

medicare<sup>®</sup>  
po polsku

FREE GUIDE · PERSONAL EDITION

# Medicare Guide 2026

*for yourself, in plain English*

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*What you need to know before you turn 65, during enrollment,  
and every year after.*

2026 EDITION

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**Jakub Słomczewski**  
Licensed Insurance Agent

## *Hello there,*

Thanks for picking up this guide. If you're reading it, you're approaching 65 (or already there) and you're doing the smart thing: getting oriented before any decisions get made.

I'm Jakub, a licensed insurance agent at Medicare po Polsku in Chicago. We're a family-run, independent agency, founded by my dad Robert over fifteen years ago, and we've helped over 7,000 families navigate Medicare. Most of our clients are Polish-American, but the questions are the same at 65 regardless of background.

Medicare is the federal health-insurance program you've been paying into through payroll taxes your whole working life. Now it's your turn to use it. The system has a lot of moving parts, but the core decisions are simpler than they look once they're laid out.

This guide is a starting point. After reading, you'll know what to ask, what each piece of Medicare actually does, and what to watch out for before signing up. It does not replace a conversation with a licensed agent. Your doctors, medications, travel patterns, budget, and work history all matter.

If you have questions while reading, please call. The conversation is free, no obligation, and we're patient. There's no sales script. We work in English or Polish, whichever you prefer.

With my regards,

*Jakub Słomczewski*

**Jakub Słomczewski**  
Licensed Insurance Agent  
Medicare po Polsku

# 1

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.

## Do you qualify for Medicare?

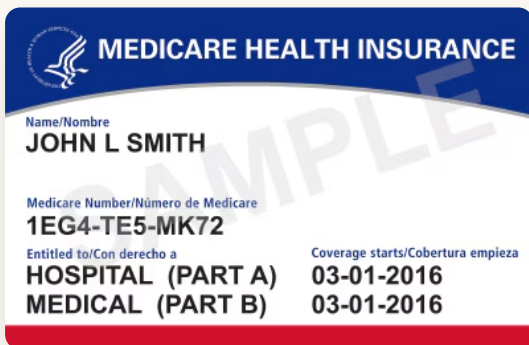
Three main paths to eligibility:

- **Age 65 or older.** After 5 years of legal U.S. residency and, in most cases, 40 quarters of work history paid into Social Security (about 10 years).
- **Under 65 receiving SSDI.** Social Security Disability Insurance recipients qualify after 24 months on SSDI.
- **Specific conditions.** ESRD (end-stage renal disease) or ALS, regardless of age.

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

## Your Medicare card

After enrolling, you'll receive 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.



*The new Medicare card. The Medicare number has 11 characters, mixes letters and digits, and does not contain a Social Security number.*

If you still have an old card with your Social Security number on it, please call us. We'll help replace it for free.

## Is Medicare free?

Not entirely.

- **Part A.** 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, you'll pay something out of pocket when you 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 your real cost of coverage in any given year.

**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.

## What you should know before enrolling

If you've had employer coverage for most of your working life, Medicare is the first time you'll be buying your own health coverage. Letters arrive in English. Terminology is dense. And the decisions you make in this short window shape what's covered for years.

That's where this guide, and a good agent, come in.

# 2

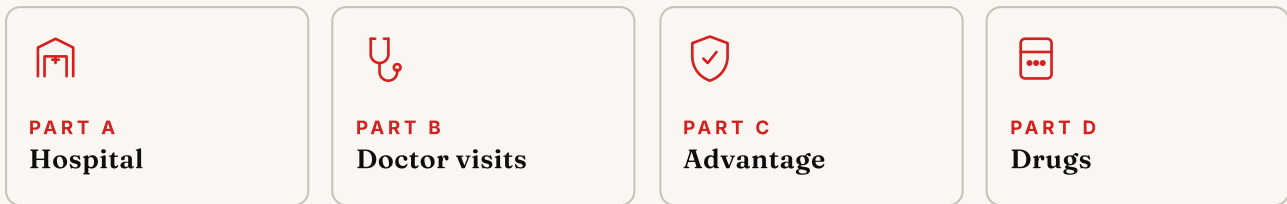
CHAPTER TWO

## 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 to form complete coverage. Each part covers different services with its own rules and costs, set yearly by CMS.



## Part A, hospital insurance

**What it covers.** Inpatient hospital stays, skilled nursing facility care after a hospital admission, hospice, and some home-health services.

**What it costs.** 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.** Outpatient care, basically everything 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 you meet it, Medicare pays 80% of approved costs and you pay the remaining 20%, unless you 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, you enroll 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 a MAPD plan.

**How it works.** You 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 full coverage.

**Requirement.** To enroll in Medicare Advantage, you 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. You 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 alone**

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 for you? It depends on your doctors, medications, travel patterns, budget, and how much care you use. That's why it's worth talking with an agent who knows your 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 65th birthday: three months before the birthday month, the birthday month itself, and three months after. If your birthday falls on the first of a month, the window shifts one month earlier.



