



Medicare Annual Open Enrollment Period

October 21, 2026

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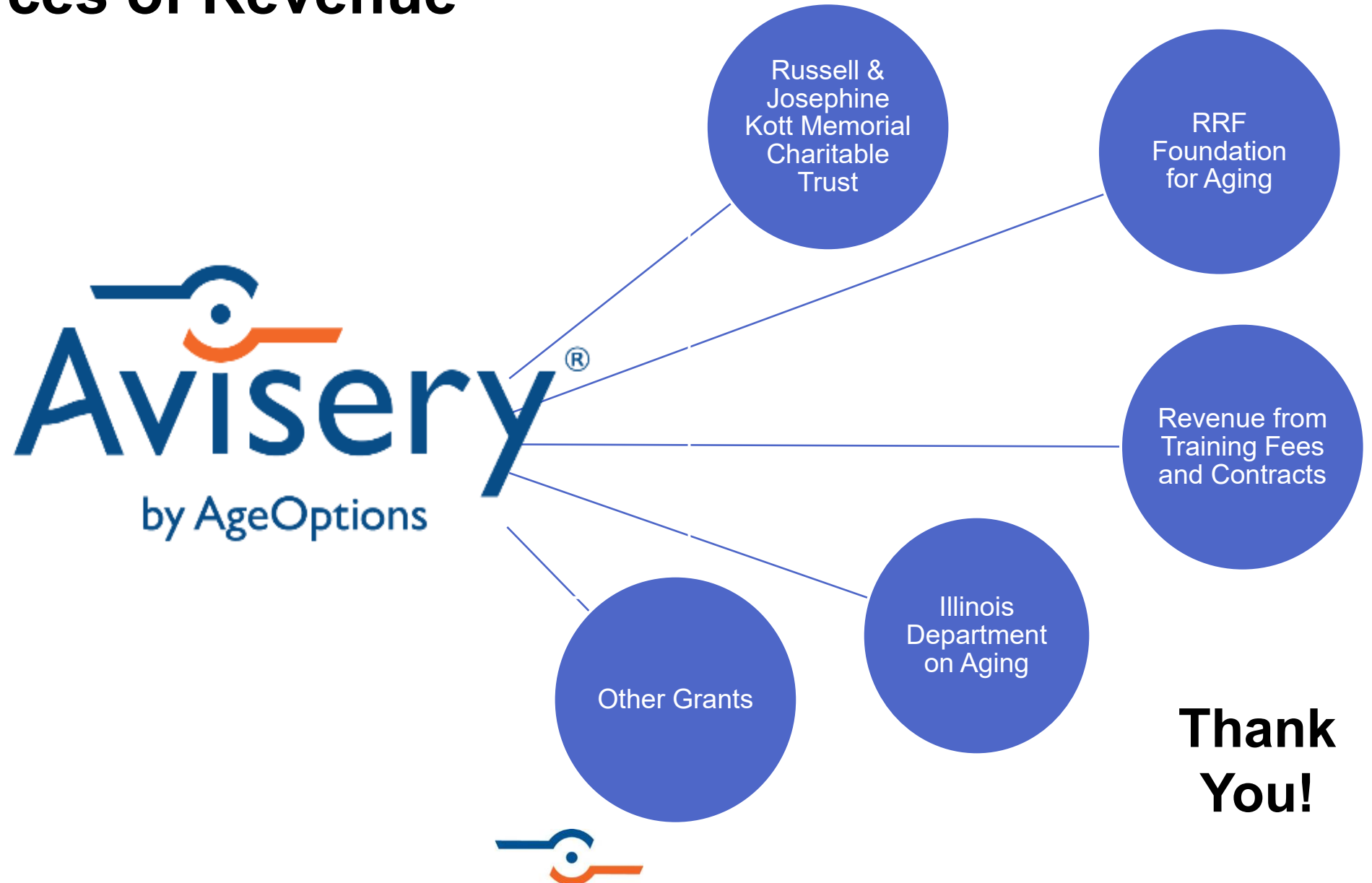


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2026 Sources of Revenue



Today's agenda: What we'll cover



Medicare Annual Open Enrollment Period

Medicare Part D Costs and Coverage

Medicare Part D and Medicare Advantage
Options in Illinois

Extra Help Updates

Medicare Marketing Updates

Other Medicare Updates



Medicare Annual Open Enrollment Period

Medicare Annual Open Enrollment Period

- The Medicare Open Enrollment Period (OEP) takes place **October 15 to December 7** of each year
- Beneficiaries can make any Medicare Part D and Medicare Advantage (MA) plan changes at this time
- Enroll, disenroll, or change plans
 - New plan enrollments or changes are effective January 1, 2027
- Beneficiaries should have received an Annual Notice of Change (ANOC) from their plans by September 30th
- Lists premium, plan, and formulary changes for 2027



Quick Overview: 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



Quick Overview: Medicare Advantage (MA)

