

MA Health Care Training Forum Fall 2025 Meeting

Medicare in 2026 Transcription

[Medicare in 2026]

(SUE KANE): Good afternoon, everyone. Welcome, everybody, to the Medicare 2026 meeting. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenter today is Kathleen Gouveia, the SHINE Training Coordinator.

(KATHLEEN GOUVEIA): Hello. Good afternoon, everyone. My name is Kathleen Gouveia, and I am the SHINE Training Coordinator at the Executive Office of Aging and Independence. Today, I'm going to present on Medicare in 2026.

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[Learning Objective]

The learning objective for today is 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 healthcare outcomes.

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[Agenda]

Here is the agenda for this afternoon. First, I'm going to do a brief overview of the SHINE Program. I'm going to do a brief Medicare 101, so a little bit of background on what the Medicare Program is. Then, I'm going to talk about eligibility and enrollment, what's new in 2026, and then other resources.

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[SHINE Overview]

A little bit of background on the SHINE Program. The SHINE Program stands for Serving the Health Insurance Needs of Everyone, meaning everyone on Medicare. We are a federally funded program by the Administration for Community Living, which is a part of the US Department of Health and Human Services. A little bit of a background is that every state in the United States has a SHIP Program. SHIP stands for State Health Insurance Assistance Program. Ours here in Massachusetts is SHINE.

The mission of the SHINE Program is to provide free, unbiased health insurance information, counseling, and assistance to Massachusetts Medicare beneficiaries of all

ages and their caregivers. We also provide screening for public benefit programs, such as MassHealth Programs, Medicare Savings Programs, Common Health, et cetera. Our program has 13 regional offices that cover the entire state and the Greater Boston Chinese Golden Age Center, which is a statewide program.

Our program has over 700 certified SHINE counselors that go through a certification training of over 40 hours, and then they take an exam and become certified and go on to mentor. Every year, they have to go through a recertification training to ensure that they are up to date with all of the updates on Medicare. Our program is a majority of volunteers. Some of our counselors do work at agencies such as Council on Aging, community health centers, veteran service officers, just to name a few. We have around 90 bilingual counselors that speak 23 languages and dialects.

Next slide.

[What SHINE Does]

What does SHINE do? We educate consumers, the community, and professionals on understanding Medicare and MassHealth rights and benefits. We educate consumers on all of their Medicare health insurance options. Again, we screen for public benefit programs that can help pay for certain Medicare costs, such as MassHealth Standard, Extra Help, which is a federal prescription assistance program, and then the Medicare Savings Programs. We screen, of course, for public benefits that are both state and federal.

Next slide.

[Medicare]

Now we'll get into what Medicare is.

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[Medicare 101]

Medicare is a federal health insurance program for individuals who are age 65 years or older and a US citizen or lawfully permitted resident for at least 5 years. If they worked 40 work credits or paid their payroll tax, they are entitled to premium-free Part A. People may also qualify through their spouse or ex-spouse, so we always urge people to check with the Social Security Administration. The Social Security Administration is the one who does the eligibility and enrollment of Medicare Part A and B.

Medicare is also available to individuals who are under age 65 who have received at least 24 months of Social Security Disability payments, or SSDI. Medicare is not a comprehensive health insurance program. There are many gaps in Medicare coverage,

which means that a beneficiary must pay a portion of their medical expenses. I just wanted to also add on this slide as well. Starting in July 2025, Medicare eligibility is restricted to US citizens, permanent residents, for example, green card holders, Cuban-Haitian entrants, and people residing under the Compacts of Free Association.

This means that lawfully present immigrants who do not meet these criteria, such as refugees, asylees, and people with temporary protected status, will no longer be eligible for Medicare. If you currently have Medicare coverage and do not meet these criteria, your Medicare coverage will be terminated no later than January of 2027. I do have some more of this information as well in the notes section of the PowerPoint when you receive it to look a little bit deeper into these things.

Next slide.

