Medicare Plans Ending: What You Need to Know

There are several plans available in Crawford County in 2025 that will not be available in 2026. These plans are either Part D plans (prescription coverage only), or Medicare Advantage plans (Medicare health plans that may also include prescription coverage). Specific plans ending at the end of this year are:

Part D plans ending:

- Anthem MediBlue Rx Standard
- Anthem MediBlue Rx Plus

Medicare Advantage plans ending:

- Gundersen Quartz Med Advantage-Core D, Value, Value D, Elite, & Elite D
- Anthem – Veteran, Medicare Advantage PPO, Medicare Advantage HMO
- AARP Medicare Advantage from UHC WI-0005

Your Part D Plan is Ending

What do you need to do?
You will need to enroll in another Part D.

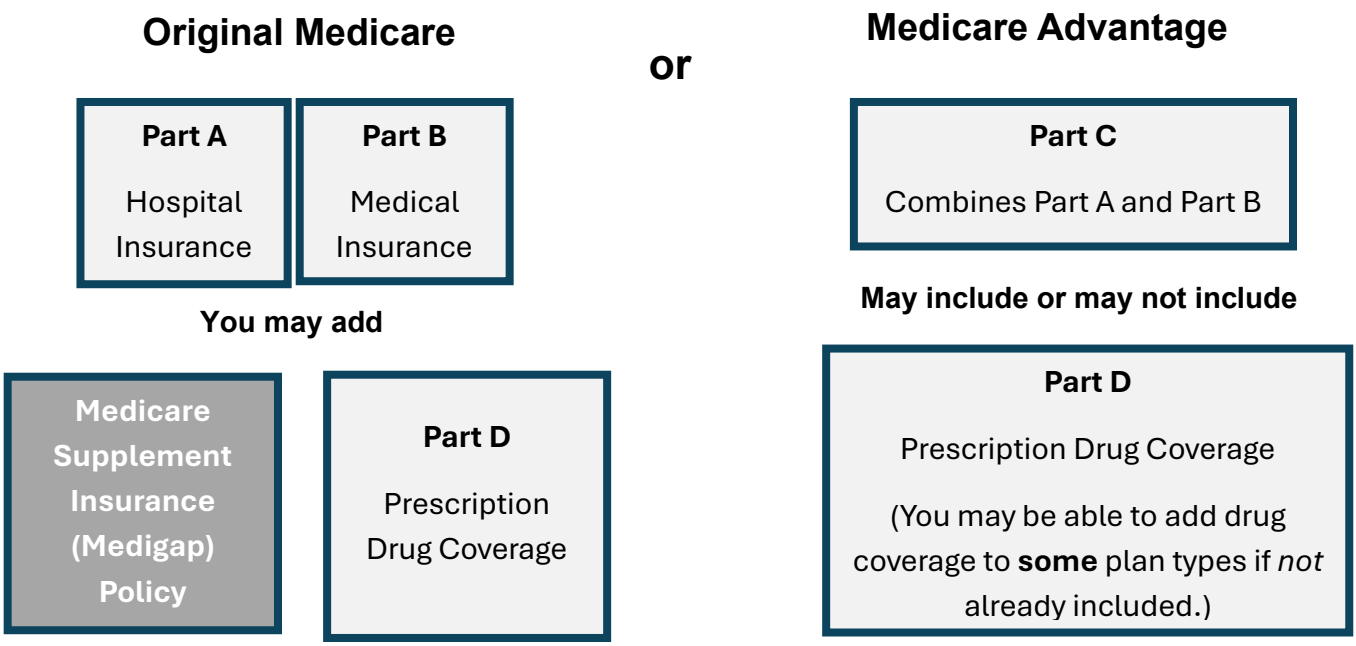
How?
Online at www.medicare.gov/plan-compare
Call Medicare at 1-800-633-4227
Call the Wisconsin Medigap helpline at 1-800-242-1060
Call the Wisconsin Medigap Prescription Helpline at 1-855-677-2783
Via mail, email or in person through the ADRC at 608-326-0235

When?
Open Enrollment Period from October 15 – December 7
Special Enrollment Period from December 8 – February 28

Your Medicare Advantage Plan is Ending

What do you need to do?
You will need to decide whether you want to continue to get your Medicare health coverage through another Medicare Advantage plan or if you would like to switch to Original Medicare with a Medigap (Supplement) Policy and a Part D plan. Here is a visual of those options:

What are the differences between Original Medicare with a Medigap and Medicare Advantage plans?



