



FACT SHEET

FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
(202) 690-6145 | [CMS Media Inquiries](#)

Improvements in Medicare in Alabama, 2017

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), 985,925 beneficiaries in Alabama 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Alabama in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 35 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 38 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 402,379 people in Alabama with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 69,196 people in Alabama with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Alabama have saved \$392,370,095 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 39,336 seniors and people with disabilities received discounts of \$41,240,536 through July, for an average of \$1,048 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in Alaska, 2017

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), 88,122 beneficiaries in Alaska 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Alaska in 2017:

- There are no Medicare Advantage plans available in Alaska
- 18 Medicare Prescription Drug Plans are available
- 79 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 55 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 29,508 people in Alaska with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 3,981 people in Alaska with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Alaska have saved \$14,946,545 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 1,516 seniors and people with disabilities received discounts of \$1,460,982 through July, for an average of \$964 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Arizona, 2017

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), 1,168,527 beneficiaries in Arizona 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Arizona in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 71 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 344,316 people in Arizona with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 81,238 people in Arizona with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Arizona have saved \$411,886,595 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 42,967 seniors and people with disabilities received discounts of \$41,569,364 through July, for an average of \$967 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
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Improvements in Medicare in Arkansas, 2017

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), 603,977 beneficiaries in Arkansas 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Arkansas in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 45 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 39 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$15.70 is the lowest monthly premium for a prescription drug plan

In 2016, 235,438 people in Arkansas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 42,864 people in Arkansas with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Arkansas have saved \$167,261,673 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 16,421 seniors and people with disabilities received discounts of \$14,932,527 through July, for an average of \$909 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
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Improvements in Medicare in California, 2017

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), 5,800,043 beneficiaries in California 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In California in 2017:

- 97 percent of people with Medicare have access to a Medicare Advantage plan
- 258 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 1,583,884 people in California with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 276,619 people in California with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in California have saved \$1,927,241,234 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 193,027 seniors and people with disabilities received discounts of \$210,641,858 through July, for an average of \$1,091 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in Colorado, 2017

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), 814,529 beneficiaries in Colorado 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Colorado in 2017:

- 92 percent of people with Medicare have access to a Medicare Advantage plan
- 37 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 77 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 24 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 209,895 people in Colorado with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 52,249 people in Colorado with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Colorado have saved \$249,445,143 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 25,621 seniors and people with disabilities received discounts of \$26,503,469 through July, for an average of \$1,034 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in Connecticut, 2017

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), 641,696 beneficiaries in Connecticut 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Connecticut in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 28 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 91 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 38 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 245,154 people in Connecticut with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 64,516 people in Connecticut with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Connecticut have saved \$324,173,034 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 32,160 seniors and people with disabilities received discounts of \$34,225,194 through July, for an average of \$1,064 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in Delaware, 2017

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), 185,673 beneficiaries in Delaware 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Delaware in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 13 Medicare Advantage plans are available
- 20 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 101,831 people in Delaware with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 21,784 people in Delaware with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Delaware have saved \$120,262,072 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 11,901 seniors and people with disabilities received discounts of \$12,928,270 through July, for an average of \$1,086 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in the District of Columbia, 2017

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), 90,246 beneficiaries in the District of Columbia 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In the District of Columbia in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 14 Medicare Advantage plans are available
- 20 Medicare Prescription Drug Plans are available
- 93 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 64 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 32,630 people in the District of Columbia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 5,285 people in the District of Columbia with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in the District of Columbia have saved \$15,379,479 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 1,604 seniors and people with disabilities received discounts of \$1,765,116 through July, for an average of \$1,100 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in Florida, 2017

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), 4,130,857 beneficiaries in Florida 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Florida in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 267 Medicare Advantage plans are available
- 20 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 30 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 1,427,726 people in Florida with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 304,605 people in Florida with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Florida have saved \$1,546,064,239 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 160,793 seniors and people with disabilities received discounts of \$156,973,296 through July, for an average of \$976 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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Improvements in Medicare in Georgia, 2017