[Medicare Overview]

Now I'll do a Medicare overview, the different parts of Medicare. There is Medicare Part A, which is your hospital insurance. We think of this as the inpatient hospital care that you're going to be receiving in the hospital, skilled nursing facility care, home health care, hospice care, short-term nursing home care, medications that are prescribed during an inpatient hospital or skilled nursing facility stay, and then medications, of course, that are administered during those stays, part of the treatment plan.

Then we have Medicare Part B, which is the medical insurance. We think of this as the outpatient services that you're going to be receiving. Outpatient medical care, preventative care, mental health services, physical therapy, just to name a few, outpatient surgical services and supplies, lab tests, durable medical equipment, ambulance services, home health care, diabetic testing supplies, and then also Part B medications.

There are some injectable and infused drugs that are given in a provider's office. These would be billed under Medicare Part B. Also, just to add oral cancer and anti-nausea drugs and some immunopressive drugs. Then, for immunizations, immunizations are covered under Medicare Part B, and those would include influenza, hepatitis B, pneumonia, COVID-19, just to name a few of them.

Then we have Medicare Part D, and this is your prescription drug benefit. It is voluntary, but if you do not enroll or have credible coverage elsewhere, you may experience a penalty, a late enrollment penalty in the future, if you do not have credible coverage. That penalty is a lifetime penalty. Then we have Medicare Part C. Medicare Part C is just another way to get your Medicare coverage. It's often called Medicare Advantage. You

must be enrolled in Medicare Part A and Medicare Part B in order to be enrolled in a Medicare Advantage plan.

Coverage is provided by private companies that would provide your Medicare A, B, and often your Part D coverage. It's usually offered as an HMO or a PPO, and you must live in the planned service area in order to enroll. Medicare Advantage plans may provide additional benefits like gym membership, wellness classes, dental coverage, and vision services. Then lastly, for someone that just has Medicare Part A and Part B, that is called Original Medicare or Traditional Medicare.

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[Medigap Plans]

Then we have Medigap plans. Medigap plans are sold by private insurance companies here in Massachusetts. There are three standardized products here in Massachusetts. In Massachusetts, we also offer continuous open enrollment. If you're talking with somebody that is not in Massachusetts, their Medigap plans are going to look a little bit different from ours. Massachusetts, again, has the three standardized products offered by seven insurance companies here in Massachusetts. When I say the three standardized products, I'm talking about Supplement 1, Supplement 1A, and Core.

With Supplement 1, there are no out-of-pocket costs for Medicare-covered benefits. Generally, they offer some foreign travel as well, foreign travel coverage. Supplement 1 is only available to those who were initially eligible for Medicare prior to January 1st of 2020. Then we have Supplement 1A. It's the same as Supplement 1, a little less expensive. It pays for everything that Supplement 1 does, except the beneficiary would pay the Medicare Part B deductible. Then we have Core, which is the least expensive out of the three. The beneficiary would still be responsible for paying the Medicare Part A and B deductibles. Then the plans would still cover the Part B coinsurance and the hospital co-pays.

Medigap plans really try to pick up some of the costs that are associated with original Medicare to help cover those gaps of coverage. Basic coverage for each product is the same regardless of the company. Some of the companies may offer additional benefits. Then somebody who has a Medigap plan can use any provider who accepts Medicare, and there are no referrals needed for a Medigap plan. Part D coverage is not included, but someone can include a standalone Part D plan.

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[Your Medicare Coverage Choices]

I thought it would be helpful to have your Medicare coverage choices on the side-by-side so you can see the picture instead of all of the other slides that we had all the information on. First, you want to decide how you want to get your medical coverage. On the left-hand side is for someone who has original Medicare. They have their Medicare Part A, they have their Medicare Part B, and then they would need to decide if they need prescription drug coverage. They would then enroll into a standalone prescription drug plan. On step 3, they would then decide if they want to add supplemental medical coverage to try to pick up some of those 20% coinsurance, for example.

