



Medicare in 2026

Your Partners in Aging.

Learning Objective

To increase access to and knowledge of Medicare related information so that the beneficiaries and assisters are aware of Medicare beneficiaries' benefits, rights and options and to make a coverage choice that is likely to improve health care outcomes.

Agenda

- SHINE overview
- Medicare 101
- Eligibility and Enrollment
- What's new in 2026?
- Other Resources

SHINE Overview

- **SHINE**= **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone...*on Medicare*
- We are a federally funded program (and state funded) by the **Administration for Community Living** which is a part of the U.S. Department of Health and Human Services
- Mission: To provide free, unbiased health insurance information, counseling and assistance to Massachusetts Medicare beneficiaries of all ages and their caregivers
- Provide screening for Public Benefit programs
- 13 Regional Offices cover entire state and the Greater Boston Chinese Golden Age Center (statewide)
- 700+ SHINE counselors (57% volunteers)
- 90 Bilingual Counselors
 - 23 Languages and Dialects

What SHINE Does

- Educate consumers, the community and professionals on:
 - Understanding Medicare and MassHealth rights and benefits
 - All their Medicare health insurance options
 - Public Benefit programs that can help pay for certain Medicare costs such as (not limited to):
 - Mass Health Standard
 - Extra Help
 - Medicare Savings Programs
- Screen for public benefits (State and Federal)

Medicare



Medicare 101

- Federal health insurance program for individuals who are 65 years old or older and a U.S. citizen or
 - permanent residents (i.e., green card holder),
 - Cuban-Haitian entrants,
 - or someone residing under the Compacts of Free Association
- If 40 work credits through payroll tax, entitled to premium free part A (may qualify through spouse or ex-spouse)
- Individuals under age 65 who have received 24 months of Social Security Disability (SSDI) payments
- NOT a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses



Medicare Overview



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**



**Part D
Medicare
Prescription
Drug Coverage**

Part A & Part B is called "Original Medicare"

Medicare Advantage plans combine Parts A, B, and D- also known as Part C

Medigap Plans

- Three standardized products in Massachusetts:
 - Sold by insurance companies
 - Offer continuous open enrollment (generally); community rating applies
- **Supplement 1*** : no out-of-pocket costs for Medicare-covered benefits, adds foreign travel
- **Supplement 1A**: same as Supplement 1 except the beneficiary pays Part B deductible
- **Core**: beneficiary pays Parts A & B deductibles; plan covers Part B coinsurance and hospital co-pays
- Basic coverage for each product is the same, regardless of company (plans may offer a few additional benefits, like foreign travel coverage with some Core plans)
- You can use any provider who accepts Medicare and no referrals are needed
- Part D drug coverage is NOT included – can add a stand-alone Part D drug plan

**Available only to those who were initially eligible for Medicare prior to 1/1/2020*

Your Medicare Coverage Choices

Step 1: Decide how you want to get your medical coverage

Original Medicare

Part A
Hospital
Insurance

Part B
Medical
Insurance

-OR-

Medicare Advantage Plan (HMO or PPO)

Part C
Combines Part A & Part B medical, and
usually Part D prescription benefits

Step 2: Decide if you need prescription drug coverage

Part D
Stand-alone PDP

Part D
Prescription benefits are offered together
with the medical benefits under the plan

Step 3: Decide if you want to add
supplemental medical coverage

Medigap
Core, Supplement 1A, or
Supplement 1 plan

If you join a Medicare Advantage
Plan you cannot join a stand-
alone PDP and you do not need
(and cannot be sold) a Medigap
policy