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), 1,564,785 beneficiaries in Georgia 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Georgia in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 64 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 559,817 people in Georgia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 125,196 people in Georgia with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Georgia have saved \$661,058,579 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 66,207 seniors and people with disabilities received discounts of \$68,683,174 through July, for an average of \$1,037 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
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Improvements in Medicare in Hawaii, 2017

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), 251,327 beneficiaries in Hawaii 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Hawaii in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 19 Medicare Advantage plans are available
- 19 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 64,331 people in Hawaii with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 4,670 people in Hawaii with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Hawaii have saved \$114,545,955 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 10,999 seniors and people with disabilities received discounts of \$12,468,894 through July, for an average of \$1,134 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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January 2017

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Improvements in Medicare in Idaho, 2017

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), 292,007 beneficiaries in Idaho 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Idaho in 2017:

- 92 percent of people with Medicare have access to a Medicare Advantage plan
- 37 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 73 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 77,010 people in Idaho with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 18,140 people in Idaho with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Idaho have saved \$79,308,476 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 8,482 seniors and people with disabilities received discounts of \$7,728,159 through July, for an average of \$911 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Illinois, 2017

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), 2,110,328 beneficiaries in Illinois 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Illinois in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 80 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 30 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 833,352 people in Illinois with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 154,702 people in Illinois with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Illinois have saved \$869,265,660 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 89,089 seniors and people with disabilities received discounts of \$88,024,974 through July, for an average of \$988 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in Indiana, 2017

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), 1,175,742 beneficiaries in Indiana 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Indiana in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 69 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$15.00 is the lowest monthly premium for a prescription drug plan

In 2016, 435,568 people in Indiana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 77,304 people in Indiana with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Indiana have saved \$576,149,022 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 57,325 seniors and people with disabilities received discounts of \$55,944,017 through July, for an average of \$976 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Iowa, 2017

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), 585,047 beneficiaries in Iowa 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Iowa in 2017:

- 95 percent of people with Medicare have access to a Medicare Advantage plan
- 27 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 78 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 22 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 234,003 people in Iowa with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 38,670 people in Iowa with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Iowa have saved \$236,078,585 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 23,801 seniors and people with disabilities received discounts of \$22,272,222 through July, for an average of \$936 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in Kansas, 2017

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), 497,516 beneficiaries in Kansas 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Kansas in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 40 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 78 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 24 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 195,718 people in Kansas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 35,985 people in Kansas with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Kansas have saved \$201,862,866 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 20,140 seniors and people with disabilities received discounts of \$18,184,415 through July, for an average of \$903 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in Kentucky, 2017

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), 878,729 beneficiaries in Kentucky 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Kentucky in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 52 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 84 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$15.00 is the lowest monthly premium for a prescription drug plan

In 2016, 333,449 people in Kentucky with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 49,182 people in Kentucky with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Kentucky have saved \$455,308,412 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 40,610 seniors and people with disabilities received discounts of \$43,655,393 through July, for an average of \$1,075 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in Louisiana, 2017

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), 812,916 beneficiaries in Louisiana 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Louisiana in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 53 Medicare Advantage plans are available
- 20 Medicare Prescription Drug Plans are available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 41 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 285,903 people in Louisiana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 34,138 people in Louisiana with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Louisiana have saved \$325,650,358 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 31,809 seniors and people with disabilities received discounts of \$30,169,543 through July, for an average of \$948 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

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Improvements in Medicare in Maine, 2017

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), 313,368 beneficiaries in Maine 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Maine in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 42 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 46 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 110,998 people in Maine with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 27,473 people in Maine with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Maine have saved \$75,487,533 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 8,603 seniors and people with disabilities received discounts of \$8,106,332 through July, for an average of \$942 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Maryland, 2017

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), 956,097 beneficiaries in Maryland 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Maryland in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 25 Medicare Advantage plans are available
- 20 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 436,947 people in Maryland with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 80,639 people in Maryland with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Maryland have saved \$389,233,488 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 41,584 seniors and people with disabilities received discounts of \$46,382,238 through July, for an average of \$1,115 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
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Improvements in Medicare in Massachusetts, 2017

