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2027 MEDICARE PRESCRIPTION DRUG ANNUAL OPEN ENROLLMENT

The Annual Open Enrollment for Medicare prescription drug coverage (Part D) is October 15, 2026 – December 7, 2026 for coverage beginning January 1, 2027. Certain people with Medicare can also change plans at other times (see question #11). Every year plans make changes to benefits and costs. With these different changes, your current plan may or may not be the best plan for you in 2027.

Due to changes to Medicare Part D, it is very important to compare your plan choices and find the plan that best meets your prescription drug needs.

Starting on page 3, you will find answers to some important questions that can help you during the Annual Open Enrollment.

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Medicare Part D:
What you need to know.

NOW

Part D benefits you may not know about:

- $0 out-of-pocket costs for vaccines under Part D
- Insulin copay costs capped monthly at $35
- Expansion of eligibility for the Extra Help program, which reduces out-of-pocket expenses, and may allow people with Medicare to qualify for even more savings
- Annual out-of-pocket cap, limiting costs that you pay for Part D drugs to $2,400 (for 2027)
- Monthly prescription payment plan called the Medicare Prescription Payment Plan to spread out-of-pocket costs over the year; click here for more information

Be aware: If you pick the same Part D plan for 2027, there may be changes to coverage for your prescription drugs. It's important to review all of your plan options to make sure you still have coverage for your Part D prescription drugs.

The rest of this Open Enrollment brochure will guide you through everything you need to know in order to make an informed enrollment decision.

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2027 MEDICARE OPEN ENROLLMENT

CHOOSING THE PART D PLAN THAT IS RIGHT FOR YOU

As you review this guide and begin to evaluate your options, we strongly encourage you to take into account a number of factors, such as monthly premiums, coverage policies for the drugs you take, access to local pharmacies and total annual out-of-pocket costs. There are a lot of changes in plan options for 2027.

CHANGES TO YOUR EXISTING PLAN

Your current plan may have made changes in coverage and costs for 2027. It's important that you learn what changes have been made and ensure the plan still covers all your medications, includes convenient in-network pharmacy options and does not impose restrictions that may make it more difficult for you to access the medications you need.

Your drugs costs may have changed for 2027 based on changes to the Part D benefit as a whole – but your plan could also make changes that could increase or lower your costs or make it more difficult to access prescribed medications.

REVIEW YOUR OPTIONS FOR 2027

Even if you are satisfied with your current plan and no major changes have been made to it, it is worth reviewing other available options to make sure you select the one that will best fit your needs for 2027. You may end up continuing with your current plan, but we recommend you review your options - it never hurts to know what else is available.

USING THE MEDICARE PLAN FINDER

When choosing a Part D plan for 2027, the Medicare Plan Finder is an important tool that will allow you to find the plans in your area that work for you and compare them. Before you begin, you will want to have on hand the following information:

- Your Medicare card or Medicare number;
- Name of the Part D plan you were enrolled in during 2026
- List of all the medications you are taking, including dose and frequency (how often you take it);
- List of pharmacies in your area that you use or could conveniently use in the future.

Once you have gathered this information, you are ready to begin reviewing your Part D plan options for 2027.
Visit medicare.gov to begin using the Plan Finder.

ADD YOUR MEDICATIONS TO THE MEDICARE PLAN FINDER

After you fill in some basic information about yourself, like your zip code, your current Medicare coverage, and whether you receive Extra Help, the Plan Finder will give you the option to Add Drugs. The best way to compare Part D plans is by adding every drug that you currently take to the Plan Finder so that it can give you personalized information related to formulary coverage and cost estimates for each plan.

Take special care to ensure you enter the correct drugs, doses, and quantities so that the Plan Finder gives you accurate estimates.

SELECT YOUR PHARMACIES

Add the pharmacy you usually use to the Plan Finder and add other convenient pharmacies in your area so that you can compare costs when reviewing plans - but only add a pharmacy if you will be able to reliably get to it as often as necessary. Depending on the plan, you may be able to save money by using their preferred pharmacy network.

