

2026-27 Medicare Spotlight

Your Medicare Summary Notices - What To Look For

While you may be relieved any time your mailbox contains a health-insurance-related letter with the words "THIS IS NOT A BILL" printed on the material inside, don't just toss these important pieces of information - especially when they come from Medicare's governing body, the Center for Medicare and Medicaid Services (CMS).

The Medicare Summary Notice (MSN)

This is a notice that people with Original Medicare get in the mail, generally twice a year, for their Medicare Part A and Part B-covered services. You'll get your MSN every 6 months if you get any services or medical supplies during that period. If you don't get any services or medical supplies during that period, you won't get an MSN.

The MSN shows:

- All your services or supplies that providers and suppliers billed to Medicare during that period;
- What Medicare paid; and
- The maximum amount you may owe the provider.

Read each MSN carefully, to be certain that the listed services and supplies match up with what you actually received. Fraudsters who steal Medicare credentials (either your own or your healthcare providers') often file massive numbers of fake claims in small dollar amounts, figuring that CMS algorithms won't notice the problem until after the fake claims have been paid.

The Fraudsters Aren't Wrong About That

Many federal agencies, CMS included, often pay claims quickly, but identify and investigate
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A Message from OFA Director Todd N. Tancredi

Friends,

Like leaves falling from the trees, the number of Medicare mailings you receive every fall may seem countless. That's why we make the extra effort to connect Dutchess County's older adults with appropriate Medicare-related counseling on the choices they'll make for healthcare coverage for 2027.

What makes OFA's counseling unique? No sales pitches, for one. The counselors in HIICAP, the Health Insurance Information, Counseling and Assistance Program, are trained OFA staff and volunteers, whose only goal is to guide you to the best possible coverage choices.

This Open Enrollment season, call OFA's HIICAP Hotline (845-486-2566) to make your counseling appointment.

Best wishes, and be well!



Todd N. Tancredi
 Director, Dutchess County Office for the Aging

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Who Pays Claims First?

Depending on how many kinds of health or drug coverage you have besides Medicare, there may be as many as three “payers” who cover health care bills. The rules that cover which payer pays first are called “coordination rules.”

Tell your doctor, hospital and other health care providers about all of your health or drug coverage. This makes sure that your bills will be sent to the right payers, in the right order.

Whether Medicare pays first depends on many factors, including the situations listed below:

- If you have retiree insurance from former employment...Medicare pays first.
- If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees...your group health plan pays first.

- If you're 65 or older, have group health plan coverage based on your or your spouse's current employer, and the employer has less than 20 employees...Medicare pays first.
- If you're under 65 and disabled, have group health plan coverage based on your or a family member's current employment, and the employer has 100 or more employees...your group health plan pays first.
- If you have Marketplace coverage and then age into Medicare (and keep your Marketplace plan)...Medicare pays first.

This covers most situations - but not all of them. If you still have questions about who pays, or in what order they pay, try the following:

- Check your insurance policy or coverage, which may include rules about who pays first;
- Call the Benefits Coordination and Recovery Center at 1-855-798-2627 (TTY 1-855-797-2627);
- Contact your employer or union benefits administrator.

Your Medicare Summary Notices (continued from Page 1)

potential fraud only after the claims have been paid. The practice is informally known as “pay and chase.” The approach is necessary for providers to be paid promptly, as they should be; but it's also been an open buffet for criminals. Recovering stolen money has been a challenge, especially since modern criminal operations can defraud Medicare by the billions with no need to even set foot in the U.S.

Medicare Fraud Hurts Us All

Medicare beneficiaries deserve appropriate, affordable care, and every dollar that's stolen makes it that much more difficult to keep costs in line and meet Medicare's goals. A more airtight system that monitors claims *before* payment reduces costs for all of us and reinforces the integrity of the CMS system.

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Available for free at libraries, senior centers, and municipal buildings throughout Dutchess County, as well as at the OFA website:

dutchessny.gov/aging

To be added to or removed from our mailing list, call **845-486-2544** or email bjones@dutchessny.gov.

Medicare Mistakes You Can Avoid (With HIICAP)

The following mistakes are listed in no particular order of importance. Over the years, OFA's staff and HIICAP health insurance counselors have helped countless Dutchess County older adults avoid mistakes like these.

(What's HIICAP? It's explained to the lower right.)

Schedule your meeting with our counselors by calling the OFA HIICAP Hotline:

845-486-2566

Counselors are available, while time and space lasts, for both in-person and phone appointments.

Choosing the Same Medicare Part D Plan As Your Spouse

Do you have the same health conditions or take the same medications? Probably not. One Part D plan may work better for one partner, while the other partner may find a different plan most suitable. There are no spousal discounts for Part D plans.

Moving Out of New York? Mind the Medigap

New York law prohibits Medigap insurers from denying you coverage or charging you higher rates based on your health status or pre-existing conditions. However, an insurer in New York can still impose up to a 6-month waiting period before covering medical costs specifically tied to a pre-existing condition.

