



BOARD ON

AGING &
LONG TERM CARE

Wisconsin Fall Medicare Trainings

Medicare Advantage Updates

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Navigating Medicare

BOALTC NOTE: Use of this Presentation

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Presentation Overview

- **Medicare Advantage (Part C) Overview**
- **Medicare Advantage Enrollment Periods**
 - Special Enrollment Periods (SEPs)
 - Medicare Advantage Trial Periods

<5 Minute Break>

- **Wisconsin Advantage Plan Landscapes**
- **2026 Updates**
- **CMS Innovation Center**
 - GUIDE Model
- **Wisconsin State Health Insurance Assistance Program (SHIP) Network Resources**

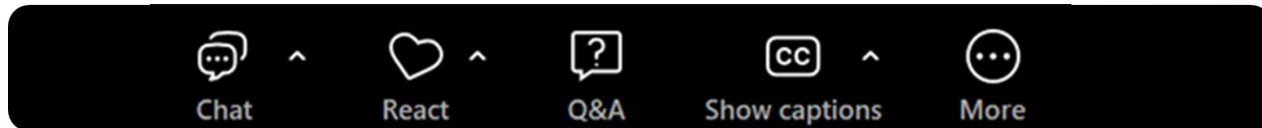
Housekeeping



Use Q&A for
subject matter
questions



Use chat when asked
for audience
engagement



If I am unable to address your question, please
contact BOALTCMedigap@wisconsin.gov for assistance

MEDICARE ADVANTAGE (PART C) OVERVIEW








Medicare Options

Your Medicare options

Counselor Tip:
Another chart option
located in the
Medicare & You book
on Page 10

There are 2 main ways to get Medicare:

| | Original Medicare | Medicare Advantage |
|--|--|---|
|  Part A (Hospital Insurance) | ✓ | ✓ |
|  Part B (Medical Insurance) | ✓ | ✓ |
|  Part D (Drug Coverage) | You can add: ✓ | Included in most plans: ✓ |
|  Some Extra Benefits | ✗ | ✓ Plans may offer extra benefits like some vision, hearing, and dental services. |
|  Supplemental Coverage | You can also add: ✓ This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid. | You can't add: ✗ |

Medicare Advantage Plans (also known as Part C)

- Medicare-approved plans from private insurance companies
- Offers an alternative to Original Medicare for your health and drug coverage
- These "bundled" plans include Part A, Part B, and usually Part D
- Usually need to use doctors who are in the plan's network
- May need to get approval from your plan before it covers certain drugs or services (prior authorization)
- Plans differ in their out-of-pocket costs
- May also have an additional premium above the Part B Premium
- Plans may offer some extra benefits that Original Medicare doesn't

☒ **Part A**



☒ **Part B**



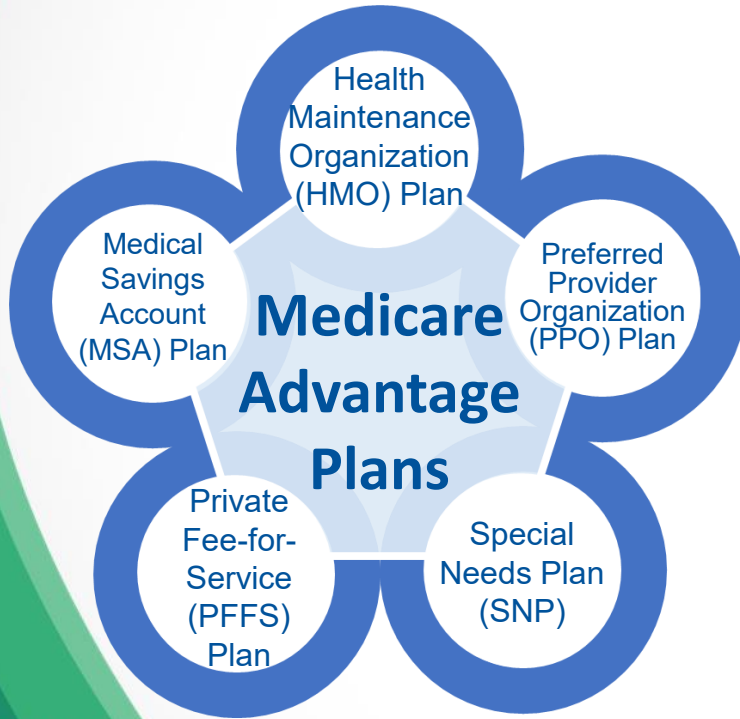
Most plans include:

☒ **Part D**



☒ **Some extra benefits**

Different Types of Medicare Advantage Plans



The different types of Medicare Advantage Plans:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Special Needs Plan (SNP)
- Private Fee-for-Service (PFFS)
- Medical Savings Account (MSA)

For more information on plan type descriptions visit:

- [Understanding Medicare Advantage Plans](#) (Page 12-18)
- [Compare types of Medicare Advantage Plans | Medicare \(Medicare.gov\)](#)
- [Printable table comparison of Medicare Advantage Plan Types](#)
- [Medicare & You Book](#) (Page 66-70)

Special Needs Plans (SNPs) Overview:

Special Needs Plans (SNPs) are a type of Medicare Advantage plan designed to provide:

- Focused care management
- Special expertise of the plan's providers and
- Benefits tailored to the enrollees' condition(s)

There are three types of SNPs:

- **Institutional Special Needs Plans (I-SNPs)**
People in residential facilities and may also serve people who meet residential setting level of care criteria
- **Chronic Condition Special Needs Plans (C-SNPs)**
People with specified serious chronic conditions
- **Dual Eligible Special Needs Plans (D-SNPs)**
People who have both Medicare and Medicaid ("dually eligible" members)

Dual Eligible Special Needs Plans (D-SNPs)

There are many different Medicaid programs in Wisconsin and D-SNPs vary in which Medicaid programs they accept

- Costs with a D-SNP depend on whether someone has full or partial Medicaid
- Check the [D-SNP eligibility spreadsheet](#) for details or visit Medicare.gov for plan information

Default Enrollment into D-SNPs

- Generally, everyone who enrolls in Medicare starts off with Original Medicare
- The Exception: small number of Elderly, Blind, or Disabled (EBD) Medicaid HMO members may be “default enrolled” into an aligned D-SNP when they join Medicare
- They can opt out
- Sample notices are on the [Department of Health Services D-SNP Webpage](#)

