

From The Health Insurance Store



New to Medicare

Your Essential Guide

*Medicare Plans, Costs & Coverage – **Simplified.***

Chapter 9



Call 724-603-3403 Visit: getyourbestplan.com

121 North Pittsburgh Street Connellsville, PA. 15425

Welcome to *Medicare Part 9*

Welcome to the **last edition** of my “*New to Medicare Series*”, designed to educate those going on Medicare Part A, B, or both for the first time.

I want to remind readers that this series, and all columns, are not meant as a substitution for a

one-on-one consultation with a licensed agent, nor are they written to sway your decision in enrolling in an **Advantage Plan** versus a **Supplement** or as an endorsement of any particular Advantage Plan or company.





Question: After I pick my plan for the first time, is there anything I need to do? Do I need to re-enroll every year? Do benefits change year after year?

Answer: There's no need to actively renew or sign any documents for those who want to stay on their current Supplement or Advantage Plan.

Although there's no need to actively renew or sign any documents for those who want to stay on their current Supplement or Advantage Plan for the next calendar year, **being aware of any changes in benefits or out of pocket costs and making changes if necessary is extremely important.**

One of the worst mistakes a Medicare beneficiary can make

after initially picking a plan is letting it renew year after year without having it professionally reviewed. Keep in mind the Annual Enrollment Period (AEP), **which runs from October 15th through December 7th each year**, is generally the only time people can change from one Advantage or Part D prescription drug plan to another or move from a Supplement to an Advantage Plan.

Your Supplement Benefits

Supplements are regulated so benefits can never be changed. For example, Plan N, which we recommend most to those who prefer Supplements, has two small co-pays, \$20 for a PCP or Specialist visit and \$50 at the Emergency Room. **Those can never be increased as long as the policy remains active, nor can any other co-pays be added down the road for other services.** Therefore, the only real concern is making sure premiums are still competitive.

Anyone who didn't originally get their Supplement from The Health Insurance Store should reach out to us. Most people find it surprising how much money they can save by applying for the same letter plan with a different company. And those on higher cost Plans C, F, and G **generally save between \$1,000 and \$4,000 annually by switching to Plan N without giving up any coverage or access to doctors and hospitals.**

A change in Supplement plan letter or company can be made anytime during the year. You don't need to wait until AEP to do that.

Advantage Plans can have both premium increases and changes in benefits, although in the past four to five years many plans have actually had a decrease in monthly costs and co-pays while also adding some very generous and valuable ancillary benefits, "extras," that neither Original Medicare nor Supplements offer. The inclusion of ancillary benefits has made Advantage Plans more popular than ever.

However, they aren't guaranteed or mandated to be provided. Three years ago, when I did the New to Medicare series for the first time, I wrote the following:

"These extras are so generous in fact, that I'm concerned, at their current levels, they may not be sustainable. At some point, I believe some of these benefits will either be substantially reduced or eliminated."



2025 Benefit Changes

Beware of the Golden Age of Advantage Plans

I was very surprised, and pleased, that in 2025 only moderate reductions in the extras occurred, although two of the most popular benefits, debit cards to help with medical co-pays and to purchase groceries, were eliminated for many.

We were also generally spared increases in premiums, co-pays, and Maximum Out of Pocket (MOOP) this year. There were, however, significant changes in prescription drug coverage. Many plans instituted a deductible on Tier 3 drugs and a move to 25% coinsurance instead of a flat co-pay for the first time ever that will result in an increase of \$1,000 or more out of pocket costs for the same medications in 2025 than last year. Moving to another plan helped many avoid that extra expense.

Advantage Plans have never been better value in my opinion. Premiums and co-pays are low while the dollar value of extras reached an all-time high in 2024 and are still remarkably generous in 2025.

However, I'm afraid people have become complacent and believe this "Golden Age of Advantage Plans," as I've referred to it, will last forever. Recently Advantage Plan companies haven't been as profitable as in the past due to higher-than-expected claim rates. The overall value of plans, lower monthly premiums, overall co-pay packages, the MOOP, and generosity of ancillary benefits is also dependent on increases in federal payments to the insurance companies.



With Medicare Part A, where much of the funding for Advantage Plans comes from, being on the verge of insolvency in less than a decade, future cuts could be possible. There have always been ebbs and flows, ups and downs in Medicare Advantage. Prior to 2018 the most popular plans had almost no ancillary benefits and premiums were more than 300% higher than those of today.

Although I hope it's not the case, it's definitely possible we could be headed back in that direction by 2026, 27, and beyond.

Prior to every AEP, we review all available Advantage Plans for the upcoming year and then send a letter to our clients who have HMOs and PPOs, informing them of changes to their current plan and making

recommendation to remain with it or consider another plan or company for the upcoming year. **Those on Advantage Plans can make a move from one HMO or PPO to another every AEP regardless of current or previous health issues.**

There are no pre-existing condition restrictions, and the new plan or company must cover all services as soon as that policy becomes effective. Some people don't understand this and have a fear of leaving their current insurer.

