



Medicare Annual Open Enrollment Period Webinar

October 22, 2025

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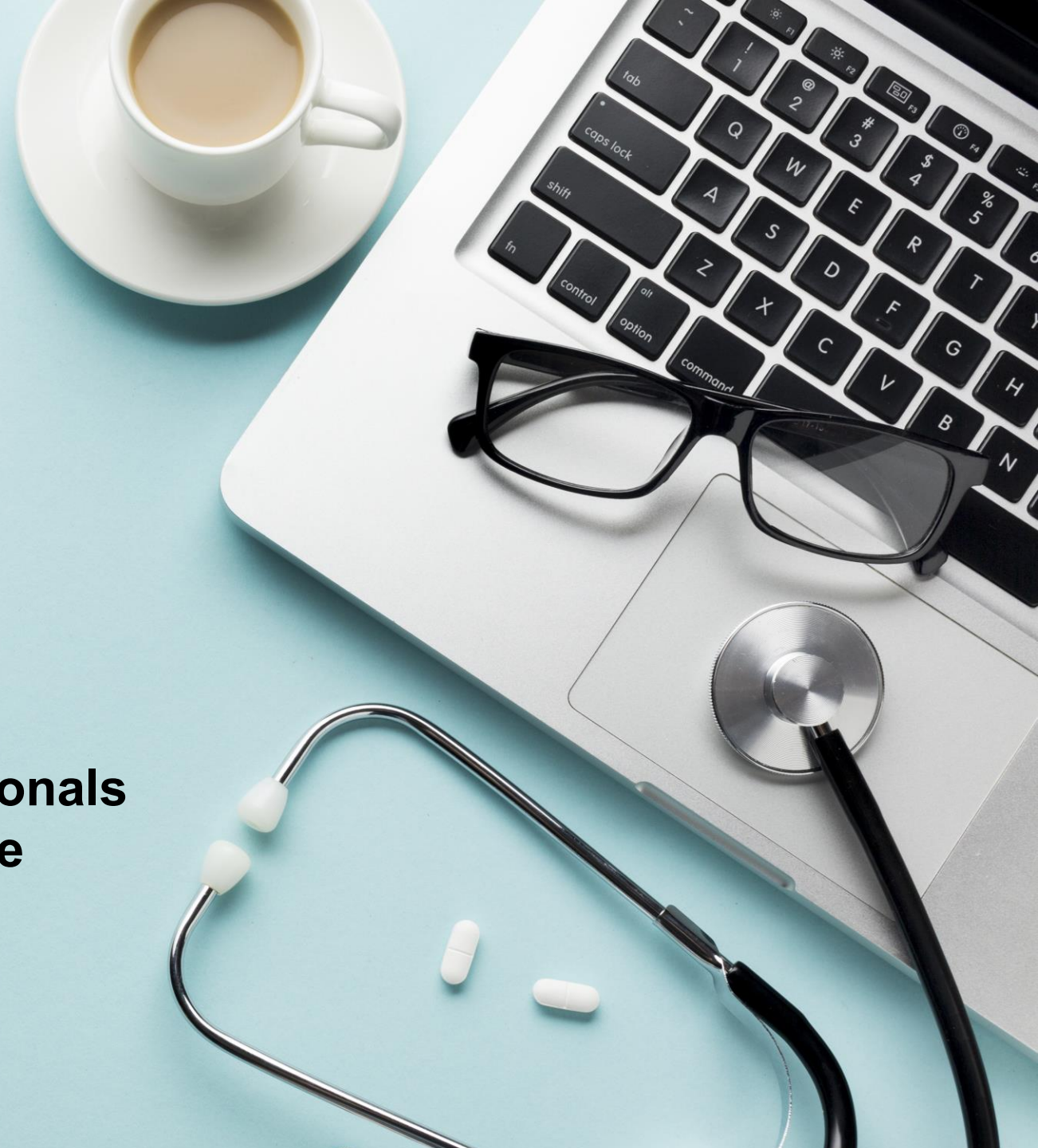
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- Please use the chat feature for technical issues
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2025 Sources of Revenue



Russell &
Josephine Kott
Memorial
Charitable
Trust

RRF
Foundation for
Aging

Revenue from
Training Fees
and Contracts

Illinois
Department on
Aging

Other Grants

What We'll Cover Today



- Medicare Annual Open Enrollment Period
- Medicare Part D Changes Under the Inflation Reduction Act (IRA)
- Medicare Part D Costs & Coverage
- Medicare Part D and Medicare Advantage Options in Illinois
- Medicare Advantage Updates
- Dual Special Needs Plans in Illinois
- Extra Help Updates



Medicare Annual Open Enrollment Period



Quick Overview: What is Medicare Part D?