- Offered by private insurance companies that contract with Medicare
 - Must be enrolled in Part A and Part B and live in the plan's service area
- Receive Part A and Part B services through a Medicare health plan
- Often include Part D drug coverage
- Different types of MA plans are available, each with different rules
 - HMOs, PPOs, or PFFS
- Usually, must use the plan's provider network for care to be covered or pay less
- Co-pays or coinsurance for covered services
- Plans may offer extra supplemental benefits



Enrollment Considerations

Stand-Alone PDP

- Drug coverage: Are all medications included on the plan's formulary?
- Costs: Monthly premiums, annual drug deductible, and drug copays/coinsurance
- Do any prescriptions have drug restrictions? (quantity limits, prior authorization, or step therapy)
- Is pharmacy of choice in-network?
- Plan star rating available at www.Medicare.gov

Medicare Advantage (MA)

- Are preferred providers in the plan's network?
- Monthly premiums, deductibles, and copayments? Does the plan have a medical deductible in addition to a prescription drug deductible?
- How are benefits administered and do certain services require prior authorization?
- Which type of MA plan best meets individual needs? Does the plan offer a broad network to accommodate future healthcare needs?
- Are all medications included on the plan's formulary and do any drugs have restrictions?
- Does the plan offer supplemental benefits?
- What coverage is available when receiving care outside the plan's service area or while traveling away from home?
- Customer service plan star ratings are available at www.Medicare.gov



How to Enroll in a Part D or Medicare Advantage plan

- 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 enroll, 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
- Users must create a Medicare account to personalize their plan searches
 - Existing account users can log-in with username and password
 - New users can create an account using one of three identity verification services: ID.me, CLEAR, and Login.gov
- Personalized accounts can view
 - Current plan enrollment
 - Extra Help Subsidy eligibility
 - Medicare Summary Notices (MSN)
- Users are also able to view plans and enroll through an anonymous search
- 1-800 Medicare and chat option is available if assistance is needed



Medicare Part D Costs

Medicare Part D Benefit Parameters

	2026	2027
Annual drug deductible <ul style="list-style-type: none"> Enrollees pay 100% of the cost for covered drugs until deductible is met 	<ul style="list-style-type: none"> Up to \$615 	<ul style="list-style-type: none"> Up to \$700
Initial Coverage phase <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Until \$2,100 	<ul style="list-style-type: none"> Until \$2,400
Catastrophic phase <ul style="list-style-type: none"> Begins once the TrOOP limit is met During the Catastrophic Coverage beneficiaries pay nothing (\$0 cost sharing) for covered drugs for the rest of the calendar year Drugs are covered by the plan, manufacturer, and Medicare 	<ul style="list-style-type: none"> Begins at \$2,100 	<ul style="list-style-type: none"> Begins at \$2,400

- Note: Any monthly premium amount paid by the beneficiary does NOT count towards the out-of-pocket limit



Medicare Part D 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
- \$2,400 in 2027
 - No cost sharing for covered drugs for the rest of the year once TrOOP is met
- 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



2026 Medicare Part D IRMAA

- Part D IRMAA = Income Related Monthly Adjustment Amount
- Beneficiaries with higher incomes (above \$109,000 single or \$218,000 for a couple) may have to pay a higher Part D or Medicare Advantage monthly premium
 - Based on tax returns from two years prior (above amounts are 2026 limits based on 2024 tax returns)
 - Extra premium amount is sliding scale
 - Same beneficiaries also pay higher Part B premiums
- SSA notifies beneficiaries and IRMAA is deducted from beneficiary's SSA or RRB benefits, or Medicare directly bills the beneficiary
- Can appeal due to a qualifying life changing event (ex., retirement or loss of income)
- For more information visit <https://www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles> (2027 amounts not available as of 10/21/2026)



Medicare Prescription Payment Plan

- Optional program that allows beneficiaries to spread out high Medicare Part D drug costs throughout the calendar year
- Pay \$0 at the pharmacy and make capped monthly payments to the plan instead
- Available to beneficiaries in PDPs and Medicare Advantage plans
- Can join or opt-out at any time by contacting the 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
- The program does not save beneficiaries money or lower drug costs
- Medicare.gov has tool to compare costs with and without the program
- CMS fact sheet: <https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan-.pdf>



Part D Late Enrollment Penalty

- A late enrollment penalty applies if a beneficiary does not enroll in Part D when first eligible for Medicare
- 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 will be \$41.33 in 2027
- Must pay this penalty for as long as they are enrolled in Part D
- Penalty is waived if a beneficiary is eligible for Extra Help or had other creditable prescription drug coverage



