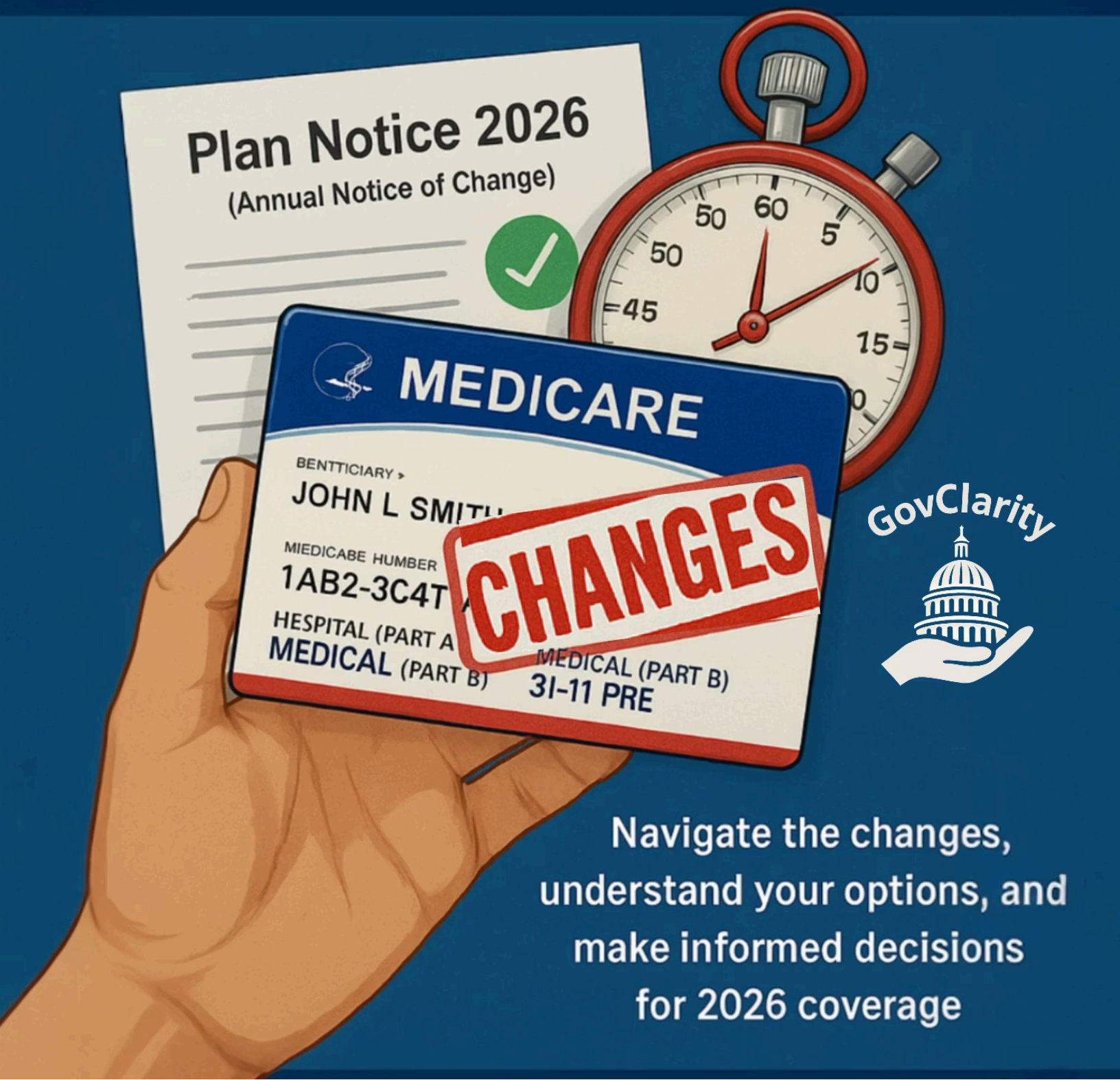
MEDICARE
OPEN ENROLLMENT 2026
COMPLETE GUIDE



Navigate the changes, understand your options, and make informed decisions for 2026 coverage

Medicare Open Enrollment 2026: Complete Guide

Navigate the changes, understand your options, and make informed decisions for 2026 coverage

Open Enrollment

October 15 – December 7, 2025

Coverage Begins

January 1, 2026

Part B Premium

$206.50 (projected)

Drug Cap

$2,100 annual maximum

What Is Open Enrollment?

Medicare's Annual Enrollment Period (AEP), often referred to as Open Enrollment, is a crucial seven-week window each year for beneficiaries to review their current health and prescription drug coverage and make changes for the upcoming year.

During this time, you have the opportunity to switch between Original Medicare and Medicare Advantage, change Medicare Advantage plans, or adjust your prescription drug coverage (Part D) to better suit your needs for 2026.

Critical Dates for 2026

September 30, 2025

Annual Notice of Change (ANOC) deadline: Plans send out documents detailing upcoming year's coverage changes.

October 15 – December 7, 2025

Medicare Open Enrollment Period: Make changes to your health and prescription drug coverage.

