Archived issue, published September 2026. Figures and dates may be out of date.

The federal Medicare Annual Enrollment Period for 2027 coverage is six weeks out: October 15 through December 7, 2026. CMS has published the Calendar Year 2027 Medicare Advantage and Part D Rate Announcement (April 6, 2026) and the Contract Year 2027 MA and Part D Final Rule (April 2, 2026). In parallel, the IRS and CMS/CCIIO have issued 2027 HSA, HDHP, ACA cost-sharing, affordability, and employer shared-responsibility amounts. This briefing collects those official figures for employers, Chamber and referral partners, and Medicare-age clients in the Columbus/Westerville area. Plan designs, premiums, and networks still vary by county and by employer. Nothing in this piece enrolls anyone in a Medicare plan.

FEDERAL ANNUAL ENROLLMENT PERIOD · 2027 COVERAGE

October 15 – December 7, 2026

Standard CMS calendar · not an Ohio-only window

01 MEDICARE 2027

CMS's CY 2027 MA/Part D Rate Announcement projects a net average Medicare Advantage payment increase of 2.48% for CY 2027 (CMS fact sheet, April 6, 2026). Ohio is among the higher benchmark-change states in published actuarial summaries of that announcement; this briefing does not treat third-party county estimates as CMS figures. The defined standard Part D parameters below are from Attachment V of the Rate Announcement.

Part D defined standard parameters (Attachment V)

Parameter	2026	2027
Defined standard deductible	$615	**$700**
Annual out-of-pocket threshold	$2,100	**$2,400**
Cost sharing after the OOP threshold (covered Part D drugs)	$0	**$0**
Coverage gap ("donut hole")	Eliminated (IRA)	**Remains eliminated; codified 2027+**
Retiree Drug Subsidy — cost threshold	—	**$700**
Retiree Drug Subsidy — cost limit	—	**$14,000**

After the out-of-pocket threshold, $0 cost sharing for covered Part D drugs. The Inflation Reduction Act redesign — no coverage gap, a reduced OOP threshold, $0 catastrophic, and the Manufacturer Discount Program — is being codified for 2027 and beyond in the CY 2027 Final Rule.

CY 2027 MA & Part D Final Rule (April 2, 2026)

- IRA Part D redesign is being codified for 2027 and beyond (no coverage gap, reduced OOP threshold, $0 catastrophic, Manufacturer Discount Program).
- Star Ratings: CMS is not implementing the Excellent Health Outcomes for All reward for 2027 Star Ratings; it is removing 11 administrative measures; and it is adding Depression Screening and Follow-Up (measurement year 2027 / 2029 Stars).
- Account-based plans (HRA / FSA / HSA) are exempted from creditable coverage disclosure.
- CMS is rescinding MA mid-year unused supplemental-benefit notices.
- Some time-and-manner restrictions on conversations with licensed agents and brokers are being removed.

Ohio Next Generation MyCare, and duals

Statewide conversion of Next Generation MyCare finished August 1, 2026. 2027 is the first full statewide year — not a new launch, and not the start of MyCare.

Separately, new D-SNP enrollment alignment under 42 CFR 422.514(h) starts in 2027. That is a national dual-eligible rule sitting on top of an already-statewide Ohio MyCare program. Do not read it as MyCare beginning in 2027.

Watch for — not yet published

- 2027 Part B premium and IRMAA: CMS typically releases these in the fall. Watch for that before quoting 2027 medical premiums. A Trustees estimate is not a CMS-final figure.
- 2027 plan landscape and plan-level premiums are not published as of September 2, 2026. CMS still expects the landscape mid-to-late September. Review the 2027 landscape and each plan's Annual Notice of Change (ANOC).

Part D Premium Stabilization Demonstration · CMS, July 28, 2026

CMS announced it will discontinue the Part D Premium Stabilization Demonstration at the end of CY 2026 (Medicare Part D 2027 National Average Monthly Bid Amount information, July 28, 2026). The 2027 NAMBA is $296.05. The Base Beneficiary Premium is $41.33. The IRA statutory 6% cap on annual Base Beneficiary Premium increases through 2029 is a different provision and remains in effect. Do not treat the NAMBA or BBP as a member's 2027 PDP premium — plan-level premiums are not out. Review standalone PDP premiums on the 2027 landscape and ANOC when CMS publishes them later this month.

