

Medicare Open Enrollment Checklist

Open Enrollment is October 15 – December 7

☐ Decide how you want to review your Medicare coverage:

- Set up an appointment with your State Health Insurance Assistance Program (SHIP). The SHIP in your state may offer in-person or web-based appointments in addition to telephone assistance. [Find your SHIP.](#)
- Call 1-800-Medicare (1-800-633-4227) 24 hours a day, 7 days a week
- Use the online tool, [Medicare Plan Finder](#), to compare plans and enroll in a plan on your own on Medicare's website.
- Watch a [video](#) to learn how to use Medicare Plan Finder.

☐ Complete your Medicare Open Enrollment [Worksheet](#)

☐ Set up a [Medicare.gov](#) account or log into your account to update your drug list if you already have one

- Have your account username and password available
- Use your account to compare plans with personalized results
- Watch the [step-by-step video](#) for creating a Medicare account

☐ Have your Medicare card and other insurance cards available

☐ Have your most recent prescription drug list, with accurate drug names, dosage, and frequency available

- You can use the Open Enrollment Worksheet or updated Medicare.gov account, or
- You can ask for a printout from your pharmacy or doctor's office

☐ Have list of your providers available

☐ Read your Annual Notice of Change (ANOC) from your Medicare drug coverage (Part D) or Medicare Advantage plan.

- Be aware of what is changing for next year

Review your Annual Notice of Change

How to know what is changing with your Medicare plan for next year

Your Medicare Part D drug plan or Medicare Advantage plan provides an Annual Notice of Change (ANOC) by September 30 every year.

- The ANOC explains any changes to your premiums, deductibles, copayments, drug coverage, provider network, or other benefits that will take effect on January 1 of the following year.
- The ANOC arrives before Open Enrollment to give you time to review changes and decide whether to keep your current plan or switch to another one.
- If you haven't received your ANOC by early October, contact your Medicare plan directly and request a copy



Questions to consider after looking at your ANOC

1. Do you have a Medicare Advantage plan? **Yes** or **No** or **Not Sure**

If **No**, Skip to Question 2.

If **Yes** or **Unsure**:

- Are there any changes to your provider networks? If yes, list any providers that will not be in-network for next year:
- How much will the premium, deductible, and maximum out-of-pocket amounts change for next year?
- What changes to medical or hospital copays will you see for next year?
- Are there any of your prescription drugs that will not be covered next year?
- What changes to prescription drug copays will you see?
- What benefits were added or removed?

2. Do you have a stand-alone Medicare Part D prescription drug plan? **Yes** or **No**

If **Yes**:

- How much will the premium and deductible amounts change for next year?
- Are there any of your prescription drugs that will not be covered next year?
- What changes to prescription drug copays will you see?
- Are there any changes to your pharmacy network?

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Medicare Enrollment Periods

Different Medicare enrollment periods allow you to enroll in Medicare or make changes to your coverage.



Medicare's Annual Open Enrollment Period starts October 15

October 15 through December 7. You can join a new Medicare Advantage plan or a new stand-alone prescription drug plan. You can also return to Original Medicare from a Medicare Advantage plan.



Initial Enrollment Period

Turning 65? Your Initial Enrollment Period lasts 7 months around your 65th birthday month.



Special Enrollment Period

If you do not enroll during your IEP, you may be eligible for a Special Enrollment Period.



General Enrollment Period

Missed your chance to enroll? The GEP is from January 1 through March 31 each year.



Medicare Advantage Open Enrollment Period

January 1 to March 31. Medicare Advantage members can make one coverage change.



SHIP

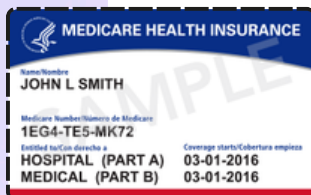
Original Medicare vs. Medicare Advantage

Know the differences before you choose.

