



Getting Medicare right

Medicare Plan Finder Walkthrough

October 2025

About the Medicare Rights Center

The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through:

- Counseling and advocacy
- Educational programs
- Public policy initiatives



Learning objectives

- Review updates to Medicare Plan Finder
- Use Medicare Plan Finder to help clients compare plans
- Advise beneficiaries on how to enroll in a new plan



Medicare's Fall Open Enrollment / Annual Election Period

- Annual period when people can make changes to their Medicare coverage
- Begins **October 15** and ends **December 7**
- New coverage will take effect January 1, 2026



Changes during Medicare's Open Enrollment Period

Join a new plan

- Join a different Medicare Advantage Plan
- Join a different stand-alone Part D drug plan

Switch coverage

- Switch from Original Medicare to a Medicare Advantage Plan
- Switch from a Medicare Advantage Plan to Original Medicare

Plan consolidations

- Plans from the same company that offer nearly identical benefits can be **consolidated** from year to year
- Beneficiaries will be notified if their plan was consolidated
 - They will be automatically enrolled in a plan from the same company that has benefits most like their old one
 - Or, they can enroll in a different plan during Fall Open Enrollment
- Consolidated plans do not get a Special Enrollment Period

Terminating plans

- If a beneficiary's **Medicare Advantage or Part D plan is ending** at the close of the year, it should send them a notice in early October explaining that it will no longer be available next year
 - Plan is still responsible for providing coverage through the end of the current calendar year
- Beneficiary can enroll in a new plan during Fall Open Enrollment for the next year

SEP for terminating plans

- In addition to Fall Open Enrollment, beneficiary whose plan is ending at the close of the year will have a Special Enrollment Period (SEP) to change coverage
- **From December 8 of current year through the last day of February of the next year**
 - Changes made from December 8 to December 31 take effect January 1
 - Changes made in January take effect February 1
 - Changes made in February take effect March 1
- If beneficiary is not enrolled in a new plan as of December 31, they will be automatically enrolled in Original Medicare as of January 1

Part D in 2026

Part D costs in 2026

- Part D base premium: \$38.99
- Wisconsin benchmark amount: \$21.12
 - Those with Extra Help pay \$0 premium if enrolled in benchmark plan
- Annual out-of-pocket Part D costs capped at \$2,100
- Maximum deductible: \$615



Negotiated drug prices

- In 2023, CMS announced the first 10 Medicare Part D drugs subject to negotiation under the Inflation Reduction Act
- **Prices take effect in 2026**
- All Part D plans must include the negotiated drugs on their formularies
 - Simplifies plan comparisons for beneficiaries
 - Lower out-of-pocket (OOP) costs expected
 - Coinsurance will be calculated based on the negotiated price.
 - Copays may decrease, depending on tier structure.



Drug cost reminders

- \$0 cost-sharing and no deductibles for **Part D vaccines** (including shingles and RSV vaccines)
- **Insulin copays** are limited to \$35 per each month's supply for Part D and Part B-covered products, with no deductible

Medicare Prescription Payment Plan (MPPP)

- Beginning in 2025, beneficiaries have option to sign up for a payment plan for Part D out-of-pocket costs
 - Allows beneficiary to spread drug costs out throughout the year
 - Helps manage monthly expenses but does not change drug costs
- Plans must include information about payment plan in communications materials (website, plan notices)
- Beneficiary can opt in at any time but will not likely see significant benefit if they opt in during the last few months of the year
- Medicare Plan Finder shows estimated monthly cost breakdown