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), 1,246,724 beneficiaries in Massachusetts 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Massachusetts in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 86 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 89 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 39 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 533,231 people in Massachusetts with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 152,609 people in Massachusetts with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Massachusetts have saved \$375,913,467 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 42,582 seniors and people with disabilities received discounts of \$44,929,421 through July, for an average of \$1,055 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Michigan, 2017

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), 1,938,633 beneficiaries in Michigan 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Michigan in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 127 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 659,923 people in Michigan with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 153,638 people in Michigan with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Michigan have saved \$970,293,608 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 98,248 seniors and people with disabilities received discounts of \$114,525,291 through July, for an average of \$1,166 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in Minnesota, 2017

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), 938,694 beneficiaries in Minnesota 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Minnesota in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 27 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 72 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 23 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 156,820 people in Minnesota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 26,813 people in Minnesota with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Minnesota have saved \$318,454,601 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 30,926 seniors and people with disabilities received discounts of \$30,263,465 through July, for an average of \$979 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Mississippi, 2017

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), 569,643 beneficiaries in Mississippi 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Mississippi in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 24 Medicare Advantage plans are available
- 19 Medicare Prescription Drug Plans are available
- 88 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 47 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 249,156 people in Mississippi with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 41,101 people in Mississippi with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Mississippi have saved \$166,227,245 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 17,287 seniors and people with disabilities received discounts of \$15,132,415 through July, for an average of \$875 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Missouri, 2017

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), 1,158,814 beneficiaries in Missouri 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Missouri in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 58 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 28 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 396,705 people in Missouri with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 73,767 people in Missouri with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Missouri have saved \$456,655,316 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 47,502 seniors and people with disabilities received discounts of \$44,644,171 through July, for an average of \$940 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in Montana, 2017

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), 207,916 beneficiaries in Montana 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Montana in 2017:

- 98 percent of people with Medicare have access to a Medicare Advantage plan
- 11 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 79 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 26 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 63,519 people in Montana with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 18,183 people in Montana with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Montana have saved \$56,014,615 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 5,516 seniors and people with disabilities received discounts of \$5,102,769 through July, for an average of \$925 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Nebraska, 2017

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), 321,162 beneficiaries in Nebraska 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Nebraska in 2017:

- 87 percent of people with Medicare have access to a Medicare Advantage plan
- 16 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 78 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 23 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 119,040 people in Nebraska with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 21,892 people in Nebraska with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Nebraska have saved \$125,961,075 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 13,219 seniors and people with disabilities received discounts of \$11,682,184 through July, for an average of \$884 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in Nevada, 2017

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), 468,672 beneficiaries in Nevada 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Nevada in 2017:

- 97 percent of people with Medicare have access to a Medicare Advantage plan
- 35 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 136,394 people in Nevada with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 25,251 people in Nevada with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Nevada have saved \$141,225,816 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 15,843 seniors and people with disabilities received discounts of \$15,634,261 through July, for an average of \$987 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in New Hampshire, 2017

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), 274,212 beneficiaries in New Hampshire 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In New Hampshire in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 17 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 28 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 119,090 people in New Hampshire with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 29,030 people in New Hampshire with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in New Hampshire have saved \$87,516,104 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 9,899 seniors and people with disabilities received discounts of \$10,011,594 through July, for an average of \$1,011 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
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Improvements in Medicare in New Jersey, 2017

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), 1,523,175 beneficiaries in New Jersey 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In New Jersey in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 42 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 87 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 706,551 people in New Jersey with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 140,530 people in New Jersey with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in New Jersey have saved \$1,184,176,884 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 106,514 seniors and people with disabilities received discounts of \$122,851,516 through July, for an average of \$1,153 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
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Improvements in Medicare in New Mexico, 2017