Not every state regulates Medigap plans like this. We hate to see you go, but remember what you learned in Dutchess County when you move.

Postponing Social Security Past 65? Don't Do That with Medicare

If you signed up for Social Security benefits before turning 65, you'll automatically be signed up for Medicare Parts A and B. But if you're waiting past

65 to take advantage of a bigger Social Security check, you still have additional Medicare homework for your 65th birthday.

You have a seven-month window to sign up for Medicare for the first time - from three months before your 65th birthday month to three months afterward.

Part B Penalties Are Lurking For Retirees

You might have an excellent retiree health plan, but retiree coverage is not considered primary coverage by Medicare after you turn 65. You'll *need* to sign up for Medicare in this situation, to avoid gaps in coverage and a lifetime late-enrollment penalty of 10% of the current Part B premium for every year you should have been enrolled in Part B but were not. If you or your spouse are currently working and covered under health insurance from an employer with 20 or more employees, you're in the clear. Remember: you must enroll in Medicare once you retire.

HIICAP

(Health Insurance Information,
Counseling and Assistance Program)

Dutchess County OFA's volunteer HIICAP counselors provide free, unbiased information and help you learn about:

Medicare and Medicaid
Medigap Policies
Medicare Advantage Plans
Long-Term Care Insurance
Low-Income Subsidy Programs

and other health insurance programs
available in Dutchess County.

HIICAP appointments fill up quickly
every open enrollment season.
Call the HIICAP Hotline at **845-486-2566** today,
to make your appointment for counseling.

The information provided by the Health Insurance Information, Counseling and Assistance Program is intended for the sole purpose of educating consumers in regard to the choices available for their health insurance needs. Particular emphasis is placed on understanding Original Medicare. Nothing herein is intended nor should it be construed as an endorsement of any specific insurance product or insurer.

Crossing the Medicare “GLP-1 Bridge”

It was big news in July 2026 when Medicare launched a new option covering weight-loss drugs, under certain circumstances. Until then, Medicare had never covered drugs prescribed solely for weight-loss. Under the new “GLP-1 Bridge” program, some beneficiaries are able to get a GLP-1 weight loss prescription for drugs like Wegovy, Zepbound (Kwikpen), and Foundayo for \$50 a month. This copay does not count toward the 2027 Part D deductible of \$700 or the 2027 maximum out-of-pocket maximum of \$2,400.

The GLP-1 Bridge is scheduled to run through the end of 2027, after which longer-term coverage might or might not begin. The program is being monitored to measure whether it results in greater future savings for the Medicare program.

Bumped Off the Bridge? It Can Happen

The \$50 price tag of Bridge prescriptions only applies if the drug is being taken solely for weight loss. For beneficiaries with conditions like Type 2 diabetes or moderate-to-severe sleep apnea, a GLP-1 prescription is routed through the Medicare Part D prescription drug program - but that can carry the steeper price tags.

Big Demand So Far

As of August 31st, over 600,000 Medicare beneficiaries had signed up for the Bridge program, according to CMS Administrator Dr. Mehmet Oz.

Before the Bridge was launched, CMS estimated that 4 million Americans were eligible, although costs would depend on how many actually sign up for the program. The nonpartisan research group KFF estimated Bridge's cost at between \$1.3 billion and \$10 billion by the December 2027 scheduled end of the trial period.

Clip and save!

Medicare Timetable

Initial Enrollment Period

This includes the 7-month period that starts 3 months before your 65th birthday month, and continues for the following three months afterwards.

First: Prepare for open enrollment

Explore what might change with your current coverage. During early October, private insurers will announce all benefit and premium information for their Part C Medicare Advantage and Part D Prescription Drug plans for the following year. Contact the Office for the Aging for a HHCAP counseling appointment; availability is in high demand.

Medicare Open Enrollment

October 15th - December 7th every year

Any Medicare beneficiary can make any change to their Medicare coverage. All changes take effect January 1st of the following year.

Medicare General Enrollment Period

January 1st - March 31st every year

If you miss your initial enrollment period, you must wait to enroll during this time. Additionally Beneficiaries who have a Medicare Advantage (Part C) Plan can make one change during this 3 month period. When you enroll or make changes during this time, your coverage takes effect the first of the following month you make the change.

Contact us with your questions:

845-486-2555 or **ofa@dutchessny.gov**

New York State HHCAP Hotline:

1-800-701-0501

Avoid Unexpected Bills

Know the Differences Between a Medicare Wellness Exam and a Physical

Annual Wellness Visit

(Your Medicare deductible is waived)

Cost: FREE

Coverage: Annually, when it occurs at least 12 months after your Initial Preventative Physical Exam, and when you have been covered by Part B for more than 12 months

Purpose: To develop and update a personalized prevention plan, based on your current health and risk factors

Other: Medications are *not* refilled or prescribed

Annual Physical Exam

(The Part B deductible applies)

Cost: Copay

Coverage: Annually; you will be billed and responsible for 20% of the Medicare approved amount

Purpose: For medically necessary services, including evaluation and management of an illness or injury

Other: Medications may be refilled or prescribed

The terms “wellness visit” and “physical exam” sound similar, but when it comes to Medicare, the two procedures are *not* interchangeable. It’s something you’ll need to watch for when you make appointments with your doctor. The wellness exam is different from a full body physical that you may have undergone in past years.