- Prescription drug insurance offered by private companies contracting with Medicare
- Two different ways a beneficiary can receive Part D coverage:
 - An insurance plan that works with Original Medicare and covers only drugs, called a stand-alone prescription drug plan (PDP) **OR**
 - A Medicare Advantage plan that covers drugs and health benefits, also referred to as MA-PD
- Most beneficiaries must select and actively enroll in a Part D or MA-PD plan for prescription drug coverage
- Beneficiaries with Medicare Part A and/or Part B may join Part D
- Part D costs vary by plan – it's important to compare plans!
- Plans vary by county or geographic area



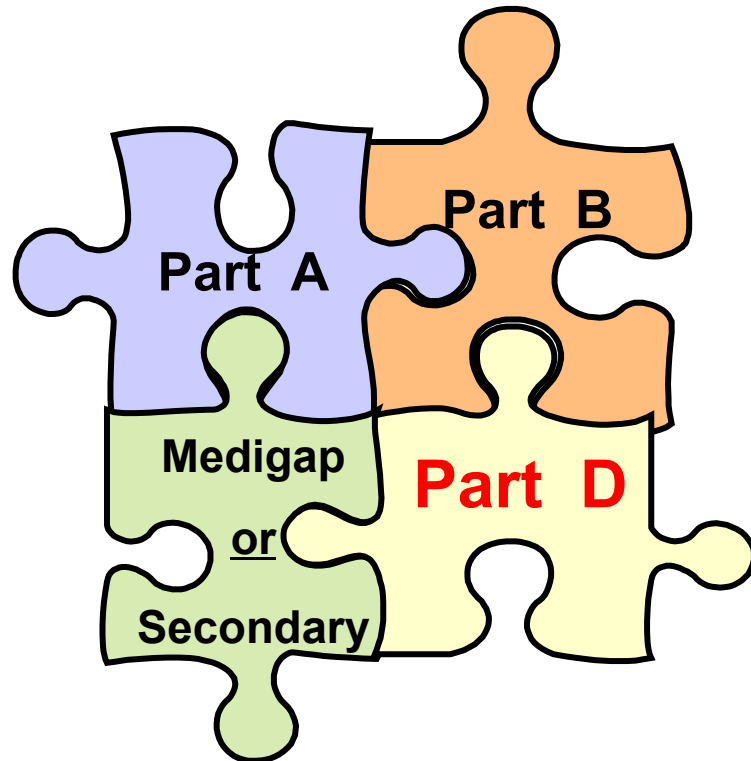
Medicare Annual Open Enrollment Period

- The Medicare Open Enrollment Period (OEP) takes place **October 15 to December 7** of each year
 - New plan enrollments or changes are effective January 1, 2026
- Beneficiaries can make any Medicare Part D and Medicare Advantage (MA) plan changes at this time
 - Enroll, disenroll, or change plans
- Beneficiaries should have received an Annual Notice of Change (ANOC) from their plans by September 30th
 - Lists premium, plan, and formulary changes for 2026



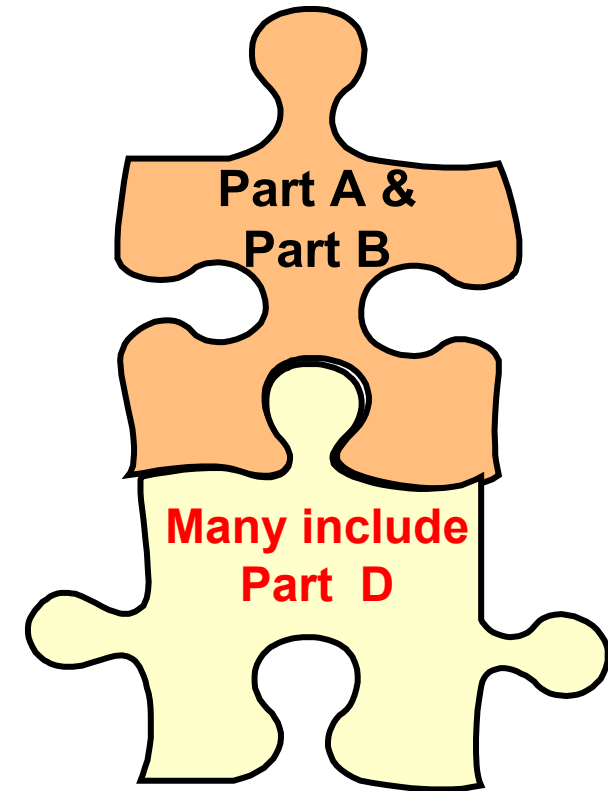
Beneficiaries can choose to receive their Medicare benefits in one of two ways:

Original Medicare



OR

Medicare Advantage



How to Enroll in a Part D or Medicare Advantage plan

- How to enroll in or change plans
 - Online using the Plan Finder at www.Medicare.gov
 - Call 1-800-Medicare
 - Contact the plan directly
 - Contact Illinois SHIP to find a local agency that can help
- Helpful tips:
 - Beneficiaries who change plans are automatically switched by Medicare when they join a new plan – no need to disenroll from their current plan
 - If using the Medicare Plan Finder to compare plans, save a PDF or print out plan details



Medicare Plan Finder

- Online tool available on www.Medicare.gov to help beneficiaries compare and enroll in Medicare Part D and Medicare Advantage plans
 - Designed from the beneficiary's perspective
- Users must create a Medicare account to personalize their plan searches
 - Allows users to view prescription drug suggestions that are based on claims data
 - View current plan enrollment
 - View Extra Help Subsidy eligibility
 - View Medicare notifications and MSNs
- Users are also able to view plans and enroll through an anonymous search
- 1-800 Medicare and live chat option is available 24/7 if assistance is needed



Medicare Part D: Costs



Part D Plan Costs

Costs vary by plan

- **Monthly premium**
 - Payment made to the plan for coverage
 - Higher income earners pay an additional premium amount called an income related adjustment amount (IRMAA)
- **Annual deductible**
 - Out-of-pocket amount paid by beneficiary in the beginning of the plan year, before the plan pays for any covered drugs on the formulary
- **Copayment**
 - Set dollar amount paid by beneficiary after any deductible is met for each prescription drug that is on a plan's formulary
- **Coinsurance amount**
 - Percentage of the cost paid by beneficiary for a formulary drug once any deductible amount is met



