

Medicare Open Enrollment: What to watch for and what to watch out for!

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Advertisers spend billions of dollars each year during Open Enrollment

WHAT DO THEY PROMISE?

- Getting more money in your social security check each month
- Getting increased benefits from Medicare
- New special government programs
- Fear-based approach: contact us NOW about changes to your benefits

WHY?

- It's prohibited for Medicare policy insurance sales agents to cold call Medicare beneficiaries.
- Collect your personal information
- REMEMBER: MEDICARE and its representatives will NEVER call you.

When in doubt, check it out!

- YOU are your own best defense against fraud and scams
- Reach out to a trusted source

Laura Thomas at 320-226-8861

Minnesota Aging Pathways (Formerly Senior LinkAge Line) at 800-333-2433

A trusted insurance agent in your community

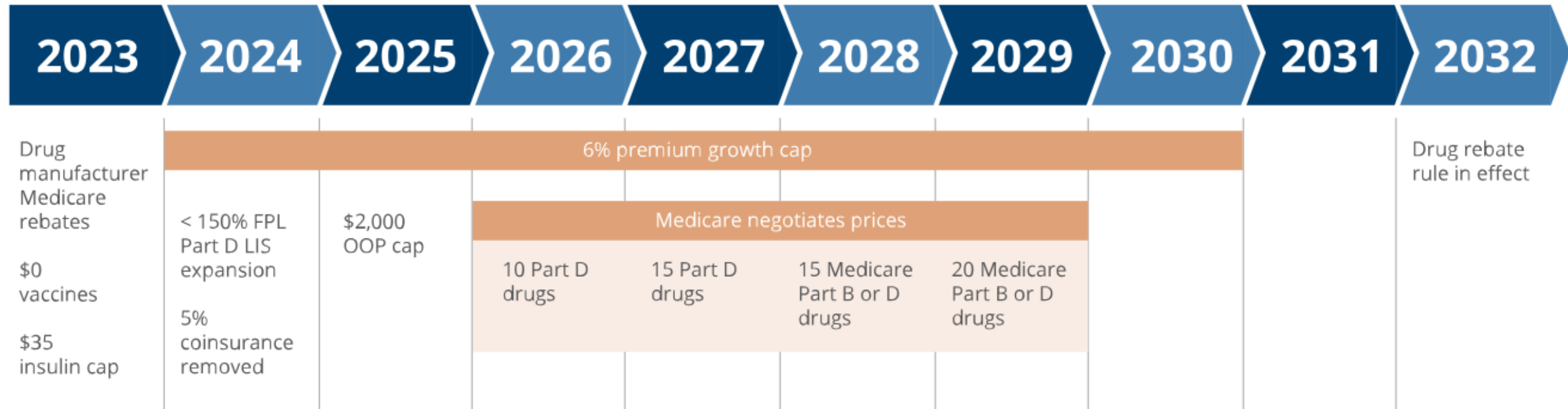
Are there legitimate ways to save money on Medicare?

- The **Extra Help** program lowers your Medicare Part D monthly premium and any deductible and co-pays.
- One-person household: the asset limit is \$17,600 and the gross monthly income limit is \$1976.
- Two-person household: the asset limit is \$35,130 and the gross monthly income limit is \$2664.
- How do I apply? There aren't paper applications. Call the Social Security Administration at 1-800-772-1213 to complete an application.

Are there legitimate ways to get more money in your Social Security retirement amount?

- **Medicare Savings Programs** pay for your monthly Part B premium and **may** cover Part A and B deductibles, co-pays and co-insurance.
- One-person household: the asset limit is \$10,000 and the monthly gross income limit is \$1781.
- Tw-person household: the asset limit is \$18,000 and the monthly gross income limit is \$2400.
- Complete and submit the Application for Certain Populations to your county's Family Services office to apply.

Upcoming Part D Changes from the IRA



From: <https://ritterim.com/blog/the-future-of-medicare-part-d-the-push-toward-mapd/>

10 Medicare Part D Drugs Selected for Price Negotiation for 2026

The selected drugs include drugs used to treat cancer, diabetes, blood clots, asthma and COPD, and rheumatoid arthritis.