	 Original Medicare	 Medicare Advantage
Costs	Part A & Part B costs, including monthly Part B premium. 20% coinsurance for Medicare-covered services with a participating provider after meeting your deductible.	Cost-sharing depends on the plan. Usually pay a copayment for in-network care. Plans may charge a monthly premium in addition to Part B premium.
Supplemental insurance	Choice to pay an additional premium for a Medigap policy to cover Medicare cost-sharing.	Cannot purchase a Medigap policy.
Provider access	Can see any provider and use any facility that accepts Medicare - participating & non-participating.	Typically, can only see in-network providers. Some plans allow you to see out-of-network providers at a higher cost.
Referrals	Do not need referrals for specialists.	May use referrals for specialists.
Drug coverage	Must sign up for a stand-alone Part D prescription drug plan.	In most cases, plan provides prescription drug coverage.
Other benefits	Does not cover routine vision, hearing, or dental services.	May cover additional services like vision, hearing, and/or dental (you may owe an extra premium).
Out-of-pocket limit	No out-of-pocket limit. *Adding a Medigap plan can cap your costs significantly.	Annual out-of-pocket limit. Plan pays the full cost of your health care after you reach the limit.
Prior Authorization	Prior authorization is rarely required for most covered services & procedures.	Prior authorization may be required for certain services or procedures.

Compare Options. Ask Questions. Choose with Confidence. ©

WHAT'S IN YOUR Health Care Deck?



Medicare

Red, white, & blue (always paper)

"Medicare Health Insurance" printed across the top.
Parts A and/or B start dates; 11-digit MBI #



Medicare Advantage

Private insurer card

Insurer logos and usually "HMO" or "PPO" network markers



Medicaid

State-issued card

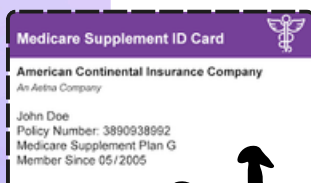
Lists state name and/or your state's program



Employer Plan

Commercial insurance card

Insurer name and company's name
Lists group numbers



Medigap

Private insurer card

May say "Medicare Supplement Insurance" and list a plan letter



Medicare Part D

Private insurer card

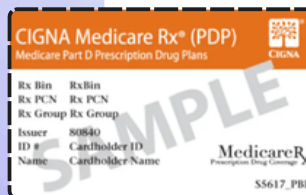
"Medicare Prescription Drug Plan" with MedicareRx logo

Contains RxBIN and RxPCN codes



Dental, Vision, & Hearing Specialty vendor card

"Supplemental Benefits" or vendor logos



Bring the stack. We'll find the facts.

Need Help Paying Medicare Costs?

Programs are available to help pay Medicare premiums, deductibles, copays, and prescription drug costs. **Don't assume you won't qualify.** Some income and assets may not count when determining eligibility.

Medicare Savings Programs (MSPs)

Help paying Medicare premiums and other out-of-pocket costs

Three programs that can lower your costs	Costs covered	Maximum monthly income	Maximum countable assets
Qualified Medicare Beneficiary (QMB)	✓ Part A premium ✓ Part B premium ✓ Medicare deductibles, copays & coinsurance	Individual: \$1,350 Couple: \$1,824	Individual: \$9,950 Couple: \$14,910
Specified Low-income Medicare Beneficiary (SLMB)	✓ Part B premium	Individual: \$1,616 Couple: \$2,184	Individual: \$9,950 Couple: \$14,910
Qualifying Individual (QI)	✓ Part B premium	Individual: \$1,816 Couple: \$2,455	Individual: \$9,950 Couple: \$14,910

Extra Help for Prescription Drugs

What Extra Help Can Do:

- ✓ Lower prescription drug costs
- ✓ Lower copays at the pharmacy
- ✓ Reduce or eliminate Part D premiums
- ✓ Remove Part D late enrollment penalties

Income limit	Asset limit	Benefits
Individual: \$2,015 /month Couples: \$2,725 /month	Individual: \$18,090 Couples: \$36,100	\$5.10 generic copay \$12.65 brand-name copay \$0 deductible premium (for a basic Part D plan with a premium at or below your state benchmark)



Who qualifies:

- Automatically enrolled if you have Medicaid, an MSP, or SSI
- Others may qualify by applying based on income and assets

State Pharmaceutical

Assistance Programs (SPAPs)

Some states offer additional help with prescription drug costs. Each program varies in operation and eligibility criteria.

Medicaid

May help pay:

- ✓ Deductibles
- ✓ Copays
- ✓ Medicare premiums
- ✓ Long-term care services

Program details differ by state and specific program. Reach out to your local Medicaid office for more information on your state's programs.