Part D Creditable Coverage

- Beneficiaries can keep their current drug coverage and delay enrolling in Part D without penalty if their coverage is creditable (as good as or better than Medicare Part D)
- Creditable drug coverage may include drug coverage through:
 - An employer, union, or retiree plan group health plan, Indian Health Service (IHS), Tribe or Tribal organization, Urban Indian Program, VA, Tricare, or Federal Employee Health Benefits (FEHB)
- Make sure to verify with an employer-based plan or the benefits administrator that current drug coverage is considered creditable
 - Request a letter confirming coverage is creditable and save it
- Have 63 days to enroll in a Part D plan without penalty place once creditable drug coverage ends



Medicare Part D Coverage

Inflation Reduction Act Part D Cost Sharing Review

- No more than a \$35 copay for a one-month supply of covered insulin through all phases of Part D
- \$0 cost sharing through Part D for adult vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- \$2,400 Medicare Part D True-Out-of-Pocket Limit in 2027
- \$0 cost sharing in Medicare Part D catastrophic phase for the rest of the year once TrOOP is met



Part D Drugs

- Each plan has a list of covered drugs called a formulary
 - Not all plan formularies are the same
 - 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
- Federal law excludes certain drugs from Medicare Part D coverage, including drugs for:
 - Anorexia, weight loss or weight gain, fertility, cosmetic purposes or hair growth, cough and cold medicine for symptomatic relief, over-the-counter, prescription vitamins and minerals, erectile dysfunction
 - Note that some of these prescriptions may be covered when prescribed for other medical conditions



Part D Drug Tiers in 2027

- Part D plans group medications into tiers, usually ranging from generic to brand-name and specialty drugs
- Tiers and costs vary by plan, but higher tiers usually have higher out-of-pocket costs
- Many plans in 2027 have tiers with a set co-pay amount for generics and tiers with coinsurance for brand names
- Beneficiaries taking brand-name drugs with coinsurance should understand that their costs may vary if the price of their drug changes

Example

Tier drug cost for

Preferred retail pharmacy drug cost for 1 month ▾

Change

Tiers	Initial coverage phase	Catastrophic coverage phase
Generic	\$3.00 copay	\$0 copay
Preferred Brand	25% coinsurance	\$0 copay
Non-Preferred Drug	37% coinsurance	\$0 copay
Injectable Drugs	15% coinsurance	\$0 copay
Specialty Tier	25% coinsurance	\$0 copay



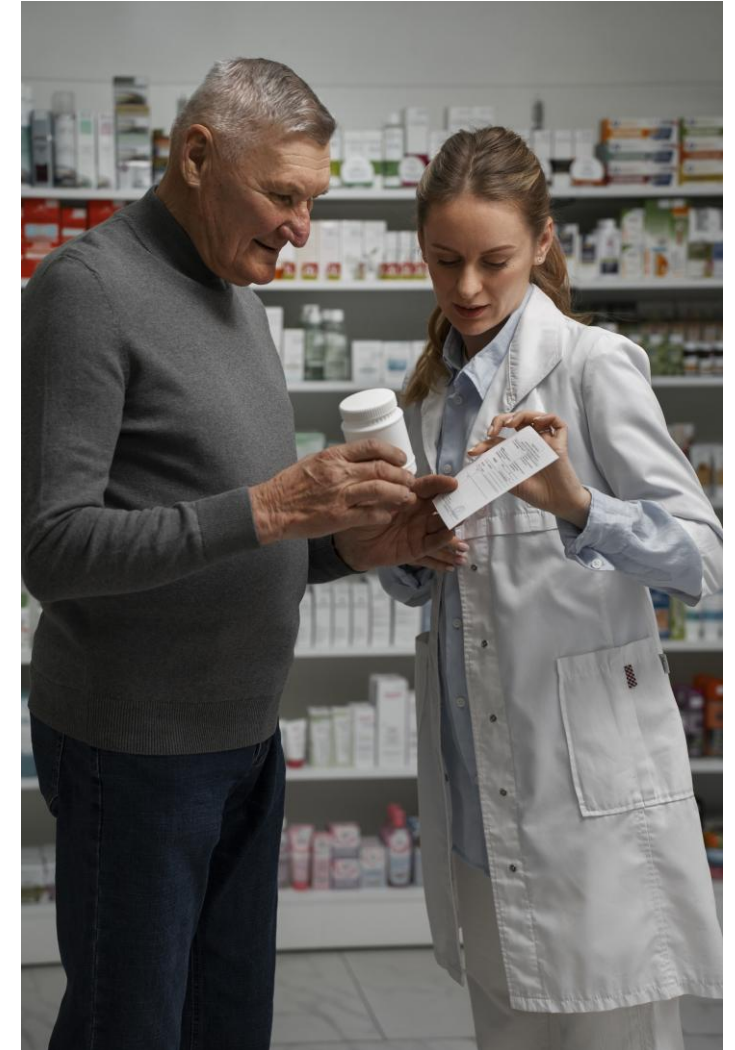
Part D Drug Restrictions

- Drugs must be included on a Part D plan's formulary to be covered
- Even if a drug is on a formulary, beneficiaries should check for any coverage 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 may need to contact the plan to request an exception and or explain why the drug is medically necessary



