

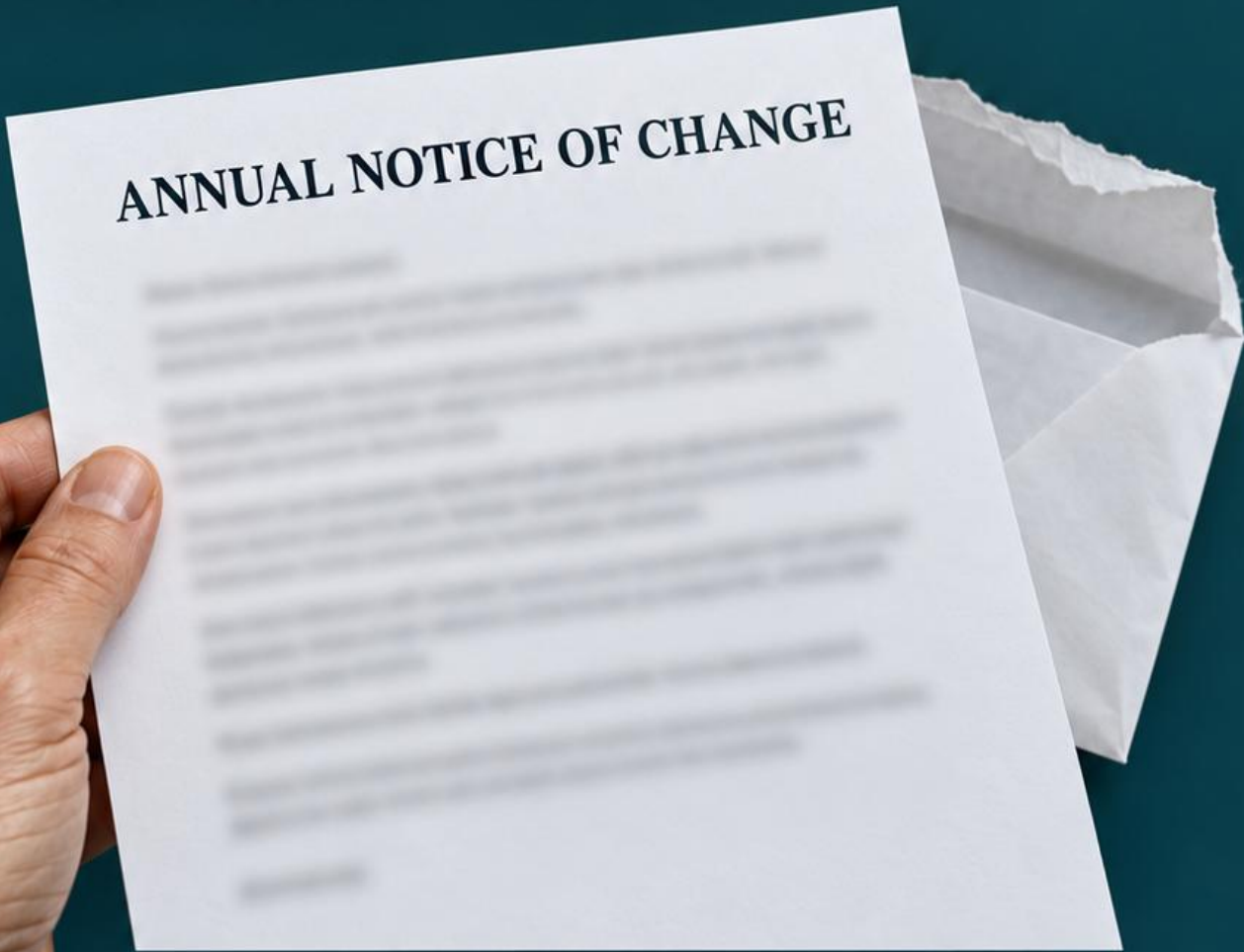


GOVCLARITY

MEDICARE OPEN ENROLLMENT 2027

CLOSES DECEMBER 7

- The \$700 deductible and the \$2,400 drug cap
- Why standalone drug plan premiums may jump
- The payment plan almost nobody knows about
- The Medigap trap you cannot undo