D-SNP Resources:

- [D-SNP eligibility spreadsheet](#)
- [Medicare Plans for People with Medicaid | Wisconsin Department of Health Services](#)
- [Dual Eligible Special Needs Plans: Frequently Asked Questions \(FAQs\) for Members | Wisconsin Department of Health Services](#)
- [Dual Eligible Special Needs Plans \(D-SNP\) Default Enrollment: FAQs for SHIP Counselors in Wisconsin](#)
- [Advancing Wisconsin's Dual Eligible Programs](#)
- [Medicare and Medicaid D-SNP \(WI DHS Brochure\)](#)

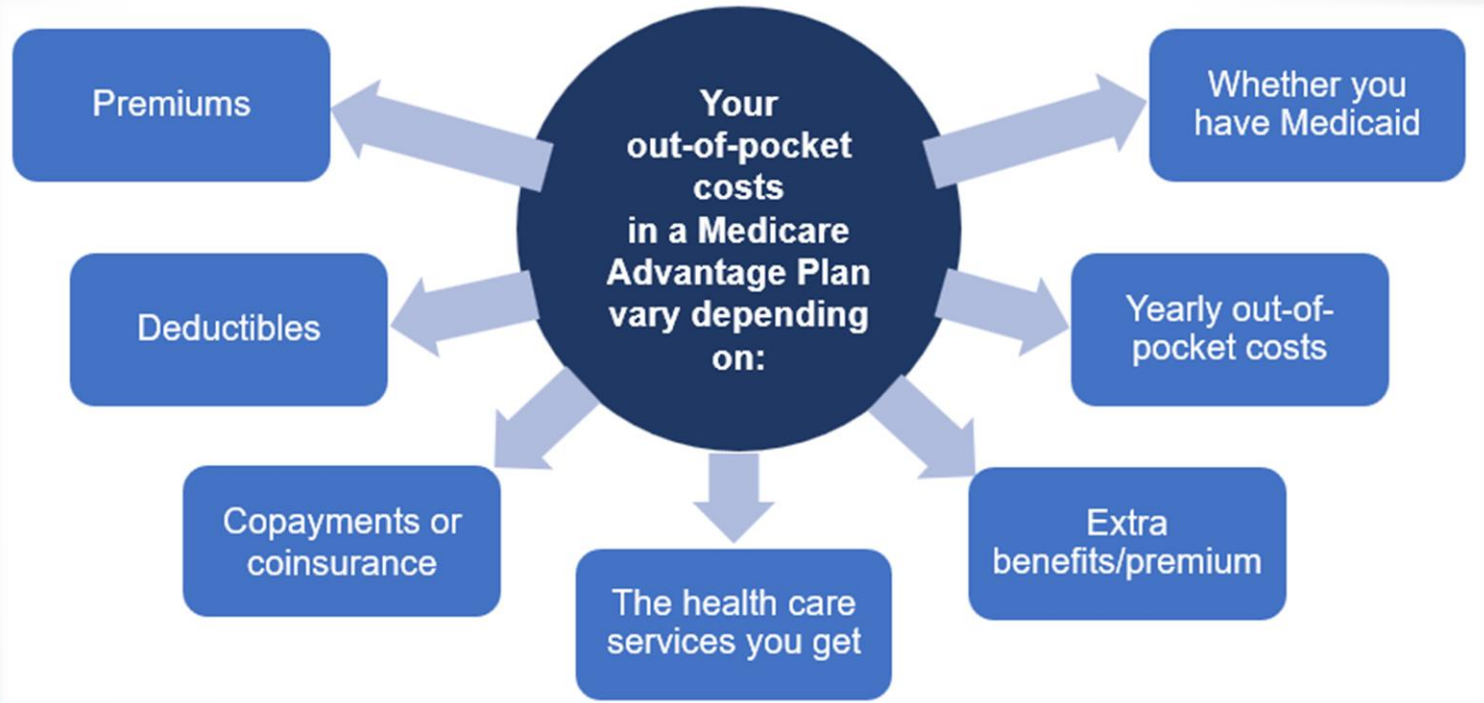
Employer-Based Plan Types

- Employer-sponsored
 - Companies can offer customized Medicare Advantage plans to former employees
 - Usually, you can't get back once you have dropped the coverage
- Public Retirees - Government retirees get custom Medicare Advantage plans
 - **Wisconsin State/Local Retirees [Open Enrollment](#)**: October 6-31, 2025. Changes take effect January 1, 2026.
 - [2026 Insurance Benefits Decision Guide: State of Wisconsin Group Health Insurance for Retirees | ETF](#)
 - [2026 Insurance Changes | ETF](#)
 - [2026: Health Plan Search | ETF](#)
 - [Medicare Plan Designs Quick Comparison | ETF](#)
 - [Breakdown of Your Costs by Medicare Plan Design | ETF](#)
 - [Medicare Health Plan Premium Rates | ETF](#)
 - Video: [Health Insurance & Pharmacy for Retirees | ETF](#)
 - [Health Insurance & Pharmacy for Retirees video slides](#)

Attend an Insurance Benefits Forum

ETF will be hosting a number of virtual forums during the open enrollment period for you to learn about the 2026 plan year. You'll have the opportunity to ask questions directly to health plans and vendors like TASC, MetLife, Delta Dental, Navitus, Securian Financial, and WebMD. Visit etf.wi.gov/insurance to register.

Advantage Plan - Costs



Advantage Plan - Supplemental Benefits

Supplemental benefits are an item or service covered by a Medicare Advantage plan that is **not covered by Original Medicare**

Common supplemental benefits include:

- Dental care
- Vision care
- Hearing Aids
- Gym membership

Supplemental benefits can be:

- **Optional:**
 - Offered to everyone enrolled in the plan
 - can choose to purchase coverage if you want
 - Example - optional dental benefit for which you can pay an extra premium
- **Mandatory:**
 - Covered for everyone enrolled in the plan
 - Example - gym membership benefit that's included in the plan
 - You don't pay an extra premium and can't decline or opt out of the benefit
 - Mandatory doesn't mean you need to use it

Mid-Year Notice for Unused Supplemental Benefits

- Scheduled for January 1, 2026, now **suspended indefinitely**
- Released in [CMS memo dated 9/8/2025](#)
- Plans were to notify enrolls of benefits not used in the first 6 months of the year (between June 30 and July 31)
- Plan will **not be required** to send notice but could still do it **voluntarily**
- Does not change other requirements, such as the Evidence of Coverage and mandatory materials

[Contract Year 2025 Medicare Advantage and Part D Final Rule \(CMS-4205-F\) | CMS](#)

Provider Networks Changes

Can my plan change its provider network?

