

2026 MEDICARE CHANGES: WHAT CAREGIVERS AND ADVOCATES NEED TO KNOW

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AGENDA

We will cover the following topics in this order:

- 1.The basics of Medicare
 - 2.What is Medicare Open Enrollment and why does it matter?
 - 3.Major changes you need to be aware of in this Open Enrollment
 - 4.What caregivers and advocates should know
 - 5.Resources and tips to avoid Medicare Open Enrollment scams
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THE BASICS: MEDICARE ALPHABET

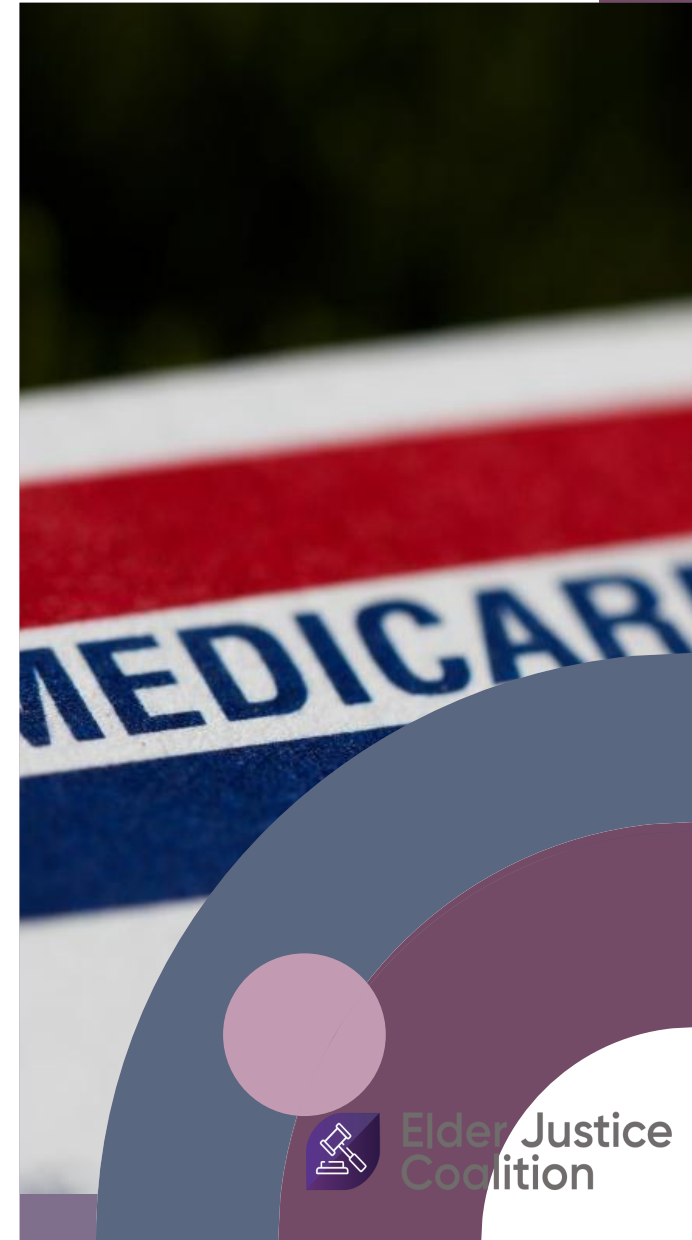
- **Part A – Hospital Insurance:** inpatient hospital stays, skilled nursing facility care, hospice care, and some home health services.
- **Part B – Medical Insurance:** Covers outpatient services such as doctor visits, laboratory tests, X-rays, durable medical equipment, and ambulance services.
- **Part C – Medicare Advantage:** These are private health plans approved by Medicare that offer all of Part A and Part B benefits. They may also offer additional coverage like dental, vision, and prescription drugs.
- **Part D – Prescription Drugs:** Helps pay for the brand-name and generic drugs you need. It's optional and offered to everyone with Medicare by insurance companies and other private companies approved by Medicare.

THE BASICS: WHAT IS OPEN ENROLLMENT?

The Medicare Open Enrollment period is **October 15 to December 7** every year.