If you’ve had Medicare Part B (Medical Insurance) for longer than 12 months, you can get a yearly “Wellness” visit once every 12 months to develop or update a personalized prevention plan to help prevent disease and disability, based on your current health and risk factors. Your provider may also perform a cognitive impairment assessment. You pay nothing for this visit if your doctor or other qualified healthcare provider have agreed to accept the Medicare-approved amount as full payment for any covered service provided to a Medicare patient.

The Part B deductible doesn’t apply. However, you may have to pay coinsurance, and the Part B deductible may apply if:

- Your doctor or other healthcare provider performs additional tests or services during the same visit. These additional tests or services aren’t covered under the preventive benefits.
- A cognitive impairment assessment is performed to look for signs of Alzheimer’s disease or dementia.

The personalized prevention plan is designed to help prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy.

Before your Medicare wellness visit, put together a complete list of the medications you take, as well as any vitamins, minerals, supplements, and over-the-counter medications.

OFA “Navigating Medicare” Classes Open Enrollment Season (And Beyond)

Class registration is required

The Office for the Aging holds year-round monthly “Navigating Medicare” classes at the following locations:

Poughkeepsie Galleria Community Room (2001 South Rd., Poughkeepsie)
(third Wednesday of every month, 10 am)

Starr Library, Rhinebeck (68 W. Market St.)
(second Wednesday of every month, 4 pm)

*We continue to add “Navigating Medicare” classes at additional venues throughout Open Enrollment season. Visit **dutchessny.gov/calendar** for the most up-to-date calendar listings, including class registration information.*

If your organization would like to host a “Navigating Medicare” class, call OFA at 845-486-2555.



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Navigating Medicare



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Not sure if Medicare will cover your medical test or service?
Medicare’s official “**What’s Covered**” app delivers accurate cost and coverage information, right on your mobile device.

Your Annual Notice of Change (ANOC) - It's Not Junk Mail

With so much Medicare-related mail coming to us, much of it not relevant to our needs, it can be a challenge to sort out the useful information from the junk.

The Annual Notice of Change (ANOC) mailed to tens of thousands of older Dutchess County residents is most definitely NOT junk mail. It's essential to know if this year's plan will still be in effect next year, and under what costs and circumstances.

While original Medicare (Parts A and B) coverages are set by the federal government and don't typically change much from year to year, Medicare Advantage and Part D plans are different.

Keeping an eye on how health insurance coverage and costs change year to year is like trying on seasonal clothing you haven't worn since a year ago. You'd rather not find out on the coldest day of the year that your warmest sweater no longer fits, after all.

Premiums can change from year to year. So can co-pays, provider networks, and prescription drug plans.

Below is a checklist you can use as you consider the following year's coverage. As always, reach out to OFA's HIICAP Hotline at **845-486-2566** with any questions.

Monthly premium	Will you pay more or less next year?
Maximum out-of-pocket limit	Has your annual spending limit changed? In 2027, the maximum out-of-pocket for Part D is \$2,400.
Doctor and specialist copays	Are your visit costs increasing?
Hospital costs	Have inpatient copays or coinsurance changed?
Prescription drug coverage	Are your medications still covered and in the same tier?
Provider and pharmacy network	Are your preferred doctors, hospitals, and pharmacies still in network?
Medical benefits	Have costs or coverage changed for services you use, such as outpatient care, skilled nursing, or emergency services?
Extra benefits	Are dental, vision, hearing, transportation, or over-the-counter (OTC) allowances changing?



Dutchess County Office for the Aging
114 Delafield Street, Poughkeepsie, NY 12601

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Do you know about the Medicare Savings Program (MSP)?

MSP is an income-based program that may help pay for your Part A, Part B premiums, deductibles, coinsurances, and copayments. New York State does not limit the amount of financial resources you can have to qualify for MSP, but does have income guidelines.

There are two different types of MSP program. The single monthly income limit is \$2,494; for couples, it's \$3,375. Those eligible for MSP are also deemed eligible for Extra Help to lower Part D costs.

Elderly Pharmaceutical Insurance Coverage (EPIC)

This program provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D. Income eligibility applies. EPIC offers Medicare Part D Premium assistance up to \$40.45 per month for members with annual income of \$23,000 or less (singles) and \$29,000 (couples).

Don't spend money you don't absolutely need to spend!

OFA's Community Benefits Specialists can help you apply for MSP and/or EPIC.

*Call OFA at **845-486-2555**.*