WELCOME TO YOUR

Medicare Scoop

Open Enrollment Edition

In This Issue

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WHAT YOU NEED TO KNOW ABOUT

2026 Medicare Open Enrollment

Medicare Open Enrollment runs from October 15 through December 7, 2025. This is the time each year when everyone with Medicare should review their plan—even if you don't plan on switching. Taking a few minutes to check your coverage helps ensure it still fits your health needs, medications, and budget. Plans change every year, and so can your health.

Why It's Important to Review Your Plan

Many say, "I already have a plan" or "I already have Medicare," and think that's enough, but even then, reviewing matters because:

- Costs like premiums, copayments, or deductibles might go up.
- Some benefits might be removed or added.
- Drug lists (formularies) can change, affecting your prescriptions.

Taking time to review now can save money and prevent headaches later.

Original Medicare vs. Medicare Advantage: What's the Difference?

There are two main ways to get Medicare coverage:

- **Original Medicare (Parts A & B):** Provided by the government. You can add a Part D drug plan and supplemental coverage, and see almost any doctor or hospital that accepts Medicare.
- **Medicare Advantage (Part C):** Private plans that combine Parts A, B, and usually D—sometimes with extra benefits. But you may have to use certain doctors or follow specific rules.

Knowing which type you have matters—rules, costs, and flexibility differ.

Things to Consider During Open Enrollment

If you have a Part D drug plan, you should check:

- Are all your prescriptions included under the plan's drug list?
- What will you pay in premiums, deductibles, and copays?
- Is your pharmacy in-network?

If you have a Medicare Advantage plan, you should aks:

- Can you keep your current doctors and hospitals?
- What are the copays and coinsurance for doctors, ER visits, hospital stays?
- Are all your prescriptions included under the plan's drug list?
- Are there additional benefits (like dental, vision, fitness) and do they cost extra?

How HICAP Can Help

HICAP offers free, unbiased counseling for Medicare beneficiaries in Kern County. Our trained counselors can help you:

- Compare your current plan to new options and understand changes.
- Apply for programs that help with Medicare expenses, and more...

To schedule a free appointment, call HICAP at 1-800-434-0222.

KNOW BEFORE YOU ENROLL:

How Supplemental Benefits Really Work

Many Medicare Advantage (MA) plans heavily advertise extra perks, things they call "supplemental benefits" like dental, vision, hearing, gym memberships, or meals. But what exactly are those benefits? And should you rely on them? Let's break it down in plain language.

WHAT "SUPPLEMENTAL BENEFITS" MEAN

A **supplemental benefit** is something the Medicare Advantage plans offer that **Original Medicare (Parts A & B)** doesn't typically cover. Because Medicare Advantage plans are run by private insurers, they can offer extra services to attract enrollees. These benefits don't have to be provided by regular Medicare providers or in Medicare-certified facilities.

Common supplemental benefits include:

- Dental care (cleanings, x-rays)
- Vision care (eye exams, glasses)
- Hearing services (aids, tests)
- Fitness or gym memberships
- Transportation or meal delivery (especially for people with certain chronic conditions)

Important: Some benefits are offered to everyone in the plan (mandatory supplemental benefits), but others are only for members with chronic health conditions. Always check which side your benefit falls on.

WHAT YOU WON'T GET (UNLESS THE PLAN SAYS SO)

Because Original Medicare doesn't cover most dental, vision, or hearing care, some people assume Medicare Advantage plans "override" that, but that's not true. The supplemental benefits in Medicare Advantage plans are almost always **limited**. For example:

- A plan may cover **cleanings and x-rays**, but **not fillings or crowns**
- You might only be allowed **one eye exam or pair of glasses a year**
- A hearing benefit might cover **only a portion of a hearing aid's cost**

In fact, studies show many Medicare Advantage enrollees don't even use the advertised benefits, or realize they have them. Some unexpected costs still land on the beneficiary's plate.

KNOW BEFORE YOU ENROLL:

How Supplemental Benefits Really Work

WHAT TO ASK AND WATCH FOR:

Before enrolling in or switching to a Medicare Advantage plan with extras, make sure you know exactly how they work. Here are key questions to ask:

1. Which supplemental benefits are mandatory and which are optional?
Mandatory ones apply to all enrolled; optional ones you may have to pay extra for.

2. What specific services are covered?
For example, "dental coverage" might only mean cleanings, not crowns.

3. How often can you use the benefit?
Are you limited to once a year, every two years, etc.?

4. Are your dentists, eye doctors, and hearing clinics in the plan's network?
Going out-of-network usually means you pay more—or the plan won't cover it at all.

5. Are there annual or lifetime money caps?
Some plans limit how much they will pay for dental, vision, or hearing over time.

6. Will prior authorization or medical necessity rules apply?
Even for supplemental benefits, you may need approval before getting the service.