During this time, older adults can:

1. **Sign up** for Original Medicare OR a Medicare Advantage (Part C) Plan
2. **Switch** from Original Medicare to Medicare Advantage or vice versa
3. **Replace** your Medicare Advantage plan with a different one
4. **Select** a Part D plan



DON'T SKIP OPEN ENROLLMENT

- Most people stick with the plan they signed up for years ago
- Your plan probably doesn't work the same way it did when you first enrolled
- Medications you take may not be covered anymore - or cost way more now
- Your doctors or pharmacies might not be in the network like they were before
- What was a great deal years ago could be costing you hundreds or thousands extra today

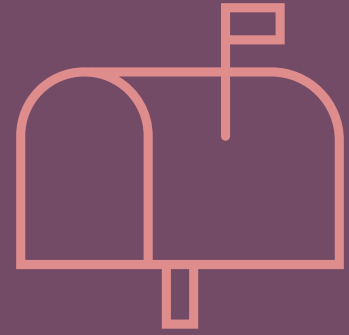
BIG CHANGES COMING IN 2026

- The 2026 Medicare Open Enrollment period is **NOW! October 15-December 7, 2025**
- Health insurers facing financial challenges leading to major plan adjustments
- Premium increases expected across Medicare programs
- New negotiated rates for 10 popular medications take effect this year
- Medicare Advantage plans shrinking - some plans being discontinued entirely
- New rules taking effect that impact coverage and costs



WHAT YOU SHOULD HAVE RECEIVED

- Annual Notice of Change (ANOC) – You should have received this in the mail during September. The ANOC is sent to everyone with Part D or Medicare Advantage plans.
 - Shows exactly how your costs and coverage will be different in 2026
 - **Don't ignore it** - your 2026 plan will NOT be identical to your 2025 plan
 - Key updates are in the first few pages - takes about 30 minutes to read
 - Shows if your plan is being discontinued entirely
 - Lists changes to premiums, deductibles, covered medications, pharmacy networks, and doctor/hospital networks
 - Some changes could mean better coverage - others could mean higher costs
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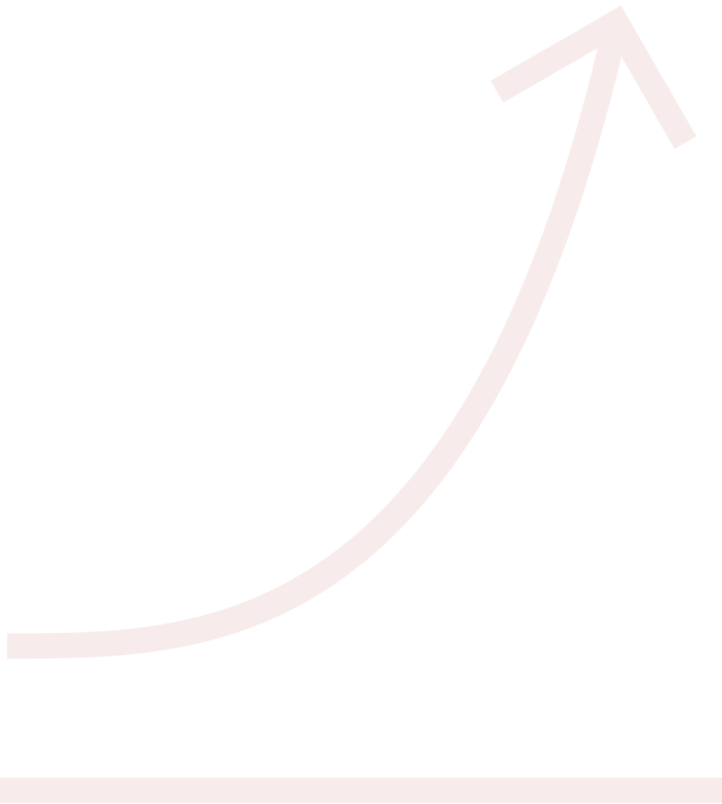
PART A AND PART B: MEDICARE ADVANTAGE VS. ORIGINAL MEDICARE

- Both cover Part A and Part B
- Medicare Advantage: Lower costs, often includes dental/vision/hearing, extra benefits, but limited networks
- Original Medicare: See any doctor accepting Medicare, but higher costs and no dental/vision/hearing
- Medicare Advantage often requires prior authorization for specialists
- Consider Original Medicare if you want maximum provider choice
- Consider Medicare Advantage if you want one-stop coverage with added benefits

CHANGES TO **PART B**: NEW PRIOR AUTHORIZATION RULE AND ORIGINAL MEDICARE

- Prior authorization means you need to get approval from your insurance company BEFORE you can receive certain medical treatments or services.
- Prior authorization now required for certain treatments in **6 states**
- Applies to: Arizona, New Jersey, **Ohio**, Oklahoma, Texas, and Washington
- Limited to 17 specific medical services
- Includes pain management and urinary incontinence treatments
- Check if you're affected if you live in these states

CHANGES TO PART B: PREMIUM INCREASES



- Average Part B monthly premium is \$185 in 2025, estimated to jump by 11.6% in 2026 to \$206
- That increase would total nearly \$2,500 annually