Formulary Exceptions

- A beneficiary may request a formulary exception (coverage determination) if the plan
 - Doesn't cover a drug that is “medically necessary”
 - Has a restriction on the drug they need
 - Replaces brand name drug with a generic drug
 - Drops a drug from their formulary during the year
 - Has a drug on a higher co-pay “tier” than similar drugs
- Any formulary exceptions that are approved are valid for the plan's coverage year



Medicare Part D Pharmacy Options

Standard network pharmacy

- In-network pharmacy where members pay the plan's required cost-sharing amount
- All plans must have standard network pharmacies

Preferred Network Pharmacy

- Select in-network pharmacies that have special agreements with plans to offer lower drug cost sharing
- Not all Part D plans offer a preferred pharmacy network

Mail Order

- Offered by some, but not all Part D plans
- Often lower cost than retail pharmacies
- Prescriptions are mailed directly to the beneficiary's home, usually in 90-day supplies



Medicare Drug Price Negotiation Program

- Created by the Inflation Reduction Act and allows Medicare to negotiate drug prices directly with manufacturers for certain high-cost single source drugs
- Negotiated prices for the following 15 drugs are effective January 1, 2027
 - Ozempic, Rybelsus, & Wegovy, Trelegy Ellipta, Xtandi, Pomalyst, Ibrance, Ofev, Linzess, Calquence, Austedo & Austedo XR, Breo Ellipta, Tradjenta, Xifaxan, Vraylar, Janumet & Janumet XR, Otezla
- Medicare has selected 15 new drugs to negotiate for 2028
- <https://www.cms.gov/initiatives/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-negotiated-prices>



Medicare Part D Transition Supply Policy

- Provides a **temporary one-month supply** of drugs not covered by the plan or has restrictions (e.g., prior authorization or step therapy) within the first 90 days of coverage
- Available to beneficiaries newly enrolled in a Part D or MA-PD plan, or by certain enrollees affected by negative formulary changes from one year to the next
- Of a transition supply is provided, the plan is required to send a notice within 3 business days explaining it is one-time temporary supply
- Provides the member enough time to request an exception or find an alternative formulary drug
- Source: <https://www.medicare.gov/health-drug-plans/part-d/what-drug-plans-cover/plan-rules>



Medicare Part D and Medicare Advantage Options in Illinois

Quick Look: 2027 Stand-Alone PDPs in Illinois

- In 2027, 10 PDPs available statewide in Illinois
- 2 plans no longer offered
- Annual drug deductible from \$300 to \$700 – no plans offer a \$0 deductible
 - Many plans offer a drug tier with a \$0 co-pay (usually for preferred generics)
- Monthly premiums range from \$5.30 - \$178.30
- \$0 premium plans no longer offered
- 2 PDPs offers a \$0 premium to beneficiaries with Extra Help
 - Wellcare Classic (S4802_087)
 - Humana Basic Rx Plan (S5884_107)



2026-2027 Medicare Stand-Alone PDP Premium Comparison

2027 Part D Plan Name	Plan ID	2026 monthly premium	2027 monthly premium
Wellcare Classic	S4802_087	\$0	\$7.30
Wellcare Value Script	S4802_151	\$0	\$5.30
SilverScript Choice	S5601_034	\$94.90	\$120.90
HealthSpring Extra Rx <i>(called Blue Cross Medicare Rx Value in 2026)</i>	S5715_001	\$119.70	\$108.20
HealthSpring Assurance Rx <i>(called Blue Cross Medicare Rx Basic in 2026)</i>	S5715_012	\$89.70	\$90.90
Humana Basic Rx Plan	S5884_107	\$0	\$6.30
Humana Premier Rx Plan	S5884_163	\$119.40	\$130.20
Humana Value Rx Plan	S5884_196	\$0	\$22.30
AARP Medicare Rx Saver	S5921_362	\$40.20	\$78.30
AARP Medicare Rx Preferred	S5921_398	\$103.90	\$178.30

Illinois PDPs Changes for 2027

Two Blue Cross MedicareRx plans will be rebranded as HealthSpring plans
Same parent organization, but new brand name. Plan IDs will remain the same

2026		2027
Blue Cross MedicareRx Value (S5715_001)	→	HealthSpring Extra Rx (S5715_001)
Blue Cross MedicareRx Basic (S5715_012)	→	HealthSpring Assurance Rx (S5715_012)

- PDPs no longer offered in 2027
 - HealthSpring Assurance Rx (S5617_224) and HealthSpring Extra Rx (S5617_367) will no longer be offered
 - 2027 transition: Enrollees in these plans will be moved to HealthSpring Assurance Rx (S5715_012) in 2027, called Blue Cross MedicareRx Basic in 2026



Source: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/plan-crosswalks/2027-part-cd-plan-crosswalk>

