

Medicare Plan Finder Walkthrough

October 2026

PRESENTED BY

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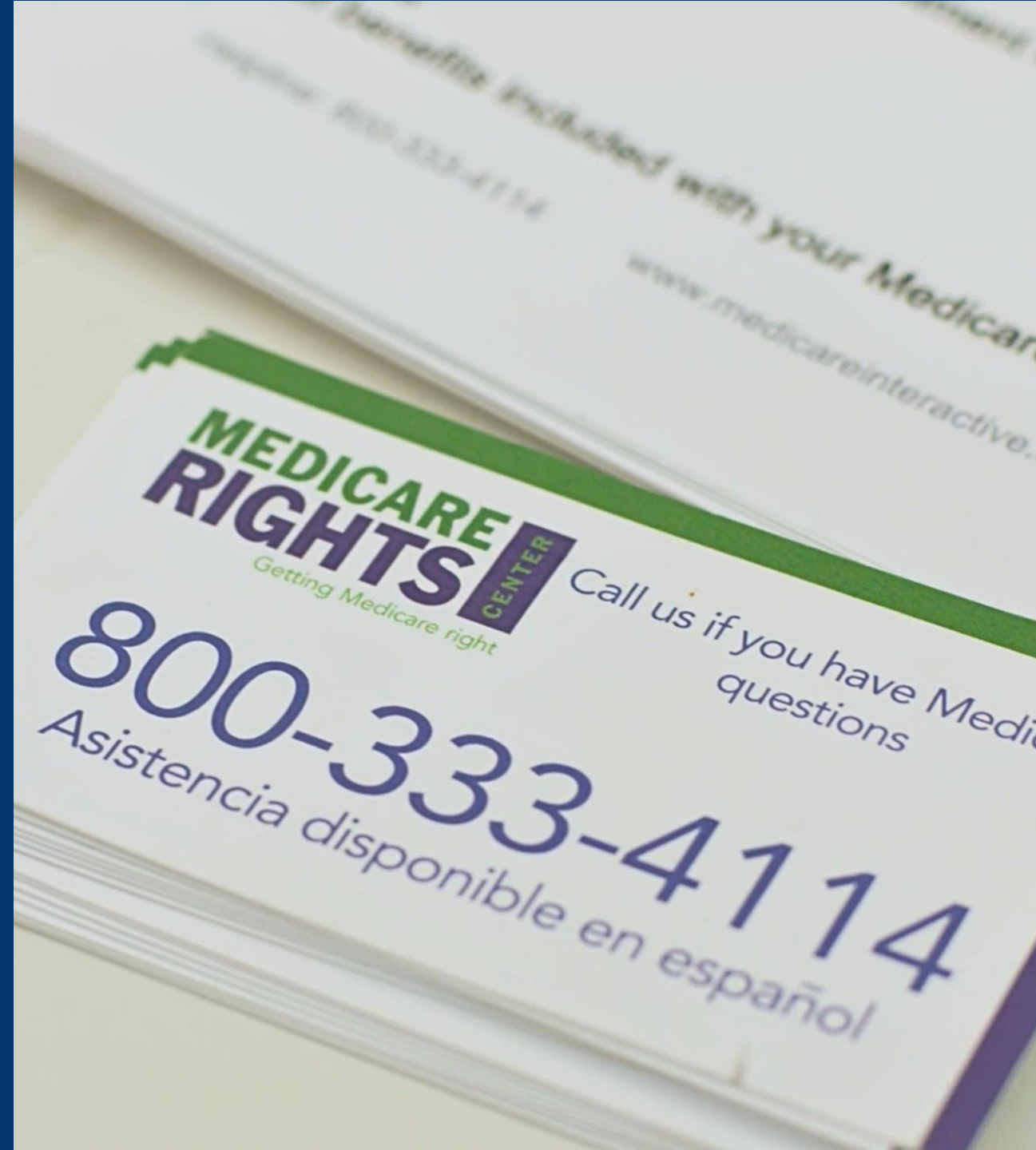
**MEDICARE
RIGHTS** CENTER



About 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, 2027

Medicare's Open Enrollment Period:

Changes beneficiaries can make

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 or using SEP

SEP for terminating plans

Beneficiary whose plan is ending at the close of the year will have a Special Enrollment Period (SEP) to change coverage

