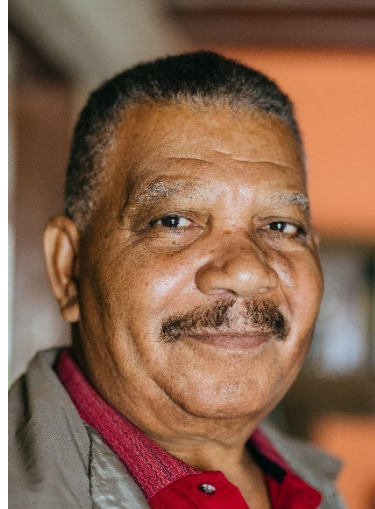


PAN
Foundation

Medicare open enrollment: What to know for 2026

October 14th, 2025



Meet today's presenters



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In today's webinar, we will:

- 1 Go over basic **Medicare terms** and **how Medicare works**
- 2 Talk about programs and insurance **options that can help lower your costs**
- 3 Explain how to **get ready for open enrollment**
- 4 Give you tips on **what to watch out for in the media**
- 5 Highlight important **details about Medicare coverage in 2026**
- 6 Share **free resources that can help** during open enrollment

Medicare terms and how Medicare works

Key insurance terms to know



- **Premium:** The monthly amount you pay to keep your plan active.
- **Deductible:** The amount you pay first each year before insurance starts to cover costs (kicks in).
- **Copay:** A fixed dollar amount you pay each time you receive a service or fill a prescription.
- **Coinsurance:** A percentage of the cost you pay after meeting your deductible.
- **Out-of-pocket maximum:** The most you'll pay in a year for covered services. Once you reach this amount, the plan pays 100% of covered costs.
- **Formulary:** The list of drugs a plan covers, often organized into tiers (generic, brand, specialty).

Key insurance terms to know



- **In-network provider:** Doctors, hospitals, or clinics that have a contract with your plan and cost less to use.
- **Out-of-network provider:** Providers not contracted with your plan, which usually means higher costs (or no coverage).
- **Referral:** A formal approval from your PCP to see a specialist, required in some plans (like many HMOs).
- **Prior authorization (pre-approval):** Approval from your insurance before getting certain services, tests, or medications.
- **Step therapy (fail-first):** Policies that require a patient to try a payer-preferred drug before proceeding with their originally prescribed treatment.

The Medicare alphabet

Medicare is federal health insurance program that serves people 65 or older and for individuals with qualifying disabilities or with end stage renal disease.

Part A

Hospital insurance

- Inpatient hospital stays
- Care in a skilled nursing facility
- Hospice care
- Some health care
- It does not cover regular doctor visits or prescription drugs

Part B

Medical insurance

- Certain doctors' services
- Outpatient care
- Lab tests
- Medical equipment
- Preventative services
- Ambulances

Part C

Medicare Advantage

“All in one” alternative to original Medicare

- Covers benefits included with original Medicare
- Sometimes covers: dental care, vision benefits, over-the-counter items, etc.
- **May include prescription drug benefits**

Medicare Part D

Prescription drugs

Offered:

- As a stand-alone Prescription Drug Plan
- As part of a Medicare Advantage Plan

By the numbers (as of May 2025)

- 68.9 million people enrolled in Medicare
- 55.8 million have Part D coverage (81%)
 - Of the 55.8 million:
 - 23.4 million (42%) have a stand-alone plan
 - 32.4 million (58%) are in a Medicare Advantage Plan



