

Weekly Insight February 2, 2026

“What Do I Do? - My Medicare Advantage Costs Increased in 2026”

This Week's Focus

If your Medicare Advantage costs went up in January, you are not alone. Every year, plans can change copays, doctor networks, and drug rules. Your plan even sends an Annual Notice of Change (ANOC) to show what will be different in January.

The good news: the Medicare Advantage Open Enrollment Period is open from January 1 to March 31. If you are already enrolled in Medicare Advantage, you can make one change during this window.

That means you can switch Medicare Advantage plans in January (or later in this window), or return to Original Medicare.



What You Will Learn



What the Open
Enrollment
Period lets you
change



4 January
surprises: doctors,
bills, delays,
prescriptions



2026
2026 Medicare
Advantage out-
of-pocket
maximum



“Does the out-
of-pocket
maximum
include
prescriptions?”



WHY your Medicare Advantage plan can feel **worse** in January

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For
Life

If your Medicare Advantage plan feels different after January 1, you are not alone. Plans can change their costs, coverage, and rules each year. That is why your plan sends an Annual Notice of Change (ANOC) each fall. The ANOC tells you what will be different in January. Many people do not pay attention until something surprises them, like a higher copay or a drug that costs more. Think of January like a "reset." New copays can start. A doctor that used to be in network can be out. A medicine can move to a new price tier. And the plan can require approval before it pays for certain care.

The 4 January surprise traps

Trap 1: Your doctor or hospital is out of network. This is one of the biggest January shocks. Your plan may no longer treat your doctor or hospital the same way it did last year. Even worse, provider lists can be wrong or out of date. So a directory may say "in network," but the office may tell you something different. **Here is the safest approach:** use your exact plan name, then confirm it with the doctor's office. Do not ask, "Do you take this company?" Ask, "Do you take this plan?" That small detail prevents mix-ups.

Trap 2: Your copays changed even though you changed nothing. Many people feel punished because they did not switch plans. But plans can change copays and cost sharing each year, and those changes can start in January. The ANOC is meant to warn you ahead of time. When you look at costs, focus on the care you use most. If you see a \$0 extra benefit you rarely use, do not let that distract you from higher costs for specialist visits, imaging, or urgent care.

Trap 3: Prior authorization slows care. Prior authorization means the plan wants a "yes" before it will pay for certain services. If that step is missed, care can be delayed, or you may get a bill you did not expect. A recent KFF analysis found that Medicare Advantage insurers made 52.8 million prior authorization determinations in 2024, and denied 7.7% in full or in part. If a test or procedure is scheduled, ask one simple question: "Does this need prior authorization?" Then ask who is submitting it and when. Write down the date and the name of the person you spoke with.

Trap 4: Your drug costs jumped. Drug surprises happen when a medication changes tiers, needs a new rule, or costs more at a different pharmacy. In 2026, there is also an important Part D update: your yearly out-of-pocket cost for covered Part D drugs is capped at \$2,100. Once you reach the cap, you pay \$0 for covered Part D drugs for the rest of the year. Even with that cap, you still want to check your drug list and your pharmacy, because pricing can vary based on the plan's rules.

The important question people miss

Many Kansans think there is one big "maximum" that covers everything. That is not how it works. A Medicare Advantage plan has a yearly out-of-pocket limit for covered Part A and Part B services, meaning medical care. But Part D prescription drug costs follow separate rules and do not count toward that Part A and Part B medical limit.

Key takeaway (YOU NEED TO KNOW THIS): You can hit your medical out-of-pocket limit and still have drug costs until you reach the Part D drug cap.

Your 7-Question "MA Plan-Fit Check"



Take 5 minutes. Mark Yes or No. Then count your Yes answers.

1. One of my doctors or hospitals is now out of network.
2. My copays are higher than I expected this year.
3. My care was delayed because the plan needed approval first.
4. One of my prescriptions costs more, or is not covered.
5. I got a bill I cannot explain.
6. I do not know my medical out-of-pocket maximum.
7. I want to compare a better option for 2026.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you marked 0-2 Yes, you may be ok. You still need to confirm your doctors, drugs, and costs.

If you marked 3-4 Yes, schedule a review. A few small problems can turn into bigger costs.

If you marked 5+ Yes, treat this as urgent. Use the January 1–March 31 window while it is open.

During Medicare Advantage Open Enrollment, you can make one change:

You can switch to another Medicare Advantage plan (with or without drug coverage) **OR** you can drop Medicare Advantage and return to Original Medicare, and you can also join a separate Part D drug plan. If you make a change, it generally starts the first day of the month after the plan gets your request.

One warning that can save you stress

Some people drop Medicare Advantage and plan to add Medigap. Medigap is extra insurance that can help pay some costs in Original Medicare. Medigap rules are different from Medicare Advantage rules. You get a one-time Medigap open enrollment window when you first have Part B and are 65 or older. After that, you may not be able to buy a Medigap policy, or it may cost more. If you want to return to Original Medicare and also try to add Medigap, you should ask about Medigap options before you switch.

What Solutions For Life does in a no-cost Medicare plan review

In a no-cost plan review, we guide you step by step. We check whether your doctors and hospitals are still a match for your plan. We re-check your prescriptions and pharmacies, because drug pricing can change. We also explain what your plan's rules mean in plain language, including network limits and approval steps.

Write this here, then bring it to your review:

Plan name: _____

County: _____

Top 2 doctors: _____

Top 3 prescriptions: _____

Biggest January surprise: _____



Book your 2026 Plan-Fit Review:

Call 785-452-8039 or go to SolutionsForLifeKS.com/book-appointment