On the right-hand side, we have Medicare Advantage plans. Medicare Advantage plans, again, wrap up everything into one plan, basically. Generally, when we're working with consumers, we're looking at Medicare Advantage plans that offer prescription drug coverage. If somebody chooses to enroll in a Medicare Advantage plan with prescription drug coverage, they cannot go to a standalone prescription drug plan. Actually, if they do try to enroll in a standalone prescription drug plan, it's going to automatically disenroll them from their Medicare Advantage plan.

That's just one important thing to know when working with beneficiaries who have a Medicare Advantage plan versus a standalone prescription drug plan. Again, we specifically look for plans that have prescription drug coverage, generally, to avoid that Part D late enrollment penalty later on. A lot of the plans do have that Part D coverage.

Next slide.

[Medicare Eligibility]

Now we're going to talk about eligibility and enrollment. I know I briefly touched on this already. Again, in 2026, we thought it was important to note about the Medicare eligibility. Medicare health insurance is for people who are age 65 or older, also for certain people who are under 65 with disabilities. For example, have received at least 24 payments of Social Security Disability, they would be automatically enrolled into Medicare. Then people of any age with end-stage renal disease, also ALS as well.

Again, new in 2025, in July of 2025, Medicare eligibility is restricted to US citizens, permanent residents, for example, green card holders, Cuban-Haitian entrants, and people residing under the Compacts of Free Association. Current Medicare coverage for those who do not meet the criteria will be terminated no later than January 2027.

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[Enrollment Periods]

I thought this was an important slide to have in here about the enrollment periods for Medicare. It's because it's very important to know when you are eligible to actually enroll in Medicare and to avoid missing your enrollment period. First, I'm going to start with the initial enrollment period. This is the first opportunity that somebody has to enroll in Medicare. It's seven months surrounding somebody's 65th birthday. During that timeframe, someone can enroll in Medicare A, Medicare Part B, Medicare Part C, or Part D. Again, seven months surrounding somebody's 65th birthday. If they do decide to enroll three months after their birthday, again, their coverage would be effective the first day of the following month.

Let's say they are someone that is working past age 65, they are covered by employer group health coverage, or they are a spouse of someone who has employer group health coverage, and they are covering them on that employer group health coverage, they may not need to enroll during their initial enrollment period. They always want to check back with their employer to ensure that they do not have to. The next opportunity would be a special enrollment period.

For example, let's say they are 70 years old, and they're on their employer group health coverage or their spouses, and then they lose the coverage, they retire, something happens where they lose the employer group health coverage, they would then have eight months to enroll in Medicare. Of course, we urge people to try to avoid having a lapse in coverage, but that they should enroll in Medicare within that eight-month timeframe.

Now, the important thing to know about Medicare Part B is they have that eight-month special enrollment period. For Medicare Part C or D, during that timeframe, it's actually only 2 months or 63 days. They want to be mindful that they should enroll in Medicare during that eight months, but not to miss that 63 days or 2 months to enroll in Part C or Part D. I'll come back to special enrollment periods after this. I just wanted to focus on Part B.

Let's say someone misses their initial enrollment period, maybe doesn't have a special enrollment period, like I mentioned, the employer group health coverage, and then the next opportunity that they would have would be the general enrollment period. During the general enrollment period, it occurs every single year, January 1st through March 31st, they could then enroll in Medicare Part B. Again, this occurs every year. This is basically used as a timeframe for someone who misses their Part B.

Then we have the Medicare Advantage open enrollment period. This timeframe mirrors the general enrollment period. It's the same timeframe of January 1st through March

31st. This enrollment period can be used only if someone is enrolled in a Medicare Advantage plan any time between January 1st and March 31st. If they decide to enroll in a plan, their coverage would be effective the first day of the following month.

I'm going to go back over to the special enrollment period. For Part C and Part D, somebody would need to have a qualifying event in order to enroll into a different Part C Medicare Advantage plan or Part D plan. Some of those include like maybe moving from one zip code of Massachusetts over to another one or moving to a different state. Of course, those plans are not offered in that state. That would offer them the opportunity to enroll into a new plan within 63 days or 2 months.