The Medicare Part D Standard Defined Benefit

- Defined standard plans offer a deductible and a standard 25% coinsurance amount for formulary drugs
- **Most plans offered are not defined standard plans**
- Plans can offer alternatives to the standard defined Part D benefit
 - Medicare allows plans to vary benefits as long as they are actuarially equivalent (an alternative equal in value) to the standard Part D benefit



Alternatives to the Standard Part D Benefit

Alternative Part D plans include plans that are:

- **Actuarially Equivalent**
 - A lower deductible or lower co-pays for generics during the deductible
 - An initial coverage phase that uses drugs on “tiers” with a set co-pay or coinsurance amount (instead of the standard 25%), or tiers with coinsurance amounts higher than 25%
- **Enhanced Alternative** plans include supplemental benefits that exceeds the value of a basic plan. Supplemental benefits may include:
 - coverage for drugs that are excluded from Part D
 - Reduced or no cost sharing during the deductible
 - reduced cost sharing during the initial coverage phase



Medicare Part D Benefit Parameters

	2025	2026
Annual drug deductible Enrollees pay 100% of the cost for covered drugs until deductible is met	\$0 to \$590	\$0 to \$615
Initial Coverage phase - The beneficiary pays a co-insurance or co-pay amount for each covered prescription, and the plan and manufacturer pay the rest - What the beneficiary pays for covered drugs counts towards their True Out-of-Pocket Threshold (TrOOP) limit	Until \$2,000	Until \$2,100
Catastrophic phase - Begins once the TrOOP limit is met - During the Catastrophic Coverage beneficiaries pay nothing (\$0 cost sharing) for covered drugs for the remainder of the calendar year - Drugs are covered by the plan, manufacturer, and Medicare	\$2,000	\$2,100

- Note: Any monthly premium amount paid by the beneficiary does NOT count towards the out-of-pocket limit
- Starting in 2025, the IRA capped the Part D TrOOP limit



Medicare Part D True Out-of-Pocket Costs (TrOOP)

- True Out-of-Pocket Limit is also referred to as TrOOP or OOP
- TrOOP determines when a beneficiary enters the initial coverage and catastrophic phases
 - \$2,100 in 2026
- TrOOP costs include:
 - Costs paid by the beneficiary for covered drugs (deductible, co-pays, and co-insurance amounts)
 - Costs paid by the Extra Help program, ADAP, Indian Health Services
 - Payments for Part D supplemental benefits offered by enhanced alternative plans and employer group waiver plans (EGWP)
- Monthly plan premiums and assistance provided through [patient assistance programs](#) (PAPs) do not count towards the Part D TrOOP



2025 Part D Income Related Amounts for Higher Income Beneficiaries

- Part D IRMAA = Income Related Monthly Adjustment Amount
- Beneficiaries with higher incomes (above \$103,000 single or \$206,000 for a couple) may have to pay a higher Part D or Medicare Advantage monthly premium
 - Base on tax returns from two years prior
 - Extra premium amount is sliding scale
 - Same beneficiaries also pay higher Part B premiums
- Extra amount paid separately and directly to Medicare
 - Additional premium amount will be deducted from beneficiary's SSA or RRB benefits, or Medicare will bill the beneficiary

For more information visit <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles> (2026 amounts not available as of 10/17/2025)



Medicare Prescription Payment Plan

- New **optional** program that began in 2025 and allows beneficiaries to spread out high Medicare Part D drug costs throughout the calendar year
- Available to beneficiaries in stand-alone prescription drug plans (PDPs) and Medicare Advantage plans
- Beneficiaries who choose to participate pay \$0 at the pharmacy and instead make capped monthly payments to their plan
- Beneficiaries can choose join the program at any time by contacting their plan
 - Enrolling earlier in the year gives beneficiaries more time spread out costs
 - Participation automatically renews each year unless the beneficiary opts-out or changes plans
 - Can disenroll at any time during the year
- The program does **not** save beneficiaries money or lower drug costs



Medicare Prescription Payment Plan

- The program most likely to benefit beneficiaries with high drug costs or those who reach the \$2,100 OOP limit early in the year
- If beneficiaries miss capped payments they'll be removed from the Prescription Payment Plan, but won't be disenrolled from their Part D plan as long as they keep paying the monthly plan premium
- Medicare.gov Plan Finder includes a tool to compare costs with and without the program
- Beneficiaries not likely to benefit from enrolling in the program include beneficiaries
 - with low out-of-pocket drug costs,
 - in the Extra Help program, or
 - who incur higher costs or sign up later in the calendar year

CMS Fact sheet:

<https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf>



Part D Late Enrollment Penalty

- Late enrollment penalty if a beneficiary does not enroll in Part D when first eligible
- If they join later, they pay:
 - 1% extra premium each month they were eligible but did not enroll in a plan (based on the national Part D base premium which is \$38.99 in 2026)
- Must pay this penalty for as long as they are enrolled in a Part D plan
- The penalty is waived if a beneficiary is eligible for Extra Help or has other credible prescription drug coverage



