



Your questions answered on Medicare open enrollment

By Terry Savage

Yes, Medicare open enrollment is complicated — even if you already have coverage that you like.

Everyone, and that means *everyone*, must review their current coverage and see what changes are coming to their current coverage for 2027. You simply can't afford to be surprised not only by rising prices but by changes in providers and prescriptions.

My recent two-part series on Medicare open enrollment is available at TerrySavage.com, along with links to three short podcasts designed to show you where to get unbiased advice. Still, my AskTerry blog has been swamped with questions. Here are the toughest ones, and some answers!

Question: Why are you so against Advantage plans? Mine is working fine! And it's a lot less expensive than a supplement.

Answer: Yes, Advantage plans have worked well for many people, especially those who haven't needed significant medical treatments. But as insurers offering these plans are squeezed for profits, plan participants are now facing significant cutbacks in networks of physicians and hospitals, along with increasing denials or delays in authorizing coverage for tests and other treatments. Many insurers are simply closing plans.

If you are among the fortunate who have Advantage plans designed by corporations for retiree health coverage, or for union members, your plan may be one of the good ones, offering a PPO, where you get a wide choice of providers not necessarily in a network. These big organizations have a lot of clout with insurers, so the cutbacks and denials might not be so dramatic. Hang on to that plan if you have one.

But for the millions who listened to late night commercials or responded to telephone call centers, cutbacks have arrived.

enrollment is your time to switch plans — but you must re-coverages for 2027.

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Q&A

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Q: Medicare supplements are too expensive compared to my Advantage plan, which costs little and also gives me dental, hearing and other benefits. Stop telling people to go to Original Medicare and a supplement. We can't afford it!

A: I hear you, and I always try to preface my remarks with "if you can afford" a supplement. But I also urge you to consider the very real costs that come with Advantage plans — especially if you get sick. Those costs include copays, out-of-network costs and restrictions, delays on testing approval, potentially limited drug benefits, and other out-of-pocket costs.

For 2027, those costs could be as much as \$9,850 for in-network care, and up to \$14,800 combined including out-of-network care. If you do become ill, those charges more than wipe out the savings of not paying a monthly supplement premium.

Q: Who can I turn to for advice, since I have a home and

auto agent, but no Medicare expert?

A: The best place I've found to compare policies and get unbiased advice is at The Pocket Protector — www.MedicarePocketProtector.com — a new, free site, with a big green button on the home page that allows you to instantly compare plans, networks, coverage and drug coverage for every Advantage plan available in your area. In fact, The Pocket Protector's promise is to show you not only the plans pushed by the insurers, but *every* plan available. The online search process allows you to apply instantly — or speak to an individual agent who already can see your online responses to the search.

Q: How do I know I'm not paying too much?

A: Every Advantage policy or supplement is priced the same, no matter where you buy. The difference is the ability to compare plans and get personalized advice. I've been asked how MedicarePocketProtector.com

can provide that service free of charge. The answer is simple: They're not running late night commercials and paying celebrity endorsers. And their trained and registered agents don't have to spend time working through your needs, since you've already answered those questions online. The technology makes the process more efficient, giving you more personalized advice.

Q: I really want to go back to Original Medicare and a supplement, but I already have health problems. Can I still get a good supplement?

A: You must look before you leap! Yes, you can go back to Original Medicare during open enrollment, but you are not guaranteed acceptance into the best supplement, Plan G, since you are past the initial non-underwritten sign-up period, which ends six months after you enroll in Medicare.

So start a search to see what plan you could qualify for, either by searching at Medicare.gov or MedicarePocketProtector.com, or by speaking to an agent. Even if you can't get the "best," most comprehensive (and expensive) supplement, you might still be better off in Original Medicare,

because you get your choice of doctors and hospitals who accept Medicare.

Q: I heard there are states that guarantee a supplement if you switch back to Original Medicare, or some that allow you to switch on your birthday?

A: Some states, including Illinois, have something called "the birthday rule" which lets you change your plan to a lower-coverage version of Medicare Supplement Insurance (aka "Medigap") within your own carrier. But you can almost never go up in coverage, just down. At MedicarePocketProtector.com there is a "Medigap rights checker" that lets you see how your state handles this issue. And it will also show your rights if you get a letter saying your Advantage plan is changing.

Q: Does it matter where I get my Part D drug plan?

A: It very much matters that you explore all the Part D options during open enrollment. That includes not only the drug coverage itself (which changes every year) and the pricing tiers, but also technicalities like buying a larger size pill and splitting it (which could provide greater re-

imbursement) — or using a private RX card to pay for drugs that aren't covered under one plan, which you might choose because it saves you money on your other prescriptions.

The only place I've found that can run all the scenarios and give you personalized advice on choosing a drug plan that deals with these issues is www.HeyMOE.com. For \$30, the site will advise on the best drug plan to meet your needs. But if you just take a few generic drugs, you can run the Part D scenario free at Medicare.gov, where they already have a list of your prescriptions.

As a side note, for 2027, your maximum out of pocket under Part D is \$2,400. However, the costs can rise far beyond that if your drugs are not covered.

I'll keep answering your Medicare questions at TerrySavage.com. Please share this information widely with seniors. I cannot stress how important it is to review your coverage before the Dec. 7 deadline. Failure to do so could result in expensive surprises next January. And that's The Savage Truth!

Terry Savage writes a weekly personal finance column syndicated by Tribune Content Agency.