ANNUAL NOTICE OF CHANGE

YouTube: @GovClarity
A GovClarity Publication

Quick Reference: The 2027 Numbers

Item	2026	2027	What it means for you
Part D standard deductible	\$615	\$700 maximum	A ceiling, not a flat rate. Many plans charge less; some charge nothing
Part D out-of-pocket limit	\$2,100	\$2,400	Once you reach it, you pay nothing for covered drugs the rest of the year
Catastrophic cost sharing	\$0	\$0	Permanent. No coinsurance after the limit
Coverage gap ("donut hole")	Eliminated	Eliminated	Gone for good
Part D base beneficiary premium	\$38.99	\$41.33	A formula input, not your bill. See the premium page
National average monthly bid	\$239.27	\$296.05	Up 23.7%. This is why premiums are moving
Part B standard premium	\$202.90	Not yet announced	Expected from CMS in the fall

The dates that matter

Date	What happens
By September 30, 2026	Your Annual Notice of Change must reach you
October 1, 2026	Medicare Plan Finder loads 2027 plans. You can compare, not enroll
By October 15, 2026	Your plan must make the Evidence of Coverage available
October 15, 2026	Open Enrollment opens
December 7, 2026	Open Enrollment closes
January 1, 2027	New coverage begins
January 1 to March 31, 2027	Medicare Advantage Open Enrollment. One change allowed



Who This Guide Is For

This is for you if you already have Medicare and you are deciding what to do this fall.

You will get the most out of it if:

- You are enrolled in Original Medicare, a Medicare Advantage plan, or a standalone Part D drug plan
- You received (or are about to receive) an Annual Notice of Change
- You take prescription medications, or expect to next year
- You are considering switching plans, or considering leaving Medicare Advantage

This guide does not cover:

- Enrolling in Medicare for the first time. That is your Initial Enrollment Period, a different process with different deadlines
- Medicaid eligibility or the Extra Help low-income subsidy application, though both are mentioned where they change an outcome
- Choosing a specific plan. We do not sell insurance and we do not recommend carriers



What you need before you start: your Annual Notice of Change, a written list of every medication you take with names and doses, and the names of the doctors, hospitals and pharmacies you want to keep.



What You Can and Cannot Change

Open Enrollment is the main annual window for changing your Medicare health and drug coverage without needing a special enrollment circumstance.

You can

- Switch from Original Medicare to a Medicare Advantage plan
- Switch from a Medicare Advantage plan back to Original Medicare
- Move from one Medicare Advantage plan to a different one
- Join a Part D prescription drug plan
- Switch from one Part D plan to another
- Drop Part D coverage entirely (read the penalty page first)

You cannot count on

Buying a Medigap policy. Medicare Supplement Insurance runs on separate rules. Outside your initial six-month Medigap open enrollment period, an insurer can in most states ask health questions and decline you. See the two Medigap pages in this guide.

Doing nothing is a decision

Your plan generally renews for the new year, as long as it is still being offered and you remain eligible. It renews carrying every change it just made to premiums, deductibles, drug lists and networks.



If your plan is leaving your area or ending, you will receive a non-renewal notice. **That one requires action.** If you do nothing after a non-renewal notice, you can end up without drug coverage, which starts the late enrollment penalty clock.



Your Other Chances During the Year

Open Enrollment is the main window, not the only one.

Medicare Advantage Open Enrollment

January 1 to March 31

If you are enrolled in a Medicare Advantage plan on January 1, you may make **one** change during these three months: switch to a different Medicare Advantage plan, or leave Medicare Advantage, return to Original Medicare, and join a standalone Part D plan at the same time.

This window is only for people already in a Medicare Advantage plan. If you are in Original Medicare, it does nothing for you.

Special Enrollment Periods

Qualifying life events can open a window at any time of year. Common triggers:

- You move outside your plan's service area
- You lose employer, union or other creditable coverage
- You gain, lose or change eligibility for Medicaid or the Extra Help subsidy
- You move into, live in, or move out of a nursing facility
- Your plan is sanctioned or terminated by Medicare

The Five-Star Window

December 8 through November 30 of the following year

If a plan in your area earns an overall five-star quality rating from Medicare, you may make a one-time switch into it. Five-star plans are uncommon and not available everywhere. Check the star rating on Medicare Plan Finder.

