

The 2027 Medicare Open Enrollment Guide

A step-by-step review for people on Medicare, or turning 65 soon. It gives you the facts and the right questions to ask. It does not tell you which plan to pick.

October 15 to December 7, 2026 Annual open enrollment	January 1, 2027 Your changes take effect
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1. Know which enrollment window applies

Medicare has two separate windows that are often both called "open enrollment." They are not the same.

The annual fall window: October 15 to December 7

This is when you can change your Part D drug plan or your Medicare Advantage (Part C) plan, including moving between Advantage and Original Medicare with a drug plan. Changes start January 1.

The one-time Medigap window

Medigap (Medicare Supplement) has its own six-month window, which starts when your Part B starts. During it, insurers must sell you any Medigap plan they offer, whatever your health. This is called *guaranteed issue*. After it closes, insurers in most states can ask health questions and decline you.

☐ I know whether I am shopping in the fall window, the Medigap window, or both.

- ☐ If my Part B started within the last six months, I have checked how many days of my Medigap window remain.

2. Review your current coverage

Start with the paperwork your plan already sent you. Your **Annual Notice of Change** lists everything that will be different on January 1, and it is the most important letter you will receive this fall.

- ☐ I have read my Annual Notice of Change.
- ☐ I know my premium, deductible, copays and out-of-pocket maximum for this year and for 2027.
- ☐ I confirmed my doctors and hospitals are still in network for 2027.
- ☐ I confirmed my plan is still being offered in my county next year. Some Advantage plans leave service areas each year.

Good to know: Your Medigap policy renews on its own from year to year. The fall window is mainly for drug plans and Advantage plans, so you do not need to re-shop Medigap every fall.

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3. Review your prescription drug plan (Part D)

Drug plans change their covered-drug lists (formularies) and prices every year. The plan that was cheapest for you in 2026 may not be cheapest in 2027.

What is confirmed for 2027

Item	2026	2027
Maximum standard Part D deductible	\$615	\$700 (federal rule)
Annual out-of-pocket cap on covered drugs	\$2,100	\$2,400 (federal rule)
National base beneficiary premium	\$38.99	\$41.33 (CMS)

The base premium is a reference number used for penalty math. It is not what any plan charges you. Each plan sets its own premium, and those are not capped.

- ☐ I listed every prescription I take, with doses.
- ☐ I checked each drug against my plan's 2027 formulary, including restrictions such as prior approval.
- ☐ I compared the full yearly cost: twelve months of premium plus what I would pay at the pharmacy.
- ☐ I checked which pharmacies are "preferred." The same drug can cost more elsewhere.
- ☐ I confirmed my premium payment method works. A failed autopay can get you dropped from a plan.

If you do not have drug coverage

You are not required to have Part D, but skipping it can cost you permanently. If you go 63 days or more in a row without Part D or other creditable drug coverage after you are first eligible, a late-enrollment penalty is added to your premium for as long as you have Part D.

How the penalty works: $1\% \times \text{the national base beneficiary premium} \times \text{the number of full months without coverage}$, rounded to the nearest \$0.10. In 2027, someone who went 24 months uncovered would pay a 24% penalty, about \$9.90 a month on top of their plan premium. People who qualify for Extra Help are not charged the penalty.

4. Medigap: Plans G, N and high-deductible G

These points come up in nearly every conversation about supplements. Know them before you talk to a salesperson.

Plan G is standardized by federal law

Every Plan G from every company covers the same benefits (Massachusetts, Minnesota and Wisconsin use their own standardized plans). A higher price does not buy better coverage, so compare the same letter plan across companies on price and on the company's history of rate increases.

Plan	What you pay besides the premium	Trade-off
Plan G	The Part B deductible once a year	Most predictable costs

Plan	What you pay besides the premium	Trade-off
Plan N	The Part B deductible, copays of up to \$20 for some office visits and up to \$50 for ER visits, and any Part B excess charges	Lower premium, less predictable costs
High-deductible Plan G	All Medicare-covered costs until you reach the plan deductible	Lowest premium, largest exposure in a bad year

2027 high-deductible Plan G: CMS set the deductible at **\$3,050**, up from \$2,950 in 2026. Your Part B deductible counts toward it. After you reach it, the plan pays like regular Plan G for the rest of the year.

Switching back later can be hard

If you leave Medicare Advantage after your protected period and want Medigap, insurers in most states can require medical underwriting. They can charge more, exclude conditions, or decline you. This is the single most common regret people describe. Two federal "trial rights" give you a way back without underwriting:

- **Trial right 1:** You joined Advantage (or PACE) when you first became eligible for Medicare at 65. Within 12 months, you can return to Original Medicare and buy any Medigap policy sold in your state.
- **Trial right 2:** You dropped a Medigap policy to try Advantage for the first time. Within 12 months, you can return and get your old policy back, if the same company still sells it.