WHY THESE EXTRAS ARE TEMPTING—BUT TRICKY

Supplemental benefits make Medicare Advantage plans more attractive to many people, especially if you already need dental or vision care. But because these extras vary so much from plan to plan, and sometimes from region to region, it's possible to be disappointed. Also, some studies show that even with these extras, Medicare Advantage enrollees may end up paying **significant out-of-pocket costs** for those services.

WHAT YOU CAN DO

- Read the **Evidence of Coverage (EOC)** or plan brochure carefully, look for supplemental benefits and all the fine print
- Ask the plan to put in writing exactly what "dental," "vision," or "hearing" covers, and how often
- If a benefit seems too good to be true, it might be limited or come with big cost-sharing
- Compare multiple Medicare Advantage plans and also consider Original Medicare plus a separate dental or vision plan

Remember: HICAP is here to help you review these benefits, make comparisons, and figure out which option is truly best for you.

What's New In Medicare for 2026

Medicare changes every year, and 2026 brings several updates you'll want to know about, especially when it comes to costs and coverage. Here's a quick, friendly guide to what's new so you can plan ahead and avoid surprises.

HIGHER COST FOR PART B

One of the biggest changes in 2026 is a rise in the Part B premium. **The standard monthly cost is projected to go from $185 to $206.50** (an increase of about 11.6%). **The Part B deductible is also expected to increase, from $257 to $288.** If your income is above a certain level, you may also pay a bit more due to the IRMAA surcharge, that's the extra charge added for higher-income beneficiaries.

MEDICARE ADVANTAGE & PART D: POLICY & PAYMENT UPDATES

The government will increase payments to Medicare Advantage (Part C) plans by about 5.06% in 2026. This adjustment helps insurance companies cover rising costs, but it doesn't necessarily mean your plan costs will stay the same. Some plans may still raise premiums or adjust their provider networks, so it's important to review your Annual Notice of Change (ANOC) carefully this fall to see how your plan might be affected.

PRESCRIPTION DRUG CHANGES (PART D)

There are a few big updates in 2026 for prescription coverage:

- **Out-of-Pocket Cap:** Good news! Once your total spending on covered drugs hits $2,100, you won't pay anything more for prescriptions the rest of the year.
- **Lower Drug Prices:** Thanks to the Inflation Reduction Act, Medicare can now negotiate prices on 10 high-cost drugs starting in 2026, helping bring down costs for many beneficiaries.
- **Part D Premiums and Deductibles:** The average national premium is expected to rise slightly to $38.99, and the annual deductible is increasing to $615.
- **Insulin and Vaccine Costs:** The $35 cap for insulin and $0 cost for recommended vaccines remain in place, no deductible required.

Selecting a Part D Plan: A Step-by-Step Guide

Every fall, HICAP encourages Medicare beneficiaries to review their Part D (prescription drug) plan. Many people could save money by comparing plans annually, especially when a different one may list your medicines with fewer restrictions or lower costs.

Here's how to compare and pick a Part D plan:

Step 1: Use the Medicare Plan Finder Tool

Go to www.medicare.gov and click **"Find Health & Drug Plans."**
You can either:

- **Log in / Create an account** to save your drug list and results, or
- **Continue without logging in** (but you won't save your work).
- Enter your ZIP code and pick the type of plan you want.
- **Part D** (Prescription Drug Plan) if you are in Original Medicare or **Part C** (Medicare Advantage Plan).

Medicare.gov
The Official U.S. Government Site for Medicare

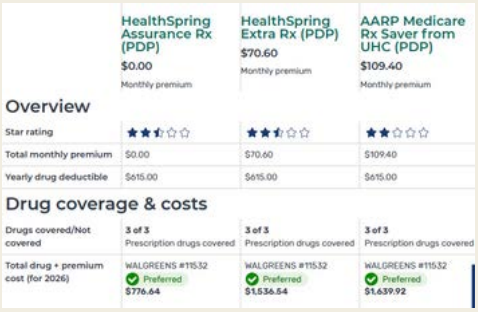
Step 2: Enter Your Medications & Pharmacies

Input all the prescriptions you take, plus the dose and how often. Then select your preferred pharmacies and whether you want mail-order when possible. This helps the tool estimate your true costs.

Step 3: Review the Plan Results

You'll see a list of plans in your area. Plans are initially ranked by **"lowest drug + premium cost"**—which is a rough estimate of what you might pay. Click "Plan Details" to see:

- Deductible
- Copays or coinsurance for each drug
- Restrictions (like prior authorization or step therapy)
- Whether your pharmacy is in-network
- Star rating (how well the plan performs)



Step 4: Confirm Before You Enroll

Before you pick one, call the plan's customer service to double-check what you saw online. Sometimes the online info isn't fully up to date.