Original Medicare with a Medigap Policy

Original Medicare means that you have Parts A & B directly through the Federal government as your primary health insurance. You would be able to see any provider enrolled in Medicare throughout the US, though costs may be higher if you choose to see providers that do not accept Medicare assignment. Part A covers inpatient hospital stays, skilled nursing facility stays, home health following an inpatient stay, and hospice. Part B covers all doctor's services, preventative services, durable medical equipment, emergency services, and outpatient services such as office visits, labs, diagnostic tests, surgeries, physical and occupational therapy, and behavioral health visits.

Original Medicare has out-of-pocket costs with no annual or lifetime maximum. Part A has a deductible of $1,676 per spell of illness and has daily copays for hospital stays longer than 60 days and skilled nursing facility stays of longer than 20 days. Part B has an annual deductible of $257, then a 20% coinsurance for the rest of the year.

There are also some services that Original Medicare does not cover, including eye refraction tests, glasses/contacts, hearing aids, dental, routine physicals (covers an Annual Wellness Exam instead), routine foot care, anything considered cosmetic or not medically necessary, or medical services received from providers outside the US or who do not accept Medicare.

Medigap Policies, aka Medicare Supplements, are private insurance policies intended to pick up the out-of-pocket costs left by Original Medicare. You pay a monthly premium to the insurance company, and they pay the deductibles, copays, and coinsurance left after Original Medicare pays. Medigaps do not cover services that are not covered by Original Medicare except for limited coverage of additional chiropractic, skilled nursing facility stays, and anesthesia for certain dental procedures. You must get drug coverage separately through a Part D plan, SeniorCare, or the VA. All Medigaps except Medicare Select policies are accepted anywhere in the US where Original Medicare is accepted.

Pros:

- low risk of receiving bills for Medicare covered services,
- freedom to see many providers through the US,
- and no need to compare or change annually

Cons:

- monthly premiums tend to be high ($165-$350)
- no additional coverage for services such as dental, vision, hearing

Medicare Advantage Plans

Medicare Advantage plans, aka Part C plans, are private insurance plans approved by Medicare that replace Original Medicare. Beneficiaries who enroll in an Advantage plan get all their Medicare coverage directly through the private insurance company. Advantage plans are required to cover all the same services covered by Original Medicare and may offer additional services, such as dental, routine vision, hearing aids, over-the-counter meds, etc. They also typically include prescription coverage.

Costs for Advantage plans vary from plan to plan. Each plan will set their own monthly premiums, deductibles, and copays or coinsurance that you pay per service after the deductible is met. Most plans also charge higher costs if you see out-of-network providers. Rules for out-of-network coverage are determined by plan types, which include:

- Health Maintenance Organizations (HMO): Plans with strictest provider network. You pay 100% of costs for services received out-of-network. HMO-POS (Point of Service) plans may allow some out-of-network coverage, but typically at a higher cost and only with prior authorization from the plan. Must take an HMO plan with prescription coverage or get prescription coverage outside of Medicare (SeniorCare or the VA). Cannot add a standalone Part D plan.

- Preferred Provider Organization (PPO): Still has provider network, but you can see out-of-network providers for a high copay/coinsurance. Must take plan with prescription coverage or get prescription coverage outside of Medicare (SeniorCare or the VA). Cannot add a standalone Part D plan.

- Medicare Savings Accounts (MSA): High-deductible health plan with a savings account that the plan deposits a set amount of money into for you to use towards bills until deductible is met. No network, can see any doctor willing to accept the plan. No prescription coverage, but you are allowed to join a standalone Part D plan for prescriptions.

- Cost Plans: These plans have provider network. If you are in-network the Cost plan pays 100%, but if you go out-of-network you will pay Original Medicare costs for Medicare covered services. No prescription coverage, but you are allowed to join a standalone Part D plan for prescriptions.

- Dual Eligible Special Needs Plans: HMO or PPO style plans that always include drug coverage. Only people who have both Medicare and Medicaid (Forward Health card) are eligible for these plans.

Advantage plans make changes to their coverage each year. They can change premiums, deductibles, copays/coinsurance, which doctors or pharmacies are in-network, add or remove extra benefits (dental, vision, hearing). They can also chose to end coverage to some or all counties, as many plans did this year. Members of Advantage plans should review their Annual Notice of Change each fall and can change to a new Advantage plan for next year during the Open Enrollment Period.

