



Fogarty Insurance
3552 Gettysburg Rd
Suite 102
Camp Hill, PA 17011

Check out our Resources

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www.MindfulMedicare.com

Member Retention Meetings

The below meeting dates and times are for current members of the plans to help explain changes to the specific carriers’ plans. If you do not see a meeting for your plan, or in your area, please reach out to us directly. Call our Office or RSVP in the Upcoming Meetings section at www.MindfulMedicare.com

Company	Date	Time	Location
Highmark	Thursday, Oct 16	10:30 AM	ReVi - 148 Sheraton Drive, New Cumberland, PA 17070
Highmark	Thursday, Oct 23	1:30 PM	York JCC, 2000 Hollywood Dr., York, PA 17403
Capital Blue Cross	Thursday, Oct 16	1:30 PM	ReVi - 148 Sheraton Drive, New Cumberland, PA 17070
Capital Blue Cross	Thursday, Oct 23	10:30 AM	York JCC, 2000 Hollywood Dr., York, PA 17403
Capital Blue Cross	Tuesday, Nov. 4	1:30 PM	ReVi - 148 Sheraton Drive, New Cumberland, PA 17070
Aetna	Tuesday, Oct. 21	10:30 AM OR 1:30PM	Wisehaven Event Center, 2985 East Prospect Rd, York, PA 17402

TO REGISTER FOR A MEETING:
Please call our office or visit our website.



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3552 Gettysburg Rd., Suite 102, Camp Hill, PA 17011
www.MindfulMedicare.com



Dear <<Full Name>>,

2026 is shaping up to be the most transformational year in Medicare coverage in the past decade. Across the country, Medicare Advantage Plans are changing. These changing include **plan non-renewals, benefit reductions and co-pay changes, as well as premium increases.** So this year, it is more important than ever to review your plan information, **attend a carrier meeting (or two)** and trust that **Fogarty Insurance Advisors** is ready and willing to help. As always, our goal is to help as many of our clients as possible during AEP!

Working with *Fogarty Insurance Advisors* means that you have the full support of both of us. We will both continue to be available to help answer all your questions and guide you throughout your time with Medicare. Our team is continuing to grow! This Spring we added **Danielle Rozell to our team as Client Service Manager.** Danielle is a licensed Health Insurance Agent and will be able to help our clients in many aspects, including plan reviews, answering benefit questions and keeping us up to date on changes to your health and needs. Over the past few months she has reached out to many of you to check in on your plans, update our systems and make sure we are ready to go, come AEP. She will continue to reach out and is available to answer your questions.

We want you to feel comfortable discussing your plans, and related questions **with all of us**, regardless of who may have initially worked with you...This will enable us to respond and help in the most efficient manner. It is our goal to provide our clients with advice and guidance that takes your individual needs into account in all discussions. We work hard to be the most knowledgeable, compassionate and comprehensive agents in the area. **During this busy time of year, please allow two business days for us to respond to questions and concerns.** To help us provide you with the highest level of service in a timely manner.

Please take time to review our newsletter as we have packed it with important information. We look forward to another great year! Our clients are the most important aspect of our business, so we want to be sure to keep you up to date with all the newest and most impactful information available.

Kellie, Chris, Amy and Danielle
Your Mindful Medicare Team

THE MOST IMPORTANT THING TO DO FOR 2026 IS REVIEW YOUR ANOC AND CHECK YOUR PRESCRIPTION DRUGS COVERAGE. HELP US BY FOLLOWING THE STEPS TO UPDATE YOUR PRESCRIPTIONS FOR US SO WE CAN EVALUATE IF YOU NEED TO MAKE A PLAN CHANGE.

What do we see as the BIGGEST CHANGES for 2026

- Carriers may choose to **Non-Renew** or **Terminate** plans in certain areas. If that happens you have many a number of options to find a new plan:
 - Special Enrollment Period – Starting October 15 - **February 28th** (enrollment effective 1/1/26 or the first of the following month if enrollment is done between 1/1/26 and 2/28/2026)
 - Guaranteed Issue Rights into a Medigap/Medicare Supplement Policy.
 - No underwriting process; Qualified at best rate for your age at time of enrollment
 - Availability of Products (Plan F, G, N) differs by Medigap carrier
- **Plans Terminated and Re-Launched:** When an insurance carrier re-launches a Medicare Advantage Prescription Drug (MAPD) plan, it typically means they are **reintroducing or significantly updating** the plan benefits, premium, network availability or other aspects of the plan that will make it too dissimilar to the original plan to continue it as the same plan.
- **Scaling back Extra/Supplemental Benefits** – With the renewed focus on standard healthcare benefits, plans may be forced to reduce the extra benefits so many have become accustomed to. You may see supplemental benefits like dental, vision, and OTC be cut back or eliminated.
 - Consumers with Chronic Conditions may qualify for **Special Supplemental Benefits for the Chronically Ill (SSBCI)** that can include money for healthy food allowance, OTC, Utilities and pay-at-the-pump gas. These benefits vary greatly by insurance carrier.