Medicare & Medicare Advantage

Feature	Original Medicare	Medicare Advantage
Offered/funded by	<ul style="list-style-type: none"> Federal government 	<ul style="list-style-type: none"> Private insurance companies approved by Medicare
Coverage offered	<ul style="list-style-type: none"> Part A (hospital) Part B (medical) Option to join a separate Part D plan 	<ul style="list-style-type: none"> Bundles Part A, Part B, and usually Part D
Provider and hospital choice	<ul style="list-style-type: none"> Any provider or hospital that accepts Medicare, anywhere in U.S. 	<ul style="list-style-type: none"> May need to use doctors/healthcare providers in plan's network
Out-of-pocket limit	<ul style="list-style-type: none"> No annual out-of-pocket limit; unless you have Medicare Supplement Insurance (Medigap) 	<ul style="list-style-type: none"> Has an annual out-of-pocket maximum
Prior authorization	<ul style="list-style-type: none"> Usually not required 	<ul style="list-style-type: none"> Often required
Extra benefits	<ul style="list-style-type: none"> Vision, dental and hearing not covered Option to buy Medicare Supplement Insurance (Medigap) 	<ul style="list-style-type: none"> Vision, dental, and hearing services often covered

**Programs and insurance
options that can help
lower your costs**

Ways to lower your Medicare expenses



Extra Help (Low-Income Subsidy): Helps pay for Medicare Part D (prescription drug) costs—like premiums, deductibles, and copays.



Medicare Savings Programs (MSPs): Help pay for Medicare Part A and/or Part B premiums and may also cover deductibles or coinsurance if you meet income rules.



Medigap (Medicare Supplement Insurance): Private insurance that helps cover the out-of-pocket costs Original Medicare doesn't pay (like copays, coinsurance, and deductibles)



State Pharmaceutical Assistance Programs: State-run programs to assist specific populations in affording prescription drugs.

Extra Help

- Extra Help works with any Medicare Part D prescription drug plan to lower the costs of premiums and prescription drug costs.
- If you have limited income and resources, you may qualify for Extra Help.
- Also known as Low Income Subsidy or LIS, Extra Help is administered by the Social Security Administration.
- Individuals eligible for MSPs automatically get the Part D Low Income Subsidy/Extra Help for prescription drug costs



Apply by visiting **ssa.gov**
or call **800-772-1213**

Medicare Savings Programs

- Medicare Savings Programs (MSP) help cover Medicare premiums and cost sharing
- MSPs applications must be submitted through your state's Medicaid program
- The MSP transfers funds from the Medicaid program to the Medicare program
- If you have limited income and resources, you may qualify for an MSP
- No estate recovery – States are not allowed to ask for repayment of the costs they covered under the MSP from the estates of deceased MSP beneficiaries



Medigap – Medicare Supplement Insurance

- In Original Medicare, you generally pay some of the costs of approved services.
- Medigap is extra insurance you can buy from a private company to help pay your out-of-pocket costs that Original Medicare does not cover (Part A and Part B)
 - Copays, deductibles, coinsurance
- Policies are standardized and, in most states, named by letters, Plans A – N
- Medigap does NOT cover prescription medications, dental care, long-term care, vision care

State Pharmaceutical Assistance Programs (SPAPs)



SPAPs are state-run programs that provide financial assistance to certain populations to help pay for prescriptions.

- Some SPAPs provide wraparound coverage for Medicare Part D
 - They help cover the cost of prescriptions that Medicare Part D does not pay for.
- Some SPAPs assist a wider range of individuals; others, including AIDS Drug Assistance Programs (ADAPs), pays for HIV/AIDS-related prescriptions, target specific populations.



SPAP eligibility requirements vary by state and program.

- Some programs cover those who are unable to qualify for Medicare, while others may provide coverage for medications for certain diseases, like the ADAPs mentioned above.

What is Medicare open enrollment?

Medicare open enrollment:

An annual event from October 15 to December 7.

This is the time of year to review your Medicare Advantage or Prescription Drug Plan. Plans often change from one year to the next.

Any changes you make during open enrollment begin on January 1.



Changes that can be made during open enrollment

Between October 15 and December 7, you can:

- ☒ Switch from Medicare Advantage to Original Medicare or vice versa.
- ☒ Switch from one Medicare Advantage plan to another.
- ☒ Switch from one Prescription Drug Plan (PDP) to another.
- ☒ Join a Prescription Drug Plan. (Late enrollment penalty might apply)
- ☒ Drop your Part D coverage altogether.
 - Re-enrolling in a later year will include a late enrollment penalty if you're not maintaining other creditable drug coverage.



