GUIDE

The 2027 Medicare Advantage average premium is the least useful number for your parent

CMS projects the average Medicare Advantage premium will fall from $14.37 to $12.00 a month in 2027. That figure is a weighted average. Read as weighted by enrollment, it can fall without a single plan cutting its price, and it can't lower a premium that is already $0. The document that shows whether a parent's coverage got better or worse is the plan's Annual Notice of Change. Read it with the plan's 2027 drug list and directory against your parent's own drugs and doctors before December 7. A free SHIP counselor will do it with you.

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The envelope from your mother's plan probably came this week. It is in a pile with mailers offering her a better plan. Then the news said Medicare Advantage premiums are going down next year, and it is tempting to let that settle it. The news can't settle it. What decides her January is in that envelope, on her pharmacy labels, and in the list of doctors she sees.

Why the 2027 Medicare Advantage average premium tells one family almost nothing

On September 28, 2026, the Centers for Medicare & Medicaid Services (CMS) said the weighted average monthly Medicare Advantage premium is projected to fall from $14.37 in 2026 to $12.00 in 2027, a decline of 16.5%. The release said Medicare Advantage and Part D are both expected to remain stable. CMS calls the $12.00 a weighted average, and the release does not define the weights. This guide reads it as weighted by enrollment: each plan's premium counts in proportion to how many people are in it.

An enrollment weighted average can fall even if no plan lowers its premium. When members leave pricier plans for cheaper ones, the weights shift and the average drops, while every individual premium stays where it was. The release reports the average. It does not say why the average moved.

The sharpest case is a parent whose plan charges no premium beyond Part B. That premium has nothing to cut, so a falling national average cannot lower it. Take a parent paying $39 a month, a figure used here only as an illustration. That parent gets no more from the average: it can fall while their own plan raises its premium, trims a benefit or drops a pharmacy. An average can tell you the market is stable. It can't tell you whether your mother's pharmacy is still in her plan in January.

For Original Medicare the average points the other way and says just as little. The release projects the average stand-alone Part D premium rising from $35.09 to $36. That rise says no more about one parent's drug plan than the Medicare Advantage drop says about theirs. The plan count, 5,553 in 2026 to about 5,532 in 2027, is a net figure. It fits a year in which almost no plans ended, and a year in which many ended and a similar number started. It can't say whether your parent's plan is among the ones that ended.

The Annual Notice of Change is where a Medicare plan states what it changed

A Medicare Annual Notice of Change is the letter a Medicare plan sends each fall listing what will be different about that plan from January. Medicare says the notice “includes any changes in coverage, costs, and more that will be effective in January.” Unlike a national figure, it describes the plan your parent is actually in.

Medicare lists September as when the notice should arrive. If it does not come, Medicare's instruction is short: “If you don't get this important document, contact your plan.” This season brings a lot of other mail about Medicare, so the notice is easy to set aside with everything else.

The Annual Notice of Change is where the check starts, not the whole check. It lists what changed, not everything the plan covers. A drug or a doctor it doesn't mention has not been confirmed as unchanged. It simply wasn't listed. The full check is the notice plus the plan's 2027 drug list and 2027 provider directory, read against your parent's own drugs and doctors.

A Medicare Advantage non-renewal letter comes with its own dates and a Medigap question

A Medicare Advantage non-renewal notice is the letter a plan sends when it will not be offered at all next year. An Annual Notice of Change says the plan continues with changes. A non-renewal notice says the plan ends. They are easy to confuse because they arrive in the same season from the same company.

A member whose plan is ending can choose new coverage during Open Enrollment. Medicare also lists a Special Enrollment Period for a plan whose contract with Medicare isn't renewed: “Between December 8 and the last day in February of the following year.” Medicare says a member will be

enrolled in Original Medicare if they don't join another Medicare Advantage Plan before the current plan ends. What that means for drug coverage is a question to confirm with Medicare or a SHIP counselor.

Medicare says there are situations where an insurance company can't deny someone a Medicare Supplement (Medigap) policy, called guaranteed issue rights, and its reminder on timing is to “apply no more than 63 days after your coverage ends.” Whether a plan ending gives your parent that right, and for which policies, is a question to confirm with your State Insurance Department or a SHIP counselor before that window can run out.

If a letter says the plan is ending, leaving Medicare or not renewing, set it apart from the rest of the fall mail and call a SHIP counselor that week. Look in the letter for the member's options and dates first.

How to check an Annual Notice of Change against a parent's drugs and doctors

Checking an Annual Notice of Change against a parent's drugs and doctors takes two lists, the notice, and the plan's 2027 drug list and provider directory. None of it is medical advice. It is paperwork, done in order.

First, copy every prescription exactly as printed on the pharmacy label: drug name, strength, and the pharmacy that fills it.

Second, list every doctor, specialist and clinic your parent sees, and the hospital they would want to go to.

Third, go through the notice for each name. For a drug, look for four things: a tier change, a new prior authorization, a new step therapy rule requiring a different drug to be tried first, and a new quantity limit. For a doctor, clinic or pharmacy, look for network changes. Mark each line unchanged, changed, or not mentioned.

Fourth, look up every name marked not mentioned in the plan's 2027 drug list, called the formulary, and its 2027 provider directory. Ask member services for both if they aren't in the envelope.