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), 383,671 beneficiaries in New Mexico 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In New Mexico in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 26 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 93 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 104,572 people in New Mexico with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 15,628 people in New Mexico with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in New Mexico have saved \$108,173,321 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 10,168 seniors and people with disabilities received discounts of \$10,344,123 through July, for an average of \$1,017 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in New York, 2017

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), 3,412,274 beneficiaries in New York 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In New York in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 205 Medicare Advantage plans are available
- 19 Medicare Prescription Drug Plans are available
- 90 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 1,124,439 people in New York with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 216,159 people in New York with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in New York have saved \$1,830,351,846 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 178,102 seniors and people with disabilities received discounts of \$198,567,979 through July, for an average of \$1,115 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in North Carolina, 2017

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), 1,812,936 beneficiaries in North Carolina 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In North Carolina in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 49 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 698,178 people in North Carolina with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 148,258 people in North Carolina with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in North Carolina have saved \$754,711,569 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 77,458 seniors and people with disabilities received discounts of \$77,951,316 through July, for an average of \$1,006 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in North Dakota, 2017

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), 121,588 beneficiaries in North Dakota 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In North Dakota in 2017:

- 53 percent of people with Medicare have access to a Medicare Advantage plan
- 4 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 21 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 44,515 people in North Dakota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 7,083 people in North Dakota with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in North Dakota have saved \$50,167,065 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 5,166 seniors and people with disabilities received discounts of \$4,659,877 through July, for an average of \$902 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Ohio, 2017

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), 2,198,872 beneficiaries in Ohio 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Ohio in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 130 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 668,012 people in Ohio with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 101,034 people in Ohio with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Ohio have saved \$1,146,475,684 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 99,737 seniors and people with disabilities received discounts of \$97,536,172 through July, for an average of \$978 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in Oklahoma, 2017

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), 690,785 beneficiaries in Oklahoma 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Oklahoma in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 36 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 267,366 people in Oklahoma with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 40,513 people in Oklahoma with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Oklahoma have saved \$295,186,985 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 29,496 seniors and people with disabilities received discounts of \$28,245,440 through July, for an average of \$958 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

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Improvements in Medicare in Oregon, 2017

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), 778,991 beneficiaries in Oregon 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Oregon in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 91 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 77 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 177,285 people in Oregon with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 26,986 people in Oregon with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Oregon have saved \$229,312,434 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 22,512 seniors and people with disabilities received discounts of \$22,698,770 through July, for an average of \$1,008 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Pennsylvania, 2017

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), 2,578,060 beneficiaries in Pennsylvania 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Pennsylvania in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 179 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 84 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 27 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 790,997 people in Pennsylvania with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 144,277 people in Pennsylvania with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Pennsylvania have saved \$1,416,080,104 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 132,972 seniors and people with disabilities received discounts of \$131,924,864 through July, for an average of \$992 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

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October 2016

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Improvements in Medicare in Rhode Island, 2017

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), 207,400 beneficiaries in Rhode Island 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Rhode Island in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 15 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 68,996 people in Rhode Island with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 21,753 people in Rhode Island with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Rhode Island have saved \$67,215,299 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 6,573 seniors and people with disabilities received discounts of \$5,928,425 through July, for an average of \$902 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
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Improvements in Medicare in South Carolina, 2017

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), 968,323 beneficiaries in South Carolina 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In South Carolina in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 42 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 83 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 32 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 414,317 people in South Carolina with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 77,595 people in South Carolina with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in South Carolina have saved \$414,893,105 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 45,884 seniors and people with disabilities received discounts of \$47,962,287 through July, for an average of \$1,045 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
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Improvements in Medicare in South Dakota, 2017

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), 160,456 beneficiaries in South Dakota 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In South Dakota in 2017:

- 78 percent of people with Medicare have access to a Medicare Advantage plan
- 8 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 72 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 23 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 55,863 people in South Dakota with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 7,664 people in South Dakota with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in South Dakota have saved \$55,041,199 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 5,699 seniors and people with disabilities received discounts of \$5,126,679 through July, for an average of \$900 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Tennessee, 2017

