



Q&A: Medicare in 2026 November 2025

1. Is Medicare Advantage better? Will it make you pay for bills and meds and docs?

The choice of a Medicare Advantage Plan versus Original Medicare is a personal decision with many considerations. Medicare beneficiaries in Pennsylvania can contact PA MEDI for unbiased Medicare education and counseling on this subject. You can contact PA MEDI at 1-800-783-7067. They will direct you to your local office.

2. When the word "coverage" is used , that does not mean "pays for the entire cost of" correct? It's more like, "pays for part of"?

That's right. Medicare does provide 100% coverage for many preventative services, but otherwise in original Medicare Part B has cost-sharing. After paying the Medicare Part B yearly deductible, a beneficiary utilizing Original Medicare would pay 20% of Medicare's approved amount for services. Medicare Advantage plans often use a co-pay structure for services. A Medicare Advantage Plan enrollee can refer to their Summary of Benefits and Evidence of Coverage for their plan costs.

3. I am receiving insurance through work and also have Medicare as secondary insurance. Is it necessary to pay monthly premium for Medicare part B to keep it active?

Yes, you have to pay your Part B premium to keep that coverage active.

4. So to clarify, if someone has already received a Medicare card with the start date, they are already considered enrolled? Is enrollment defaulted to Original Medicare?

If someone has been auto enrolled into Original Medicare by Social Security, they will automatically receive their Medicare card in the mail approximately three months before their benefits become active. Their card will have effective dates of coverage listed next to Medicare Part A and/or Part B. If they want to enroll in a Medicare Advantage Plan, a Part D plan or a Medigap policy, they can review those coverage options and enroll.

5. What enrollment period should a person use who is signing up for Medicare part B with penalty? How do they work with SSA to obtain part B coverage?

I would encourage a person to contact Social Security to discuss their enrollment option. They can determine if someone is eligible for a Special Enrollment Period or if they need to enroll during the General Enrollment Period. They should also check to see whether they are eligible for the Medicare Savings Program; if they are eligible for that program, they would be able to enroll in Part B right away and with no penalty.

6. Are there Medicare guidelines for non citizens?

Justice in Aging has a great resource on this topic that they've updated since HR1 passed: Older Immigrants and Medicare

https://justiceinaging.org/wp-content/uploads/2024/09/FINAL_Older-Immigrants-and-Medicare.pdf

7. Would Medicare Advantage plan affect Community Health Choices?

Medicare Advantage plans do not affect Community HealthChoices (CHC), which are Medicaid plans for people who are dual eligible for Medicare and Medicaid or who are receiving long term services and supports in a nursing facility or in the community through the CHC waiver program. Each CHC plan has a companion dual special needs Medicare Advantage plan (D-SNP) but you do not have to choose that plan - you can choose any Medicare Advantage plan in your service area if you want to get your Medicare benefits through a Medicare Advantage plan, or you can choose to have your Medicare coverage through original Medicare and a Part D plan.

8. re: The disability eligibly for Medicare, is that automatic enrollment? What if the person has communication challenges? Is there a place for an advocate or the equivalent of a rep payee to support the person with a disability.

Enrollment into Medicare for someone who is receiving SSDI benefits is automatic. They will get their card in the mail about three months prior to the effective date. Social Security has a representative form that can be completed if an individual wants you to talk to Social Security on their behalf. I would encourage you to contact Social Security or visit their website for more information about that representative form.

<https://www.ssa.gov/forms/ssa-1696.html>

9. What is COFA migrants?

COFA stands for the Compacts of Free Association. They are migrants from the Republic of the Marshall Islands, Federated States of Micronesia and the Republic of Palau.

10. I have gotten calls for my family member, but the caller will not talk to me. My family member has communication challenges. What can I do?

CMS has a form that your family member can use to authorize you to speak with Medicare: <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms10106.pdf>. If your family member has an account set up on Medicare.gov, they can go in to "Manage my Representatives" and add you.

11. What is the monthly income limit for paying the Medicare Part B premium?

Everyone must pay the Medicare Part B premium unless they qualify for assistance through the Medicare Savings Program (MSP). See our MSP guide for more information about the income and resource limits to qualify:

www.phlp.org/uploads/attachments/cm73cc2hheve0ovu8f4khws2a-2025-msp-guide-final.pdf

12. But if they do not want to consider Medicare Advantage, but want Original Medicare, they are already enrolled? And will need to choose Part D plan?

If a Medicare beneficiary does not want to enroll in a Medicare Advantage Plan, but wants Part D drug coverage, they will need to enroll in a stand-alone Part D plan, also known as a PDP.