Educational briefing. Sources cited. Not a government document and not affiliated with the U.S. government or Medicare. Plan details vary by county and employer. Contact Livermore Group to review a specific plan or group.

We do not offer every plan available in your area. Currently we represent 7 organizations which offer 64 products in Franklin and Fairfield Counties and 65 products in Licking County. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

02 EMPLOYER GROUP HEALTH 2027

Open enrollment for calendar-year groups typically lands in the same window as Medicare AEP. The 2027 statutory and regulatory limits below are from IRS Revenue Procedures 2026-24, 2026-26, and 2026-22, and from CMS/CCIIO 2027 PAPI guidance (January 29, 2026). Use them to lock plan design, affordability testing, and HRA/HSA communications before materials go to employees. 2026 comparison amounts are shown only where the cited 2027 sources publish the prior-year figure.

2027 contribution, deductible, out-of-pocket, affordability, and penalty limits

Limit	2026	2027
HSA contribution limit, self-only (Rev. Proc. 2026-24)	$4,400	**$4,500**
HSA contribution limit, family	$8,750	**$9,000**
HSA catch-up contribution, age 55+	$1,000	**$1,000**
HDHP minimum deductible, self-only / family	—	**$1,750 / $3,500**
HDHP out-of-pocket maximum, self-only / family	—	**$8,700 / $17,400**
ACA maximum annual limitation on cost sharing, self-only / other than self-only (PAPI, Jan 29, 2026)	$10,600 / $21,200	**$12,000 / $24,000**
Affordability / required contribution percentage for employer-sponsored MEC (§36B) (Rev. Proc. 2026-26)	9.96%	**10.22%**
Employer shared-responsibility payment, IRC §4980H(a) (Rev. Proc. 2026-22)	—	**$3,780**
Employer shared-responsibility payment, IRC §4980H(b)	—	**$5,670**
Excepted-benefit HRA, newly available maximum (2027 plan years)	—	**$2,250**
Direct primary care service arrangement (DCPSA) monthly fee cap that does not disqualify HSA eligibility (P.L. 119-21 §71308, inflation-adjusted)	—	**$150 individual / $300 more than one**

The $12,000 / $24,000 figures are the ACA out-of-pocket maximum for non-grandfathered plans (fully insured, self-insured, and level-funded). HSA-qualified HDHPs must still use the lower IRS HDHP out-of-pocket maximum ($8,700 / $17,400), not the ACA maximum. Em dashes mean the 2026 comparison was not published in the 2027 sources used here — this briefing does not invent it.

What to do before open enrollment

- Confirm 2027 HSA and HDHP design against the new IRS minima, and keep the HDHP out-of-pocket maximum at the IRS figure — not the higher ACA cap.
- Recalculate affordability for employer-sponsored minimum essential coverage using 10.22% (was 9.96% for 2026).
- Budget IRC §4980H exposure at $3,780 (subsection a) and $5,670 (subsection b).
- If you offer a creditable employer group Rx plan, send the annual creditable coverage notice before AEP (typically by October 15). Account-based plans (HRA / FSA / HSA) are exempt from that disclosure under the CY 2027 Final Rule.
- If you use an excepted-benefit HRA, the newly available maximum for 2027 plan years is $2,250.
- If a direct primary care arrangement sits alongside an HSA, stay inside the $150 / $300 monthly DCPSA fee cap so HSA eligibility is not lost.
- Walk Medicare-age employees and retirees through the ANOC once 2027 documents are out. Plan-level Medicare premiums are not published as of September 2.

Medicare Secondary Payer · working aged

Standard law — this briefing does not claim a 2027 statutory change. Employers with 20 or more employees: for working-aged employees and spouses age 65+, the group health plan is primary to Medicare. Section 111 reporting still applies. This piece does not quote penalty amounts. Coordinate working-aged Medicare-age employees with the group plan before anyone drops employer coverage during AEP.

Creditable coverage notices

The CY 2027 Final Rule exempts account-based plans (HRA, FSA, and HSA) from creditable coverage disclosure. Employer group prescription drug plans that are creditable still need the annual notice before AEP — typically by October 15. That notice is a group compliance item, not a Medicare enrollment solicitation.