REFINE YOUR PLAN RESULTS

Before reviewing plans, you will have an opportunity to filter and sort the plan results. You will be able to filter based on a plan's star rating, the insurance carrier offering the plan, and whether it is accepted across the United States. Once you have applied your filters, we recommend sorting the results by lowest drug + premium cost, which will give you a more complete picture of your costs for the year than just sorting by monthly premium.

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REVIEWING YOUR PLAN RESULTS

When reviewing the plans that are available in your area, here are some things to keep in mind to find the best plan for you.

LOOK DEEPER THAN THE MONTHLY PREMIUM

The plan's premium is the most predictable of all your drug costs – it is the amount of money you will pay to the plan every month, regardless of what drugs you are prescribed. However, do not just choose the plan with the lowest premium – instead, look at each plan's estimated total drug + premium cost so you have a clearer understanding of your total out-of-pocket costs. In some cases, your total annual costs may be lower if you select a plan that has a higher monthly premium.

For example, consider the following hypothetical scenario:

	MONTHLY PREMIUM	ESTIMATED ANNUAL DRUG COSTS	TOTAL ANNUAL SPEND
PLAN 1	$15	$2,100	$2,280
PLAN 2	$30	$1,700	**$2,060**

Even though your monthly premium with Plan 2 will be twice as much as Plan 1, Plan 2 will save you $220 for the year because the estimated annual drug costs are much lower. The Plan Finder will show you what you will pay for each drug in each phase of the Part D benefit and breakdown what you will spend each month for your medications.

CHECK EACH PLAN'S PREFERRED RETAIL PHARMACY

When reviewing each plan, scroll down to the section titled Drug Coverage. You will see the pharmacies you entered earlier, and the estimated costs for each of your drugs at those pharmacies. Next to the pharmacy's name, look for Preferred in-network pharmacy – you will likely save money by using this pharmacy. If none of the pharmacies you entered are preferred, call the plan and find out if they have a preferred pharmacy and if it would work for you.

BE WARY OF UTILIZATION MANAGEMENT TOOLS

When reviewing your plan results, expand the section titled View more drug coverage and under Other drug information, note which utilization management tools each plan uses for each of your drugs. If you are interested in a plan that uses one or more utilization management tools, talk to your physician to see if they think any of them would cause delays in you getting your medications. Some utilization management tools your plan may use are:

- **Prior authorization -** there may be specific criteria you must meet before the plan covers a medication. Many prior authorization requirements can be handled by your pharmacist, but in some cases, your doctor may need to provide additional information.
- **Quantity limits -** your plan may place limits on how much or how often they will cover a drug.
- **Step therapy -** before your plan will cover certain drugs, they may require you to first try one or more other drugs before the medication that is prescribed by your physician.

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1 Are there recent changes to Part D that I need to know about?

Starting in 2025, there is a cap on patient out-of-pocket costs annually. Additionally, you have the choice to sign up for the Medicare Prescription Payment Plan, a new option that will allow you to spread out your drug costs over the course of the year to help patients better plan for monthly costs.

In addition, there are no out-of-pocket costs for vaccines covered under Part D. Additionally, copays for insulins are capped at $35. Starting in 2024, the full benefit of the low-income subsidy was extended to all patients at or below 150% of the federal poverty level.

2 Will my Medicare Part D plan be the same in 2027 as it was in 2026?

It depends. Even if you stay in the same plan, there are likely changes to the prescription drug coverage. Use this Annual Open Enrollment Period to compare plans and find the plan that best meets your prescription drug needs.

3 In what ways could my plan change?

Your current plan may have changed:

- the monthly premium
- the annual deductible
- your share of the costs (co-payment or coinsurance)
- the list of the drugs it covers (formulary)
- use of policies that may restrict access to certain drugs, such as:
  - requiring your doctor to justify why you need a certain drug before the plan will pay for it (called prior authorization)
  - requiring your doctor to prescribe a different drug in the same class of drugs first (called step therapy)
  - only letting you buy a certain amount of a drug at a time (called quantity limits).