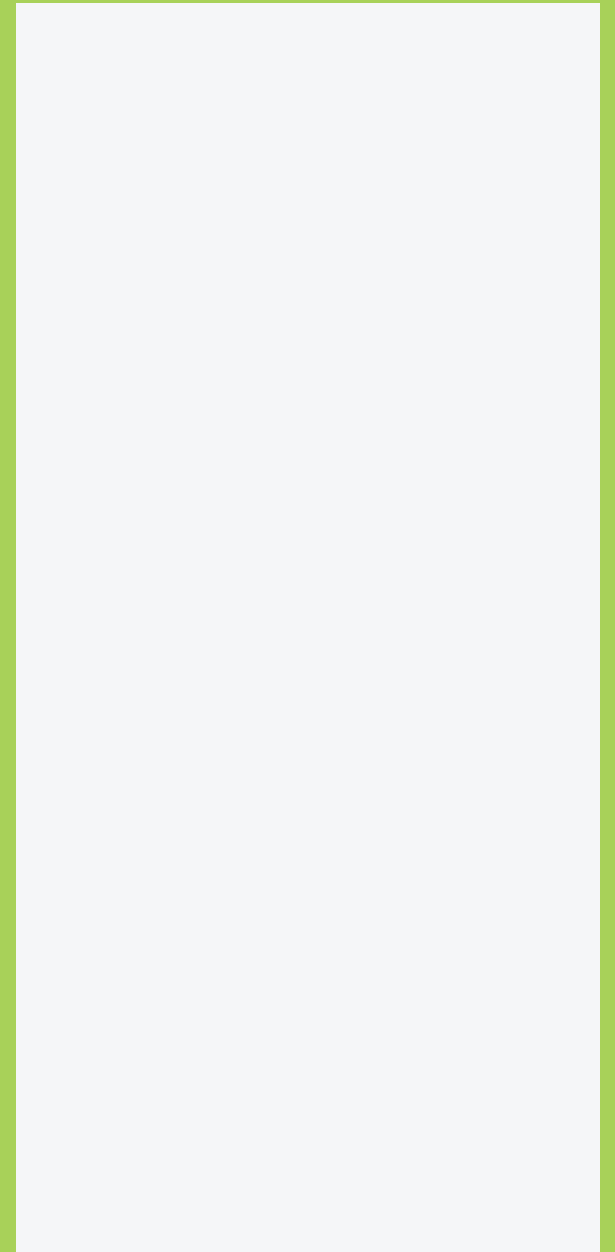
- SEP runs December 8 of current year through the last day of February of the next year
 - Changes made from December 8 to December 31 take effect January 1
 - Changes made in January take effect February 1
 - Changes made in February take effect March 1
- If beneficiary is not enrolled in a new plan as of December 31, they will be automatically enrolled in Original Medicare as of January 1

Extra Help SEP

Beneficiaries with Extra Help have SEP to change stand-alone Part D plan once per month

- Changes are effective the first of the next month

Part D in 2027



Part D costs in 2027

- Part D base premium: \$41.33
- Wisconsin benchmark amount: \$6.27
 - Those with Extra Help pay \$0 premium if enrolled in benchmark plan
- Annual out-of-pocket Part D costs capped at \$2,400
- Maximum deductible: \$700

Reminders

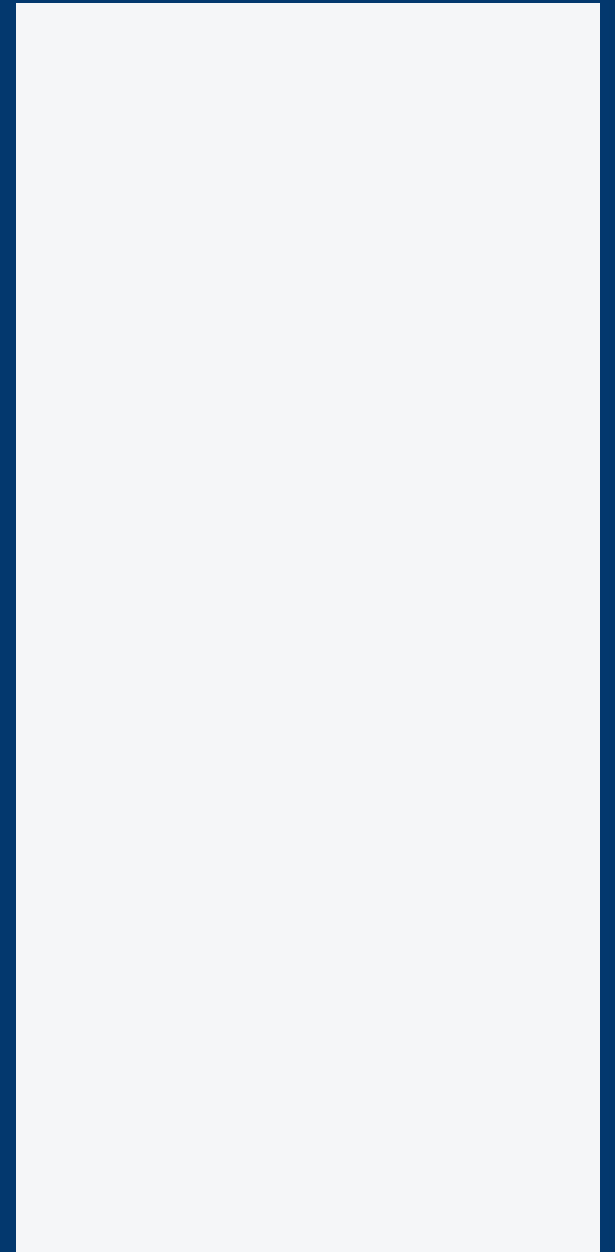
- **Drug price negotiation**
 - All Part D plans must include the negotiated drugs on their formularies
- **Medicare prescription payment plan**
 - Beneficiaries have option to sign up for a payment plan for Part D out-of-pocket costs
- **Part D vaccines**
 - \$0 cost-sharing and no deductibles for **Part D vaccines** (including shingles and RSV vaccines)
- **Insulin copays**
 - Limited to \$35 per each month's supply for Part D and Part B-covered products, with no deductible