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03 WHAT EMPLOYEES AND RETIREES WILL HEAR · CALENDAR · SOURCES

Drug Price Negotiation — 15 additional Part D drugs, January 1, 2027

Fifteen additional Part D drugs have agreed Maximum Fair Prices effective January 1, 2027 (second cycle / IPAY 2027). That brings the total negotiated drugs to 25, counting the 10 that took effect January 1, 2026. Plan formularies and pharmacy costs still vary. A Maximum Fair Price is not the member copay. Members will hear these names in news coverage and in ANOC packets; the list below is the CMS selected-drug set for this cycle, not a formulary and not a price list.

- Ozempic / Rybelsus / Wegovy
- Trelegy Ellipta
- Xtandi
- Pomalyst
- Ibrance
- Ofev
- Linzess
- Calquence
- Austedo / Austedo XR
- Breo Ellipta
- Tradjenta
- Xifaxan
- Vraylar
- Janumet / Janumet XR
- Otezla

Calendar

Now → late September
Medicare plans must issue the Annual Notice of Change. CMS still expects the 2027 landscape mid-to-late September; it is not out as of September 2, 2026.

Fall 2026 (typical)
Employer group open enrollment. Lock 2027 HSA/HDHP/ACA/ESRP figures before packets go out.

Watch — typically fall
CMS Part B premium and IRMAA for 2027. Do not quote a number until CMS publishes it. A Trustees estimate is not CMS-final.

October 15 – December 7, 2026
Federal Annual Enrollment Period for 2027 Medicare coverage.

January 1, 2027
2027 coverage begins. Maximum Fair Prices for the 15 additional drugs take effect. First full statewide year of Ohio Next Generation MyCare. D-SNP enrollment alignment under 42 CFR 422.514(h) begins.

How Livermore Group can help

Livermore Group is an independent agency in Columbus/Westerville, Ohio. This briefing is educational. It is not a Medicare enrollment solicitation.

- Walk a group through the 2027 HSA, HDHP, ACA out-of-pocket, affordability, and ESRP figures before open enrollment is locked.
- Sit with Medicare-age employees and retirees on the ANOC, formulary, and network once the 2027 landscape is out — still not a request to enroll from this piece.
- Flag working-aged (65+) employees on the group plan for Medicare Secondary Payer / Section 111 coordination.
- Point dual-eligible households to current Next Generation MyCare materials. The program is already statewide; 2027 is the first full year, plus the national D-SNP alignment rule.
- Review a specific employer group or a specific Medicare plan when you are ready — by appointment, using the documents that apply to that county and that group.

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04 SOURCES

- CMS, Announcement of Calendar Year (CY) 2027 Medicare Advantage Capitation Rates and Part C and Part D Payment Policies (April 6, 2026): https://www.cms.gov/files/document/2027-announcement.pdf
- CMS fact sheet, 2027 Medicare Advantage and Part D Rate Announcement: https://www.cms.gov/newsroom/fact-sheets/2027-medicare-advantage-part-d-rate-announcement
- CMS fact sheet, Contract Year 2027 Medicare Advantage and Part D Final Rule (April 2, 2026): https://www.cms.gov/newsroom/fact-sheets/contract-year-2027-medicare-advantage-part-d-final-rule
- CMS, Medicare Part D 2027 National Average Monthly Bid Amount information (July 28, 2026) — NAMBA $296.05; Base Beneficiary Premium $41.33; Premium Stabilization Demonstration discontinued at end of CY 2026: https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-2027-national-average-monthly-bid-amount-information
- CMS, CMS Delivers Savings for Seniors on 15 Major Drugs for Cancer and Chronic Disease: https://www.cms.gov/newsroom/press-releases/cms-delivers-savings-seniors-15-major-drugs-cancer-and-chronic-disease
- CMS, Selected drugs and negotiated prices: https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-negotiated-prices
- IRS Rev. Proc. 2026-24 (HSA / HDHP / DCPSA / excepted-benefit HRA): https://www.irs.gov/pub/irs-drop/rp-26-24.pdf
- IRS Rev. Proc. 2026-26 (ACA required contribution percentage 10.22%): https://www.irs.gov/pub/irs-drop/rp-26-26.pdf
- IRS Rev. Proc. 2026-22 (2027 ESRP): https://www.irs.gov/pub/irs-drop/rp-26-22.pdf
- CMS/CCIIO, 2027 PAPI Parameters Guidance (January 29, 2026): https://www.cms.gov/files/document/2027-papi-parameters-guidance-2026-01-29.pdf

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