- **Yes** - any time during the year
- “Continuing Care Patients” - Your plan must protect you from interruptions in medical care and must make sure you have access to medically necessary covered benefits (Next Slide)

Can my provider leave my plan’s network?

- **Yes** - choose a new provider in your plan’s network to get covered services
- Plan should make a **good faith effort** to give you at least **30 days’ notice** that your provider is leaving their network

[Medicare & You Book](#) (Page 62)

CMS- [Understanding Your Medicare Advantage Plan's Provider Network](#)

Provider Networks Changes

“Continuing Care Patients” can get care from their provider at in-network rates for up to 90 days

This includes patients that:

- Are undergoing treatment for a serious and complex illness
- Are undergoing institutional or inpatient care
- Are scheduled to get non-elective surgery
- Are pregnant and undergoing treatment
- Are terminally ill

Ask your provider if you fit this definition!

Provider Networks Changes

Action Plan: Your doctor is leaving your network

- ✓ Ask your provider if you're a “continuing care patient.” If you are, you may have an extra 90 days to visit your provider and pay in-network rates.
- ✓ Talk to your health insurance company. Ask how much it will cost to keep seeing your current provider.
- ✓ Find an in-network provider for more affordable care.

[Action Plan: Doctor going out-of-network | CMS](#)

Provider Networks Changes

Special Enrollment Period (SEP) for Network changes?

- CMS would need to determine there is a “**significant**” change in the provider’s network
- CMS directs plan to issue a notice to impacted enrollees describing eligibility and how to use the SEP

NOTE: Plans are required to notify enrolls of provider changes (even if there is no SEP)

CFR42 CFR 422.62(b)(23) - [LINK](#)

Provider Networks Changes

Recent Example: UnitedHealthcare/Ascension

- **As of October 1, 2025:** Ascension's providers and hospitals in Wisconsin are out of network for people enrolled in the following UnitedHealthcare plans:
 - Employer-sponsored and individual commercial plans
 - Medicare Advantage plans, including Group Retiree and Dual Special Needs Plans (DSNP)
 - UnitedHealthcare Community Plans in Wisconsin (Medicaid)
- [Network Negotiations with Ascension Wisconsin | UnitedHealthcare](#)
- [FAQs about our negotiation with Ascension Wisconsin | UnitedHealthcare](#)
- [For Ascension Wisconsin patients insured through UnitedHealthcare | Ascension](#)

Counselor Tip:

What is one thing a Beneficiary should consider when reviewing Medicare Advantage plans for their health & drug coverage?

Type in Chat 😊

Feel free to put more than one consideration!

Counselor Tip:

What to consider with Advantage plans?

- Premiums, in addition to Part B premium
- Cost-sharing for inpatient care and other Medicare-covered benefits
- Provider Networks
- Extra Benefits – Scope of coverage
- Quality Ratings
- Prior Authorization and other cost management restrictions



Questions?

Medicare Advantage Plan Overview

MEDICARE ADVANTAGE ENROLLMENT PERIODS



Enrollment Periods

- Initial Coverage Election Period (ICEP)
 - Annual Election Period “Open Enrollment”
 - October 15-December 7, coverage effective January 1
 - Medicare Advantage – Open Enrollment Period (MA OEP)
 - January – March of every year
 - Special Enrollment Periods (SEPs)
 - Examples: Moving outside service area of plan, dually eligible (Medicare/Medicaid)
- [Medicare Advantage and Part D Enrollment and Disenrollment Guidance](#) (Updated 8/2025)

Annual Election Period (AEP)

- Also known as [“Fall Open Enrollment Period” \(OEP\)](#)
- October 15th – December 7th with plan choice effective 1/1/2026
- **Can make more than one plan enrollment** (Last enrollment should be the plan they are enrolled in)
- Compare plans and enroll online using Medicare’s [“Plan Finder”](#) tool at Medicare.gov
- Call 1-800-MEDICARE(633-4227) available 24/7 - including weekends
TTY users can call 1-877-486-2048

CMS - [Your Yearly Medicare Review](#)

BOALTC Press Release – [Medicare Annual Open Enrollment Period](#)

Notices from Current Plan (ANOC & EOC)

Review the “**Annual Notice of Change**” and “**Evidence of Coverage**” from your plan

- **Annual Notice of Change(ANOC):** Plan will send you a printed copy by September 30 including changes in the plan (costs/coverage) that will be effective in January
- **Evidence of Coverage(EOC):** Plan will send you a notice (or printed copy) by October 15 which gives details about the plan’s coverage for next year (includes information on how to get it electronically or by mail)
- Documents can be viewed online at the Plan’s website

If you don’t get these important documents, contact your plan!

2026 Medicare & You (Page 63)

Medicare Advantage Open Enrollment Period (MA OEP)

January 1 – March 31

****Only if already in a Medicare Advantage Plan on January 1****

What can you do?

- Switch to another Medicare Advantage Plan with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare and join a separate Medicare drug plan
- Coverage starts the 1st of the next month
- No Guaranteed Issue into a Supplement (Medigap)

Special Enrollment Periods (SEP)

Special Enrollment Periods | Medicare



I want to join a plan with a 5-star quality rating.

What can I do?

If a Medicare Advantage Plan, Medicare drug plan, or Medicare Cost Plan with a 5-star rating is available in your area, you can use the 5-star Special Enrollment Period to switch from your current Medicare plan to a Medicare plan with a “5-star” quality rating. [What does a “5-star” quality rating mean?](#) ⓘ

If you move from a Medicare Advantage Plan that includes prescription drug coverage to a stand-alone Medicare drug plan, you’ll be disenrolled from your Medicare Advantage Plan, including the health benefit. You’ll be returned to Original Medicare for coverage of your health services. You can only switch to a 5-star Medicare drug plan if one is available in your area.

