



2011 Medicare Disenrollment Period -- PlanPrescriber Answers 6 FAQs About Leaving Medicare Advantage

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Today PlanPrescriber (www.planprescriber.com), a wholly-owned subsidiary of eHealth, Inc (NASDAQ: EHTH), published answers to frequently asked questions about Medicare's 2011 Medicare Advantage Disenrollment Period (MADP) from Medicare beneficiaries. These questions and answers are made available to help Medicare beneficiaries understand their rights and coverage options during the 2011 Medicare Advantage Disenrollment Period that runs from January 1 through February 14, 2011.

Medicare beneficiaries enrolled in private Medicare Advantage health plans have the option to leave those plans during the Medicare Advantage Disenrollment Period. During that time Medicare beneficiaries who choose to leave their Medicare Advantage plan can switch only to "Original Medicare" coverage administered by the federal government, and a stand-alone Medicare Part D prescription Drug Plan if they wish.

Original Medicare does not cover the full cost of care, so many Medicare beneficiaries who enroll in original Medicare also buy supplemental Medicare coverage (often called "Medicare Supplement" or "Medigap" plans) to help pay out-of-pocket costs. During the MADP Medicare beneficiaries may also enroll or re-enroll in Medicare Supplement plans, although some limitations, terms and conditions may apply depending on the state they live in and the insurer they choose.

In order to help Medicare beneficiaries understand their options during the Medicare Advantage Disenrollment Period and how MADP applies to them, PlanPrescriber.com has compiled the following list of FAQs and answers:

Question 1: In the past, Medicare offered a Medicare Advantage Open Enrollment Period (OEP), which ran from January 1 through March 31 each year. Has that gone away?

Answer: Yes, in 2011 the Medicare Advantage Open Enrollment Period (OEP) has been replaced with the new Medicare Advantage Disenrollment Period (MADP) (ADP) that runs from January 1 through February 14.

Question 2: Aside from the change in the timeframe, what's the difference between MADP and OEP?

Answer: In the past, during the OEP, Medicare beneficiaries were able to switch from one MA plan to another, drop their MA plan and switch to Original Medicare with a Part D Prescription Drug plan, or go from Original Medicare with a Part D Prescription Drug plan to an MA plan.

During the new Medicare Advantage Disenrollment Period (MADP), Medicare beneficiaries are only able to 'disenroll' or end their Medicare Advantage plan and enroll in Original Medicare, and a stand-alone Medicare Part D Prescription Drug Plan if they wish.

During the MADP you cannot switch from one Medicare Advantage plan to another, or from Original Medicare with a Part D Prescription Drug Plan to a Medicare Advantage plan.

Question 3: What should I be concerned about if I disenroll in Medicare Advantage and opt for Original Medicare with a Part D Prescription Drug Plan?

Answer: If you use the MADP to return to Original Medicare, you need to be aware of the various costs associated with Original Medicare, such as deductibles, coinsurance, or copayments as well as your prescription drug coverage.

Many Medicare Advantage plans often cover routine vision and dental coverage, along with some benefits like routine doctor visits. Medicare Advantage plans also typically include prescription drug coverage. These are things that Original Medicare typically does not cover.

Question 4: What alternatives to Medicare Advantage are available to compensate for the loss of these benefits if I choose to disenroll from my Medicare Advantage plan?

Answer: If you return to Original Medicare, you'll need a stand-alone Prescription Drug Plan and a Medicare Supplement plan in order to replace the additional benefits you're likely to lose when you drop Medicare Advantage coverage and eliminate the potential for paying a penalty if you do not remain in Medicare Prescription Drug coverage.

Question 5: What should Medicare Beneficiaries know about switching their prescription drug coverage from Medicare Advantage to a stand-alone Medicare Part D Prescription Drug Plan?

Answer: It's vitally important that any Medicare Prescription Drug Plan you enroll in covers the specific drugs you take in the specific quantities prescribed by your physician. To determine that you're enrolled in a prescription drug plan that covers the drugs you take at the lowest possible cost, use a prescription drug plan comparison tool like the one available at PlanPrescriber.com.

In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your Medicaid Office (only required for pieces referencing Part D benefits or cost-sharing).

Question 6: What should a Medicare beneficiary know about supplementing their original Medicare coverage with a Medicare Supplement plan?

Answer: In many instances, Medicare Supplement plans provide richer benefits than Medicare Advantage plans, but they also tend to have higher monthly premiums. There are a total of 10 Medicare Supplement plan types: A, B, C, D, F, G, K, L, M and N (some plans types are not available in all areas).

Each plan type is required to cover the exact same benefits, so if you buy plan K from one insurer it must provide the exact same coverage as plan K from another health insurer. However, the provider networks for Medicare Supplement plans may differ.

To compare Medicare Supplement plan premiums side-by-side, use a plan comparison tool like the one available at PlanPrescriber.com. Plans often have very different monthly premiums for the exact same coverage.

Medicare has neither reviewed nor endorsed this information

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