



WELCOME TO YOUR Medicare Scoop

Open Enrollment Edition

A Message from your Kern County HICAP Team

Welcome to the **Open Enrollment Edition** of Medicare Scoop!

Every fall, Medicare gives you an opportunity to take a fresh look at your coverage for the year ahead. **Open Enrollment runs October 15 through December 7**, and even if you are happy with your current plan, we encourage you to review it. Medicare Advantage and Part D plans can change their costs, benefits, provider networks and prescription drug coverage from one year to the next. Your health needs can change too.

A good place to begin is with your Annual Notice of Change (ANOC). If you have a Medicare Advantage or Part D plan, your plan must provide this notice by September 30 explaining what will change for 2027. Take a few minutes to check your medications and costs, make sure your doctors and pharmacies will still participate in your plan, and confirm that your coverage continues to meet your needs. If it does, you may not need to make any changes.



We created this issue to help you with the annual review. Inside, you'll find information about what's changing in Medicare for 2027, prescription drug coverage, Medicare eligibility for non-U.S. citizens, important questions to ask before enrolling, and things to watch for when additional products are offered alongside Medicare Advantage. We've also included a simple Open Enrollment checklist and information about our free Open Enrollment Zoom webinar.

And remember, you don't have to figure it all out on your own. **Kern County Health Insurance Counseling and Advocacy Program (HICAP)** provides free, unbiased Medicare counseling. Our trained counselors can review your current coverage, run personalized plan comparisons, help you understand your options and answer your Medicare questions.

HICAP does not sell insurance, endorse insurance plans or receive commissions. Our role is to give you the information and support you need to make your own informed decisions about your Medicare coverage.

We hope this edition helps you feel informed, prepared and confident as you review your coverage for 2027.

When you need us, your Kern County HICAP team is here to help!

Your Kern County HICAP Team

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Free Webinar: Medicare and Social Security Updates

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What's New in Medicare for 2027



Medicare is bringing several changes in 2027, particularly when it comes to prescription drug costs, Medicare Advantage plans and supplemental benefits. Whether you have Original Medicare or a Medicare Advantage plan, understanding what is changing can help you prepare for the year ahead and avoid unexpected costs.



Medicare Part B: Projected Cost for 2027

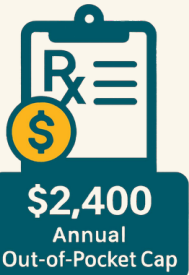
The standard monthly **Part B** premium is **projected to increase to \$209.50 in 2027**, with an estimated **annual deductible** of **\$292**. These figures come from the Medicare Trustees Report and are not yet final. CMS is expected to announce the official amounts later this fall.

Projected Monthly Premium
\$209.50

Projected Annual Deductible
\$292

Prescription Drug Coverage (Part D): What's Changing

There are several important changes coming to Medicare prescription drug coverage in 2027:



Your annual out-of-pocket spending on covered Part D drugs **was \$2,100 in 2026. For 2027 it will be capped at \$2,400**. Once you reach this threshold, you pay **\$0 for covered Part D** medications for the remainder of the calendar year.



The maximum **Part D deductible** **increases from \$615 in 2026 to \$700 in 2027**. Keep in mind that \$700 is the maximum a plan may charge. Some plans may have a lower deductible or no deductible at all.

More Drug Prices Negotiated by Medicare

Medicare-negotiated prices for 15 additional prescription drugs take effect January 1, 2027, bringing the total to 25 drugs with negotiated prices. These include medications used to treat conditions such as cancer, diabetes and asthma. Your individual savings will depend on the medications you take and your coverage. These lower prices are intended to reduce what Medicare pays for these drugs and may also lower the costs for some beneficiaries who take them. Check your plan for 2027 to see how the new negotiated price may affect what you pay.