Lastly, we have open enrollment period, which we are in right now. It's October 15th through December 7th. Any Medicare beneficiary can make changes to their health or drug plan, so their Medicare Part C or their Medicare Part D plan. Their coverage would then be effective for the first day of January.

Next slide.

[How does someone enroll in Medicare?]

I know I briefly mentioned Social Security. How does someone enroll in Medicare? The Social Security Administration is the agency that handles enrollment in Medicare Parts A and Medicare Parts B. If you are 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. You can also check out www.ssa.gov, and also create a ssa.gov account. If you are already receiving benefits from Social Security, so like, for example, someone receiving SSDI, they would be automatically enrolled into Medicare Part A and Part B when they first become eligible.

Next slide.

[Delaying Medicare Parts B & D]

Delaying Medicare Parts B and D, someone should always evaluate if they should take Medicare Part A. There's no penalty for waiting if somebody is eligible for premium-free Part A. If they are currently contributing to an HSA, a health savings account, they should delay at least six months before they're enrolling into Medicare. There is a lifetime penalty for not signing up for Medicare Part B when someone became initially eligible. That lifetime penalty is 10% for every 12-month period that you were not enrolled in Medicare Part B.

If you are enrolling late into Medicare Part D, there is also a lifetime penalty if you did not have prior creditable coverage. That lifetime penalty is 1% of the national base premium, which is a little over \$36 in 2026. It's 1% of the national base premium for

every month that you did not have creditable coverage. When I say creditable coverage, examples of that would be like retiree coverage or receiving prescription drug coverage through the VA, just to name a couple of them.

Next slide.

[Medicare Costs in 2025*]

Medicare costs in 2025. I wish that I could give you 2026 right now. Typically, we receive the 2026 Medicare premiums and all of these figures here in November. We're not quite there yet. The only thing that I have on this chart for 2026 is the Medicare Part B premiums in Massachusetts. They range from about \$8.40 a month all the way up to \$238.60 a month. I'm just going to start from the top, though, but preface here that this is 2025 information.

Medicare Part A premium. Medicare is free for most Medicare beneficiaries, of course, if you have met your 40 work credits through the Social Security Administration. Then we have the Part A hospital deductible. In 2025, that figure is \$1,676 per benefit period. For example, when someone is admitted into the hospital in January, they are going to be responsible for that Part A hospital deductible. Then let's say they go home, they're discharged, and they come back a week later, they would not be responsible for that Part A hospital deductible because it's within that benefit period of 60 days.

Let's say they come back in July, since that's over that benefit period, they would be responsible for that Part A hospital deductible. I'm referring to original Medicare here, so somebody who does not have a Medicare Advantage plan or a Medigap plan. When somebody is admitted into the hospital, their physician services are going to be charged to Medicare Part B. Then, the hospital coinsurance for 2025 is \$0 for days 1 through 60. Then there is a copayment of \$419 a day for days 61 through 90. Again, this is per benefit period. Then, for skilled nursing facility coinsurance is \$0 for days 1 through 20. Then it's \$209.50 a day for days 21 through 100. Again, this is per benefit period.

Currently, in 2025, the Medicare Part B standard premium is \$185 a month. Typically, this comes directly out of somebody's Social Security check. If they're not taking Social Security distributions, they would be billed on a quarterly basis for this amount. Higher-income individuals may pay more due to IRMAA, the income-related monthly adjustment amount. Social Security looks at two years prior tax returns when coming up with that figure for IRMAA. If somebody has IRMAA, their Part B standard premium and also their Part D standard premium may be higher. They may have an additional cost to that.

Part B deductible. In 2025, it's \$257. That's an annual deductible that somebody must meet before their Medicare insurance kicks in. Again, this is original Medicare. It's going

to look different if you are on a Medicare Advantage plan. Then, Part B coinsurance. This is 20% after the deductible is met. Once the beneficiary pays that \$257, the beneficiary would then be responsible for about 20% of the Part B covered services. Then I touched on Part D. We do have those numbers for 2026, and also mentioned the IRMAA as well.