October 1, 2025

Updated Medicare.gov Plan Finder available to compare 2026 plans.

January 1, 2026

All new coverage selections and changes made during AEP take effect.

Why 2026 is Important

The 2026 Open Enrollment period is particularly significant due to projected cost increases and new savings opportunities. Reviewing your options diligently can help you manage your healthcare expenses and ensure you're maximizing any available benefits tailored to your situation.

What You Can Change During Open Enrollment

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan back to Original Medicare.
- Change from one Medicare Advantage Plan to another (with or without drug coverage).
- Join a Medicare Prescription Drug Plan (Part D).
- Switch from one Medicare Prescription Drug Plan to another.
- Drop your Medicare Prescription Drug Plan entirely.

2026 Medicare Part B Cost Changes

Medicare Part B covers medically necessary services and preventive services. It comes with a monthly premium and an annual deductible. The projected costs for 2026 indicate significant changes from 2025.

Cost Item	2025	2026 Projected	Change
Monthly Premium	$174.90	$206.50	+$31.60 or 11.6% increase
Annual Deductible	$240	$288	+$48 or 20% increase

Please note that these are projections from the Medicare Trustees Report and are subject to finalization in fall 2025.

2026 Medicare Part A & Part D Cost Changes

Understanding the projected changes for Medicare Part A and Part D is essential for planning your healthcare budget for 2026. These updates reflect adjustments to deductibles, coinsurance, and out-of-pocket limits.

Medicare Part A covers hospital inpatient care, skilled nursing facility care, hospice care, and some home health care. The costs associated with Part A are expected to increase in 2026.

Medicare Part A Costs	2025	2026 (Projected)	Change
Hospital Deductible	$1,632	$1,716	+$84
Daily Coinsurance Days 61-90	$408	$429	+$21
Skilled Nursing Days 21-100	$204/day	$214.50/day	+$10.50

Medicare Part D provides prescription drug coverage. Beneficiaries should note the adjustments to the maximum deductible and the annual out-of-pocket cap for 2026, which will impact overall drug costs.

Medicare Part D Costs	2025	2026 (Projected)	Change
Maximum Deductible	$590	$615	+$25
Out-of-Pocket Cap	$2,000	$2,100	+$100

These figures are projections based on the Medicare Trustees Report and are subject to official confirmation in late 2025. It's important to review your Annual Notice of Change (ANOC) for exact figures and how they apply to your specific plan.

New $2,100 Prescription Drug Cap

A significant change coming in 2026 for Medicare Part D is the introduction of an annual out-of-pocket cap of $2,100 for covered prescription drugs. This means that once your spending on covered prescription drugs reaches $2,100 within a calendar year, your Medicare Part D plan will cover 100% of your remaining drug costs for that year. This cap is designed to provide greater financial protection against high drug costs.

