NEWSDAY / WALLET WATCH

33,000 Long Islanders losing Medicare plans for 2027. What seniors need to know.

By Matt Hooke | Updated November 3, 2026, 9:19 am



Grace-Marie Horan, a Medicare insurance specialist, explains coverage options to a room of older adults at the Smithtown Library on Oct. 27. Credit: Barry Sloan

Seniors across Long Island are navigating a choice that will determine their health coverage and costs in 2027: which Medicare plan to choose. Plans can vary widely in costs, benefits and doctor networks, while suspicious phone calls and aggressive sales tactics can further muddy the waters.

Roughly 33,000 Medicare beneficiaries on Long Island will have their plans discontinued for 2027, according to the Centers for Medicare & Medicaid Services. They have until Dec. 7, the end of Medicare's annual open enrollment period, to choose new coverage that takes effect Jan. 1.

Brian Krantz, founder of Plan Medicare, a Melville-based insurance brokerage that helps people compare and enroll in Medicare plans, said he's fielding a steady stream of calls from people looking for new coverage.

"I have to speak to someone every half-hour who is trying to find a new plan," Krantz said.

WHAT NEWSDAY FOUND

- **Seniors on Long Island face challenges** during Medicare open enrollment due to plan changes, scams, and aggressive sales tactics, with 33,000 enrollees needing new plans by 2027.
- **Scams exploiting Medicare confusion** include fraudulent claims that purchase medical equipment using your Medicare number.
- **Medicare plan choices**, **including** Traditional Medicare and Medicare Advantage, vary in cost, coverage, and flexibility, with experts advising seniors to reassess their plans based on changing health and financial needs.

People whose Medicare Advantage plans are discontinued will automatically return to original Medicare if they don't choose another Advantage plan before their coverage ends. But they may need separate prescription drug coverage or supplemental insurance. Those whose Medicare Advantage or prescription drug plans aren't renewed also qualify for a special enrollment period extending through Feb. 28, according to Medicare.

Even people whose plans are continuing should compare their options. Monthly premiums, deductibles, prescription coverage and access to doctors can vary significantly — and the cheapest plan isn't necessarily the least expensive in the long run.

Consumer advocates also warn that confusion over Medicare coverage can leave seniors vulnerable to scams and misleading sales pitches.

Medicare scams: Protect your number and check your claims



Grace-Marie Horan, of Senior Health Plan Specialists Inc., discusses Medicare coverage options at the Smithtown Library last month. Credit: Barry Sloan

María Alvarez, executive director of the New York StateWide Senior Action Council, a nonprofit that advocates for older adults and helps them navigate Medicare, said scammers often exploit the confusion and pressure around open enrollment to steal personal information.

Alvarez described a case in which Medicare numbers belonging to Long Islanders were used to order catheters they neither needed nor requested. Federal health officials have also warned of scams involving fraudulent charges for urinary catheters and other medical supplies.

Other Medicare fraud schemes involve fraudulent prescription drug claims.

In Nassau County, police recently charged two pharmacies — RNJ Pharmacy Inc. of Freeport and Jericho Express Rx Inc. of Floral Park — with healthcare fraud, grand larceny and identity theft.