Your plan may also decide not to participate in 2027. If you are one of the few people whose plan is not participating in 2027, your plan sent you a letter in October explaining that you will need to select a new plan.

4 How do I know what changes my plan is making in 2027?

You should have received a letter from your current plan called an "Annual Notice of Change/Evidence of Coverage" by the start of the Annual Election Period (October 15 - December 7). This letter explains some of the important changes to your plan, including changes to the name of the plan, to the premium, the drugs covered (formulary), the cost of the drugs, and any restrictions used that limit the access to drugs. It is very important to read this letter as these changes can have a large impact on your out-of-pocket drug costs. If you did not receive the Annual Notice of Change/Evidence of Coverage letter, call your plan immediately.

While important, this letter probably does not have all the details you need to determine if your current plan is the best plan for you in 2027. You also need to know how these changes apply to the drugs you use. You can find this information by looking on the plan's website or in the Medicare Prescription Drug Plan Finder at www.Medicare.gov or by calling the plan or 1-800-MEDICARE; (1-800-633-4227/TTY: 1-877-486-2048).

You may have received a summary of the formulary with the Annual Notice of Change/Evidence of Coverage letter. If you did not receive a copy of the formulary, call the plan and they will send you a copy or tell you if your drugs are covered. The phone number for the plan's customer service department is included in the letter you received. You may also get information about the formulary from the plan's website, by using the Medicare Prescription Drug Plan Finder at www.Medicare.gov, or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

5 Should I compare my plan with other plans available in my area?

Yes, this is important to do. Other plans may provide you with better or less costly coverage for the drugs you need. Often the single most important factor in choosing a plan is comparing the drugs you take to the plan's formulary. The lack of coverage for one drug for a chronic condition can be the most important factor in terms of what your drug costs will be. The best way to compare your current plan with other plans is to use the Medicare Plan Finder at www.Medicare.gov.

The Plan Finder Tool will allow you to complete either a personalized or general search for drug coverage and estimated costs for plans in your area in 2027. In addition, the Plan Finder tool will allow you to compare coverage and costs with other plans in your area. Estimates are based on drug prices on the date you compare plans; your actual out-of-pocket costs may vary.

An important new feature on the Plan Finder is that it will estimate your total monthly costs over a 12-month period under the Medicare Prescription Payment Plan. The Medicare Prescription Payment Plan is a new option where you can choose to spread your drug costs into monthly interest-free payments over the course of the year; click here for more information.

If you have entered the drugs you take, this information appears in a chart near the bottom of each plan's Drug Coverage tab in a section titled Estimated Total Monthly Drug Cost.

In addition to the monthly premiums, it's important when you compare plans to look at the out-of-pocket cost for your prescription drugs, the drugs on formulary, and if there are any restrictions to drug coverage such as prior authorization.

6 What happens if a drug I take is not on a plan's formulary?

You must pay the **full** cost for any drug not on the formulary. **The money you pay for these drugs does not count toward the $2,400 out-of-pocket maximum.** That is why it is important to make sure that your drugs, are on the formulary of the plan you select. You, your authorized representative or your doctor can ask for a "coverage determination" (exception) to get your plan to cover a drug when it is not on the plan's formulary.

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7 How have out-of-pocket expenses changed in 2027?

In 2027, the maximum amount you will pay for all your Part D prescription drugs in the year is $2,400. The Medicare Prescription Payment Plan that will allow you to spread your out-of-pocket costs, interest free, on a monthly basis rather than pay an expense all at once at the pharmacy.

8 What is the Medicare Prescription Payment Plan (MPPP)?

The Medicare Prescription Payment Plan, or MPPP, is a program offered by Medicare for prescription drugs. The MPPP will let you spread out your prescription drug out-of-pocket costs on a monthly basis for the rest of the year, without interest, instead of making a big single payment when you fill a prescription at the pharmacy.

9 What do I have to do if I decide that I want to stay in my current plan for 2027?

You can choose to stay enrolled in your current plan but the formulary may change for 2027 and all plans are required to offer you the option to select the Medicare Prescription Payment Plan; click here for more information.

