

Weekly Insight
March 16, 2026

Why Your Medicare Advantage Costs Keep Surprising You

This Week's Focus

If your Medicare Advantage plan has been frustrating you since January, you are not imagining it. Costs can change fast. A doctor that was covered last year may be out of network now. A prescription can cost more at the pharmacy. A test can get delayed because the plan wants approval first.

This edition of SFL Weekly Insights explains the most common reasons Medicare Advantage costs surprise Kansans, and shows what to check first so you can stop guessing and take action before you get stuck for the rest of the year.

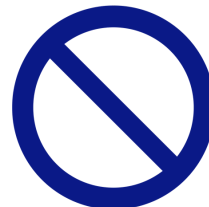
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The 4 reasons Medicare Advantage costs



How to spot the real cause of a surprise bill



What your out-of-pocket maximum does not include



A 5-minute plan check to guide your next step



Why Your Medicare Advantage Costs Keep Surprising You



If your Medicare Advantage plan felt “fine” last year, but your Medicare Advantage costs went up in January, you are not imagining it. Plans can change every year. Premiums, drug lists, provider networks, and coverage rules can all shift. If you do not re-check your plan, you can end up paying more for the same care. This page is a guided tour of the most common surprise-cost triggers and what they mean in real life for Kansans.

The network changed, and you did not know

Medicare Advantage is a network-based plan. That means your plan can push you toward certain doctors, hospitals, and specialists. If your provider is out of network, you may pay more, travel farther, or have fewer options. Here is what makes this so frustrating: your doctor may have been in-network last year, but not this year. Insurance companies can change networks, and many people only find out when they try to schedule care.

What to do now: When you check your network, use the exact plan name. Do not rely on “I have United” or “I have Humana.” Many plans sound similar but have different networks.

Copays changed, even though you did nothing

A lot of people think, “I did not switch plans, so my costs should stay the same.” That is not how it works. Medicare plans are not static. A plan can adjust its cost-sharing each year. That is why a \$25 copay can become \$45. Or why a hospital visit can suddenly feel more expensive than you expected. When you add several visits together, the extra cost can stack up fast.

What to do now: Focus on the care you use most: primary doctor, specialists, therapy, imaging, urgent care, and hospital. Extras you rarely use do not protect your budget.

Prior authorization is slowing care and creating “surprise bills”

Some Medicare Advantage plans require prior authorization before they will pay for certain services. That can mean delays or denials, and it can also lead to bills that people did not expect.

What to do now: If you get told “We need approval first,” ask two questions: “Is this required by my plan?” and “What happens if it is not approved?”

Your prescriptions got more expensive

Prescription costs can jump when a drug moves to a different tier, a new rule gets added (step therapy or quantity limits), and/or when your pharmacy is no longer preferred. Medicare explains that Part D plans can use rules like step therapy and quantity limits, and you can request an exception in some cases. Also, Part D has its own cost system, and it can feel separate from your medical costs. Medicare notes an out-of-pocket maximum for covered Part D drugs (\$2,100 in 2026).

The out-of-pocket maximum is real, but it does not cover everything

Many people hear “out-of-pocket maximum” and think it covers the whole year of costs. In Medicare Advantage, the plan out-of-pocket limit applies to Part A and Part B services, not your Part D drug spending. KFF explains that Medicare Advantage out-of-pocket limits apply to Part A and Part B services and do not apply to Part D spending. That means you can hit a wall of costs, even while you think you are “close to the max.”

The step most people skip (and it is the reason costs keep surprising them)

You have to re-check three items together:

- Your doctors and hospitals (network)**
- Your prescriptions (drug list + pharmacy rules)**
- Your real out-of-pocket risk (medical max vs drug costs)**

Plans and benefits change every year, and if you do not review, you can end up paying more than you should or lose access to doctors you trust.

Why this matters right now

If you are in a Medicare Advantage plan, Medicare notes that from January 1 to March 31, you can switch Medicare Advantage plans or return to Original Medicare (and add a Part D plan).

Stop the Surprise Bills

5-Minute Plan Check



This page is for people who are already in a Medicare Advantage plan. If your plan has been frustrating you since January, do not guess. Use this page to get clear fast.

Step 1: Circle your biggest surprise

Copays | Bills | Doctor out of network | Prescription costs | Delays or denials

Step 2: Network Reality Check

Write the providers you rely on most. Then check if they are in-network for your exact plan name.

Provider Name	In-Network?
Doctor _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Anyone who is a "No" can potentially be a high surprise-cost risk

Step 3: The 7-Question Plan-Fit Score (Yes or No)

- Yes No My doctor or hospital is now out of network.
- Yes No My copays went up for the same visit.
- Yes No I got a bill I did not expect.
- Yes No My care was delayed because approval was required.
- Yes No My prescription costs more or is not covered the same.
- Yes No I do not know my medical out-of-pocket maximum.
- Yes No I want to compare a better option for 2026.

Your score

- 0-2 YES: Confirm your network and drug pricing. Do not assume.
- 3-4 YES: Schedule a plan review. You are paying more than you should.
- 5+ YES: Urgent. Waiting can lock you into another year of surprises.

Step 4: What you can still change before March 31

If you are already in Medicare Advantage, you can make one change before the deadline:

Option A: Switch to a different Medicare Advantage plan

Option B: Drop Medicare Advantage, return to Original Medicare, then add a Part D drug plan (if needed)
Coverage usually starts the first day of the next month after your request is received.

Step 5: Bring this to your no-cost review

My exact plan name: _____

My county: _____

My top 2 doctors: _____ / _____

My top 3 prescriptions: _____ / _____ / _____

My pharmacy: _____

My biggest surprise bill amount (if any): \$ _____



➤ Reserve your FREE Medicare session:
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