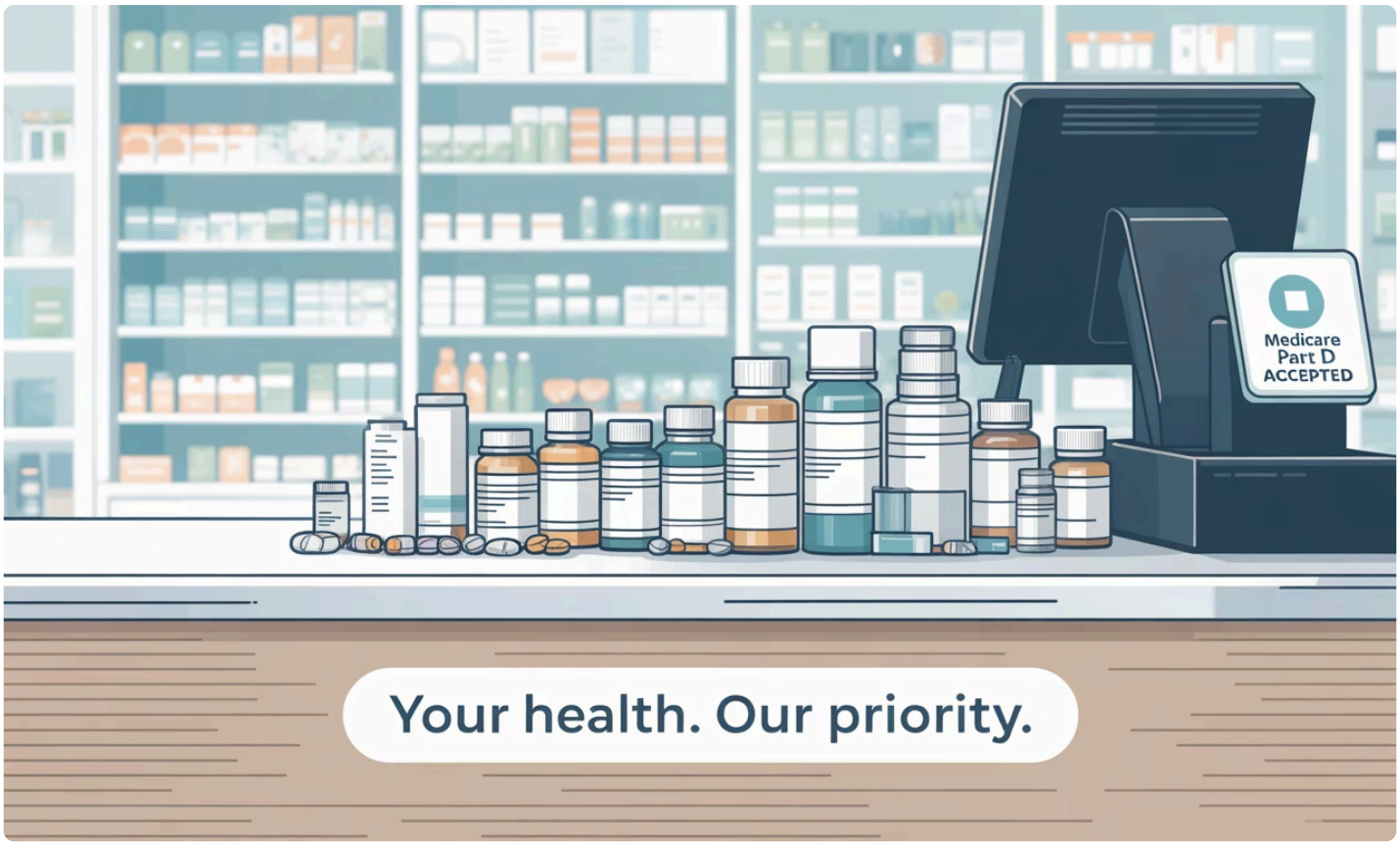
What Counts Toward the Cap

- Deductibles you pay for covered prescription drugs.
- Copayments for covered prescription drugs.
- Coinsurance for covered prescription drugs.

What Doesn't Count

- Monthly plan premiums for your Part D coverage.
- Drugs not on your plan's formulary (list of covered drugs).
- Drugs purchased outside your plan's network without proper authorization.

Additionally, the $35 monthly cap on insulin costs, which was introduced in previous years, will continue for all Medicare Part D plans in 2026. This measure ensures that beneficiaries using insulin do not pay more than $35 for a one-month supply, regardless of their plan's deductible or coverage phase.



Medicare Drug Price Negotiations - 10 Key Medications

The Inflation Reduction Act (IRA) empowers Medicare to negotiate lower prescription drug prices for the first time. The Centers for Medicare & Medicaid Services (CMS) has announced the first 10 drugs selected for price negotiation, with new prices taking effect in 2026. These negotiations are projected to lead to significant savings for beneficiaries.

Drug Name	Use	Savings (from list price)
Eliquis (Apixaban)	Blood thinner	Up to 56%
Jardiance (Empagliflozin)	Diabetes/Heart failure	Up to 66%
Xarelto (Rivaroxaban)	Blood thinner	Up to 62%
Januvia (Sitagliptin)	Diabetes	Up to 79%
Farxiga (Dapagliflozin)	Diabetes/Heart failure	Up to 68%
Entresto (Sacubitril/valsartan)	Heart failure	Up to 53%
Enbrel (Etanercept)	Rheumatoid arthritis	Up to 67%
Imbruvica (Ibrutinib)	Blood cancers	Up to 38%
Stelara (Ustekinumab)	Psoriasis/Crohn's	Up to 66%
NovoLog/Fiasp (Insulin aspart)	Diabetes	Up to 76%

These are the first Medicare-negotiated drug prices with savings up to 79% from list prices.

High-Income Surcharges (IRMAA) for 2026

High-Income Surcharges, officially known as Income-Related Monthly Adjustment Amounts (IRMAA), are additional premiums that certain higher-income beneficiaries pay for Medicare Parts B and D. These surcharges are based on your Modified Adjusted Gross Income (MAGI) from two years prior. For 2026, your IRMAA will be determined by your MAGI from your 2024 tax return.

The table below illustrates the income brackets for individual tax filers and the corresponding Part B and Part D IRMAA amounts for 2026. Please note that these are illustrative figures and final amounts may vary.

Individual Income	Part B Premium (Illustrative)	Part B IRMAA (Illustrative)	Part D IRMAA (Illustrative)
Less than or equal to $103,000	$206.50	$0.00	$0.00
Greater than $103,000 up to $129,000	$206.50 + $82.60	$82.60	$13.00
Greater than $129,000 up to $161,000	$206.50 + $206.50	$206.50	$33.60
Greater than $161,000 up to $193,000	$206.50 + $320.00	$320.00	$53.50
Greater than $193,000 up to $500,000	$206.50 + $420.00	$420.00	$73.80
Greater than or equal to $500,000	$206.50 + $510.00	$510.00	$80.10

Please note that IRMAA for 2026 is based on your 2024 tax return. The specific income thresholds and surcharge amounts are subject to change and official announcement by Medicare.

IRMAA for Married Filing Jointly 2026

For married couples filing jointly, the Income-Related Monthly Adjustment Amount (IRMAA) thresholds are different. The table below outlines the income brackets and the corresponding illustrative Part B and Part D IRMAA amounts for 2026, based on your 2024 tax return.