10 If I decide to change plans, how and when should I do it?

You can enroll in a new plan by contacting the plan you want to enroll in or by calling 1-800-MEDICARE (TTY: 1-877-486-2048) or by visiting www.Medicare.gov.

You can change your plan for 2027 by enrolling in a new plan between October 15 and December 7, 2026. **However, it is best to make the change as early as possible to ensure that you can get the prescriptions you need without delay on January 1, 2027.** There is no fee for changing to a new plan. After enrolling in the new plan for 2027, you will be automatically unenrolled from your 2026 plan at the end of the year. You should not notify your 2026 plan of the change.

11 If I'm in a Medicare Advantage Plan, but am not happy with the health coverage, can I drop my Medicare Advantage Plan and return to Original Medicare by itself and add a drug plan?

Yes, you can switch plans during the Part D Annual Open Enrollment Period from October 15 through December 7, 2026. You can also switch plans during the Medicare Advantage Open Enrollment Period from January 1 through March 31, 2027. During this period, you can switch from your Medicare Advantage plan with or without drug coverage to Original Medicare (or another Medicare Advantage plan with or without drug coverage) but you must also join a separate standalone drug plan if you want prescription drug coverage. The booklet Medicare & You 2027 has important information about Medigap protections for people switching from Medicare Advantage plans to Original Medicare.

12 What if I change prescription drug plans, but find that I don't like my new plan?

In general, you can only switch to another standalone prescription drug plan from October 15 to December 7 each year. If you are enrolled in a Medicare Advantage plan, you may use the Open Enrollment Period from January 1 to March 31 to switch to another Medicare Advantage plan with drug coverage or switch to Original Medicare and enroll into a prescription drug plan. Additionally, there are a few special exceptions that allow you to change to a new plan during 2027, such as if you move out of the service area, lose your employer drug coverage, enter or leave a nursing facility, or if you qualify for Extra Help. That is why it is so important to review your options before enrolling. There is also a special enrollment period for plans that receive the highest possible quality rating from Medicare.

13 I'm currently enrolled in a Medigap plan and get Part D benefits through a prescription drug plan, can I sign up for Medicare Advantage?

Yes. During Open Enrollment you can switch to a Medicare Advantage plan with or without prescription drug coverage. Note that depending on the laws in your state, it may not be easy or possible to go switch back to your Medigap plan later.

14 What is the special enrollment period for "5-star" plans?

Medicare rates plans for quality using a stars system. The best possible score is 5 stars. In October, Medicare will release a list of 5-star prescription drug plans and Medicare Advantage plans for 2027. The Medicare Plan Finder includes the "Overall Plan Rating" in the listing for each plan. You can sort the plans in your area based on "Overall Plan Rating" to easily find those with a 5-star rating.

Under the special enrollment period for 5-star Medicare Advantage and stand-alone prescription drug plans, you can switch into a 5-star plan at any time during the plan year. This enrollment period will start on December 8, 2026, after the Open Enrollment Period ends. You can make this change only once during the plan year.

Very few plans receive the 5-star rating and there may not be a 5-star plan in your area. The 5-star plans in your area may not be the best options for you in terms of cost, network providers and coverage. You should compare the 5-star plans to your current plan to make sure that you have the same coverage and access to your doctors and other health providers before making the switch to a new plan.

15 If I previously qualified for Extra Help (Low-Income Subsidy), do I qualify in 2027?

The 2026 Federal Poverty Level (FPL) guidelines determine the income level requirements for people applying for Extra Help. If you applied and qualified for Extra Help at any time and are receiving Extra Help now, Social Security may have contacted you to review your eligibility status for 2026.

In late August, Social Security mailed letters to people who were selected for review and included a form to complete called *"Social Security Administration Review of Your Eligibility for Extra Help"* (Form SSA-1026). You had 30 days to complete and return this form. Any changes in the amount of Extra Help you will receive will be effective in January 2027.

