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Medicare Update 2026

Updated October 2025









Medicare Eligibility

Medicare Eligibility at 65

- Medicare Eligibility
 - All United States citizens eligible for Medicare at age 65
 - Regardless of work history
 - Non-Citizens must be Lawfully Admitted for Permanent Residence (LAPR)
 - Continuously resided in the United States for the 5 years immediately before the first month of eligibility
- NEW: HR1 restricts Medicare eligibility to U.S. citizens, green card holders, and certain immigrants from Cuba and Haiti
 - Eliminates Medicare eligibility for people not included in these groups, including those with temporary protected status, refugees and asylum seekers
 - Eligibility changes are effective immediately, but people already enrolled can remain in Medicare for 18 months

Original Medicare and Medigap Insurance



Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare

1EG4-TE5-MK72

Entitled to/Con derecho a

HOSPITAL (PART A) MEDICAL (PART B) Coverage starts/Cobertura empieza

03-01-2016

03-01-2016

Medicare Part B (2025 – 2026)

- 2025
- Deductible
 - -\$257
- Premium
 - -\$185.00

- 2026 (Estimate Trustees Report)
- Deductible
 - -\$288
- Premium
 - -\$206.50

Medicare Part A (2025 – 2026)

- 2025
- Part A Deductible
 - \$1,676
- Coinsurance Days (61-90)
 - \$419 (Per Day)
- Lifetime Reserve Days
 - \$838 (Per Day)
- Skilled Nursing Facility
 - \$209.50 (Days 21-100)
- Part A Premium
 - \$518 (< 30 Quarters)
- Part A Premium
 - \$285 (30-39 Quarters)

- 2026 (Estimate Trustees Report)
- Deductible
 - \$1,716
- Coinsurance Days (61-90)
 - \$429 (Per Day)
- Lifetime Reserve Days
 - \$858 (Per Day)
- Skilled Nursing Facility
 - \$214.50 (Days 21-100)
- Part A Premium
 - \$563 (< 30 Quarters)
- Part A Premium
 - \$310 (30-39 Quarters)

Telehealth

- Before the COVID-19 Public Health Emergency (PHE),
 Medicare telehealth coverage was very limited
 - During the PHE, telehealth coverage was temporarily expanded to allow people to receive care from their homes
- UPDATE: As of October 1, 2025, most telehealth services no longer covered under Original Medicare
 - Except for Mental health care
 - Potentially with some requirements for in-person visits
- Note: Telehealth expansion previously set to end March 31, but was extended through September 30
 - Note: When government shutdown ends, Medicare coverage for telehealth could again be extended
 - And coverage may be effective retroactive to October 1

Medigap

- Ten plans (A-N)
- All plans cover Part A coinsurance (Days 61-90),
- (60) lifetime reserve days plus 365 additional days
 - All cover Part A deductible except Plan A
 - Most plans cover entire Part B (20%) coinsurance
- Standard Benefit/Continuous open enrollment
- Up to 6 month waiting period (WP) for pre-existing conditions BUT credit prior coverage toward WP
 - https://www.dfs.ny.gov/consumers/health insurance/sup plement plans rates
- Most insurers/plans have rate changes effective January 2026:
 - <u>Medicare Supplement Insurance Rate Plans</u>

Medicare Advantage (Part C)

Medicare Advantage (MA)

- Eligibility
 - Must Have Parts A and B
 - Must Live in Service Area of Plan
- Enrollment
 - October 15 December 7 (Annual Election Period)
 - January 1 March 31 (MA Open Enrollment Period)
- Benefits/Costs
 - Covers at least what Medicare does
 - Additional benefits (Hearing Aids/Dental/Vision)
 - Fixed co-payments for most services
 - Up to Maximum Out of Pocket (MOOP)

Medicare Advantage

- Maximum out of Pocket (MOOP)
 - \$9,350 in network/\$14,000 in and out of network
 - **-** \$9,250/\$13,900 (2026)
- Types of Medicare Advantage Plans
 - Health Maintenance Organization (HMO)
 - In-Network Benefits ONLY
 - Preferred Provider Organization (PPO)
 - Access to out-of-network (OON) providers
 - May pay higher cost-sharing for OON
 - Special Needs Plans (SNP)
 - For people with both Medicare and Medicaid

