

Weekly Insight
March 9, 2026

Medicare Advantage Plan Frustrating You? You Need to Read This

This Week's Focus

If your Medicare Advantage plan has been driving you crazy since January, you are not imagining it. Many plans change their doctor networks, copays, drug rules, and approval steps each year.

This issue of SFL Weekly Insights is a simple guide for Kansans who feel stuck and want clear answers. You will learn what is happening, what to check first, and what you can do during the Medicare Advantage Open Enrollment Period if your plan is no longer a good fit.

Content Overview



What changed in
2026 and why it
happens



How to check
doctors, drugs,
and
surprise bills



What your out-
of-pocket
maximum does
NOT include



A one-step
Kansas
Medicare plan
review
checklist



“Why Does My Medicare Advantage Plan Feel Different in 2026?”



If your Medicare Advantage plan feels harder this year, you are not imagining it. Many plans change how they work at the start of the year. That can mean new costs, new rules, or new limits. Medicare calls this your plan’s yearly “changes in coverage and costs” that take effect in January. [Here is a simple guided tour of the problems people dislike most, and what to check next.](#)

“My doctor is suddenly out of network.”

This is one of the biggest shock points. A Medicare Advantage plan is not the same as Original Medicare. Many plans use a network. In an HMO, you generally must use doctors and hospitals in the plan’s network (except emergencies and a few special cases). If you go outside the network, you may have to pay the full cost. In a PPO, you can usually go out of network, but you will pay more. This matches what we see in the SFL Medicare guidebook: if a doctor is not in network, it can mean the plan does not cover that provider at the same price, or it may not cover the visit at all.

What to do (the “3-check rule”):

Write down your exact plan name (not the company name). Then check three places:

1. The plan’s provider search tool
2. Your doctor’s office billing staff (ask: “Are you in network for THIS exact plan?”)
3. The plan’s member services phone number (ask them to confirm)

If any one of the three disagrees, treat it as a warning sign and re-check before you schedule care.

“Everything needs approval. My care is delayed.”

Many people run into prior authorization, which means the plan wants approval before it pays for certain services. This can create delays and frustration, especially when you are already dealing with pain, stress, or a new diagnosis. A federal oversight report found cases where Medicare Advantage plans denied prior authorization requests that met Medicare coverage rules, which can delay or block needed care. KFF also reports that Medicare Advantage insurers make tens of millions of prior authorization determinations each year, and when denials are appealed, a large share are later overturned. That is one reason this process feels so exhausting to many families.

If you hear “we are waiting on approval,” ask two questions: “What exactly is missing?” and “What is the deadline for a decision?”. Write the answers down. That paper trail matters.

“My prescriptions cost more, or a drug is not covered.”

Drug coverage can change even when you did not change plans. A drug can move to a new tier, need new steps, or cost more at a different pharmacy. Also, here is a key 2026 detail many people miss: **Prescription drug costs follow Part D rules, not the medical out-of-pocket maximum.** Medicare.gov explains that the 2026 out-of-pocket maximum for covered prescription drugs is \$2,100. KFF also explains that the Medicare Advantage out-of-pocket limits apply to Part A and Part B services, and do not apply to Part D drug spending. **What to do:** Bring a current medication list and your preferred pharmacy name to any review. Small details can change the price.

“My copays went up. I did nothing.”

This usually happens because your plan changed its cost sharing for the new year. That is why the “Annual Notice of Change” matters. It tells you what will be different in January. If you are thinking, “I should have caught this,” you are not alone. These documents are long. And life is busy. [If you are already enrolled in Medicare Advantage, the Medicare Advantage Open Enrollment Period \(Jan 1–Mar 31\) lets you make one change.](#) Medicare.gov explains you can switch to another Medicare Advantage plan, or drop Medicare Advantage and return to Original Medicare (and you can also join a separate drug plan). Any change is effective the first day of the month after the plan gets your request.

Bring this to your Solutions For Life free Medicare plan review:

My exact plan name: _____
My county: _____
Top 2 doctors: _____ / _____
Top 3 prescriptions: _____ / _____ / _____
Biggest frustration: _____

A 5-Minute Medicare Advantage Frustration Check



If your plan has been frustrating you this year, do this page before you do anything else. It will help you bring the right details into a Kansas Medicare plan review.

Step 1: The 7 “Plan Pain” Questions (Yes or No)

Check the box that matches your real experience.

- Yes** **No** One of my doctors or hospitals is out of network.
- Yes** **No** My copays went up, even though I did nothing.
- Yes** **No** I got a surprise bill I did not expect.
- Yes** **No** Care was delayed because the plan wanted approval first.
- Yes** **No** A prescription costs more or is not covered the same.
- Yes** **No** I do not know my medical out-of-pocket maximum.
- Yes** **No** I feel unsure every time I schedule care.

Step 2: Your Score and Your Next Best Move

Count how many YES answers you checked.

- 0–1 YES: Your plan may be fine, but confirm your network and drug list.
- 2–3 YES: You are in the “quiet trouble” zone. Schedule a review.
- 4+ YES: High risk of more surprise costs. Review your plan now.

Key truth: Most Medicare headaches get worse when you wait. Networks, copays, and drug rules do not “fix themselves.”

Step 3: What You Can Change Before March 31 (if you are already on Medicare Advantage)

If you are already enrolled in Medicare Advantage, there is a window each year to make one change during Jan 1–Mar 31. You can choose one of these moves:

Option A: Switch to a different Medicare Advantage plan

Option B: Drop Medicare Advantage, return to Original Medicare, and add a Part D drug plan (if needed)

Step 4: Bring This to Your No-Cost Review (so it is fast and clear)

Write these down:

- My plan name (from my card): _____
- My top 2 doctors: _____
- My top 3 prescriptions: _____
- My biggest problem right now: _____



THIS IS YOUR NEXT STEP

Reserve your no-cost Medicare session:

Go to www.SolutionsForLifeKS.com/book-appointment

Or call: **785-404-6664**

Quick note: Product rules vary by company and state. Confirm details before you sign.

Mistake 8: Misunderstanding Networks

Reflection Prompt:

Write down the steps you will take if your providers are not in-network (e.g., looking for alternative doctors or switching plans).

Instructions: List your healthcare providers and check if they are covered under your Medicare Advantage plan's network.

Provider	In-Network? (Yes/No)
Doctor 1	
Specialist 1	
Hospital 1	



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