Medicare changes for 2026

Presented by Minnesota Aging Pathways

October 2025

Welcome & thank you for joining

We're glad you're here!

UCare and Minnesota Aging Pathways (formerly Senior LinkAge Line) are partnering to help guide members through important Medicare updates for 2026.

Why we're here

- UCare's members remain at the heart of all we do. We are here to make sure you have support, tools and resources you need.
- We're proud to partner with trusted community organizations to help you every step of the way.

How to engage

- Please use the chat panel to submit questions. Members of the UCare team are here to help and will respond as we're able during the session.
- If we don't get to your question live, we'll include answers on our FAQ webpage after both webinars wrap up.

MINNESOTA

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Changes to Medicare for 2026

Original Medicare

- Medicare Part A
  - People with fewer than 40 quarters of coverage and certain people with disabilities pay a monthly premium to voluntarily enroll in Part A
  - Number of work credits obtained determine premium for beneficiary
  - Costs usually issued in October
- 2025 Part A costs (2026 amounts not yet available)
  - Deductible (days 1-60) - $1,676/benefit period
  - Coinsurance (days 61-90) - $419
  - Lifetime reserve (days 91-150) - $838/benefit period
  - Skilled nursing daily coinsurance (days 21-100) - $209.50/benefit period

Original Medicare

- Medicare Part B
  - Covers physicians' services, outpatient hospital services, certain home health services, DME, some prescription drugs and certain other medical and health services not covered by Part A
  - Part B premium, deductible and coinsurance rates change every year, in accordance with the Social Security Act. Usually issued in mid October
  - 2025 costs (2026 costs not available yet)
    - Standard monthly premium - $185
    - Annual deductible - $257
    - Standard immunosuppressive drug premium - $110.40
    - Coinsurance - 20% for most services after deductible met, exception is preventive care, which is $0 for most

2025 Income-related Adjustment Amounts (IRMAAA)

2026 not yet available

Single tax filing status 2023 income	Joint tax filing status 2023 income	2025 Part B premium	2025 Part D premium
Equal to or less than $106,000	Equal to or less than $212,000	$185.00 (Standard)	Plan premium
$106,001-$133,000	$212,001- $266,000	$259.00	Plan premium + $13.70
$133,001- $167,000	$266,001- $334,000	$370.00	Plan premium + $35.30
$167,001 - $200,000	$334,001 - $400,000	$480.90	Plan premium + $57.00
$200,001 - $499,999	$400,000 - $749,999	$591.90	Plan premium + $78.60
Equal to or more than $500,000	Equal to or more than $750,000	$628.90	Plan premium + $85.80

Medigap guaranteed issue rights

If your Advantage plan leaves market

- There is a time-limited, guaranteed-issue right to buy a Medigap policy
- Must apply within 60 days, before Medicare Advantage coverage ends (10/30-12/31) and
- No more than 63 days after it ends (12/31 - 3/3)
- Enrolling in another Advantage plan (12/8/25 - 2/28/26)

Using guaranteed issue rights

- Those with Medicare prior to 1/20
  - Can purchase the Part B deductible rider (three riders)
  - Could be UCare enrollees
- Basic Medigap with riders (two riders)
  - Part A deductible
  - 100 percent of the Part B excess charges – only applies to DMEPOS and ambulance in Minnesota

Minnesota Medigap policy types

	Basic	Extended Basic	$20 & $50 copay for Part B similar to policy N	High Deductible similar to policy F*	50% Part A Deductible Policy similar to policy M	50% similar to policy K*	75% similar to policy L
Annual MOOP	$0	$1,000	$0	$2,870	$0	$7,220	$3,610
Part A deductible	100% if rider purchased	100%	100%	100%	50%	50%	75%
Part A coinsurance	100%	100%	100%	100%	100%	100%	100%
SNF coinsurance	100%	100% up to 120 days of SNF coverage	100%	100%	100%	50%	75%
Part B coinsurance	100%	100%	$20 & $50 copays	100%	100%	50%	75%
Part B excess charge	100% if rider purchased	100%	$0	$0	$0	$0	$0
Part B preventive care	100%	100%	100%	100%	100%	100%	100%
Preventive care not covered by Medicare	100% up to $120 if preventive care rider is purchased	100% up to $120	$0	$0	$0	$0	$0
Foreign travel emergency	80%	80%	80%	100%	80%	$0	$0
Foreign travel	$0	80%	$0	$0	$0	$0	$0