This often results in the overpayment of premiums and out of pocket medical costs or not receiving as many ancillary benefits. **I estimate it's the most common and costliest error those on Medicare Advantage Plans make.**

Be Wary of Untrained and Unscrupulous Agents

Lastly, I want to warn those on Medicare that far too many agents in this industry don't have your best interest in mind.

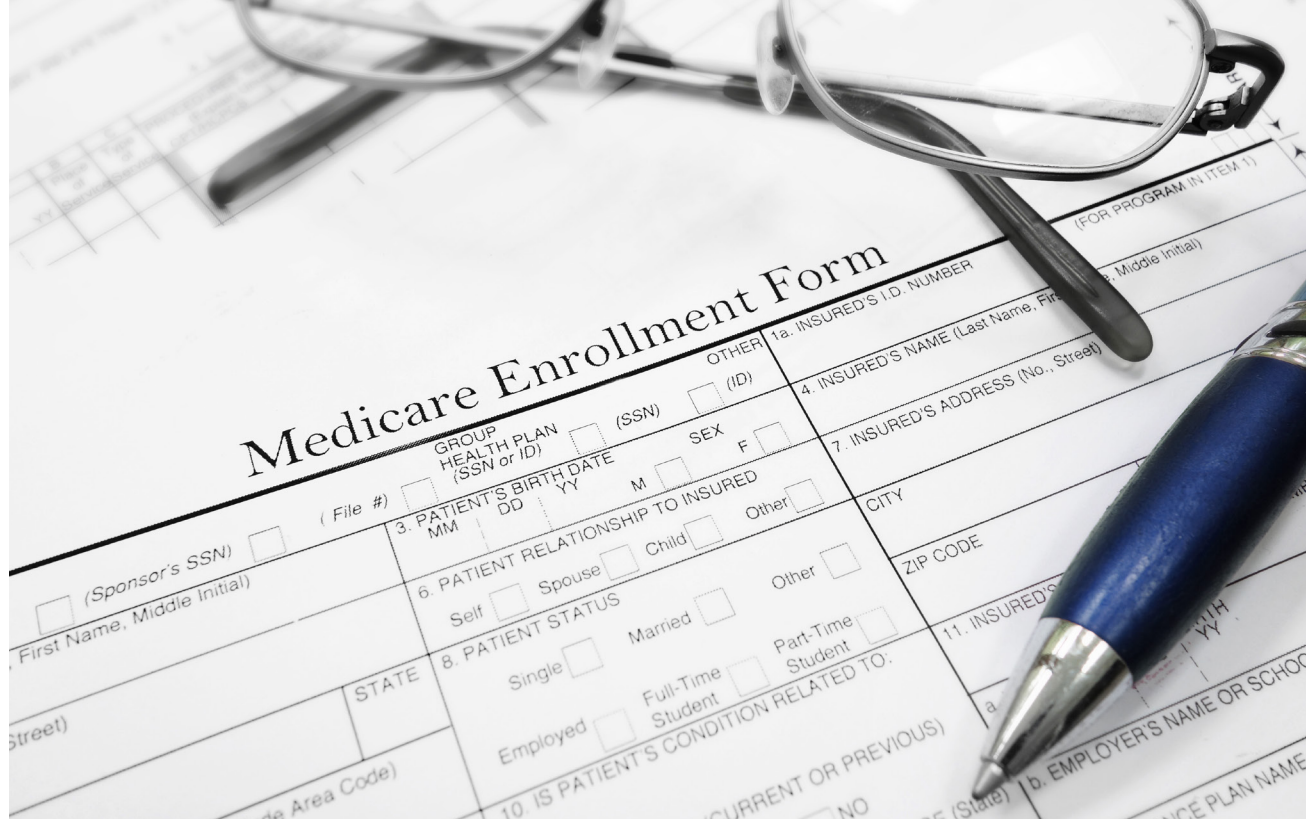
You represent a large commission, especially true when enrolling in an Advantage Plan which can be as much as 400% more than Supplements. You must be careful not to respond to deceptive advertising and sales tactics which are all too common.

You can avoid getting bad advice and falling prey to

unscrupulous agents with bad intentions by utilizing The Health Insurance Store's no cost services.

Not only will we make sure you completely understand all options and choose the best possible plan for your individual needs and concerns, but we also provide outstanding client services after you're enrolled and advocate for our clients whenever inevitable issues or questions arise.





THE END OF THE “NEW TO MEDICARE” SERIES

Thank You for Reading!

Thanks to everyone who has read “New to Medicare” series. We encourage you to download and share with your friends and family who may benefit from the information as well!

If you enjoyed it, join our Facebook group, **Ask the Medicare Specialist**.

We post a new column every Monday as well as four other weekly educational and fun series that are exclusive to the group. Columns are also available on our website, **www.GetYourBestPlan.com**.



Questions & Contact

If you have any questions about any Medicare related topic or would like to set up an appointment for a no cost consultation, please **call the office**.

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