Let US Help YOU!

Below are a few quick things you can do that will allow us, to be as efficient as possible in helping you with your **2026** plan selections:

1. **REVIEW, your Annual Notice of Change (ANOC) of your current plan.** This document provides you with an overview of changes for 2026. Should arrive by mail by OCT 1st. PLEASE NOTE that some companies (Aetna for sure) are sending their ANOC electronically, so check your inbox, or log into your member portal.

If you're happy with your plan changes for 2026, your plan will automatically renew for 2026 UNLESS IT HAS BEEN TERMINATED/Non-Renewed by the carrier

Note: If your plan is being non-renewed, WE SEE YOU...We will reach out and help to enroll you in a new plan!

2. **Review how your Medications will be covered in 2026 (MOST IMPORTANT STEP for this upcoming year!)**

Option 1: Create or Update your MedicareNow! Profile then CALL our office to set up a Plan review – MedicareNow! is our enrollment system that allows us to accurately check, prescription coverage and compare plans. Creating your profile is quick and easy and will ensure that your contact information, Preferred Pharmacy, Doctors, and Prescription are up to date. We need this before we can review plans with you for next year..

A link to MedicareNow! Allowing you to browse plans and create and account can be found on our website www.MindfulMedicare.com

Option 2: Email or mail us your updated list of Medications and dosages. Mark email **“Prescription Drug Review”** to admin@MindfulMedicare.com or mail to: **3552 Gettysburg Rd, Suite 102, Camp Hill, PA 17011**

Option 3: Gather your list of medications and dosages then **call our office and we will log your medications** for you. **(717) 798-4911**

3. **Attend one of our member meetings!** This will help us answer many of your questions and hear what your peers have to say. See our list of upcoming events and locations later in this newsletter.

What you can except from us ...

- Education about your new plan benefits
- Review your medications and doctors to ensure your plan will cover your needs
- Estimate the cost of your Prescriptions
- Provide the best support and communication possible

This years’ Open Enrollment Period is going to be busier than other years. Please allow us some time for us to review your information and get back to you with our best recommendation. ...We will respond as quickly as we can.

Why do we expect BIG changes and what does it mean?

Bottom line: Medicare costs are rising because people are using more care, healthcare is more expensive, and rules are shifting. While some extra benefits may shrink and prices may change, your core coverage is still strong—and we’ll make sure you’re on the right plan. Here’s a little more about WHY we are seeing these changes:

- **Increased Utilization of Healthcare Services: Pandemic “Catch-Up” Effect** - During COVID, many people delayed doctor visits, tests, and treatments. Now, more people are using their Medicare benefits to catch up on care, which increases overall costs for the system.
 - **Think of it like your car:** If you skip a tire rotation for a couple extra miles, NO PROBLEM, switch them around and back on the road... But if you go 4 years without rotating the tires, you can’t just rotate them...the difference is too big and you have to buy a new set. The once small expense of annual rotations) is now a major replacement cost.
- **Drug Utilization Increases** – Consumer may have put off using a high cost brand name medication because there was too high of a cap – Now there is a Catastrophic limit (\$2,100). This increased utilization puts a very high-cost burden on your plan.
- **Rising Healthcare Costs Nationwide** - Just like groceries, gas, and utilities, healthcare costs continue to rise. Medicare plans adjust to reflect these higher prices for hospitals, doctors, prescriptions, and procedures.
 - Insurance companies also must deal with more utilization of Out of Network Providers, with whom they can not negotiate prices, leading to higher costs to the plan, and in turn the consumer.
- **Shift in CMS Rules and Focus** - CMS (Centers for Medicare & Medicaid Services) requires plans to focus more on **core healthcare coverage** (hospital, doctor, medications).
 - This means less emphasis on “extra” perks like dental, vision, or over-the-counter allowances.
- Funding that was previously allocated and unused by plans, had to – over the last few years – be reallocated into the plans. Those funds are no longer budgeted, and the next few years are truly a **RESET back to pre-COVID levels.**

