



2013 Medicare Annual Enrollment Period: eHealth Provides Tips for Comparing Coverage Side-by-Side on eHealthMedicare.com and PlanPrescriber.com

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Nov 30, 2012 (Marketwire via COMTEX) --Today eHealth, Inc. (NASDAQ: EHTH), which operates PlanPrescriber (www.planprescriber.com) and eHealthMedicare (www.eHealthMedicare.com), released a list of helpful tips for people comparing Medicare Advantage plans and stand-alone Medicare Part D prescription drug plans during the 2012/2013 [Medicare Annual Enrollment Period](#) (AEP).

eHealthMedicare and PlanPrescriber provide educational and comparison tools for Medicare insurance products that allow customers to compare Medicare products side-by-side; connect with knowledgeable, licensed agents; and enroll in select products online or over the phone.

The AEP began on Oct. 15 and runs through Dec. 7, 2012. During AEP, Medicare beneficiaries can make changes to their stand-alone prescription drug plans and Medicare Advantage plans before the 2013 plan year begins, January 1, 2013. In most cases, changes to coverage must be completed during Medicare's Annual Enrollment Period.

Tips for comparing coverage side-by-side during Medicare's 2013 Annual Enrollment Period

1. Don't wait: Medicare beneficiaries have about eight weeks to select their coverage. But last year, 42 percent of people enrolling through eHealth waited for the last nine days to apply, which resulted in longer hold times for customers who wished to speak with a licensed agent.
2. Focus on your co-pays for prescription drug coverage: A 2012 [study](#) published by PlanPrescriber found that only eight percent (8%) of Medicare enrollees visiting PlanPrescriber during the first three weeks of in this year's AEP were in the drug plan with the lowest total out-of-pocket costs for their drugs. The average person would save over \$600 on prescription drugs in 2013 by reviewing their coverage and switching to the plan that covered their drugs at the lowest possible cost. That's because people often enroll in a plan that doesn't give them the lowest price for the specific drugs they take. For example, one plan may charge a \$10 co-pay for a generic drug while another charges \$18. These costs can add up quickly.
3. Make sure you are switching to generics whenever possible: There will be more [opportunities](#) to save money on prescription drugs in 2013 because several popular drugs will have gone generic. Three of the top 75 drugs entered into PlanPrescriber.com's Medicare prescription drug plan comparison tool during the 2011/2012 AEP will have generic versions before the end of 2013. [They are](#): Singulair (generic Montelukast sodium is already available); Cymbalta (generic is Duloxetine, anticipated in December 2013); and Niaspan (generic is Niacin, anticipated in September 2013). If there is a generic alternative available for any of your prescription drugs, talk to your doctor to see if the generic version will work for you.
4. Compare monthly premiums: During the AEP, it's a good idea to compare monthly premiums for the [Medicare Advantage plans](#) and [prescription drug plans](#) available in your area, because the monthly costs can vary tremendously. In 2013, premiums for Medicare Advantage plans range from \$0 (above what you already pay for Medicare Part B) to over \$350 a month. More expensive plans may have richer benefits, but all plans have a maximum out of pocket limit of \$6,700, or less and most include prescription drug coverage (see eHealth [study](#)). Similarly, stand-alone Medicare Part D plans can cost as little as \$16 per month, or as much \$165 per month. Again, more expensive plans may have richer benefits, but all plans must meet Medicare's minimum quality standard and cover at least two drugs that have been approved to treat every major illness. If you don't compare benefits, premiums and covered drugs side-by-side, you may miss out on plans that could save you money.
5. Pay close attention to a Medicare Advantage plan's maximum out-of-pocket (MOOP) limit: One critical benefit of Medicare Advantage plans is that they cap your maximum out-of-pocket costs at \$6,700 or less. In 2013 the average MOOP limit will be \$4,516, but some plans have caps as low as \$500 for services received "in-network." In exchange for a lower MOOP limit, Medicare Advantage plans may increase your cost sharing for a limited number of services. For example, plans may require you to pay a little more for inpatient mental health services than Medicare does. During the AEP, research the plan's MOOP limit and be sure you could cover those out-of-pocket costs in the event of an emergency.
6. Pay attention to a Medicare Advantage plan's provider network: The out-of-pocket maximum on Medicare Advantage plans can provide excellent protection against unexpected costs, but you'll typically have to use the plan's provider network to maximize that benefit. The majority of seniors (seventy-seven percent) consider having access to their existing primary care physician a very important factor when selecting a health insurance plan, according to an Opinion Research survey sponsored by eHealth. And, nearly two-thirds of the seniors in the survey (sixty-three percent) said they wouldn't change doctors, even if they could save over \$100 per month. If keeping your doctor is worth \$1,200 (as referenced in the example) a year to you, be sure your doctor accepts the Medicare Advantage insurance you're considering enrolling in during the Annual Enrollment Period.
7. Be aware of your "trial right" to use Medicare Advantage: [Medicare Supplement plans](#) (also called Medigap) typically provide very comprehensive benefits, with limited or no out-of-pocket costs. But, they tend to cost more each month than Medicare Advantage plans. And Medigap premiums tend to increase as a person ages (see [study](#)). If the monthly cost of your Medigap plan is starting to be more than you can afford, know that Medicare gives people a "trial right" to try Medicare Advantage. If you don't like it for any reason, you can switch back to the same Medigap plan, provided you do so within one year. If you want to give Medicare Advantage a try, the Annual Enrollment Period is the time to do so.
8. Your Medigap plan and drug plan don't have to come from the same insurer: A common myth heard by licensed eHealthMedicare agents is that people believe they must "bundle" their Medigap plan with a stand-alone Medicare Part D plan from the same company in order to get the best price. That is absolutely untrue. By law, insurance companies cannot charge you more or less for a plan based on where you buy, or who you buy from. And, by law, insurers cannot give you a discount on one type of Medicare insurance (like a Medigap plan) if they sell you a second type of Medicare insurance (like a stand-alone PDP).
9. Ask about dental and vision care: Original Medicare (parts A and B) will pay for certain vision and dental services, but routine care and check-ups are not covered. Many Medicare Advantage plans include coverage for dental and vision care, but not all of them. If these benefits are important to you, make sure the Medicare Advantage plan you're considering provides those benefits. If the plan does not provide dental and vision, you can