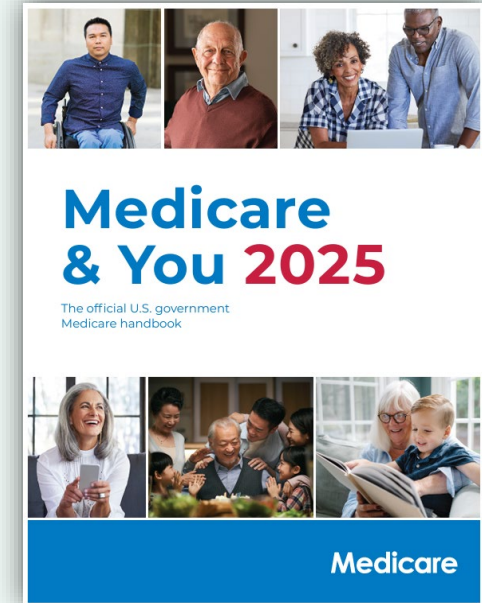
Eligibility and Enrollment



Medicare Eligibility

Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

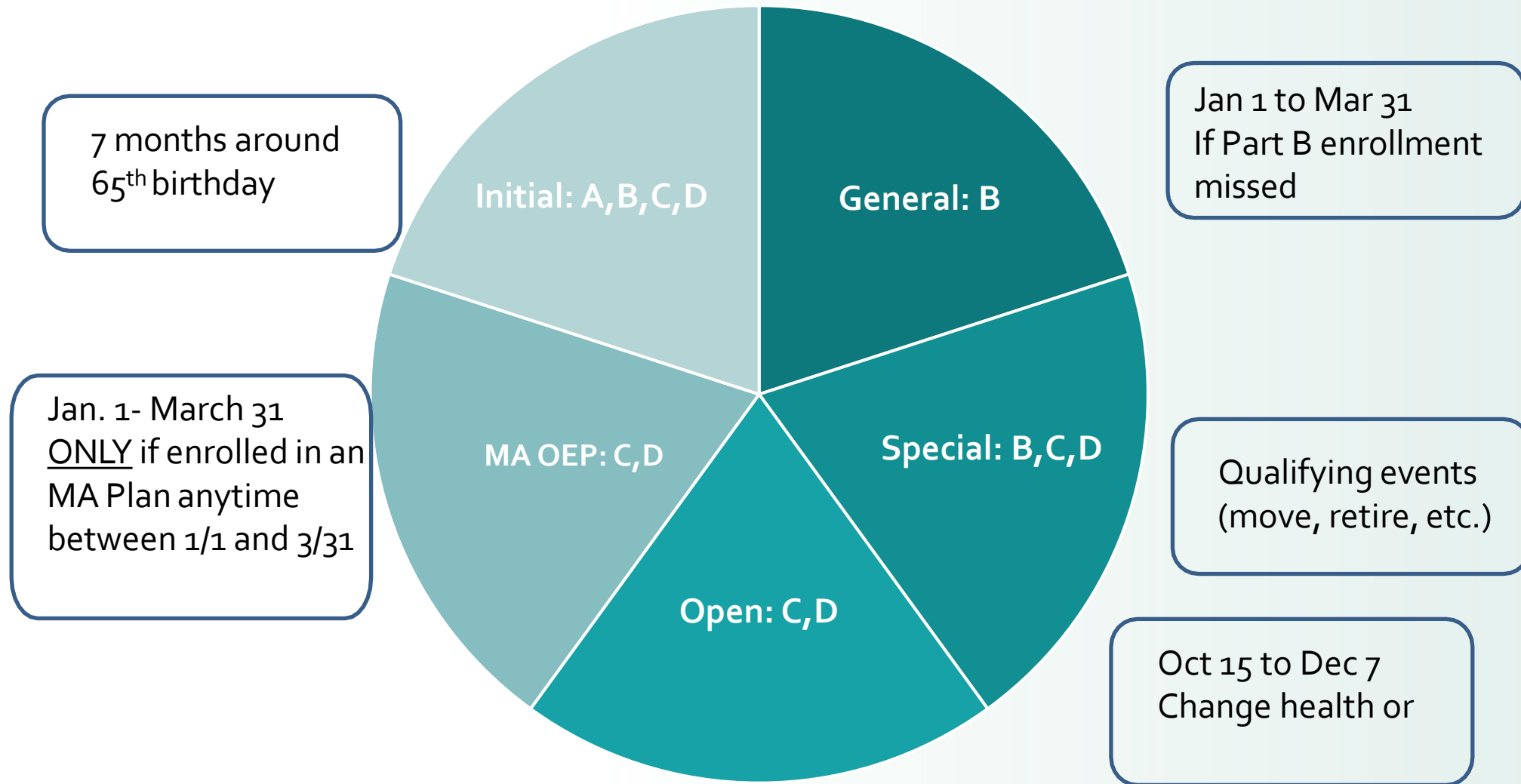


NEW July 2025 (H.R. 1 OB3) Medicare eligibility is restricted to:

- U.S. citizens,
- Permanent residents (i.e., green card holders),
- Cuban-Haitian entrants, and
- People residing under the Compacts of Free Association.

