



FACT SHEET

FOR IMMEDIATE RELEASE
September 21, 2015

Contact: CMS Media Relations
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Medicare in Alabama, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 960,848 beneficiaries in Alabama continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Alabama in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 36 Medicare Advantage plans available
- 29 Medicare Prescription Drug Plans available
- 91 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 37 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 368,395 people in Alabama with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Alabama have saved \$288,716,135 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Alaska, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 82,957 beneficiaries in Alaska continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Alaska in 2016:

- There are no Medicare Advantage plans available in Alaska
- 19 Medicare Prescription Drug Plans available
- 100 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 54 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 26,196 people in Alaska with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Alaska have saved \$11,220,503 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

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- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Arizona, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,118,890 beneficiaries in Arizona continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Arizona in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 73 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 303,177 people in Arizona with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Arizona have saved \$306,157,068 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Arkansas, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 591,353 beneficiaries in Arkansas continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Arkansas in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 42 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 38 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$11.40 is the lowest monthly premium for a prescription drug plan

In 2015, 213,055 people in Arkansas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Arkansas have saved \$128,398,621 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in California, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 5,601,363 beneficiaries in California continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In California in 2016:

- 98.1 percent of people with Medicare have access to a Medicare Advantage plan
- 276 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 1,459,069 people in California with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in California have saved \$1,452,525,027 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

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Medicare in Colorado, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 777,428 beneficiaries in Colorado continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Colorado in 2016:

- 92.4 percent of people with Medicare have access to a Medicare Advantage plan
- 38 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 24 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 182,595 people in Colorado with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Colorado have saved \$183,975,115 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Connecticut, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 627,535 beneficiaries in Connecticut continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Connecticut in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 27 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 92 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 227,019 people in Connecticut with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Connecticut have saved \$240,699,645 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Delaware, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 178,080 beneficiaries in Delaware continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Delaware in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 13 Medicare Advantage plans available
- 24 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 93,211 people in Delaware with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Delaware have saved \$87,881,070 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

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October 2015

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Medicare in the District of Columbia, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 87,811 beneficiaries in the District of Columbia continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In District of Columbia in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 14 Medicare Advantage plans available
- 24 Medicare Prescription Drug Plans available
- 94 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 64 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 30,386 people in the District of Columbia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in the District of Columbia have saved \$11,541,673 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

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Medicare in Florida, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 3,968,885 beneficiaries in Florida continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Florida in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 242 Medicare Advantage plans available
- 22 Medicare Prescription Drug Plans available
- 90 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 30 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 1,314,846 people in Florida with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Florida have saved \$1,152,432,433 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

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Medicare in Georgia, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,503,541 beneficiaries in Georgia continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Georgia in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 49 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 517,121 people in Georgia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Georgia have saved \$492,922,881 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

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Medicare in Hawaii, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 242,552 beneficiaries in Hawaii continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Hawaii in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 19 Medicare Advantage plans available
- 21 Medicare Prescription Drug Plans available
- 100 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 59,131 people in Hawaii with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Hawaii have saved \$84,178,086 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Idaho, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 278,063 beneficiaries in Idaho continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Idaho in 2016:

- 99.2 percent of people with Medicare have access to a Medicare Advantage plan
- 42 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 77 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 66,741 people in Idaho with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Idaho have saved \$59,553,571 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Illinois, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 2,057,571 beneficiaries in Illinois continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Illinois in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 75 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 90 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 30 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 754,237 people in Illinois with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Illinois have saved \$646,393,402 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

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Medicare in Indiana, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,141,916 beneficiaries in Indiana continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Indiana in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 56 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 84 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 392,829 people in Indiana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Indiana have saved \$437,484,633 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

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Medicare in Iowa, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 568,853 beneficiaries in Iowa continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Iowa in 2016:

- 95.5 percent of people with Medicare have access to a Medicare Advantage plan
- 27 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 22 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 218,636 people in Iowa with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Iowa have saved \$179,072,035 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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Medicare in Kansas, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 484,167 beneficiaries in Kansas continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Kansas in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 35 Medicare Advantage plans available
- 25 Medicare Prescription Drug Plans available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 24 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 177,089 people in Kansas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Kansas have saved \$155,479,772 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