Part D Creditable Coverage: No Penalty for Enrolling Later

- If a beneficiary has employer-based **creditable coverage**.
 - Can keep their current drug coverage and join a Part D plan later without penalty if the benefits are creditable (as good as Medicare Part D)
 - Be sure to check with the employer-based plan to find out if the current drug coverage is considered creditable
- If creditable, ask for a letter stating this and save it
 - Usually have **63 days** from the date the creditable coverage ends to join a Part D plan without penalty
- VA coverage is considered creditable
 - Veterans can delay or choose to enroll in Part D
 - VA and Part D coverage cannot be used together



Medicare Part D: Coverage



Part D Covered Drugs

- Each plan has a list of covered drugs called a formulary
 - Not all plan formularies are the same
 - A plan's formulary must include at least two drugs from each category or class of drugs
 - Drugs are usually placed on tiers
 - Formulary exceptions can be requested if a drug is not covered or has restrictions
- Medicare requires plans to cover substantially all drugs for the following six protected classes of drugs
 - Anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants



Part D Drug Restrictions

- Drugs must be on a Part D plan's formulary to be covered
 - Even if a drug is on a formulary, beneficiaries should check if their drugs have restrictions
- Part D drug restrictions include:
 - Prior authorization - must obtain the plan's before the prescribed drug is covered
 - Step Therapy - requires the beneficiary trying similar lower cost alternatives before the plan covers the prescribed drug
 - Quantity limits - the plan may limit the quantity of drug over a certain time period for safety and cost reasons
- If a drug has a restriction, the prescribing doctor and beneficiary will need to contact the plan to request an exception or prove that the drug is medically necessary



Medicare Part D: Selecting a Pharmacy

- Pharmacy networks vary from plan to plan
- The www.Medicare.gov Plan Finder is the best way to determine a pharmacy's network options
 - **Standard network pharmacy**
 - An in-network pharmacy with a plan where members pay a cost sharing amount set by the plan. All plans are required to have standard network pharmacies
 - **Preferred network pharmacy**
 - Select in-network pharmacies that have special agreements with plans to usually provide lower drug cost sharing
 - Not all Part D plans offer a preferred pharmacy network
 - **Mail order pharmacy**
 - Offered by some plans, but not all
 - Usually less expensive
 - Plans mail prescriptions using their own mail order pharmacy directly to the beneficiary's home (up to a 90-day supply)



Medicare Part D Insulin Coverage

- The IRA caps covered insulin to no more than a \$35 copay for a one-month supply through all phases of Part D
- Insulin must be on the plan's formulary
- Applies to all Medicare Part D plans, including MA-PD
- Coverage includes insulin pens and vials used at home
- Insulin provided through an external insulin pump and covered under Part B is also capped at \$35 each month
 - Part B deductible does not apply to insulin



Medicare Part D Vaccine Coverage

- Under the IRA, Part D plans must cover adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost sharing
- Part D enrollees pay nothing
- Include shingles, RSV, DTaP, and more. For a complete list, visit <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- Reminder! Some vaccines are covered under Part B (Flu shot, Pneumonia, Hepatitis B, COVID)



Medicare Drug Negotiation Program

- The IRA allows Medicare to negotiate drug prices directly with manufacturers for certain high-cost single source drugs
- Negotiated prices for the following 10 drugs are effective January 1, 2026
 - Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, NovoLog
- Medicare has selected 15 new drugs to negotiate for next round:
<https://www.cms.gov/newsroom/press-releases/hhs-announces-15-additional-drugs-selected-medicare-drug-price-negotiations-continued-effort-lower>

CMS fact sheet: <https://www.cms.gov/files/document/fact-sheet-negotiated-prices-initial-price-applicability-year-2026.pdf>



Non-Renewing Medicare Part D and MA Plans

- In 2026, some stand-alone Part D and Medicare Advantage plans will no longer be available in some areas of Illinois
- Plans are mailing members a non-renewal notice in October informing them their plan is ending 12/31/2025 and need to select a new plan for 2026
- Beneficiaries can select and enroll in a new plan during the fall OEP
 - Beneficiaries who don't enroll during the Fall OEP will be eligible for a [non-renewal SEP](#) December 8, 2025 to February 28, 2026 to enroll in plan
- Beneficiaries in MA plans that are ending will be returned to Original Medicare effective January 1st if they do not enroll in a new MA plan during the OEP
 - Will be eligible for guaranteed issue rights to buy a Medigap policy for up to 60 days before and up to 63 days after their MA plan ends



Medicare Part D Transition Supply Policy

- The transition supply policy provides a temporary supply of a drug that is not on a plan's formulary or has a drug restriction, such as prior authorization or step therapy
- The plan is required to provide a temporary one-month supply anytime within the first 90 days of coverage
- Can be used any time a beneficiary is new to a Part D or MA-PD plan or by certain enrollees who experience a negative formulary change from one year to the next
- The After a transition supply is filled, the plan sends a notice within 3 business days to explain that it's a **one-time temporary fill**
- Allows the member enough time to request a formulary exception or find an alternate formulary drug that works as well

Source: <https://www.medicare.gov/health-drug-plans/part-d/what-drug-plans-cover/plan-rules>



Let's Recap:

What to Consider When Selecting Drug Coverage

- **Covered Drugs**
 - Are the beneficiary's current medications included on the plan's formulary?
 - Are there any drug restrictions?
 - Does the plan's formulary have a broad list for future needs?
- **Costs**
 - Monthly premium
 - Which tiers are drugs on and what are the co-pays?
 - Out of your pocket – deductible, co-pays/coinsurance
- **Convenience**
 - Pharmacies (network and preferred)
 - Mail Order
- **Company**
 - Service, reputation, Medicare star ratings



