

2026 Medicare Open Enrollment Period

The 2026 Medicare Open Enrollment Period is from October 15 to December 7, 2025. During this time, you can make changes to your Medicare coverage, such as switching between Original Medicare and a Medicare Advantage plan, enrolling in a new Medicare Advantage plan, or changing your Part D prescription drug plan. Changes made during this period will take effect on January 1, 2026.

Key enrollment dates for 2026

- [October 15, 2025](#): The beginning of the Medicare Open Enrollment Period.
- [December 7, 2025](#): The last day to make changes to your Medicare coverage for 2026.
- [January 1, 2026](#): Your new Medicare coverage choices will begin.

What you can do during this enrollment period

- Switch from Original Medicare to a Medicare Advantage plan, or vice versa.
- Enroll in a different Medicare Advantage plan.
- Change your Medicare Part D prescription drug plan.
- Join, switch, or drop a Medicare Part D or Medicare Advantage plan.

Important actions to take

- **Review your [Annual Notice of Change \(ANOC\)](#):**

You should have received this notice by September 30, 2025. It details changes to your current plan's benefits, costs, and coverage for the upcoming year.

- **Use the [Medicare Plan Finder](#):**

Compare 2026 coverage options on [Medicare.gov](https://www.medicare.gov) to find the best fit for your needs.

- **Contact your plan or a counselor:**

If you have questions, call your plan's customer service or a licensed broker or state navigator for assistance

For 2026, Medicare changes include higher Part D out-of-pocket caps and Part B deductible, while Part D average premiums are projected to decrease for many, and the out-of-pocket limit for Medicare Advantage will slightly decrease. New features will be added to Medicare's Plan Finder for easier comparison, including provider network and supplemental benefit details, and an AI-powered prescription cost estimator will be rolled out. Some Part D costs could fall due to negotiated drug prices, and the \$35 monthly cap on insulin will continue.

Costs and premiums

- **Part D out-of-pocket cap:** The annual cap for Part D drug out-of-pocket costs will increase to \$2,100.
- **Part B deductible:** The Part B medical deductible is projected to rise to \$288.
- **Part D deductible:** The maximum Part D deductible will increase to \$615.
- **Part D average premiums:** For many, average Part D premiums are projected to decrease, though some plans may see increases.
- **Medicare Advantage out-of-pocket limit:** The maximum out-of-pocket limit for in-network services will slightly decrease to \$9,250.
- **Insulin cost cap:** The \$35 monthly cap on insulin costs will remain.

Benefits and services

- **Part D and vaccines:** Free coverage for vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) will continue.
- **Chronic care management:** Some Medicare Advantage plans will have tighter rules for chronic care benefits.
- **Colorectal cancer screenings:** Coverage for colorectal cancer screenings will be expanded.
- **Negotiated drug prices:** The effect of the [Inflation Reduction Act](#) will continue to lower prices for some drugs.
- **New benefits:** Some plans will offer new advanced primary care management benefits.

Enrollment and enrollment tools

- **Plan comparison tools:**

A new version of the [Medicare Plan Finder](#) will launch, featuring more details on provider networks, supplemental benefits, and improved filtering options.

- **AI-powered cost estimator:**

An AI-powered tool to estimate prescription costs at local pharmacies will be released.

- **Automatic enrollment in payment plans:**

Enrollees will be automatically enrolled in the Medicare Prescription Payment Plan, which can help spread out out-of-pocket drug costs.

Other changes

- **Prior authorization:** More services may require prior authorization as part of a pilot program to reduce waste and fraud.
- **Non-health-related benefits:** Medicare will no longer cover some benefits deemed non-health-related.
- **Dual-eligible enrollees:** Some dual-eligible enrollees may lose access to certain benefits