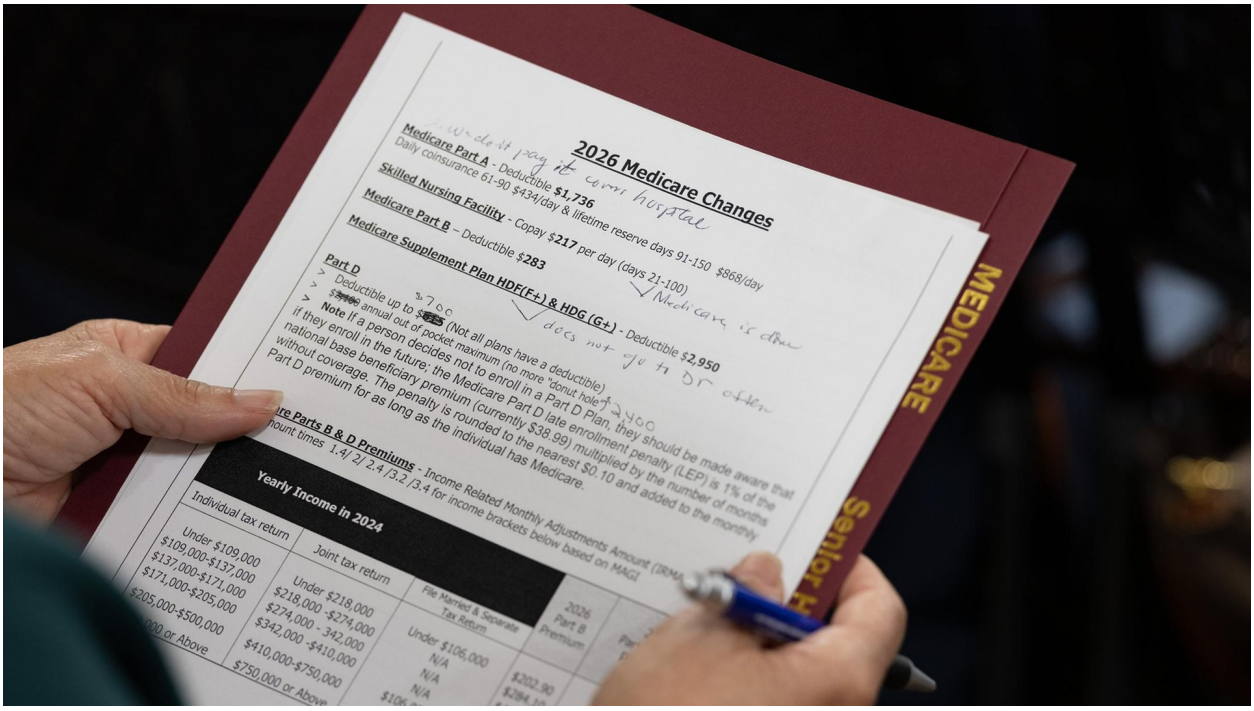
Investigators allege the pharmacies submitted about $8 million in claims for high-cost medications, including claims involving Medicare, Medicaid and private insurers, and received roughly $5 million in payments. The medications were never dispensed, and the claims were submitted without the knowledge or consent of doctors and patients, according to Nassau County police.

Police said they are forming a task force to investigate similar schemes.

To protect themselves, seniors should safeguard their Medicare numbers and avoid sharing them with unsolicited callers, Alvarez said. They should also review their Medicare claims for services or equipment they never received, according to federal guidance. Beneficiaries can check claims at Medicare.gov and report suspected fraud to 1-800-MEDICARE.

"These things can happen all year round; it’s just not during the annual enrollment period," Alvarez said. "This is a very important time of the year where people are conscious of all of these issues, so the scam artists pile on."

Don't let extra perks distract from gaps in coverage



An attendee reviews information about Medicare coverage changes during an educational seminar led by Grace-Marie Horan, president and CEO of Senior Health Plan Specialists Inc., at the Smithtown Library on Oct. 27, 2026. Credit: Barry Sloan

Changes to federal marketing rules have raised concerns among consumer advocates about whether seniors have enough information to evaluate sales pitches. The changes were made to align with White House directives to simplify federal regulations, according to CMS officials.

Alvarez said the changes could make already complicated health insurance decisions more difficult.

Under federal rules finalized in April and in effect for this fall's enrollment period, insurance agents and brokers selling Medicare plans through third-party marketing organizations no longer have to disclose how many insurers and plans they represent within the first minute of a sales call. They must still provide that information before discussing plan benefits. The required disclosure also no longer directs consumers to free state-run Medicare counseling programs, according to CMS.

AARP opposed the changes, warning they could weaken consumer protections and make it harder for seniors to make informed coverage decisions.

The National Association of Benefits and Insurance Professionals, a trade group representing insurance agents and brokers, supported the change in a letter to CMS, arguing it would reduce confusion without weakening consumer protections. The group also called for stronger oversight of companies generating misleading Medicare sales leads.

Krantz warned that unscrupulous brokers and insurance companies may emphasize incentives such as gym memberships while giving less attention to which doctors and hospitals a plan covers.

"It's really not fair that there are so many brokers and so many companies out there who are not playing by the book," Krantz said.

Original Medicare vs. Medicare Advantage: What you'll pay and what's covered

One of the biggest decisions facing Medicare beneficiaries is whether to choose original Medicare or Medicare Advantage. The options differ in cost, access to doctors and rules governing care.

Medicare is the federal health insurance program primarily for people 65 and older, though some younger people with disabilities or certain medical conditions also qualify.