Joint Income	Part B Premium (Illustrative)	Part B IRMAA (Illustrative)	Part D IRMAA (Illustrative)
Less than or equal to $218,000	$206.50	$0.00	$0.00
Greater than $218,000 up to $274,000	$289.10	$82.60	$12.90
Greater than $274,000 up to $342,000	$413.00	$206.50	$33.30
Greater than $342,000 up to $410,000	$536.90	$330.40	$53.80
Greater than $410,000 up to $750,000	$660.80	$454.30	$74.20
Greater than $750,000	$702.10	$495.60	$81.00

Please note that IRMAA for 2026 is based on your 2024 tax return. The specific income thresholds and surcharge amounts are subject to change and official announcement by Medicare.

Medicare Advantage Adjustments for 2026

Medicare Advantage (Part C) plans are expected to undergo several adjustments in 2026. These changes are crucial for beneficiaries to understand as they can impact coverage, costs, and access to care.

Out-of-Pocket Maximums Increasing

Beneficiaries should anticipate increases in out-of-pocket maximums, which means the total amount you could pay for covered services in a calendar year might be higher.

Network Changes

Providers may be added or removed from plan networks. It is essential for beneficiaries to review their plan's provider directory to ensure their preferred doctors and hospitals are still in-network.

Supplemental Benefits May Change

Supplemental benefits, such as those for vision, dental, and hearing services, may be modified. Plans could adjust the scope or availability of these benefits.

Prescription Formularies Modified

Prescription drug formularies, which list covered medications, may be updated. Beneficiaries should check if their current medications are still covered under their plan's new formulary.

Enhanced Medicare.gov Tools for 2026

to assist beneficiaries in navigating their healthcare options, Medicare.gov is rolling out enhanced tools designed to provide a more user-friendly and comprehensive experience. These updates aim to simplify the process of comparing plans and accessing information.

Integrated Provider Directory

An integrated provider directory will allow users to more easily search for healthcare providers and facilities.

Enhanced Supplemental Benefits Display

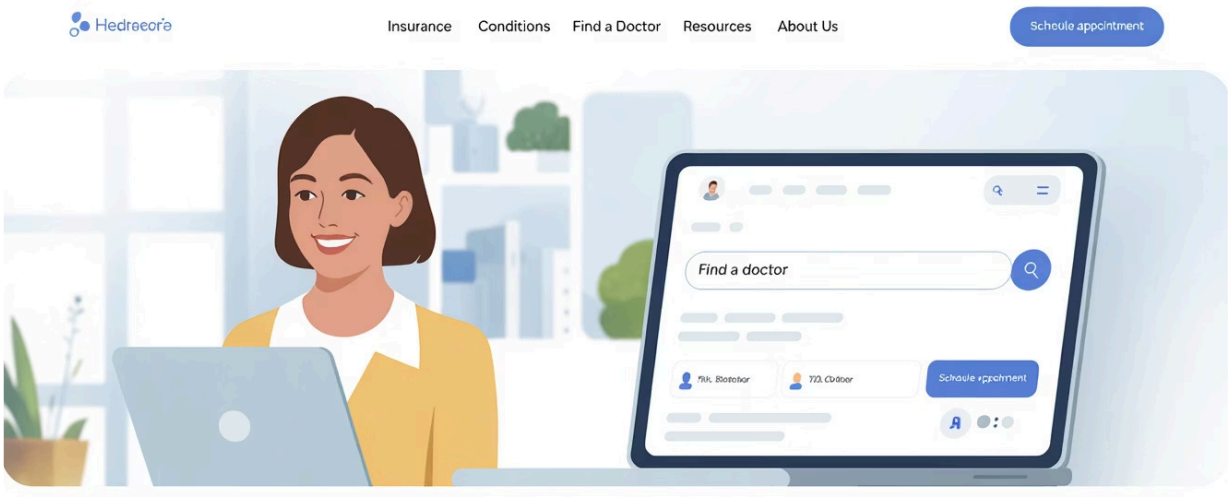
A clearer and more detailed display of supplemental benefits will help beneficiaries understand all the additional offerings of various plans.

AI-Powered Drug Search

An AI-powered drug search tool will enable users to find information on prescription drugs more efficiently, including costs and coverage.

Improved Mobile Experience

The website will feature an improved mobile experience, making it easier to access Medicare information on smartphones and tablets.



Original Medicare Prior Authorization Pilot

A new Original Medicare Prior Authorization Pilot program will commence on January 1, 2026, in select states. This initiative requires prior authorization for certain services to ensure medical necessity before they are provided.