Don't be misled during Medicare Open Enrollment

Learn how to recognize marketing violations and protect yourself.

During Open Enrollment, you'll see Medicare plan ads on TV, online, in the mail, and at community events. Knowing the rules can help you spot misleading marketing and make informed decisions.

5 Warning Signs to Watch For

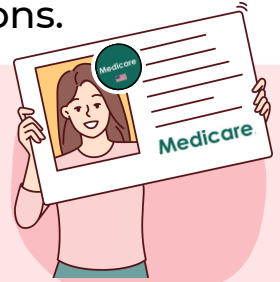
Asked for your Medicare number or bank information before you enroll.

This information can be used to enroll you in a plan without your permission.



Claims to represent or be endorsed by Medicare.

Plans cannot imply Medicare endorsement and must not use the Medicare name or logo in marketing materials.



Calls or texts you without permission.

Plans must provide an annual written opt-out option.

Pressures you to enroll right away.

You have the full Open Enrollment Period to make decisions, and there are no extra benefits for early sign-up.



You will not lose your Medicare coverage if you don't pick a plan.



Offers gifts to encourage enrollment.

Event gifts must be given to all attendees, regardless of enrollment, and should not exceed \$15 in value.

Before enrolling in a plan, understand its coverage, impact on Medicare benefits, compatibility with other health benefits, and drug coverage. Confirm details with the plan and obtain everything in writing.

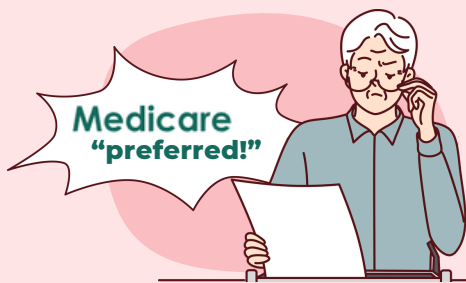
Think a marketing rule was broken?

Contact 1-800-MEDICARE, your SHIP, or SMP for help.

Know Your Rights: Medicare Marketing Rules

Starting in October, you may receive mail from insurance companies about their Medicare plans. These materials can help you compare options, but companies must follow Medicare marketing rules.

Medicare says that plans **CANNOT**:



Claiming Medicare endorses a plan

Calling or texting without permission*



Leaving unsolicited marketing materials at your home or vehicle

*Certain communications may be allowed if you've requested information or are enrolled in a plan.

Think a Medicare marketing rule was broken? **Report It.**

- Save the materials, document what happened, and contact SHIP, SMP, or 1-800-MEDICARE.

What Should You Save?

- Business card
- Mailers or brochures
- Emails
- Text messages
- Notes about phone calls



Need help or want to report a concern?

Contact 1-800-MEDICARE, your SHIP, or SMP for help.



Watch for These Important Medicare Notices

Medicare Open Enrollment runs October 15-December 7. Each fall, people with Medicare may receive notices with important information about their coverage for the coming year. Reviewing these documents can help you understand any changes and decide whether your current coverage still meets your needs.

Review These Changes Carefully:

Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)

- Sent to people who have a Medicare Advantage Plan or Part D plan
- Notices include any changes to your plan in 2027



Why Read These Notices?

Even if you're happy with your current plan, benefits, provider networks, and drug coverage can change from year to year



Medicare & You Handbook

- Sent to everyone with Medicare
- Explains Medicare-covered benefits
- Lists plans available in your area
- Great starting point for comparing options

If Your Plan is Ending

If your Medicare plan is ending, you'll get a notice in October. You need to enroll in a new plan during Open Enrollment. If you miss this, you have until February to choose a new plan.

Notice About a Low-Rated Plan

If you receive a notice in late October about being enrolled in a low-rated plan (three stars or fewer for three years), consider exploring other local plan options due to concerns about quality and performance, including appeal handling.

Reviewing your Medicare coverage for 2027? Start with the Medicare Plan Finder.

