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 Figures and dates may be out of date.

The federal Medicare Annual Enrollment Period for 2027 coverage starts in about two weeks: October 15 through December 7, 2026. On September 28, 2026, CMS released the 2027 Medicare Advantage and Part D landscape. Medicare Plan Finder has 2027 plan data as of October 1, 2026. 2027 Star Ratings are expected on Medicare.gov around October 8. This briefing leads with the new national and Ohio landscape figures, then carries forward Part D defined-standard parameters, CY 2027 Final Rule highlights, employer 2027 limits, and the drug-negotiation list. 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 · ~2 WEEKS OUT

October 15 – December 7, 2026

Plan Finder live with 2027 data · not Ohio-only

01 MEDICARE 2027 LANDSCAPE — NATIONAL AND OHIO

CMS's September 28, 2026 press release and state-by-state fact sheets describe a broadly stable 2027 MA/Part D landscape, with lower average MA premiums nationally and in Ohio, and fewer MA plan choices in Ohio than in 2026. County-level choice still varies — review Plan Finder and each plan's Annual Notice of Change (ANOC).

National (CMS press release, Sep 28, 2026)

Measure	2026	2027
Weighted avg MA premium	$14.37	**$12.00 (−16.5%)**
MA-PD Part D prem. after rebates	$11.32	**$7 (−38%)**
Stand-alone PDP avg premium	$35.09	**$36 (<$1 ↑)**
MA plans nationally	5,553	**~5,532**

- >99% have ≥1 MA plan; 97% have ≥10; ~8 in 10 can keep current plan at same/lower premium.
- Projected MA enrollment ~34M (~47.4% of Medicare).
- 88% of non-LIS have access to basic PDP ≤$10.30; 93% to enhanced PDP <$6.
- Part D Premium Stabilization Demo ends end of CY 2026 (NAMBA $296.05; BBP $41.33; IRA 6% BBP cap remains through 2029).

Ohio (CMS state fact sheet, Sep 28, 2026)

Medicare enrollees: 2,630,753

Measure	2026	2027
Avg monthly MA premium	$12.12	**$9.00**
MA plans available	212	**180**

- 100% access to an MA plan; $0 lowest premium; 100% access to a $0-premium MA plan.
- Plan count dropped 212 → 180; county choice still varies — use Plan Finder.
- Part D: 9 stand-alone PDPs in 2027; all have access to a Part D plan.
- 100% of stand-alone PDP enrollees have access to a lower premium than 2026.
- 22.08% of stand-alone PDP enrollees get Extra Help.
- $5.30 is the lowest monthly stand-alone PDP premium.

Part D defined standard parameters (Attachment V — carry forward)

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

WATCH FOR — not yet CMS-final

2027 Part B premium, deductible, and IRMAA are not CMS-final as of October 1, 2026. CMS typically announces these in the fall (often November). A Trustees Report projection (sometimes cited around ~$209.50/month) is a Trustees estimate — not a CMS-final premium. Do not quote it as official. Confirmed 2026 Part B standard premium is $202.90 (CMS, November 2025) and may be cited only as the prior-year confirmed figure. 2027 Star Ratings expected on Medicare.gov on or around October 8, 2026.

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.

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

- IRA Part D redesign codified for 2027+ (no gap, reduced OOP, $0 catastrophic, Manufacturer Discount Program).
- Star Ratings: no Excellent Health Outcomes for All reward for 2027; removing 11 administrative measures; adding Depression Screening and Follow-Up (MY 2027 / 2029 Stars).
- Account-based plans (HRA / FSA / HSA) exempted from creditable coverage disclosure.
- MA mid-year unused supplemental-benefit notices rescinded.
- Some agent/broker time-and-manner conversation restrictions 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.

Part D Premium Stabilization Demo

Discontinued end of CY 2026 (CMS Jul 28). NAMBA $296.05; BBP $41.33. IRA 6% BBP cap remains through 2029. Do not treat NAMBA/BBP as a member's PDP premium — use Plan Finder / ANOC for plan-level figures.

02 EMPLOYER GROUP HEALTH 2027

Open enrollment for calendar-year groups typically lands in the same window as Medicare AEP. Limits below are from IRS Rev. Proc. 2026-24, 2026-26, and 2026-22, and CMS/CCIIO 2027 PAPI guidance (January 29, 2026). 2026 comparisons shown only where the cited 2027 sources publish them.

