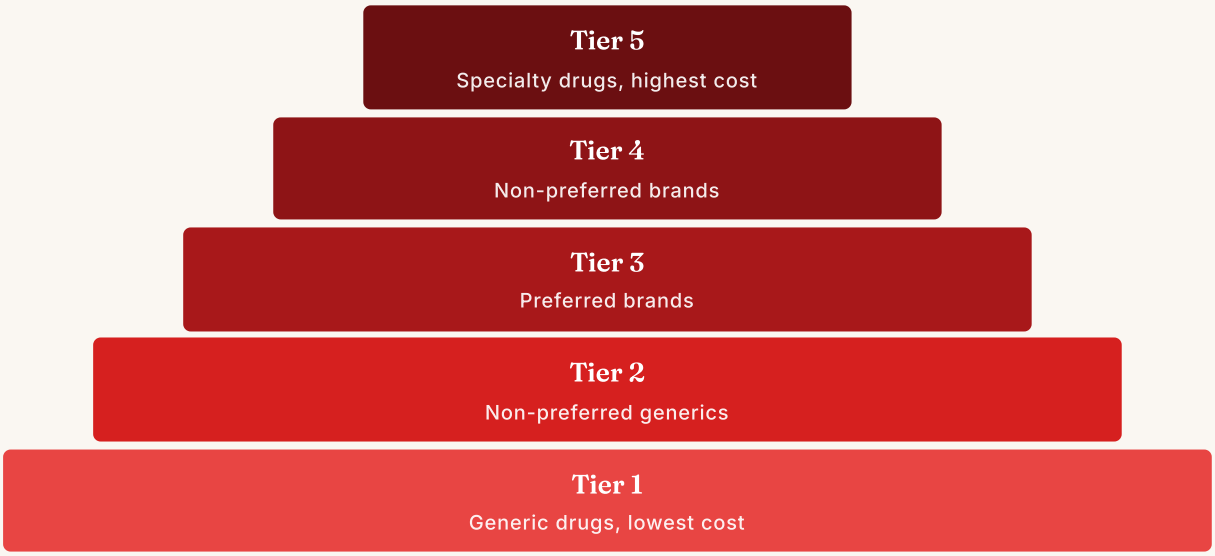
- **Standalone Part D plan (PDP).** Added on to Original Medicare or to a Medigap setup.
- **Bundled Part D inside Medicare Advantage (MAPD).** Part D is built into the Medicare Advantage plan itself.

Your parent cannot have a standalone Part D plan at the same time as most Medicare Advantage plans. That combination is prohibited by CMS rules.

The formulary and tiers

The formulary is the list of drugs a Part D plan covers. Every plan has its own. The same prescription can cost different amounts on different plans.

Drugs on the formulary are placed in tiers, which are pricing levels. A typical structure:



The higher in the pyramid, the higher the patient's share.

The same drug can sit on tier 2 in one plan and tier 4 in another, drastically changing the yearly cost.

> **The most important rule for picking Part D.** The only sensible way to pick a plan is to check your parent's specific medication list against the formularies of the plans available where they live. A plan that's "cheap on average" can be expensive for the drugs they actually take.

The annual out-of-pocket cap, $2,400 in 2027

This is the biggest change to Part D in a decade. It comes from the federal Inflation Reduction Act (IRA).

2027

Annual out-of-pocket cap. In 2027, there's an annual $2,400 cap on out-of-pocket spending for prescription drugs covered by a Part D plan. Once your parent hits that cap, they pay $0 for the rest of the year on Part-D-covered drugs.

The cap began in 2025 and is updated yearly by CMS per the IRA.

The cap applies only to drugs covered by your parent's Part D plan, whether standalone or bundled into MAPD. It doesn't include Part B drugs (administered in a doctor's office) or drugs not on the plan's formulary.

The "donut hole" has been eliminated. Part D used to have four cost phases: deductible, initial coverage, coverage gap (donut hole), and catastrophic. The current structure is simpler: deductible, initial coverage, and catastrophic, with the $2,400 cap on top in 2027.