If you qualified for Extra Help in 2026, but were not selected for a review, you will not receive a form from Social Security and there should be no change in the amount of Extra Help you receive. If you are unsure of your Extra Help status, call 1-800-MEDICARE (TTY: 1-877-486-2048).

If you have been notified by Social Security that you are no longer eligible for Extra Help in 2027, you will still be enrolled in your plan. After January 1, you will have to pay monthly premiums and your share of the drug costs. However, during a one-time Special Open Enrollment period, you can change Part D plans between January 1 and March 31. This will be an important opportunity for you to change to a new plan if you find that your existing plan is not your best option.

16 If I automatically qualified for Extra Help in 2026, will I qualify in 2027?

If you automatically qualified for Extra Help in 2026, you will automatically qualify in 2027 if you:

Receive both Medicare and Medicaid

- Have your Medicare Part B premiums paid by your state because you belong to a Medicare Savings Program (MSP)
- Receive both Medicare and Supplemental Security Income (SSI)

Medicare beneficiaries who automatically qualified in 2026, but who will not automatically qualify in 2027, should have received a notice on grey paper from Medicare [CMS Publication No. 11198] in September.

The notice explains why you no longer automatically qualify and will encourage you to complete an enclosed Social Security application for Extra Help as soon as possible. The application for Extra Help should be returned to Social Security in the postage paid envelope provided.

17 Have the rules for Extra Help changed?

It depends where you live. Starting in 2010, Social Security no longer counted life insurance you have as a resource when deciding if you qualify for Extra Help. They also no longer count help you receive from others with your household expenses to decide if you get Extra Help.

You should know though that some states may still count life insurance and the help you receive from others to decide if you are eligible for your state's MSP. These programs can help pay for your Medicare Part B premiums and other Medicare costs. Call 1-800-772-1213 or visit www.SocialSecurity.gov or www.BenefitsCheckup.org.

If you apply for Extra Help, Social Security will send the information to your state's Medicaid agency to start the process for getting you into your state's MSP. If you do not want your information to go to the state, there is a box you can check on the application for Extra Help.

18 If I received Extra Help in 2026, and qualify again in 2027,

Maybe. Your co-payment levels will increase or decrease if you have a change in your income or assets, or if you enter or leave a nursing facility or other institution.

If you continue to automatically qualify for Extra Help and your co-payment levels are changing, you should have received a letter on orange paper from Medicare [CMS Publication No. 11199] telling you your new co-payment amounts.

If you had partial support in 2026, you may be eligible for the full benefit in 2026, possibly lowering your drug costs.

19 What if I did not join a Medicare Part D plan when I was first eligible, but I would like to join one now?

You can enroll in a plan during the Annual Open Enrollment. You may have to pay a premium penalty if you did not have coverage that is at least as good as Medicare's coverage ("creditable coverage") during the first/initial period that you were eligible to enroll. The penalty amount is calculated based on the number of months you were eligible but did not enroll. If you have to pay a premium penalty, most people will have to pay it for the rest of their life. The penalty will be added to your monthly Medicare private Part D plan premium.

If you qualify for Extra Help with your Medicare prescription drug coverage you can enroll anytime and pay no late enrollment penalty.