Your Part D Premium May Change

Another important change is happening behind the scenes. Medicare's temporary **Part D Premium Stabilization Demonstration**, which helped limit premium increases for standalone Part D plans in 2025 and 2026, will end after this year. Nationally, CMS projects the average standalone Part D premium to increase slightly, **from \$35.09 in 2026 to approximately \$36 in 2027**. This national increase means your individual plan premium may change by a different amount.

Don't choose a plan based on premium alone

The premium is only part of the cost. Review your medications, formulary, pharmacy network, deductible, copayments and estimated annual drug costs before deciding whether your current plan is still right for you.

Expanded Access to Certain Weight-Management Medications



The **Medicare GLP-1 Bridge**, introduced in July 2026, will continue through December 31, 2027. This temporary program allows eligible Medicare beneficiaries with Part D coverage to access certain GLP-1 medications for weight management with a **\$50 monthly copayment**, subject to specific eligibility, restrictions, and medical requirements.



- The program is offered directly through CMS, and operates **separately from regular Part D coverage**.
- The \$50 copayment does not count toward the Part D out-of-pocket cap, and **it does not count towards the Part D deductible**.
- Not all weight-management medications are covered, and not everyone will qualify. Beneficiaries interested in the program should speak with their healthcare provider and review the eligibility requirements.

Medicare Advantage: Review Your 2027 Plan Carefully

Medicare Advantage plans may change their premiums, copayments, provider networks, prescription coverage and supplemental benefits for 2027. Some plans may also change their service areas or terminate certain plans.

Pay particular attention to your provider network. Before enrolling or deciding to stay in your current plan, check that your doctors, specialists, hospitals and other important providers will remain in-network in 2027.



Supplemental Benefits: Know What You're Actually Getting

Extra benefits such as dental, vision, transportation, food allowances and over-the-counter benefits can be valuable, but it is important to understand who qualifies, what is covered and how the benefit can actually be used.



Beginning in 2027, Medicare Advantage plans must publicly post their eligibility criteria for certain supplemental benefits for chronically ill members. CMS is also ending the requirement that plans send beneficiaries a midyear notice identifying supplemental benefits they have not used.



REMEMBER: A lower premium or attractive extra benefit does not necessarily mean lower overall healthcare costs. **Review your Annual Notice of Change (ANOC)** and look at the complete picture: your doctors, medications, pharmacies, premiums, copayments, deductibles and other out-of-pocket costs before making a decision.



Medicare Eligibility Changes for Some Non-U.S. Citizens in 2027

Beginning in 2027, changes in federal law will affect Medicare eligibility for some non-U.S. citizens. These changes do not mean that all immigrants or non-citizens will lose Medicare. Many people will remain eligible, but certain immigration categories that previously qualified for Medicare will no longer qualify under the new rules.



Who Can Still Qualify for Medicare?

Under the new law, Medicare eligibility continues for U.S. citizens and for certain non-citizens, including:

- **Lawful permanent residents**, often called green card holders
- **Certain Cuban or Haitian entrants**
- People lawfully residing in the United States under a **Compact of Free Association (COFA)**, including eligible citizens of the Federated States of Micronesia, the Marshall Islands and Palau



Other Medicare eligibility requirements still apply. For example, some lawful permanent residents who do not qualify for premium-free Part A may need to have lived in the United States continuously for at least five years before applying for Medicare.



Who May Be Affected by the Changes?

The new law narrows the immigration categories that can qualify for Medicare. Some people who were previously eligible because they were lawfully present in the United States may no longer qualify.

This may include:

- **Refugees**
- **Asylees**
- **Temporary Protected Status (TPS)**
- **Certain humanitarian parolees**
- **Certain survivors of trafficking or domestic violence**



For people already enrolled in Medicare who are affected by this change, Medicare eligibility is expected to end in early 2027, with coverage termination effective **February 4, 2027**.

Already Have Medicare? Watch Your Mail

If you are currently enrolled in Medicare and may be affected by these changes, watch for notices from Social Security or Medicare explaining any changes to your eligibility or coverage. If you do not understand the notice or believe the information is incorrect, ask for help as soon as possible and review your appeal rights.