Pilot Program Details

The pilot will start on January 1, 2026, and will be implemented in the following states:

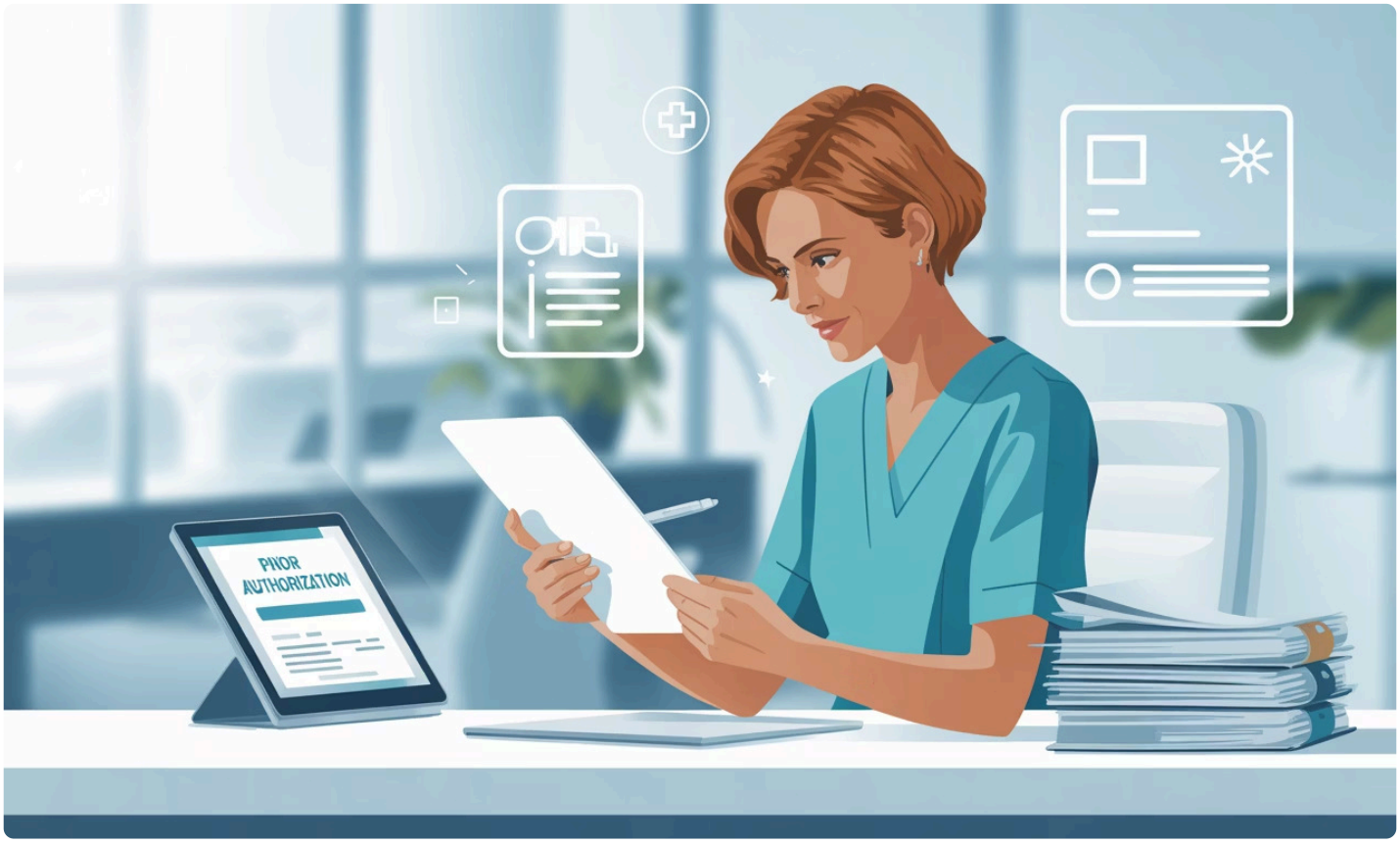
- Arizona
- New Jersey
- Ohio
- Oklahoma
- Texas
- Washington

Services Requiring Prior Authorization

Beneficiaries in these states will need prior authorization for specific services, including:

- Epidural steroid injections
- Deep brain stimulation
- Cervical fusion procedures
- Certain imaging studies
- Advanced cardiac procedures

This pilot program aims to reduce unnecessary services and ensure that beneficiaries receive appropriate care, but it will require careful planning and coordination with healthcare providers.



Your Open Enrollment Action Plan - Phases 1 & 2

Navigating Medicare Open Enrollment requires careful planning and timely action. This four-phase action plan will guide you through the process, ensuring you make informed decisions about your healthcare coverage for the upcoming year. Here are the first two phases:

01

Phase 1: Preparation (September)

- Gather your Medicare card and other relevant documents.
- Create a comprehensive list of all your current medications, including dosages.
- Compile a list of your preferred doctors and hospitals.
- Review your previous year's tax return (2024 for 2026 IRMAA) to understand potential High-Income Surcharges (IRMAA).
- Wait for your Annual Notice of Change (ANOC) to arrive by September 30.
- Review your current plan's 2026 changes as detailed in the ANOC.
- Calculate projected out-of-pocket costs based on your current plan's changes.