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area: [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

3 steps to get started

1. Gather your information

Before you start, make a list of:

- Your doctors and other health care providers
- Your prescription drugs
- Your preferred pharmacies

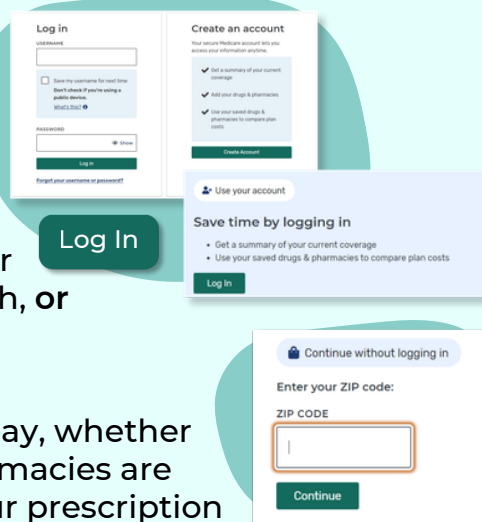


2. Compare plans

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and:

- Log in to your Medicare account for a personalized search, or
- Enter your ZIP code for a basic search

Compare what you'll pay, whether your doctors and pharmacies are included, and how your prescription drugs are covered.



3. Review and enroll

After comparing your options:

- Choose the plan that best meets your needs
- Enroll through **Medicare.gov** or by calling **1-800-MEDICARE**
- Need help? Contact **SHIP** for free, unbiased Medicare counseling.

Before enrolling, make sure you understand the plan's costs, coverage, provider network, and prescription drug benefits. Confirm details directly with the plan and get important information in writing.

Open Enrollment:
October 15–December 7

Compare Options.
Ask Questions.
Choose with Confidence.

Medicare Open Enrollment October 15 - December 7, 2026

Review your coverage. Compare your options. Make changes for 2027.

Switch Medicare Advantage Plans

Use the 3 C's when comparing plans:

- **Coverage** for your healthcare needs
- **Costs**, including premiums, copays, and deductibles
- **Convenience** of in-network providers, and hospitals

Review plan details and star ratings to find the best fit.

Join, Switch, or Drop a Part D drug plan

Compare the 3 C's:

- **Coverage:** formulary and restrictions
- **Costs:** premiums, copays, and deductibles
- **Convenience:** network pharmacies and mail order options

2027 Part D out-of-pocket costs are capped at \$2,400.

Join a Medicare Advantage Plan

Looking for extra benefits? Medicare Advantage plans may include dental, vision, hearing, and fitness benefits.

Review costs, provider networks, and coverage to find the plan that's right for you.

Return to Original Medicare

with or without a Part D plan

You can switch back to Original Medicare during Open Enrollment and choose whether to enroll in a Part D drug plan.

Considering a **Medigap** policy? Be sure to check eligibility and enrollment rules in your state.

Review your 2027 coverage

Even if you like your current plan, review your options for 2027 to make sure you're still getting the best coverage and value.



Medicare Open Enrollment Is Here

Compare Options. Ask Questions. Choose with Confidence. ©

Open Enrollment runs October 15 – December 7.
Now is the time to review your coverage and compare your options for next year.

1 Review your current coverage

Check your plan details:



- Locate your Original Medicare, Medicare Advantage, or Part D plan ID card.
- Review your plan's Annual Notice of Change (ANOC).

Look for changes in:



- Premiums
- Deductibles
- Copays and coinsurance
- Drug coverage
- Provider networks

3 Compare plans for next year

Ask questions such as:



- Am I satisfied with my current coverage?
- Does another plan better fit my needs?
- Are my medications covered?
- Are my doctors in network?
- Have my costs changed?

2 Update your medication and provider lists

Review your prescriptions:



- Create an up-to-date medication list.
- Include dosages, and preferred pharmacies.
- Note any medications that were added, changed, or discontinued this year.

List your health care providers



- Primary care provider
- Specialists
- Preferred hospitals or health systems
- Other providers you see regularly

4 Get answers before you enroll

Connect with SHIP for unbiased assistance



- Compare Medicare coverage options.
- Understand plan changes.
- Review costs and coverage.
- Get one-on-one help at no cost to you.



Open Enrollment Ends December 7.
Review your options and make changes if needed.

Medigap Enrollment: Know Your Rights & Deadlines

When Can You Buy a Medigap Policy?

The rules for buying a Medigap policy vary depending on your age, Medicare status, and state protections. Missing important enrollment windows could mean higher costs or fewer coverage options.