This Does Not Affect Every Non-U.S. Citizen

Being a non-U.S. citizen does not automatically make someone ineligible for Medicare. **Lawful permanent residents and other qualifying non-citizens may still be eligible** depending on their immigration status, work history, age, disability status and other Medicare requirements. If you are unsure whether this change applies to you, do not cancel your Medicare coverage based only on something you heard or saw online.

Your Part D Coverage:

Key Things to Check This Year

Even if your medications have not changed, your Part D coverage may change from year to year. Plans can change their premiums, deductibles, formularies, pharmacy networks and what you pay for prescriptions, so it is important to review your coverage before December 7.



Before You Choose a Plan, Check:



YOUR MEDICATIONS

Make sure each prescription you take is still covered and check whether it has moved to a different drug tier. Higher tiers generally have higher costs.



YOUR PHARMACY

Your costs may be different depending on the pharmacy. Check whether your pharmacy is still in-network or considered a preferred pharmacy.



YOUR TOTAL COST

Do not compare plans by premium alone. Look at the deductible, copayments or coinsurance, drug coverage and estimated yearly prescription costs.



COVERAGE RULES

Some medications may require prior authorization, step therapy or have quantity limits. Review plans for these restrictions before enrolling.

DID YOU KNOW? The plan with the lowest monthly premium is not always the plan that will cost you the least overall.

Let HICAP Help You Compare and Save Money



You do not have to sort through Medicare plans by yourself. **Kern County HICAP provides free, unbiased Medicare counseling and plan comparisons.** A counselor can review your medications and preferred pharmacies and help you compare the Part D or Medicare Advantage plans available in Kern County.

We do not sell insurance, recommend a particular company or receive commissions.

HICAP can also help you find ways to lower your Medicare costs. Counselors can screen eligible beneficiaries for **Extra Help**, which can reduce Part D prescription drug costs, and **Medicare Savings Programs**, which may help pay Medicare premiums and, depending on the program, other Medicare cost-sharing. HICAP can explain the eligibility requirements and help with the application process.



Medicare Advantage: Beware When Additional Products Are Offered

That extra insurance policy may not be part of your Medicare Advantage plan.

During Medicare Open Enrollment, you may meet with an insurance agent or broker to discuss a Medicare Advantage plan. Be aware that you may also be offered additional insurance products that are separate from Medicare and from your Medicare Advantage plan.



What is cross-selling?



Cross-selling occurs when an agent selling a Medicare Advantage plan also offers another insurance product, such as a hospital or fixed indemnity policy, to help cover expenses the Medicare Advantage plan may leave behind. These additional policies may come with their own premium, benefits, limitations and exclusions.

Ask Questions Before You Buy ?

- Is this product part of my Medicare Advantage plan or a separate insurance policy?
- Will I pay an additional monthly premium?
- What does it cover and when will it pay?
- Are there limitations, exclusions or waiting periods?
- Do I already have coverage that provides a similar benefit?
- Can I take the information home and review it before deciding?



You do not have to purchase an additional insurance policy simply because it is offered with a Medicare Advantage plan. Take your time, get the details in writing and make sure you understand what you are buying before you agree to anything. Medicare advocates continue to warn about high-pressure sales tactics and the potential for beneficiaries to misunderstand separate products as part of their Medicare coverage.

Know the Difference Between Cross-Selling and Fraud

Being offered another health-related insurance product is not automatically fraud. Current Medicare marketing rules permit certain health-related ancillary products to be sold in connection with Medicare sales, although non-health-care products such as life insurance or annuities cannot be marketed during a Medicare Advantage or Part D sales presentation.

Be cautious of misleading information, high-pressure sales tactics or being enrolled in a product without your knowledge or permission.



PREVENT

Protect your Medicare number and personal information. Don't feel pressured to make an immediate decision



DETECT

Read enrollment materials, bills and plan statements. Make sure the coverage you receive matches what you agreed to



REPORT

If you suspect Medicare fraud, misleading marketing or an enrollment you did not authorize, call California Senior Medicare Patrol (SMP)



California SMP | 1-855-613-7080

Your 2027 Open Enrollment Checklist ✓

Before December 7, take a few minutes to make sure your Medicare coverage is still right for you.