The Annual Notice of Change, and What It Does Not Tell You

Your plan must get the Annual Notice of Change to you by **September 30**. It is a summary of what is changing in your specific plan for next year.

Read these four things first

1. Premium

What you pay monthly, before anything else

2. Deductible

What you pay before the plan starts paying

3. Drug List (Formulary)

Whether your medications are still covered, and at what tier

4. Provider Network

Whether your doctors and hospitals are still in

What the notice will not settle

The Annual Notice of Change is a summary, not the contract. For anything detailed, you need the **Evidence of Coverage**, which your plan must make available by **October 15**. That document explains your plan's coverage rules in depth: utilization management, appeals and grievances, out-of-network emergency rules, and the full cost-sharing schedule.

Even the Evidence of Coverage will not answer everything. Specific questions about whether a named drug is covered at a named pharmacy, or whether a specific physician is in network for next year, usually require the plan's online directories or a phone call. Directories change during the year.



Keep the notice. If a cost surprises you in 2027, the notice is your record of what you were told.



How to Compare Plans Properly

1 Build your medication list

Write down every prescription: **name and dose**. Not "my blood pressure pill."
Include anything you take seasonally or expect to start.

2 Use Medicare Plan Finder

From October 1, the tool at **Medicare.gov** carries next year's plans. Enter your medication list and your preferred pharmacies. It will estimate your total annual cost, drugs included, rather than showing you the monthly premium alone.

Treat the output as a well-informed estimate, not a guaranteed bill. Your actual costs shift if your prescriptions change, if you use a different pharmacy, or if a drug moves tier mid-year.

3 Check the restrictions, not just the coverage

A drug appearing on the formulary does not mean you can fill it freely. Look for:

- **Prior authorization:** the plan must approve it before covering it
- **Step therapy:** you may have to try another drug first
- **Quantity limits:** caps on how much you can get at once

If one of your medications is missing entirely, ask the plan about a covered alternative, or about filing a **coverage exception** request.

4 Check pharmacies, not just networks

Two pharmacies can both be in your plan's network and still charge you different amounts. Plans designate some as **preferred cost sharing** pharmacies, where your copay is lower. Check where yours falls. Mail order is often, though not always, cheaper for maintenance drugs.

Comparing Medicare Advantage: Look Past the Drugs

If you are weighing Medicare Advantage plans, drug costs alone will not tell you which is cheapest overall. Medical costs frequently dominate.

What to check	Why it matters
Annual out-of-pocket maximum	The cap on your medical costs for the year. Plans vary widely. This is the number that protects you in a bad year
Primary care and specialist copays	Paid per visit. Adds up quickly with chronic conditions
Inpatient hospital copays	Often charged per day for the first several days. Can run into thousands
Outpatient surgery and imaging	Frequently coinsurance rather than a flat copay
Emergency and urgent care	Including what happens outside your service area
Referral requirements	Whether you need one to see a specialist
Extra benefits	Dental, vision, hearing, transport. Confirm the actual dollar allowance, not the headline

The comparison that catches people out: A plan with a \$0 premium and a \$9,000 out-of-pocket maximum is not cheaper than a plan with a \$40 premium and a \$4,000 maximum, if you have a hospital admission. Compare the worst realistic year, not just the routine one.

Original Medicare works differently: no annual out-of-pocket limit at all. That is what the Medigap pages cover.

What Changes for 2027: The Drug Numbers

The deductible: \$700 maximum

\$700 is the **most** a plan may charge, up from \$615. It is a ceiling set in statute, not a flat rate. Many plans charge less, and some charge nothing. Check what yours actually charges in the Annual Notice of Change.

The out-of-pocket limit: \$2,400

Up from \$2,100. When your qualifying spending reaches \$2,400, you pay **nothing** for covered Part D drugs for the rest of the calendar year.