Just want to note here, too, that there are many preventative benefits that are available at no cost to Medicare beneficiary or low cost. Medicare.gov has a great page that talks about the preventative benefits. There's a huge list of them, but just for time's sake, I'll say that some of them include vaccines. Some of them include some counseling services, just to name a couple of them, and screenings. That's another word that I meant to say.

Next slide.

[Screening for Medicare Savings Programs]

Screening for Medicare Savings Programs. SHINE counselors do this as well. We also can assist Medicare beneficiaries with applying for these programs. The Medicare savings programs are the Qualified Medicare Beneficiary or QMB. In this program, if somebody has a Medicare Part A premium, that would be paid for, and also their Medicare Part B premium. Their deductibles and co-pays would also be paid for, and then they would have automatic Extra Help. Extra Help is the Federal Prescription Drug Assistance Program, and it subsidizes their Medicare Part D costs. QMB is the most comprehensive of the Medicare savings programs.

Then we have SLMB, which is the Specified Low Income Medicare Beneficiary. In this program, it pays your Medicare Part B premium and also provides you with extra help. Same thing with Qualified Individual or QI. It pays your Part B premium and also provides extra help as well. When we say automatic, somebody does not need to go to Social Security to apply for extra help; they would be automatically enrolled into it through their MassHealth.

Eligibility may impact the Part D plan selection. We thought that that was important to note. If you are doing anonymous searches on the Medicare Plan Finder and somebody is on a Medicare savings program, since they are receiving Extra Help, you're going to want to ensure that you're using the Extra Help filter on the Plan Finder when you get to the first few steps of the process.

Just some reminders that we thought were helpful about the Medicare Savings Program is that you can enroll at any time in Medicare. It does provide a special enrollment period to enroll in Medicare Part B. Your Medicare Part B penalty and your Medicare Part D penalty will be eliminated. Then, Medicare Savings Program is not subject to a

state recovery. Then consumers can use the ACA application if they're under 65 or the SACA application if they're over 65 and want to be screened for more of the comprehensive programs, as well as Medicare Savings Program, or if they are just looking for the Medicare Savings Program, they can use the MHBI application.

Mass.gov has a great site specific for Medicare Savings Programs and has flyers, the application in many different languages, helpful information, and FAQ. The Mass.gov site for Medicare Savings Program is a helpful site. On the right-hand side, I just have the income levels for the Medicare Savings Program. As a reminder, too, at the Medicare Savings Program, they're not looking at assets anymore, so just income. These income limits are changed each year on March 1st.

Next slide.

[MA SEP: MPF Incorrect Provider Network]

What's new in 2026? In 2026, there is a new provider network on the Medicare Plan Finder. For those of you that have already been on there and playing around with it, you've probably come across it if you're looking at Medicare Advantage plans. There is a special enrollment period that will be available if all of the following things apply. If somebody completed their application through the Medicare Plan Finder, so they actually enrolled into a plan through the Medicare Plan Finder, the Medicare Advantage plan effective date occurred between January 1st, 2026, and December 1st, 2026.

They discovered that the preferred provider is not in the Medicare Advantage plan network within three months of the effective date of the Medicare Advantage plan election. Lastly, they relied on incorrect Medicare Plan Finder provider directory to confirm the preferred provider network participation. If all of these things apply, somebody may be able to call 1-800-Medicare to confirm that the enrollment occurred through the Medicare Plan Finder and process the special enrollment period request to change the plan into a new Medicare Advantage plan, a prescription drug plan, or return to original Medicare without prescription drug coverage.

I just want to note, too, that when you're on the Medicare Plan Finder, after you put in the prescription drugs and you put in the pharmacies, you'll then be prompted to add providers. This is the provider network that we are talking about here.

Next slide.

[Medicare.gov Email and Multifactor Authentication (MFA)]

Then we have Medicare.gov Email and Multifactor Authentication, or MFA. In July of 2025, CMS, the Centers for Medicare and Medicaid Services, tested requiring an email address at Medicare.gov account creation. About 50% were required to provide an

email address, and 50% could opt out. After conducting this test, now the new rules here are in September of 2025, and moving forward, both an email address and the MFA are required for any new Medicare.gov account creations. Existing Medicare.gov accounts do not require an email address or MFA at this time, but we thought that this was important to note when working with consumers, especially if you are creating Medicare.gov accounts for them.

