

Weekly Insight
November 17, 2025

Last-Chance: Your Medicare Annual Enrollment Checklist

This Week's Focus

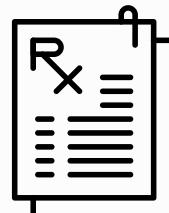
Plans change every year. This finish-line issue of SFL Weekly Insights equips you with a plain-English checklist to keep your doctors, avoid drug-cost surprises, and submit changes on time so your 2026 coverage starts clean on January 1.

The Medicare Annual Enrollment Period runs October 15-to-December 7 every year, and your plan **must** receive your request by December 7 for a January 1 effective date.

Content Overview



Verify doctors
by exact plan
and network



Re-run drug list
and preferred-
pharmacy
prices



NEW
Part D cap
(\$2,100)
explained



How to submit
correctly
before the
deadline



The Last-Chance AEP Checklist *(finish before December 7)* Part 1



Why this matters: Every January, plans can change doctor networks, drug tiers, and pharmacy prices. Medicare Annual Enrollment runs October 15–December 7; if your plan receives your change by December 7, the new coverage starts January 1.

1) Start with your doctors and hospital

Look up the exact plan name and network type (HMO or PPO). Call each office that you plan to use and ask, “Will you take this plan and network on January 1?” Write down the date, time, and the staff person’s name. This prevents surprises when networks shift for the new year.

2) Re-check your medicines the simple way

Open Medicare’s Plan Compare and enter your ZIP code and full drug list (name, dose, how often). For each plan you consider, note:

- the tier of each drug, and any flags (prior authorization, step therapy, or quantity limits), and
- the price at two pharmacies (a nearby preferred pharmacy and a mail-order option).
- Preferred, in-network pharmacies can lower what you pay, so test both.

3) Do quick 2026 math

Add your monthly premium + what you expect in deductible + copays/coinsurance for your medicines. For 2026, the standard Part D deductible is \$615, and your out-of-pocket for covered Part D drugs is capped at \$2,100 for the year. When you reach that cap, you will not pay more copays on covered Part D drugs for the rest of the year.

4) If a drug is not covered or is restricted

Ask the plan for a coverage determination and, if needed, request a tiering or formulary exception. Your prescriber sends a short medical-necessity note that explains why you need that drug or a lower tier. If waiting could harm your health, ask for an expedited review.

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The Last-Chance AEP Checklist (*finish before December 7*) Part 2

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5) Understand “medical costs” vs “drug costs”

Medicare Advantage plans include a yearly maximum out-of-pocket (MOOP) for Part A/B medical services. Part D drug spending does not count toward the MA medical MOOP; drug costs are tracked separately under Part D rules (and capped as noted above). This is why you check medical and drug exposure separately.

6) If you are weighing Medigap (Kansas)

Original Medicare has no annual cap on Part A/B costs, so many people add a Medigap policy to help with that cost sharing. In Kansas, your best time to buy Medigap is the six-month window after Part B starts. Outside of guaranteed-issue periods, medical underwriting may apply, so do not assume you can switch into Medigap later without questions.

7) Submit cleanly and keep proof

When you are ready, enroll through Medicare or the plan and save your confirmation number. Keep your provider confirmations, Plan Compare screenshots, and pharmacy quotes in one place. Remember: the plan must receive your request by Dec 7 for a Jan 1 start.

Solutions For Life makes Medicare easy. Free and local; in one short session we verify your doctors by exact plan and network, re-run your medicines on Medicare’s Plan Finder to compare real pharmacy prices, explain how you are affected by the 2026 Part D cap (\$2,100) and what the standard deductible (\$615) means for you, and submit your change on time so your coverage starts January 1.

Start your **FREE Medicare Drug Plan review**
Go to: www.SolutionsForLifeKS.com/FreePlanReview

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