POLL

In the last 3 years, how many times have you changed your prescription coverage or plan?

- Every year
- One time
- Two times
- I have not changed my prescription coverage/plan

Most people on Medicare don't change their coverage

- Only **1 in 4** people on Medicare have changed their prescription coverage in the last 3 years.



- For those who change plans, the top reasons are **rising premiums and deductibles.**

Why is open enrollment so important this year?



The landscape is changing



Premiums may increase



Some drugs may be excluded from plans



Fewer plans may be available



Your health and wallet are on the line

Late enrollment penalty: prescription drug plans

Sign up on time

- Enroll in a Medicare Part D plan during your Initial Enrollment Period (when you first get Medicare Part A and/or B) unless you have other **creditable drug coverage** (e.g., employer, spouse, VA, retiree plan) or qualify for Extra Help.

It's a lifetime penalty

- If you go 63 days or more without Part D or other creditable coverage after becoming eligible, you'll pay a penalty for as long as you have Part D.
 - Unless you qualify for Extra Help or successfully appeal.
- The penalty is 1% of the national base premium (\$38.99 in 2026) for each month you delayed, added to your monthly Part D premium.
- The national base premium changes yearly, so your penalty can rise over time.



Creditable drug coverage is prescription drug coverage that's expected to pay, on average, at least as much as Medicare drug coverage.

Getting ready for open enrollment

Open enrollment timeline



September

Review your Annual Notice of Change



October 15 – December 7

Open enrollment period



January 1

Coverage continues with existing plan with changes in effect or coverage begins with new plan

Open enrollment: A 5-step process

- 1 Review your Annual Notice of Change (ANOC)
- 2 Think about your personal health needs and budget
- 3 Compare plans with Medicare's PlanFinder
- 4 Consider the Medicare Prescription Payment Plan
- 5 Seek out resources



Step 1: Review your Annual Notice of Change

Every September, your Medicare Advantage plan sends you its Annual Notice of Change, or ANOC:

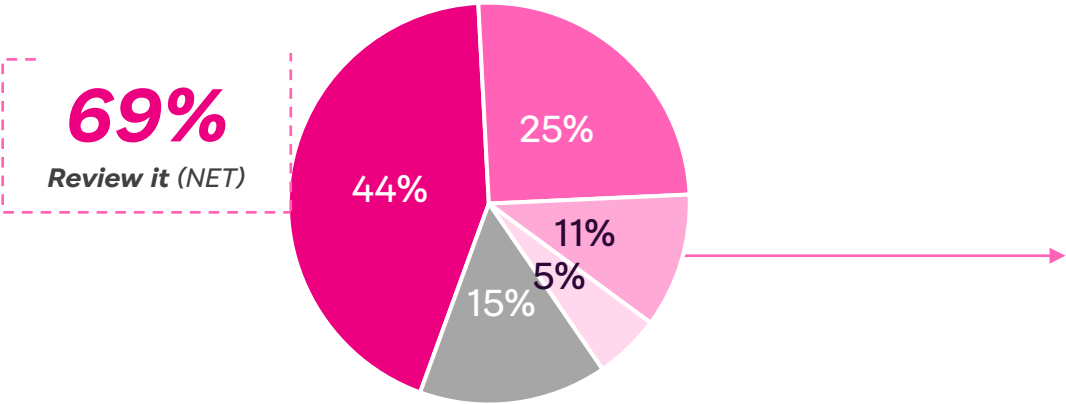
- Includes changes in coverage, costs, in-network healthcare providers
- Review the ANOC to decide whether your plan will continue to meet your needs in 2026
- Any changes (if any) will be effective January 1, 2026



