

ERS Medicare Choice Discussion

Engineering Retirees Society

Disclaimer:

- ERS is trying to work through the options, as you are, but we are not insurance experts. Do your own research and contact experts if you have remaining questions.

Timelines

- Opt in to Boeing Aetna Medicare Advantage
 - No action required
- Opt out of Boeing Aetna Medicare Advantage
 - Window Nov 1, to 10 PM November 22
 - (Contact Boeing, per documents Boeing sent you. I had to phone)
- Enroll in any new Medigap and part D plans
 - Open enrollment ends Dec 7, coverage starts Jan 1
 - Part A and B Medicare continue in place with no action required on your part. (Medicare.gov chat)

Medigap types of plans

A	F	K
B	F-high deductible	L
C	G	N
D	G-high deductible	

The CMS (Centers for Medicare Services) regulates what each type offers.

Compare Medigap Plan Types

On the medicare.gov site you can enter your age, gender, smoker status, and then for each **plan type** you can get the range of costs and deductibles and features for 2024.

For example: for the group of companies offering a type G plan, **my** data says: Cost \$164-235 for different plans, part B premium 164, hospital deductible 0, part B medical deductible 226, skilled nursing, extra drug costs, foreign travel covered.

Individual plans in the type can then be looked at to see costs for that plan when the type shows a range of costs. (web site data on features is a bit confusing)

Washington-approved G Medigap policies

12 type G policies in WA. Site will take you to each for further info, including phone and web addresses.

Premera Blue, Medico, Premera BC of WA, Welcare, Cigna, Regence BS, State Farm, Elips, USAA Life, Mutual Omaha, Washington National Insurance, AARP United Health Care, Humana Dental, United American, Globe, Premera BL(HCA), GPM Healthlife.
(from lowest to highest **monthly premium**)

Supplement Plans Caveats

Medicare.gov has vague language on some features. (Like yes, no ,x, checkmark, complex deductables.)

Apparently some costs can depend on income and on tax filing status, single, married, joint or filing separately, Medicaid. These are not included in the site cost estimator, but should be similar among all the plans.

Part D plans Rx

The Medigap plans do not include prescriptions, so Part D plans are purchased separately.

If you input current prescriptions, the site will estimate your Rx costs if Rx stay the same.

Ten plans:

Cheapest \$3.30/month, costliest \$127. Plus drugs

Compare Part D Plans

The medicare.gov site lets you compare part D (prescriptions) plans available in Washington, and your costs for your present prescription.

The ten available plans are:

Silver Smart Sav. Aetna	Silver Choice
AARP Walgreen UHC	Humana Premier
AARP Preferred	Asuris Enhanced
AARP Basic	Humana Walmart
Silver Plus	Humana Basic

Part D Example

With my one big prescription priced at \$6000 per year:

There was a difference of \$1200 between the cheapest and most expensive part D plans.

Your expected prescriptions and prices may make significant differences, but “most” plans give similar results.

Part D D-ecisions

For **my** prescriptions, the 2024 expected plan costs of insurance and out of pocket costs varied with plans, from \$1808 to \$3862. Questions to ask:

- 1) W/ current health & Rxs, which plans costs less?
- 2) In case of customer **future** health changes requiring expensive drugs, would any plan be a disaster?

Most plans are OK. Check one or two plans.

In 2025 Part D plans will have an out of pocket cap of \$2000, per the Inflation Reduction Act.

Help is on the way.

The SPEEA-Boeing Aetna Medicare Advantage Plan

Oct 24 You were sent a plan description/sales package for the Aetna plan. Reading it I noticed what seemed some questionable aspects.

Summary of Benefits: Page 4-15 Note all the benefits with a subtle asterisk * next to them. Only on page 10, 12, & 15 do they note that these benefits may require prior authorization. They also note that without prior authorization payment may be denied.

Aetna starred benefits*

A list:

Hospital care, diagnostic procedures (CT scans, x-rays, lab services), dental med, mental health services, skilled nursing services, ambulance, part B prescriptions, chiropractic, diabetic supplies, durable medical equipment, home health agency care, medical supplies, outpatient dialysis, prosthetic devices, radiation therapy, fitness program, telehealth mental health, drug abuse, substance abuse, opioid treatment.

Prior Authorization Spin

Aetna – Boeing brochure, page 7

“Prior authorization is meant to protect you from health risks and added costs.”

If Aetna might have to pay the bill, **who** is being protected from added costs?

Other potential problems Aetna plan

All the 5% and specified dollar payments could add up over the year, above the stated monthly fees?

Prior authorizations are a hassle and potentially delays

Out of network providers must accept MA \$ pay level

Page 21: "EOC" overrules the summary you got

Prescription Drugs:

Tier 2, Preferred brand drugs in their formulary? Says prior approval required, member pays 20%

You must use network pharmacies, though most are in.

Cannot purchase Rx outside the US.

Provider disputes with MA

When doctors and hospitals refuse to accept MA payment amounts there have been breaks in them being in the network.

Evergreen hospital in Kirkland in October refused Aetna medicare advantage this October for a month. (Evergreen is operating at a net loss.)

Premera MA had a similar dispute earlier.

Some whole southern states have disapproved Medicare Advantage.

End of Life Care

Many buyers of MA hit circumstances for which they want to switch to traditional Medicare.

The switch can be difficult with new health problems.

The age group with the highest percentage of MA plan participants leaving for traditional Medicare are people in their last years of life. That is often the most expensive medical period in their lives. Big changes can be stressful then, especially if it includes cognitive problems.

Medicare Advantage in general

Traditional Medicare is a government plan that has a primary mission to help US seniors get good health care.

“Medicare Advantage” is not Medicare, it is private insurance companies with a primary mission of making a profit for the plan providers. (MA plans **are** regulated somewhat by CMS.)

“Medicare Advantage” was created with an aim to eliminate traditional FFS Medicare, and are over half-way there. Lobbying and political contributions are huge. Some representatives **seem** lightly informed.

Medicare Advantage Graft

Medicare Advantage firms have stolen billions in overcharges from the US government by such acts as “upcoding”. NY Times [said](#) 12 to 25 billion dollars in 2022.

Your tax dollars buying yachts...

Other “medicare” Advantage articles

[USAToday](#), [KFF News](#), [MorePerfectUnion](#),
[AARP](#). [prior approval article](#), [EverGreenCase](#),
[AetnaFraud](#), [BidenChanges](#) Monday,
and the [Medicare.gov](#) site.

A bit of research may be helpful.

Share your questions!

Zoom: view full screen, reactions, raise hand