Next slide.

[Medicare Prescription Payment Plan (MP₃) Codification]

The Medicare Prescription Payment Plan was something new in 2025. Basically, what this payment plan does, it really is helpful for Medicare beneficiaries, or those that are likely to benefit are Medicare beneficiaries who have high drug costs. Really, at the beginning of the year, they are going to the pharmacy and they are paying an incredible amount on their prescription drugs, and probably going right into catastrophic phase right away.

What it does is they are able to, with any Medicare Part D plan or Medicare Advantage plan, enroll in a payment plan. It takes that amount that they would be paying at the pharmacy and smooths it out onto a payment plan for the remainder of the year. They are not going to pay any less than what they would have paid at the pharmacy, and they are not going to be paying any more than in 2026, \$2,100 for the out-of-pocket maximum amount.

Medicare.gov has a page dedicated to this information and also a quick video on it as well. CMS has some tip sheets and FAQs, and I just wanted to note here, too, that a beneficiary would have to actually enroll in this program or this payment plan directly through their prescription drug plan or their Medicare Advantage plan. This cannot be done at the pharmacy counter.

Next slide.

[Medicare Advantage Supplemental Benefit Notification]

New, in 2026, Medicare Advantage Supplemental Benefit Notification. This is encouraging the use of the Medicare Advantage supplemental benefits, such as dental or vision or hearing. Medicare Advantage plans now in 2026 must notify members mid-year, and they will mail a letter to the beneficiaries and list any supplemental benefits that were not used between January 1st and June 30th. This is really, again, just encouraging Medicare beneficiaries to use those benefits that the Medicare Advantage plans offer.

Next slide.

[Insulin Cost Sharing Change]

Insulin cost-sharing change. For 2026, or as you may know, in the past couple of years now, insulin that is covered on a Medicare Advantage plan or a standalone prescription drug plan can be no more than \$35. Basically, on this page, it's the same thing, just a little bit more verbiage here. Basically, for covered insulin product, the cost-sharing amount will be the lesser of \$35 or an amount equal to 25% of the maximum fair price or an amount equal to 25% of the negotiated price.

Bottom line on this slide is a Medicare beneficiary will pay no more than \$35 for their covered insulin product, again, on the plan's formulary for a monthly copayment. That's why if you're on the Medicare Plan Finder or on the phone with the plan or going to the pharmacy and your insulin is actually less than \$35, it is because, again, something in the background like this is happening where it may be the lesser of these three options here.

Next slide.

[Medicare Drug Price Negotiation Program]

Then we have the Medicare drug price negotiation program. I know we've been including this in our trainings the past few years, but negotiations for maximum fair prices for the following 10 Part D drugs were completed for plan year 2026, and that's Eliquis-- I'm not going to name all of them here, but on the left-hand side, we do have the list of the 10 Part D drugs that were completed for plan year 2026.

On the right-hand side are the following drugs covered under Part D. They were selected for the next cycle of maximum fair price negotiations for 2027, and we've provided that list here, too. If you've been playing on the Medicare Plan Finder at all, you may have already started to see the 10 Part D drugs that were completed for 2026. You may already be seeing that the prices, again, have been lowered.

Next slide.

[2026 Medicare Advantage Updates/Important Reminders]

In 2026, Medicare Advantage updates are important reminders. In Massachusetts, there are 10 insurance carriers that offer Medicare Advantage plans in 2026. Just as a reminder about the new Medicare Advantage special enrollment period, Incorrect Provider Network, that SEP is available for the next year. It's always important, we can't stress this enough, that consumers are checking to see if their doctors and hospitals accept the Medicare Advantage plan that they are in or about to enroll into, and, of course, if their drugs are covered.