What counts toward the \$2,400

- Your deductible
- Copayments on covered drugs
- Coinsurance on covered drugs
- Amounts paid on your behalf by Extra Help or a qualified State Pharmaceutical Assistance Program

What does not count

- **Your monthly premium.** Never counts
- **Any drug not on your plan's formulary.** If your plan does not cover it, what you spend moves you no closer to the limit, regardless of the amount. This is the single most expensive misunderstanding in Part D

The three phases in 2027

Phase 1: Deductible

You pay full negotiated price until you meet the plan's deductible

Phase 2: Initial Coverage

You and the plan share costs

Phase 3: Catastrophic

From \$2,400, you pay \$0 for covered drugs

The old coverage gap, the "donut hole," was eliminated in 2025 and is not coming back.

Why Standalone Drug Plan Premiums May Jump

This is the 2027 change with the least consumer coverage, and it hits standalone Part D plans hardest.

What happened

The Inflation Reduction Act shifted catastrophic-phase liability from the federal government onto plan sponsors. Standalone drug plans felt this more than Medicare Advantage plans, which can offset drug costs against medical rebates.

To stop premiums spiking, CMS ran a voluntary **Part D Premium Stabilization Demonstration**:

Year	Direct monthly subsidy	Cap on year-over-year premium increase
2025	\$15	\$35
2026	\$10	\$50
2027	None. Program ended	None

On **July 28, 2026**, CMS confirmed the demonstration concludes December 31, 2026. Its reasoning: plan sponsors now have enough experience under the redesigned benefit to price without support.

What it means

The national average monthly bid amount rose from **\$239.27 to \$296.05**, up 23.7%. That is the industry-wide signal that plan costs are climbing.

 **If you are in a standalone Part D plan, read your Annual Notice of Change carefully this year.**
The premium line is the one to check first.

The 6% cap that does not protect you

You may read that increases are capped at 6% annually through 2029. That cap applies to the **national base beneficiary premium**, a formula input that moved from \$38.99 to \$41.33. It is not your bill. Your plan's premium reflects that plan's own bid against the national average, and it can rise well beyond 6%.

Good News: 15 More Drugs Get Negotiated Prices

On **January 1, 2027**, Medicare's negotiated prices take effect on 15 additional drugs. This is the second cycle of the Medicare Drug Price Negotiation Program created by the Inflation Reduction Act, following the first 10 drugs whose prices began in 2026.

15

Additional drugs

Treatments for cancer, diabetes, asthma and other chronic conditions

5.3M

People affected

With Part D coverage who used these drugs in 2024

\$42.5B

Gross covered costs

In drug costs accounted for in 2024

44%

Net savings

CMS-reported savings against prior negotiated spending

What it means for you, honestly

A negotiated price lowers the price Medicare and your plan pay. **It does not automatically lower your own copay**, which depends on your plan's design and tier structure. Where your cost sharing is coinsurance (a percentage), a lower price generally does reduce what you pay. Where it is a flat copay, it may not change at all.



What to do: if you take a maintenance drug for cancer, diabetes or asthma, look up what your plan charges for it in 2027 rather than assuming. The number may have moved in your favor. The current list of selected drugs is published at **[cms.gov](https://www.cms.gov)**.

The Medicare Prescription Payment Plan

Almost nobody knows this exists, and with the deductible rising to \$700 it matters more in 2027 than it did before.

What it is

A payment option, created by the Inflation Reduction Act and available since January 1, 2025, that lets you spread your out-of-pocket prescription costs across the calendar year instead of paying at the pharmacy counter.

Instead of paying the pharmacy, you pay nothing at the counter and your plan bills you monthly.

The rules

- **Every Part D plan and every Medicare Advantage plan with drug coverage must offer it**
- **No interest and no fees**, even if a payment is late
- **Participation is optional.** You must contact your plan and ask to join
- You continue paying your monthly plan premium separately
- Costs are spread over the **months remaining** in the calendar year, so joining in January gives you the most months and joining in October gives you very few

What it does not do

It does not reduce what you owe. It changes when you pay it. Your total for the year is identical.

The interaction people miss

Reaching the \$2,400 out-of-pocket limit means you stop incurring **new** drug costs. It does not cancel the installments you already owe for costs incurred earlier in the year. You may keep receiving monthly bills after you hit the limit.

Who it helps most

Someone facing a large bill early in the year, such as a \$700 deductible in January or an expensive maintenance drug, who would rather spread it than absorb it at once.

The Part D Late Enrollment Penalty

- ⊗ Dropping drug coverage because you take few medications is one of the most expensive mistakes available in Medicare.

