

healthIMPACT

We hope this newsletter finds all of you healthy, happy, and doing well. As I write this, it is early October 2013 and the US Federal Government is partially shut down. President Barack Obama's Affordable Care Act is causing quite the controversy, and most of you are probably being papered to death with flyers, phone calls, emails and other correspondence about signing up for new Medicare plans or for the Individual Health Exchange. With that in mind, I thought I'd tackle some of the most common questions we are receiving. Do you want to know about Obamacare's impact to you? Do you want to know about new plans in your area, or plans that are leaving? What about ways to save on prescription drugs? We hope you find answers to these & other questions helpful.

In WA State, there are a few new Medicare Advantage Plans, such as: Premera Blue Cross offering both HMO & HMO-POS plans, Regence Blue Shield offering an HMO plan, and Group Health adding an additional HMO plan. In addition, Group Health has raised their premiums on all of their plans significantly. Furthermore, in WA State, there are some Medicare Advantage plans leaving such as: Regence Med Advantage Enhanced PPO, Humana Choice PPO, and the Soundpath Apex HMO plans.

In CA State, there aren't many new plans entering, or old ones leaving. But there will be some changes to the benefits within each plan.



The Affordable Care Act [aka Obamacare]

The Affordable Care Act has sparked a lot of attention since becoming law back in 2010. For starters, for those of you who are enrolled in Medicare, Obamacare will have very little to no impact on your health insurance for 2014. Medicare plan changes, new plans, and plans that are exiting are not a result of Obamacare. Those are decisions made each year by each individual carrier. One benefit of Obamacare on Medicare plans is that it will help slowly close the Doughnut Hole by 2020. The biggest impact of Obamacare is going to be felt by individuals who are younger than 65, NOT on Medicare, who don't work for a large corporation, and are self-employed, work for small businesses (less than 50 employees), or just don't have insurance currently. If you think of the Olympics and the Olympic Medals, that gives you a start on how the plans on the Health Exchange are organized. The difference is that Platinum is at the very top, followed by Gold, Silver, and then Bronze. That means Platinum has the highest monthly premiums and Bronze the lowest. One thing to be aware of is that yes, there are no pre-existing conditions on the Health Exchange, and everyone now has preventative

screenings, maternity care and some form of prescription drug coverage. But that comes at a significant cost that you will see reflected in either a higher monthly premium, and/or higher deductibles. I've had many of you call to inform me that your premiums have more than doubled. I'm very sorry to hear this. I am also continually asked what to do. In short, as I see it there are really only 4 choices available to you. Here they are, in no particular order:

1. ***Keep your current insurance plan (if it will be available in 2014),***
2. ***Sign up for insurance on the Health Exchange,***
3. ***Get a job with a large employer, or***
4. ***Don't get insurance and pay a penalty.***

Personally, I'm not a big fan of #4 for several reasons. The penalty is EITHER \$95 or 1% of your Modified Adjusted Gross Income, PER PERSON that signs up on the Exchange. That can add up. In addition, if you choose to not have insurance in 2014, you don't get the benefit of discounted contracted rates. That means you would owe the full amount the doctor or hospital charges. If you're not up for getting a job with a large company, then you are down to 2 choices. Please be sure you read the benefits very carefully on the Exchange. Set the premiums aside for a bit, and really focus on what the copayments, co-insurance, and deductibles are. How much will a trip to the doctor or the ER cost?



What about a surgery? Also, what does the coming year look like for you in regards to your health? Lastly, be sure and check that your doctors & hospitals are part of the network for the plans on the Exchange. Plans on the Exchange typically have smaller clearly defined networks of providers.

Seminars

Every year, each of the health carriers typically hold seminars. They rent out a hotel room, offer coffee and doughnuts and ask you to sit through an hour long presentation, usually on only ONE of their plans, and then they ask you to sign up for the one plan they discussed at the end. They legally can NOT discuss any competitor's plans. Why endure this? Aren't you more interested in knowing about ALL OF THE PLANS from all of the carriers that you are eligible to enroll in? Wouldn't you rather spend an hour learning about all of the plans and quickly learning which is the best plan for you? That's what we're here to do for you. We quickly identify the best plan for you, we ensure your Physicians accept the plan, as well as your prescriptions are covered. So save yourself some time, don't fight traffic, don't jockey for a parking spot, and don't suffer through 2, 3, 4, or more presentations trying to learn about the plans that are out there. Instead, just call us directly and we'll provide you with the personal attention you have come to expect from us. We'll answer all of your questions in one phone call and save you lots of time, gas, money, and frustration. We'll make it quick, simple, and easy. If you're in CA, you can call **(760) 798-4840**. If you're in WA, you can call **(425) 292-9607**. We're here to serve you!