PDPs no Longer Offering \$0 Premiums in 2027

	2026 monthly premium	2027 monthly premium
Wellcare Classic S4802_087	\$0	\$7.30
Wellcare Value Script S4802_151	\$0	\$5.30
Humana Basic Rx Plan S5884_107	\$0	\$6.30
Humana Value Rx Plan S5884_196	\$0	\$22.30

- **Beneficiaries whose \$0 Part D premium increases in 2027 should contact their plan to arrange or confirm premium payment options to avoid disenrollment**
- Note, beneficiaries enrolled in Extra Help and the Wellcare Classic or Human Basic Rx plan pay \$0 in 2027

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)
- Monthly premiums range from \$0 to \$267 a month
- Maximum out-of-pocket (MOOP) limits range from \$2,150 to \$9,850 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:

2027 Special Needs Plans in Illinois

- Special Needs Plans (SNPs) are a type of MA plans tailored to serve specific groups with special healthcare needs
- A beneficiary must meet the eligibility criteria for the specific SNP to enroll
- SNPs offered in Illinois for 2027
 - Institutional (I-SNP)
 - For beneficiaries who reside in or expected to reside in a long-term care facility for 90 days or longer
 - Chronic Condition (C-SNP)
 - For beneficiaries with chronic or disabling conditions (cardiovascular disorders, chronic heart failure, diabetes, or chronic kidney disease)
 - Dual-Eligible (D-SNPs)
 - For beneficiaries with Medicare & full Medicaid



2027 D-SNPs Offered in Illinois

- Available D-SNP options in Illinois:
 - Aetna Medicare FIDE
 - Humana Dual Fully Integrated
 - Molina Medicare Complete Care Plus
 - Wellcare Meridian Dual Align
- All four plans are HMOs and offered statewide
- \$0 cost sharing for Medicare and Medicaid services
- Extra Help co-pays may apply for covered prescription drugs
- Confirm provider network, drug coverage, utilization requirements annually or before enrolling
- Dual-eligibles can enroll in, change, or opt-out of D-SNPs at any time
 - Enrollments submitted through Medicare or the plan directly



Medicare Advantage Updates

Non-Renewing MA Plans

In 2027, some MA plans will no longer be available in some areas of Illinois

Plans are notifying members in October that coverage ends 12/31/2026 and they must choose a new plan for 2027



Beneficiaries can select and enroll in a new plan during the fall OEP



Beneficiaries in ending MA plans will return to Original Medicare on January 1 if they don't enroll in a new MA plan during OEP



Beneficiaries who miss the fall OEP can use the non-renewal SEP December 8, 2026 - February 28, 2027 to enroll in plan

Beneficiaries returning to Original Medicare can use guaranteed issue rights to buy Medigap coverage from 60 days before to 63 days after their MA plan ends.

Non-Renewing MA plans in 2027

2027 ILLINOIS NON-RENEWING MEDICARE ADVANTAGE PLANS			
PARENT ORGANIZATION NAME	PREVIOUS CONTRACT ID	PREVIOUS PLAN ID	STATE NAME
Aetna Medicare Enhanced (PPO)	H7301	032	Illinois
Aetna Medicare Enhanced (PPO)	H7301	034	Illinois
Aetna Medicare Signature (PPO)	H7301	027	Illinois
Aetna Medicare Signature Extra (PPO)	H7301	021	Illinois
Aetna Medicare Elite (PPO)	H1608	050	Illinois
Aetna Medicare Enhanced (PPO)	H1608	013	Illinois
Aetna Medicare Enhanced Extra (HMO-POS)	H2663	006	Illinois
Aetna Medicare Signature (HMO-POS)	H2663	017	Illinois
Aetna Medicare Duly Prime (PPO)	H5521	314	Illinois
Blue Cross Medicare Advantage Basic (HMO)	H3822	012	Illinois
Blue Cross Medicare Advantage Basic Plus (HMO-POS)	H3822	007	Illinois
Blue Cross Medicare Advantage Premier Plus (HMO-POS)	H3822	008	Illinois
Blue Cross Medicare Advantage Value (HMO)	H3822	014	Illinois
Blue Cross Medicare Advantage Secure (HMO)	H8547	001	Illinois
Blue Cross Medicare Advantage Choice Plus (PPO)	H8634	003	Illinois
Blue Cross Medicare Advantage Choice Premier (PPO)	H8634	004	Illinois
Blue Cross Medicare Advantage Classic (PPO)	H8634	008	Illinois
Blue Cross Medicare Advantage Dental Premier (PPO)	H8634	021	Illinois
Blue Cross Medicare Advantage Essential (PPO)	H8634	012	Illinois
Blue Cross Medicare Advantage Health Choice (PPO)	H8634	018	Illinois
Blue Cross Medicare Advantage Protect (PPO)	H8634	019	Illinois
Clear Spring Health BrightPath Advantage (HMO)	H3071	002	Illinois
Clear Spring Health BrightPath Advantage (HMO)	H5454	001	Illinois
Clear Spring Health BrightPath Advantage (HMO)	H5454	002	Illinois
Health Spring True Choice (PPO)	H7849	059	Illinois
Health Spring True Choice Savings (PPO)	H7849	077	Illinois
Humana Full Access H5216-412 (PPO)	H5216	412	Illinois
Humana USAA Honor Giveback (PPO)	H5216	258	Illinois
Humana Full Access H7617-009 (PPO)	H7617	009	Illinois
Molina Medicare Choice Care (HMO)	H2715	003	Illinois
United Health Care - AARP Medicare Advantage from UHC ST-2 (PPO)	H2406	069	Illinois
United Health Care - AARP Medicare Advantage from UHC IA-0002 (HMO-POS)	H5253	108-2	Illinois
WellCare Simple Value (HMO-POS)	H1416	082	Illinois
WellCare Patriot Giveback (HMO)	H5779	011	Illinois
WellCare Simple Essential (HMO)	H5779	002	Illinois