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), 1,261,271 beneficiaries in Tennessee 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Tennessee in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 66 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 85 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 436,949 people in Tennessee with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 89,031 people in Tennessee with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Tennessee have saved \$477,353,165 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 50,065 seniors and people with disabilities received discounts of \$46,882,156 through July, for an average of \$936 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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Improvements in Medicare in Texas, 2017

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), 3,742,802 beneficiaries in Texas 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Texas in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 160 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 35 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 1,274,140 people in Texas with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 262,820 people in Texas with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Texas have saved \$1,544,012,866 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 161,124 seniors and people with disabilities received discounts of \$162,322,886 through July, for an average of \$1,007 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Utah, 2017

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), 356,623 beneficiaries in Utah 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Utah in 2017:

- 95 percent of people with Medicare have access to a Medicare Advantage plan
- 21 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 74 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 21 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 90,958 people in Utah with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 20,212 people in Utah with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Utah have saved \$121,167,275 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 12,649 seniors and people with disabilities received discounts of \$12,057,059 through July, for an average of \$953 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Vermont, 2017

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), 135,205 beneficiaries in Vermont 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Vermont in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 7 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 81 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 55,794 people in Vermont with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 13,093 people in Vermont with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Vermont have saved \$47,340,905 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 5,093 seniors and people with disabilities received discounts of \$5,317,921 through July, for an average of \$1,044 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Virginia, 2017

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), 1,384,679 beneficiaries in Virginia 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Virginia in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 74 Medicare Advantage plans are available
- 23 Medicare Prescription Drug Plans are available
- 82 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 30 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 600,286 people in Virginia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 130,216 people in Virginia with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Virginia have saved \$511,390,337 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 51,750 seniors and people with disabilities received discounts of \$50,211,614 through July, for an average of \$970 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

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Improvements in Medicare in Washington, 2017

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), 1,230,654 beneficiaries in Washington 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Washington in 2017:

- 92 percent of people with Medicare have access to a Medicare Advantage plan
- 88 Medicare Advantage plans are available
- 21 Medicare Prescription Drug Plans are available
- 80 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 29 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 358,869 people in Washington with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 69,498 people in Washington with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Washington have saved \$334,512,877 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 32,840 seniors and people with disabilities received discounts of \$33,041,243 through July, for an average of \$1,006 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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Improvements in Medicare in West Virginia, 2017

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), 422,446 beneficiaries in West Virginia 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In West Virginia in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 24 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 36 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$14.60 is the lowest monthly premium for a prescription drug plan

In 2016, 155,985 people in West Virginia with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 20,384 people in West Virginia with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in West Virginia have saved \$247,368,437 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 21,239 seniors and people with disabilities received discounts of \$23,810,494 through July, for an average of \$1,121 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
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Improvements in Medicare in Wisconsin, 2017

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), 1,078,667 beneficiaries in Wisconsin 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Wisconsin in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 73 Medicare Advantage plans are available
- 24 Medicare Prescription Drug Plans are available
- 73 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 25 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 322,379 people in Wisconsin with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 97,020 people in Wisconsin with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Wisconsin have saved \$408,662,824 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 40,568 seniors and people with disabilities received discounts of \$40,958,845 through July, for an average of \$1,010 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

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Improvements in Medicare in Wyoming, 2017

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), 98,343 beneficiaries in Wyoming 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Wyoming in 2017:

- 42 percent of people with Medicare have access to a Medicare Advantage plan
- 3 Medicare Advantage plans are available
- 22 Medicare Prescription Drug Plans are available
- 82 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 23 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$17.00 is the lowest monthly premium for a prescription drug plan

In 2016, 33,307 people in Wyoming with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 6,206 people in Wyoming with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Wyoming have saved \$32,637,665 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 3,433 seniors and people with disabilities received discounts of \$3,102,013 through July, for an average of \$904 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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

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FOR IMMEDIATE RELEASE
September 22, 2016