Extra Help (Low-Income Subsidy)

Low-income beneficiaries with limited assets may qualify for Extra Help (also called Low-Income Subsidy or LIS). It's a federal program that covers most or all Part D costs.

Extra Help affects:

- The monthly Part D premium — reduced or eliminated.
- The deductible — eliminated.
- Drug costs — cut to a few dollars per prescription.
- The late-enrollment penalty for Part D — waived.

For many Polish-American families (especially parents who worked off-the-books and now collect smaller Social Security benefits), Extra Help can be life-changing. It's worth checking eligibility.

The Part D late-enrollment penalty

Skipping Part D enrollment without comparable drug coverage from another source (e.g., employer plan, VA benefits) triggers a lifetime penalty.

The penalty is 1% of the national base premium for every full month longer than 63 days without drug coverage. That amount is added to the monthly premium for life, even after your parent changes plans later.

How to avoid it. Enroll in Part D during the Initial Enrollment Period (IEP), or maintain creditable coverage, which is drug coverage comparable to Part D (from an employer, union, the VA, etc.). Keep the written confirmation of creditable coverage in case it's ever needed as proof.

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CHAPTER SIX

Top questions, ten answers

The questions we hear most often from Polish-American families.

For anything more complex, schedule a free, no-obligation Polish/English consultation.

1. Is Medicare mandatory at 65?

No. Medicare isn't mandatory, but there are important exceptions. People already collecting Social Security are automatically enrolled in Parts A and B in the month they turn 65. People still working with comparable employer coverage (usually at companies with 20+ employees) can delay Part B without penalty. Otherwise, delaying triggers a lifetime penalty.

2. What if my parent missed the Initial Enrollment Period?

Three paths exist. First, a Special Enrollment Period (SEP), if your parent had comparable employer coverage. Second, the General Enrollment Period (GEP), January 1 through March 31 every year, with coverage starting the first day of the month after enrollment (per CMS rule changes in 2023); a lifetime penalty usually applies after GEP. Third, after qualifying life events (move, change in insurance status). Call us to figure out which path applies.

3. Does my parent's spouse get Medicare automatically when one of them enrolls?

No. Medicare is individual. Each person qualifies separately, based on their own age, own work history, and own situation. However, with 40 quarters of U.S. work history, a spouse may qualify for premium-free Part A at 65 based on the working spouse's earnings (a "spousal benefit").

4. Can my parent have Medicare and employer coverage at the same time?

Yes. If your parent (or their spouse) is still working with group coverage, they can have both. Which one pays first depends on the size of the employer. In most cases, Part B can be delayed without penalty, as long as the coverage qualifies as creditable. After losing employer coverage, a Special Enrollment Period opens (usually 8 months) for penalty-free Part B enrollment.

5. What's the difference between Medicare and Medicaid?

They're two different programs. Medicare is federal health insurance, based mainly on age (65+) or disability. It's income-independent. Medicaid is a federal-state program for low-income people, regardless of age, run separately by each state. Some people qualify for both at once, called "dual eligible." Special enrollment periods and dedicated D-SNP plans apply.

6. Does Medicare cover all prescription drugs?

No. Medicare alone (Parts A and B) covers a very limited range of drugs, mostly those given in a doctor's office or hospital. Most daily prescriptions require a separate Part D plan. Every Part D plan has its own formulary and pricing tiers. That's why picking a Part D plan starts with the actual drug list, not with the monthly premium.

7. Does Medicare cover long-term care or nursing homes?

In a limited way. Medicare covers a skilled nursing facility stay after a qualifying hospital admission, up to 100 days, with higher costs after day 20. That's rehabilitative care, not long-term. Medicare doesn't cover permanent, long-term residency in a nursing home (custodial care) or in-home help with activities of daily living when there's no medical reason. Those situations need separate products: Long-Term Care Insurance, certain hybrid policies, or Medicaid.

8. Will Medicare cover my parent traveling to Poland?

Generally no. Medicare covers care only within the U.S. and its territories. Some Medigap plans (C, D, F, G, M, N) include emergency care outside the U.S., usually 80% of costs with a lifetime cap and a carrier-set deductible. Not a full travel-insurance product, but better than nothing. For longer trips abroad, a standalone travel-medical policy is worth considering.