Miss Your Enrollment Window?

- You may pay more.
- Coverage options may be limited.
- Insurers may consider your health history.

Your Federal Medigap Rights

You generally have guaranteed access to a Medigap policy when:

- You are age 65 or older
- Enrolled in Medicare Part B
- In a protected enrollment period

During these periods, insurance companies generally cannot:

- deny coverage
- Charge more because of health conditions

Medigap Open Enrollment Period

This is usually the best time to buy a Medigap policy.

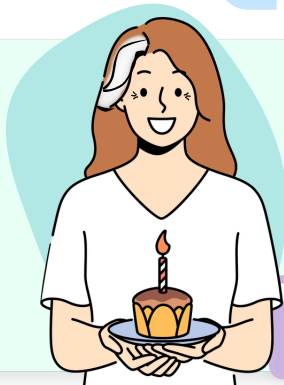
Your 6-month Medigap Open Enrollment Period begins when:

1 You are age 65 or older

2 You are enrolled in Medicare Part B

What Can Affect Medigap Prices?

- Age
- Tobacco use
- Location
- Household discounts (where available)



During your open enrollment period, Medigap companies must sell you a policy at the best available rate regardless of your health status, and they cannot deny you coverage.

Missed Open Enrollment?

You may still qualify for a Guaranteed Issue Right.

In certain situations, insurers must offer you a Medigap policy even after your open enrollment period ends.

Examples include:

- Lost certain group health coverage
- Left a Medicare Advantage plan during a protected trial period
- Lost coverage through no fault of your own



Medicare Open Enrollment Worksheet

Prepare for your appointment, your call to 1-800-MEDICARE,
or using Medicare Plan Finder online

Before you complete the sections below, please note: This worksheet may contain personal information that must be kept safe to prevent identity theft. You should only share your Medicare number or specific account details with trusted professionals such as SHIP counselors, healthcare providers, financial planners, or legally designated family representatives.

Personal Information

This information is used to help you find and enroll in your best plan, whether it's Medicare Part D or Medicare Advantage.

Preferred name: _____ Date of birth: _____

Physical address: _____

City: _____ Zip Code: _____ County: _____

Mailing address (if different): _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Medicare Card Information

Name as it appears on card: _____

☐ I have my Medicare card available and stored securely for my appointment.

Medicare.gov Account Information

☐ I have successfully signed in to my Medicare.gov account.

☐ I know my Medicare.gov account username and password and have them stored securely for my appointment.

Your Medicare Plan Information

Which type of plan do you have? ☐ Medicare Part D (drug) ☐ Medicare Advantage

Name of current plan: _____

Preferred pharmacy: 1. _____ 2. _____

Do you use mail order? ☐ Yes ☐ No

Medications not covered by current plan: _____

If you have additional prescription drug coverage, please list:

Concerns with your current plan, such as premium, copays, providers:

Your Other Health Insurance

☐ Medigap Plan – Plan letter name (Plan G, Plan N, etc.): _____

○ Company: _____

☐ Medicaid

☐ Active Employer Group Plan - Name: _____

☐ Retiree Group Plan – Name: _____

☐ Federal Employee Group Plan – Name: _____

☐ Actively employed ☐ Retired

☐ COBRA Insurance

☐ Veterans Benefits (VA)

☐ TRICARE/TRICARE for Life

☐ Other _____

Help with Costs

Are you currently getting help from: ☐ Extra Help ☐ Medicaid

Would you like to apply for assistance with costs for prescription drugs or Medicare premiums and copays? **A SHIP counselor can assist you.**

You can also apply for Extra Help with prescription drugs or a Medicare Savings Program for help with premiums and copays on your own:

Extra Help

[More information](#) [Apply](#)

Medicare Savings Programs

[More information](#) [Apply through your state Medicaid agency](#)

Prescription Drug List

You'll need to provide a list of your prescription drugs. You may be able to obtain a printout of your drug list from your pharmacy or doctor's office.

Drug Name	Dosage	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Provider List

If you have a Medicare Advantage plan or will be looking at these plans, you'll need a list of your providers.

Doctor Name	Location	Phone #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Questions?

Compare Options. Ask Questions. Choose with Confidence.

This graphic is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,000,000 with 100% funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. government.

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