Current Medicare coverage for those that do not meet these criteria will be terminated no later than January 2027.

Enrollment Periods



How does someone enroll in Medicare?



- Social Security handles enrollment in Parts A and B
- **If you're not receiving Social Security benefits**, you will need to enroll by making an appointment for an in-person or phone appointment at your local Social Security Office, or by enrolling online at www.ssa.gov
- **If you're already receiving benefits from Social Security**, you'll get Medicare Part A and Part B automatically when you're first eligible

Delaying Medicare Parts B & D

- Evaluate if should take Medicare A – no penalty for waiting if eligible for Premium Free Part A
- If currently contributing to HSA, should delay
- There is a **lifetime** penalty for not signing up for Medicare Part B when initially eligible
 - 10% for every 12-month period you were not enrolled in Medicare Part B
- If enrolling late into Part D, there is also a **lifetime** penalty, if you have not had prior creditable coverage
 - 1% for every month you were not enrolled in Medicare Prescription Drug Coverage or didn't have other creditable coverage

Medicare Costs in 2025*

Medicare Benefit	Cost in 2025
Part A Premium	Free for most Medicare beneficiaries
Part A Hospital deductible	\$1,676 per benefit period (physician services charged to Part B)
Hospital coinsurance	\$0 for days 1–60; \$419/day for days 61-90 (per benefit period)
SNF coinsurance	\$0 for days 1–20; \$209.50/day for days 21–100 (per benefit period)
Part B Standard Premium	\$185.00/month (higher-income individuals may pay more due to IRMAA- Income Related Monthly Adjustment Amount)
Part B Deductible	\$257 (annual deductible)
Part B coinsurance	20% (after deductible is met) for most Part B services
Part D premium (2026)	Range: \$8.40-\$238.60/month (higher-income individuals may pay more - IRMAA)

*Medicare premiums for 2026 not yet released.

Note: Many preventive benefits are available at no cost

Screening for Medicare Savings Programs

- **Qualified Medicare Beneficiary (QMB)**- Medicare Part A (if applicable) and B premiums, deductibles & co-pays, automatic Extra Help
- **Specified Low Income Medicare Beneficiary (SLMB)**- pays Part B premium, automatic Extra Help
- **Qualified Individual (QI)**- pays Part B premium, automatic Extra Help
- Eligibility may impact Part D plan selection!
 - Ensure proper use of Extra Help filter on Plan Finder
- Medicare Savings Programs reminders:
 - Enroll at anytime in Medicare- Special enrollment Period to enroll in Medicare Part B
 - Medicare Part B Penalty eliminated
 - Medicare Part D Penalty eliminated
 - MSP not subject to Estate Recovery
 - Can use ACA/SACA or MHBI application

You are a	Your income is at or below *income limits change each year on March 1.
Single individual	\$2,935
Married couple	\$3,966

What's New in 2026?