Our SHINE counselors use the Plan Finder to rely on this information, but we always want to stress the importance of consumers checking with their providers to ensure that they accept that Medicare Advantage plan, and also, of course, looking at their prescription drugs. Comparing premiums, co-pays, deductibles, and annual out-of-pocket maximums, we also check the plan restrictions, whether there's a prior authorization or quantity limits or step therapy, because some of these things can delay the beneficiary receiving their Medicare Part D covered drugs. We want to try to avoid or educate the consumer on how to work through some of these restrictions.

A beneficiary cannot enroll in a Medicare Advantage plan and a standalone prescription drug plan at the same time. If they go from a Medicare Advantage plan and enroll into a standalone prescription drug coverage, they're going to be returned back to Original Medicare, and the outline of how their coverage works is going to look a little bit different to them. Their costs that's associated with some of the services that they receive, they're going to be functioning under Original Medicare.

That's why it's important to know that someone either needs to decide to go if they want to go with a Medicare Advantage plan or if they want to go with a standalone prescription drug plan, but they cannot have the two of them at the same time. Of course, the Medicare Advantage plans, a majority of them offer that Part D coverage included in their Medicare Advantage plan.

Plans may offer extra benefits. They're going to want to check with the individual plans directly to see what type of benefits that they may offer. Then there are some Part B drugs that may be subject to prior authorization and step therapy. They always want to check if they are somebody that has prescription drugs that are billed under Medicare Part B.

Next slide.

[2026 Medicare Part D Updates]

In 2026, the Medicare Part D or standalone prescription drug plans, there are a total of six companies here in Massachusetts that offer a total of 11 plans available. This is a decrease from 14 plans that were offered in 2025. Two plans have a \$0 deductible. It's the Blue Medicare RX Premier, Humana Premier RX, and then there are some plans that do not actually apply the deductible to all their tiers.

Again, this is some of the information that when you're working with a SHINE counselor, when we're looking on the Plan Finder, we can actually see some of this information as well as looking at some of our training material that we have, but we can really drill down to find out where a drug is tiered on a prescription drug plan and look at that information.

So far, there's no announcement yet on whether or not there are five-star plans in 2026. CMS has a star system and five being really the top of them, but we do not know if there are any for 2026. Why do we also think that's important? Because we're looking for other special enrollment periods. There is a special enrollment period if somebody enrolls into a five-star plan, whether it's a Medicare Advantage plan or a Part D plan, but, of course, we do not have the star ratings yet. More to come on that.

Next slide.

[2026 Medigap Updates]

Medigap updates. Humana has notified the Massachusetts Division of Insurance, the DOI, that it will stop selling all of its Medicare supplement products beginning April 1st of 2026, at which time these products will no longer be available to new customers, and all existing members may still remain enrolled in their Humana plan. We thought it was important to note, too, that the 15% discount and \$150 eyewear reimbursement will no longer be offered on Fallon Medicare Supplement Core, 1, or 1A plans, and this is effective January 1st, 2026. Any current members that are enrolled in one of those plans will be grandfathered into it, and while Fallon discontinues those two benefits.

The annual notice of change letters will be going to existing members soon, so this will allow members to plan accordingly. I know I really haven't talked about this either, but Medicare beneficiaries who are on their Part D plan or a Medicare Advantage plan, they receive annual notice of change letters, typically in September, which tells them what's going on with their plan in the following year. We strongly urge people to look at those letters to see what's going on with their plan for the following year, because it does have a lot of important information in that letter.

Overall, for Medigap plans, there were rate increases that were averaging about 10% across all of the available Medigap plans. The lowest Core price in 2026 is Blue Cross Blue Shield at \$142.64. Then the lowest Supplement 1A price in 2026 is Blue Cross Blue Shield at \$233.24. The lowest Supplement 1 price in 2026 is Humana at \$283.03.

