



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: September 5, 2025

TO: All Medicare Advantage, Prescription Drug Plan, and 1876 Cost Organizations

FROM: Jon Booth, Director
Web & Emerging Technologies Group
Office of Communications

Vanessa S. Duran, Director
Medicare Drug Benefit and C & D Data Group
Center for Medicare

SUBJECT: Information for the Second Contract Year (CY) 2026 Drug Pricing and Plan Benefit Previews

CMS appreciates the valuable feedback provided by organizations during the first CY 2026 Medicare Plan Finder (MPF) preview window. This memo provides a summary of known and resolved issues as well as some general reminders in preparation for the second MPF plan preview scheduled for **Monday, September 8, 2025, at 6:00 a.m. ET through Thursday, September 11, 2025 at 11:59 p.m. ET.**

Note: For issues that appear to be widespread in nature, organizations are **not** required to submit the preview comment for all instances across all plans. CMS recommends reporting the issue for a small subset of cases and then indicating as such in the plan preview comment field.

CY 2026 Plan Benefit Preview

Known Issues:

- Plans with Medicare-defined cost sharing will not show cost sharing amounts for Skilled Nursing Facility (SNF) services. This issue will be fixed before open enrollment on October 15, 2025.

Resolved Issues:

- Premiums display as expected as the rebate reallocation window has closed.
- Primary doctor cost sharing displays as expected for all applicable plans, resolving the "Plan Benefit N/A" messaging that appeared in the first plan preview.

- Cost sharing for both primary doctor and specialist visits appears on the Plan Card across all plans.
- The Cost by Drug Tier section no longer presents empty rows for non-covered day supplies.
- HTML markup is removed from health deductible fields, and formatting is consistent across affected plans.
- Catastrophic coverage displays as expected in the Cost by Drug Tier table for impacted plans.
- The transportation benefit status indicator (green check/red X) populates as expected on the Plan Card.
- Inpatient Hospital Medicare Defined Cost Sharing for Days 1–60 reflects the correct cost-sharing amounts instead of defaulting to the Part A deductible.
- Premiums and deductibles for optional supplemental benefits display as expected.
- Cost-sharing values for opioid treatment and dialysis display as expected for impacted plans.
- The Part B Drugs table is returned to the display.
- Skilled Nursing Facility (SNF) cost sharing displays as expected based on plan-specific data.
- In-network cost sharing appears for all four preventive dental service categories.
- Preventive dental categories with \$0 cost sharing no longer appear as “not covered.”
- Cost-sharing data for Tiers 2, 3, and 4 during the Part D catastrophic phase appears as expected.
- The telehealth (7j) benefit reflects accurate coverage information and no longer appears as covered when not applicable.

Reminders:

- Please refer to **Appendix A** for instructions for updating certain MPF data fields in HPMS.
- Plans are encouraged to review the plan benefits preview data against the plan benefit reports in HPMS when completing the plan preview. **NOTE:** The plan benefit data “as of date” reflects the date on which the benefits data was pulled. If your organization submitted updated benefits in HPMS after this date, those changes will **not** be reflected in the preview.
- The LIS cost share modifications that are seen on Medicare.gov based on the data entry navigation (i.e., a user indicating they have additional help) are not reflected as part of the benefits preview. Users must access the drug pricing preview to see this data.

- The Part D Insulin cost share modifications that are seen on Medicare.gov based on the data entry navigation (i.e., a user indicating they have additional help) are not reflected as part of the benefits preview. Users must access the drug pricing preview to see this data.

CY 2026 Drug Pricing Preview

Known Issues:

- None

Resolved Issues:

- Insulin pricing logic applies to insulin drugs only.
- LIS copayments are correctly applied for all LIS levels and plans.
- The “lesser of” logic for insulin cost sharing - where the plan-defined coinsurance as entered into the PBP is below 25% - is working as expected.
- Insulin quantity is applied as expected in the pricing calculations.

Reminders:

- Only the drugs submitted as part of a plan's formulary or excluded drug files and drug pricing files will appear with pricing in the drug pricing preview.
- The drug pricing preview shows the cost of the drug in each phase of the benefit. The preview does not consider the **threshold** for a given phase of the benefit. For example, if a drug costs \$2,000, the preview will show \$2,000 in the deductible phase, even though the deductible would be met before the beneficiary pays the full \$2,000 cost.
- If a drug is not offered at a given location and frequency (e.g., a drug is not covered for 1-month mail order), the preview will display the full cash price of the drug.

For technical assistance during the second MPF plan preview, please contact the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028.

Appendix A

MPF Field	Where to Make Updates in HPMS
View Plan Website	Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Organization Website Address
Address	Plan Bids > Bid Submission > CY 2026 > Edit Contact Data > Update the "Mailing Address" field for the "Customer Service Prospective Member" Contact
Member Phone Number	Plan Bids > Bid Submission > CY 2026 > Edit Contact Data > Update the "Local Phone Number" field for the "Customer Service Current Member" Contact
Non-Member Phone Number	Plan Bids > Bid Submission > CY 2026 > Edit Contact Data > Update the "Local Phone Number" field for the "Customer Service Prospective Member" Contact
View Provider Directory	<p><i>If you enter the optional URL:</i></p> <p>Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Update the "URL for this website" under the questions "Do you have a website that lists the physicians who are part of your network?" and "Do you have a website that lists the physicians who are currently accepting new patients?"</p> <p><i>If you do not enter the optional URL:</i></p> <p>Contract Management > Basic Contract Management > Enter Contract Number > Expand General Information > Org. Marketing Data > Organization Website Address</p>