Medicare Plan Finder

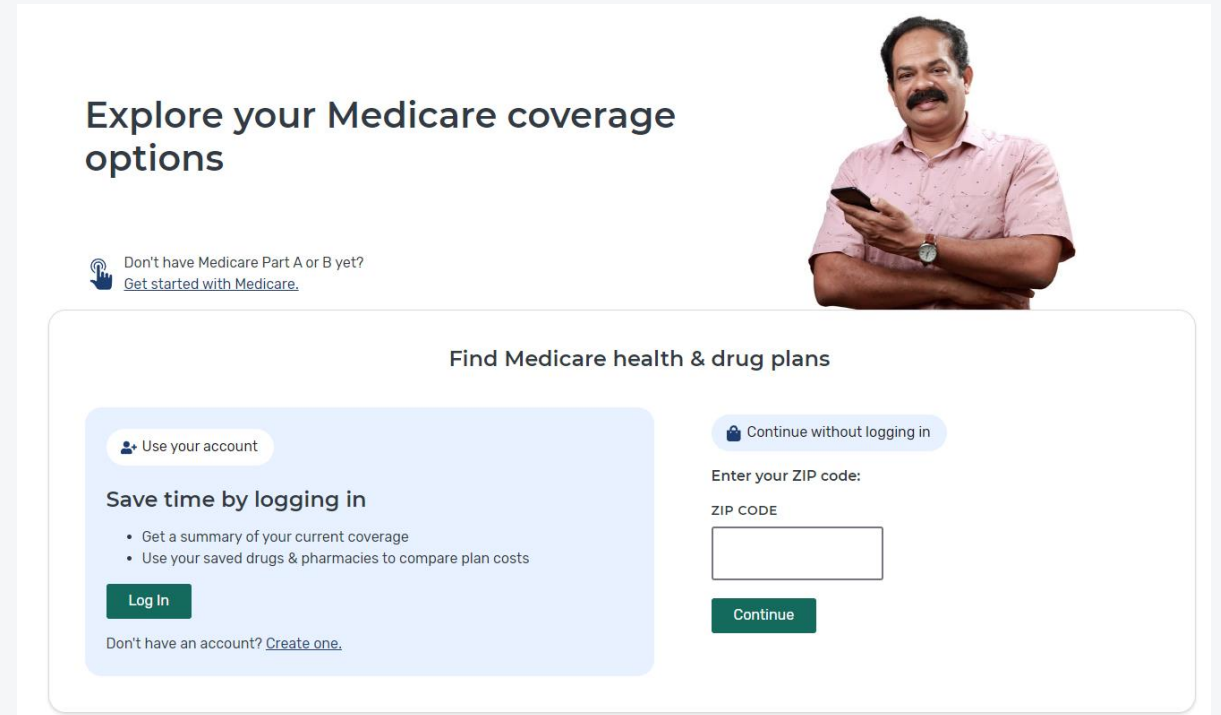
Medicare Plan Finder

- Tool for professionals and beneficiaries on www.medicare.gov/plan-compare/
- Can be used to compare Medicare Advantage (MA) Plans and Part D plans
- Provides cost estimates and coverage basics; contact plan for most current information

Using Plan Finder

Two ways to do search:

- Log in to or create Medicare account to do personalized search
- Continue without logging in to do anonymous search (drug list and search results will not be saved)



The screenshot shows the Medicare Plan Finder website. At the top, it says "Explore your Medicare coverage options". On the right, there is a photo of a man with a mustache, wearing a pink shirt, holding a smartphone. Below the header, there is a link: "Don't have Medicare Part A or B yet? [Get started with Medicare.](#)". The main section is titled "Find Medicare health & drug plans". It has two main options: "Use your account" and "Continue without logging in". Under "Use your account", it says "Save time by logging in" and lists two benefits: "Get a summary of your current coverage" and "Use your saved drugs & pharmacies to compare plan costs". There is a "Log in" button and a link "Don't have an account? [Create one.](#)". Under "Continue without logging in", it says "Enter your ZIP code:" and "ZIP CODE" with a text input field and a "Continue" button.

New addition to Medicare Plan Finder

- Medicare Advantage provider directory information

Benefits & Costs		
DOCTOR SERVICES View Provider Network Directory		
Primary doctor visit	In-network: \$0 copay Out-of-network: \$0 copay, 0% coinsurance	
Specialist visit	In-network: \$40 copay Out-of-network: \$40 copay	

- As of 10/9/26, information is included as a link out to the plan's website
- Network information not available for all plans

Special Enrollment Period

- In 2026, Special Enrollment Period will be available to change plan if beneficiary:
 - Enrolls in a plan based on network information in Plan Finder
 - The network information turns out to be incorrect
 - AND, they used Plan Finder to enroll in the plan

New addition to Medicare Plan Finder

- **Expanded display of MA supplemental benefits**
- Starting in 2026 plans, Plan Finder will provide clearer, more useful information about MA supplemental benefits:
 - Better details for 30 existing benefits such as:
 - In-network & out-of-network costs
 - Authorization requirements
 - Plan limits
 - 6 new benefits added with full details for the following benefits:

Post discharge in-home medication reconciliation	Not covered	
Re-admission prevention	Not covered	
Wigs for hair loss related to chemotherapy	Not covered	
Weight management programs	Not covered	
Adult day health services	Not covered	
Home-based palliative care	Not covered	

New addition to Medicare.gov

- **Medicare AI-powered drug search tool**
- Medicare will launch an AI drug search tool to help beneficiaries find the best prices for medications
- Only available to authenticated user accounts
- Will allow users to enter drug information and use their Medicare data to get personalized cost comparisons across local pharmacies

Medicare.gov accounts and email requirement

- As of September 2025, new users are required to provide email address to create an account
 - Existing users are currently not required to have an email address
- New users are also required to use multi-factor authentication
- If the beneficiary does not have an email:
 - Do *not* use a personal email or a burner email. This is a privacy concern and could be an issue with multi-factor authentication
 - SHIP staff are **not** required to help beneficiaries create a personal email
 - Instruct the beneficiary to call 1-800-MEDICARE to complete the enrollment