Medicare Cost Plans

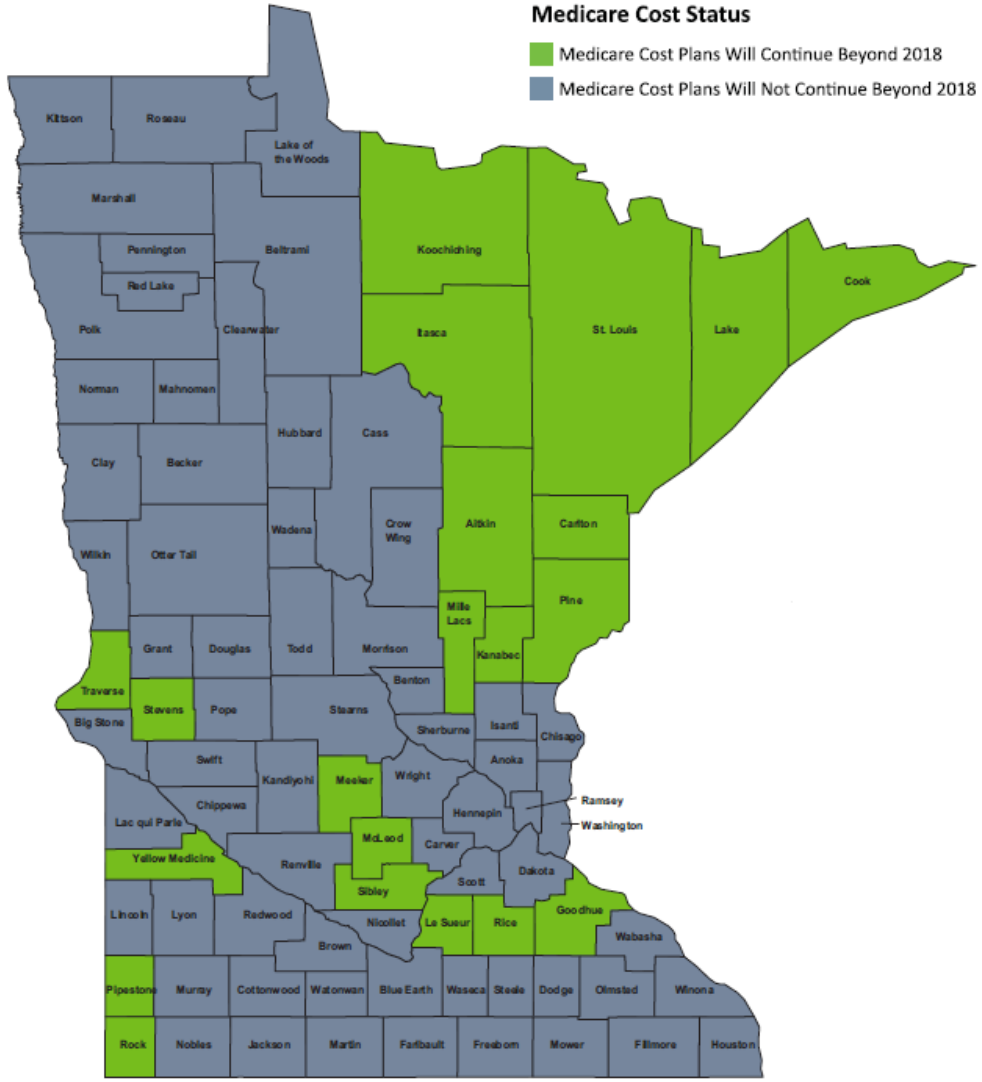
- Available in 21 Minnesota counties
- Original Medicare foundation with Parts A and B
- Costs - still pay Part B premium and any monthly premiums, copays and coinsurance for the plan
- Many Cost Plans include extra benefits, like Part D coverage, dental and vision care
- Cost Plans with Rx have a SEP to go to a stand-alone drug plan during the year
- Can purchase a separate Part D plan if not included