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[Reminder: Transitioning from the Health Connector to Medicare]

Other resources that we thought were important to talk about, as a reminder, transitioning from the Health Connector to Medicare. For those who are in a Health Connector plan who become eligible for premium-free Medicare Part A, and this, again, means that they earned 40 credits working under Social Security and paying into Medicare, that they should sign up for Medicare when they become eligible. They will lose their Health Connector coverage, and they will lose any tax credits that they are

receiving, and if they do not sign up for Medicare, they may be subject to the late enrollment penalty.

If you are not eligible for premium-free Medicare Part A, you can keep a Health Connector plan. This is an important slide because it's really of whether or not you should be staying on the Health Connector plan or if you should be transitioning over to Medicare.

Next slide.

[Senior Medicare Patrol]

Senior Medicare Patrol is a program, and their mission is to 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. The SMP program has presentations that cover billing errors, fraud and abuse, deceptive marketing, concerns related to quality of care, COVID fraud, vaccine fraud, et cetera.

They do have a great website that offers a lot of information as well as some flyers that if you are looking for something in regards to this about fraud, that they do have some flyers that you can take a look at. For additional questions, we did provide the email address here, the phone number, and their website.

Next slide.

[My Ombudsman]

My Ombudsman assists individuals to address concerns or conflicts that may interfere with their enrollment in any MassHealth-managed care plan, and this includes OneCare, SCO, and PACE. My Ombudsman works with MassHealth and the plans to help members resolve concerns and ensure access to benefits and services. We did provide the phone number, the email address, and also their website as well. I urge you to look at their website because, again, they're a great resource for those that are on a MassHealth-managed care plan.

Next slide.

[Mass College of Pharmacy and Health Sciences Pharmacy Outreach Program]

Mass College of Pharmacy and Health Sciences, the Pharmacy Outreach Program. There are some certified SHINE counselors there, at the Pharmacy Outreach Program, and they offer free information and referral service to help people take their medications appropriately. The mission is to promote medication adherence for the community through cost solutions and education.

Again, there's SHINE counselors, there's pharmacists, and pharmacy students that are on staff there. They are funded by the Executive Office of Aging and Independence, the City of Boston, Central Mass Agency on Aging, and the Mass College of Pharmacy and Health Sciences. We did provide the helpline here as well as their website. Again, a great resource, especially sometimes they're able to find other resources to assist or help pay for some of these really high-cost drugs.

Next slide.

[Mass Options]

MassOptions is the website run by the Executive Office of Aging and Independence. They connect older adults and individuals with disabilities and their caregivers with agencies and organizations that best meet their needs. Some of the resources that are available on the website, or if you call, are information on housing, food, caregiver supports, transportation, just among a few to list here.

Next slide.

[Other Resources for Consumers]

We do have other resources for consumers. We have a list of agencies and organizations, as well as their phone numbers. We've also included some other ones that are even not related to Medicare, but just some great resources that are available here in Massachusetts.

Next slide.

[Take aways]

Some takeaways from today's presentations is to not miss deadlines to sign up for Medicare. A consumer should contact the Social Security Administration to find out if they've met their 40 quarters. If they're turning 65 and eligible for Medicare premium-free Part A and on the Health Connector, they should disenroll by calling that Health Connector plan.

Consumers receiving SSDI will be auto-enrolled into Medicare after 24 months of SSDI payments. Very super important right here in this bullet is to be sure doctors and hospitals are in network of the Medicare health plan that you're choosing, as well as being sure that all of your current medications are on the plan's formulary. Remember that a Medicare beneficiary can review Medicare plans every year during Medicare Open Enrollment, which is October 15th through December 7th, with coverage effective January 1st.

Next slide.

[THANK YOU!]

Thank you. To contact a SHINE counselor near you, we've provided the phone number as well as the SHINE website on mass.gov.

(SUE KANE): Thank you, Kathleen. I want to thank everybody for joining us today. A special thanks for Kathleen to provide us with all this information, and her colleagues, Kathy, Cindy, and Sandra, for answering the questions in the Q&A window while Kathleen was presenting. We appreciate that, and we look forward to seeing you at future MTF meetings. Have a great rest of your day, everybody. Bye-bye.

(KATHLEEN GOUVEIA): Thank you.