02

Phase 2: Research (Early October)

- Access the updated Medicare.gov Plan Finder between October 1-7.
- Use the integrated provider directory to verify your doctors and hospitals are in-network for prospective plans.
- Compare prescription drug costs across plans using the AI-powered drug search tool.
- Research the differences between Medicare Advantage and Original Medicare plans.
- Obtain Medigap quotes between October 8-14 if considering Original Medicare.
- Review the potential impact of IRMAA on your total premiums.
- Calculate total projected costs for various plan options, including premiums, deductibles, and out-of-pocket maximums.

Your Open Enrollment Action Plan - Phases 3 & 4

01

Phase 3: Decision Making (Mid-October to November)

- Narrow down your choices to your top 2-3 preferred options between October 15-31.
- Verify that all your medications are covered and your preferred providers are in-network for these top plans.
- Thoroughly review supplemental benefits offered by each plan.
- Make a preliminary decision on your chosen plan between November 1-30.
- Double-check all plan details and enrollment deadlines.
- Consult a State Health Insurance Assistance Program (SHIP) counselor if you need personalized guidance.

02

Phase 4: Enrollment (December)

- Complete your enrollment for the chosen plan between December 1-7.
- Save all confirmation numbers and documentation of your enrollment.
- Set reminders for premium payments to ensure continuous coverage.
- Update your healthcare providers with your new insurance information for the upcoming year.

Common Mistakes to Avoid - Mistake 1

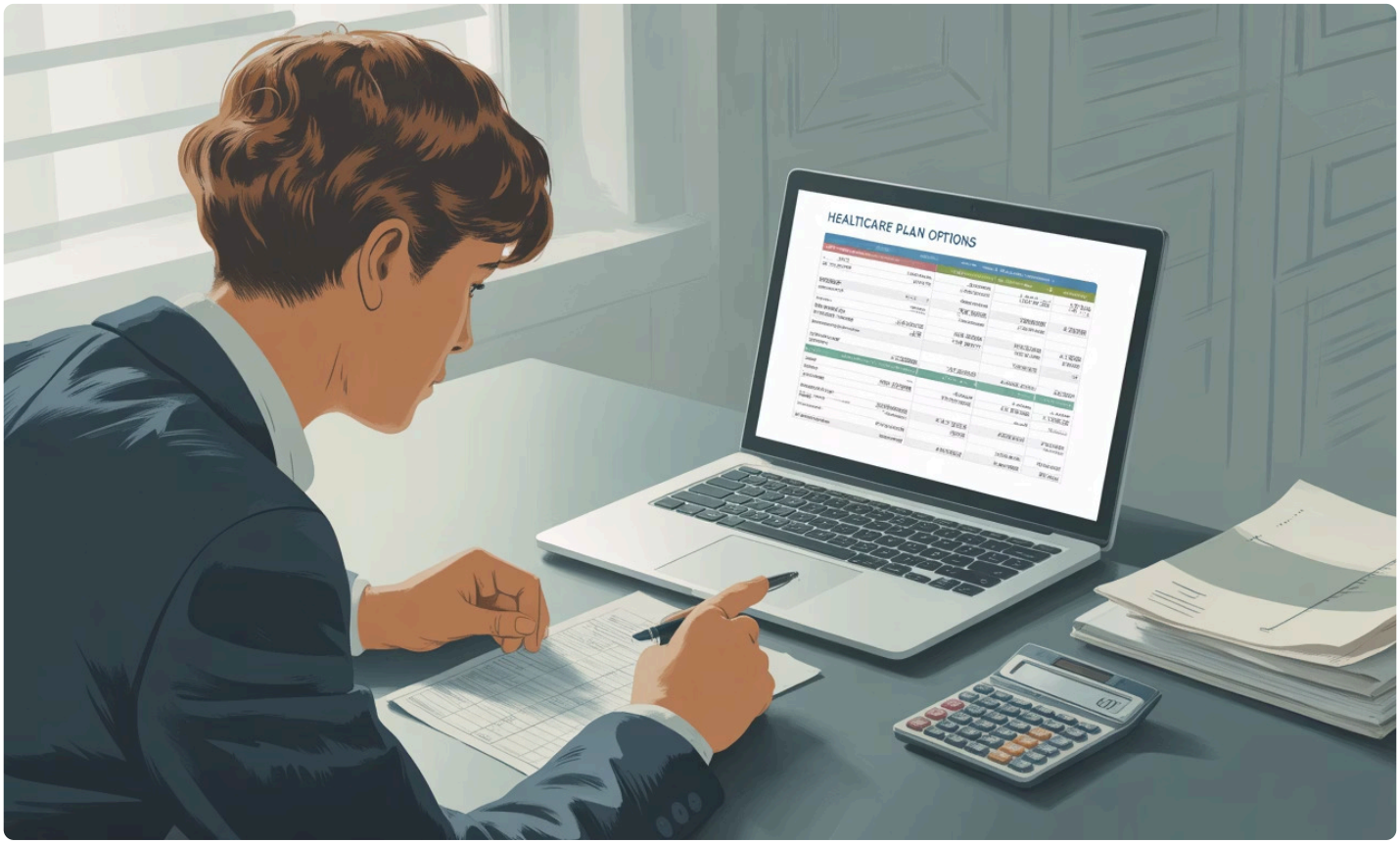
Navigating the Medicare Open Enrollment period can be complex, and making the wrong choices can have significant financial and health implications. Understanding and avoiding common pitfalls is crucial to selecting the best healthcare coverage for your needs.