*The seven-month IEP window around your 65th birthday.*

**What you can do.** 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 you can do.** 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, every year, 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 you can do.** A one-time change to a different Medicare Advantage plan, or dropping Advantage and returning to Original Medicare (optionally adding Part D).

## 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 your 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. If your situation might trigger an SEP, call us.

## Decision: still working past 65, what about Medicare?

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



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 you 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 doctors, your drugs, or your 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 you have Original Medicare (Parts A and B), you 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 your 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 only difference is price.

### 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, you almost always also add 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.

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

- **Guaranteed issue.** An insurance company cannot refuse you a Medigap policy.
- **No medical underwriting.** The carrier cannot ask health questions.
- **Best available rate.** Guaranteed best rate, regardless of medical history.

**Worth remembering.** This window opens only once in your 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 your 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 Parts A and B still exist, but instead of every visit being billed directly to CMS, the entire experience is handled by a private plan. You get one insurance card, one phone number, one cost structure.

**Network: the preferred provider group.** This is the biggest difference. With Original Medicare, you 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 regular doctor is in the plan's network.
- You don't travel out of state often.
- You 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.
- You travel often (e.g., snowbird, frequent flyer, multi-state family).
- You 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 your 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:

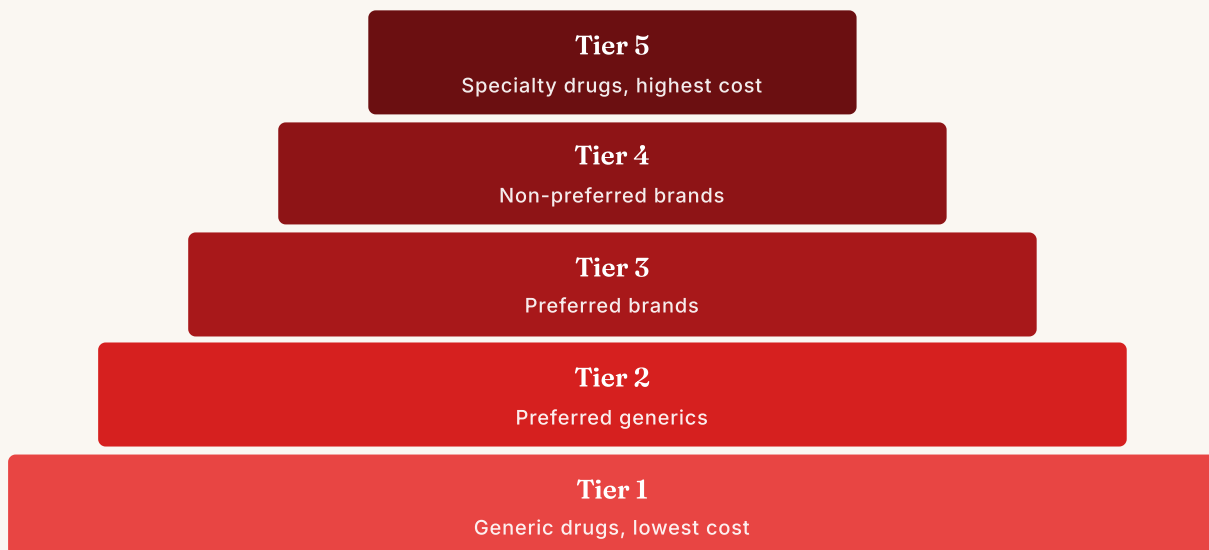
- **Standalone Part D plan (PDP).** Added on to Original Medicare or to a Medigap setup.
- **Bundled Part D inside Medicare Advantage (MAPD).** Part D is built into the Medicare Advantage plan itself.

You 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 your share.*

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

**The most important rule for picking Part D.** The only sensible way to pick a plan is to check your specific medication list against each candidate plan's formulary. A plan that's "cheap on average" can be expensive for the drugs you actually take.

## The annual out-of-pocket cap, \$2,100 in 2026

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

2026

**Annual out-of-pocket cap.** In 2026, there's an annual \$2,100 cap on out-of-pocket spending for prescription drugs covered by a Part D plan. Once you hit that cap, you 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 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 \$2,100 cap on top in 2026.

## 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.

With Extra Help:

- Monthly Part D premium reduced or eliminated.
- Deductible eliminated.
- Drug costs cut to a few dollars per prescription.
- Late-enrollment penalty waived.

If you receive Social Security but the amount is modest, it's worth checking whether you qualify. Many people who could qualify don't realize it.

## 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 your monthly premium for life, even after you change plans later.

**How to avoid it.** Enroll in Part D during your 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 you ever need it as proof.

# 6

CHAPTER SIX

## Top questions, ten answers



*The questions people ask most often before enrolling.*

For anything more complex, schedule a free consultation.