Fifth, check the pharmacy's status, not only whether it is in the network. Ask member services whether your parent's pharmacy will be in the plan's network in 2027, and whether what your parent pays there for each drug will change. Check the answer against the plan's 2027 pharmacy directory.

Sixth, take anything still changed or unclear to Medicare's Plan Finder. CMS says Plan Finder lets people compare Medicare health and drug plans, including premiums, costs, benefits, and other coverage information. “Not mentioned” doesn't mean “fine.” It means unknown, and the plan or a counselor can turn it into an answer.

Doing nothing in Medicare Open Enrollment is sound only after the notice is read

Medicare Open Enrollment runs from October 15 through December 7, 2026. If a family does nothing, the parent's current coverage generally continues, unless the plan is ending, and the changes listed in the Annual Notice of Change take effect in January. CMS says people who want to keep their current Medicare coverage generally do not need to re-enroll. In the same release it encourages beneficiaries to review their current coverage and compare their options for 2027, because plan costs and benefits can change from year to year. The word carrying that advice is review.

December 7 is, in most cases, the last day to change Medicare coverage for the following year, and the plan must receive the enrollment form by that date. Medicare Advantage members get one more window. From January 1 to March 31 they can move to a different Medicare Advantage plan, or switch to Original Medicare with the option to join a separate drug plan. That window is a real safety net. It does not replace the fall review, because by January the new costs are already being charged at the pharmacy counter.

The strongest case against reading the Annual Notice of Change

The case for leaving a Medicare Advantage plan that seems fine alone is a good one. CMS calls the 2027 market stable. CMS says people who want to keep their current coverage generally do not need to re-enroll. Switching has real costs: a new network, new paperwork, a new pharmacy routine. And someone who drops a Medicare Supplement (Medigap) policy to join Medicare Advantage might not be able to get it or any policy back later, Medicare warns. A family that reads a notice anxiously and talks itself into switching can end up worse off than one that never opened it.

A parent who fills one generic drug at a large chain pharmacy and sees one primary care doctor has few lines a plan change can touch. That parent is also the fastest check: one drug, one pharmacy, one doctor, three lookups. The review is not a hunt for a better plan. It is how a family learns whether “seems fine” will still be true in January. If every line comes back unchanged, staying put becomes a decision instead of a default.

The stronger objection skips the notice entirely: enter the drug list in Plan Finder, see coverage and costs across plans, and let that settle it. Plan Finder is worth running, and the checklist uses it. It answers the questions a family types in. The Annual Notice of Change answers the ones nobody thought to ask: for example a specialist copay that rose or a supplemental benefit that shrank. A search returns what you searched for. The notice is the plan's own list of what it changed.

A SHIP counselor will read a Medicare notice with you for free

Free help reading a Medicare notice is available in every state from a State Health Insurance Assistance Program, known as SHIP. Medicare's contact page lists SHIPs under the heading “Get free health insurance counseling” and says they help people with Medicare and their families choose a plan, review coverage, understand costs, apply for Extra Help, and file a complaint or an appeal.

The Administration for Community Living oversees SHIP and describes it as one-on-one assistance, counseling and education for Medicare beneficiaries, their families and caregivers, delivered through more than 2,200 local sites nationally. The agency states the program's mission as objective outreach, counseling and training. Medicare says SHIPs aren't connected to any insurance company or health plan.

Bring the notice, any non-renewal letter, the drug list and the doctor list, and ask the SHIP counselor to go through them line by line, starting with anything marked unknown. CMS also lists 1-800-MEDICARE (1-800-633-4227) for help comparing plans and costs. Medicare's contact page says it is available 24 hours a day, 7 days a week, except some federal holidays. We can't tell you how busy your local SHIP office will be this fall. A call in early October leaves room either way.

> An average can tell you the market is stable. It can't tell you whether your mother's pharmacy is still in her plan in January.

The national average will be quoted all fall, and it will not change anything on your parent's pharmacy receipt. The notice, the two lists and one call to a SHIP counselor will. Anything still unknown after that call is a question someone is answering, not a guess to live with until January.

Further reading

1. Centers for Medicare & Medicaid Services press release on the final 2027 Medicare Advantage and Part D landscape: premiums, plan counts and Open Enrollment dates cms.gov/newsroom/press-releases/medicare-advantage-medicare-prescription-drug-programs-expected-remain-stable-2027
2. Medicare.gov page on the Plan Annual Notice of Change: what it contains and what to do if it does not arrive (checked 2026-09-29) medicare.gov/basics/forms-publications-mailings/mailings/costs-and-coverage/upcoming-plan-changes
3. Medicare.gov contact page listing State Health Insurance Assistance Programs under free health insurance counseling (checked 2026-09-29) medicare.gov/talk-to-someone

4. Administration for Community Living, State Health Insurance Assistance Program (SHIP): what it does, who delivers it, and its network size (checked 2026-09-29) acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship
5. Medicare.gov page on joining a plan: enrollment periods, the December 7 receipt rule, the January 1 to March 31 period, and SHIP independence medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan
6. Medicare.gov page on Special Enrollment Periods, including a plan whose contract with Medicare isn't renewed medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollment-periods
7. Medicare.gov page on changing or dropping a Medigap policy, guaranteed issue rights and the 63 day reminder medicare.gov/health-drug-plans/medigap/ready-to-buy/change-policies

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Most families never find out what they qualify for. Answer a few questions and get a personalized list of the programs, benefits and services available where you live. Free, about 5 minutes.