

If your plan is ending, consider the off-ramp

By Esther Yu Smith, M.D.

Thousands of Hawaii seniors are being forced to make a Medicare decision. The Hawaii Medical Service Association (HMSA) is closing its current Akamai Advantage Complete Plus and Standard Plus plans at the end of the year, affecting about 16,000 members. HMSA is offering replacement plans, including a new \$45-a-month Select Plus HMO on Oahu. The Queen's Health Systems has declined to participate in that HMO network, and HMSA says the plan includes a little more than 60% of the providers in its Medicare PPO network.

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People choose Medicare Advantage for good reasons. Premiums can be low, prescription coverage is usually included, and dental, vision and hearing benefits are attractive. For someone who is healthy and rarely needs care, adding Medigap and Part D to Original Medicare can look unnecessarily expensive.

I care for an elderly woman with COPD (chronic obstructive pulmonary disease) that has repeatedly worsened during periods of heavy

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vog. She has needed expensive inhalers and made multiple trips to the emergency department during exacerbations. She is doing much better now that she is on Dupixent, but she still has to choose insurance knowing what her lungs have done in the past. She needs to know how her medications are covered, which hospitals and specialists she can use, what she will pay if her breathing worsens again, and how much control an insurer will have over the care she receives.

Patients like her may have the most to gain from the opportunity created by a plan termination. Someone in her 80s with COPD, cancer or heart disease may value broad access and predictable medical costs very differently from someone who is 65 and rarely sees a doctor. Those are also the patients who may have the hardest time buying Medigap later if they give up a protected enrollment opportunity now.

For the HMSA members whose Complete Plus or Standard Plus plans are ending, the federal rule is clear. If they return to Original Medicare, they have guaranteed-issue rights to specified Medigap plans. During that protected period, a Medigap insurer cannot refuse coverage or charge more because of pre-existing conditions. The application period can begin 60 days before Medicare Advantage coverage ends and continues for up to 63 days afterward. Medicare

Another Medicare Advantage plan may still be the better choice for some people. Medigap premiums can be substantial, prescription drugs still require Part D coverage, and someone who is happy with a Medicare Advantage network and uses little medical care may spend less by staying in Medicare Advantage.

The comparison should be Medicare Advantage versus Original Medicare plus Medigap plus Part D. Look beyond the monthly premium and dental benefit. Compare your medications, the doctors and hospitals you can use, prior authorization requirements, expected cost sharing and what you would pay during a bad medical year.

If your Akamai Advantage Complete Plus or Standard Plus plan is ending, keep the termination letter. If you return to Original Medicare, you have a limited opportunity to buy specified Medigap coverage without your health being used against you.

Before automatically enrolling in another Medicare Advantage plan, find out what Original Medicare, Medigap and Part D would cost and cover for you. The plan termination has put the Medigap off-ramp in front of you again, but once you have passed it, there may not be another good exit later.