Glp-1 bridge program + impact on drug list

Temporary pilot program providing access to certain GLP-1 drugs for weight loss reasons from July 1, 2026 - December 31, 2027

- Approved medications are provided through a special program, not through Part D
 - **Beneficiaries' Part D plans are not involved**
 - GLP-1 drugs prescribed for other purposes will still be covered by Part D plans under regular rules and cost-sharing
 - Extra Help cost sharing reductions do not apply

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)

Find the plan that works for you

Review your 2027 plan options now.

 [Find out what you can do during Open Enrollment.](#)



Find Medicare health & drug plans

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Create account

Log in

Don't have a Medicare account?

You'll need to answer a few questions before we show you plans. These questions help us give you better cost estimates, but won't change which plans you see.

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

☒ 2027 ☐ 2026

What's your ZIP code?

We use your ZIP code to find plans in your area.

00000

Continue

New additions to Medicare Plan Finder

More supplemental benefits added to “More Extra Benefits” section

- Nutritional/Dietary Benefit
- Additional Sessions of Smoking and Tobacco Cessation Counseling
- Enhanced Disease Management
- Telemonitoring Services
- Remote Access Technologies
- In-Home Safety Assessment
- Medical Nutrition Therapy (MNT)

Plan Finder includes in-network and out-of-network cost sharing and messaging on whether there are authorization requirements and plan limits

New additions to Medicare Plan Finder

Expanded details for some benefits

- Fitness benefit
 - Now includes fitness benefit types offered by the plan
 - Activity Tracker
 - Physical Fitness
 - Memory Fitness
 - Fitness Equipment or Kit
- Caregiver benefit
 - Includes the caregiver benefit types offered by the plan (respite care, caregiver)
- Hearing aids
 - Improved display of hearing aid coverage for plans that cover either prescription or over-the-counter hearing aids, but not both

New additions to Medicare Plan Finder

Links to additional resources

- When provided by plans, Plan Finder will include direct links to each plan's
 - Evidence of Coverage (EOC)
 - Summary of Benefits
 - Formulary

Plan changes

- Plan Finder will have additional targeted information for beneficiaries impacted by contract and plan terminations, service area reductions, and cross walked plans

New additions to Medicare Plan Finder

Medicare Advantage provider directory

- **Starting after October 9,** beneficiaries should be able to see network information for all plans
 - Last year, Plan Finder included some information about whether providers were in-network for certain plans
 - This year, all plans are required to submit network data in advance of Fall Open Enrollment
- When adding providers, check location as well as provider name

Add important health care providers

Not all providers are in-network with all Medicare Advantage Plans. Add the providers who are most important to you, and your plan search results will show if they're in the network of the plans you're considering.

Provider first name

Provider last name

Search



Before you join a plan, check with your provider to make sure they're in the plan's network. Plan networks can change at any time. Providers with multiple office locations may be in network at one location and out of network at another.

Showing 1 to 10 of 60 results for **smith** within 25 miles of 53140.

ALEXIA SMITH N.P.