How it works

If you go **63 or more consecutive days** after your Initial Enrollment Period without either Part D coverage or other **creditable** prescription drug coverage, you may owe a late enrollment penalty when you enroll later.

The calculation: 1% of the national base beneficiary premium, multiplied by the number of full uncovered months, rounded to the nearest 10 cents. It is added to your monthly premium and you generally pay it for as long as you have Part D coverage. It follows you if you switch plans.

What counts as creditable coverage

Coverage expected to pay, on average, at least as much as standard Medicare drug coverage:

- Some employer and retiree drug plans, including the Federal Employees Health Benefits Program
- Union plans
- Qualified State Pharmaceutical Assistance Programs
- Military-related coverage, including the Department of Veterans Affairs and TRICARE
- Certain Medigap policies sold before 2006

- 📄 **Your plan must tell you in writing each year whether your coverage is creditable.** Keep that notice. It is your evidence if the penalty is ever assessed in error.

Two things worth knowing

- If you receive **Extra Help**, you do not pay the late enrollment penalty at all.
- If a penalty is applied and you believe it is wrong, you can request a **reconsideration**. Your plan must give you the form.

Before You Change Anything: Employer and Retiree Coverage

HIGHEST STAKES

This is the highest-stakes page in this guide.

If you, or your spouse, have coverage through a current or former employer, a union, or a retiree health plan, **talk to the benefits administrator before you make any Medicare change.**

Why

Employer and retiree plans set their own rules about how they coordinate with Medicare. In some plans:

Enrolling in a Medicare Advantage plan **terminates** your retiree coverage automatically

Dropping the employer drug plan **ends the medical coverage attached to it**

Losing your own coverage also **ends coverage for your spouse and dependents**

Coverage, once dropped, **cannot be reinstated**. Some plans allow one departure and no return

What to ask

1. If I enroll in Medicare Advantage, what happens to this coverage?
2. If I join a standalone Part D plan, does this plan's drug coverage end?
3. Does my decision affect my spouse's or dependents' coverage?
4. If I drop this coverage, can I ever get it back?
5. Is this drug coverage creditable for Medicare purposes? Ask for it in writing



Get the answers in writing before December 7. A verbal assurance from a call center is not evidence if coverage is terminated in January.

Medigap: The Trap You Cannot Undo

The most damaging Open Enrollment mistake is dropping Medicare Advantage to return to Original Medicare, assuming you can buy a Medicare Supplement (Medigap) policy, and then being declined.

Why the stakes are high

With Original Medicare, you generally pay **20% of the Medicare-approved amount** for many Part B services after meeting the deductible, and there is **no annual out-of-pocket limit**. A Medigap policy can help pay those costs, depending which policy you buy.

Without a supplement and without Medicare Advantage's out-of-pocket maximum, your exposure in a serious year is unlimited.

The federal rule

Your guaranteed right to buy any Medigap policy sold in your state, with no health questions, applies during your **Medigap Open Enrollment Period**: the six months beginning the first month you are both 65 or older and enrolled in Part B.

Once that window closes, insurers in most states may use **medical underwriting**: review your records, ask health questions, charge more, or decline you outright.

❌ **Open Enrollment in the fall does not reopen this window.** Nothing about switching from Medicare Advantage to Original Medicare gives you an automatic right to a Medigap policy.

The order that protects you



Do it in the other order and you can end up in Original Medicare with no supplement and no way back until the next Open Enrollment.



Medigap: The Protections That Do Exist

❏ Do not assume you have one of these. Confirm before you act.

Guaranteed-issue rights

Federal law gives you a guaranteed right to buy certain Medigap policies, with no health screening, in specific circumstances. The most common:

- Your Medicare Advantage plan leaves your area or stops serving you
- You move out of your plan's service area
- Your employer or union coverage ending
- Your Medigap insurer goes bankrupt or the policy ends through no fault of yours
- You leave a plan because it misled you or broke its rules

⚠ These rights are time-limited, usually 63 days. Act quickly and keep every notice you receive as proof of eligibility.

The two trial rights

Trial Right 1

If you joined a Medicare Advantage plan when you first became eligible for Medicare Part A **at age 65**, you generally have 12 months to leave, return to Original Medicare, and buy any Medigap policy sold in your state.

