



WHAT'S NEW IN MEDICARE FOR 2026

PRESENTED BY: Kern County HICAP
Health Insurance Counseling &
Advocacy Program

SPEAKER: Carolina Oehler, Program Specialist
HICAP Volunteer & Outreach Coord.
Senior Medicare Patrol Liaison

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AgingInfo@kerncounty.com



1-800-434-0222





Navigating Medicare

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

ABOUT US

HICAP is part of the national **SHIP** network and is the most dependable source of unbiased and accurate Medicare related information. In addition to providing counseling, HICAP also assists beneficiaries with Medicare plan comparisons and educates them so that they can make informed decisions before they enroll in a plan.





HOW CAN HICAP HELP YOU?

OUR SERVICES

- New to Medicare orientation and review of options
- Comparison of prescription drug plans, Medicare health plans, and supplemental plans
- Medicare rights and how to appeal denials
- Detection, Prevention, and Reporting of Medicare Fraud
- Medi-Cal Share of Cost elimination for Medicare beneficiaries
- Application assistance for Medi-Cal, Medicare Savings Programs, and Extra Help



**HICAP DOES NOT SELL, ENDORSE,
PROMOTE OR RECOMMEND
COMMERCIAL INSURANCE
PRODUCTS OR SERVICES.**



WHAT YOU WILL LEARN TODAY

AGENDA

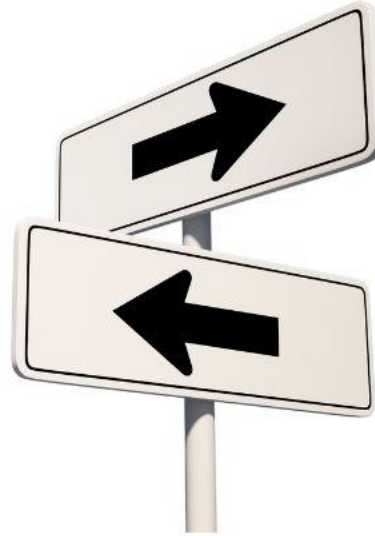
- Medicare Options - The Basics
- What is The Open Enrollment Period?
- Which Plans are Changing in 2026?
- Changes you Can Make During Open Enrollment
- Questions to Ask When Changing Part D & Part C
- Part D Plan Cost & Benefits
- Medicare Prescription Payment Plan
- Financial Help with Prescription Costs
- What to do if your Prescription is Not Covered
- How to Protect Yourself Against Plan Marketing Violations and Enrollment Fraud



MEDICARE COVERAGE OPTIONS

ORIGINAL MEDICARE

- Offered by the Government
- Covers Part A + Part B
- You can use any doctor or hospital that takes Medicare in the US
- No referrals needed. No Prior Auth.
- Medicare covers 80%
- You pay 20% Coinsurance
- Need Supplemental coverage
- You MUST enroll in a stand-alone Prescription Drug Plan (Part D)



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016



Prescription Drug Plan (PDP)

Medicare Prescription Drug Plan (PDP)

RxBIN: 610011
RxPCN: CTRXMEDD
RxGRP: EGWPS041
Issuer (80840): 9151014609
ID: 1234MEMID
Name: FIRSTNAME MI LASTNAME

9999999999

MedicareRx
Prescription Drug Coverage
58841-803

MEDICARE ADVANTAGE

- Also known as Part C
- Offered by private companies
- Part A + Part B + Part D (All-in-One plan)
- Often HMO plans
- Copay for Authorized services
- Referrals needed to see a specialist
- Prior Authorization needed for specialty services and items
- You must see providers within the plan's network in your Zip Code
- Provider networks change

Medicare Advantage Plan (HMO)

Health Plan (80840): **911-87726-04**
Member ID: 999999999-99 Group Number: 99999

Member: **SUBSCRIBER BROWN** Payer ID: 87726

GROUP NAME
XYZ Medical Group

Copay: PCP \$XX ER \$XX
Spec \$XX

H9999 PBP# 999

UnitedHealthcare Group Medicare Advantage (HMO)
Plan pays up to Medicare Limiting Charges.

