

# The Tribune-Democrat

## Medicare enrollment deadline looms

By RANDY GRIFFITH

The Tribune-Democrat

Published: December 09, 2007 11:47 pm

Seniors looking to save a few bucks or add some benefits face myriad decisions under various Medicare insurance options.

The clock is ticking.

The enrollment deadline for most Medicare plans is Dec. 31.

To Somerset County residents, 26 Medicare health plans are available; to Cambria County residents, 32. Seniors in both counties can sort through 63 Medicare prescription drug plans, and there are dozens of Medigap policies that supplement traditional Medicare.

Each policy has differences in premiums, out-of-pocket costs and physician acceptance.

Experts say seniors should review options before renewing.

“It’s like a puzzle with a million pieces,” said Debbie Baker, Apprise coordinator for the Somerset County Area Agency on Aging.

The Apprise program’s trained volunteers have been assisting Medicare recipients and their families as they shuffle through their options at senior citizen centers and elsewhere.

The Pennsylvania Health Care Cost Containment Council last week rolled out its online guide to “Choosing a Medicare Managed Care Plan.”

Available at [www.phc4.org](http://www.phc4.org), the guide compares plans on 19 criteria, including monthly premiums, copayments, eyeglasses and prescription drug coverage.

Although seniors are becoming familiar with the process, many policies have significant changes as insurance companies expand options, said Rex Davis, Cambria County Apprise coordinator.

“You have to look at almost every line item to compare,” Davis said.

Choices can be good, Highmark Blue Cross/Blue Shield spokesman Michael Weinstein

said, adding that consumers have shown a demand for broader selection.

“The big picture is that the Medicare Advantage (managed care) market offerings continue to expand,” Weinstein said.

“Their diversity shows more and more variety in the benefits. Policies are more tailored to the needs of specific types of seniors in a heterogeneous market.”

There are 26 managed health-care plans and six private fee-for-service plans for Cambria County seniors. In Somerset County, there are 17 managed-care plans and nine fee-for-service.

Managed care plans offered by Highmark and UPMC Health Plan families are the most popular in this area, Davis said.

The health maintenance organization, or HMO, and preferred provider organization, or PPO, plans have large networks that include most doctors and hospitals. Highmark’s plans are marketed under Highmark Inc.’s FreedomBlue PPOs and Keystone Health Plan West Inc.’s SecurityBlue HMOs.

Unlike HMOs and PPOs, fee-for-service plans do not have networks. Insurance companies partially reimburse any Medicare-approved doctor but allow physicians to refuse patients. Cost and availability is less predictable because fees are at the discretion of the physician, the Medicare Web site says.

Those who choose to stay in traditional Medicare parts A and B, or who have medical coverage through an employer, may want to consider a standalone prescription drug plan, Davis said.

Now entering their third year, 63 prescription drug plans are available in Cambria and Somerset counties. Cost ranges from \$15.40 to \$99 a month.

Like Medicare Advantage plans, the drug plans offer different levels of coverage at or above the Medicare minimums set by law. Many do not cover the gap, or doughnut hole, in standard coverage. That means after total drug costs – the consumer’s and the insurance company’s – reach \$2,510, the consumer pays 100 percent of the next \$1,540 in costs.

After \$4,050 in costs are reached, the consumer pays 5 percent or less of the costs.

“A lot of people are in the doughnut hole,” Davis said. “It’s really expensive.”

One way to put off falling into the gap is to take advantage of cut-rate generic prescriptions at major chain stores’ pharmacies, Davis said. Paying cash for the \$4-a-month prescriptions doesn’t count against the plan’s running total.

None of the 63 plans covers preferred brand name drugs in the doughnut hole, he added.

Medicare has comparison guides for prescription drug plans and managed-care plans on its Web site, [www.medicare.gov](http://www.medicare.gov).

“The message we are trying to emphasize this year is that most plans change some things from year to year,” said Lorraine Ryan, regional spokeswoman for the Centers for Medicare and Medicaid Services.

“People should be paying close attention to things like premiums, copayments and formulary,” Ryan added.

They shouldn’t have to, said Robert Hayes, president of the Medicare Rights Center, a national consumer group. His organization wants to see the managed-care plans standardized across various levels of coverage.

“If there were some standardized benefit packages, consumers would be far better armed for the decision of what is going to work for them,” Hayes said. “With so many moving parts, it’s all (comparing) apples to bananas.”