Psychiatricmental Health Nurse Practitioner

Add provider

[2 locations](#) ▼

VIRGINIA SMITH MS, LPC,MS

Mental Health Counselor

Add provider

[3 locations](#) ▼

PAIGE SMITHBACK

Physician Assistant

Add provider

[3 locations](#) ▼

LISA SMITHNOWAK RN

Registered Nurse

Add provider

[1 location](#) ▼

ALEXIA SMITH N.P.

Psychiatricmental Health Nurse Practitioner

[2 locations](#) ▲

712 55TH ST KENOSHA WI 53140

3536 52ND ST KENOSHA WI 53144

Add provider

Filter plans by provider ×

Select a "must-have" provider to show only plans that include your provider in their network.

PROVIDERS

- ☐ ALEXIA SMITH
- ☐ LARONDA JAMES
- ☐ AMANDA JOHNSON

[Clear](#)

Apply

Providers

- ✗ Alexia Smith
- ✓ Laronda James
- ✗ Amanda Johnson

[Get provider details](#)

Providers

Change Providers

[View Provider Network Directory](#)

 Always check with your provider to make sure they're in the network of the plan you want to join. Providers can change which plans they accept at any time.

If a provider has multiple office locations:

- Plans might only cover the provider at some of the locations.
- Locations for this provider near your ZIP code are shown.
- For office locations farther away, call the provider to find out if they're in the plan's network.

 **ALEXIA SMITH N.P.**
PSYCHIATRICMENTAL HEALTH NURSE PRACTITIONER

[2 locations](#) ▼

 **LARONDA JAMES NURSE PRACTITIONER**
NURSE PRACTITIONER

[4 locations](#) ▼

 **AMANDA JOHNSON**
REHABILITATION PRACTITIONER

[2 locations](#) ▼

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)
- Trelegy (100-62.5-25mcg/act aerosol powder, dispensable pack of 60 aerosol powders, 1 per month)

Sample Medicare Advantage Plan Finder

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

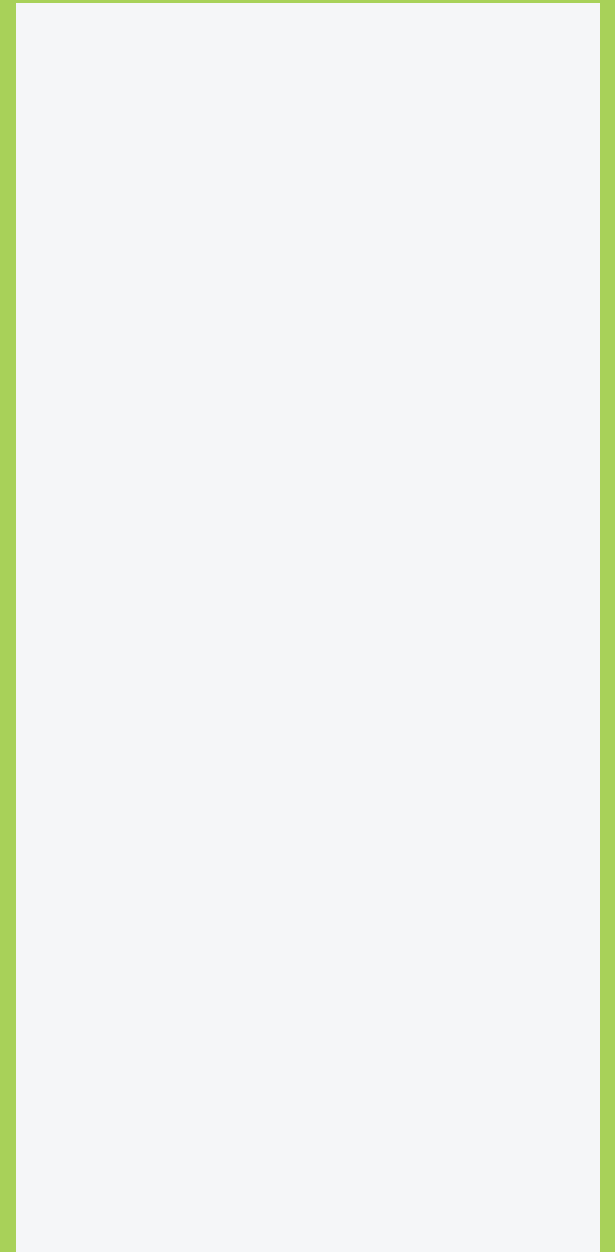
Medications for sample search:

- Atorvastatin (40mg, 30 tablets per month)
- Prozac/fluoxetine (20mg, 30 capsules per month)