MedicareRx
Prescription Drug Coverage
RxBIN: 610097
RxPCN: 9999
RxGrp: COS

WHAT IS OPEN ENROLLMENT?



OCTOBER 15 - DECEMBER 7

- ✓ Annual Election Period
- ✓ Review your current coverage
- ✓ Evaluate your options
- ✓ Opportunity to make changes if your plan is changing or going away in 2025

✗ This is NOT Medicare Initial Enrollment



PRESCRIPTION DRUG PLAN CHANGES



- Clear SpringHealth Value plan **discontinued**
- **All** Anthem MediBlue Rx plans will be **discontinued**
- **SilverScript Choice** by Aetna, premium will go **up from \$53 to \$103**
- All **Cigna HealthCare** plans will change name to **HealthSpring by Health Care Service Corporation**
- **Cigna Saver Rx** will be changing to **HealthSpring Extra** and will go **up from \$20 to \$70**
- **AARP MedicareRx Preferred from UHC** will go **up from \$115 to \$165**



MEDICARE ADVANTAGE PLAN CHANGES

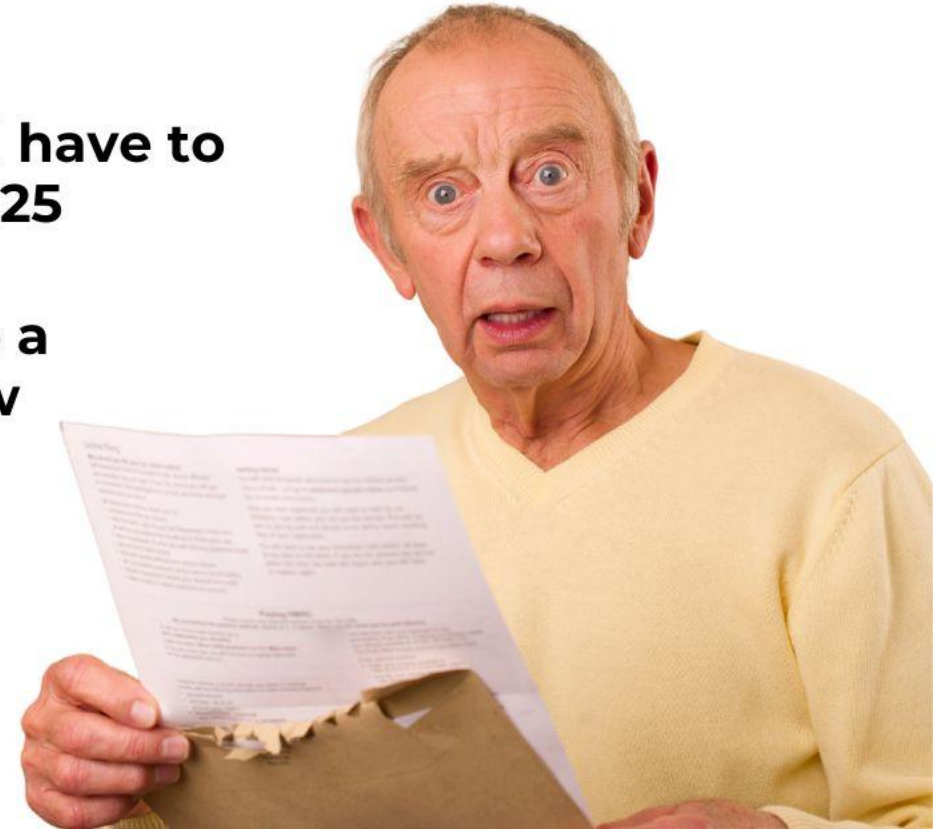
ATTENTION!
PLEASE!

