



Medicare's 2013 Annual Enrollment Period: eHealth Answers Top Six Questions Asked by Caregivers Helping Loved Ones Enroll in Medicare

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Dec 05, 2012 (Marketwire via COMTEX) --Today eHealth, Inc. (NASDAQ: EHTH), parent company of entities that operate PlanPrescriber.com and eHealthMedicare.com, published the six questions most commonly asked during Medicare's Annual Enrollment Period (AEP), by adults providing unpaid care (caregivers) for loved ones with Medicare. Medicare's Annual Enrollment Period began Oct. 15, 2012 and runs through Dec. 7, 2012.

About 44 million Americans between the ages of 18 and 65 -- more than twenty percent (20%) of the U.S. population in that age group -- provide unpaid care to people age 65 and older and adults with disabilities¹. About two-thirds (60%) of these adult caregivers said they were "completely involved" in helping their parents make financial decisions, according to a recent study published by eHealth and AgingCare.com².

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.

Discussions with licensed agents working in eHealth's customer care centers revealed some common themes and questions caregivers are asking on behalf of the loved ones they're assisting during Medicare's [Annual Enrollment Period](#). In most cases, people on Medicare Advantage plans (MAPDs) or stand-alone Medicare Prescription Drug plans (PDPs) can only make changes to their coverage during the AEP.

Here are the top six questions asked by caregivers in eHealth's customer care center:

1. What is AEP and do we have to participate?

Answer: You don't have to do anything during the AEP, and our research shows that only a third of caregivers actually do an annual review. But, most experts recommend that Medicare beneficiaries (or their caregivers) use the Annual Enrollment Period to at least review their drug benefits. A recent report from eHealth found that the average PlanPrescriber customer could save over \$600³ in 2013 on prescription drugs if they switched to the plan with the lowest total out-of-pocket costs. It's also a good idea to review at a plan's out of pocket cost for medical benefits.

2. Can I make changes to coverage on my parent's behalf?

Answer: You cannot do this legally without a medical power of attorney in place. It's a good idea to prepare a medical power of attorney long before someone starts having trouble handling certain aspects of life. And, if you need to make Medicare decisions for a parent, having a POA is required in order to do so. Websites like LegalZoom.com can allow you to do this quickly and easily online.

3. Can I get a "deal" on prescription drug coverage if I "bundle" all of my plans with the same insurance company?

Answer: By law, insurance companies cannot offer special deals or price breaks on [Medicare Advantage plans](#) or [stand-alone prescription drug plans](#). The Centers for Medicare and Medicaid Services (CMS) has to approve the price of every plan, and once approved it must be offered at that approved price, no matter where it is sold. So, if you find a plan you want to buy you cannot get that plan at a lower or higher cost by purchasing it somewhere else. Anyone who sells that plan must charge you the same amount for it, regardless of where you buy it, who you buy it from, or what you buy in addition to it.

4. Should we switch pharmacies if we can get a deal on one of my parent's most expensive medications? Answer: Be cautious of "deals" on prescription drugs. You'll generally get the best price on drugs if you use your plan's pharmacy network. More and more Medicare drug plans are partnering with pharmacy chains to give people preferred pricing on drugs. A pharmacy may publicize a very low price for a drug your parent is taking. However, they're hoping you'll fill all of your prescriptions there, which might not actually save you money in the long run.

5. My parent(s) needs long-term care. What does Medicare cover?

Answer: Medicare will pay for up to 100 days in a skilled nursing facility and any medically necessary home health care. But Medicare does not have a long-term care benefit. So things like nursing homes or assisted living facilities that provide custodial care (such as dressing, bathing and using the bathroom) must be purchased independently.

6. How important is it to switch from brands to generics?

Answer: When approved by a doctor, switching to a generic is often more cost-effective. Three of the most popular brand-name drugs -- Singulair, Cymbalta and Niaspan -- will all be available in generic form before the end of 2013. If you know when certain generics become available, you can switch -- provided your plan covers the generic and your doctor "OK's" the switch -- and see a significant savings each month.

Sources

¹ MetLife (<https://www.metlife.com/assets/cao/mmi/publications/studies/2011/Highlights/mmi-caregiving-costs-working-caregivers.pdf>)

² eHealth and AgingCare Caregiver Survey (http://news.ehealthinsurance.com/pr/ehi/document/eHealth-CareGiverReport_FINAL_.pdf)

³ eHealth's 2013 Medicare AEP Snapshot Survey (<http://news.ehealthinsurance.com/pr/ehi/with-11-days-left-in-medicare-241178.aspx>)

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. Plan data listed in this report may change based on additional data received from the Centers for Medicare & Medicaid Services (CMS) at a date later than the active date of the data or later than the published date of this report. Medicare has not reviewed or endorsed this information

About eHealth

eHealth, Inc. (NASDAQ: [EHTH](#)) is the parent company of [eHealthInsurance](#), 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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