13. Are Medigap policies a different name for the Supplemental Insurance policies that typically cover the 20% that traditional Medicare does not cover?

Yes. Medigap Policies are also called Medicare Supplement Plans/Policies.

14. Is the regional benchmark or the national benchmark used to determine a Part D penalty?

The national base beneficiary premium is used to determine the Part D penalty, not the regional benchmark.

15. Is there a difference between Drug Out of Pocket cost and the copay/coinsurance?

Out of pocket drug costs for Part D help a Medicare beneficiary reach the \$2,100 out of pocket cap for the year. This most commonly includes the deductible, the amount paid during the Initial Coverage period through co-pay/co-insurance paid at the pharmacy. It can also include amounts paid by others (family members, charities), amounts paid by Extra Help, PACE and other types of State Pharmaceutical Assistance Programs, some amounts paid by enhanced Part D plans and other costs reimbursed by other insurance, like employer coverage. If you use the Medicare plan finder you can see how much you will pay for each drug and when you will hit the out of pocket limit for the year.

16. How many times can you choose to go back to traditional Medicare, if you try the Medicare Advantage Plans?

There is not a limit on this but you can only make changes to your Medicare coverage during specific enrollment periods. You can contact your local PA MEDI Program to discuss enrollment options, including changes that can be made using Special Enrollment Periods. You can call PA MEDI at 1-800-783-7067 to be connected with your local program.

17. Who would you contact if you have dual coverage (Medicare and Medicaid) and wanted the special needs program due to nutritional needs?

You could contact PA MEDI, use the Medicare Plan Finder, or call the plan you are interested in directly to enroll or find out more.

18. All of this information is making my head spin. Is there someone who I can talk with to help not only my disabled family member but also me. If I understand correctly, I will be eligible for Medicare next year. I am still working, so does that affect my eligibility for Medicare?

You can contact your local PA MEDI program to talk through all of this. You can find the contact information for your local PA MEDI program by calling 1-800-783-7067.

19. The Annual Notice of Change does not show exact costs for your Part D medications for 2026. The Medicare plan finder (and PA MEDI) can help with that.

That is correct - the Annual Notice of Change (ANOC) will not provide drug pricing for the following year. You can use the Plan Finder at www.medicare.gov to check pricing. You can reach out to your current plan to check pricing. You can also contact PA MEDI or 1-800-Medicare for assistance with find your medication costs/pricing.

20. Also, is there a glossary for all of the acronyms?

We did not create a glossary for the acronyms but I appreciate the feedback about doing that in the future. In the materials we tried to spell out anything before using an acronym.

21. Where can I find comparison of Original Medicare & other Medicare plans?

You can review plan options at www.medicare.gov. You can also contact PA MEDI for more information about the plans available to you. This would include Medicare Advantage plans, Medigap policies and Part D plans. You can reach PA MEDI at 1-800-783-7067.

22. Needs some clarification, if someone is in a DSNP; can they only then change their DSNP to another DSNP during open enrollment rather than having the opportunity to change quarterly? Unless they meet a SEP qualification?

The quarterly SEP for those who are dual eligible, MSP only or those with Extra Help ended on 12/31/2024. There are limited options to switch plans outside of the Open Enrollment Period and Medicare Advantage Open Enrollment Period. PHLP has a newsletter article discussing this topic. It can be review here: <https://www.phlp.org/en/news/big-changes-coming-to-medicare-special-enrollment-periods-in-2025>

23. Curious. What did the MSPs program used to be called.

You may hear the Medicare Savings Programs referred to as the "Buy-In." This is typically what the County Assistance Offices call these programs.

24. Do MAWD participants ever qualify for MSP's?

They would need to qualify for the Medicare Savings Programs as a SLMB to be eligible to have the Part B premium paid for.

25. A good point is that money in ABLE accounts do not count as resources for qualifying

Absolutely! That is a great point. ABLE accounts do not count as a resource when applying for benefits.

26. I think a glossary would be extremely helpful.

We will keep that in mind for next year. In the meantime, you can link to a glossary of Medicare terms here: <https://medicareadvocacy.org/medicare-info/glossary-of-terms/>

27. Does the MSP need to be renewed every year

Yes. Like any Medicaid program, you do have to renew your eligibility each year.

28. Can you have Medicare C and get PACE?

Yes. You can have PACE with a Medicare Advantage Plan.

29. Or VA benefits

Yes. You can have PACE and VA benefits, however, PACE and VA benefits do not coordinate.

30. If someone has Medicare Part D and PACE currently and they get Extra Help, does the Extra Help replace PACE?

A Medicare beneficiary can have Part D, PACE and Extra Help all at the same time.