



# ***Medicare Updates for 2026***



# *The numbers are in (well...some)!*

- Part D Deductible - \$615
- Part D MOOP - \$2,100
- Part D Penalty – 1% of national base premium (\$38.99) or \$.38/month
- Low Income Premium Subsidy - \$37.60
- First round of federal government (HHS) negotiated drug prices.



# *Negotiated drug prices*

**First round of federally negotiated drug prices.** Newly negotiated prices will take effect in 2026 for the following ten Medicare Part D drugs:

Eliquis

Enbrel

Entresto

Farxiga

Fiasp/Novolog (Fiasp FlexTouch; Fiasp PenFill; NovoLog FlexPen; NovoLog PenFill)

Imbruvica

Januvia

Jardiance

Stelara

Xarelto

As required by law, Medicare prescription drug plans, including standalone Part D plans and Medicare Advantage-prescription drug plans, must include in their formularies the selected drugs for which CMS and the participating drug company have agreed to a negotiated price.

Drug Name	Participating Drug Company	Commonly Treated Conditions	Agreed to Negotiated Price for 30-day Supply for CY 2026	List Price for 30-day Supply, CY 2023	Discount of Negotiated Price from 2023 List Price	Total Part D Gross Covered Prescription Drug Costs, CY 2023	Number of Medicare Part D Enrollees Who Used the Drug, CY 2023
Januvia	Merck Sharp Dohme	Diabetes	\$113.00	\$527.00	79%	\$4,091,399,000	843,000
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Novo Nordisk Inc	Diabetes	\$119.00	\$495.00	76%	\$2,612,719,000	785,000
Faniga	AstraZeneca AB	Diabetes; Heart failure; Chronic kidney disease	\$178.50	\$556.00	68%	\$4,342,594,000	994,000
Enbrel	Immunex Corporation	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis	\$2,355.00	\$7,106.00	67%	\$2,951,778,000	48,000
Jardiance	Boehringer Ingelheim	Diabetes; Heart failure; Chronic kidney disease	\$197.00	\$573.00	66%	\$8,840,947,000	1,883,000
Stelara	Janssen Biotech, Inc.	Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis	\$4,695.00	\$13,836.00	66%	\$2,988,560,000	23,000
Xarelto	Janssen Pharms	Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease	\$197.00	\$517.00	62%	\$6,309,766,000	1,324,000
Eliquis	Bristol Myers Squibb	Prevention and treatment of blood clots	\$231.00	\$521.00	56%	\$18,275,108,000	3,928,000
Entresto	Novartis Pharms Corp	Heart failure	\$295.00	\$628.00	53%	\$3,430,753,000	664,000
Imbruvica	Pharmacyclics LLC	Blood cancers	\$9,319.00	\$14,934.00	38%	\$2,371,858,000	17,000

Note: Numbers other than prices are rounded to the nearest thousands. List prices are rounded to the nearest dollar and represent the Wholesale Acquisition Costs (WACs) for the selected drugs based on 30-day supply using CY 2022 prescription fills. Drug companies' participation in the Negotiation Program is voluntary; the figures above represent estimates based on continued drug company participation in the Medicare program.

# Medicare Advantage Plans

Medicare Advantage provider directories will now be available on the Medicare Plan Finder



*The primary purpose of this final rule is to amend the regulations pertaining to disclosure requirements under [42 CFR 422.111](#) for the Medicare Advantage (MA) (that is, Part C) program. In this final rule, CMS is finalizing a new requirement that will increase beneficiaries' access to provider data while comparing plans in the CMS Medicare Plan Finder (MPF) tool, which will contribute to the beneficiaries' ability to make more informed decisions about their health care.*

[Federal Register 9/19/2025](#)

# *SEP for 2026 – Provider Network*



“CMS will grant an SEP for individuals who rely on MPF provider directory information, enroll in an MA plan through MPF, and within 3 months discover that their preferred provider was not actually in the MA plan’s provider network. The intent of this SEP is to allow an individual to make a change to their MA plan election in order to stay with their preferred provider.”

With this initial effort incorporating directories and historical context, CMS makes a **temporary Special Enrollment Period (SEP)** available in the event of incorrect MPF provider directory information. Be sure to read the full memo for more detail regarding SEP. A brief SEP bulleted summary includes:

- Must have completed the MA plan enrollment application through the MPF
- Must have an MA plan effective date 1/1/26-12/1/26 (date the plan begins occurs between these dates)
- Must have discovered their preferred provider is not in the MA plan network within three (3) months of the effective date of the MA plan election
- Must have relied on incorrect MPF provider directory to confirm preferred provider network participation
- Must call 1-800-Medicare to confirm the enrollment occurred through MPF and process the enrollment request change. Can enroll prospectively (effective the following month) in:
  - A new MA plan including MA-only or MA-Part D Prescription Drug (MA-PD) plan
  - A new Part D Prescription Drug plan (PDP) and return to Original Medicare
  - Return to Original Medicare without Part D PDP

# Medicare Advantage Plans – Supplemental Benefits

## Supplemental Benefits Drive Enrollment But Are Underutilized

Common supplemental benefits –

- Dental
- Vision
- Over The Counter products (OTC)
- Special Supplemental Benefits for the Chronically Ill (SSBCI)

MA plans that offer supplemental benefits or SSBCI benefits can provide them through “flex cards,” or prepaid debit cards used to cover extra expenses.

### New CMS Rule

“Mid-Year Enrollee Notification of Unused Supplemental Benefits.”

1. Letters distributed between June 30 and July 31
2. Include a list of the supplemental benefits that have not been used
3. Will be based on non-usage from January - June

CMS has suspended this new rule indefinitely

# Centers for Medicare Advocacy

Brief summary of  
2026 updates from  
Centers for  
Medicare Advocacy  
webinar of  
10/1/2025

## Other Updates for 2026

- **Landscape of Medicare Advantage and Part D plans for 2026** – information live today on [Medicare Plan Finder](#)
  - MA terminations and service area reductions – look for Medigap rights!
  - Part D plans – fewer options, higher premiums? See [CMA Alert](#), including re: Premium Stabilization Demo
- **MA Supplemental Benefits**
  - Mid-year notice re: unused benefits – scheduled for 2026, now suspended indefinitely
  - Limitations on certain offerings (e.g., no non-healthy food, alcohol, tobacco, and life insurance) - in effect
- **WISer [Demonstration](#)** re: prior authorization in traditional Medicare (6 states: NJ, OK, TX, AZ, WA)
- **Medicare.gov accounts** – As of Sept 2025 requires email address to create an account (at this time, existing users do not need an email address) – see CMS [Tip Sheet](#); also special guidelines for SHIPs
- **Social Security** – no more paper checks as of 9/30/25 (see [SSA](#))

# *Questions*