Source: Illinois
Department on Aging,
Senior Health
Insurance Program

MA Provider Directories on Medicare.gov Plan Finder

- CMS requires MA plans to submit provider directory data to be integrated on the Medicare.gov Plan Finder
- Allows beneficiaries to search if their providers are in an MA 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
- Tip: Contact the provider and health plan directly to verify in-network status



2027 MA Supplemental Benefit Updates

- Special Supplemental Benefits for the Chronically Ill (SSBCI)
 - CMS will require MA plans to clarify eligibility requirements and make criteria publicly available on their website
- Restrictions on cannabis products
 - Products that are illegal under federal or state law cannot be offered as SSBCI benefits
- Supplemental benefit debit cards
 - Plans that offer debit cards must use real-time electronic verification at the point-of-sale to confirm the item or service is covered by the plan
 - Cards must be limited to the specific plan year
- Unused supplemental benefit notices
 - MA plans will no longer be required to send midyear notices reminding members about unused supplemental benefits
-



Extra Help Updates

What is the Extra Help Program?



- A federal program administered by Social Security that assists beneficiaries with Part D costs
- Also known as the Low-Income Subsidy or LIS
- Benefits include:
 - Help paying for the monthly Medicare Part D premium
 - No Medicare Part D annual drug deductible
 - Low drug co-payments
 - Elimination of the Part D late enrollment penalty
 - Special enrollment period to change stand-alone PDPs
- <https://www.ssa.gov/medicare/part-d-extra-help>



2026 Extra Help Income and Asset Limits

	Single Income Limit	Married Income Limit	Single Asset/Resource Limit	Married Asset/Resource Limit
Full Extra Help annual income less than 150% of the FPL	\$24,180 annually (\$2,015/month)	\$32,700 annually (\$2,725/month)	\$18,090	\$36,100

*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.

- Information about what counts as income and assets: <https://www.ssa.gov/pubs/EN-05-10508.pdf>
- **2027 income limits will be announced in early 2027 once the federal poverty levels are released**



Extra Costs in 2027

	Premiums	Deductible	Copays/Coinsurance	Costs after Catastrophic coverage
Extra Help Costs	<ul style="list-style-type: none">• \$0 if enrolled in a benchmark plan• Beneficiary pays part of the premium if not in a benchmark plan	\$0 annual drug deductible	Up to \$5.80 for generics Up to \$14.40 for brand	No co-pays for the remainder of the calendar year once TrOOP is met

Note: Full-benefit dual eligibles residing in long-term care facilities or receiving Medicaid home and community based (HCBS) waiver services pay \$0 copays for formulary drugs



2027 Stand Alone Part D Plan Premiums with Extra Help

2027 Part D Plan Name	Plan ID	2027 monthly premium if eligible for Extra Help
Wellcare Classic	S4802_087	\$0
Wellcare Value Script	S4802_151	\$5.30
SilverScript Choice	S5601_034	\$113.30
HealthSpring Extra Rx <i>(called Blue Cross Medicare Rx Value in 2026)</i>	S5715_001	\$100.60
HealthSpring Assurance Rx <i>(called Blue Cross Medicare Rx Basic in 2026)</i>	S5715_012	\$83.30
Humana Basic Rx Plan	S5884_107	\$0
Humana Premier Rx Plan	S5884_163	\$122.60
Humana Value Rx Plan	S5884_196	\$20.10
AARP Medicare Rx Saver	S5921_362	\$70.70
AARP Medicare Rx Preferred	S5921_398	\$170.70