Medicare Cost Plans

- Can use providers within or outside plan's network
- With out of network provider, Original Medicare pays for services, enrollee pays Part A and Part B cost sharing
- Cost Plans offered by Blue Cross Blue Shield of MN and Medica
- People contact the plan if they want to enroll
- Can enroll or switch Cost Plans if open for enrollment

21 counties where Cost plans are available

- Aitkin
- Carlton
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Pine
- Pipestone
- Rice
- Rock
- St. Louis
- Sibley
- Stevens
- Traverse
- Yellow Medicine



Medicare Advantage Plans

- Also known as Medicare Part C
- Alternative to Original Medicare
- Offered by Medicare-approved private insurance companies
- Plans include Part A and Part B coverage, and usually Part D coverage
  - If enrolled in a plan without Part D – cannot enroll in separate Part D plan
  - Often provide extra benefits like routine dental, vision and hearing care, as well as wellness programs or fitness memberships

- Many plans require use of doctors, hospitals and other providers within the plan's network, except for emergencies
- May still pay a monthly premium, which can be $0 for some plans, along with deductibles and copayments for services received
- The only payer for services can be the Medicare Advantage Plan, not Original Medicare
- Must be at least as good as Original Medicare but can restrict providers and offer additional benefits

HMO, PPO, HMO-POS

Health maintenance organization (HMO)	Preferred provider organization (PPO)	Health maintenance organization with point-of-service (HMO-POS)
Restrictive, generally only covering in-network care except for emergencies	Flexibility to see doctors and hospitals inside or outside the plan's network	Hybrid plan - combines features of both HMO and PPO plans
Require use of primary care physician to coordinate care and provide referrals to see specialists	Do not need to choose a primary care physician or get a referral to see a specialist	Typically need to choose a primary care physician and get referrals to see specialists, like an HMO.
Offers less flexibility and choice in providers, but often comes with lower premiums	Offers more provider choice, but usually at a higher cost than an HMO	Offers more flexibility than a standard HMO, allowed to see out-of-network providers, though at a higher cost

Part D Drug Coverage in 2026

	2026
2026 base beneficiary national premium	$38.99 (6% increase from 2025)
2026 maximum out-of-pocket costs (MOOP)	$2,100 ($100 increase from 2025)
2026 Minnesota base premium benchmark amount	$41.47
Co-pay amounts (Extra Help/LIS/MSP)	**Up to 100% of FPL** Generic: $1.60 Brand name: $4.90 **100% - 150% of FPL** Generic: $5.10 Brand name: $12.65

2026 Annual Maximum Out of Pocket Cost - $2,100

Counts toward the $2,100

- Deductibles - the amount paid before plan starts to pay for drugs
- Copayments - a fixed amount paid for a prescription
- Coinsurance - a percentage of the cost of a prescription paid
- Drug with an approved exception counts toward the $2,100

Does not count toward the $2,100

- Premiums - the monthly cost paid for the Part D plan do not count
- Non-Covered Drugs - the cost of drugs not on plan's formulary or without an exception do not count

Part D drug coverage phases

	2026
Deductible phase	Cost sharing - 100%
	Deductible - $615
Initial coverage phase	**Covered drugs** Cost sharing - 25% Plan pays - 65% Discount - 10%
	Initial coverage limit: N/A
Coverage gap	N/A
	Maximum Out-of-Pocket threshold - $2,100
Catastrophic phase	**Covered drugs** Plan pays - 60% Discount - 20% Reinsurance - 20%

Medicare Part D drug coverage

- Insulin coverage (not used in a pump)
  - Insulin cost sharing is capped at the lesser of $35 in 2026
  - 25% of the maximum fair price (MFP) or 25% of the insulin's negotiated price in the plan
  - The Part D deductible does not apply to these covered insulin products, and this cost sharing limit applies to a one-month supply (standard and needle-free syringes, needles, gauze, alcohol swabs and insulin pens)

Medicare Part D drug coverage (cont.)