Pros:

- lower monthly premiums
- can include coverage for extras (dental, vision, hearing)
- variety of options to fit different needs and budgets

Cons:

- Most services will have copays/coinsurance for each service, resulting in bills
- Must use in-network providers or pay higher costs
- Plans can make changes every year or decide to end coverage

How do I enroll?

Medigaps:

You will need a licensed insurance agent to compare and enroll in a Medigap policy. You can call local insurance agents or contact insurance companies directly.

Advantage plans:

- Compare online at www.medicare.gov/plan-compare
- Call Medicare at 1-800-633-4227
- Can call plans directly (phone numbers on the large chart of plans)
- Call the Wisconsin Medigap helpline at 1-800-242-1060
- Some insurance agents (will need to call around and ask)

When can I enroll?

Medigap policies:

- Guaranteed Issue now – March 5, 2026
    - This is a right granted by law requiring insurance companies to sell you a Medigap without medical underwriting. **You will need to show your insurance agent a copy of the notice that your current plan is ending as proof of guaranteed issue. Be sure to save this letter!**
- Anytime with medical underwriting

Advantage plans:

- Open Enrollment Period from October 15 – December 7
- Special Enrollment Period from December 8 – February 28

What if I have Medicaid (the Forward Health card)?

Many Medicaid programs pay second to Medicare to pick up out-of-pocket costs left by Parts A&B. These programs include Medicaid, MAPP, BadgerCare, QMB, Institutional Medicaid (nursing home), and Long Term Care Medicaid programs such as IRIS and Family Care (Inclusa or My Choice Wisconsin). People eligible for one of these programs would have the Wisconsin Forward Health card. If you have this card and do not know the name of your program, you can call the Southern Consortium at 888-794-5780 or use your Wi Access account online.

People with Medicaid cannot purchase a Medigap and Advantage plans are **optional.** Original Medicare and the Forward Health card alone are sufficient health coverage with a standalone Part D plan for meds. Medicaid members are allowed to get their Medicare coverage through any Advantage plan with drug coverage, including the Dual Eligible Special Needs plans.

Family Care members looking for help with Part D or Advantage plans should contact their case worker at Inclusa or My Choice Wisconsin. The ADRC also cannot assist nursing home residents with plan comparisons or enrollments. Nursing home residents should use the other resources listed. Medicaid members not in Family Care and not residing in a nursing home can use any of the resources on the first page for Part D or Advantage plan assistance.

Local Insurance Agencies for Medigap Policies

This list only includes insurance agencies that have granted the ADRC permission to provide their information and is not a complete list of all agencies in the area. The ADRC does not endorse any specific insurance agents or companies.

Ben Achenbach State Farm 524 E Blackhawk Ave Prairie du Chien, WI 53821 (608) 326-8402 www.pdcins.com	**Gochenaur Agency** 188 E Mill Street Richland Center, WI 53581 (608) 647-2919	**Goplin Insurance Agency, Inc.** 134 W Court St Richland Center, WI 53581 (608) 647-2114 www.goplininsurance.com
Fleming Agency, Inc. 1620 S Marquette Rd Prairie du Chien, WI 53821 (608) 326-6964 214 N Main St, Suite B Viroqua, WI 54665 (608) 637-7084 1515 Elm St Boscobel, WI 53805 (608) 375-2100 www.flemingagents.com	**Julie Cairns State Farm** 172 S Main St Richland Center, WI 53581 (608) 647-3632 www.juliecairns.com	**Wallace, Cooper & Elliott Insurance Agency** 197 S Main St Richland Center, WI 53581 (608) 647-6311 www.wceins.com
	State Farm Insurance 212 Airport Rd Viroqua, WI 54665 (608) 637-2999 www.LouMindar.net	**The Insurance Center** 701 Sand Lake Rd Onalaska, WI 54650 (608) 453-3202
State Farm – Jaclyn Bevan Agency PO Box 209 121 E Elm St Lancaster, WI 53813 (608) 723-2323 www.jaclynbevan.com	**Brechler-Lendosky Group, LLC** 950 Lincoln Ave Fennimore, WI 53809 (608) 822-6111	**Thrivent** 147 Keystone Parkway, Suite 117 Platteville, WI 53818 (608) 340-3040 www.connect.thrivent.com/tim-zauche

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