Review Your Annual Notice of Change

If you have a Medicare Advantage or Part D plan, review your Annual Notice of Change (ANOC). Look for changes to premiums, deductibles, copayments, benefits and prescription drug coverage for 2027.



Make a List of Your Medications

Write down every prescription you currently take, including the **name, dosage and how often you take it**. Check that your medications are still covered at your pharmacy of choice, and whether their drug tiers or coverage rules have changed.



Check Your Doctors, Pharmacy & Other Providers

If you have Medicare Advantage, confirm that your **doctors, specialists, pharmacy, and hospitals** will still be in your plan's network in 2027.



Look at the Total Cost — Not Just the Premium

Compare premiums, deductibles, copayments, coinsurance and prescription costs. A plan with a low monthly premium may not be the least expensive option for you overall.



Review All Your Options Before You Make a Change

Use **Medicare.gov** to compare the Medicare Advantage and Part D plans available to you. Don't make a decision based only on advertisements, extra benefits or a sales presentation.



Call HICAP — We Can Help You Compare

You don't have to do this alone. Call HICAP to schedule an appointment with a registered HICAP counselor. We can review your current coverage, medications and preferred pharmacies and provide an unbiased plan comparison to help you understand your options.

HICAP does not sell insurance, endorse plans or receive commissions.



Call HICAP: 1-800-434-0222 |

**FREE . UNBIASED. CONFIDENTIAL
MEDICARE COUNSELING**



A Few More Medicare Updates *Worth Knowing*



More Ways to Access Your Medicare.gov Account

Medicare.gov now offers additional options to log in, including ID.me, CLEARme and Login.gov. These free services help protect your identity and give you more ways to securely access your Medicare information.



[Medicare.gov/account/login/help](https://www.Medicare.gov/account/login/help)



Telehealth Coverage Through December 2027

You can continue to get certain Medicare-covered telehealth services from home through December 31, 2027. Examples include caregiver training, depression screenings, speech therapy and more. Ask your doctor if a service you need is available through telehealth.



[Medicare.gov/coverage/telehealth](https://www.Medicare.gov/coverage/telehealth)



ACCESS: Support for Chronic Conditions

ACCESS is a new Medicare care model for people with Original Medicare who have one or more chronic conditions, such as high blood pressure, diabetes or depression. This program provides care support from the comfort of your home and may be available at little or no cost.



[Medicare.gov/ACCESS](https://www.Medicare.gov/ACCESS)

**JOIN US FOR A
FREE WEBINAR!**



MEDICARE OPEN ENROLLMENT & SOCIAL SECURITY UPDATES: WHAT YOU NEED TO KNOW FOR 2027



We will discuss...

- Social Security Retirement, Disability, and SSI Benefits
- Changes in Medicare Eligibility
- Understanding the Medicare Open Enrollment Period
- What's New in Medicare for 2027
- Part D Coverage Options
- What to Consider Before Changing Plans
- Help Paying for Prescription Drugs
- Medicare Plan Marketing Violations
- How to Prevent SSA and Medicare Fraud

Presenter:

Carolina Oehler

Program Specialist Kern County HICAP

Special Guest Presenter:

Eduardo Lopez

Public Affairs Specialist, Social Security Administration (Sierra West Area)

REGISTRATION IS FREE!

This webinar will be held online via Zoom. Registration is required



Scan me

Can't scan the code?

Call us to register 1-800-434-0222

 **FRIDAY
November 13,
2026
10:00 AM**

Presented by Kern County HICAP
Health Insurance Counseling and
Advocacy Program (HICAP)

Medicare beneficiaries, family members,
caregivers, social service professionals, and
healthcare providers are welcome.



**FREE, UNBIASED MEDICARE
INFORMATION**

HICAP does not sell insurance or
represent insurance companies