Contact: CMS Media Relations
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Improvements in Medicare in American Samoa, 2017

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), 4,427 beneficiaries in American Samoa 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In American Samoa in 2017:

- There are no Medicare Advantage plans available in American Samoa
- 1 Medicare Prescription Drug Plan is available
- 48 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$33.20 is the lowest monthly premium for a prescription drug plan

In 2016, 121 people in American Samoa with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 32 people in American Samoa with Original Medicare took advantage of the annual wellness visit in 2016 through July.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Guam, 2017

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), 15,608 beneficiaries in Guam 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Guam in 2017:

- There are no Medicare Advantage plans available in Guam
- 2 Medicare Prescription Drug Plans are available
- 3 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$41.70 is the lowest monthly premium for a prescription drug plan

In 2016, 4,788 people in Guam with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 129 people in Guam with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Guam have saved \$1,262,811 on prescription drugs through July 2016 as a result of the discounts in the donut hole



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Improvements in Medicare in the Northern Mariana Islands, 2017

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), 2,156 beneficiaries in the Northern Mariana Islands 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In the Northern Mariana Islands in 2017:

- There are no Medicare Advantage plans available in the Northern Mariana Islands
- 1 Medicare Prescription Drug Plan is available
- \$38.50 is the lowest monthly premium for a prescription drug plan

In 2016, 591 people in Northern Mariana Islands with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 71 people in Northern Mariana Islands with Original Medicare took advantage of the annual wellness visit in 2016 through July.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
- Medicare Open Enrollment **begins October 15.**

December 2016

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

January 2017

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Improvements in Medicare in Puerto Rico, 2017

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), 765,913 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In Puerto Rico in 2017:

- 100 percent of people with Medicare have access to a Medicare Advantage plan
- 37 Medicare Advantage plans are available
- 6 Medicare Prescription Drug Plans are available
- 86 percent of people with Part D have access to a plan with a lower premium than what they paid in 2016
- 2 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$12.90 is the lowest monthly premium for a prescription drug plan

In 2016, 39,637 people in Puerto Rico with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 641 people in Puerto Rico with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in Puerto Rico have saved \$431,631,660 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 41,227 seniors and people with disabilities received discounts of \$37,510,346 through July, for an average of \$910 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

September 2016

- The “2017 Medicare & You” handbooks are mailed to Medicare beneficiaries.
- Health and drug plans begin notifying enrollees about changes to their plans in 2017.

October 2016

- 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 2017.
- Medicare health and drug plan Star Ratings will be available on Medicare.gov starting October 12.
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Improvements in Medicare in the U.S. Virgin Islands, 2017

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), 19,789 beneficiaries in the U.S. Virgin Islands 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 2017, if beneficiaries reach the coverage gap known as the “donut hole” in Medicare’s prescription drug benefit, they’ll save 60 percent on covered brand name drugs and see increased savings on generic drugs.

In the U.S. Virgin Islands in 2017:

- There are no Medicare Advantage plans available in the U.S. Virgin Islands
- 1 Medicare Prescription Drug Plan is available
- 2 percent of people with Medicare Part D get Extra Help (also called the low-income subsidy, or LIS)
- \$41.50 is the lowest monthly premium for a prescription drug plan

In 2016, 8,373 people in the U.S. Virgin Islands with Original Medicare took advantage of at least one preventive service without cost-sharing through July 2016. 1,142 people in the U.S. Virgin Islands with Original Medicare took advantage of the annual wellness visit in 2016 through July.

Since the passage of the Affordable Care Act, people with Medicare in U.S. Virgin Islands have saved \$5,484,339 on prescription drugs through July 2016 as a result of the discounts in the donut hole and rebates in 2010. In 2016 alone, 660 seniors and people with disabilities received discounts of \$731,416 through July, for an average of \$1,108 per beneficiary.

2017 Medicare Open Enrollment Important Dates

Medicare Open Enrollment runs from October 15, 2016 to December 7, 2016. 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 2017.

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October 2016

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