

# Preparing for the 2026 Medicare Annual Enrollment Period

The Medicare Annual Enrollment Period (AEP) is just around the corner—running from **October 15 through December 7, 2026**. This is the time of year when Medicare beneficiaries can review their coverage, make changes, and prepare for the year ahead. Here are the key updates and reminders you should know.

## When a Medicare Advantage Plan Is Discontinued

It's not uncommon for carriers to discontinue Medicare Advantage plans. If this happens, one of two things may occur:

- You may be automatically enrolled into a different plan offered by the same carrier.
- You may need to actively choose a new plan, or you could be left with only Original Medicare (Part A and Part B).

If your plan is discontinued, you may be entitled to **Guaranteed Issue Rights** for a Medicare Supplement (Medigap) plan. This means you can enroll in a Medigap plan **without medical underwriting**, regardless of your health.

➡ **This is a big opportunity** for anyone who wished they had chosen a Supplement earlier. Keep in mind, if you switch to Medigap, you'll also need to add a stand-alone Part D prescription drug plan.

If you receive a letter from your carrier saying your plan is being discontinued, don't worry—I'll be here to guide you through your options.

## Understanding Medicare Deductibles

A deductible is the amount you must pay for covered services before Medicare (or your plan) begins to pay its share. Some carriers require you to meet a medical deductible before copays apply, while others may have separate deductibles for hospital stays, medical services, or prescription drug tiers. Always check your plan carefully so you're not surprised by out-of-pocket costs.

## Part D Prescription Drug Plans in 2026

The 2025 rules for drug plans will continue into 2026. Here's what you can expect:

1. **Deductible Phase** – Carriers may charge between \$0 and \$615 as a deductible. Many plans will set the full \$615, sometimes applying it to all tiers.
2. **Initial Coverage Phase** – You'll pay based on either a copay or coinsurance. In 2026, more plans will use **coinsurance (23–31%)** for Tier 3 and higher drugs, though some still offer **\$0 copays** for Tier 1 or 2 medications. The annual maximum out-of-pocket cost for prescriptions will increase to **\$2,100 (up from \$2,000 in 2025)**.

3. **Catastrophic Phase** – Once you reach this stage, there will be **no copays or coinsurance**, the same as in 2025.

Because formularies, copays, and premiums can change year to year, it's essential to review your medications and plan details during AEP.

## Special Needs Plans for Chronic Conditions

**Chronic Condition Special Needs Plans (C-SNPs)** are Medicare Advantage HMO plans tailored for people with chronic conditions like diabetes, heart disease, lung disease, or end-stage renal disease. These plans are available **year-round** and often include valuable extras, such as a healthy foods card, depending on the carrier.

## Watch Out for Scams

As AEP approaches, scam calls and TV ads ramp up. Remember: **Medicare and Social Security will never call you unless you requested it.** Sharing personal information with unknown callers puts you at serious risk.

## How I Can Help

Do you—or someone you know—fit into one of these categories?

- Turning 65
- New to the area
- On disability
- Recently retired (age 65+)
- Unsure about current Medicare coverage

If so, I'd be happy to help. I'm licensed in **Florida, New York, North Carolina, and North Dakota** and appointed with all major carriers. I can also assist with dental, vision, and hearing plans.

And for those **under 65**, I help families enroll in **Marketplace/ACA health plans** too.

✦ Whether your plan is changing, your needs are evolving, or you're just looking for peace of mind, I'm here to make Medicare or an ACA plan simple and clear.

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