What This Means for You

- Costs may rise on your current plan. This could come in the form of higher monthly premium, and/or increased copays or co-insurance when you utilize services.
- Plans are scaling back extra benefits, while focusing resources on the essentials—your actual healthcare needs. You may see supplemental benefits like dental, vision, and OTC be cut back or eliminated.
- We may have to reevaluate your plans coverage based on your MEDICAL needs. The days of choosing a plan, based on supplemental benefits, may be in the past, but that doesn’t mean there isn’t coverage that is right for your **healthcare needs.**

These changes are not a sign that Medicare is failing; these are **adjustments to make sure plans stay sustainable** and meet federal requirements.

Don’t Panic—We’ll Help You Navigate - Changes like these happen every year...2026 may just seem a little more drastic. Our team is here to help you review your plan options, explain the changes, and make sure you’re in the best position moving forward.

PRESCRIPTION DRUG CHANGES:

- **Continuation of Part D Catastrophic CAP** – Out of Pocket Maximum is set at \$2,100 (\$100 increase from 2025) meaning you will pay no more than \$2,100 for all covered prescription drugs (including your Part D Deductible)
 - **Part D Deductible increased to \$615 – Some plans may have lower or no deductible but most will only be applicable on Tiers 3-5 (Brand Name, non-preferred and Specialty Drugs)**
 - **Most plans have implemented co-insurance %**
- **Most fixed \$ copays on brand name drugs have been phased out**
- In 2025 many insurance companies moved prescription tiers 3-5 from a fixed dollar copays to a coinsurance (%) and possibly ADDED a deductible those that hadn’t made the change last year, are planning it for 2026.
 - Medications in TIERS 3-5 medication may have the **BIGGEST** price changes from 2024 to 2025, just remember the most you can owe for the year is \$2,100 for all your medications.

EXAMPLE 1																	
	Drug	Retail Cost	25% Co-Ins	Deductible	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
2025	Eliquis	\$ 521.00	\$ 130.25	\$ 590.00	\$521.00	\$182.00	\$130.25	\$130.25	\$130.25	\$130.25	\$130.25	\$130.25	\$130.25	\$130.25	\$130.25	\$124.75	\$2,000.00
2026	Eliquis	\$ 231.00	\$ 57.75	\$ 615.00	\$231.00	\$231.00	\$153.00	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$ 57.75	\$1,134.75

EXAMPLE 2																	
	Drug	Retail Cost	25% Co-Ins	Deductible	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
2025	Januvia	\$ 527.00	\$ 131.75	\$ 590.00	\$527.00	\$179.00	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75	\$131.75	\$108.25	\$2,000.00
2026	Januvia	\$ 113.00	\$ 28.25	\$ 615.00	\$231.00	\$231.00	\$153.00	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 28.25	\$ 869.25

PRESCRIPTION DRUG CHANGES:

- Medicare Negotiated Drug Prices will help with the 10 most utilized (and expensive) drugs now have a lower negotiated
 - Medications on the negotiated list for 2026 are: Januvia, Novolog, Farxiga, Enbrel, Jardiance, Stelara, Xarelto, Eliquis, Entresto, Imbruvica
- Medicare if continuing it **Prescription Payment option** for your Prescription drugs called the **MEDICARE Prescription Payment Plan (referred to as M3P)** to help spread out larger prescription drug costs over 12 months.
 - You can easily sign up right at your pharmacy counter.
 - If you choose to opt into this program, you must do so with ALL mediations and costs not just for your expensive medications
- Members that opt in will pay nothing at the pharmacy counter for their medication but will be billed monthly for medications throughout the year.
- The Changes to Prescription Drug coverage require that the Health Insurance Plan must pay for the cost of prescriptions after an individual reaches their \$2,100 Out of Pocket Maximum for drugs. **This will have an effect** on benefits across the entire Medicare Advantage Plan Market.
 - You might see slightly lower Extra Benefits (Vision, Dental, OTC, etc.)
 - CMS is refocusing the plans on ensuring affordability for prescriptions and traditional medical benefits. They are not as concerned about the extras...We know...that stinks.

Be aware that nearly every plan has made adjustments to benefits.