- Vaccines - RSV, shingles, Tdap and may cover international travel vaccines
- Prescription-based smoking cessation products
- Self-administered injectable drugs
- Injectable or infusible drugs administered in-home and not covered by Medicare Part A or Part B
- Infusion drugs not covered under Part B and administered in-home via IV drips or push injection, such as intramuscular drugs, antibiotics, parenteral nutrition, immunoglobulin, etc.

Medicare Prescription Payment Plan (MPPP)

- More broadly available, allowing to spread out of-pocket drug costs into smaller monthly payments instead of paying all at once
- Must contact the plan to opt-in
- Plans must automatically re-enroll person if they stay with the same plan
- Lower drug prices for 10 drugs including:
  - Eliquis
  - Jardiance
  - Xarelto
  - Januvia
  - Farxiga
  - Entresto
  - Enbrel
  - Imbruvica
  - Stelara
  - NovoLog/Fiasp
  - 15 drugs will be selected for 2027

MPPP changes for 2026

- Notices
  - Mid-year notices to enrollees who have not used their supplemental benefits will not be sent
- Status change
  - After Medicare Advantage Plan approves an inpatient admission, they cannot reopen the case and change the approval
  - Only exception is if there is an obvious error or fraud

LIS eligibility

	Financial Eligibility 2025 (single/couple)	
	Monthly income	**Resources**
Low Income Subsidy (LIS) *also known as Extra Help*	$1,976/$2,664	$17,600/$35,130 $1,500 burial fund included

Some people are automatically eligible for LIS/Extra Help:

- Dual-eligible (people on both Medicare and Medical Assistance)
- People on Medicare who receive Social Security Income (SSI)
- People eligible for a Medicare Savings Program

Medicare Savings Programs

Medicare Savings Programs	Benefit	Financial Eligibility 2025-2026 (single/couple)	
		Monthly income	Resources
Qualified Medicare Beneficiary (QMB)	Part A & B premiums, deductibles, cost sharing	$1,325/$1,784* *100% FPL*	$10,000/$18,000
Specified Low Income Medicare Beneficiary (SLMB)	Part B premium	$1,585/$2,135* *101 to 120% FPL*	$10,000/$18,000
Qualifying Individual (QI)	Part B premium	$1,781/$2,400* *121 to 135% FPL*	$10,000/$18,000

* Includes a $20 standard income disregard

2026 changes

Disruptive year for Medicare OEP with many changes

- Increased premiums
- Increased deductible
- Some plans leaving the market
- Some plans reduced county service areas
- Benchmark plan changes