Contact your plan if you have not received its ANOC

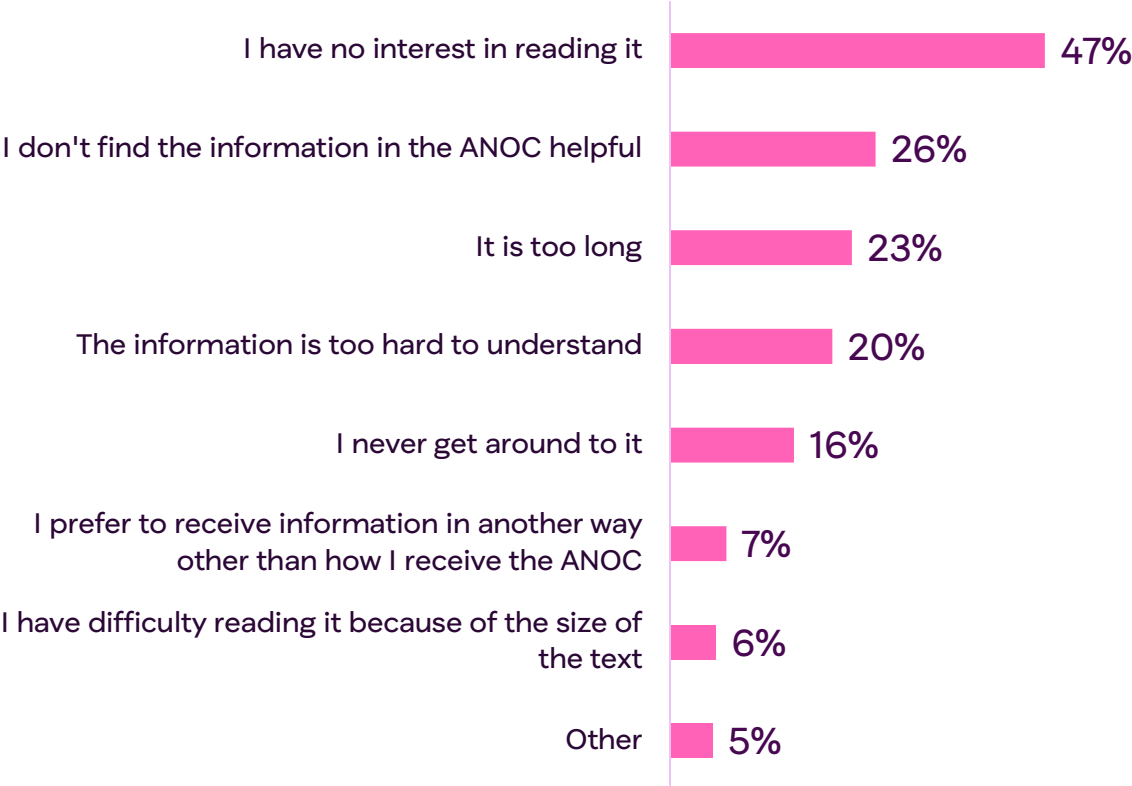
Only about **2 in 5** Medicare beneficiaries always review their plan's ANOC, lack of interest in doing so is a top reason for not reviewing it

View/Use of Annual Notice of Change (ANOC)



- I always review it when it is provided to me
- I review it to some extent, but don't rely on it completely to make my decisions
- I am aware of it, but I don't review it
- I am aware of it, but I don't recall receiving it
- Not applicable - I have never heard of an Annual Notice of Change (ANOC)

Reasons **Do Not** Review Annual Notice of Change**
(Among those who do not review ANOC)






Step 2: Think about your personal health needs and budget

- Your health needs
 - Prescription medications needed for your health condition(s)
 - Your healthcare provider network (primary, specialists)
 - Potential procedures/surgeries
 - Other services
 - Prior authorization required
- Your budget
 - Deductible
 - Premium
 - Out-of-pocket costs



Step 3: Compare plans with Medicare's PlanFinder

- Beneficiaries can find Medicare Advantage (MA) and Prescription Drug Plans (PDP) in their area.
- Determine estimated costs for plans including
 -  Premiums
 -  Deductibles
 -  Copays/co-insurance
- Compare plan benefits side by side
- Enroll in a plan



PlanFinder portal changes

To set up an account on Medicare.gov, you'll need to provide an email address and set up multi-factor authentication

Basics ▾Health & Drug Plans ▾Providers ▾

Log in

USERNAME

[Forgot your username or password?](#)

☐ Save my username for next time

Don't check this box if you're using a shared or public device.

