

HEALTHCARE COVERAGE

Medicare 2023: What's new, and what you should do

By Paul Davis

Here are the key points to be aware of when considering or reviewing Medicare coverage for the coming year:

1. Impacts of the Inflation Reduction Act of 2022 for 2023

- Insulin copays are limited to \$35 a month.
- Drug companies are required to pay rebates if drug prices rise faster than inflation.

- Adult vaccines are covered better under Medicare Part D (Shingrix is the best example). More changes are coming in future years to help control drug prices. This is all good news.

2. Over-the-counter hearing aids are on the way

This should sharply drive down the prices and make them more affordable.

Many Medicare Advantage plans already include a hearing aid benefit. It will be interesting to see how this affects that coverage.

3. Medicare will be able to negotiate drug prices

We see a lot of potential legal challenges here as drug companies try to foil this, so the impact is unclear at this time.

4. Review plans during annual enrollment

The Medicare Annual Enrollment Period is the best time to review your Medicare Advantage Plans and Part D prescription drug plans.

If you haven't already, you should soon receive the Annual Notice of Change (ANOC) disclosure from your current plan. Please take a few minutes to re-



SHUTTERSTOCK

Medicare plan changes this year include limits on insulin copays and vaccine coverage.

view this document as it will clearly show you what changes are occurring in your plan starting Jan. 1, 2023.

You should also make note if there are any changes to the network and confirm your doctor is still contracted.

If you are happy with your plan and there are no significant takeaways, you may just want to continue. Your plan will normally auto renew for Jan. 1, 2023.

5. Be cautious about TV pitches

Be careful about calling toll free numbers advertised on TV for help. This will likely send you to a boiler room operation where all they want to do is talk you into something new so that they can make a sale.

We see many complaints of misleading sales tactics from these operations.

6. Set up an account for mymedicare.gov

This site allows you to save your drug list and update it to compare Part D and MAPD plans. You can also see your claims activity and confirm your coverage.

7. Things to know

- Medicare Advantage Plans are plans run by insurance or nonprofit companies. You assign your Medicare benefits to these entities and they become your provider of Medicare services.

You no longer can use your Medicare card separately for services.

Los Angeles has 70-plus plans, most of which are HMO (plus some "special needs plans"). Most of these plans include drug coverage (MAPD).

Many of these plans have no monthly premium. Plan availability varies by county. Other states and counties have a very different assortment of plans. These plans are required to provide coverage at least as good as original Medicare. Plan designs vary dramatically. Many extras are included such as dental and vision.

- Part D Prescription Drug Plans: These plans are sold by insurance companies and are available on a standalone basis. There are 25 Part D plans available in California. If you have very expensive drugs, you will likely experience a share of cost for those drugs.

- Medicare Supplement Plans: Also known as Medigap plans. These plans allow you to obtain Medicare

covered services from any Medicare contracted provider nationwide (other than those under exclusive contracts). There are presently 10 different plans available nationwide for those who turned 65 after Jan. 1, 2020. If you are older than that, you have access to two additional plans — C and F. All these plans have a monthly premium that varies by age and zip code. But the benefits are standardized and identical nationwide.

- Retiree health plans: These are becoming rarer. Many companies are trying to divest themselves of this expense. If you're paying more than \$300 per month for the plan, you should probably explore other alternatives.

- Medi-Cal, Low Income Subsidy or Extra Help. If you are challenged in paying the cost for your prescriptions, be sure to check with Social Security or California state Medi-Cal to see if you qualify for Medi-Cal or Low-Income Subsidy or Extra Help.

8. More timely points to consider...

During the Annual Enrollment Period, you have the greatest flexibility to make changes:

- You can enroll in a Medicare Advantage plan (if you have Medicare Parts A and B). There are no health questions.

- You can drop out of a Medicare Advantage plan and return to original Medicare. In doing this, you would usually add a Part D drug plan and you can apply for a Medicare Supplement Plan.

- You can change from one Medicare Advantage Plan to another plan from the same company or with a different company.

- You can enroll in a Prescription Drug Plan (PDP) if you have Medicare Part A or B.

- You can drop your Part D drug plan (not recommended).

9. Key tips about Medicare's Supplement Plan

During the Annual Enrollment Period, you normally do NOT have a guaranteed enrollment into a Medicare Supplement Plan. You normally must answer health history questions. However, there are some Special Enrollment Periods or circumstances that

might alter that:

- If you have moved out of the service area of your Medicare Advantage Plan

- If you are losing group health coverage

- If you lose Medi-Cal

- If your Medicare Advantage plan reduced benefits

- If your medical group is no longer in the network of your plan

- If a carrier is offering an "underwriting holiday"

10. And one last thing...

If you are turning 65 or new to Medicare, you can enroll in any plan you wish on a guaranteed basis.

Paul Davis, Paul Davis Insurance Services is an independent agent representing the major carriers for Medicare supplement, Medicare Advantage and Part D plans. Contact him at 818-888-0880 or via pdinsure.com. California license numbers 0669770, 0M47932. He's also now licensed in 20 other states, and a supporter of ONE generation since 2003.

phone counseling session with HICAP:

- Los Angeles County (as part of the Center for Health Care Rights) at www.healthcarerights.org or by calling 800-824-0780 or 213-383-4519

- Orange County (as part of Council on Aging — Southern California) at www.coasc.org, email help@coasc.org or call 714-560-0424

- Riverside and San Bernardino counties (as part of Council on Aging — Southern California), at 9121 Haven Ave., Suite 220, Rancho Cucamonga; 909-256-8369

Hours are Monday-Friday, 9 a.m. to 4 p.m.

State HICAP information hotline: 800-434-0222

Navigate

FROM PAGE 1

industry. Assistance is also available through nonprofits including the California Health Advocates, healthadvocates.org, which supports the state's Health Insurance Counseling & Advocacy Program.

HICAP counselors offer assistance in selecting Medicare plans, answer questions and assist enrollees with appeals involving denial of coverage. HICAP does not sell, endorse, promote or recommend commercial insurance products or services.

Where to schedule a tele-