### **1. Is Medicare mandatory at 65?**

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

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### **2. What if I missed the Initial Enrollment Period?**

Three paths exist. First, a Special Enrollment Period (SEP), if you 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 to your situation.

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### **3. Does my spouse get Medicare automatically when I enroll?**

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, your spouse may qualify for Part A free at 65 based on your earnings (a "spousal benefit").

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### **4. Can I have Medicare and employer coverage at the same time?**

Yes. If you (or your spouse) are still working with group coverage, you 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.

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### **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 your actual drug list, not with the monthly premium.

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### **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.

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### **8. Will Medicare cover me when traveling abroad?**

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.

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### **9. Can I have Medicare Advantage and Medigap at the same time?**

No. It's a choice: either Medicare Advantage, or Original Medicare plus Medigap. Trying to have both is against the rules; one policy will be canceled. If you're on Medicare Advantage and want to switch to Medigap, you must first drop Advantage during a valid window, and then enroll in Medigap (and meet the conditions for guaranteed issue).

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### **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 the government, are not Medicare, and don't offer every plan available in your area. The full list of plans in any area can be checked at Medicare.gov or by calling 1-800-MEDICARE.



CHAPTER SEVEN

# Supplemental Plans



*Private policies outside Medicare that help cover the out-of-pocket costs of your 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 your out-of-pocket costs (deductible, co-pay, coinsurance) under your 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 your out-of-pocket costs when you use 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 your 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 you have 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 you 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. Your 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 for you depends on your main plan's coverage, your health, your budget, and how often you use care. That's why we never recommend any of them sight unseen. We learn your situation first, and only then look together at whether a supplement is needed or whether it would just duplicate coverage you already have.

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

# 8

CHAPTER EIGHT

## Next step



*A free 30-minute consultation.*

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

## The consultation is:

- **Free.** Our work costs you nothing. Agents are paid by the insurance carriers.
- **No obligation.** The decision to enroll is yours, after the conversation. We don't push.
- **In your language.** English or Polish, whichever you prefer.
- **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, in your language, about 30 minutes. No rush.

**3**

### Decision

You decide in your own time, after fully understanding the options.

## How to reach us

### PHONE

**844-654-5185**

English or Polish, office hours

### EMAIL

**kontakt@  
medicarepopolsku.com**

Reply in 1 business day

### FORM

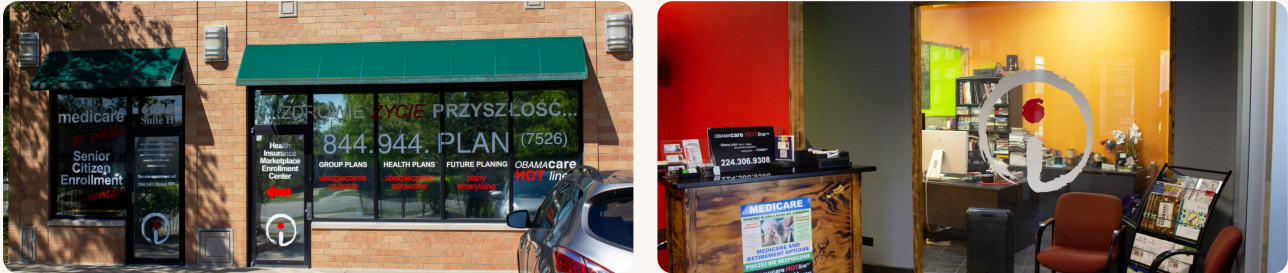
**medicarepopolsku.com  
/en/consultation**

Schedule online

**What to have ready before the call.** Your medication list (name, dose, frequency). Your doctor list (primary care, specialists, preferred hospital). Your 65th birthday date and whether you 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. We're family-run, based in Chicago, and licensed in 17 states. While our roots are in the Polish-American community, we work in English with anyone looking for a careful, no-pressure approach to Medicare.



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

We've been a family-run agency for over fifteen years. Our office is in Jefferson Park, a Chicago neighborhood with deep Polish-American roots. We work with families in 17 states across a range of life situations: people just turning 65, snowbirds who split time between Illinois and Florida, retirees who travel internationally, and those navigating Medicare alongside ongoing employer coverage.

## What we do

- Explain Medicare in plain English, calmly, step by step.
- Compare carriers available in your area.
- Verify that your doctors and drugs are covered by the plan you'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 your doctors and drugs first.
- Represent any single insurance company. We work independently.

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



## Jakub Słomczewski

Licensed Insurance Agent

*"I'll walk you through Medicare in plain English. Calmly. No pressure, no sales script."*

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### Disclosures

Medicare po Polsku is not connected with or endorsed by the United States government or the 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 your area can be checked at Medicare.gov or by calling 1-800-MEDICARE.

All amounts (e.g., the \$2,100 annual Part D cap in 2026) are set yearly by CMS and may change. We confirm current values during the consultation.

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