[What's this?](#) ⓘ

Continue

Using a shared or public device?

Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

By accessing this site, you agree to our [Terms and Conditions](#) ▾

Create an account

Your secure Medicare account lets you access your information anytime.

✓ Get a summary of your current coverage

✓ Add your drugs & pharmacies

✓ Use your saved drugs & pharmacies to compare plan costs

✓ Access your "Medicare & You" handbook and more online

Create an account

Set up 2-step verification

Get a unique security code each time you log into your account. This makes it harder for someone to get into your account, even if they get your password.

[Learn more about 2-step verification](#) ⓘ

Select how you want to get your security codes


You can add another method or change how you get your codes later.

☐ Text message

☐ Email address

☐ Phone call

Continue

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Medicare.gov PlanFinder tool



- Select the type of plan you want
 - Medicare Advantage Plan (Part C)
 - Medicare drug plan (Part D)
 - Medigap policy
- Do you get help with your Medicare drug costs?
- Do you want to see your drug costs when you compare plans?

The screenshot shows the Medicare.gov PlanFinder tool interface. At the top, there's a navigation bar with 'Medicare.gov' on the left and links for 'Basics', 'Health & Drug Plans', and 'Providers & Services' on the right. A 'Chat' button and a 'Log in' link are also present. The main heading is 'Explore your Medicare coverage options' with a subtext 'Review your 2025 plan options now.' Below this, there's a link for 'First time joining a Medicare health or drug plan?' with a hand icon. A large image of a man holding a smartphone is on the right. A 'Feedback' button is on the far right. The main section is titled 'Find Medicare health & drug plans'. It has two main paths: 'Use your account' (which includes a 'Log In' button and a link to 'Create one' if you don't have an account) and 'Continue without logging in'. The 'Continue without logging in' path asks for the 'COVERAGE FOR' year (2025 or 2024) and a 'ZIP CODE'.

Enter your prescription drugs



After entering your prescription drugs:

- Input your address
- Select up to five pharmacies listed

Medicare.gov

Basics ▾Health & Drug Plans ▾Providers & Services ▾

ChatLog in

Confirm your drug list

Print

Add Another Drug

Eliquis 5mg tablet	Quantity	Frequency
	60	Every 2 months
Remove drug		Edit drug

Enbrel 50mg/ml solution auto injector	Package Type	Quantity	Frequency
	1ml pen (sold in pack of 4)	1	Every month
Remove drug			Edit drug

Humira 40mg/0.4ml pen injector kit	Package Type	Quantity	Frequency
	Box of 1 pen injector kit (sold in pack of 2)	1	Every 3 months

Feedback

Evaluate plans



Cigna Healthcare Saver Rx (PDP)

Plan type: Drug plan (Part D)

Plan ID: S5617-355-0

[Plan website](#) | Non-members: [1-800-735-1459](#) | Members: [1-800-222-6700](#)

Open Enrollment starts October 15

What you'll pay

Total monthly premium

\$16.60

Retail pharmacy: 2025 estimated total drug costs

\$35,229.56

Covers 3 of 3 drugs [View drug coverage](#)

Feedback

Overview

Drug Coverage

Star Ratings

Overview

PREMIUMS

Total monthly premium	\$16.60
-----------------------	---------

DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Step 4: Consider opting in to the Medicare Prescription Payment Plan

Overview	Drug Coverage	Star Ratings			
	CVS Pharmacy #01494 2.8 miles View on map ✓ In-network	Giant Pharmacy 2.6 miles View on map ✓ Preferred	Safeway Pharmacy #1716 2.6 miles View on map ✓ Preferred	Walgreens #17262 2.8 miles View on map ✓ Preferred	
Eliquis 5mg tablet	\$582.25	\$566.05	\$562.55	\$542.05	
Enbrel 50mg/ml solution auto injector	\$1,417.75	\$1,433.95	\$1,437.45	\$1,457.95	
Humira 40mg/0.4ml pen injector kit	\$33,229.56	\$33,229.56	\$33,229.99	\$33,229.56	
Total yearly drug cost	\$35,229.56	\$35,229.56	\$35,229.96	\$35,229.56	