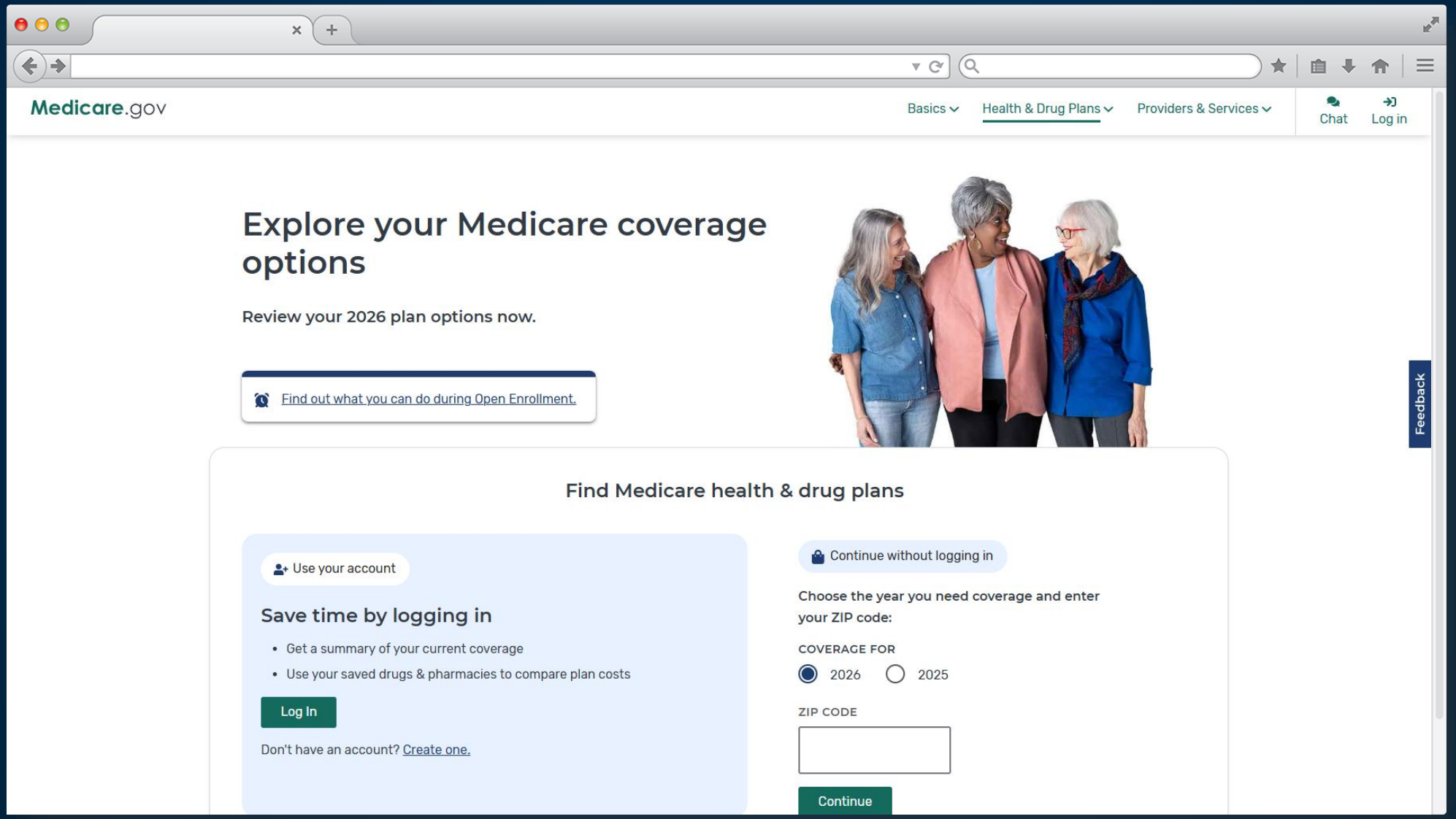
- Reduced benefits, including Medicare Advantage supplemental benefits
- Some new plans
- Formulary changes
- Provider network changes
- Medicare Part B covers COVID vaccines

2026 changes

- Very little telehealth will be covered by Medicare as of 10/1/2025
- No coverage for weight loss drugs
  - Allows coverage for medications like Ozempic and Wegovy, with FDA-approved indications, such as diabetes, sleep apnea or to reduce cardiovascular risk

- Some MA-PPOs are going to convert to MA-HMO plans or HMO-POS
  - Must use provider network for coverage
  - If HMO-POS can go out of network
  - Primary care physician
  - Limited access to specialists
  - Lower costs

Medicare.gov Plan Finder



Plan Finder changes

- Must have an email address when setting up new account
- Two-factor authentication added
  - Enter a password and then entering a code sent to your phone via text messaging
- Insurance plans will add provider information
- Medicare Advantage supplemental benefit information expanded