If you move from a Medicare Advantage Plan that has drug coverage to a 5-star Medicare Advantage Plan that doesn’t have drug coverage, you may lose your prescription drug coverage. You’ll have to wait until your next enrollment opportunity to get drug coverage, and you may have to pay a Part D late enrollment penalty.

When?

You can use this Special Enrollment Period only once between December 8 and November 30 the following year.

- **NEW! Temporary SEP** for incorrect provider info provided through Medicare Plan Finder – Coming in 2026 updates!

Special Enrollment Periods for Dual Eligibles

People who have Extra Help and/or Medicaid have ongoing, **monthly** Special Enrollment Periods (SEPs)

- **Low Income Subsidy SEP**
- **Integrated Care SEP**

NOTE: Changed January 2025 – replaced the quarterly SEP option

Special Enrollment Periods for Dual Eligibles

Low Income Subsidy SEP: allows the person to join a stand-alone Medicare drug plan (PDP) **once per month**

I have Medicare and Medicaid, or I get Extra Help paying for Medicare drug coverage.

What can I do?

- Switch to a different Medicare drug plan.
- Drop a Medicare Advantage Plan with drug coverage and return to Original Medicare by joining a stand-alone Medicare drug plan.

Special Enrollment Periods for Dual Eligibles

Integrated Care SEP: allows a dually eligible beneficiary with an SSI Medicaid HMO to **enroll in a Dual Eligible Special Needs Plan (D-SNP)** offered by the same company as their HMO

I have Medicare and get full Medicaid benefits.



What can I do?

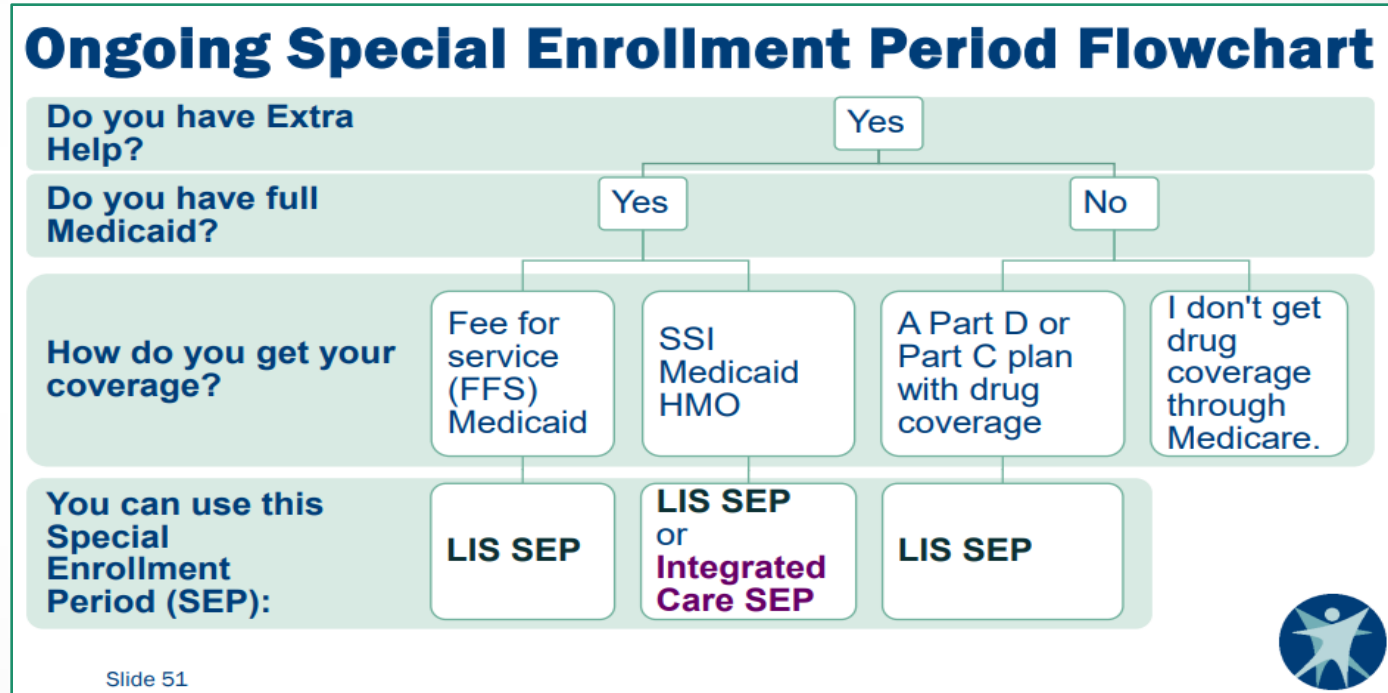
Join or switch to a plan that can help coordinate coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)) if one's available in my area. [What's an integrated D-SNP?](#) ⓘ

[Elderly, Blind, or Disabled Medicaid and SSI Medicaid Member Information](#) | [Wisconsin Department of Health Services SSI HMO Enrollment Guide](#)

BOALTC Press Release: [New Medicare Special Enrollment Periods - LIS & Integrated Care 5.25.pdf](#)



Special Enrollment Period for Dual Eligibles



[D-SNP Eligibility Spreadsheet to filter for plans \(Excel\)](#)

Trial Periods

Medicare Advantage Special Enrollment Period: Age 65-SEP 65 (Federal Trial Period)

- “SEP 65” - Age 65 & enrolled in Medicare Advantage **for the first time during their Medicare Initial Enrollment Period (IEP)**
 - Can disenroll from plan and return to Original Medicare in **first 12 months of coverage**
 - Part D SEP to get prescription coverage
 - **Guaranteed issue (GI)** to purchase Supplement (Medigap) policy

Trial Periods

Medicare Advantage “Trial Period” SEP (Federal Trial Period)

- “Trial Period” SEP –
 - Beneficiaries of **any age**, who dropped their Supplement (Medigap) policy to enroll in a Medicare Advantage plan **for the first time**
 - Can disenroll from plan and return to Original Medicare in **first 12 months of coverage**
 - **Part D SEP** to get prescription coverage
 - **Guaranteed issue (GI)** to purchase Supplement (Medigap) policy they had prior if still available or purchase another Medigap policy

Trial Periods

Wisconsin “State Trial Period” (State-Guarantee Issue Right)

- Wisconsin has an additional protection for Medicare beneficiaries
- Beneficiary leaves **employer-sponsored group health plan** to enroll in MA **for the first time**
- Disenrolls from the MA plan within the **first 12 months**
- **Guarantee Issue (GI)** to purchase Supplement (Medigap) policy
- Use Federal enrollment periods to switch back to Original Medicare
- Federal enrollment periods give a SEP to enroll in stand-alone prescription plan (PDP)

BOALTC Press Release: [Medicare Advantage Trial Periods 10.24.pdf](#)

New version coming soon! Visit our Press Releases page - [Link](#)



Questions?