The **Medicare Prescription Payment Plan** is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). All plans offer this payment option and participation is voluntary. [Learn more about this payment option.](#)

[Find out what your drug costs might look like with this payment option.](#)

Feedback

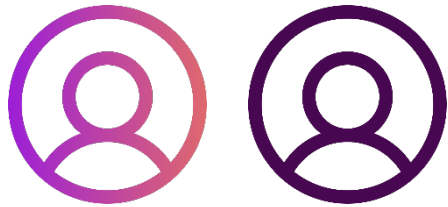


POLL

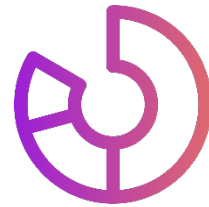
How familiar are you with the Medicare Prescription Payment Plan?

- Very familiar
- Somewhat familiar
- I have never heard of it

Understanding and participation in the Medicare Prescription Payment Plan (MPPP) remains low



About **1 in 2** Medicare beneficiaries is at least somewhat familiar with the MPPP; more than **1 in 3** do not understand it well



Only **6%** of Medicare beneficiaries have opted into the MPPP, among those who have, spreading costs and payments throughout the year is a key driver

Step 4: Consider the Medicare Prescription Payment Plan



A **voluntary** Medicare Part D payment option that went into effect as of January 1, 2025.



This program lets patients spread their out-of-pocket drug payments throughout the calendar year. The program does NOT lower costs.



Patients must opt-in to this program through their Part D plans (traditional Medicare and Medicare Advantage).

Who benefits from the Medicare Prescription Payment Plan?



Individuals who:

- ☒ have a hard time paying out-of-pocket drug costs all at once.
- ☒ have high out-of-pocket costs, e.g., have paid over \$2,000 in out-of-pocket drug costs in the first nine months of last year.
- ☒ have had a single prescription cost of at least \$600.
- ☒ are not eligible for programs that would significantly reduce their out-of-pocket costs.
- ☒ want to budget and spread their out-of-pocket drug costs throughout the year.
- ☒ opt-in to the program early in the calendar year.

Before opting in to the Medicare Prescription Payment Plan, determine if eligible for programs that can lower out-of-pocket costs for prescription medications.



Federal government programs, such as the [Extra Help Program](#).



State government programs, such as State Pharmaceutical Assistance Programs and Medicare Savings Programs.



Independent charitable assistance foundations that offer financial assistance to eligible patients, such as the PAN Foundation.

What will costs look like month to month?



- The monthly bill is based on what would have been paid for any prescriptions filled, plus the previous month's balance, divided by the number of months left in the year.
- Monthly bills will come from the Part D plan. Patients will pay these bills directly to the Part D plan, NOT at the pharmacy counter.
- Payments will change month to month depending on circumstances.
- May not be able to predict what bills will be ahead of time.
- By the end of the year, will not have paid more than \$2,100.



How often do you need to enroll in the Medicare Prescription Payment Plan?



- Every year, unless you are staying with your Part D Plan and have already opted into the program.
- If you change plans, you need to enroll in the Medicare Prescription Payment Plan with the new Plan



MPPP on PlanFinder



Overview

Drug Coverage

Star Ratings

	CVS Pharmacy #01494 2.8 miles View on map ✔ In-network	Giant Pharmacy 2.6 miles View on map ✔ Preferred	Safeway Pharmacy #1716 2.6 miles View on map ✔ Preferred	Walgreens #17262 2.8 miles View on map ✔ Preferred
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[Find out what your drug costs might look like with this payment option.](#)

×

Feedback

Can I leave the Medicare Prescription Payment Plan after I enroll in the program?



- Yes – at any time, by contacting the Plan.
- Leaving will not impact Medicare drug coverage and other benefits.
- You will need to pay the unpaid balance.
- After leaving the Medicare Prescription Payment Plan, you will pay for your prescriptions at the pharmacy counter.



