



## Medicare Enrollment: Survey Finds Majority of Seniors Do Not Plan to Review Their Coverage Options During 2011 Annual Enrollment Period

December 20, 2010

MAYNARD, MA, Dec 20, 2010 (MARKETWIRE via COMTEX) --

Only one-in-five (22%) Medicare beneficiaries over the age of 65 plan to review their Medicare coverage options during Medicare's 2011 Annual Enrollment Period (11/15/2010 to 12/31/2010), according to a new survey<sup>(1)</sup> of Americans age 65 and over conducted in December 2010 by Opinion Research Corporation. According to the survey, sponsored by PlanPrescriber (<http://www.PlanPrescriber.com>), a wholly-owned subsidiary of eHealth, Inc. (NASDAQ: EHTH), one-in-five seniors do plan to review their options for 2011, an increase over 2010, when less than one-in-ten (9%) senior Medicare beneficiaries reported reviewing their coverage.

Among those seniors who plan to review their Medicare coverage options before 2011, more than one-in-three (34%) reports that they have yet to actually begin their review.

While this anticipated increase in the number of seniors reviewing their Medicare coverage options is a positive shift, a majority (76%) of respondents said that they do not plan on reviewing or possibly changing their Medicare coverage for 2011. However, nearly nine-out-of-ten (87%) seniors surveyed reported taking prescription drugs. And, when asked if they expected their current prescription drug plan to change in 2011, two-thirds (66%) said they either expected their prescription drug plan to change (33%), or didn't know if it would change (34%).

These trends are notable because Medicare health plans can change from year to year, potentially impacting the plan's cost and/or the benefits covered on those plans. Any Medicare beneficiary who takes prescription drugs should be aware that many Medicare health plans did undergo changes between 2010 and 2011.

Those changes include:

- The number of Medicare Advantage plans available nationwide decreased by 13 percent<sup>(2)</sup>
- Average unweighted monthly Medicare Advantage premiums are, on average, decreasing by an average of 9 percent<sup>(2)</sup>
- Fewer beneficiaries will have access to Medicare Advantage private fee-for-service plans with \$0 premiums; the number of beneficiaries with access to \$0 premium Private Fee For Service (PFFS) plans will decrease from 88 percent in 2009 to 43 percent in 2011<sup>(2)</sup>
- More than 3 million Medicare beneficiaries will see their Medicare Prescription Drug Plan (PDP) eliminated<sup>(3)</sup>
- Weighted average monthly premiums for the top 10 Medicare Prescription Drug plans (PDPs) will increase by 10 percent in 2011<sup>(3)</sup>
- There are 1,109 Medicare Prescription Drug Plans (PDP) available to beneficiaries for 2011. The plan with the fewest number of drugs available covers 2,314 drugs; however, the percentage of drugs covered by each plan varies widely among the biggest stand-alone Medicare PDPs.

"During the Medicare annual enrollment period, Medicare beneficiaries need to understand that there could be real consequences to sticking with the status quo," said PlanPrescriber CEO Ross Blair. "Premiums, co-pays, coinsurance, deductibles, and medications covered are just a few of the plan benefits that can change every year. By comparing Medicare Advantage and Medicare Part D plans and understanding what has changed and what hasn't, consumers can make a more informed and cost-effective decision."

Given that Medicare's annual enrollment period runs through the end of December, the data should serve to remind all Medicare beneficiaries that they still have time to check their coverage options and be sure they are still on the best plan for their health care needs.

Key Survey Findings:

- More than half of all senior Medicare beneficiaries surveyed (56%) were on Original Medicare, along with a stand-alone Medicare Part D Prescription Drug Plan (PDP), while nearly one-in-five (18%) had a Medicare Supplement Plan and one-in-ten (11%) had a Medicare Advantage plan
- Senior Medicare beneficiaries earning between \$35,000 and \$50,000 were the most likely to review their Medicare options during the annual enrollment period; more than one-in-four (28%) said they planned to review their coverage
- Medicare beneficiaries earning more than \$100,000 per year were the

- least likely to review their coverage; only 14 percent of those earning more than \$100,000 per year said they would review their Medicare health plan coverage for 2011
- Senior Medicare beneficiaries earning less than \$50,000 per year were most likely to be unsure if their Medicare Advantage or Medicare Prescription Drug plans were changing in 2011; one-in-three (37%) beneficiaries earning less than \$35,000 per year said they didn't know if their coverage was changing in 2011 and nearly one-in-three (30%) beneficiaries earning between \$35,000 and \$50,000 said they didn't know if their coverage was changing in 2011
  - Two-out-of-three (66%) Medicare beneficiaries who planned to review their Medicare coverage options during AEP completed their review between November 15, 2010 and December 1, 2010. Those remaining who planned to review their coverage options during AEP planned to complete their review sometime in December 2010

Sources: (1) Data is a summary of findings from two telephone surveys conducted by Opinion Research Corporation among random national samples of 2,019 adults 18 years of age and older, living in private households in the continental United States. The actual data provided in this report includes responses from 595 survey respondents over the age of 65. The data provided here is a subset of the complete survey data. Interviewing for this survey was completed by Opinion Research Corporation during the period of December 2 - 6, 2010. A complete copy of the survey results is available upon request. (2) Data from Kaiser Family Foundation: MEDICARE ADVANTAGE 2011 DATA SPOTLIGHT (<http://www.kff.org/medicare/upload/8117.pdf>) (3) Data according to an Avalere Health Study: Initial Trend Analysis of 2011 Medicare Prescription Drug Plan Formularies ([http://www.avalerehealth.net/news/archive/Avalere\\_Health\\_Analysis\\_of\\_2011\\_Part\\_D\\_Formularies.pdf](http://www.avalerehealth.net/news/archive/Avalere_Health_Analysis_of_2011_Part_D_Formularies.pdf))

Medicare has neither reviewed nor endorsed this information

About PlanPrescriber.com PlanPrescriber ([www.planprescriber.com](http://www.planprescriber.com)), a wholly-owned subsidiary of eHealth, Inc., is a leading provider of unbiased comparison tools and educational materials for Medicare Advantage, Medicare Part D Prescription Drug Plans, and Medicare Supplement insurance products. Medicare beneficiaries can take advantage of PlanPrescriber's no cost online advisor tools by logging on to [www.PlanPrescriber.com](http://www.PlanPrescriber.com), or by navigating to the Medicare sections of national pharmacy chain web sites, including Wal-Mart, Rite Aid, Kroger and others. PlanPrescriber is a tool designed to help Medicare recipients find a Medicare plan that covers their specific medical and prescription drug needs at the lowest possible out-of-pocket cost. The Centers for Medicare and Medicaid Services (CMS) has neither reviewed nor endorsed the information provided by PlanPrescriber.

For more news and information about health insurance, health reform and Medicare, visit eHealth's consumer blog: Get Smart - Get Covered.

For media inquiries, please contact:

Sande Drew  
eHealth, Inc.  
(916) 207-7674  
[sande.drew@ehealth.com](mailto:sande.drew@ehealth.com)

Kris Kraves  
Cogenta Communications  
(805) 527-7733 - direct  
[kris@cogentacom.com](mailto:kris@cogentacom.com)

SOURCE: eHealth, Inc.

<mailto:sande.drew@ehealth.com>  
<mailto:kris@cogentacom.com>