Scope of Appointment:

Almost all of you who are Medicare Eligible have seen this form before. It is a requirement of the US Federal Government that we complete this form. The form is simply a way to document your permission to DISCUSS Medicare Advantage and/or Prescription Drug Coverage with us. That is it. By initialing & signing this form, it does not enroll you in any plan, nor does it obligate you to anything. You're simply granting permission to have a conversation with us about Part D & Med Advantage plans.

ANOC Letter for Medicare Eligible Recipients:

By now, you should all have received what's called an ANOC letter [Annual Notice of Change]. It details the changes to your Medicare Advantage Plan or Prescription Drug plan that will occur in 2014. However, the ANOC letter is specific only to the benefits you are currently receiving. If you didn't sign up for a gym membership, or dental, or vision etc., those benefits will not be listed. Again, please call us so we can perform a comprehensive plan review for you and ensure you are in the best health plan for 2014. If you are enrolled in a Medicare Supplement (aka Medigap) plan, you will NOT receive the ANOC letter for your Medicare Supplement plan.

TDAP Shots (Tetanus, Diphtheria, Whooping Cough)

There are a few ways to get your TDAP shot. One way is to simply go to your network pharmacy, hand them your prescription drug card, and get the shot there. It is typically billed as a Tier 3 (or Tier 4) Brand Name copay for your plan. You should expect to pay anywhere from around \$45-\$60 for the shot. Remember, your flu & pneumonia shots are at a \$0.00 copay. If you want the TDAP shot and those copays are a bit steep, you can also go to your local Public Health Facility and get the shot there. They typically only take cash. It can cost anywhere from around \$10-\$25 (or more) there. Don't use your insurance card at Public Health, or you'll pay that higher copay rate!

My Med Advantage plan has a \$0 monthly premium—there must be a catch, right?

Actually, there isn't a catch. Each month, the Federal Government writes a check to all of the Medicare Advantage health plans throughout the country for every member enrolled in their plans. This money, along with your Medicare Part B Premium is what allows the plans to offer \$0.00 monthly plan premiums. Lastly, these plans use networks of contracted providers and annual screening benefits that help keep the costs down.

Why the two Business Names?

In Washington State, we operate under the name, "Evergreen State Insurance", and in California, we operate under the name "Howard + Howard Insurance Agency". That's all. All phone numbers and emails on our business cards and our business card magnets come directly to us. We simply have "local" numbers for each state to benefit our customers.

SilverSneakers & Silver & Fit

These are two different gym membership networks typically offered through Medicare Advantage or Med Sup plans. What's great about them is that if you travel outside of your home area, you can just log into their websites, type in your current zip code and find all of the nearby gyms where you can work out at no additional cost. Their websites are www.silversneakers.com and www.silverandfit.com.

Health Carriers We Offer:

Aetna
Anthem Blue Cross
Blue Shield of California
Coventry (First Health Part D)
Group Health
Health Net
Humana
Mutual of Omaha
Premiera Blue Cross
Regence Blue Shield
SCAN
Secure Horizons
SilverScript/CVS
Soundpath Health
United Healthcare
WellCare
WellPoint

Have you Moved?

Please call & update us with your correct email, phone numbers and address. That way we are able to help answer any of your questions year round.



Wellness Benefits

Many of the health plans offer "wellness" or "preventative" benefits. These are things like an annual visit with your PCP, flu & pneumonia shots, bone mass measurements, annual screening mammograms etc. All of these wellness visits are based upon guidelines set by Medicare. For example, a screening colonoscopy is covered in full every 10 years by Medicare, unless you are considered at high risk. Then it is on a more frequent basis, like every 2 years. These benefits are at a \$0.00 cost to you. Please use these benefits if your plan offers them. They will keep you healthy, out of the hospital and enjoying a more productive and fulfilling lifestyle. I've spoken with 5 people this past year who received these routine screenings and as a result of having their screenings, they were able to catch and prevent some potentially harmful diseases from wreaking havoc on their lives. Again, these are at no cost to you, so why not get them and live healthier?

Thank You For Your Business

Many of you have already referred your family, friends, neighbors, and co-workers to us. Thank you very much for trusting us to handle your loved ones' health insurance! Referrals are the highest compliment you can pay us. We want to thank you very much for your referrals, and remind you that our services are always free and cost you nothing. We are simply paid a small commission from whatever health insurance company is chosen

to underwrite the plan. And the health companies don't charge you any fees for our services. Believe me, we wish we could pay you for your referrals, but it is against US Federal Law for us to do that. Otherwise we would. If you have someone to refer to us please have them call us at **(760) 798-4840 in CA** or call **(425) 292-9607 in WA**.

Please give us a call if you wish to review changes to your plan's benefits

for 2014. Also, if you know of anyone who has questions about their Medicare plan, please have them call us. We'll do our very best to answer their questions and help them out. Our services are always at no cost to our customers.

As always, we wish to thank you for your business, for your loyalty, and for trusting us with your healthcare decisions.

Helen & Brent