Medicare Part D and Medicare Advantage Options in Illinois



Quick Look: 2026 Stand-Alone PDPs in Illinois

- In 2026, 12 PDPs available statewide in Illinois
 - 3 plans no longer offered
- Annual drug deductible up to \$615
 - 1 plan offers a \$0 deductible
 - In 2026, many plans offer a drug tier with a \$0 co-pay (usually for preferred generics)
- Monthly premiums range from \$0 - \$119.70
- 2 PDPs offers a \$0 premium to beneficiaries with Extra Help
 - Wellcare Classic
 - Humana Basic Rx Plan
- 2 additional PDP options that offer a \$0 premium plan to any beneficiary with or without Extra Help
 - Wellcare Value Script
 - Humana Value Rx Plan



Quick Look:

2026 Medicare Advantage Plans in Illinois

- In Illinois Medicare Advantage plan options that include drug coverage (MA-PD) include:
 - Local HMOs
 - HMO Point-of-Service (POS)
 - Local and regional PPOs
 - Special Needs Plans (SNPs)
 - Private-free-for-service (PFFS)
- Some MA plans only offer health coverage (no Part D drug coverage)
- Monthly premiums range from \$0 to \$257 a month
- Maximum out-of-pocket (MOOP) limits range from \$2,000 to \$9,250 for in-network Part A and Part B medical expenses (does not include Part D costs)
- Some plans have an annual health deductible in addition to a Part D drug deductible



Quick Look:

2026 Special Needs Plans in Illinois

- Special Needs Plans (SNPs) are MA plans tailored to serve specific groups with special needs
 - To join a SNP, a beneficiary must meet the criteria of the group
- In 2026, SNPs offered in Illinois
 - I-SNPs for beneficiaries who are institutionalized
 - C-SNPs for beneficiaries with chronic or disabling conditions (cardiovascular disorders, chronic heart failure, diabetes, or chronic kidney disease)
 - New in 2026! Dual Special Needs Plans (D-SNPs) for beneficiaries with Medicare & Medicaid



Medicare Advantage Updates



Medicare.gov Plan Finder to Include MA Provider Directories

- New rule requires MA plans to submit provider directory data to CMS to be integrated on the Medicare.gov Plan Finder
 - Allows beneficiaries to search if their providers are in a plan's network
- Plans must update provider directories within 30 days of learning of any changes and annually attest to directory accuracy
- Provider directory data may not be available on Plan Finder for all MA plans
 - Plans had the option to submit provider directory data by 9/8
 - All plans must submit their provider directories to CMS by 1/1/2026



Medicare.gov Plan Finder Provider Directory Search

Search for provider by name

[← Back to drugs & pharmacies](#)

Add providers

Look up your providers and add them to your search criteria. When you get your plan search results, you'll find out if these providers participate in plans in your area.

Enter a provider name

PROVIDER FIRST NAME

PROVIDER LAST NAME

Search Providers

[Clear search](#)

How to Check if a Provider is In-Network for a Plan

star rating: ★★★★★☆

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage
Doesn't include: the standard Part B premium
[What's the standard Part B premium?](#)

TOTAL DRUG & PREMIUM COST (for 2026)

\$0.00 Only includes premiums for the whole year when you don't enter any drugs

OTHER COSTS

\$0.00 Health deductible

\$200.00 Drug deductible

\$4,000 In-network Maximum you pay for health services

Enroll

Plan Details

☐ Add to compare

PLAN BENEFITS

✓ Vision
✓ Dental
✓ Hearing
✗ Transportation
✓ Fitness benefits
[See more benefits](#) ▾

COPAYS/COINSURANCE

Primary doctor: \$0 copay
Specialist: \$40 copay

DRUGS

[Add your prescription drugs](#)
Enter drugs you take regularly (if any) to see your estimated drug + premium cost

PROVIDERS

✓ SMITH (Must-have provider)
[Get provider details](#)

The plan results page will display all MA plans and show if a provider is in-network with a plan, or if provider information is unavailable

What you'll pay

Total monthly premium	\$0.00
Health deductible	\$0.00
Primary doctor copay	\$0

Overview

Benefits & Costs

Drug Coverage

Extra Benefits

Optional Packages

Star Ratings

Providers

Overview

PREMIUMS

Total monthly premium	\$0.00
Health premium	\$0.00
Drug premium	\$0.00
Standard Part B premium	\$185.00 ⁽¹⁾

Select a specific plan to view plan details. Click on the plan's "Provider" tab for provider network information

Filter Plan Results by “Must Have” Providers

You can filter your results to display plans with your chosen provider in-network first

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾ Chat Log in

i You're viewing 2026 plans. [Show me 2025 plans.](#)

[Back to providers](#) [Print](#)

Choose a plan to join

Medicare Advantage Plans [Switch plan type](#)

Plans in: Cook, IL [Change location](#)

Include Special Needs Plans (SNPs)? ☒ No

Filter by: Health Plan Type ▾ Plan Benefits ▾ Insurance Carriers ▾ Drug Coverage ▾ Star Ratings ▾ Providers ▾ [View all filters](#)

Showing 10 of 58 Medicare Advantage Plans

SORT PLANS BY
Lowest drug + premium cost ▾

Filter Plans [Close](#)

DRUG COVERAGE

☐ Includes drug coverage

☐ Doesn't include drug coverage

STAR RATINGS

☐ 5 stars

☐ 4 stars

☐ 3 stars

☐ 2 stars

☐ 1 star

☐ No rating available

PROVIDERS

Select a "must-have" provider to get a list limited to plans they participate in:

☐ L SMITH

[Clear provider](#)

[Apply Filters](#) [Clear all filters](#)



Plan Finder Provider Information Results

Provider is in-network

[View Provider Network Directory](#)

Always check with your provider to make sure they participate in the plan you want to join. Providers can change which plans they accept at any time. If a provider has multiple office locations, plans might only cover the provider at some of the locations.