- SEP for incorrect provider information
  - January 1, 2026 – December 31, 2026
  - Must have enrolled in plan via the Plan Finder
  - Found provider information was incorrect within three months of their plan's effective date
  - Call 1-800-Medicare to change plans
  - Can change to a different Medicare Advantage plan or enroll in Original Medicare with a stand-alone prescription drug plan

Plan information for 2026

Benchmark plans for 2026

- WellCare Classic
- Silverscript Choice
- Humana Basic Rx
- AARP Medicare Rx Saver from UHC

Part D plans leaving Minnesota

- Medicare Blue Rx Medicare Premier PDP
- Cigna HealthCare Extra Rx PDP
- WellCare Medicare Rx Value Plus

Plan information for 2026

Medicare Advantage Plans leaving Minnesota

- All UCare Medicare Advantage plans except MSHO or D-SNP
- Allina Health Aetna Medicare Signature
- AARP Medicare Advantage from UHC
- AARP Medicare Advantage from UHC (MN 0003)
- AARP Medicare Advantage from UHC (MN 0004)
- AARP Medicare Advantage from UHC (SI001)
- AARP Medicare Advantage Patriot No Rx SIMAO1
- Gunderson MN Quartz Advantage Elite
- HealthPartners Journey Dash (2 plans)
- HealthPartners Journey Smart
- Humana Value Plus
- Humana USAA Honor Giveback
- Humana Choice
- Humana Gold Plus

Plan information for 2026

Counties with no Medicare Advantage Plans

1. Rice
2. Stevens
3. Yellow Medicine

These three counties will have

- Medigap guaranteed issue rights
- Cost Plans available

Plan information for 2026

Cost Plans leaving Minnesota

- Medica Prime Solution Basic with Rx 2

Special Needs Plans leaving Minnesota

- HumanaChoice Diabetes and Heart
- Medica Access Ability Solution Enhanced
- United Health Care Nursing Home Plan

Minnesota Aging Pathways can help with

- Reviewing plan options in the Medicare Plan Finder
- Assisting with plan enrollments
- Screening for Medicare Savings Programs and Part D Extra Help
- Helping with completing applications
- Doing community-based outreach
- Helping you understand Medicare benefits
- Appeals
- Medicare problem solving

Getting help with Medicare

- If you need Medicare help from Minnesota Aging Pathways, please have the following ready before calling us:
  - Your list of prescription medications
  - Your Medicare card
  - Your insurance card if you have coverage beyond Medicare
  - Preferred pharmacies and providers
- 1-800 Medicare help – open all year and 24 hours a day

Minnesota Aging Pathways cannot help with

- Reviewing provider participation in individual plans if not in the Plan Finder
  - We can’t do individual plan provider website reviews
- Determining eligibility for MA, but we can help you apply
- Determining eligibility for LIS/Extra Help, but can help you apply
- MA spenddown
- Referrals to agents or brokers
- Purchasing Medigap policies
- Enrollment in Cost Plans

Minnesota Aging Pathways: What we can help with

Transportation

Housing

Food

Housecleaning

Support programs

Minnesota Aging Pathways: What we can help with

Medicare eligible

Moving from hospital, nursing home, assisted living

Supporting a loved one

Prescription needs

Fraud concerns

Volunteer opportunities

- We are always looking for volunteers to help older adults and caregivers.
- We provide training, a variety of tasks and fun opportunities.
- You'll receive mileage reimbursement, ongoing support and the knowledge that you have made a difference.
- Call Minnesota Aging Pathways to find out how you can help in your area.

Connect with Minnesota Aging Pathways

- **Website** — mn.gov/aging-pathways
  - Live chat
  - Learn more about topics and find additional resources any time of day
- **Call** — 800-333-2433

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Questions

ACL Medicare satisfaction survey

- This three-page survey from the ACL should take less than five minutes to complete.
- Your responses are completely anonymous and will help improve programs and services.
- www.surveymonkey.com/r/ACLED

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Thank You