- Wellcare Simple Ruby HMO plan will be **discontinued**
- AARP Medicare Advantage from UHC plan will be **discontinued**
- Aetna Medicare Core PPO and Aetna Medicare Preferred D-SNP plans will be **discontinued**

*** People enrolled in plans that are terminating will have to actively enroll in another plan by December 7, 2025**

*** If you missed the Open Enrollment, you will have a Special Enrollment Period (SEP) to enroll in a new plan by 2/28/2026**

*** Save the “Termination Letter” You will need it to enroll in a new plan or to move to Original Medicare and purchase a Medigap supplement.**



MEDICARE PLANS CHANGE EACH YEAR

- ✓ Each year Medicare plans can change cost, coverage, and benefits
- ✓ Some plans may choose to leave Medicare
- ✓ Plans mail or provide electronically
 - **Annual Notice of Change (ANOC)**
explains changes from this year's coverage
 - **Explanation of Coverage (EOC)**
Explains coverage and cost for following year's coverage



CHANGES YOU CAN MAKE

- ✓ **Join** a new Part C Medicare Advantage Plan, or Part D prescription Drug Plan
- ✓ **Switch** from Original Medicare to a Medicare Advantage Plan
- ✓ **Drop** a Medicare Advantage Plan and switch to Original Medicare (You need Part D to get prescriptions)

Kern County HICAP 1-800-434-0222



Mark your calendar with these key dates!

October 1, 2025

Start comparing your current Medicare health or drug coverage with options for 2026. You may be able to save money or get extra benefits.



[Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

**October 15 to
December 7, 2025**

OPEN ENROLLMENT



Change your Medicare health or drug coverage for 2026, if you decide to. You can join, switch or drop a **Medicare Advantage Plan** or Medicare drug plan, or switch to Original Medicare during this Open Enrollment Period each year.

January 1, 2026

New coverage begins if you made a change. If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date. (Contact your plan if these changes aren't in your account after 10 days.)

**January 1 to
March 31, 2026**

If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first day of the month after the plan gets your request (page 63).

During this period, you **can't** switch from Original Medicare to a Medicare Advantage Plan, join a Medicare drug plan if you're in Original Medicare, or switch from one Medicare drug plan to another if you're in Original Medicare.

CONSIDER THIS WHEN COMPARING PRESCRIPTION DRUG PLANS

- ✓ Does the plan cover all my prescriptions?
- ✓ Does the plan have restrictions on my drugs, such as prior authorization, step therapy, or quantity limits?
- ✓ How much will I pay for monthly premium and the annual deductible?
- ✓ How much will I pay at the pharmacy?
- ✓ Is my pharmacy in the plan's preferred network?

**To Explore your options, use the
Medicare Plan Finder tool at**

Medicare.gov

Or Call HICAP 1-800-434-0222



CONSIDER THIS WHEN COMPARING MEDICARE ADVANTAGE PLANS

- ✓ How much do I have to pay for office visits, hospital care or specialty services?
- ✓ What is the annual maximum out-of-pocket cost?
- ✓ Are my doctors and hospitals in the plan's network?
- ✓ What are the rules to access health care services and my medications?
- ✓ Does the plan cover additional health care benefits that are not covered by Original Medicare?
- ✓ Will this plan affect any other coverage I may have?
- ✓ Are my prescriptions covered?



Medicare.gov Or Call HICAP 1-800-434-0222

PART D PLAN COSTS 2026

What you pay for prescriptions depends on:

- ✓ The **prescriptions** you take
- ✓ The Medicare drug **plan** you choose
- ✓ The **pharmacy** of choice
- ✓ Whether you qualify for any **low-income assistance**

MEDICARE PART D (PDP)

12 Stand-Alone Prescription Plans in Kern County

MONTHLY PREMIUM: \$0 - \$227

ANNUAL DEDUCTIBLE: \$0 - \$615

PRESCRIPTION COPAYS: \$VARY

After deductible is met you pay a copay based on Tier

\$2,100 MAX OUT-OF-POCKET COST FOR 2026



Medicare Prescription Payment Plan

The MPPP will allow you to **spread out your drug cost** throughout the calendar year

HOW DOES IT WORK?

- **Offered by ALL Medicare plans with drug coverage.**
- Allows you to spread your copays across the year
- **You will receive a monthly bill from your plan for your prescriptions**, rather than paying at the pharmacy.



HOW IS YOUR MONTHLY BILL CALCULATED?