TH MD  (Must-have provider)
NE PHYSICIAN

✓ 1 PULASKI RD CHICAGO, IL 60639
[+16 locations](#) ▼

Provider is not in-network

AR  (Must-have provider)
YSICIAN

✗ 1 N ELM ST # 123 HINSDALE, IL 60521
[+3 locations](#) ▼

Plan's provider information is not available on Plan Finder

Providers

[View Provider Network Directory](#)

⚠ This plan's provider information isn't available
Contact the plan for provider information.

Temporary SEP for Incorrect MA Provider Directory Info on Plan Finder

- In 2026, a one-time temporary SEP will be available for beneficiaries who enroll in an MA plan using provider directory information from the Medicare Plan Finder they later learn was incorrect
- To be eligible, beneficiaries must :
 - Have enrolled in an MA plan via Plan Finder for 2026 coverage during the fall OEP or another enrollment period
 - Learn within three months of the plan's effective date that their providers are not in the plan's network
- The beneficiary can change MA plans or return to Original Medicare
 - Must call 1-800-Medicare to use SEP



Medicare Plan Finder

Supplemental Benefits Section Updated

- The extra benefit section will be updated to include information about cost sharing, authorization, and plan limits
- Plan Finder will also include six new supplemental benefits that plans can choose to provide:
 - Wigs for Hair Loss Related to Chemotherapy
 - Weight Management Programs
 - Home-Based Palliative Care
 - Re-Admission Prevention
 - Post Discharge In-Home Medication Reconciliation
 - Adult Day Health Services

Source: <https://www.cms.gov/files/document/cy2026mpfenhancements08252025finalpdf.pdf>



Updated Timeframe for MA Prior Authorization Requests

- Currently, MA plans have 14 days to complete standard prior authorization requests for medical items and services
 - Does not apply to prior authorization for prescription drugs
- Starting in 2026, a new [CMS rule](#) will require MA plans
 - to complete standard prior authorization requests within 7 calendar days
 - If denied, send the provider reason for a denial
 - Urgent prior authorization timeframes remain at 72 hours



Dual Special Needs Plans (D-SNPs)



Dual-Eligible Special Needs Plans (D-SNPs) in Illinois



- The Medicare-Medicaid Alignment Initiative (MMAI) demonstration program is ending December 31, 2025
- Starting January 1, 2026, Illinois will be replacing MMAI with Medicare dual-eligible special needs plans (D-SNPs)
- D-SNPs are a type of Medicare Advantage plan for beneficiaries eligible for Medicare and Medicaid
- All D-SNPs in Illinois will offer the highest level of integration
 - Called fully integrated dual eligible special needs plans (FIDE-SNPs)
- D-SNP enrollment is voluntary. Can enroll, disenroll, or change D-SNPs at any time
- D-SNPs will cover all Medicare and Medicaid benefits, including long term care services and care coordination



Illinois D-SNP Eligibility

To be eligible for an Illinois D-SNP, individuals must be:

- Enrolled in full AABD Medicaid benefits (no Spenddown) or FamilyCare
- Age 21 or older at the time of enrollment
- Enrolled in Medicare Part A and Part B
- Live in the plan's service area

The following individuals are excluded and cannot enroll in a D-SNP:

- Under 21 years old
- Have Medicaid through Spenddown
- Receiving developmental disability institutional services or HCBS waiver for Adults with Developmental Disabilities
- Enrolled in the Illinois Medicaid Breast and Cervical Cancer program
- Enrolled in a partial benefit program (i.e. Medicare Savings Program, Family Planning Program)
- Have comprehensive third-party insurance



D-SNP Benefits

- D-SNPs cover all Medicare and Medicaid services including Part D, long-term care services, behavioral health, transportation, and home health
- All plans include care coordination
- Must use the plan's provider network for care to be covered, except in limited circumstances
- Plans can offer supplemental benefits
- Enrollees pay no Part B premium or cost sharing for medical and long-term care services
- Extra Help co-pays may apply for formulary drugs



MMAI to D-SNP Transitions for CY 2026



- HFS awarded D-SNP contracts to 4 out of 5 of the MCOs offering MMAI plans
 - Aetna, Humana, Meridian, and Molina
 - BCBS was not awarded a contract
- Enrollees in MMAI plans that were awarded D-SNP contracts will be automatically moved to a D-SNP with the same parent company effective January 1, 2026
 - Will receive an Annual Notice of Change (ANOC) by early October 2025 explaining the transition
 - All plans required to offer a 180-day continuity of care period, allowing members to continue current care if their provider is not in-network (90-day transition period if switching between D-SNPs)
 - Can choose to enroll in another D-SNP or opt out and be in Original Medicare/Medicare Advantage and FFS Medicaid



MMAI and D-SNP Transition: BCBS

- Enrollees in the BCBS Community MMAI plan will receive a notice by early October that their MMAI plan is ending on 12/31/2025
 - Can choose to enroll in a D-SNP or a non-integrated Medicare Advantage plan during the 2025 Medicare Annual OEP (October 15th – December 7th)
 - In December 2025, individuals can use the new Integrated Care Special Enrollment Period to enroll in a D-SNP
 - If no choice is made, CMS automatically transitions them to Original Medicare with a standalone Part D prescription drug plan starting January 1, 2026