CHANGES TO PART B AND PART D: IRMAA SURCHARGES

- What is IRMAA?
- IRMAA stands for Income-Related Monthly Adjustment Amount, also known as Means Testing.
- It's an extra charge added to your Medicare premiums if you earn above certain income levels
- Think of it as a surcharge for higher earners - you pay a bigger share of your Medicare costs
- Based on your tax return from 2 years ago (2026 IRMAA uses your 2024 income)
- Applies to both Part B and Part D premiums

CHANGES TO PART B AND PART D: IRMAA SURCHARGES

- Kicks in if your 2024 income was more than about \$107,000 individual / \$214,000 joint filers
- Could add as much as \$448 per month to your Part B premium
- Could add up to \$91 per month to your Part D premium
- Includes those with Medicare Advantage plans
- Medicare will send you a letter if they believe you owe IRMAA
- You can appeal if your income dropped or didn't actually reach the threshold
- Common reasons to appeal: retirement, divorce, death of spouse, or loss of income

MAJOR CHANGES TO PART C

- Many plans trimming benefits and raising costs due to financial pressures
- Some insurers dropping plans entirely - UnitedHealthcare cutting plans for 600,000+ people
- Check if your current plan will be available in 2026
- Benefits and provider networks may change even if plan continues
- Switching back to Original Medicare may make Medigap coverage harder to get¹

Source 1: [Medicare.gov](https://www.medicare.gov) "In most cases, you won't be able to switch your Medigap policy outside your 6-month Medigap Open Enrollment Period except in specific situations when you have a guaranteed issue right. Contact your [State Insurance Department](#) to find out if your state offers more opportunities for you to change your Medigap policy."

CHANGES TO PART D

- Some plans may cover fewer medications or charge more per prescription
- Fewer Part D plans available overall - making affordable options harder to find
- Out-of-pocket cap increasing from \$2,000 to \$2,100 for 2026. Note, under smoothing, you're not required to pay for prescriptions all at once.
 - **The cap only applies to medications covered by your plan - not premiums or drugs given in doctor's offices**

PART D: PREMIUM CHANGES

- Average premiums vary widely depending on your location and plan; expected to be lower in 2026 than 2025
- Yearly premium increases were capped at \$35/month in 2025
- For 2026, insurers can now charge up to \$50 more per month
- Many Medicare Advantage Part D plans have \$0 premiums
- Compare plans carefully - premiums aren't the only cost to consider

CHANGES TO PART D

- Good news: 10 popular drugs now 38-79% cheaper due to Medicare negotiations
- Blood thinners: Eliquis and Xarelto seeing major price drops
- Diabetes medications: Januvia, Jardiance, and Farxiga now discounted
- Discounts range from 38% to 79% off previous list prices
- Your Part D plan may negotiate even lower prices than Medicare's baseline
- Check if your medications are on the negotiated list

CHANGES TO PART D: NEW PAYMENT OPTIONS

- Prescription Payment Plan available through all Part D plans
- Spreads drug costs (AKA Smoothing) evenly throughout the year
- Helps avoid expensive bills early in the year before meeting deductible
- Automatic re-enrollment if you used it in 2025 (can opt out if needed)
- Especially helpful if you take costly medications

CHANGES TO PART D: WARNING FOR WORKERS 65+

- New rules around employer prescription coverage starting in 2026
- If your employer plan isn't as good as Medicare Part D, you must enroll
- Failing to enroll triggers lifetime late-enrollment penalties
- New rules make this situation more common than before
- Check with your employer to see if your coverage is 'creditable'

CHANGES TO PART D: VACCINES

- ACIP (Advisory Committee on Immunization Practices) recently changed how some vaccines are recommended
- COVID-19 vaccines now require shared clinical decision-making with your healthcare provider
- This means discussing risks and benefits with your doctor, nurse, or pharmacist before getting vaccinated
- Good news: vaccines recommended through shared decision-making are still fully covered by Medicare
- No cost to you - covered under Medicare Part B and Part D with no copay
- Pharmacists can help with these discussions - you don't need a separate doctor visit

COMPANIES LOWERING PRESCRIPTION DRUG PRICES

- Pfizer announced in September that it will provide all State Medicaid programs access to most-favored-nation (MFN) pricing on all products, matching the lowest prices charged in other developed nations
- Select Pfizer medications will be available for direct consumer purchase at significant discounts through TrumpRx
- Individuals enrolled in both Medicare and Medicaid (Dual Eligibles) will access these lower prices through their Medicaid coverage, which assists with prescription drug costs.