Medicare Advantage Enrollment Periods

5-MINUTE BREAK



WISCONSIN ADVANTAGE PLAN LANDSCAPES



2026 Plan Landscapes

- Excel: [2026 Wisconsin Landscape of Plans](#)
- Medigap Helpline Publications: [BOALTC Resources](#)

| BOALTC > Resources | | |
|--|--|---|
| Resources | | |
| Medigap Helpline Publications | | |
| Publication ID Number | Publication Name & Link | Publication Source |
| Medicare Supplement Policy and Medicare Advantage Plan Resources | | |
| 6 | Medigap Chart - WI SHIP Cheat Sheet.pdf | Board on Aging and Long Term Care (BOALTC) / DHS |
| 7 | Med Supp Open Window and Guaranteed Issue Periods.pdf | BOALTC |
| 8 | Wisconsin Medicare Supplement Policy Types and Riders.pdf | BOALTC |
| 10 | PDF Your Medicare Coverage Choices.pdf | BOALTC / DHS |
| 11 | Medicare Advantage Information.pdf | BOALTC |
| 12 | PDF 2026 Medicare Advantage County Landscapes in WI.pdf PDF 2025 Medicare Advantage County Landscapes WI.pdf 2025 All Quartz Plans Landscape.pdf | BOALTC |
| 12A | PDF 2026 Medicare Advantage Plan phone numbers.pdf | BOALTC |
| 19 | WI Supplement 30 Day SNF Mandate.pdf | BOALTC |

| Medigap Helpline Services |
|----------------------------------|
| Medicare ▾ |
| Medicare Supplements (Medigap) ▾ |
| Medicare Advantage Plans ▾ |
| Prescription Drug Options ▾ |
| Other Types of Coverage ▾ |
| Long Term Care Insurance (LTC) ▾ |
| Resources |

#12 –
Medicare
Advantage
Landscapes
by County
#81C –
Part D Plan
Landscape
(WI)

Terminations/Non-renewals/Service Area Reduction

60.2.7 – Terminations/Non-renewals/Service Area Reduction

- Plans are required to disenroll an individual if:
 - the plan's contract is terminated
 - discontinued
 - Or if the service area is reduced and the individual's address is no longer within the plan's approved service area or continuation area
- Plans must give each affected enrollee the effective date of the change and include a description of their other Medicare coverage options

[Medicare Advantage and Part D Enrollment and Disenrollment Guidance](#) (Updated 8/1/2025)

Terminations/Non-renewals/Service Area Reductions

- **Receive notice from their plan stating the options** ([Plan Non-Renewal Notice](#) | [Medicare](#))
 - Enroll in another Advantage plan
 - Return to Original Medicare and purchase a supplement with **Guaranteed Issue (GI)** (No underwriting/health questions) into a Supplement (Medigap)
- **Miss Open Enrollment? Special Enrollment Period (SEP)**
 - December 8, 2025-February 28, 2026: Coverage begins the 1st of the next month from enrollment.
 - Example: Enroll in January, plan begins February 1, 2026.
- **If you do nothing?**
 - Current plan ends December 31, 2025
 - Automatically go back to Original Medicare on January 1, 2026
 - Unless you enroll in a Part D Plan or Advantage Plan with drug coverage, may not have drug coverage

Crosswalks

What Does “Crosswalked” Mean?

- In some cases a beneficiary may be *crosswalked* (or “mapped”) into a different plan from the same carrier for the following year
- Ensures you’re not left without coverage
- **Review changes carefully** and don’t assume the old plan is the same as the new plan
- New plan may have different costs, coverage, or provider networks
- Nothing for 2026 plans as of 10/7/2025: [Plan Crosswalks | CMS](#)

[eCFR :: 42 CFR 423.530 -- Plan crosswalks.](#)

Counselor Tip: Mailings

Guide to consumer mailings from CMS, Social Security, and plans in 2024/2025

| | | | |
|----------------|-----|---|--|
| November | CMS | Reassignment Notice – Plan Termination (Product No. 11208) (BLUE Notice) | Informs people that their current Medicare drug plan is leaving the Medicare Program and they'll be reassigned to a new Medicare drug plan effective January 1, 2025, unless they join a new plan on their own by December 31, 2024. |
| | | Reassignment Notice – Premium Increase (Product No. 11209) (BLUE Notice) | Informs non-chooser LIS members that because their current Medicare drug plan premium is increasing above the regional LIS premium subsidy amount, they'll be reassigned to a new Medicare drug plan effective January 1, 2025, unless they join a new plan on their own by December 31, 2024. |
| | | MA Reassignment Notice (Product No. 11443) (BLUE Notice) | Informs people who get Extra Help and whose current Medicare Advantage (MA) plan is leaving the Medicare Program that they'll be reassigned to a Medicare drug plan effective January 1, 2025, if they don't join a new MA plan or Medicare drug plan on their own by December 31, 2024. |
| Early November | CMS | LIS Choosers Notice (Product No. 11267) (TAN Notice) | Informs people who get Extra Help and chose a Medicare drug plan on their own that their plan's premium is changing, and they'll have to pay a different premium next year unless they join a new \$0 premium plan. |

2026 UPDATES



Advantage Plan – 2026 Costs Overview

Medicare Advantage (MA) in Wisconsin in 2026:

| | 2025 | 2026 |
|------------------------------|---------|---------|
| Average MA Plan Premium | \$22.86 | \$23.44 |
| Number of MA plans available | 118 | 113 |