C-SNP and 5-Star SEP

- * NEW Chronic Care SNP (C-SNP) Aetna Medicare Chronic Care
 - Must have certain chronic condition(s) to be eligible to enroll
 - Cardiovascular Disorders, Chronic Heart Failure, and/or Diabetes Mellitus
 - ♦ NOT required to also have Medicaid
 - ➤ Specialist Co-Pay
 - \$0 for certain physician specialist visits including: Cardiologists,
 Endocrinologists, Nephrologists, and Pulmonologists
 - \$50 for all other physician specialist visits
 - ➤ Note: SEP to enroll in C-SNP
 - NOT limited to enrolling in Medicare enrollment periods
- 5-Star Plan Special Enrollment Period (SEP)
 - SEP to enroll in 5-Star plan any time of year to be effective 1st of following month
 - Anthem Medicare Advantage 2 (HMO-POS) With Part D
 - Anthem Veteran 2 (HMO-POS) Without Part D

Medicare Part D

Medicare Prescription Drug Coverage (Part D)

- Optional/Voluntary/Penalty
 - 1% per month of average national premium
- 12 Available Stand-Alone Part D (PDP) Plans
 - (10 Plans in 2026)
 - Formulary and Pharmacy Network
- Enrollment Periods
 - October 15 December 7 (AEP)
 - Special Enrollment Periods
- Part D Plan Cost-Sharing
 - Premium
 - Deductible \$590 (\$615 in 2026)

Medicare Part D (2025 – 2026)

- 2025
- Deductible
 - **-** \$590
- Out-of-Pocket Threshold
 - -\$2,000
- LIS Co-Pays
 - **-** \$4.90/\$12.15
- Up to or at 100% FPL
 - **-** \$1.60/\$4.80

- 2026
- Deductible
 - **-** \$615
- Out-of-Pocket Threshold
 - -\$2,100
- LIS Co-Pays
 - \$5.10/\$12.65
- Up to or at 100% FPL
 - -\$1.60/\$4.90

2025 Part D Changes

- 2025. New \$2,000 out-of-pocket limit for Part D
 - •\$2,100 in 2026
 - Can spread across monthly payments
- Medicare Prescription Payment Plan (MPPP)
 - Enroll in MPPP with Part D plan
 - Pay \$0 at pharmacy for covered drugs
 - Plan bills member for monthly Part D costs
- MPPP most helpful for people with high Part D cost-sharing at beginning of year
- Reference: What's the Medicare Prescription Payment Plan?
 - https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf

Part D Base Beneficiary Premium (2026)

- \$38.99 in 2026 (\$36.78 in 2025)
 - Increase is limited to 6% per year through 2029
- Base Beneficiary Premium is used to calculate the Part D late enrollment penalty
 - Late enrollment penalty is for beneficiaries who do not enroll in Part D in Initial Enrollment Period (IEP) and choose to enroll later
 - And who do not have other creditable drug coverage and do not qualify for Extra Help
- Late Enrollment Penalty is calculated as 1% X Base Beneficiary Premium X number of full months delayed

Help with Costs Extra Help/LIS, EPIC, and Medicare Savings Program

(Part D) Extra Help/LIS

- Automatic with Medicaid/Medicare Savings Program
 - Otherwise, need to apply to Social Security for LIS
 - Income Limit
 - \$1,976 Individual (\$2,664 for couples)
 - Asset/Resource Limit
 - Up to \$17,600 (\$35,130 for couples)
 - Co-Pays
 - •\$4.90 Generic/\$12.15 Brand-Name
 - •\$5.10/\$12.65 (2026)
 - Special Enrollment Period (SEP)
 - SEP allows one election per month BUT only to enroll in stand-alone Part D plan (PDP)
 - NOT to enroll into MA plan