MA SEP: MPF Incorrect Provider Network

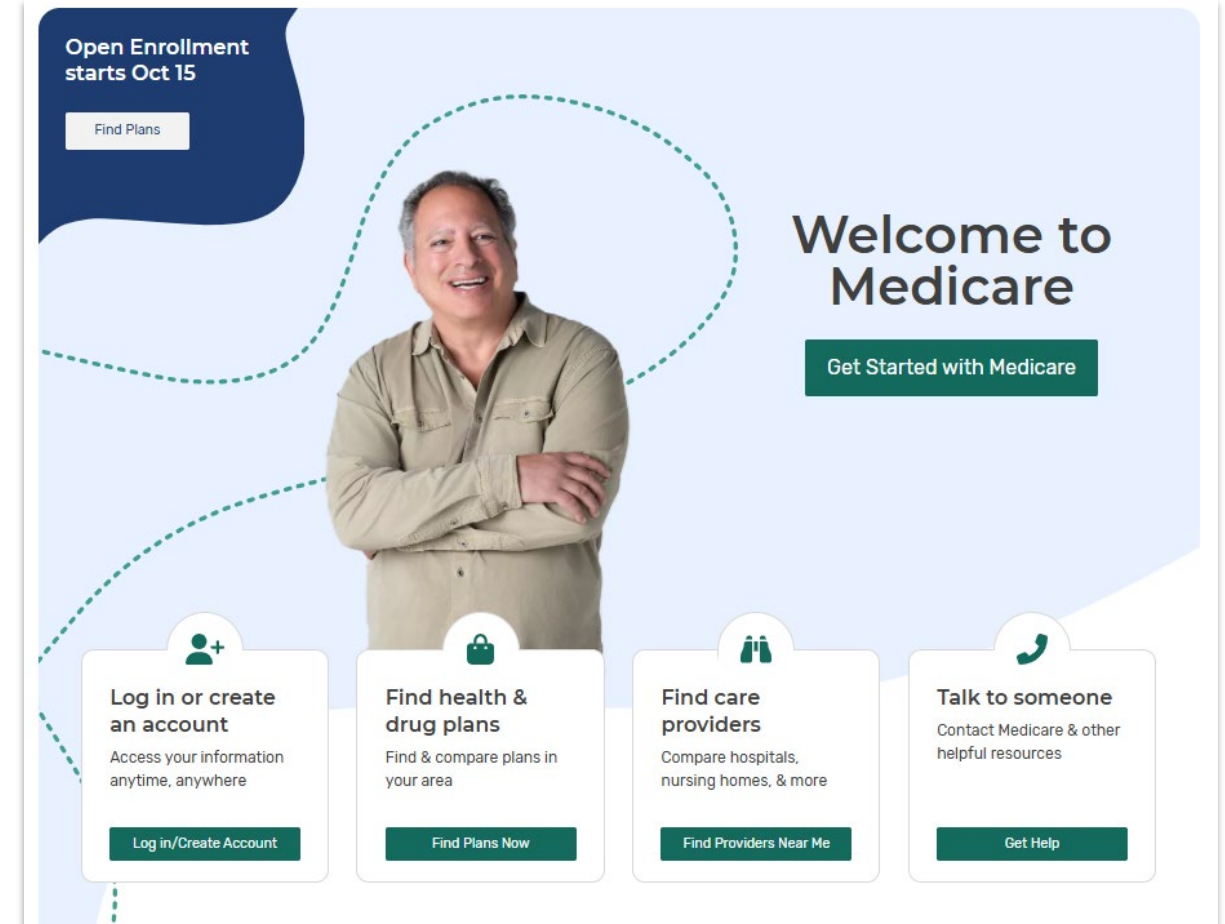


- Special Enrollment Period (SEP) will be available if all the following apply:
 - the MA plan enrollment application was completed through the Medicare Plan Finder (MPF),
 - the MA plan effective date occurs between 1/1/26-12/1/26,
 - discovered preferred provider is not in the MA plan network within three (3) months of the effective date of the MA plan election, and
 - relied on incorrect MPF provider directory to confirm preferred provider network participation.
- Call 1-800-Medicare to confirm the enrollment occurred through MPF and process the SEP enrollment request change prospectively (effective the following month) into:
 - A new MA plan including MA-only or MA-Part D Prescription Drug (MA-PD) plan
 - A new Part D Prescription Drug plan (PDP) and return to Original Medicare
 - Return to Original Medicare without Part D PDP

Medicare.gov Email and Multifactor Authentication (MFA)



- July 2025, CMS tested requiring an email address at Medicare.gov account creation, 50% were required to provide an email address and 50% could opt out
- **September 2025 and moving forward, both an email address and MFA are required for NEW Medicare.gov accounts**
- Existing care.gov accounts do not require an email address or MFA at this time



Medicare Prescription Payment Plan (MP3) Codification

- Codifies and adds automatic re-enrollment, opt out option
- MP3 helps high out-of-pocket drug costs (earlier in coverage)
 - Calculation = annual cost / months remaining
 - Cost may vary month-to-month
 - Spreads (“smooths”) cost vs. lower cost
 - Contact plan to sign up
- CMS Tip Sheet & FAQs
 - [What’s the Medicare Prescription Payment Plan?](#) (12 pages)
 - Sample calculations (example on right)
 - 5/8/25 Plan [FAQ Update to MP3](#)