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 max annual cost sharing, self-only / other (PAPI)	$10,600 / $21,200	**$12,000 / $24,000**
Affordability % for employer-sponsored MEC (§36B)	9.96%	**10.22%**
ESRP IRC §4980H(a) / (b) (Rev. Proc. 2026-22)	—	**$3,780 / $5,670**
Excepted-benefit HRA newly available max (2027 plan years)	—	**$2,250**
DCPSA monthly fee cap (HSA eligibility) (P.L. 119-21 §71308)	—	**$150 / $300**

ACA $12,000 / $24,000 is the out-of-pocket max for non-grandfathered plans. HSA-qualified HDHPs must still use the lower IRS HDHP OOP max ($8,700 / $17,400). Em dashes = 2026 figure not published in the 2027 sources used here.

What to do before open enrollment

- Confirm 2027 HSA/HDHP design against IRS minima; keep HDHP OOP at the IRS figure — not the ACA cap.
- Recalculate affordability at 10.22% (was 9.96% for 2026).
- Budget §4980H at $3,780 (a) and $5,670 (b).
- Send creditable Rx notice before AEP (typically by Oct 15) if offering a creditable group Rx plan. HRA/FSA/HSA exempt under CY 2027 Final Rule.
- Excepted-benefit HRA newly available max: $2,250. DCPSA fee cap: $150 / $300.
- Walk Medicare-age employees/retirees through ANOC and 2027 Plan Finder now that the landscape is out.

Medicare Secondary Payer · working aged

Standard law — no 2027 statutory change claimed here. Employers with 20+ employees: for working-aged employees and spouses 65+, the group plan is primary to Medicare. Section 111 reporting still applies. Coordinate before anyone drops employer coverage during AEP.

Creditable coverage notices

CY 2027 Final Rule exempts HRA, FSA, and HSA from creditable coverage disclosure. Creditable employer group Rx plans still need the annual notice before AEP — typically by October 15. 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). Total negotiated drugs: 25 (including 10 effective Jan 1, 2026). Plan formularies and pharmacy costs still vary. A Maximum Fair Price is not the member copay. 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 / October 1, 2026
Plan Finder has 2027 data. Review the ANOC.

On or around October 8
2027 Star Ratings on Medicare.gov.

Fall 2026 (typical)
Employer OE. Lock HSA/HDHP/ACA/ESRP figures. Watch for CMS Part B/IRMAA (typically November) — do not quote a Trustees estimate as CMS-final.

October 15 – December 7, 2026
Federal AEP for 2027 Medicare coverage.

January 1, 2027
Coverage begins. 15 MFPs effective. First full MyCare year. D-SNP alignment 422.514(h) starts.

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 2027 HSA, HDHP, ACA OOP, affordability, and ESRP figures before OE is locked.
- Sit with Medicare-age employees and retirees on ANOC, formulary, network, and Plan Finder — not a request to enroll from this piece.
- Flag working-aged (65+) employees for MSP / Section 111 coordination.
- Point dual-eligible households to current Next Generation MyCare materials — already statewide; 2027 is the first full year plus national D-SNP alignment.
- Review a specific employer group or Medicare plan by appointment, using county- and group-specific documents.

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04 SOURCES

- CMS press release, MA and Part D Programs Expected to Remain Stable in 2027 (Sep 28, 2026): https://www.cms.gov/newsroom/press-releases/medicare-advantage-medicare-prescription-drug-programs-expected-remain-stable-2027
- CMS, 2027 MA and Part D Landscape State-by-State Fact Sheets (Sep 28, 2026): https://www.cms.gov/files/document/2027-medicare-advantage-part-d-landscape-state-state-fact-sheets.pdf
- CMS CY 2027 MA Capitation Rates and Part C/D Payment Policies (Apr 6, 2026): https://www.cms.gov/files/document/2027-announcement.pdf
- CMS fact sheet, CY 2027 MA and Part D Final Rule (Apr 2, 2026): https://www.cms.gov/newsroom/fact-sheets/contract-year-2027-medicare-advantage-part-d-final-rule
- CMS, Part D 2027 NAMBA information (Jul 28, 2026) — NAMBA $296.05; BBP $41.33; Stabilization Demo discontinued end CY 2026: https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-2027-national-average-monthly-bid-amount-information
- 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, 2026-26, 2026-22; CMS/CCIIO 2027 PAPI Parameters Guidance (Jan 29, 2026).

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