

## **Medicare Webinar Announcement and Q&A**

### **Medicare Webinar**

With the number of HP Corporate Retiree Health Plans being reduced and the encouragement of non-corporate Medicare plans through the AON exchange program, it seems timely to offer a Medicare webinar on decision-making between Medigap and Medicare Advantage plans. What are the questions that need to be asked? How do the tradeoffs affect your medical situation?

Our expert speaker is Jerry Shusterman, a former Digital employee who, as a Massachusetts \*SHINE Certified Medicare Counselor, has counseled thousands of individuals on Medicare options and services for over 10 years.

**WHAT:** Medicare Webinar: Decision-making in Choosing a Medicare Plan

**WHEN:** Tuesday, June 23, 11:00 AM

**PROCESS:** Zoom link sent to email of registered attendees on Monday, June 22, 2020

Participants will receive any handouts and be able to send in questions at the time of registration and during the webinar. Post-webinar communications with the speaker can be arranged. [Note: Although much of the presentation will apply to Medicare nationally, any state-specific information will apply to Massachusetts]

**Registration:** To register, send your name, email address, phone number to [info@deconnection.org](mailto:info@deconnection.org) by June 20th.

### **BIOGRAPHY - Jerry Shusterman**

1981–1993 DEC: Variety of Accounting, Financial Management and Corporate Consulting positions

1994-2010: Accounting Consulting Business; Controller for Morgan Memorial Goodwill Industries

2011-Present: Certified Medicare Counselor for the SHINE\* organization in Framingham, MA  
Education: MBA in Finance-Babson College; BS in Accounting-Northeastern University

\*SHINE = Serving Health Insurance Needs for Everyone (eligible for Medicare)

---

### **Question and Answer Sessions**

**Q. From Cynthia W : What is the "Aon exchange plan" that you mentioned?**

**A (Nancy): If you have the HP Retiree Healthcare benefit (formerly from Digital), you'll be given the choice of enrolling in a Corporate HP Healthcare Plan or a state specific healthcare plan through the Aon Retiree Health Exchange program. A subsidy is provided for this choice. An Aon counselor will help you compare state specific healthcare plans available through their program. They have to be appointed by each carrier in each state where they represent the carrier's healthcare plans. The counselors are suppose to recommend the plans that best meet your medical needs.**

**Note: A Retiree from DEC or HP is generally defined as: at least 10 years of service and 55 years of age or older at time of company departure.**

**Q. From Tony : Jerry, how often do the Feds change Medicare?**

**A (Jerry):** All the time! Medicare is so complex and it can be changed by legislation through Congress, by the director of CMS, by the due to rulings against Medicare, e.g., PT issues, or deductibles, etc.

**Q. From Vanessa F : what do you mean by subsidy?**

**A (Nancy):** Those Digital retirees that have the HP healthcare benefit are encouraged to consider enrolling in a healthcare plan through the Aon Exchange program and are given a subsidy to do so. For 2020, the subsidy is \$540 per individual. Last year it was \$1080.

**Q. From Bill M:** Hi, Thanks so much for the presentation! I will eligible for Medicare next year. I am currently on the HP Retiree plan (unsubsidized). Can you please tell me the pros/cons of getting a Medicare supplement direct from Medicare vs going thru HP? (I worked for DEC from 83 thru the acquisitions and retired from HP in 2007. I was too young to qualify for the Digital Retiree Health plan. Thanks again Bill)

**A (Nancy):** You're eligible next year, so you're 65 and on the HP retiree plan, not the Digital retiree plan. Next year you may have HP's corporate healthcare plan choices as well as state-specific choices through Aon. In the past, I have found the corporate plans to have either slightly lower costs or a few additional benefits if compared to their counterpart from the same carriers in the state marketplace. But that may be changing.

If there is no subsidy for going to state specific plans through an Aon-like Exchange, then the only benefit is the advice they may give which is available whether one enrolls with them or not. Remember, their offerings are a subset of the plans available in the state marketplace. There may be additional plans in the state marketplace to consider that are not on their list. It is also, important to underscore that once you leave any kind of corporate healthcare program, you may not be allowed back. You might find some information on the HP retiree website at <https://hpalumni.org/whichcompany>

**Q. From Barbara1 : What is the website where you can input all your med's and find the best plan for your needs?**

**A: (Jerry)** It's the medicare.gov site, go to Plan Finder. Go browse and create an account to drill down deeper. Keep clicking, put in basic info, zip code, etc. You enter your info and it'll tell you which Medicare Adv or Part D drug plan is best for your needs.

**Q. From Ava S : Are there situations where the Medicare Advantage Plan can determine how long I can stay in the hospital?**

**A (Jerry):** Potentially yes, it's a drawback to being on a Medicare Advantage Plan. Medicare can assign a case manager to your case. When you enroll, Medicare pays that Advantage plan \$X to manage your care; then the *Advantage plan* tries to manage to that

number. So if that is \$5000, it's to the Plan's benefit to get you out of the hospital as soon as possible. You may have to appeal their decision thru Medicare to stay in hospital longer (you'll need a doctor's note). If you file an appeal, you'll get a couple of extra days before they can kick you out.

**Q From Ava S :** If I move to Florida and I'm in a Medicare Advantage plan, and I want to go to a Medigap plan, can I switch back?