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Medicare in Kentucky, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 857,316 beneficiaries in Kentucky continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Kentucky in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 56 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 305,583 people in Kentucky with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Kentucky have saved \$348,145,507 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Louisiana, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 787,036 beneficiaries in Louisiana continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Louisiana in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 51 Medicare Advantage plans available
- 25 Medicare Prescription Drug Plans available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 40 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$16.80 is the lowest monthly premium for a prescription drug plan

In 2015, 257,816 people in Louisiana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Louisiana have saved \$248,059,027 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Maine, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 304,263 beneficiaries in Maine continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Maine in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 41 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 90 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 43 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 103,847 people in Maine with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Maine have saved \$54,727,920 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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January 2016

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Medicare in Maryland, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 923,389 beneficiaries in Maryland continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Maryland in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 25 Medicare Advantage plans available
- 24 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 31 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 402,942 people in Maryland with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Maryland have saved \$278,948,670 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Massachusetts, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,210,272 beneficiaries in Massachusetts continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Massachusetts in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 84 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 91 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 39 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 490,591 people in Massachusetts with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Massachusetts have saved \$275,200,108 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Michigan, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,885,521 beneficiaries in Michigan continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Michigan in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 109 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 614,864 people in Michigan with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Michigan have saved \$694,304,914 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Minnesota, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 905,779 beneficiaries in Minnesota continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Minnesota in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 24 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 77 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 23 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 150,572 people in Minnesota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Minnesota have saved \$242,432,490 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

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Medicare in Mississippi, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 556,994 beneficiaries in Mississippi continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Mississippi in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 23 Medicare Advantage plans available
- 24 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 46 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.30 is the lowest monthly premium for a prescription drug plan

In 2015, 221,554 people in Mississippi with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Mississippi have saved \$127,137,921 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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January 2016

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Medicare in Missouri, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,129,025 beneficiaries in Missouri continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Missouri in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 61 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 368,527 people in Missouri with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Missouri have saved \$343,427,715 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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January 2016

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Medicare in Montana, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 199,588 beneficiaries in Montana continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Montana in 2016:

- 98.9 percent of people with Medicare have access to a Medicare Advantage plan
- 15 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 57,140 people in Montana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Montana have saved \$42,851,704 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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Medicare in Nebraska, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 310,666 beneficiaries in Nebraska continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Nebraska in 2016:

- 86.6 percent of people with Medicare have access to a Medicare Advantage plan
- 16 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 22 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 108,530 people in Nebraska with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Nebraska have saved \$96,172,525 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

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Medicare in Nevada, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 445,997 beneficiaries in Nevada continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Nevada in 2016:

- 97.2 percent of people with Medicare have access to a Medicare Advantage plan
- 31 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 120,198 people in Nevada with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Nevada have saved \$103,826,846 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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January 2016

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Medicare in New Hampshire, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 264,286 beneficiaries in New Hampshire continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In New Hampshire in 2016:

- 92.8 percent of people with Medicare have access to a Medicare Advantage plan
- 15 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 110,775 people in New Hampshire with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in New Hampshire have saved \$62,898,114 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in New Jersey, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,485,769 beneficiaries in New Jersey continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In New Jersey in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 50 Medicare Advantage plans available
- 25 Medicare Prescription Drug Plans available
- 90 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 653,158 people in New Jersey with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in New Jersey have saved \$900,728,355 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

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- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

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December 2015

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January 2016

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Medicare in New Mexico, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 369,206 beneficiaries in New Mexico continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In New Mexico in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 24 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 94 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$12.00 is the lowest monthly premium for a prescription drug plan

In 2015, 92,255 people in New Mexico with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in New Mexico have saved \$82,065,296 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

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October 2015

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January 2016

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Medicare in New York, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 3,329,495 beneficiaries in New York continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In New York in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 229 Medicare Advantage plans available
- 22 Medicare Prescription Drug Plans available
- 91 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 1,036,052 people in New York with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in New York have saved \$1,366,778,919 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

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January 2016

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Medicare in North Carolina, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,750,785 beneficiaries in North Carolina continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In North Carolina in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 48 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 31 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 642,103 people in North Carolina with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in North Carolina have saved \$559,529,706 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in North Dakota, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 118,311 beneficiaries in North Dakota continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In North Dakota in 2016:

- 52.8 percent of people with Medicare have access to a Medicare Advantage plan
- 3 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 21 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 42,642 people in North Dakota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in North Dakota have saved \$38,193,388 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

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Medicare in Ohio, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 2,140,318 beneficiaries in Ohio continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Ohio in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 120 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 558,508 people in Ohio with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Ohio have saved \$875,458,531 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

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Medicare in Oklahoma, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 673,777 beneficiaries in Oklahoma continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Oklahoma in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 40 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 241,858 people in Oklahoma with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Oklahoma have saved \$222,338,745 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Oregon, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 745,436 beneficiaries in Oregon continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Oregon in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 98 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 160,622 people in Oregon with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Oregon have saved \$173,571,798 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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Medicare in Pennsylvania, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 2,519,685 beneficiaries in Pennsylvania continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Pennsylvania in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 168 Medicare Advantage plans available
- 29 Medicare Prescription Drug Plans available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 719,595 people in Pennsylvania with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Pennsylvania have saved \$1,087,120,744 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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Medicare in Rhode Island, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 202,202 beneficiaries in Rhode Island continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Rhode Island in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 13 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 31 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 63,677 people in Rhode Island with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Rhode Island have saved \$51,739,316 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

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Medicare in South Carolina, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 928,674 beneficiaries in South Carolina continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In South Carolina in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 29 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 31 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 376,385 people in South Carolina with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in South Carolina have saved \$294,651,070 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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December 2015

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Medicare in South Dakota, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 154,893 beneficiaries in South Dakota continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In South Dakota in 2016:

- 95.1 percent of people with Medicare have access to a Medicare Advantage plan
- 7 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 76 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 22 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 51,080 people in South Dakota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in South Dakota have saved \$41,893,628 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in Tennessee, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,224,504 beneficiaries in Tennessee continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Tennessee in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 68 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 34 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 401,306 people in Tennessee with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Tennessee have saved \$358,854,551 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
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January 2016

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Medicare in Texas, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 3,595,907 beneficiaries in Texas continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Texas in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 154 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 34 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 1,178,998 people in Texas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Texas have saved \$1,144,130,881 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
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October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
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Medicare in Utah, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 340,982 beneficiaries in Utah continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Utah in 2016:

- 95.1 percent of people with Medicare have access to a Medicare Advantage plan
- 20 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 77 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 20 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 80,218 people in Utah with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Utah have saved \$91,074,754 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Vermont, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 130,581 beneficiaries in Vermont continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Vermont in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 7 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 84 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 33 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 50,504 people in Vermont with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Vermont have saved \$34,315,191 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Virginia, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,337,927 beneficiaries in Virginia continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Virginia in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 67 Medicare Advantage plans available
- 28 Medicare Prescription Drug Plans available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 29 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 544,254 people in Virginia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Virginia have saved \$383,985,642 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

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Medicare in Washington, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,176,551 beneficiaries in Washington continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Washington in 2016:

- 95.3 percent of people with Medicare have access to a Medicare Advantage plan
- 83 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 84 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 29 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 317,227 people in Washington with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Washington have saved \$253,316,664 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in West Virginia, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 415,103 beneficiaries in West Virginia continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In West Virginia in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 22 Medicare Advantage plans available
- 29 Medicare Prescription Drug Plans available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 140,699 people in West Virginia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in West Virginia have saved \$188,996,951 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Wisconsin, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 1,042,554 beneficiaries in Wisconsin continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Wisconsin in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 55 Medicare Advantage plans available
- 27 Medicare Prescription Drug Plans available
- 100 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 298,940 people in Wisconsin with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Wisconsin have saved \$306,463,218 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Wyoming, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 94,498 beneficiaries in Wyoming continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Wyoming in 2016:

- 41.6 percent of people with Medicare have access to a Medicare Advantage plan
- 3 Medicare Advantage plans available
- 26 Medicare Prescription Drug Plans available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- 22 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$18.40 is the lowest monthly premium for a prescription drug plan