Key takeaways: Medicare Prescription Payment Plan (MPPP)



- Can make medications more affordable by spreading out costs
 - But it may not be for everyone
- Options to lower costs should be explored first
- Individuals will receive 2 monthly bills – one for their premium, and one for prescription medications
 - Individuals should always pay their premium bill first
- There are two key behavioral changes for people on Medicare:
 - They need to take action to opt-in to the MPPP
 - If enrolled, individuals will pay plans directly – they will not pay at the pharmacy counter.
 - No need to re-enroll into MPPP in 2026 if staying with the same plan and you have already opted in



Step 5: Seek out resources



Visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).
TTY users: 1-877-486-2048.



Contact your local State Health Insurance Assistance Program to receive free, personalized health insurance counseling. Learn more at [shiphelp.org](https://www.shiphelp.org).



Visit the PAN Foundation's Medicare reforms education hub at [panfoundation.org/reforms](https://www.panfoundation.org/reforms).



You can enroll in the Extra Help program through the Social Security Administration online at [ssa.gov/ExtraHelp](https://www.ssa.gov/ExtraHelp) or by phone at 1-800-772-1213.

Open enrollment and the media

Tips related to media

- Be cautious with ads as they may only highlight the best parts of a plan.
- Don't share personal information with someone who calls, texts, or emails you unexpectedly.
- High pressure tactics are a warning sign.
- Verify before enrolling with trusted resources such as Medicare.gov and SHIP to confirm what you've heard.



Medicare Advantage marketing

Agents and brokers

- Assist in comparing private Medicare plans to identify best options
- Do not sell Medicare Part A and Part B
- Work on commission based on policies sold

Agents

- Represent one or more insurance companies

Brokers

- Work for the person looking for the Medicare plan
- Work as intermediary between the person and insurance company.
- Once the Medicare plan is identified, the broker turns the individual over to the insurance company to finalize



Medicare Advantage marketing

Agents and brokers:

- May call a beneficiary who has given advanced permission.
- Must use the CMS-approved third-party marketing organization disclaimer language in the first minute of the call.
 - All calls must be recorded and stored
- May leave information at residence when scheduled appointment results in a no-show.
- May call a beneficiary they enrolled in plan to discuss plan business/options
- May call or visit beneficiaries who attended a marketing/sales event if prior permission was given or documented.
- May initiate a phone call to confirm an appointment.
- May conduct marketing/sales activities in common areas of healthcare settings (waiting rooms, cafeterias, community recreational rooms)



Medicare Advantage marketing

Agents and brokers cannot:

- State they are from Medicare or use words or symbols, including “Medicare” in a misleading manner.
- Market to or contact beneficiaries door-to-door
- Make unsolicited contact (via text, phone, or in-person) with beneficiaries
- Cannot conduct marketing/sales activities in healthcare settings except in common areas.
- Provide meals at marketing/sales events



Fraud alert resource: Senior Medicare Patrol

- The Senior Medicare Patrol (SMP) is a national program that educates people on Medicare about Medicare fraud, errors, and abuse.
- You can call the SMP if you believe that you have experienced healthcare fraud, errors, or abuse. Use the nationwide toll-free number, and you will be connected to the SMP in your state for personalized assistance.



Website: smpresource.org

National toll-free number: 1-877-808-2468

Important aspects of Medicare coverage in 2026

Medicare coverage in 2026

- \$2,100 annual Medicare Part D Cap
 - Everyone benefits from the Part D Cap – it is automatic.
 - Individuals who have experienced high out-of-pocket costs for their prescription medications may benefit the most
- Automatic renewal of the Medicare Prescription Payment Plan
- Annual deductible may increase
- Insulin cost-sharing not greater than \$35/month
- Medicare Drug Price Negotiation program continues for high-expenditure medications

Medicare coverage in 2026 (continued)

- Zero cost-sharing for adult vaccines, including Shingles
- Center for Medicare & Medicaid Services (CMS) will start using AI in 6 states to "test ways to provide an improved and expedited prior authorization process in Original Medicare"
 - New Jersey, Ohio, Oklahoma, Texas, Arizona, Washington
- Colorectal cancer screening is expanded



Medicare coverage in 2026 (continued)

- Chronic Illness Benefits changing in Medicare Advantage Plans
 - Non-health perks (e.g., gift cards) no longer allowed
 - Focus will be on direct health benefits, e.g.,
 - Meal delivery
 - Rides to medical appointments
 - In-home care support





POLL

Now that you have received information about Open Enrollment, do you plan on evaluating your options over the next few weeks?