How to Enroll in a D-SNP

- Individuals with Medicare and full Medicaid (dual-eligibles) who were not in MMAI can voluntarily enroll in a D-SNP at any time
- New Integrated Care SEP available if enrolling after the Medicare annual OEP ends
 - New SEP is a monthly opportunity for duals to enroll or switch D-SNPs
- D-SNP plan information is available on the Medicare.gov Plan Finder
 - Can search or compare provider directories and drug formularies
 - Log-in to Medicare account to view D-SNPs
 - If searching anonymously, be sure to indicate that the beneficiary has Medicare & Medicaid so D-SNPs are included in the search results
- Enrollments can be submitted through 1-800-Medicare/online at www.medicare.gov or by calling the plan directly



D-SNPs Offered in Illinois in 2026

- The following D-SNP options will be available in Illinois:
 - Aetna Medicare FIDE (HMO D-SNP)
 - Humana Dual Fully Integrated (HMO D-SNP)
 - Molina Medicare Complete Care Plus (HMO D-SNP)
 - Wellcare Meridian Dual Align (HMO D-SNP)
- All four plans will be offered statewide
- D-SNPs can market plans – always confirm provider network, drug coverage, and any marketing claims before enrolling
- Remember! Dual-eligibles can change D-SNPs or opt-out at any time



D-SNP Resources

- Avisery by AgeOptions: [Resources on Dual Special Needs Plans](#) (webinar, recorded training, FAQ)
- Medicare.gov Special Needs Plans: [Special Needs Plans \(SNP\) | Medicare](#)
- CMS D-SNPs Website: [Dual Eligible Special Needs Plans \(D-SNPs\) | CMS](#)
- Justice in Aging: D-SNPs and What Advocates Need to Know:
[Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know - Justice in Aging](#)
- HFS FIDE SNP [webpage and resources](#)
- HFS dedicated email: HFS.DSNPInquiries@Illinois.gov



Extra Help Updates



The Extra Help Program

- Also known as **Low Income Subsidy** or "LIS"
- Federal assistance program that helps for Medicare Part D costs with a stand-alone Part D or Medicare Advantage that includes drug coverage
- Eligibility based on income and assets
- Can apply through Social Security at any time of year
- Some beneficiaries are deemed (automatically) eligible
 - if receiving Medicaid, Supplemental Security Income (SSI), or Medicare Savings Program (MSP) benefits
- More information at:
<https://www.ssa.gov/benefits/medicare/prescriptionhelp.html>



Extra Help Benefits

Extra Help benefits include:

- Help paying for the monthly Part D monthly premium (either through a PDP or a MA-PD)
- \$0 annual drug deductible
- Low drug [co-pays](#) for covered formulary drugs
 - In 2026, co-pays of either \$1.60/\$4.90 for (generics/brand names) or \$5.10/\$12.65 (generics/brand names)
- Eliminates any Part D late enrollment penalty (LEP)
- Special enrollment period to change stand-alone PDPs



2025 Extra Help Income and Asset Limits

2025	Income Limits		Asset/Resource Limits**	
	Single	Married	Single	Married
Full Extra Help annual income less than 150% of the FPL	\$22,830 annually (\$1,976/month)	\$30,900 annually (\$2,663/month)	\$17,600	\$35,130

*Income limits include a \$20 monthly income disregard

**Resource amounts include \$1,500 funeral and burial expenses per person.

Asset limits exclude your home, car, personal possessions, cash value of life insurance policies.

- More information about the Extra Help program and what counts as income and resources: <https://www.ssa.gov/pubs/EN-05-10508.pdf>
- **2026 income limits will be announced in early 2026 once the federal poverty levels are released**



Automatically Enrolled: Deemed Eligible

- Some beneficiaries automatically qualify for Extra Help (called **deemed eligible**) and don't need to apply. These groups include:
 - People in both Medicare and Medicaid (dual-eligibles)
 - People enrolled in one of the Medicare Savings Program – QMB, SLMB or QI
 - People who receive Supplemental Security Income (SSI) and Medicare
- These groups may choose a Part D plan or will be randomly enrolled in a stand-alone PDP with a premium at or below the benchmark
- If not deemed eligible, a beneficiary must apply for Extra Help



What is the Extra Help Benchmark?

- Extra Help will pay the entire monthly Part D plan premium for eligible beneficiaries if the plan is
 - a **basic plan** and the premium is at or below the Part D Extra Help **benchmark**
- **The 2026 benchmark for Extra Help in Illinois is \$15.20**
 - Calculated by CMS and changes every year
- In 2026, four stand-alone Part D plans with a \$0 premium will be available to Extra Help beneficiaries
 - Two are benchmark plans that offer a \$0 premium **only** to beneficiaries with Extra Help
 - Wellcare Classic
 - Humana Basic Rx Plan
 - Two plans offer a \$0 premium to any beneficiary enrolled in the plan
 - Wellcare Value Script
 - Humana Value Rx Plan
- Extra Help beneficiaries enrolled in any other PDP in Illinois will have to pay a portion of the monthly premium (premium liability depends on the PDP selected and ranges from \$25.00 to \$104.50)
- Extra Help also works with MA plans that include drug coverage (MA-PD)
 - Beneficiary's premium liability will depend on the plan selected
- Reminder! Extra Help beneficiaries have a \$0 drug deductible and pay Extra Help co-pays no matter which plan they're enrolled in