CMS Fact Sheet: [Medicare Open Enrollment in Wisconsin, 2026](#)
(Page 148-150)

Advantage Plan – 2026 Costs Overview

- Wisconsin Advantage Plan Premiums range \$0 - \$269
 - In addition to Part B premium (2025 - \$185)
- In-Network Maximum Out-of-Pocket (MOOP)
Amounts range \$1,500 - \$9,250

[2026 Wisconsin Landscape of Plans](#)

NEW! Temporary SEP for Incorrect Provider Information on Medicare.gov Plan Finder

August: CMS announced that Medicare Advantage plan provider directory information would be included in the online Medicare Plan Finder (MPF)

September 12, 2025: CMS announced a temporary Special Enrollment Period (SEP) due to this new change with MPF

According to CMS memo:

- Must have made a **2026 election through the Medicare Plan Finder tool** using any election period (including AEP), **AND**
- Plan must begin between **1/1/2026-12/1/2026, AND**
- Must have discovered preferred provider is not in the network within **3 months of the effective date** of the Medicare Advantage plan election, **AND**
- Must have **relied on incorrect Plan Finder provider directory** to confirm preferred provider network participation

****Beneficiary must call 1-800-Medicare to access the SEP and process the enrollment change****

- Enrolled **prospectively** (effective the following month) in a new plan

CMS Memo: [HPMS MPF Provider Directory SEP](#)

Medicare Advantage Value-Based Insurance Design (VBID) Model Ending

- VBID Model Ending at the end of 2025
- Changes to Extra Benefits include:
 - Eliminating \$0 Co-pays for Extra Help (LIS) Beneficiaries
 - *Some plans may still offer these savings on prescriptions through different programs*
 - Eliminating or reducing various spending cards
 - ***Plans may have new qualifications for non-medical supplemental benefits:***
 - *Based on verification of a qualifying chronic condition*
 - Plans utilizing SSBCI (Special Supplemental Benefits for the Chronically III)

Medicare Advantage Value-Based Insurance Design (VBID) Model to End after Calendar
Year 2025

2026 Advantage Plan Changes (Known So Far)

- UnitedHealthcare Terminations/Service area reductions
- Quartz Advantage leaving ~ 37 Counties
- iCare D-SNPs ending
- UCare Terminations
- HealthPartners Terminations and new contracts

**Subject to change based on finalized Medicare Contracts*

UnitedHealthcare

- UnitedHealthcare (UHC) notified Wisconsin SHIP of them reducing some service areas and discontinuing plans
- Affecting approximately 9,000 Beneficiaries in Wisconsin
- UHC sent out notices to members dated 10/2/2025

UnitedHealthcare Medicare Advantage plan service area reductions for 2026

- Frequently asked questions

IMPORTANT NOTICE: Your Medicare plan won't be offered in 2026.

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

**UHC
Sample
notice
sent to
members
dated
10/2/2025**

Dear Member,

AARP Medicare Advantage from UHC WI-0005 (PPO) won't offer your Medicare plan in 2026. This means your coverage through AARP Medicare Advantage from UHC WI-0005 (PPO) will end December 31, 2025. You need to make some decisions about your Medicare coverage.

What happens if you don't join another Medicare plan?

If you don't take action before December 31, 2025, you will lose your prescription drug coverage and only be covered by Original Medicare starting January 1, 2026.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare Health or drug plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan anytime until February 28, 2026. If you join a new Medicare plan AFTER December 31, your

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

UHC letter continued

coverage in the new plan won't start until the month after you join.

If you don't join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2026, you won't have prescription drug coverage in 2026 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later.

What do you need to do?

You need to choose how you want to get your health and prescription drug coverage. Review your options for Medicare coverage and decide which is best for you:

Option 1: You can join another Medicare health plan. Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit [Medicare.gov](https://www.Medicare.gov) to choose a new plan. A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental. Most Medicare health plans include prescription drug coverage. If you join a Medicare plan without drug coverage you may want to join a separate Medicare prescription drug plan to get prescription drug coverage. If you don't join a separate Medicare prescription drug plan you may have to pay a lifetime Part D late enrollment penalty if you choose to join one later.

Option 2: You can change to Original Medicare. Original Medicare is fee-for-service coverage managed by the Federal Government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage. See below for more information on Medigap policies.

If you currently pay a reduced Part B premium, based on your current plan's benefit, you will lose access to this benefit effective January 1, and you will have the full Part B premium deducted from your monthly Social Security check unless you join another plan that offers this benefit.

Quartz leaving ~ 37 Counties

| Quartz Plan Terminating Counties 2026 | |
|---------------------------------------|------------|
| Adams | |
| Brown | Milwaukee |
| Calumet | Oconto |
| Chippewa | Outagamie |
| Crawford | Ozaukee |
| Dodge | Racine |
| Eau Claire | Richland |
| Florence | Rock |
| Grant | Sauk |
| Green Lake | Shawano |
| Iowa | Sheboygan |
| Jackson | Vernon |
| Jefferson | Walworth |
| Juneau | Walworth |
| Kenosha | Washington |
| Kewaunee | Waukesha |
| Lafayette | Waushara |
| Manitowoc | Winnebago |
| Marinette | |
| Marquette | |

| Quartz Plan Active Counties 2026 |
|----------------------------------|
| Trempealeau |
| Buffalo |
| Columbia |
| Dane |
| Green |
| La Crosse |
| Monroe |
| Pepin |

**Subject to change based on finalized Medicare Contracts*

iCare D-SNP Ending

Independent Care Health Plan (*iCare*) H2237-001
(HMO D-SNP) terminating plan in 2026

[iCare Medicare \(HMO D-SNP\) Notice of Non-Renewal](#)

Effective September 2025:

iCare is no long conducting default enrollment

[FYI: iCare No Longer Conducting Default Enrollment into D-SNPs](#)

UCare

UCare to suspend certain Medicare Advantage Products beginning in 2026

Which UCare Medicare plans are closing? *Ending after Dec. 31, 2025:*

- UCare Medicare Plans (HMO-POS) (H2459)
 - UCare Your Choice Plans (PPO) (H8070)
 - EssentiaCare Plans (PPO) (H8783)
 - UCare Advocate plans (HMO I-SNP) (H2459)
 - UCare Medicare Group plans (H2459)
- **UCare Resources:**
- [Plan Closures | Medicare | Ucare](#)
 - [Plan Closure FAQ](#)
 - [Ucare Provider Bulletin 9/5/2025](#)
 - [Provider FAQ: UCare Product Changes](#)

