KEEP THESE AT THE FRONT DESK

Everything in this article comes down to two things a staff member has to recognize: which envelope is in front of the patient, and what the 2027 numbers actually are when someone calls to ask why the price moved.

The first table is the one to print. Five things arrive between late September and December. Only two of them start a clock, and on a kitchen counter they look exactly like the three that do not. The second is the reference for October and January.

FIVE THINGS LAND IN THE MAILBOX. TWO START A CLOCK.

THE ENVELOPE	WHO SENT IT	WHAT IT ACTUALLY MEANS	WHAT YOUR FRONT DESK ASKS FOR
Annual Notice of Change (ANOC)	The plan	The plan continues next year, with these changes to drugs, costs and pharmacies	Upload it with the current medication list. Book 15 minutes if anything moved.
Non-renewal or termination notice	The plan	The plan will not exist on January 1	Upload it. Consider calling SHIP this week — there is a Medigap window and it closes.
Evidence of Coverage (EOC)	The plan	The full contract. Long, posted online, rarely read	Only when a specific drug or service is in question
Medicare & You handbook	CMS	The annual handbook. Not personal, not a deadline	Nothing. Keep it in the drawer.
Glossy plan marketing	Marketing organizations	Not from Medicare, not from us, and not a deadline	Set it aside. Bring the two letters above instead.

STARTS A CLOCK

The two that start a clock look, in an envelope on a kitchen counter, exactly like the three that do not. That is the whole reason to ask.

2027 NUMBERS TO KNOW

	2026	2027
Part D out-of-pocket cap	$2,100	**$2,400**
Part D standard deductible	$615	**$700**
Part D base premium	$38.99	**$41.33**
Insulin, per covered product per month	$35	$35
Medicare Advantage plans nationwide	5,553	5,532
Cheapest standalone Part D premium	—	$5.30 in 44 states + D.C.

- **The Premium Stabilization Demonstration ends after 2026.** Standalone Part D premiums for 2027 were set without it, so expect premium-increase calls in October, not only counter-price calls in January.
- **Negotiated prices on 15 more drugs take effect January 1, 2027.** Some patients will see a January bill go *down*. Say so; it is the rare good news in this envelope.

IF THE PLAN ENDED: WHEN THE NEW ONE STARTS

ENROLLMENT REQUEST RECEIVED	COVERAGE BEGINS
December 8 – 31	**January 1**
Any day in January	**February 1**
Any day in February	**March 1**

THE LITE VERSION AND THE FULL GUIDE

YOU ALREADY HAVE, FREE

- The whole season, start to finish
- The ending-or-changing question
- The 63 day Medigap window and the December 8 calendar
- The November prior authorization list
- What to write down in December

THE GUIDE ADDS

- Front desk scripts, word for word
- Four patient emails with text versions
- The one page handout, brandable
- The social captions and the tracker
- **New for 2027:** the physician section and opt-out calendar

ALREADY OWN IT?

The 2027 update is free. Bought before October 2026 and it has not reached your inbox? Email **hello@mydpcstory.com**. Just send us your proof of purchase, no form.

THE FULL GUIDE **PAYHIP.COM/MYDPCSTORY**

SOURCES, AS OF OCTOBER 12, 2026. PART D DEDUCTIBLE AND OUT-OF-POCKET CAP: CMS, CY 2027 RATE ANNOUNCEMENT, APRIL 6, 2026, ATTACHMENT V, TABLES V-2 AND V-6. PART D BASE PREMIUM AND THE END OF THE PREMIUM STABILIZATION DEMONSTRATION: CMS, ANNUAL RELEASE OF PART D NATIONAL AVERAGE MONTHLY BID AMOUNT, JULY 28, 2026. PLAN COUNTS: CMS PRESS RELEASE, SEPTEMBER 28, 2026. LOWEST STANDALONE PART D PREMIUM: CMS 2027 MEDICARE ADVANTAGE AND PART D LANDSCAPE, STATE-BY-STATE FACT SHEETS. INSULIN CAP AND THE 15 NEGOTIATED DRUGS: CMS.GOV, MEDICARE DRUG PRICE NEGOTIATION PROGRAM. DECEMBER 8 SPECIAL ENROLLMENT PERIOD AND EFFECTIVE DATES: CMS MEDICARE ADVANTAGE AND PART D ENROLLMENT AND DISENROLLMENT GUIDANCE, §30.6.10(A). MEDIGAP GUARANTEED-ISSUE RIGHTS: MEDICARE.GOV AND CMS, CHOOSING A MEDIGAP POLICY (PUB. 02110).