- Yes
- No
- I am not sure

Question & answer

Final key takeaways

- **Start early.** Don't wait until the last days of Open Enrollment to review your options.
- **Reflect on your needs.** Think about your current health, prescriptions, and budget before making decisions.
- **Review your plan.** Even if you're keeping the same plan: double-check that your current coverage still works for you.
- **Evaluate eligibility for Extra Help.**
- **Remember the Medicare Part D Cap.** No one on Medicare will spend more than \$2,100 for their out-of-pocket costs on prescription medications.
- **Consider the Medicare Prescription Payment Plan (MPPP).** This optional program lets you spread prescription costs into monthly payments.
- **Use trusted resources** to get answer your questions, including Medicare.gov, your State Health Insurance Assistance Program (SHIP), and organizations like the PAN Foundation.

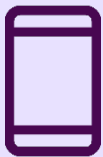
Your next steps

Participate in Open Enrollment

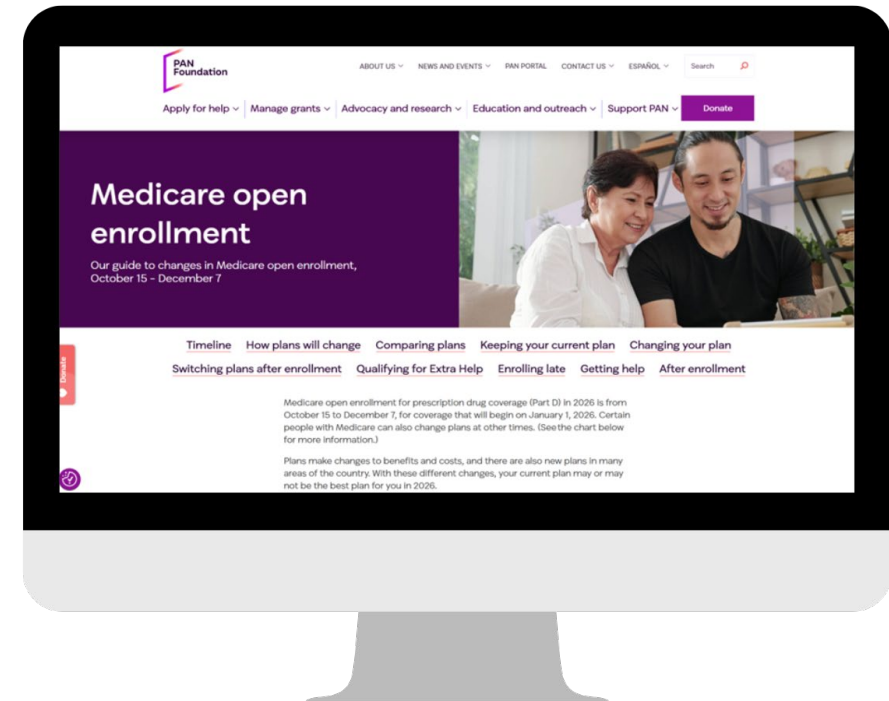
- 1 Review your Annual Notice of Change (ANOC)
- 2 Think about your personal health needs and budget
- 3 Compare plans with Medicare's PlanFinder
- 4 Consider the Medicare Prescription Payment Plan
- 5 Seek out resources

Check out PAN's Medicare education resources

We have easy-to-understand guides on Medicare topics like open enrollment, the Part D cap, the Medicare Prescription Payment Plan, and recent Medicare reforms.



Scan the QR code or visit panfoundation.org/openenrollment for more information and resources.



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Thank you!

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