Duals/Extra Help SEP

- New SEP that began in 2025 and allows beneficiaries with Extra Help to enroll in or switch Part D stand-alone prescription drug plans (PDPs)
- The Duals/Extra Help SEP cannot be used to enroll in a Medicare Advantage plan
 - Beneficiaries must use the annual OEP or another valid enrollment to period to join an MA plan
- This SEP is available to beneficiaries who are enrolled in:
 - Extra Help
 - Medicare and Medicaid
 - A Medicare Savings Program (QMB, SLMB, or QI)
- Reminder that dual-eligibles can use the Integrated Care SEP to enroll in only a D-SNP at any time of the year
- For more information, visit <https://www.cms.gov/files/document/duals-lissepsjobaid01012025.pdf>



Letters, Letters, Letters!

- Encourage beneficiaries to open their mail!
- CMS, SSA, and plans are mailing our different letters to Medicare beneficiaries with Part D and Extra Help notifying them how their plan and/or Extra Help benefits will be changing in 2026
- CMS has created a mailing guide that includes
 - Copies of the letters
 - Who is sending the letter (CMS, SSA or the plan)
 - Month of mailing
 - Action the beneficiary needs to take
- <https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/consumer-mailings.pdf> (updated mailing guide for 2025-2026 not available as of 10/17/2025)



Important Letters Mailed During OEP

Letter Color	Who is receiving the letter?	What to know	When is it mailed?
Grey Letter	Loss of deemed status because they no longer qualify for Medicaid, Medicare Savings Program of Supplemental Security Income (SSI)	- No longer automatically qualify for LIS as of January 1, 2026 - Larger number of beneficiaries received the letter this year due to the PHE Unwinding and losing Medicaid - May continue to qualify for LIS, but will need to apply	September
White	Plan Non-Renewal	- By October 2, people whose current plan is leaving the Medicare Program next year will get notices from plans - Should search for a new plan for coverage next year	October
Orange Letter	Change in LIS co-pays	Will continue to qualify for Extra Help in 2026, but Extra Help co-payments will change beginning 1/1/2026	October
Blue Letter 1	Plan reassignment due to premium increase /above benchmark	Notifies people with Extra Help who did not choose their own plan and were originally auto-assigned to a plan by Medicare that they will be reassigned to a new stand-alone PDP effective 1/1/2026 unless they join on their own	November
Blue Letter 2	Reassignment due to plan termination	Extra Help Beneficiaries will be reassigned to a new stand-alone PDP effective 1/1/2026, unless they choose a plan on their own	November
Blue Letter 3	Reassignment due to Medicare Advantage plan leaving the Medicare program	Unless beneficiaries with Extra Help choose another MA or PDP plan, they will be reassigned to a PDP effective 1/1/2026	November
Tan Letter	“Choosers”	Notifies people with Extra Help who chose a plan on their own that their plan premium is changing and that they will be responsible for a portion of the plan's premium	November

How to Apply for Extra Help

- Apply through Social Security Administration (SSA)
 - Online at <https://www.ssa.gov/medicare/part-d-extra-help>
 - By mail. Call SSA at (800) 772-1213 to request a paper application
 - In person and by calling to make an appointment at a local SSA office
- May apply for Extra Help/LIS at any time of the year
- Applying for Extra Help will trigger a Medicare Savings Program application
 - SSA transmits Extra Help application information to the HFS Medicaid to initiate an MSP application



Avisery Annual Feedback Survey

We want to hear from you! Please take a few minutes to complete our Annual Feedback Survey to help us better support you and your organization.

Complete our survey by **October 22nd** and, if you choose to share your contact info, you'll be entered into a drawing to win one of two \$25 gift cards.



<https://www.surveymonkey.com/r/W8NMCT3>



Where to Go For Help

Medicare	• Information about Medicare benefits and coverage • Compare and enroll in Medicare health and drug plans	www.Medicare.gov 1-800-Medicare (633-4227)
Social Security Administration	• Medicare eligibility and enrollment • Apply for Extra Help	1-800-772-1213 https://www.ssa.gov/
Senior Health Insurance Program (SHIP)	• Local, free, and unbiased counseling to Medicare beneficiaries, their families and caregivers	https://ilaging.illinois.gov/ship.html



Questions





Resources

Medicare

www.medicare.gov

Senior Health Insurance Program (SHIP)

www.Illinois.gov/aging

Medicare official website and Plan Finder tool: www.medicare.gov

2026 Medicare plan landscape information:

<https://www.cms.gov/medicare/coverage/prescription-drug-coverage>

The Inflation Reduction Act and Medicare:

<https://www.cms.gov/inflation-reduction-act-and-medicare>

Medicare Prescription Payment Plan:

<https://www.medicare.gov/prescription-payment-plan> and
<https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf>

Extra Help with Medicare prescription Drug Costs:

<https://www-origin.ssa.gov/benefits/medicare/prescriptionhelp.html>



**Please take a few moments to
complete the evaluation**



Thank you!

To contact Avisery by AgeOptions:

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Phone: 708.628.3440

*Since 1974, **AgeOptions** has established a national reputation for meeting the needs, wants and expectations of older adults in suburban Cook County. We are recognized as a leader in developing and helping to deliver innovative community-based resources and options to the evolving, diverse communities we serve.*



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