Benefits Corner

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By Jim Bonwell, CRA Benefits Chair

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Medicare Fraud & Abuse

As open enrollment nears, it's time to be aware of Medicare fraud and abuse. Common signs of abuse include billing for unnecessary or excessive services and supplies, upcoding (billing for a more expensive service than what was provided), or failing to provide necessary services. Unsolicited offers of "free" items or services that you didn't request, and pressure to provide your Medicare number over the phone, are also common scam tactics that can indicate abuse or fraud.

How to Spot Medicare Abuse & Fraud

- **Review your statements carefully**: Check your Medicare Summary Notices (MSNs) or Explanation of Benefits (EOBs) for any charges that don't match the services or items you received.
- **Watch for unsolicited offers**: Be wary of unsolicited offers for medical equipment, supplies, or genetic testing, especially if they are promoted as "free".
- **Be suspicious of high-pressure tactics**: Scammers may try to pressure you to pay bills immediately, provide your Medicare number, or join a new plan, threatening to cancel your coverage if you don't comply.
- **Guard your personal information**: Never give your Medicare number, Social Security number, or bank account information to someone you don't know or trust.
- **Look for unnecessary services or supplies**: A provider might order excessive tests or medications that you don't need.
- **Beware of incorrect billing**: This can include charges for services that were never provided, or overcharge by billing Medicare for more expensive services than were actually performed.
- **Routinely waiving co-insurance or deductibles**: Waivers are only allowed on a case-by-case basis where there is financial hardship, not as an incentive to attract business.

If you suspect fraud call 1-800-MEDICARE (1-800-633-4227) or Report Medicare Fraud online

Sources

- Reporting Medicare fraud & abuse | Medicare
- Medicare Fraud & Abuse: Prevent, Detect, Report

Medicare Changes for 2026

In 2026, Medicare will introduce significant updates aimed at improving access, affordability, and oversight across its programs. One of the most notable changes is the cap on out-of-pocket costs for Medicare Part D prescription drugs, which will be limited to $2,100 annually. After reaching this threshold, beneficiaries will no longer pay copayments or coinsurance for covered drugs for the remainder of the year. Additionally, Medicare will expand coverage for Advanced Primary Care Management services, ensuring that beneficiaries receive more personalized and coordinated care, including 24/7 access to their care team1. These changes are part of a broader effort to enhance preventive care and chronic condition management.

The Centers for Medicare & Medicaid Services (CMS) also issued a proposed rule to strengthen the Medicare Advantage (MA) and Part D programs. This includes new guardrails for the use of artificial intelligence in prior authorization decisions to prevent inappropriate care denials. CMS is also working to improve behavioral health access, expand coverage for anti-obesity medications, and refine marketing practices to protect consumers from misleading information. These updates reflect the commitment to ensuring that Medicare plans deliver high-quality, equitable care while reducing unnecessary barriers.

Sources

- Medicare & You 2026
- 2026 Policy & Technical Changes to Medicare Advantage Program

Open Enrollment

Get health coverage that's tailored to your specific needs and budget by using Via Benefits to quickly find, learn about, and compare plans. If you need to make a change to your 2026 health coverage, take action during the Open Enrollment period. Post-65 Via Benefits Open Enrollment for changes in your post-65 individual medical, prescription drug, dental, or vision coverage for 2026 must be taken during the Open Enrollment period from October 15 to December 7, 2025. Medicare is scheduled from October 15 to December 7, 2025. Any changes you make to your benefit coverage during open enrollment become effective January 1, 2026.

During Open Enrollment, you can sign in to Via Benefits at my.viabenefits.com/chevron for a Coverage Checkup and even make plan changes online, call Via Benefits at 1-844-266-1392 (Monday through Friday, 7am to 6pm Central time) to schedule an appointment with a licensed benefits advisor, speak with an advisor if you do not have an appointment. Also, please be mindful that advisors can get very busy toward the end of the Open Enrollment period.

When you change plans, some options will automatically terminate your existing coverage, while others may require manual cancellation. If you're unsure whether your current coverage will be replaced, it is best to consult your benefits advisor for guidance.

Sources

- Via Benefits - Get the Most out of Medicare
- Open Enrollment - Chevron Retirees

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