20 Can I get free help to make decisions about Medicare Part D plans?

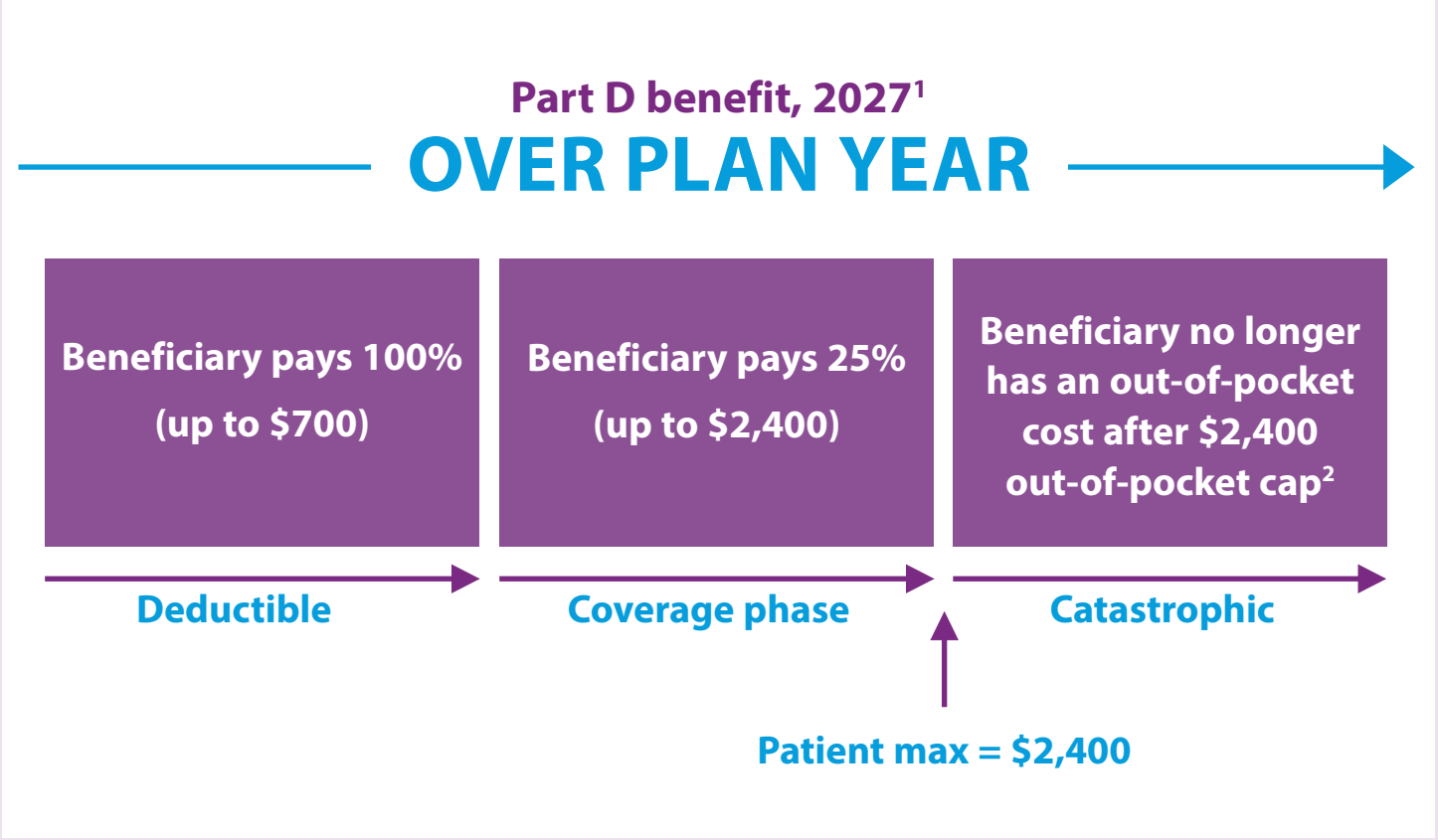
Yes. Every state has a State Health Insurance Assistance Program (SHIP) that offers free one-on-one counseling and assistance to people with Medicare and their families. SHIP offices are located throughout each state. To find contact information for the SHIP office closest to your community visit www.ShipHelp.org or call 1-800-MEDICARE (TTY: 1-877-486-2048).

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STANDARD PART D MEDICARE PRESCRIPTION DRUG BENEFIT

The amounts below do not include monthly premiums.



1. Based on: Announcement of Calendar Year (CY) 2027 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.
2. Cost of Part D covered drugs covered by the Part D plan, manufacturer, and the government.