- Based on your prescription costs and last month's balance, divided by the remaining months in the year.
- New prescriptions can increase future payments.
- **You will never pay more than \$2,100 in a year for covered prescriptions.**

IS THIS A GOOD OPTION FOR YOU?

- **Yes** - If you have high drug expenses early in the calendar, this will help.
- **No** - If your annual drug expenses are low or you receive "Extra Help"
- **This is an option to help you manage your expenses, not to save you money.**

Financial Help with Prescription Cost

- ✓ If you have Medicare and **Medi-Cal**, you must have a Part D or C plan. If you do not sign up for a plan, Medicare will auto assign you to a stand-alone PDP
- ✓ If you have Medicare and **Medi-Cal, SSI, or Medicare Savings Program**, you will Automatically be enrolled in the Extra Help program, which lowers Part D prescription drug cost.



WHAT WOULD BE YOUR PRESCRIPTION COST?

- ✓ Your Part D plan copayments will be no more than
 - \$1.60 For Generic drugs**
 - \$4.90 For Brand name drugs**
- ✓ Even if you are not eligible for Medi-Cal, you may still qualify for help with Part D cost
- ✓ The program is called the Low-Income Subsidy Program or “Extra Help”

Low Income Subsidy “Extra Help” Program

This program can help you pay for Medicare prescription cost including premiums, deductibles, and copayments.

EXTRA HELP	MONTHLY INCOME LIMIT	ASSET LIMIT
Single	\$1,976	\$17,600
Married	\$2,664	\$35,130



WHAT WOULD BE YOUR PRESCRIPTION COST?

✓ Your Part D plan copayments will be no more than

\$5.10 For Generic drugs

\$12.65 For Brand name drugs

✓ Must enroll in Part D or in a Part C - No late enrollment Penalties.

✓ Beneficiaries with retiree benefits must check with plan administrator first.

Plan Formulary Coverage Issues

WHEN YOUR PLAN DOESN'T COVER YOUR MEDICATION OR HAS RESTRICTIONS YOU CAN REQUEST A COVERAGE DETERMINATION

Drug is Off Formulary

- The drug is not covered by your plan (not in formulary).
- You can request a “Formulary Exception” if other drugs are not appropriate.
- Doctor must explain medical need for the drug.

Prior Authorization

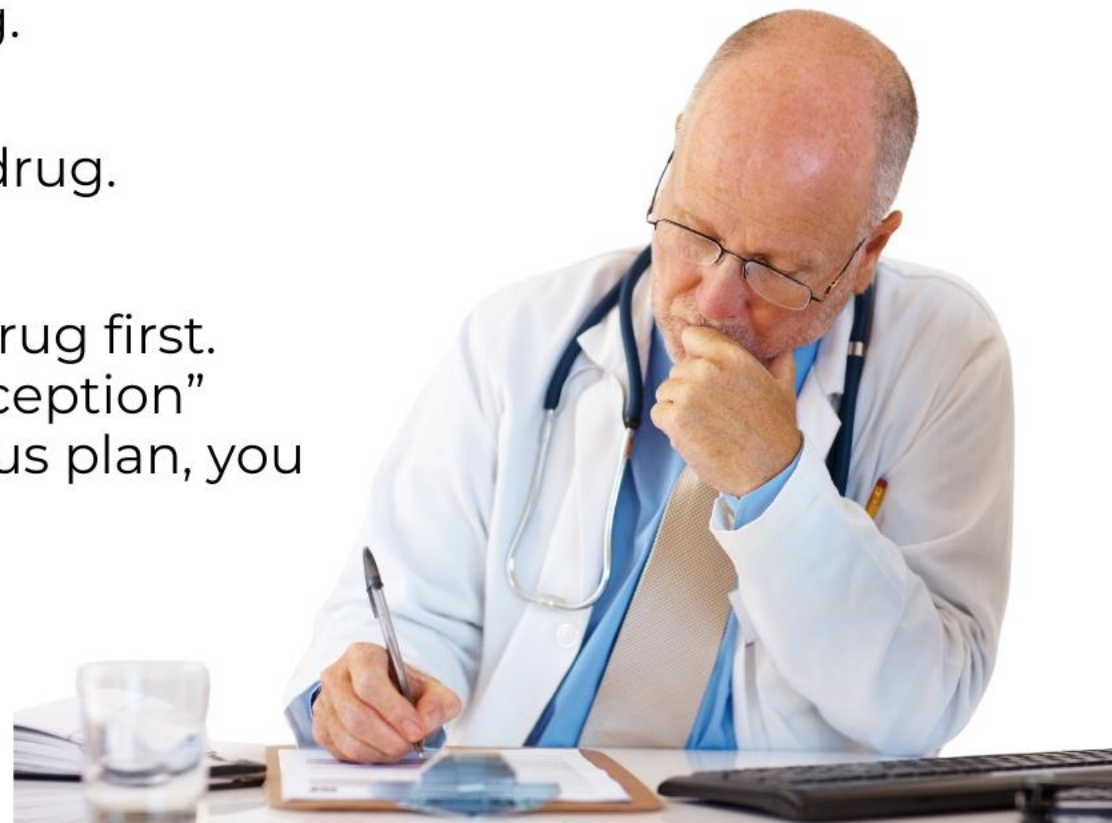
- Request approval from your plan to cover the drug.