In 2015, 29,596 people in Wyoming with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Wyoming have saved \$24,611,148 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in American Samoa, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 4,412 beneficiaries in American Samoa continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In American Samoa in 2016:

- There are no Medicare Advantage plans available in American Somoa
- 1 Medicare Prescription Drug Plan available
- 51 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$25.50 is the lowest monthly premium for a prescription drug plan

In 2015, 134 people in American Samoa with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Guam, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 14,827 beneficiaries in Guam continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Guam in 2016:

- There are no Medicare Advantage plans available in Guam
- 2 Medicare Prescription Drug Plans available
- \$28.70 is the lowest monthly premium for a prescription drug plan

In 2015, 4,492 people in Guam with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Guam have saved \$956,293 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in the Northern Mariana Islands, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 2,063 beneficiaries in the Northern Mariana Islands continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Northern Mariana Islands in 2016:

- There are no Medicare Advantage plans available in the Northern Mariana Islands
- 1 Medicare Prescription Drug Plan available
- \$19.10 is the lowest monthly premium for a prescription drug plan

In 2015, 533 people in the Northern Mariana Islands with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in the Northern Mariana Islands have saved \$81,028 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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Medicare in Puerto Rico, 2016

Medicare continues to offer seniors and people with disabilities in Puerto Rico affordable premiums and improved quality of care. In 2016, the three major Medicare Advantage organizations operating in Puerto Rico will continue to offer plans with stable premiums and supplemental benefits. Every Medicare beneficiary in Puerto Rico will have access to these plans. Additionally, the Department of Health and Human Services and the Centers for Medicare & Medicaid Services will continue to work to ensure the long-term stability of the Medicare Advantage program and health system in Puerto Rico.

Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 757,546 beneficiaries in Puerto Rico continue to have access to improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Puerto Rico in 2016:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 43 Medicare Advantage plans available
- 6 Medicare Prescription Drug Plans available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015

- \$6.80 is the lowest monthly premium for a prescription drug plan

In 2015, 38,104 people in Puerto Rico with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in Puerto Rico have saved \$335,605,646 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
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Medicare in U.S. Virgin Islands, 2016

Medicare continues to grow, while offering seniors and people with disabilities stable premiums and improved quality of care. Whether through Original Medicare (Parts A and B), Medicare Advantage, or the prescription drug benefit (Part D), 19,310 beneficiaries in the U.S. Virgin Islands continue to have access improved benefits thanks to the Affordable Care Act, including:

- Certain preventive benefits – including certain cancer screenings – are available at no cost to beneficiaries when provided by qualified and participating health professionals. The annual wellness visit provides beneficiaries with the opportunity to sit down with their doctor to discuss their health care needs and the best ways to stay healthy.
- In 2016, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 55 percent on covered brand name drugs and see increased savings on generic drugs.

In Virgin Islands in 2016:

- There are no Medicare Advantage plans available in the U.S. Virgin Islands
- 1 Medicare Prescription Drug Plan available
- 100 percent of people with Part D have access to a plan with a lower premium than what they paid in 2015
- \$38.00 is the lowest monthly premium for a prescription drug plan

In 2015, 7,298 people in the U.S. Virgin Islands with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2015.

Since the passage of the Affordable Care Act, people with Medicare in the U.S. Virgin Islands have saved \$3,657,553 on prescription drugs through July 2015 as a result of the discounts in the donut hole and rebates in 2010.

2016 Medicare Open Enrollment Important Dates

The Medicare Annual Election Period runs from October 15, 2015 to December 7, 2015. All Medicare beneficiaries should take the opportunity to review their health care needs for the upcoming year and determine if changes to their current coverage is necessary. Plan costs and coverage change each year, so everyone with Medicare should check to make sure their plan still meets their health needs and budget. By shopping available plans and comparing costs, beneficiaries may be able to find a Medicare health or drug plan with better coverage or a lower premium in 2016.

September 2015

- The “2016 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2016.

October 2015

- Beneficiaries can begin shopping and comparing plans on Medicare.gov starting October 1.
- Beneficiaries should watch their mail for notices from Medicare with information about changes in 2016.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 8.
- Medicare Open Enrollment **begins October 15.**

December 2015

- Medicare Open Enrollment **ends December 7.**

January 2016

- Medicare plan coverage **begins January 1.**

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