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ENROLLMENT PERIOD OVERVIEW AND OPTIONS

	OCTOBER 15 - DECEMBER 7, 2026		JANUARY 1 - MARCH 31, 2027
	Part D*	Medicare Advantage*	Medicare Advantage*
If you have Medicare Part A **OR** Part B, **but not both**	Add prescription drug coverage	Not available	Not available
If you have Medicare Part A **AND** Part B (i.e., Original Medicare) and prescription drug coverage	Maintain Original Medicare and maintain or change your prescription drug plan	Join a Medicare Advantage plan with or without prescription drug coverage	Not available
If you have Original Medicare and no prescription drug coverage	Maintain Original Medicare and add prescription drug coverage	Join a Medicare Advantage plan with or without prescription drug coverage	Not available
If you have a Medicare Advantage plan with or without Medicare prescription drug coverage	Switch to Original Medicare, with the option of joining a prescription drug plan	Switch to another Medicare Advantage plan with or without prescription drug coverage	Switch to another Medicare Advantage plan (with or without drug coverage) or switch to Original Medicare (with or without prescription drug coverage)
If you have Medigap	Add prescription drug coverage or maintain or change your prescription drug plan	Join Medicare Advantage with or without prescription drug coverage. Note, once you join Medicare Advantage, you might not be able to go back to the same Medigap offering.	Not available

***Important Note:** It is not advised to drop prescription drug coverage unless you can get other prescription drug coverage that is at least as good as Medicare's coverage (creditable coverage).*

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ENROLLMENT PERIOD OVERVIEW AND OPTIONS FOR PEOPLE WITH EXTRA HELP

	OCTOBER 15 - DECEMBER 7, 2026	JANUARY 1 - MARCH 31, 2027
People who no longer qualify for Extra Help	Add, switch or drop a prescription drug plan or a Medicare Advantage plan or return to Original Medicare.	Add, switch or drop a prescription drug plan or join a Medicare Advantage plan during this special enrollment period for this group or return to Original Medicare.
People who qualify for Extra Help	Switch to another Medicare drug plan or a Medicare Advantage plan at any time as long as they continue to get Extra Help. Coverage will begin the first day of the month after you ask to join a plan.	

***Important Note:** *It is not advised to drop prescription drug coverage unless you can get other prescription drug coverage that is at least as good as Medicare's coverage (creditable coverage).*

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QUESTIONS YOU MAY HAVE AFTER ENROLLMENT

1 I enrolled in a Part D plan, but I haven't heard anything. Is this normal?

No. You should have received a welcome letter and a prescription card from the plan. Contact the plan right away to confirm that you are enrolled.

2 I enrolled in a drug plan in December and got a letter welcoming me into the plan, but nothing else. I have nothing to show the pharmacist. How can I get prescriptions filled without a card?

Contact your plan immediately. If you need to get your prescription filled before your card arrives, bring the letter you received from the plan that confirms you have enrolled with you to the pharmacy. If you don't have a letter, ask your pharmacist to call 1-800-MEDICARE (TTY: 1-877-486-2048). The customer service representative should be able to tell the pharmacist in which plan you are enrolled. If you continue to have problems, you should contact your local SHIP office. You can locate your local SHIP office by visiting www.ShipHelp.org or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

3 Will my plan cover a drug that I need to take even if it is not on their formulary?

The plan must decide within 72 hours (or 24 hours for an expedited review) if they will cover the drug. If they decide not to cover the drug, they must send you a written notice. You also have a right to appeal their decision.

4 I am having problems with my old Part D plan. I have enrolled in a new Part D plan, but my old plan still deducts a premium. What should I do?

Report billing errors to 1-800-MEDICARE (TTY: 1-877-486-2048) as well as to the plan. Since your plan has not stopped billing you after you notified it of the error, you may wish to file a complaint (grievance). Ask the plan's customer service representative to send you a complaint form or tell you how to find one on the plan's website. You can also file a complaint (grievance) with Medicare by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

5 Will I be able to access a COVID-19 vaccine through my Part D plan?

No, approved vaccines are covered under Medicare Part B.

6 Are obesity management medications covered by Part D?

No, but you may have coverage through the Medicare GLP-1 Bridge program. Bridge is a temporary demonstration program that provides coverage for specific weight-loss medications to eligible Medicare Part D beneficiaries. It operates completely outside the traditional Part D benefit structure. It runs until December 31, 2027.