

LIFESTYLE / HEALTH

2026 Medicare + ACA Marketplace Changes: What Residents Should Know (and What to Do Now)

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EVERY year, Medicare and Marketplace (ACA) plans change—premiums move, deductibles reset, drug rules evolve, and plan designs shift. Below are the **most practical 2026** updates I'm sharing with Pinoy readers so you can avoid surprises, keep your doctors when possible, and reduce out-of-pocket risk.

Medicare: What's Changing for 2026

1) Medicare Part B premium and deductible increased

For most people on Medicare, **Part B** is the “doctor/outpatient” side of Original Medicare.

- Standard Part B premium (2026): \$202.90/month** (up from \$185.00 in 2025).

- Part B annual deductible (2026): \$283** (up from \$257 in 2025).

Why it matters: Even if you never change your plan, your “baseline Medicare costs” can change every January.

2) Medicare Part A hospital deductible also increased

Part A is the inpatient hospital side of Medicare.

- Part A inpatient hospital deductible (2026): \$1,736 per benefit period** (up from \$1,676 in 2025).

Why it matters: A hospital stay can create a large, immediate bill if you don't have a Medigap plan or an MA plan design that fits your budget and health needs.

3) High-income Medicare surcharges (IRMAA) remain a big “gotcha”

Medicare uses **modified adjusted gross income** to determine whether you pay extra for Part B (and Part D). The Centers for Medicare and Medicaid (CMS) published the **2026 income tiers and premium amounts**, and even a small income bump (or a large capital gain) can change your bracket.

Pro tip: If your income dropped due to retirement, divorce, loss of pension, etc., you may be able to request a new determination through Social Security.

4) Medicare Advantage (Part C) and Part D rule updates for 2026

CMS finalized several consumer-impact changes for 2026, including:

- Tighter rules on “reopening” a previously approved inpatient admission**—plans can't simply reverse an approval later except for obvious error or fraud.

- Closing Medicare Advantage appeals loopholes**, including clarifying that certain plan decisions are subject to appeal rules and strengthening notice requirements when a provider requests coverage on your behalf.

- Part D drug protections being codified/continued**, including the no-cost-sharing rule for ACIP-recommended adult vaccines covered under Part D.

- Insulin cost-sharing guardrails (Part D)** continue, with the 2026 framework tied to statutory limits and pricing concepts CMS describes in the final rule.

- Medicare Prescription Payment Plan (“smoothing”)** updates, including an **automatic renewal process** so participants can continue into the next year unless they opt out.

Why it matters: These are the kinds of changes that can reduce billing surprises and improve appeal rights—especially for people who use the hospital or high-cost medications.

5) Star Ratings: still important for quality—and sometimes extra benefits

CMS released **2026 Star Ratings**, which appear in Medicare Plan Finder and help people compare plan quality (and they can influence plan bonus payments).

Practical takeaway: Star ratings aren't everything, but if you're choosing between similar costs/networks, they can be a useful tie-breaker.

ACA (Marketplace) Plans: What's New for 2026

1) Open Enrollment dates (most states): Nov 1 → Jan 15

CMS states the Marketplace Open Enrollment period runs **November 1 through January 15, 2026**. If you enroll by **December 15**, coverage typically starts **January 1** (later enrollments generally start February 1).

Why it matters: Missing the deadline can mean going uninsured—or waiting for a Special Enrollment Period.

2) New 2026 plan options: more access to Catastrophic + HSA compatibility (for eligible people)

CMS notes **expanded opportunities** for 2026, including:

- More people can qualify for Catastrophic plans**, and
- Catastrophic and Bronze plans can pair with Health Savings Accounts (HSAs)** under the changes described in CMS materials.

HealthCare.gov is also highlighting these as “New for 2026.” HealthCare.gov

Why it matters: For healthier individuals (or those who want lower premiums), these designs may create new lower-cost pathways—but you still need a strategy for the out-of-pocket maximum.

3) Stronger anti-fraud / anti-“unauthorized enrollment” rules (big for consumers)

For 2026, CMS finalized additional safeguards aimed at stopping **unauthorized changes to Marketplace coverage** and strengthening oversight of agents/brokers who violate standards.

This includes expanded enforcement concepts and updated documentation expectations (including consent-related processes CMS discusses in the final rule materials). CMS+1

Why it matters: If you've ever heard of someone getting switched without clear consent, these rules are designed to reduce that risk.

4) A major watch item: enhanced ACA subsidies and 2026 affordability

The enhanced premium tax credits that made Marketplace plans more affordable in recent years are **scheduled (under current law) to expire after 2025** unless extended by Congress—meaning many households could see **higher net premiums** in 2026. Congress.gov+2TIME+2

Why it matters: The *same plan* can cost very different amounts depending on subsidies, income, and household size. If subsidies change, reviewing options becomes even more important.

What I recommend residents do (simple checklist)

- Confirm your doctors + hospitals first** (network changes happen every year).

- List your prescriptions** (name, dose, frequency) and check formularies.

- Compare “worst-case cost,” not just premium** (deductible + copays + max out-of-pocket).

- Report income/household changes** to avoid tax-time surprises with ACA subsidies.

- Don't wait until the last week**—the best options often require careful comparisons.

Need help sorting it out?

If you're turning 65, retiring, losing employer coverage, or shopping Marketplace coverage for 2026, I'm happy to help you compare options and enroll.

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Happy New Year!!!

With Gratitude for 2025
and Commitment to You
in the Year Ahead



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Licensed Insurance Agent

Health

Medical conditions are common, and finding affordable health insurance options is no small task. It's an ever changing market and it can be hard to navigate alone. That's where we can help. We'll sit down with you to explore the options and select the best policy for you at a price you can feel good about. All at no further cost to you.

Life

Life insurance is often overlooked. For your loved ones, there are both immediate and ongoing expenses that would have to be met if you suddenly weren't there. At Main Line Benefits, we simplify the buying process to make your sure family will be taken care of. It's never too early to plan for tomorrow.

Medicare

If you have become or are soon to be eligible for Medicare, we can assist in selecting a Medicare plan that best meets your needs and budget. We'll save you time and effort by searching through plans from nationally and locally recognized companies on your behalf. And we'll do it all at no cost.

Supplemental

We offer a wide range of supplemental health insurance plans that pay a cash benefit directly to you to help fill financial gaps when you're sick or injured. It can be used any way you choose, from paying medical expenses or nursing facilities to everyday living expenses such as groceries or the electric bill. Even critical illness insurance. We also offer dental and vision plans, so you'll never be without coverage.