The Medigap application window runs from 60 days before your Advantage coverage ends to 63 days after. A guaranteed-issue right can also apply if your Advantage plan leaves Medicare or your area, or if you move out of its service area. Keep any non-renewal letter. Some states, including New York and Connecticut, offer broader protections, so ask your state's SHIP about your state's rules.

- ☐ I am comparing the same letter plan across companies.
- ☐ I understand that leaving Advantage later may mean medical underwriting, and I know whether a trial right or other guaranteed-issue right applies to me.
- ☐ If I am within my first 12 months in an Advantage plan, I have written down my trial-right deadline.

5. Original Medicare vs. Medicare Advantage

People defend both choices strongly, and neither is right for everyone. These are the facts each side relies on.

Original Medicare + Medigap + drug plan	Medicare Advantage
See any doctor or hospital in the U.S. that accepts Medicare	Generally limited to the plan's network
Plan G covers nearly all remaining Medicare-approved costs after the Part B deductible	Copays and coinsurance apply, with a yearly out-of-pocket cap
Higher monthly premiums	Often a lower premium, sometimes \$0 beyond the Part B premium
Few prior-approval requirements	Many services need the insurer's approval first
Extras such as dental and vision are separate	Extras are often included, but vary by plan and area

If you choose Advantage, test it against the care you actually use: your doctors, your hospital, your medications, and any rehab or specialist care you might need. Ask how the plan handles prior approval for those services.

- ☐ I know which type of coverage I have today.
 - ☐ If I have Advantage, I checked the 2027 network, prior-approval rules and out-of-pocket cap.
 - ☐ I have not assumed I can return to Medigap later without underwriting.
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6. Dental coverage

Dental is where many people spend money without checking the math. Standalone dental plans often have a yearly benefit cap of around \$1,000 to \$3,000 and waiting periods, commonly about six months for basic work and twelve for major work. Over a year, premiums can come close to what the plan pays. Preventive-only plans and dental benefits inside an Advantage plan can still be worthwhile, particularly if you mostly need cleanings and exams.

- ☐ I added up twelve months of dental premiums and compared them to the plan's yearly maximum.
- ☐ I checked when coverage for basic and major work actually begins.

- ☐ If my Advantage plan includes dental, I confirmed that the specific services I need are covered, not just cleanings.

7. Add up your total yearly cost

Compare plans by total annual cost, not the monthly premium alone: premiums plus deductibles, copays and expected drug costs.

Item	2026	2027
Standard Part B premium	\$202.90 a month	About \$209.50 a month (projected)
Part B deductible	\$283	About \$292 (projected)

These 2027 Part B figures are not official. They come from the 2026 Medicare Trustees Report. CMS typically confirms them in November, and some private forecasts run higher, so budget with some margin. Higher-income households may pay more through income-related surcharges (IRMAA), which CMS also announces in the fall.

- ☐ I added up my yearly total: Part B premium + Medigap or Advantage premium + Part D premium + expected copays and drug costs.
- ☐ I will check the official 2027 Part B figures when CMS announces them.

8. Common pitfalls

- **Broken autopay.** Missed premium payments can end a drug plan. Check your payment method every fall.
- **Pressure from one source.** Brokers are paid commissions by the plans they sell. A second opinion from a free counselor costs nothing.
- **Confusing terms.** "Open enrollment," "guaranteed issue," "trial right" and "special enrollment period" all mean different things. Ask for a definition any time you are unsure.
- **Waiting until December.** Counselors get busy as the deadline nears. Start early.

9. Where to get free help and verify everything

- **SHIP** (State Health Insurance Assistance Program): free, unbiased counseling. Find yours through [medicare.gov](https://www.medicare.gov) or search "SHIP" plus your state.
- **Medicare Plan Finder** at [medicare.gov](https://www.medicare.gov): compare 2027 drug and Advantage plans side by side.
- **Extra Help and Medicare Savings Programs**: if premiums and copays are hard to afford, ask SHIP or your state Medicaid office whether you qualify.
- **"Medicare & You" handbook** and your plan's Annual Notice of Change.

Before October 15: your action list

- ☐ Read my Annual Notice of Change.
- ☐ List my prescriptions and check the 2027 formulary.
- ☐ Confirm my doctors are in network for 2027.
- ☐ Compare total yearly cost, not just the monthly premium.
- ☐ Check my autopay and contact details on file.
- ☐ Before moving between Advantage and Original Medicare, understand the underwriting risk.
- ☐ Call SHIP early if anything is unclear.

Sources and status. Part D 2027 figures, the high-deductible Plan G deductible and trial-right rules reflect CMS and Medicare.gov guidance as of October 3, 2026. 2027 Part B figures are Trustees Report projections pending CMS's November announcement. Plan details, state rules and your eligibility vary, so confirm with Medicare.gov or your SHIP before you enroll.

This guide is general information, not insurance, legal or financial advice.

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