Original Medicare, administered by the federal government, includes hospital coverage under Part A and doctors' services and outpatient care under Part B. Beneficiaries can generally see any provider who accepts Medicare. But original Medicare has deductibles and other cost-sharing requirements, with no annual out-of-pocket limit for Part A and B services. Many people buy supplemental coverage, known as Medigap, to help pay those costs, along with a separate Part D prescription drug plan.

Medicare Advantage, offered by private insurers, often has lower monthly premiums and includes drug coverage. But plans typically limit patients to networks of doctors and hospitals and may require prior authorization for some services. Preferred provider organizations, or PPOs, generally cover some out-of-network care; health maintenance organizations, or HMOs, generally do not cover nonemergency care outside their networks.

The premiums alone don't tell the whole story. KFF projects that the average premium for a stand-alone drug plan will rise from $34 a month in 2026 to $51 in 2027 for people who keep their existing plans. Costs vary by plan, and most beneficiaries must continue paying their Medicare Part B premium whether they choose original Medicare or Medicare Advantage.

Before you enroll, check your doctors, prescriptions and out-of-pocket costs

Before enrolling in an Advantage plan, seniors should verify that their doctors and preferred hospitals accept the specific plan, Krantz said. Asking whether a doctor accepts insurance from a particular company isn't enough: A practice may take some of the company's plans but not others.

Prescription coverage warrants the same scrutiny. Plans cover different drugs and may charge different prices depending on the pharmacy.

Beneficiaries should also check prior authorization rules for care they expect to need, said Jeannie Fuglesten Biniek, deputy director of KFF's Program on Medicare Policy. Even extra benefits such as dental coverage can have important limits.

"There's a lot going on underneath the hood about benefits," Biniek said. "A check on Plan Finder that says, ‘dental benefits,’ doesn't mean the same thing for every plan."

Why the right Medicare plan today may not be right next year

There is no universally best plan, said Grace-Marie Horan, founder and CEO of Senior Health Plan Specialists Inc.

"People ask ‘What’s the best [plan],’ but there is none," Horan said. "It’s about what’s right for you, and that changes as your health changes."

Suffolk County resident Ted Weber told Newsday he chose a $0-premium Medicare Advantage plan because he needs little medical care and found it cheaper than purchasing supplemental coverage.

Chelle Osleeb, also of Suffolk, switched from a Medicare supplemental plan with higher monthly premiums and a lower deductible to a cheaper plan when she had few medical needs. After being diagnosed with cancer, she switched back to the more expensive plan.

New York makes such switches easier than most states: Medigap insurers must accept eligible applicants throughout the year without charging more based on health status, although some preexisting-condition waiting periods may apply.

Still, many beneficiaries don't compare their options. Two-thirds of Medicare beneficiaries do not compare coverage options, KFF policy analyst Nancy Ochieng said.

"I don't think it's intended to set it and forget it," Biniek said.

Beneficiaries can compare plans at Medicare.gov or get free, unbiased counseling through New York's Health Insurance Information, Counseling and Assistance Program at 800-701-0501.

Medicare's annual open enrollment period ends Dec. 7, with coverage changes taking effect Jan. 1.

Choosing Medicare for 2027? Six things to check.

1. Your doctors. Confirm they accept the exact plan, not just the insurance company. Doctors may accept some plans from an insurer but not others.

2. Your prescriptions. Check which medications are covered, what you'll pay and which pharmacies offer the lowest costs.

3. Your total costs. Compare premiums, deductibles, copayments and out-of-pocket limits. A $0 monthly premium doesn't mean free care.

4. Prior authorization. Find out whether treatments, tests or medical equipment you expect to need require advance approval.

5. Extra benefits. Check the limits on advertised dental, vision, hearing and other benefits. Coverage may be more limited than it appears.

6. Sales pitches and scams. Don't let perks like gym memberships distract from more important coverage details. Protect your Medicare number and review claims for services you never received.

What if your plan is canceled? If your Medicare Advantage plan ends and you don't choose another, you'll automatically return to original Medicare, but may need separate drug and supplemental coverage. Special enrollment rules apply to canceled plans.

Need help? Compare plans at Medicare.gov or call 800-MEDICARE. For free, unbiased counseling in New York, call HIICAP at 800-701-0501.

Deadline: Annual open enrollment ends Dec. 7, with changes taking effect Jan. 1. People whose plans are not renewed have additional time, through Feb. 28 to choose replacement coverage.

Sources: Medicare.gov; Newsday interviews with Medicare insurance and consumer protection experts.

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