Step Therapy

- Your plan requires you to try a less expensive drug first.
- If alternative drug is ineffective, request an “exception”
- If you completed Step Therapy with the previous plan, you need to let the new plan know.

Quantity Limits

- Plan only covers a certain amount of a drug over a certain period (like 30 pills per month)

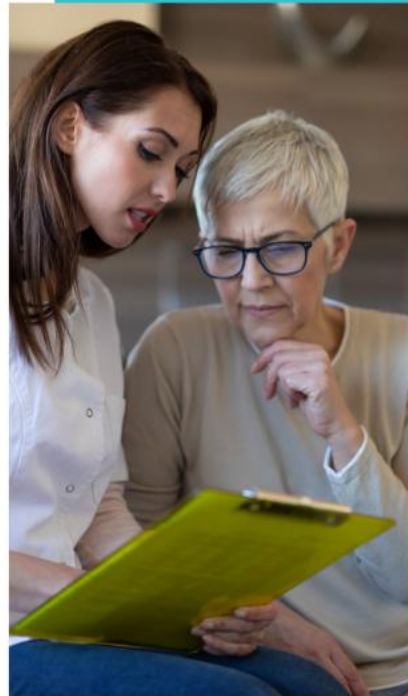


GENERAL MEDICARE ASSISTANCE AVAILABLE

HICAP CAN HELP YOU?

HICAP is only a phone call away. We are ready to assist you and answer your questions, we can help you with the plan review and explanation of benefits.

- ✓ Unbiased plan review and plan research, explain coverage issues
- ✓ Unbiased plan comparisons using Medicare.gov's Plan Finder Tool
- ✓ Assistance completing and submitting Extra Help Applications to Social Security
- ✓ Assistance completing and submitting Medi-Cal application as well as Medicare Savings Programs.



In Person



By Phone



Via Zoom

1-800-434-0222

Watch Out for Open Enrollment SCAMS



Medicare's
Open Enrollment
is from
Oct 15- Dec 7th



For more info on common
scams, scan QR code or visit

CaliforniaSMP.org

1-855-613-7080



Preventing Medicare Fraud

Medicare Plans and Agents Must Follow Rules

- **They cannot** pressure you to join their plan
- **They cannot** tell you they represent Medicare
- **They cannot** call you or visit your house without your permission
- **They cannot** offer you cash or groceries
- Beware of **“Flex Card”** or **“\$2,000 grocery card”**

If You Feel You Have Experienced Marketing Violations or Enrollment Fraud:

- Save all documents or suspicious information including marketing materials, business cards, voicemails, brochures and post cards.
- If you have been misled into joining a plan or your plan was changed without your consent, please **call HICAP for assistance at 1-800-434-0222 or California Senior Medicare Patrol at 1-855-613-7080**

Never give your Medicare Number to anyone you don't trust



KERN
COUNTY
AGING & ADULT SERVICES

1-800-434-0222
THANK YOU
aginginfo@kerncounty.com