Example 1: Start participating in January with high drug costs early in the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month’s bill is based on the “maximum possible payment” calculation. We calculate your bill for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You’ll have no new out-of-pocket drug costs for the rest of the year.
May	\$0.00	\$181.31 *	*You’ll still get your \$500 drugs each month, but because you’ve reached the annual out-of-pocket maximum, you won’t add any new out-of-pocket costs for the rest of the year. You’ll continue to pay what you already owe.
June	\$0.00	\$181.31 *	
July	\$0.00	\$181.31 *	
August	\$0.00	\$181.31 *	

Medicare Advantage Supplemental Benefit Notification



- Encourage use of MA Supplemental Benefits
 - MA plans must notify members mid-year (mail a letter)
 - List any supplemental benefits not used Jan. 1 to June 30th



Insulin Cost Sharing Change



- For 2026 and each subsequent year, covered insulin product covered under a prescription drug plan (PDP) or a Medicare Advantage prescription drug (MA-PD) plan prior to an enrollee reaching the annual out-of-pocket threshold, the “covered insulin product applicable cost-sharing amount” is the lesser of
 - \$35;
 - An amount equal to 25 percent of the maximum fair price established for the covered insulin product in accordance with Part E of title XI; or
 - An amount equal to 25 percent of the negotiated price, as defined in § 423.100, of the covered insulin product under the PDP or MA-PD plan.

Medicare Drug Price Negotiation Program



Negotiations for maximum fair prices for the following 10 Part D drugs were completed for plan year 2026:

- Eliquis
- Jardiance
- Xarelto
- Januvia
- Farxiga
- Entresto
- Enbrel
- Imbruvica
- Stelara
- Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog FlexPen; NovoLog PenFill

The following drugs covered under Part D were selected for the next cycle of maximum fair price negotiations for 2027:

- Ozempic; Rybelsus; Wegovy
- Trelegy Ellipta
- Xtandi
- Pomalyst
- Ibrance
- Ofev
- Linzess
- Calquence
- Austedo; Austedo XR
- Breo Ellipta
- Tradjenta
- Xifaxan
- Vraylar
- Janumet; Janumet XR
- Otezla

2026 Medicare Advantage Updates/Important Reminders

- 10 insurance carriers offering Medicare Advantage plans in 2026
- [NEW MA SEP: MPF Incorrect Provider Network available 1/1/2026-12/1/2026](#)
- Always check if doctors and hospitals accept plan and if drugs covered (use Plan Finder)
- Compare premiums, co-pays, deductibles, and annual out-of-pocket maximums
- Check plans for Restrictions (Prior Authorization, Quantity Limits, Step Therapy)
- *Cannot* enroll in an MA plan (HMO, PPO) and a stand-alone PDP at the same time
 - Selection of PDP will result in disenrollment from MA plan
- New MA enrollment will result in automatic disenrollment from prior MA or PDP plan
- Plans may offer extra benefits- check with individual plans
- Part B drugs may be subject to prior authorization or step therapy. Some MA plans may charge a percentage co-insurance for Part B drugs

2026 Medicare Part D Updates

- Total of 6 companies that offer a total of 11 plans available in 2026
 - Decrease from 14 plans offered in 2025
- 2 plans with a \$0 deductible:
 - Blue Medicare RX Premiere
 - Humana Premier RX
- 4 plans do not apply the deductible to all tiers
- 5 STAR plans in 2026- No announcement yet

2026 Medigap Updates

- Humana has notified the DOI that it will stop selling all of its Medicare Supplement products beginning April 1, 2026, at which time these products will no longer be available to new customers. All existing members may remain enrolled.
- The 15% discount and \$150 eyewear reimbursement will no longer be offered on **Fallon** Medicare Supplement Core, 1 or 1A plans, effective January 1, 2026.
 - Any current members, enrolled in one of those plans will be “grandfathered” while **Fallon** discontinues those two benefits.
 - The Annual Notice of Change letters will be going to existing members soon, which will allow members to plan accordingly.
- Rate increases average 10% across all available plans
 - Lowest Core price in 2026: BCBS \$142.64
 - Lowest Supplement 1A price in 2026: BCBS \$233.24
 - Lowest Supplement 1 price in 2026: Humana \$283.03