Extra Help Benchmark

- Extra Help pays 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 2027 [benchmark](#) for Extra Help in Illinois is \$7.61
- In 2027, two stand-alone Part D plans are at the benchmark and offer a \$0 premium to Extra Help beneficiaries
 - Wellcare Classic
 - Humana Basic Rx Plan
- Extra Help beneficiaries enrolled in any other PDP in Illinois pay part of the monthly premium
 - premium liability depends on the plan selected
- Extra Help also works with MA plans that include drug coverage (MA-PD)
- Reminder! Extra Help beneficiaries have a \$0 drug deductible and pay Extra Help co-pays in any plan



How to Apply for Extra Help



- Can apply any time of the year through the Social Security Administration (SSA)
- Eligibility based on income and assets
- Some beneficiaries are “deemed eligible” (automatically qualify) if enrolled in:
 - Medicare and Medicaid (dual-eligibles)
 - a Medicare Savings Program (QMB, SLMB, or QI)
 - receive Supplemental Security Income (SSI)
- Beneficiaries can apply
 - Online through www.ssa.gov or www.benefitscheckup.org
 - By paper application - call SSA to request



Deemed Eligible for Extra Help

- Deemed eligible beneficiaries automatically qualify for Extra Help and don't need to apply
 - Includes dual-eligibles, enrolled in any MSP, or receiving SSI
- Beneficiaries may choose a Part D or MA plan or be enrolled by CMS in a \$0 premium PDP
- Option to remain in the plan or change plans using the Extra Help SEP



Extra Help Special Enrollment Period (SEP)



All beneficiaries who qualify for Extra Help are eligible for an SEP that can be used once per month to enroll in or switch to a stand-alone Medicare Part D plan



Available to beneficiaries enrolled in Extra Help, Medicare & Medicaid (dual-eligibles), a Medicare Savings Program, or SSI



Any plan changes will be effective the first of the month following the month of enrollment



This SEP cannot be used to enroll in or switch to a Medicare Advantage plan. To join an MA plan, must use the annual OEP or another valid enrollment period (ex., **newly** eligible for Extra Help)

Note: Dual-eligibles can use the [Integrated Care SEP](#) to enroll in a D-SNP at any time of year if they choose.



CMS Guide to Medicare Mailings

- Encourage beneficiaries to open their mail
- CMS, SSA, and plans mail different letters to Medicare beneficiaries with Part D and Extra Help to notify them how their plan and/or Extra Help benefit will be changing in 2027
- CMS has created a mailing guide that includes
 - Who sends the notice (CMS, SSA, or the plan)
 - Month of mailing
 - What the notice is about
 - If the beneficiary must take action
- <https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/consumer-mailings.pdf>



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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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”	<ul style="list-style-type: none"> 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

Medicare Part D in 2027: Key Takeaways

- Why it's important for beneficiaries to review coverage this Medicare OEP
 - Plan premiums are changing - \$0 premium plans no longer available in Illinois in 2027
 - Drug costs are changing - many plans are using coinsurance instead of a fixed co-pay for brand name drugs
 - Some beneficiaries will need to select new plans because their coverage is ending 12/31/26
 - Fewer \$0 benchmark plans available to beneficiaries with Extra Help – important to review their current plan to determine if a lower cost plan is available



2027 Medicare Marketing Updates

2027 Medicare Marketing Changes

- The 2027 MA and Part D final rule included several marketing changes, with many effective October 1, 2026
- Relaxed Agent and Broker Marketing and Outreach
 - Marketing events may immediately follow educational events at the same location
 - Scope of appointment forms (SOA) can now be collected at educational events
 - 48-hr waiting period eliminated and personal marketing appointments may be scheduled any time after a SOA form is completed
- Relaxes rule that required brokers and third-party marketing organizations to provide disclaimers during the first minute of a sales call about the plans they represent
 - Must now take place before the discussion of any benefits
- Removes SHIPs as a resource for information from disclaimer during marketing calls



2027 Medicare Marketing Changes – cont.

- Plans no longer need to submit supporting documentation with marketing materials to CMS when using superlative claims like “best” or “most” unless requested by CMS.
- Removes the requirement that plans include a “Notice of Availability” in marketing and communication materials
- Rescinds the requirement that MA plans send their members mid-year notices about unused supplemental benefits
- Plans must now retain marketing and sales calls for 6 years (was 10 years) with transcripts allowed in place of recordings for years 4-6
- For more information, visit <https://www.cms.gov/files/document/changes-medicare-advantage-organization-medicare-drug-plan-sponsors-marketing-guidelines.pdf>



Medicare & Other Updates

Medigap OEP for Beneficiaries with Disabilities Under 65

- In Illinois, Medicare beneficiaries with disabilities under age 65 who missed their Medigap OEP, may only enroll in a Medigap plan from October 15 – December 7 of each year
 - BCBS of Illinois is currently the only company offering guaranteed issue policies to Medicare beneficiaries under 65 during this time
 - When beneficiaries turn 65, they will be eligible for a new Medigap Open Enrollment period
- Beneficiaries 65 and older can apply for a Medigap plan at any time of the year but...
 - A company is allowed to deny them coverage or charge them higher premiums due to a pre-existing condition
 - In Illinois, Blue Cross Blue Shield will offer guaranteed issue policies to people 65 and older any time during the year