HealthPartners

- 3 HealthPartners Medicare Advantage plans are terminating in 2026

| Contract Plan Segment ID | Parent Organization | Contract Name | Organization Marketing | Organization Type | Plan Name | Plan Type |
|--------------------------|---------------------|----------------|------------------------|--------------------|-----------------------------|-----------|
| H4882-004 | HealthPartners | HealthPartners | HealthPartners | Medicare Advantage | HealthPartners Birch | PPO |
| H4883-012 | HealthPartners | HealthPartners | HealthPartners | Medicare Advantage | HealthPartners Glory | PPO |
| H4884-005 | HealthPartners | HealthPartners | HealthPartners | Medicare Advantage | HealthPartners Maple | PPO |

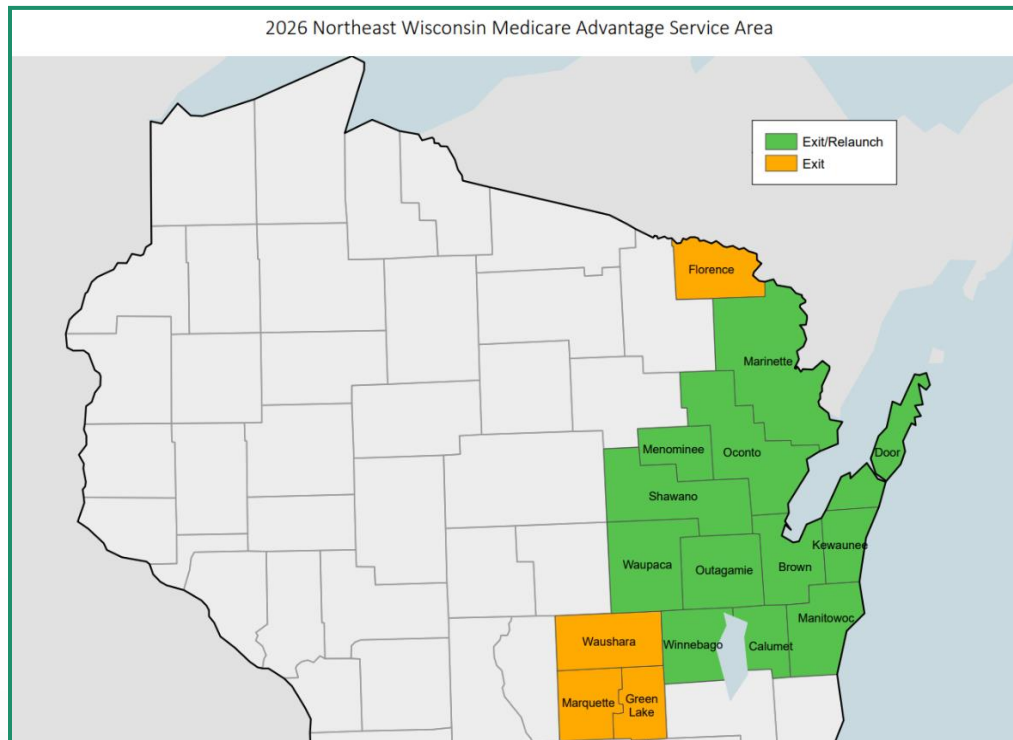
- Impacts about 6,600 members in 16 Counties:

| | |
|------------|-------|
| Brown | 1,785 |
| Calumet | 229 |
| Door | 218 |
| Florence | 176 |
| Green Lake | 54 |
| Kewaunee | 204 |
| Manitowoc | 473 |
| Marinette | 885 |

| | |
|-----------|-----|
| Marquette | 83 |
| Menominee | 26 |
| Oconto | 331 |
| Outagamie | 983 |
| Shawano | 243 |
| Waupaca | 281 |
| Waushara | 85 |
| Winnebago | 543 |

HealthPartners

HealthPartners is launching a new CMS Contract in 12 Counties in 2026:





Questions?

Plan Landscapes & 2026 Updates

CMS INNOVATION CENTER



Guiding an Improved Dementia Experience (GUIDE) Model

What is GUIDE?

Your doctor or care team may be participating in a new program called GUIDE. This program offers enhanced services for dementia care and support for caregivers (a relative or unpaid nonrelative who helps with activities of daily living). The goals of GUIDE are to:



Improve the quality of life for people living with dementia



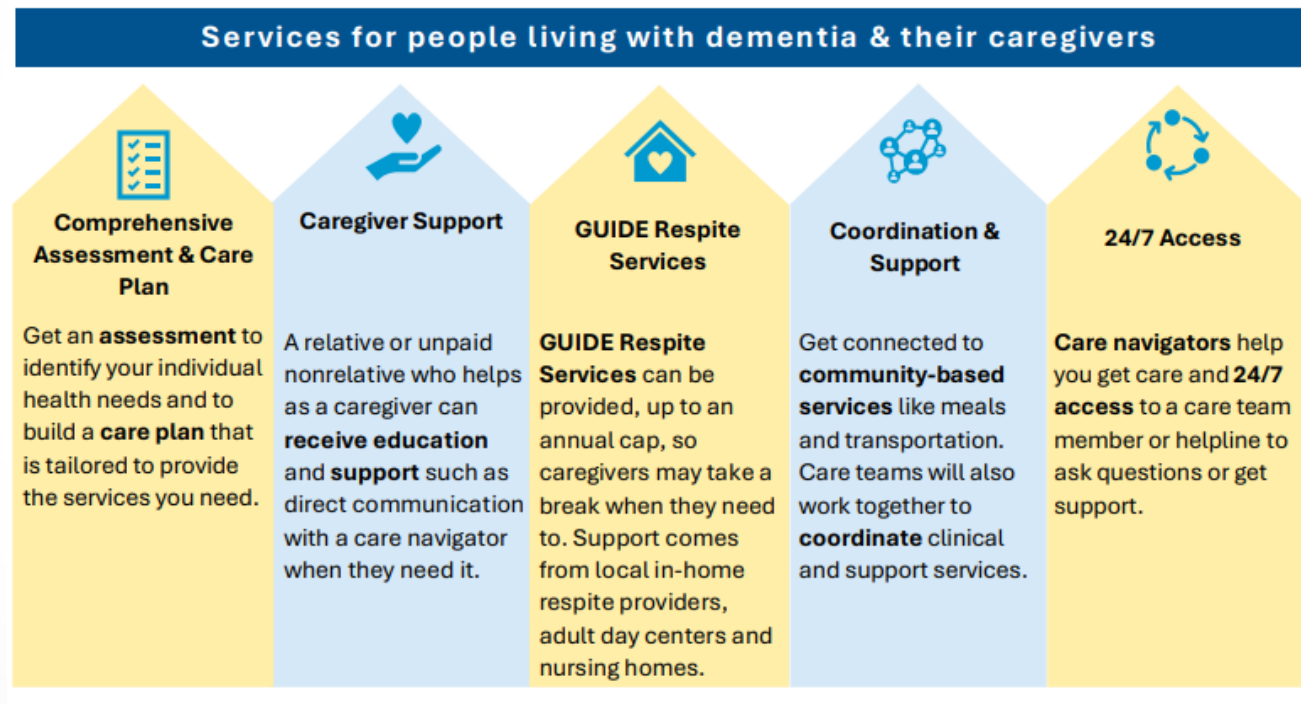
Enhance support for caregivers of people living with dementia