COMPANIES LOWERING PRESCRIPTION DRUG PRICES

- Amgen is now offering Repatha at \$239/month, which is 60% below list price
- This is available to ALL patients including Medicare/Medicaid beneficiaries, uninsured, high-deductible, and cash-pay patients
- No prior authorization or step therapy requirements
- This is accessible through both AmgenNow and the TrumpRx website

Source: [Amgen makes Repatha® available through AmgenNow, a direct-to-patient program in the U.S., October 6, 2025](#)

ACTION ITEMS BEFORE OPEN ENROLLMENT ENDS

- Read your Annual Notice of Change from your current insurer
- Compare your current plan against other available options
- Check if your doctors and pharmacies are still in-network
- Verify your medications are still covered at reasonable costs
- Don't assume last year's plan is still your best choice

GOVERNMENT SHUTDOWN AND MEDICARE OPEN ENROLLMENT

- Federal government shutdown began October 1, 2025 and remains ongoing
- Good news: Medicare Open Enrollment continues as planned from October 15 to December 7
- Your Medicare benefits and coverage will continue - this is mandatory spending built into law
- Medicare.gov website updates may be delayed, but the Plan Finder is already loaded with 2026 data
- Expect potential delays in customer service and longer wait times when calling 1-800-MEDICARE
- Processing of applications may be delayed if you're making changes during this period
- We will monitor these Open Enrollment government resources and may see to extend the December 7 date due to expected delays from the shutdown.

WHAT CAREGIVERS AND ADVOCATES NEED TO KNOW

- These 2025-2026 Medicare changes significantly impact older adults you serve
- Caregivers and service providers play a critical role in helping people navigate these changes
- Understanding these updates helps you better support the needs of older adults in your communities
- Stay informed about how these changes connect to broader advocacy efforts
- Help spread the word - many older adults aren't aware of these important changes
- Connect with advocacy organizations like the Elder Justice Coalition for resources and support

WHAT CAREGIVERS AND ADVOCATES NEED TO KNOW

- Scammers target seniors during Open Enrollment - be extra vigilant from October through December
- Medicare will NEVER call you unsolicited asking for your Medicare number or bank information
- Red flags: pressure to act immediately, requests for payment via gift cards or wire transfer
- Legitimate Medicare agents should never ask for payment upfront to review your plan options
- Be wary of offers that sound too good to be true - free medical equipment, extra benefits
- Report suspicious calls or activities to 1-800-MEDICARE or the Senior Medicare Patrol
- Help educate older adults you work with about these warning signs

LOOKING AHEAD FUTURE CHANGES TO MEDICARE

CMS Reimbursing Community Care?

- CMS recently asked for feedback on how to better manage and prevent chronic disease.
- Asked about payment codes that could support partnerships between health care entities, AAAs, community care hubs, and other local aging and disability organizations
- Could create separate coding and payment to CBOs, including reimbursement for medically tailored meals and evidenced based programming

LOOKING AHEAD FUTURE CHANGES TO MEDICARE

Medicare Sequestration?

- According to a 2011 law, automatic sequestration (spending cut) is triggered if an enacted bill raises deficits by \$2.3 trillion over 10 years (Pay-As-You-Go Act of 2010)
- H.R.1 raises the deficit by \$2.4 trillion
- Unless sequestration is waived in enacted legislation before the end of year, Medicare would be cut 4% immediately

OFFICIAL GOVERNMENT RESOURCES FOR MEDICARE OPEN ENROLLMENT

Best options for unbiased guidance tailored to your situation

Medicare.gov Plan Finder - compare all local Medicare Advantage and Part D plans: <https://www.medicare.gov/plan-compare/#/?year=2026&lang=en>

Medicare & You' handbook - mailed in September, available online: <https://www.medicare.gov/publications/10050-medicare-and-you.pdf>

SHIP (State Health Insurance Assistance Program) - free expert advice from objective sources:
<https://www.shiptacenter.org/SHIPs/>



RESOURCES FOR MEDICARE OPEN ENROLLMENT

AARP's Open Enrollment Guide: <https://www.aarp.org/medicare/enrollment-guide/?intcmp=health-medicare>

Alliance for Aging Research: <https://www.agingresearch.org/project-loop-lower-out-of-pocket-costs-in-medicare-part-d-now>

Healthy Women and Society for Women's Health Research: A Woman's Guide to Understanding Medicare <https://medicareforwomen.org/>

MapRx: <https://maprx.info/2026openenrollment/>

National Association of Nutrition & Aging Services Programs (NANASP) Part D Resources: <https://www.nanasp.org/IRAPartD/>

Richard Eisenberg "What to Do About These Three Medicare Changes During Open Enrollment:" <https://www.kiplinger.com/retirement/medicare/what-to-do-about-these-medicare-changes-during-open-enrollment>



THANK YOU!

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