Medicare and GLP-1 Bridge Program

- Temporary Medicare pilot program that covers select GLP-1 drugs from July 1, 2026 – December 31, 2027
 - Foundayo® (tablet)
 - Wegovy® (injection or tablet)
 - Zepbound® (KwikPen® only)
- Eligible beneficiaries pay \$50 co-pay per month for these drugs
 - Does not count towards Part D plan deductible or true out of pocket costs
 - Extra Help or the Medicare Prescription Payment Plan does not apply
- To be eligible, an individual must be 18+, meet certain health criteria, and enrolled in Medicare drug coverage (PDP or MA-PD)
 - Individuals enrolled in PFFS, Medicare cost plans, or PACE are not eligible
 - Individuals are ineligible if they are already getting their GLP-1 drugs through their Medicare Part D plan, have type 2 diabetes, diagnosed with moderate to severe to moderate sleep apnea, or fatty liver disease
- To obtain a covered GLP-1 drug, the beneficiary's doctor must send a prescription to the pharmacy
 - Medicare card number will be needed to process the prescription
 - May need a prior authorization. Prior authorization is valid until December 31, 2027
- GLP-1 BRIDGE program coverage will not appear on an individual's Explanation of Benefits or Medicare Summary Notice
- Fact Sheet: [Medicare GLP-1 Bridge: GLP-1 Drugs for \\$50 a Month](#)
- To screen for eligibility, visit <https://www.medicare.gov/coverage/weight-loss-drugs>



Medicare Eligibility Changes for Certain Immigrants

- H.R.1 changed Medicare eligibility for certain lawfully present non-citizens
- Medicare eligibility will be limited to U.S. citizens, lawful permanent residents (green card holders), Cuban and Haitian entrants, and residents in the U.S. living under the Compacts of Free Association (COFA)
- All other lawfully present immigrants are no longer eligible
 - Asylees, refugees, Temporary Protected Status (TPS)
- Current Medicare enrollees who do not meet new criteria, will have coverage terminated no later than January 4, 2027
 - H.R.1 requires SSA to notify affected individuals prior to termination



MLTSS Updates

- Dual-eligibles that receive LTSS and are not enrolled in a D-SNP, must enroll in a Managed Long-Term Services and Support (MLTSS) plan for coverage of their LTSS services
- Starting in 2027, the MLTSS program will be renamed to “MLTSS Duals Specialty Plan” (MDSP)
- Beginning January 1, 2027, MDSP options will include:
 - Aetna, Meridian, Molina, and Humana (a new MDSP option)
 - Same companies that offer D-SNPs
- County Care and BCBS MLTSS will end on December 31, 2026
 - Duals in these plans will be reassigned to 2027 MDPS plans
 - Illinois Client Enrollment Services will mail notices to affected individuals mid-October notifying them of their MDSP plan reassignment effective 1/1/2027
 - Assigned MDSP plan will be sending letter and new ID card
 - Will have the option to choose a different plan through 3/31/2027. After that will only be able to change MDPS plans during their anniversary date/annual open enrollment period
- Reminder! Duals can enroll in a D-SNP at any time



Questions



Resources

Medicare

www.medicare.gov

Medicare Part A and Medicare Advantage Plan Landscapes

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

Senior Health Insurance Program (SHIP)

www.Illinois.gov/aging

Senior Medicare Patrol (SMP)

<https://www.ageoptions.org/illinois-senior-medicare-patrol>

Illinois SMP: 800-699-9043

Social Security

www.ssa.gov

NCOA LIS Eligibility Chart

<https://www.ncoa.org/article/part-d-low-income-subsidy-extra-help-eligibility-and-coverage-chart>

Medicare Rights Center Part D and MA Special Enrollment Periods

<https://cdn1.medicareinteractive.org/wp-content/uploads/SEP-Chart.pdf>



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 21** 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/QLZPHHF>



Avisery MSP Referral Pathway

Avisery, Chicago Legal Aid, Land of Lincoln Legal Aid, Prairie State Legal are collaborating on a referral process to assist beneficiaries who are experiencing Medicare Savings Program (MSP) issues

Referrals are accepted for the following issues:

- Medicare Part B premium continues to be deducted 60 days after receiving DHS approval notice
- MSP applications that are taking 60 days or longer to be processed once all necessary information has been submitted
- Applied for Extra Help through SSA but never received any information about MSP through DHS
- Very low-income beneficiaries who are required to pay a premium to enroll in Part A and who need assistance coordinating their Part A enrollment and their application for QMB to avoid being charged the Part A premium (called Part A Conditional Enrollment)

Email - avisery@ageoptions.org



Thank you!

**To contact Avisery by
AgeOptions:**

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*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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