Other Resources



Reminder: Transitioning from the Health Connector to Medicare



- For those in a Health Connector who become eligible for **Premium-free Medicare Part A** (which means they earned 40 credits working under Social Security and paying into Medicare):
 - They should sign up for Medicare
 - They will lose their Health Connector coverage
 - They will lose any tax credits they are receiving
 - If they don't sign up for Medicare, they may be subject to a late enrollment penalty
- If you are **not** eligible for Premium-free Medicare Part A, you can keep a Health Connector plan

Senior Medicare Patrol



Mission:

Reach and educate ***Medicare and Medicaid*** beneficiaries, family members, caregivers and professionals on the importance of becoming engaged healthcare consumers to protect, detect and report healthcare errors, fraud and abuse.

SMP Program Presentations cover:

- Billing errors, fraud and/or abuse
- Deceptive Marketing
- Concerns related to Quality of Care
- COVID Fraud, Vaccine Fraud, Braces

Contact: MA SMP Program info@MASMP.org or 800-892-0890

[Senior Medicare Patrol Website](#)

My Ombudsman

- Assists individuals to address concerns or conflicts that may interfere with their enrollment in any MassHealth Managed Care Plan, including One Care, SCO and PACE
- Works with MassHealth and the plans to help members resolve concerns and ensure access to benefits and services
- Contact: Phone: 855-781-9898

Videophone: 339-224-6831 Email:

info@myombudsman.org Website: [MyOmbudsman Website](#)

Mass College of Pharmacy and Health Sciences Pharmacy Outreach Program



MCPHS
pharmacy outreach program

- Free information and referral service to help people take medications appropriately
- Mission: *To promote medication adherence for the community through cost solutions and education*
- Pharmacists, SHINE counselors, and pharmacy students on staff
- Funded by Executive Office of Aging & Independence, City of Boston, Central Mass Agency on Aging, and the Massachusetts College of Pharmacy and Health Sciences
- Help Line: 866-633-1617
- [MCPHS Pharmacy Outreach Website](#)



Mass Options

Connects Older Adults, individuals with disabilities and their caregivers with agencies and organizations that best meet their needs:

- Housing
- Food
- Caregiver supports
- Health and wellness
- Day services
- Insurance
- Transportation
- In-home supports

For more information you can:
Call: 1-800-243-4636

Visit: [MassOptions Website](#)

Other Resources for Consumers

Name of Agency/Organization	Phone Number
Social Security Administration	800-772-1213
Medicare	800-633-4227
MassOptions	800-243-4636
MassHealth	800-841-2900
Health Connector	877-623-6765
Health Care for All Massachusetts	800-272-4232
Massachusetts College of Pharmacy & Health Sciences Pharmacy Outreach Program	866-633-1617
Medicare Advocacy Project <ul style="list-style-type: none"> • Greater Boston Legal Services (Suffolk, Middlesex, Essex counties) • Community Legal Aid (Hampshire, Hampden, Berkshire, Franklin, Worcester counties) • South Coastal Counties Legal Services (Bristol, Plymouth, Barnstable, Dukes, Nantucket counties) 	800-323-3205 855-252-5342 800-244-9023

Take aways

- Don't miss deadlines to sign up for Medicare
 - Contact SSA to find out if you have met your 40 quarters
- If turning 65, eligible for Premium Free Part A and on the Health Connector, dis-enroll by calling the plan
- Consumers receiving SSDI will be auto enrolled into Medicare after 24 months of SSDI payments
- Be sure your doctors and hospitals are in the network of the Medicare health plan you're choosing
- Be sure all of your current medications are on your plan's formulary
- Remember to review Medicare plans every year during Open Enrollment: 10/15 – 12/7



THANK YOU!

To contact a SHINE counselor near you:
MassOptions 800-243-4636

SHINE Website: [Mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program](https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program)

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