

healthIMPACT

As you're reading this newsletter, it's October 2014 and there are some changes in various health plans in both Washington and California that we would like to review with you. We are seeing some health plan carriers make little to no changes in the majority of their benefits, while other carriers have made significant changes to their plans, and not always for the better. Medicare Advantage plans continue to increase in popularity when critics thought otherwise. Members are becoming increasingly savvy with technology, wanting more out of their health plans, expecting better service and actively taking charge of their health. This is an exciting time for health care and we want to be able to share the latest news and market updates with you. Please enjoy reading the latest edition of Health Impact and we always look forward to your feedback regarding the info that we share. Thank you again for your business as we move into 2015.



ANOC Letter for Medicare Eligible Recipients:

By now, you should have received what's called an ANOC book [Annual Notice of Change]. It details the changes to your Medicare Advantage Plan or Prescription Drug plan that will occur in 2015. However, the ANOC 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 2015. If you are enrolled in a Medicare Supplement (aka Medigap) plan, you will NOT receive the ANOC letter for your Medicare Supplement plan.

Wellness Visits vs. Routine Physicals

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 preventative services are based upon set time guidelines set by Medicare, such as once every 12 months, 24 months or 60 months etc.

Many people get confused between the Wellness Visit and an Annual Physical so here's some clarification:

Wellness Visits are benefits covered by Original Medicare and your health plan for new Medicare beneficiaries ("Welcome to Medicare Visit") and all Medicare beneficiaries once per year ("Annual Wellness Visit"). These visits are not "routine physicals" or "annual physicals". The purpose of the Wellness Visit is to allow the physician and member to review medications, health concerns and develop/update a personalized prevention plan based on the member's current health and risk factors. Wellness Visits are covered by Medicare Supplement and Medicare Advantage Plans. In a nutshell, it's just a conversation. It's not about removing your clothes for your doctor to examine you.

Routine/Annual Physicals are an additional benefit covered by many Medicare Advantage plans. The routine physical is a comprehensive, head-to-toe physical exam and is a \$0 copay to members of the plan. The purpose of the exam is to screen for disease, promote a healthy lifestyle, and assess a member's potential risk factors for future medical problems. Your doctor will perform many exams, such as listening to your heart and lungs, take your blood pressure and heart rate, and look your skin over for cancerous lesions. The annual physical is **NOT** covered by Medicare Supplement/Medi-gap policies.



Do visits need to be scheduled 12 months apart?

No. Annual Wellness visits and Routine Physicals do not need to be scheduled exactly 12 months apart. But they are limited to one every calendar year.

What about labs or other diagnostic services during either type of exam? (Wellness & Routine)

Any clinical laboratory tests, blood work, or other diagnostic services performed at the time of the visit may be subject to a copayment or coinsurance.



Common Preventative Services & Screenings:

Alcohol misuse screening & counseling	Hepatitis B immunization
Bone mass measurement	HIV Screening
Breast cancer screenings (mammograms)	Intensive behavioral therapy to reduce cardiovascular disease risk
Cardiovascular screening	Medical nutrition therapy services
Cervical & vaginal cancer screening (Pap test and pelvic exam)	Obesity screening and counseling
Colorectal cancer screening	Pneumococcal shot
Depression screening	Prostate-specific antigen (PSA) test
Diabetes screening	Sexually Transmitted Infection (STI) screening and counseling
Flu shots	Smoking cessation (counseling to stop smoking)
Glaucoma tests (Cost sharing may apply on select Dual SNP plans)	

Note: Please call us to find out the frequency of the above screenings permitted per Medicare.

Shingles Vaccination



This vaccination is covered under Medicare Part D, not Part B. This means the shingles vaccine is only available to members of Medicare Advantage plans with integrated drug coverage, or people with stand alone Part D plans. The vaccination can be administered at the following places: the pharmacy or doctor's office or other site of service such as an outpatient hospital, acute care hospital or Skilled Nursing Facility (SNF). On many plans, the shingles vaccine is a Tier 3 or Tier 4 medication and will cost the same as a 30-day supply of a Tier 3 or Tier 4 prescription.

The charge for the vaccine involves two parts:

1. Vaccine Product: the medication that is dispensed
2. Administration Fee: the cost charged to administer the vaccine (the administration fee will be reimbursed up to \$20)

The best method and most cost effective way to receive:

1. Obtain the vaccine and have it administered at the pharmacy **(recommended)**
 - *Member pays applicable Part D copayment and the plan covers the remaining costs, including administration.*



MEN

Have you had a recent health screening?

Are you the kind of guy that puts off going to the doctor and only goes when you're sick as a dog? This is our kind reminder to you to not put off your screenings if you're worried about the cost. Medicare covers a digital rectal exam and Prostate Specific Antigen (PSA) test once every 12 months if your 50 and over and on Medicare. Also, Medicare covers other types of screenings such as colorectal cancer screenings and you pay \$0 for most tests.

Did you know that prostate cancer is the most common cancer in men, second only to lung cancer in male cancer deaths? You're at a higher risk for getting prostate cancer if you're a man over 50 years old, are African-American, or have a father, brother or son who has had prostate cancer.

We would suggest scheduling an appointment with your Primary Care Physician within 90 days of enrollment in the New Year.

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. Ever! 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 learn the changes to your plan's benefits for 2015. Also, if you know of anyone who has questions about their Medicare plan,

Have You Moved?

Please call & update us with your current email, phone numbers and address. That way we are able to help answer any of your questions year round. We would also like to know how you would like to be communicated with: email, USPS mail, phone, WebEx, or all of the above? We want to be respectful and give you the opportunity to tell us how you want to receive information. If you would like a future newsletter sent to you via email, we can definitely do that too! Email us at: brent@howard-ins.com or brent.howard@evergreenstateinsurance.com to let us know.

Here's a quick snapshot of the carriers we offer:

Aetna
Anthem Blue Cross
Blue Shield of California
Coventry (First Health Part D)
EasyChoice
Group Health
Health Net
Humana
Mutual of Omaha
Premiera Blue Cross
Regence Blue Shield
SCAN
SilverScript/CVS
Soundpath Health
Stonebridge
United Healthcare
United of Omaha
Wellcare
Wellpoint

We are your one stop shop and go-to people for your comprehensive review of your current plan and comparison to all others.

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, Medicare Supplement, and/or Prescription Drug Coverage with us. 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 Medicare plans.

please have them call us. We'll do our very best to answer their questions and help them out, just like we have done for you. Our services are always complimentary.

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

Helen & Brent

Thank you