Preferred supplemental benefits:

- Dental
- Fitness benefit

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

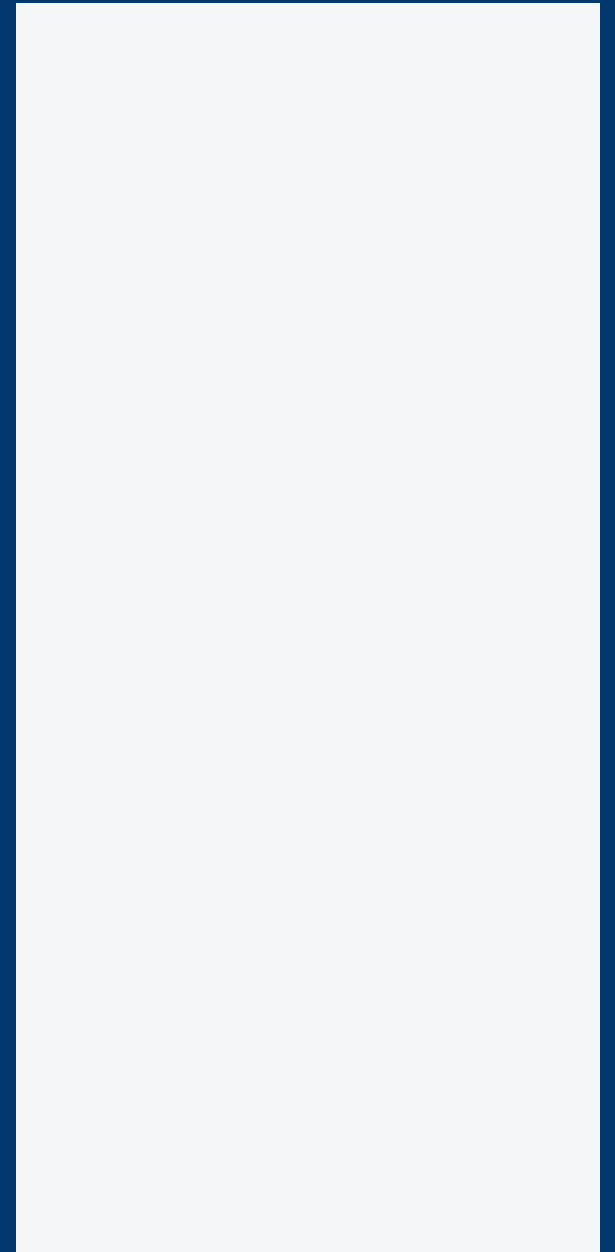
New plan coverage will become effective January 1, 2027

- Beneficiary should receive plan ID card before new coverage begins
- If beneficiary does not receive ID card by 1/1/27, 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 2027: \$9,850
- 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?

Supplemental benefits

- MA Plans can also offer benefits not covered by Original Medicare, called **supplemental benefits**
 - Common supplemental benefits include:
 - Dental care
 - Vision care
 - Hearing care
 - Gym membership
- Most supplemental benefits must be primarily health-related
- MA can offer two types of these supplemental benefits
 - **Optional**: benefits are offered to everyone who is enrolled in a plan, and beneficiaries can choose to purchase the benefits, usually for an additional premium, if they want to
 - **Mandatory**: benefits are covered for everyone enrolled in a plan and beneficiaries cannot decline the coverage even if they do not need to use the service

Supplemental benefits for chronic conditions

- MA Plans can offer **special supplemental benefits** that are not primarily health related for members with certain chronic conditions
 - Plan decides whether beneficiary qualifies
 - Benefits can be targeted to the specific condition, can include a wider range of services, and can be designed to address social determinants of health
- Common non-health related benefits include:
 - Meal delivery
 - Transportation for non-medical needs
 - Cards that can be used for utilities and groceries
- Eligibility criteria designed for people who:
 - Have at least one medically complex condition that is life-threatening or significantly limits health or function
 - Have a high risk of hospitalization or other negative health outcomes
 - Require intensive care coordination

Medicare Advantage supplemental benefits

- Does the plan cover any services that Original Medicare does not?
 - For example, dental services, vision care, hearing aids
- Are there any rules or restrictions I should be aware of when accessing these benefits?
- Is this benefit available to everyone enrolled in the plan, or do I have to meet certain criteria to qualify?

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

Michelle.Grochocinski@dhs.wisconsin.gov

SHIP counselors should send Report Plan Finder issues per the [Plan Finder Guidance for Wisconsin SHIP Counselors \(P-01379C\)](#)





Thank You!