Step 5: Enroll

You can enroll online through Medicare.gov, call **1-800-MEDICARE**, or **contact the plan directly**. Make sure to complete enrollment by **December 7** so your new plan starts **January 1, 2026**.

Need Help? Use HICAP

If the online tool feels confusing, you're not alone. **HICAP counselors can run a personalized plan comparison for you and review the results during your appointment—free of charge.** We'll help you understand which plan best fits your prescriptions and budget. HICAP never promotes or sells insurance—we're here to help you make informed decisions with confidence.

KERN COUNTY
AGING & ADULT SERVICES
1-800-434-0222

Protect Yourself from Fraud and Marketing Misconduct During Open Enrollment

During this time of year, be on the lookout for enrollment fraud and misleading marketing strategies. Insurance companies and their agents may bombard you with advertisements through television commercials, radio ads, events, mailings, phone calls, and texts. However, the government has guidelines for what they can and cannot do. Awareness of the rules and warning signs can help you avoid fraud and make informed decisions during Open Enrollment. Here are some rules to keep in mind:

DO'S

- Private health plans and their representatives/agents can and must **explain how enrolling in a new plan will impact your current coverage.**
- Check if your **providers and pharmacies are within the plan network before enrolling you**.
- Inform you of the companies they represent and whether they offer all plans available in your area.
- **Schedule an appointment with you** no sooner than 48 hours after agreeing to the scope of the appointment.

DON'TS

- Medicare Advantage plans and their **agents and insurance brokers cannot contact you via phone or email if you're not enrolled in their plan.**
- Continue calling or emailing you if you've asked them to stop, even if you're enrolled in their plan.
- **Visit your home** without an appointment.
- Sell you a plan or schedule a sales appointment with you while at an educational event.
- Use the **Medicare name or logo** or imply that they represent Medicare.
- **Approach you** in public spaces, such as a mall or parking lot.

In addition, watch for potential marketing violation red flags, such as someone making you feel **pressured or rushed** to enroll in their plan, claiming that you may **lose your Medicare benefits if you don't enroll** in their plan, **asking for your Medicare or Social Security numbers** just to provide information, or **offering you a gift card or groceries**. Stay vigilant to avoid being scammed.

If you have been misled into joining a plan please call HICAP for assistance at 1-800-434-0222 or you can also call the California Senior Medicare Patrol (SMP) at 1-855-613-7080

Community Education & Outreach

The Kern County HICAP staff is committed to reaching out and engaging the local community in a variety of ways. Our outreach initiatives aim to improve the delivery of our services to the diverse population of Kern County. At HICAP, we believe that educating the community is key. Our team focuses on providing Medicare beneficiaries and their families with the knowledge they need to make informed choices about their healthcare rights and options. We do not promote or endorse any specific insurance products.

Don't miss our Fall Educational Webinar

2026 MEDICARE OPEN ENROLLMENT

During this webinar you will learn:

- What's new for Medicare plans in 2026
- How to compare your options and avoid costly surprises
- Ways to manage prescription costs, including the Medicare Prescription Payment Plan
- Programs that provide financial assistance for those who qualify
- Tips to recognize and avoid enrollment scams and marketing fraud

LIVE WEBINAR

THURSDAY
NOVEMBER 6
10:00 AM- 11:00 AM

SCAN QR CODE TO REGISTER FOR FREE!

If you need help registering, learning how to use Zoom or for free technical assistance the day of the seminar please call 661-868-0942

HTTPS://WWW.KERNCOUNTY.COM/HICAP

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KERN COUNTY
AGING & ADULT SERVICES

5357 Truxtun Ave.
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Medicare Open Enrollment 2026

October 15 - December 7

Open enrollment is here. This is the time for all beneficiaries to review or compare their current plan to others, find out if plan changes will affect them in 2026, and make changes to their plan. The **Health Insurance Counseling and Advocacy Program (HICAP) is here to help!**

HICAP Services

- Review of Current Coverage
- Compare Prescription Drug Plans (Part D)
- Part D Enrollment Assistance
- Compare Medicare Advantage Plans (Part C)
- Medigap Plan Comparisons
- Application Assistance for Medicare Savings and Extra Help Programs

"If you are satisfied with your plan, you do not need to change anything."

SHIP State Health Insurance Assistance Program
Navigating Medicare

SMP Senior Medicare Patrol
Preventing Medicare Fraud

1-800-434-0222

Avoid Medicare Scams!

- Do not accept unsolicited calls
- Never give your Medicare number to a stranger
- Do not fall for "too good to be true" TV commercials or mail advertisements
- Call HICAP to report enrollment fraud or marketing violations

Need help with Medicare cost? You may qualify for help from your state to pay for your premiums, deductibles, and copays. Contact **HICAP** to apply.