Drug name	Manufacturer	Used for
Eliquis	Bristol Myers Squibb	Anticoagulant
Enbrel	Amgen	Rheumatoid arthritis
Entresto	Novartis Pharmaceuticals Corp.	Heart failure
Farxiga	AstraZeneca	Diabetes, heart failure, chronic kidney disease
Fiasp	Novo Nordisk	Diabetes
Imbruvica	Pharmacyclics	Leukemia, lymphoma
Januvia	Merck	Type 2 diabetes
Jardiance	Boehringer Ingelheim	Type 2 diabetes, heart failure
Stelara	Janssen Biotech	Psoriasis, psoriatic arthritis, Crohn's disease, ulcerative colitis
Xarelto	Janssen	Anticoagulant

Source: KFF Analysis and Centers for Medicare and Medicaid Services. 2023

KFF

Changes to Part D Coverage in 2026

- The OOP (Out of Pocket) Cap will increase from \$2000 to \$2100
- The Standard Part D annual deductible will increase from \$590 to \$615
- If you enrolled into the Medicare Prescription Payment Plan (MPPP) in 2025 and don't change Part D coverage, you will not need to re-enroll into this option. If you change your Part D drug coverage for 2026 and wish to continue participation in the MPPP, you must contact your new Part D plan to re-enroll

Medicare Prescription Payment Plan (MPPP)

- This is an option available to anyone with Part D prescription drug coverage either through a standalone Part D plan or through a Medicare Advantage or Cost Plan that includes drug coverage
- This is not a discount or savings program. It helps you manage your drug costs by spreading them out over the calendar year.
- When you opt in, you do not pay co-pays at the pharmacy. Instead, you receive a bill each month from your Part D plan telling you how much you owe and how to pay that amount.
- This is voluntary. You must contact your Part D insurance plan to opt in to the MPPP.
- This may be of particular interest to people who have expensive meds and don't want the high-deductible co-pay on the first fill of the year.

How do you get your Medicare coverage?

- A Medicare Advantage Plan – one card for both prescription and health benefits, the card says HMO, HMO-POS, or PPO
- A Medigap Supplement and a standalone Part D prescription drug plan- two cards, one for health benefits and the other for prescriptions

What coverage can I review/change?

- Standalone Part D prescription drug plans
- Medicare Advantage plans
- Medicare Cost plans (Yellow Medicine County residents)

- Medigap Supplement plans are **not** eligible for enrollment changes during the Medicare Annual Open Enrollment Period (If you have Senior Gold, for example, you may change your standalone Part D plan)

Why is it important to review coverage during Open Enrollment?

- Plan coverage including networks can change from one year to the next
- Your medications may have changed and the plan's formulary may have changed
- There may be new plan options available in the market
- A pharmacy may have moved from "Preferred" status to standard status with the plan
- A trusted resource can make it simple and even FUN!

Changes to Medicare Advantage Plans in Lac qui Parle county (and beyond...)

- UCare Medicare Advantage is leaving the Minnesota market at the end of 2025
- HealthPartners will no longer sell Medicare Advantage plans in Lac qui Parle county in 2026
- Most Advantage plans have reduced “extras” such lowering the out-of-pocket allowance

What if my Medicare Advantage coverage is ending at the end of the year?

- You may move into a different Medicare Advantage plan for 2026. Blue Cross Blue Shield, Medica, and Align Sanford are the three insurance company options in LQP next year
- You also receive a time-limited guarantee-issue right period to purchase a Medigap Supplement. This guarantee-issue right period begins 60 days before the Medicare Advantage coverage ends and no more than 63 days after it ends (10/30-3/3)

What are the differences between the two?

Medicare Advantage Plans

- Insurance company is the primary payer- they set the parameters for your coverage
- Networks
- Co-pays and coinsurance
- Prior authorizations, quantity limits, etc.
- Often include extra benefits like an over-the-counter allowance

Medigap Supplement

- Medicare is the primary payer, insurance is secondary payer
- No networks
- If it's a service that Medicare covers and is medically necessary, Medicare pays and then the insurance pays secondary
- Higher premiums
- Only covers services that Medicare covers

Changing enrollment through Medicare.gov

- This is something that anyone with Medicare can do
- When you change enrollment through Medicare.gov, Medicare lets your current plan know that you'll be ending coverage at the end of the year. Medicare lets the new plan know that you've enrolled into coverage for the upcoming year and you'll receive your new cards in 7-10 days

There's no such thing as a dumb question!

If you have questions about advertising, are curious about plan options, want to verify information you've received elsewhere, don't hesitate to reach out.

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