Trial Right 2

If you dropped a Medigap policy to try Medicare Advantage **for the first time**, you generally have 12 months to return to that policy if the insurer still sells it. If it does not, you may buy certain other policies (commonly Plans A, B, D, G, K or L, depending on your situation).



Medigap: What Your State May Add

Some states are more generous than the federal floor, and the differences are significant.

Year-Round or Annual Guaranteed Issue

New York, Connecticut, Massachusetts and Maine

"Birthday Rules"

California, Oregon, Nevada, Idaho, Illinois, Maryland and Kentucky give an annual window around your birthday

Read this carefully: birthday rules generally let you **switch an existing Medigap policy** to one with equal or lesser benefits without underwriting. They usually require you to already hold a Medigap policy. **They do not necessarily help you move from Medicare Advantage into a supplement.** State rules change; confirm current terms with your State Health Insurance Assistance Program.



What Is Not Announced Yet

⚠ Be careful with any source giving you firm 2027 numbers for these.

Not released when this guide was written

**Part B Standard
Monthly Premium**

Not yet released for 2027

**Part B Annual
Deductible**

Not yet released for 2027

**Part A Hospital
Deductible &
Coinsurance**

Not yet released for 2027

CMS calculates these with the Social Security Administration and normally publishes them in the autumn, commonly late October or November. The timing shifts year to year, partly because the Part B premium interacts with the Social Security cost-of-living adjustment through the statutory "hold harmless" provision.

Until CMS announces the final amounts, treat any figure you see as unofficial.

Also still coming

Plan-level premiums. CMS publishes the full plan landscape, with real premiums for real plans, in mid to late September 2026. Until then, no one can tell you what a specific plan will cost next year. Your Annual Notice of Change is the authoritative source for your own plan.

Why this matters

Your Part B premium is the same regardless of which Part D or Medicare Advantage plan you choose. It should not drive your Open Enrollment decision. Do not delay comparing plans while waiting for it.



Your Open Enrollment Checklist

Before October 1

- ☐ Find and open your Annual Notice of Change
- ☐ Note any change to premium, deductible, drug list, network
- ☐ Write out every medication: name and dose
- ☐ List the doctors, hospitals and pharmacies you want to keep
- ☐ If you have employer, retiree or union coverage, contact the benefits administrator and get answers in writing

October 1 to October 14

- ☐ Enter your medications into Medicare Plan Finder at [Medicare.gov](https://www.medicare.gov)
- ☐ Compare total estimated annual cost, not the premium alone
- ☐ Check prior authorization, step therapy and quantity limits on your drugs
- ☐ Check whether your pharmacy has preferred cost sharing
- ☐ For Medicare Advantage: compare out-of-pocket maximums and hospital and specialist copays
- ☐ Confirm your doctors are in network for 2027
- ☐ Review the Evidence of Coverage for anything the notice left unclear

October 15 to December 7

- ☐ If leaving Medicare Advantage for Original Medicare plus Medigap: apply for and be approved for the Medigap policy first
- ☐ Enroll in your chosen plan
- ☐ Save your confirmation number and the date
- ☐ If facing a large January drug bill, ask your plan about the Medicare Prescription Payment Plan

After you enroll

- ☐ Watch for your new plan card before January 1
- ☐ Confirm your prescriptions transferred to your pharmacy
- ☐ Call your plan if the card has not arrived by early January

Common Mistakes and How to Avoid Them

Choosing on the monthly premium alone

A low premium sitting on a high deductible with a poor formulary can cost far more across a year. *Prevention:* compare total annual cost in Plan Finder with your real medication list.

Not checking the formulary

One drug moving off the list, or gaining a prior authorization requirement, can wipe out every other saving. *Prevention:* check each medication by name and dose, and check the restrictions, not just the coverage.

Assuming your doctors and pharmacy came along

Networks change quietly every year. *Prevention:* confirm each provider for 2027 specifically. Do not rely on last year's directory.

Dropping Part D because you take few medications

Sixty-three days without creditable coverage triggers a penalty you generally pay for as long as you have Part D. *Prevention:* keep some drug coverage, or confirm in writing that your other coverage is creditable.

