



Six Things Medicare Beneficiaries and Baby Boomers Should Know About Medicare Advantage Plans: PlanPrescriber Releases List

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MAYNARD, MA, Oct 25, 2011 (MARKETWIRE via COMTEX) -- Today PlanPrescriber (www.planprescriber.com), a wholly-owned subsidiary of eHealth, Inc. (NASDAQ: EHTH), released a "Top 6 List" of things people should know if they're considering enrolling in a Medicare Advantage plan during the 2012 Medicare Annual Enrollment Period.

The Medicare AEP enrollment period opened on October 15, 2011 and runs through December 7, 2011. In most cases, Medicare beneficiaries who wish to make changes to their Medicare Advantage or Prescription Drug Plan selections for 2012 will only have an opportunity to make these changes during the AEP.

Medicare Advantage plans must provide the same level of health coverage provided by the government, but the plans are managed by private insurance companies that have been approved by the Centers for Medicare and Medicaid Services (CMS). Medicare Advantage plans must -- by law -- provide coverage equivalent to original Medicare -- Parts A & B. But, most MA plans offer additional benefits and also include Medicare Part D prescription drug coverage.

Here is a short list of the six things people who are new to Medicare should remember about Medicare Advantage plans:

1. One bill: Because most Medicare Advantage plans include prescription drug coverage, people don't have to write two checks -- one for the drug coverage premium and one for the medical coverage premium -- to two different companies.
2. Affordable monthly premiums: Some Medicare Advantage plans are available at no additional monthly premium to original Medicare (Parts A&B). According to the Kaiser Family Foundation, the average monthly premium was \$43(1) for a Medicare Advantage plan in 2011, and the US Department of Health and Human Services has indicated that Medicare Advantage premiums will decrease by 4 percent in 2012(2).
3. Out-of-pocket limits: The affordable care act requires all Medicare Advantage plans to have a limit on how much a customer can pay out of their own pocket excluding the cost of prescription medications. The maximum limit for out-of-pocket expenses allowed by health reform is \$6,700. By comparison, original Medicare does not have an out-of-pocket limit.
4. Additional Benefits: Medicare Advantage plans often cover things like routine vision and routine dental care, as well as additional benefits like audiology services and fitness classes. And many plans include the Medicare Part D prescription drug benefit.
5. Flexibility: With a Medicare Advantage plan, beneficiaries have the option to change their plan each year during the Annual Enrollment Period. There may be additional opportunities to change coverage throughout the year based on individual circumstances. For example, in 2012, anyone with access to a Medicare Advantage plan with a "5 Star" rating will be able to enroll in that plan at any time throughout the year.
6. Variable Plan Types: In the past, Medicare Advantage plans were often available primarily as HMO plans where services were provided through a specific network of doctors and hospitals that often required referrals to see specialist. Medicare Advantage plans are becoming increasingly available as; Preferred Provider Organizations (PPOs), which offer a wider choice of providers; Private Fee-for-Service (PFFS) plans that don't typically have networks; and Special Needs Plans (SNPs) specifically designed for people with lower incomes and/or specific diseases or conditions.

Sources

(1)Kaiser Family Foundation: <http://www.kff.org/medicare/upload/8117.pdf> (2)The US Department of Health and Human Services: <http://www.hhs.gov/news/press/2011pres/09/20110915a.html>

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Medicare has neither reviewed nor endorsed this information.

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