Focusing Only on Premiums

A common mistake is choosing a Medicare plan based solely on the lowest monthly premium. While premiums are a component of your healthcare costs, they often do not reflect the true out-of-pocket expenses you might incur throughout the year. Plans with lower premiums may have higher deductibles, copayments, or out-of-pocket maximums, which can lead to unexpected costs, especially if you require frequent medical care or expensive prescriptions.

Solution: Calculate Total Estimated Annual Costs

The solution is to calculate your total estimated annual costs. This includes not only the monthly premiums but also deductibles, copayments, and the out-of-pocket maximum for covered services. Consider your past year's healthcare usage and anticipate future needs to make an informed projection. For example, a plan with a $20 premium and a $5,000 out-of-pocket maximum might cost you significantly more than a plan with a $50 premium and a $2,000 out-of-pocket maximum if you face serious health issues.



Common Mistakes to Avoid - Mistakes 2 & 3

Not Verifying Drug Coverage

Many beneficiaries assume their current medications will continue to be covered at the same cost, or even at all, when they switch plans or when their existing plan's formulary changes. Prescription drug formularies (lists of covered drugs) are subject to annual modifications, which can lead to specific drugs being removed, moved to a higher cost tier, or subjected to new restrictions like prior authorization or quantity limits.

The solution is to meticulously check the formulary of any prospective plan against your full list of medications. Use the AI-powered drug search tool on Medicare.gov to verify that each of your prescriptions is covered, understand its tier placement, and check for any prior authorization requirements, quantity limits, or preferred pharmacy restrictions. This step ensures you won't face unexpected high costs or difficulties in obtaining essential medications.

Ignoring Network Changes

Another frequent error is failing to confirm that your preferred healthcare providers—doctors, specialists, and hospitals—are still included in a plan's network for the upcoming year. Networks can change annually, and discovering that your trusted physician is out-of-network after enrollment can disrupt your care and lead to higher costs if you continue seeing them.

To avoid this, use the integrated provider directory on Medicare.gov. Thoroughly search for all your current and desired healthcare providers, ensuring they are in-network for any plan you are considering. This proactive step ensures continuity of care and helps prevent unexpected expenses for out-of-network services.

Common Mistakes to Avoid - Part 2

4. Medicare Advantage vs Original Medicare Confusion

Confusion between Original Medicare (Parts A & B) and Medicare Advantage (Part C) plans can lead to choices that don't align with a beneficiary's needs or preferences. Each type of coverage has distinct structures, benefits, and costs, making a clear understanding essential for informed decision-making.

Understanding the fundamental differences is key. Original Medicare is a government-run program, while Medicare Advantage plans are offered by private insurance companies approved by Medicare. Reviewing a comparison of their features can help clarify which path is best for you:

Administered By	Federal government	Private insurance companies
Provider Choice	Any doctor/hospital accepting Medicare	Usually network-based (HMO, PPO)
Drug Coverage (Part D)	Separate prescription drug plan (PDP) needed	Often included in the plan
Supplemental Benefits	None, Medigap needed for gaps	May include vision, dental, hearing, gym memberships
Referrals	Generally not required	May be required for specialists (especially HMOs)
Out-of-Pocket Limit	No annual limit (unless Medigap)	Has an annual limit

5. Waiting Until Last Minute

Procrastinating on your Medicare Open Enrollment decisions is a common pitfall that can lead to rushed choices, missed opportunities, or even gaps in coverage. The enrollment period from October 15 to December 7 provides ample time for research and comparison, but delaying the process can make it feel overwhelming and lead to suboptimal selections.

The recommended solution is to start your research as early as October 1st, utilizing the updated Medicare.gov Plan Finder and other resources. Aim to make a preliminary decision by November 15th, allowing buffer time to confirm details, address any questions, and complete the enrollment process without stress. This phased approach, as outlined in the "Your Open Enrollment Action Plan," helps ensure you have sufficient time to carefully evaluate all your options and enroll in the plan that best suits your healthcare and financial needs for the upcoming year.

Financial Planning Worksheet

Step 1: Basic Medicare Costs

Part A Premium: $_____ (most people pay $0)

Part B Premium: $_____ (standard: $206.50)

Part B IRMAA: $_____ (if applicable)

Part D Premium: $_____ (varies by plan)

Part D IRMAA: $_____ (if applicable)

Step 2: Out-of-Pocket Costs

Part A Deductible: $1,716 × _____ (# hospital stays) = $_____

Part B Deductible: $288

Part D Deductible: $_____ (varies by plan, max $615)

Estimated medical costs not covered: $_____

Step 3: Medicare Supplement/Advantage

Medigap Premium: $_____ (if applicable)

Medicare Advantage Premium: $_____ (often $0)

Estimated copays/coinsurance: $_____

Total Estimated Annual Cost: $_____

Prescription Drug Cost Calculator

Medication 1: _____

Monthly cost × 12 = $_____

Or: Cost until reaching $2,100 cap = $_____

Medication 2: _____

Monthly cost × 12 = $_____

Or: Cost until reaching $2,100 cap = $_____

Total Drug Costs: $_____ (capped at $2,100)

What You Need for Open Enrollment

- Medicare card
- Current plan information
- List of medications
- List of preferred doctors/hospitals
- Most recent tax return for IRMAA calculation
- Bank account information for premium payments

Free Official Resources & SHIP Counseling

Navigating Medicare can be complex, but several free and official resources are available to provide unbiased information and support. Utilize these to make informed decisions about your healthcare coverage.