LIS Subsidy Amount (2026)

- LIS Subsidy Amount (\$58.82 in 2026) (\$72.34 in 2025)
- Beneficiaries with Extra Help/LIS in 2026 will receive \$58.82 toward their Part D plan premium
 - Basic Part D plans with premiums at or below this amount will be the "benchmark" Part D plans in 2026
 - Available for beneficiaries with Full LIS (including those with Medicare and Medicaid) for \$0 premium
- Also used to calculate the EPIC deductible reduction
 - EPIC reduces EPIC deductible for members with incomes above \$23,000 single/\$29,000 couple
 - \$706 in 2026 (\$58.82 X 12 Months) (\$868 in 2025)

EPIC

- 1. \$75,000/\$100,000
- 2. Fee or Deductible Plan
- 3. Supplements Part D
 But Does Not Cover
 Deductible
- 4. Maximum Co-Pay \$20
- 5. SEP to Switch Part D Plans

1-800-332-3742

NEW Online Application:

https://nyepic.primethera peutics.com/



and Medicare Working Together

What is EPIC?

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program administered by the Department of Health. It provides seniors with co-payment assistance for Medicare Part D covered prescription drugs after any Part D deductible is met. EPIC also covers many Medicare Part D excluded drugs.

- Fee Plan members pay an annual fee to EPIC based on their income. The EPIC co-payments range from \$3 - \$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- Deductible Plan members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

EPIC also pays Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below \$23,000 if single or \$29,000 if married.

Those with higher incomes must pay their Part D plan premiums.

- To help them pay, their EPIC deductible is lowered by the annual cost of a Medicare Part D basic plan.
- EPIC deductibles for Income in shaded areas on the Deductible Plan schedule will be less than the amounts shown.

Who can Join?

- A resident of New York State 65 or older with annual income up to \$75,000 if single or \$100,000 if married.
- An eligible senior with a Medicaid spend down not receiving full Medicaid benefits.

Medicare Part D Enrollment

All EPIC members must have Part D in order to receive EPIC benefits. Because EPIC is a qualified State Pharmaceutical Assistance Program, members are able to Join a Part D plan during the year once enrolled in EPIC. They also can change their Medicare Part D plan one time during the year.

"Extra Help" can save money!

If EPIC determines a senior may be eligible for Extra Help, EPIC will mail a Request for Additional Information (RFAI) form. The senior is then required, by law, to provide the additional Information to obtain EPIC coverage.

- Seniors who already receive Extra Help can send a copy of their determination letter from Social Security Administration with their form.
- If approved for full Extra Help, the senior will have lower co-payments and will not have a Medicare Part D coverage gap. Medicare and EPIC will pay all or most of the monthly Part D plan premium.
- EPIC will use the information on the RFAI form to apply for Extra Help on the senior's behalf and it will not be used for EPIC determination.

How to Apply

- Complete the application, sign it and mail it to the address below.
- Apply separately or spouses living together can both use the same form.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.

For more Information call the toll-free EPIC Helpline at 1-800-332-3742 (TTY 1-800-290-9138) Download an application at http://health.ny.gov/health_care/epic/application_contact.htm choose which language version or write:

FDIC

P.O. Box 15018

Albany, New York 12212-5018

EPIC and Drug Manufacturers

- EPIC supplements Part D
 - -Only for drugs covered under Part D
 - •But drug manufacturer must also participate with EPIC
- Bausch Health stopped participating with EPIC
 - -As of September 30, 2025
 - •Includes Diazepam, Pepcid, Wellbutrin, and other medications
- Merck stopped participating with EPIC
 - -As of July 30, 2025
 - •Includes Januvia and other medications
- GlaxoSmithKline previously stopped participating with EPIC July 2023

Medicare Savings Programs

- NO resource limit for NYS residents
- Qualified Medicare Beneficiary (QMB)
 - \$1,820/month individual \$2,453/month couple
 - Pays Part B Premiums
 - Eliminates deductibles and coinsurance
- Qualified Individual 1 (QI-1)
 - \$2,446/month individual \$3,299/month couple
 - Pays Part B premium ONLY
- Automatically qualify for Part D Full Extra Help