research "stand-alone" insurance for these benefits in the individual insurance market.

10. Don't enroll without help: Qualified professionals can help you understand your options and select a plan. You can get help through your State Health Insurance Assistance Program (SHIP), websites like www.PlanPrescriber.com, licensed health insurance agents who are certified to sell Medicare, or by calling 1-800-Medicare.

Additional Resources

You may be able to get Extra Help to pay for your prescription drug premiums and costs. For more information on Extra Help, you can contact licensed eHealthInsurance agents at 888-312-5447 TTY: 711, or contact Medicare directly at 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. 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.

NOTE: Medicare beneficiaries base their plan selections on a variety of priorities, including price. eHealth and PlanPrescriber encourage Medicare beneficiaries to consider their specific needs in deciding which plans to select during the Annual Enrollment Period. Medicare has not reviewed or endorsed this information

About eHealth

eHealth, Inc. (NASDAQ: EHTH) is the parent company of [eHealthInsurance](http://eHealthInsurance.com), America's first and largest private health insurance exchange where individuals, families and small businesses can compare health insurance products from leading insurers side by side and purchase and enroll in coverage online. eHealthInsurance offers thousands of individual, family and small business health plans underwritten by more than 180 of the nation's leading health insurance companies. eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia. Through the company's eHealthTechnology solution (www.eHealthTechnology.com), eHealth is also a leading provider of health insurance exchange technology. eHealthTechnology's exchange platform provides a suite of hosted e-commerce solutions that enable health plan providers, resellers and government entities to market and distribute products online. eHealth, Inc. also provides powerful online and pharmacy-based tools to help seniors navigate Medicare health insurance options, choose the right plan and enroll in select plans online through its wholly-owned subsidiary, PlanPrescriber.com (www.planprescriber.com) and through its Medicare website www.eHealthMedicare.com.

For more health insurance news and information, visit the eHealthInsurance consumer blog: [Get Smart - Get Covered](#).

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