SHIP (State Health Insurance Assistance Program)

SHIP offers free unbiased Medicare counseling available in every state. These programs provide personalized assistance to Medicare beneficiaries, their families, and caregivers.

Medicare.gov

Plan Finder tool updated October 1, Drug cost calculator, Provider directory, Educational resources.

1-800-MEDICARE

1-800-633-4227 - Available 24/7, With TTY 1-877-486-2048, And multiple languages.

What to Ask SHIP Counselors

When speaking with a SHIP counselor, consider asking the following key questions to ensure you get the most out of their expert advice:

1. How does my current plan compare to new options available this year?
2. Are there plans that offer better coverage for my specific medications?
3. Will my doctors and hospitals remain in-network with the plans I'm considering?
4. What are the potential out-of-pocket costs for different types of plans, given my health history?
5. Are there any programs or financial assistance I might qualify for to help with Medicare costs?

Special Situations & Emergency Contacts

Special Situations

Medicare decisions can be particularly nuanced for those in specific circumstances. Address these situations proactively to avoid coverage gaps or penalties:

New Medicare enrollees

Understand your initial enrollment period and deadlines to avoid late enrollment penalties and ensure seamless coverage.

Working past 65

Learn how Medicare interacts with employer-sponsored health insurance and if delaying enrollment makes sense for you.

Moving

If you relocate, your plan options may change. Research new plans in your area during a Special Enrollment Period.

Emergency Contacts

It's crucial to have a list of emergency contacts readily available for healthcare situations. This includes family members, trusted friends, and medical providers.

Frequently Asked Questions

Here are some common questions beneficiaries often ask during the Open Enrollment Period:

What if I miss Open Enrollment?

Generally must wait until next year unless qualify for Special Enrollment Period.

Can I have both Medicare Advantage and Medicare Supplement?

No, you have either Original Medicare + Medigap + Part D, or Medicare Advantage.

Do negotiated drug prices apply to all Medicare plans?

Yes, across all Medicare Part D plans and Medicare Advantage plans with drug coverage.

What happens to my doctors if I switch plans?

Depends on new plan's network, always verify before enrolling.

Can I change my mind after enrolling?

Changes generally final for the year with limited exceptions.

Final Action Checklist

Final Action Checklist

To ensure a smooth Open Enrollment experience, follow this phased checklist:

1	2	3
Before October 15 • Review Annual Notice of Change • Gather documents • Research IRMAA impact	**During Open Enrollment (October 15 - December 7)** • Use Medicare.gov Plan Finder • Compare options • Verify coverage • Calculate costs • Consult SHIP if needed • Complete enrollment • Save confirmation	**After Enrollment** • Mark calendar for premium payments • Notify providers • Update pharmacy info • Set reminder for next Open Enrollment

Key Takeaways for Successful Open Enrollment

01

Start Early & Research Thoroughly

Begin plan comparisons in October, utilize Medicare.gov's enhanced tools including Plan Finder, provider directory, and AI-powered drug search.

02

Prioritize Total Costs, Not Just Premiums

Look beyond monthly premiums and calculate projected annual out-of-pocket expenses including deductibles, copayments, and maximums based on expected healthcare needs.

03

Verify Provider & Drug Coverage

Confirm that preferred doctors, hospitals, and all medications are covered in the network and formulary of any plan you consider.

04

Understand Plan Types

Be clear on differences between Original Medicare and Medicare Advantage plans to choose the structure that aligns with healthcare preferences and budget.

05

Leverage Support Resources

Don't hesitate to consult resources like SHIP counselors for personalized guidance if you have specific questions or complex situations.

By proactively engaging with the Open Enrollment process and avoiding common mistakes, you can confidently select a Medicare plan that provides optimal coverage and peace of mind for the year ahead.

Questions & Further Assistance

Do you have more questions about Medicare Open Enrollment or need personalized assistance with your plan choices? Here are some resources that can help:

Contact Medicare Directly

Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

Visit Medicare.gov

Explore the official Medicare website for detailed information, plan comparison tools, and the provider and drug search functions.

State Health Insurance Assistance Program (SHIP)

SHIP offers free, unbiased counseling on Medicare questions. Find your local SHIP program at shiptacenter.org.

Review Your ANOC & Evidence of Coverage

Refer to your Annual Notice of Change (ANOC) and Evidence of Coverage documents for specific details about your current plan's changes.

Remember, making an informed decision about your Medicare coverage is one of the most important steps you can take for your health and financial well-being.