9. Can my parent have Medicare Advantage and Medigap at the same time?

No. It's a choice: either Medicare Advantage, or Original Medicare plus Medigap. It's illegal to sell a Medigap policy to someone who has Medicare Advantage, unless they're switching back to Original Medicare. If your parent has Medicare Advantage and wants to switch to Medigap, they must first drop Advantage during a valid window, and then apply for Medigap and enroll in Part D. Outside the Medigap Open Enrollment Period and guaranteed-issue situations, an insurer can ask health questions and decline, so check this before dropping Advantage.

10. What is TPMO, and why is that disclosure on agency materials?

TPMO (Third-Party Marketing Organization) is a CMS term for firms or individuals promoting Medicare Advantage or Part D plans without being the insurance carrier. Independent insurance agencies like Medicare po Polsku are TPMOs. CMS requires TPMOs to clearly state that they are not a state or federal agency, are not Medicare, and don't offer every plan available in your parent's area. The full list of plans in any area can be checked at Medicare.gov or by calling 1-800-MEDICARE.

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CHAPTER SEVEN

Supplemental Plans

Private policies outside Medicare that help cover the out-of-pocket costs of a main plan.

Neither Original Medicare nor a Medicare Advantage plan covers everything. Out-of-pocket costs remain (deductibles, co-pays, coinsurance), along with gaps such as routine dental and vision care. Supplemental Plans are separate, private policies that help close those gaps in exchange for a monthly premium.

> **These are private insurance policies and are not part of, affiliated with, or regulated by the Medicare program.** They do not replace Original Medicare or a Medicare Advantage plan. They are separate, supplemental coverage that can help pay the out-of-pocket costs (deductible, co-pay, coinsurance) under the main plan.

Hospital Indemnity Plan (HIP)

What it is. A Hospital Indemnity Plan (HIP) is a private policy that, in exchange for a monthly premium, helps cover the out-of-pocket costs of using care: the daily cost of a hospital stay, an emergency-room (ER) visit, an ambulance, or certain visits, meaning the deductibles, co-pays, and coinsurance the main plan leaves behind.

How it works. A Hospital Indemnity Plan is most often added to a Medicare Advantage plan, but it can also pair with a Medicare Supplement (Medigap). It's worth considering especially with Medicare Advantage plans, where there's an out-of-pocket cost for each hospitalization, ER visit, or ambulance ride. It's one way to cover the out-of-pocket costs of an all-in-one plan: the Medicare Advantage plan covers the Part A and B benefits, and the Hospital Indemnity Plan helps cover that plan's out-of-pocket costs.

Dental, Vision & Hearing Plans (DVH)

What it is. Original Medicare doesn't cover routine dental care, vision care, or hearing aids. A standalone dental-vision-hearing plan (often called DVH) is a private policy that helps cover cleanings and dental work, eye exams and glasses, and hearing aids.

Who it's for. For people on Original Medicare, because their plan doesn't include these benefits, and for people on Medicare Advantage who want broader coverage than the dental-vision add-on their plan may include.

Accidental Medical Expense (AME)

What it is. An Accidental Medical Expense plan is a private policy that pays a predetermined amount after a covered event, such as a fall, a fracture, or another injury. The money goes directly to the policyholder and can be used for any purpose: a bill, transportation, in-home help, or rehabilitation after discharge.

Who it's for. For people who want protection against sudden, one-time costs tied to an accident, regardless of what the treatment ends up costing.

Critical Illness

What it is. A Critical Illness policy is a private policy that pays a one-time, contractually set amount after a diagnosis of one of several specified conditions, usually heart attack, stroke, kidney failure, or certain cancers. The amount is independent of the actual cost of treatment.

Who it's for. For people who want financial protection in the event of a serious diagnosis, regardless of what the main plan covers.

How they work with Medicare

Supplemental Plans don't replace Medicare or a Medicare Advantage plan; they work alongside them. The main plan (Original Medicare, Medigap, or Medicare Advantage) stays the foundation, and a supplemental policy helps cover what the main plan didn't.