Medicaid benefits listed for Partnership D-SNPs

- In Wisconsin, Family Care Partnership plans are a type of Dual Eligible Special Needs Plan (D-SNP) that bundle Medicare, Medicaid, and long-term care benefits into one plan
- Plan Finder will display Medicaid benefits for Partnership plans
- Plan Finder will **not** display Medicaid benefits for other Wisconsin D-SNPs because Medicaid eligibility varies and is not standardized

Example Screenshot of Summary Card from MPF Displaying Plan Benefits Information

MONTHLY PREMIUM

\$0.00 Includes: Only health coverage

Doesn't include: \$174.70 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$0.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

Drug deductible:

This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

\$9,550 In and Out-of-network

\$4,500 In-network

Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▼

COPAYS/COINSURANCE

Primary doctor: \$0 copay

Specialist: \$0-30 copay per visit

DRUGS

✗ Doesn't include drug coverage

Enroll

Plan Details

☐ Add to compare

Plan Finder walkthrough

Sample Part D Plan Finder

- Go to www.medicare.gov/plan-compare
- Enter zip code on “Continue without logging in” side to begin search

Medications for sample search:

- Atorvastatin (40mg, 30 tablets per month)
- Prozac/fluoxetine (20mg, 30 capsules per month)
- Levothyroxine sodium (88 mcg tablet)
- Insulin lispro (100 unit/ml solution, 10 ml vial, 1 vial per month)

Enrolling in new plan

How to enroll

- Use Fall Open Enrollment Period to enroll between October 15 and December 7
- Beneficiary can enroll in plan online, by calling plan directly, or calling 1-800-MEDICARE (1-800-633-4227)
- Beneficiary should write down first and last name of the person they speak to, date and time of the call, and reference number of the call (if applicable)

After enrolling

- After beneficiary enrolls, new plan coverage will become effective January 1, 2026
- Beneficiary should receive plan ID card before new coverage begins
- If beneficiary does not receive ID card by 1/1/26, they should call their new plan and ask for the following numbers to use at the doctor and pharmacy
 - Member/Rx Group and ID number
 - Rx Bin number
 - Rx PCN number

Paying premiums

- Beneficiary should read notices from plan or contact plan to learn what day premium is due each month
- Payment options may include:
 - Plan bills beneficiary for premium
 - Premium is deducted from beneficiary's bank account
 - Contact plan to learn if this is an option
 - Premium is deducted from beneficiary's Social Security check
 - Contact plan to learn if this is an option

Plan choice considerations

Covered drugs

- Are my prescriptions on the plan's formulary (list of covered drugs)?
- Does the plan have any coverage restrictions?
- What costs should I expect to pay for my drug coverage?
- What will I pay for my drugs during the coverage gap?
- Are my pharmacies preferred and in-network?
- Can I get my drugs through mail order?
- Will the plan cover my prescriptions when I travel?

Coverage restrictions

- **Prior authorization:** Beneficiary must get approval from the plan before it will cover a specific drug
- **Step therapy:** Plan requires beneficiary to try a different or less expensive drug first
- **Quantity limits:** Plan only covers a certain amount of a drug over a certain period of time, such as 30 pills per month
- If plan says drug coverage has been denied because of one of these reasons, beneficiary or doctor can submit exception request to the plan asking it to pay for the drug they need

Medicare Advantage costs

- What costs should I expect for my coverage (premiums, deductibles, copayments)?
- What is the annual maximum out-of-pocket (MOOP) limit?
 - Maximum MOOP in 2026: \$9,250
- How much will I have to pay out of pocket before coverage starts (what is the deductible)?
- How much is my copayment for services I regularly receive, such as primary care or specialist care?
- How much will I pay if I visit an out-of-network provider or facility?
- Are there higher copays for certain types of care, such as hospital stays or home health care?

Medicare Advantage health care access

- What is the service area for the plan?
- Are my doctors and other providers in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers are not in-network, will the plan still cover my visits?
- Who can I choose as my primary care provider (PCP)?
- Does my doctor need to get approval from the plan to admit me to a hospital?
- Do I need a referral from my PCP to see a specialist?

Medicare Advantage supplemental benefits

- Does the plan cover any services that Original Medicare does not?
 - Dental services
 - Vision care
 - Hearing aids
- Are there any rules or restrictions I should be aware of when accessing these benefits?

Coordination of benefits

- How does the plan work with my current coverage?
- If I join, would I lose my job-based insurance or retiree coverage?

Resources



Reporting feedback and issues

SHIP counselors should send Plan Finder feedback to Michelle Grochocinski, SHIP co-director, at Michelle.Grochocinski@dhs.wisconsin.gov

SHIP counselors should send Report Plan Finder issues per the [Plan Finder Feedback Instructions \(P-03179c\)](#)



Thank you!