2026 Medicare Advantage/ Part D

2026 Part D Plans (PDP)

- 10 Standalone Part D Plans (2026) (12 in 2025)
 - Wellcare Medicare Rx Value Plus members moved to Wellcare Value Script
 - Cigna Healthcare Extra Rx plan terminated
 - New Name: Cigna plans will now be under HealthSpring
- Lowest Premium Plan
 - HealthSpring Assurance Rx \$35.70 (2026)
 - Wellcare Value Script \$38.70 (2025); Increasing to \$42.40 (2026)
- 2 Benchmark Part D Plans (2026) (3 in 2025)
 - SilverScript Choice \$116 Premium (2026); (\$66 in 2025)
 - Will no longer be benchmark plan in 2026
 - Members with Extra Help may be reassigned to benchmark plan or may be responsible for premium above Extra Help subsidy

Medicare Advantage/Part D Plan Termination

- Some Medicare Advantage/Part D plans terminating end of 2025
 - Impacted members should have received notice from plan by October 2
- Special Enrollment Period (SEP) for members of terminating plans
 - December 8, 2025 end of February 2026
 - New plan effective 1st of following month
- Members of terminating plans who have Extra Help
 - If do not choose a new plan, will be in Original Medicare by default
 - And will be assigned to a benchmark Part D plan
- Members of terminating plans who do NOT have Extra Help
 - If do not choose a new plan, will be in Original Medicare by default
 - With NO Part D drug coverage

Medicare Advantage/Part D Plan Termination

- Mailings Reassignment
 - Reassignment Notices (October/November 2025)
 - Plan Termination
 - -11208
 - Plan Premium Increase
 - Introduction to the Re-assignment Notice:
 - Formulary Reassignment Notices (December 2025)
 - Lists drugs the person took regularly between January 1-August 31, and shows whether drugs will be covered in new plan Medicare will reassign them to
 - Plan Termination
 - Introduction to the Re-assignment Notice:
 - Plan Premium Increase
 - **-** <u>11475</u>

Medicare Plan Finder

- NEW feature of Plan Finder for 2026
 - Inclusion of Medicare Advantage (MA) provider directory information
 - Will allow you to use Plan Finder to check provider participation in MA plans
- NEW Special Enrollment Period (SEP) for beneficiaries who rely on provider directory in Plan Finder
 - And discover later that their provider was not in MA plan network
- Temporary SEP available to beneficiaries with MA enrollments with effective dates between January 1 and December 1, 2026
 - SEP is available for 3 months after effective date of MA plan
 - Can use to enroll in new MA plan or Original Medicare
 - Enrollment must be done through 1-800-MEDICARE
 - So that representative can confirm enrollment was done through Plan Finder

Pending for 2026

- Part A and Part B Amounts
 - Including IRMAA thresholds
 - And Part D IRMAA amounts
 - Highest income premium level will remain at \$500,000 single/\$750,000 couple
- Physical Therapy Thresholds
 - \$2,410 in 2025
 - 2026 amount not yet announced
 - Medical Review threshold will remain at \$3,000
- Medigap
 - Plan K and Plan L Out-of-pocket limits
 - High-Deductible Plan F and Plan G deductibles

HIICAP/SHIP

- Medicare Questions? Call HIICAP/SHIP
 - -212-AGING-NYC (212-244-6469)/Outside of NYC 1-800-701-0501
 - -Outside of New York State
 - <u>https://www.shiphelp.org/</u> SHIP Locator
- Medicare Advantage Plan Panel Meetings:
 - Join Us! Events happening in all 5 Boroughs!
- Introduction to Medicare webinars:
 - -https://www.eventbrite.com/e/medicare-orientation-understand-your-costs-and-choices-in-medicare-tickets-116307108693
- In-Person Introduction to Medicare workshops
 - October 31 10:00 11:30
 - •@ NYC DFTA (2 Lafayette St, 6th Fl, Manhattan)