Dropping Medicare Advantage before securing Medigap

In most states an insurer can decline you outside your initial window. *Prevention:* get written Medigap approval before you disenroll.

Changing Medicare coverage without checking employer or retiree rules

You can lose coverage for yourself and your family, permanently. *Prevention:* talk to the benefits administrator first, in writing.

Treating no action as no risk

Your plan carries its changes into next year whether you read about them or not. *Prevention:* read the notice, then decide on purpose.

Assuming reaching the drug cap ends your payment plan bills

It does not. *Prevention:* budget for installments on costs already incurred.

If You Already Made the Mistake



Enrolled and changed your mind — still before December 7

You can change again. The last election on file before the deadline is the one that takes effect.



After December 7 — in a Medicare Advantage plan

You have one change available January 1 through March 31: a different Advantage plan, or back to Original Medicare with a standalone Part D plan.



After December 7 — in Original Medicare

Your options are narrow. Check whether any Special Enrollment Period applies. Your State Health Insurance Assistance Program can tell you quickly and for free.



Declined for Medigap after leaving Medicare Advantage

Ask the insurer, in writing, which guaranteed-issue right or trial right you were assessed against. Check your state's rules; several protect more than federal law. Contact your State Health Insurance Assistance Program before accepting the decline as final.



Assessed a late enrollment penalty you believe is wrong

Request a reconsideration through your plan. Provide the creditable coverage notices you kept.



Plan not covering a drug you were told was covered

Ask for a **coverage determination**. If refused, you have appeal rights with deadlines. The Evidence of Coverage sets them out.

Official Resources

1	Medicare 1-800-633-4227 (1-800-MEDICARE) • TTY 1-877-486-2048 Open 24 hours a day, 7 days a week medicare.gov
2	Medicare Plan Finder Compare 2027 plans with your own medication list medicare.gov/plan-compare
3	State Health Insurance Assistance Program (SHIP) Free, unbiased, one-to-one Medicare counseling from trained counselors in your state. They are independent and do not sell insurance. shiphelp.org
4	Social Security Administration 1-800-772-1213 • TTY 1-800-325-0778 Monday to Friday, 8:00 a.m. to 7:00 p.m. local time ssa.gov
5	Extra Help (Part D Low-Income Subsidy) Apply through Social Security ssa.gov/medicare/part-d-extra-help
6	Medicare Drug Price Negotiation Program The current list of selected drugs cms.gov
7	Medicare Prescription Payment Plan How the monthly payment option works medicare.gov/prescription-payment-plan

We are not a government agency and we do not sell insurance. Always confirm your own details at [Medicare.gov](https://www.Medicare.gov) or by calling Medicare directly.

Frequently Asked Questions

When exactly is Open Enrollment for 2027 coverage?

October 15 through December 7, 2026.
Changes take effect January 1, 2027.

What happens if I do nothing?

Your plan generally renews with all of its 2027 changes, provided it is still offered and you remain eligible. Doing nothing is not the same as nothing changing.

Is the \$700 deductible what everyone pays?

No. \$700 is the maximum a plan may charge. Many charge less and some charge nothing.

Will the negotiated drug prices lower my copay?

Possibly. They lower the price Medicare and your plan pay. Whether your own cost falls depends on your plan's design, and is more likely where you pay coinsurance rather than a flat copay.

Can I change my Medigap policy during Open Enrollment?

Not automatically. Medigap has separate rules, and outside your initial six-month window insurers in most states can screen on health history.

Does reaching the \$2,400 limit stop my prescription payment plan bills?

No. You stop incurring new drug costs, but you still owe installments for costs incurred earlier in the year.

I only take one cheap generic. Should I skip Part D?

Be careful. Sixty-three days without creditable coverage starts a penalty you generally pay for as long as you have Part D. Compare the cost of a low-premium plan against a lifelong surcharge.

Why is my drug plan premium up more than usual?

The federal Part D Premium Stabilization Demonstration ends after 2026. CMS confirmed this on July 28, 2026.



Get the Full Picture

Everything is on the website: govclarity.net

This guide, the full video walkthrough, and our complete library of free government guides all live in one place. No email required, no sign-up, nothing to buy.

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