Whether any of these policies makes sense depends on the main plan's coverage, health, budget, and how often care is used. That's why we never recommend any of them sight unseen. We learn the situation first, and only then look together at whether a supplement is needed or whether it would just duplicate coverage already in place.

> **Worth remembering.** Supplemental Plans are private products, outside the Medicare program. They can be bought alongside a Medicare plan, but they are not a Medicare benefit. Before adding any of these policies, it's worth checking what the main plan doesn't cover, to avoid doubling up on coverage.

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CHAPTER EIGHT

Next step

A free, no-obligation 30-minute Polish/English consultation.

This guide gives your family a map. The specific solution depends on details no guide can supply: who your parent's primary care doctor is, what medications they take regularly, where they live most of the year, how often they've used the hospital recently, and what the budget is.

The consultation is:

- **Free.** Our work costs your family nothing. Agents are paid by the insurance carriers.
- **No obligation.** The decision to enroll is your family's, after the conversation. We don't push.
- **Bilingual.** We work with your parent in Polish and brief you in English.
- **About 30 minutes.** The first call usually runs half an hour. More complex situations get multiple sessions.

Three simple steps

1

Contact

Phone 844-654-5185, email, or the form on the website.

2

Conversation

Free, no obligation, Polish and English, about 30 minutes. No rush.

3

Decision

Your family decides in its own time, after fully understanding the options.

How to reach us

PHONE

844-654-5185

Polish and English, office hours

EMAIL

kontakt@medicarepopolsku.com

Reply in 1 business day

FORM

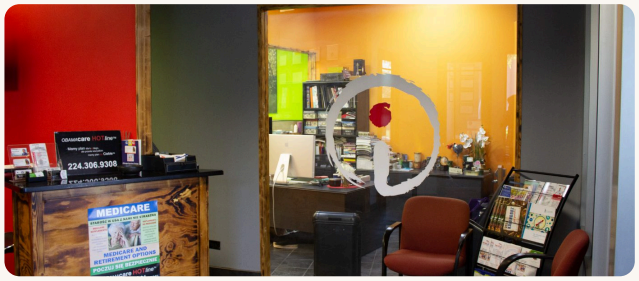
medicarepopolsku.com/en/consultation

Schedule online

What to have ready before the call. Your parent's medication list (name, dose, frequency). Their doctor list (primary care, specialists, preferred hospital). Their 65th birthday date and whether they currently have employer coverage. That's enough. We'll piece together the rest with you.

About us

Medicare po Polsku is a licensed, independent insurance agency serving Polish-American families in Illinois, Florida, Michigan, Arizona, and 13 other states.



Our office in Jefferson Park, Chicago, our home for 15 years.

We've been a family-run agency for over fifteen years. Our main office is in Jefferson Park, a Chicago neighborhood with one of the deepest Polish-American communities in the U.S. We work with Polish families in 18 states, including those who winter in Florida, summer in Poland, or move out to be near their adult children in another state.

What we do

- Explain Medicare to your parent in Polish, calmly, step by step.
- Compare carriers available in your parent's area.
- Verify that your parent's doctors and drugs are covered by the plan they're considering.
- Help with all enrollment paperwork.
- Stay reachable year-round, not just during enrollment season.

What we don't do

- Pressure-sell over the phone.
- Recommend a plan without verifying doctors and drugs first.
- Represent any single insurance company. We work independently.

Working with our agency costs your family nothing. Agents are paid directly by the insurance carriers.

Jakub Slomczewski

Licensed Insurance Agent

Robert Sobczak

Licensed Insurance Agent

Disclosures

This is a solicitation of insurance. A licensed insurance agent may contact you.

Medicare po Polsku is not affiliated with or endorsed by the government or Federal Medicare Program. This material is for educational purposes only and does not replace official Medicare materials or individual advice from a licensed agent. The full list of plans available in any area can be checked at Medicare.gov or by calling 1-800-MEDICARE.

All amounts (e.g., the $2,400 annual Part D cap in 2027) are set yearly by CMS and may change. We confirm current values during the consultation.

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