Help people living with dementia stay in their homes and communities longer

[GUIDE Beneficiary and Caregiver Fact Sheet](#)

Guiding an Improved Dementia Experience (GUIDE) Model



Guiding an Improved Dementia Experience (GUIDE) Model

- [Guiding an Improved Dementia Experience \(GUIDE\) Model | CMS](#)
- [GUIDE Model Overview Fact Sheet](#)
- [GUIDE Model Frequently Asked Questions | CMS](#)
- YouTube: [Just a Minute: Why Does GUIDE Model Provide Caregiver Support?](#)

| Name of Initiative | Legal Business Name | Doing Business As | Street Address | City | State |
|---|---|----------------------|-------------------------------|-----------|-------|
| Guiding an Improved Dementia Experience (GUIDE) Model | AURORA MEDICAL GROUP, INC | Aurora Medical Group | 3000 W MONTANA ST | Milwaukee | WI |
| Guiding an Improved Dementia Experience (GUIDE) Model | Bluestone Physician Services Wisconsin S.C. | | 342 N Water Street, Suite 600 | Milwaukee | WI |

WISCONSIN SHIP NETWORK RESOURCES



SHIP: Medicare Counseling for Wisconsin Residents

Where can I find a SHIP counselor?

[SHIP: Medicare Counseling for Wisconsin Residents | Wisconsin Department of Health Services](#)



Over the phone:

- **Medigap Helpline** 1-800-242-1060 BOALTCMedigap@wisconsin.gov

Statewide, toll-free helpline run by the Board on Aging and Long Term Care that provide Medicare and related insurance counseling to beneficiaries, their families, and professionals. Phone number located on the back of Medicare & You book.

- **Medigap Part D and Prescription Drug Helpline** 1-855-677-2783 BOALTCRxHelpline@wisconsin.gov



In person:

- **Benefit specialists (Elder & Disability Benefit Specialists)**
 - Provide in person services including Medicare-related insurance counseling, appeals, and more.
- Find a Benefit Specialist: [Benefit Counseling: Find a Benefit Specialist | Wisconsin Department of Health Services](#)
- Medicare Tribal Nation members: [Judicare Legal Aid](#) 1-800-472-1638

Medigap Helpline Website Resources

Medigap Helpline Home - <https://longtermcare.wi.gov/Pages/Medigap/Medigap.aspx>

Publication Resources - <https://longtermcare.wi.gov/Pages/Medigap/Medigap.aspx>

Press Releases - <https://longtermcare.wi.gov/Pages/Media/Press/MedigapHelplineServices.aspx>

BOALTC > Resources

Resources

Medigap Helpline Publications

| Publication ID Number | Publication Name & Link | Publication Source |
|---|---|--|
| Medicare Supplement Policy and Medicare Advantage Plan Resources | | |
| 6 | Medigap Chart - WI SHIP Cheat Sheet.pdf | Board on Aging and Long Term Care (BOALTC) / DHS |
| 7 | Med Supp Open Window and Guaranteed Issue Periods.pdf | BOALTC |
| 8 | Wisconsin Medicare Supplement Policy Types and Riders.pdf | BOALTC |
| 10 | Your Medicare Coverage Choices.pdf | BOALTC / DHS |
| 11 | Medicare Advantage Information.pdf | BOALTC |
| 12 | 2025 Medicare Advantage County Landscapes WI.pdf 2025 All Quartz Plans Landscape.pdf | BOALTC |
| 12A | 2025 Medicare Advantage Plan phone numbers.pdf | BOALTC |
| 19 | WI Supplement 30 Day SNF Mandate.pdf | BOALTC |
| Prescription Drug Coverage Resources | | |
| 81C | Part D Plan Landscape 2025.pdf | BOALTC |

Medigap Helpline Services

- Medicare ▾
- Medicare Supplements (Medigap) ▾
- Medicare Advantage Plans ▾
- Prescription Drug Options ▾
- Other Types of Coverage ▾
- Long Term Care Insurance (LTC) ▾

Resources

State Health Insurance Assistance Program (SHIP) Network Resources

- [Wisconsin State Health Insurance Assistance Program \(SHIP\) Fact Sheet](#)
- [Wisconsin SHIP Cheat Sheet Packet](#)
- [Medicare and State Health Insurance Assistance Program Videos | Wisconsin Department of Health Services](#)
- [Medicare Plans for People with Medicaid | Wisconsin Department of Health Services](#)
- [SHIP: Volunteer for the State Health Insurance Assistance Program | Wisconsin Department of Health Services](#)
- **Senior Medicare Patrol 1-888-818-2611**
 - Contact for concerns about Medicare Fraud
 - [Wisconsin Senior Medicare Patrol - Prevent Healthcare Fraud](#)

THANK YOU!

Questions?



BOALTC NOTE: Use of this Presentation

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