**A (Jerry):** If you move to FL, you'll have to leave your Med Adv plan in MA due to doctor network requirements. You can go to a Medigap plan in FL. You can go back and forth, depending on the rules. A lot of people keep the MA plan even in FL because it's so much more flexible and better but you have to decide about it for yourself. If your legal address is in MA you can use your MA Medigap plan as long as you want; once you leave it though, you can't go back.

If you have a pre-existing condition and you are in a Medicare Advantage plan, you may not be eligible in FL to enroll in a Medigap plan. There is no state requirement in FL for Supplement/Medigap plans to accept individuals with pre-existing conditions. That is not the case, however, in four eastern states: MA, CT, NY and ME

**Q. From JOE L :** Can HP do anything to change or eliminate the DEC retirement plan? (See his more detailed questions below.)

**A (Nancy):** We don't know what HP can/will do. We don't know what's in the legal documents of the plan and trust that HP inherited from DEC. The trust was funded by DEC to support the healthcare retiree benefit.

See the following website for more information.: <https://www.hpalumni.org/health-future>

**Q. From Emma DI:** Since the Retirement Plan changed to United Healthcare Group Medicare Advantage PPO, there have been additional costs such as copays and other expenses previously covered by Medicare directly. Can't figure it out.

**A (Nancy):** You would need to call United Healthcare to find out why there is an increase. HP's Benefits Express [800-890-3100] can give you their number if you do not already have it. Other HP Corporate Retiree Plans increased in cost as well in 2020.

**Q. From Linne B:** What is the best approach and program for those of us in natural medicine, chiropractors, osteopaths, naturopaths? Have been wholistic since my DEC years 35 yrs ago, no meds, etc.

**A (Jerry):** Before choosing a package, check to see whether your providers are included in the plan's network. Most natural providers are specialty providers, many accept Medicare.

**Q. From Joe L:** I have the DEC insurance package. Am I going to be affected by any of these HP changes or can I continue with the plan I've opted for these past several years? I opt for the United Health Care (now called "Medicare Advantage") package because we split our time between MA and FL. For my wife and I, we pay a monthly cost for the health coverage each year. In addition, for the health care, we have assorted co-pays. These co-pays end for each of us after we've paid an annual total of \$2K each. Over the years we've never had to pay more than this total amount. So, in a specific year, excluding dental and vision, if we paid a fixed health care amount of approximately \$500 per month, hence \$6K for the year, plus the \$2K each for co-pays, total \$10K – we've never had to pay any more. This was true even in a year when our total medical expenses were significantly more than \$100K. We're quite happy with this current coverage. So, again, my question, are the current HP changes going to change the above coverage we now have?

**A (Nancy):**

As long as HP continues to offer Corporate Retiree plans, there is a high likelihood that HP will continue to offer the UHC corporate policies since UHC is the only national carrier in their offerings. It would be good planning, however, to become knowledgeable on the state Medigap plans if changes should occur. They are not more expensive than the UHC Medicare Advantage plans being offered and allow you to go to any doctor in the US that accepts Medicare. You would have to buy a drug plan but there are 20+ choices in MA starting at about \$15/mo.

**Q. From Jack R:** Nancy, I am Medicare-eligible, but my wife (age 60) and our daughter (age 21) are not. I am covered under the plan for former Digital Employees. Currently we have the Tufts HMO + Medicare Supplement option. The Tufts HMO covers my wife and daughter. I have the Tufts Medicare Supplement plan. I believe this is a Medigap plan (with a Prescription Drug Plan), rather than a Medicare Advantage plan. Is this true?

Also, since the Tufts HMO plan doesn't allow for new enrollees, can it be implied this plan may not be an option in future years under the HP Retiree Medical plans for former Digital employees? Should we be planning for when this happens? Thanks so much for your help! Jack R.

**A (Nancy):** I believe you are right that the Tufts Medicare Supplement plan is a Medigap plan. Since the Tufts' merger with Harvard Pilgrim won't be completed until the fall of 2020 if then, I would guess that both Tufts and Harvard Pilgrim will be issuing policies in their own name for 2021 since sign up for healthcare plans would take this fall.

Since you are in a corporate HP Tufts plan this year, you'll most likely be able to stay in a Tufts HP plan next year if Tufts continues to work with HP. The same would be true for your wife and daughter. I can't predict what will happen to our plan choices for next year. But I suspect that the current merger between Tufts and Harvard Pilgrim is the reason for not acquiring new members.

By the way, I looked at the state specific plans that are available under the AON Exchange program for MA for 2020 and found no Tufts supplement plans which do exist in the state plans as shown in the handouts. But the Aon program does have a Tufts

**Medicare Preferred HMO Basic Rx (HMO) [\$40/mo.] and a Tufts Medicare Preferred HMO Prime Rx (HMO) [\$165/mo.]**

**Q. From Barrie H.: Joe L. and I have been trading emails since the session ended and he and I have the same questions re HP's ongoing support of our health care, best stated by him:**

**"I remember talking with Eileen Jacobs many years ago, probably around 1998 when Compaq bought us, about DEC having set up a fund of sorts to cover the projected cost of the health insurance subsidy going forward. But whether it's sufficient to fully cover everything or whether HP can somehow alter it, is what I was hoping Jerry or someone might shed some light on. It would also be interesting to know how much the subsidy actually is, vs. the full market cost of our coverage. Where do we go to get answers to the above?"**

**A (Nancy): This year the subsidy is \$540. Last year it was \$1080. We have no visibility to future HP programs or subsidies. See the following website for more information.: <https://www.hpalumni.org/health-future>**

**Q: What is the SHINE organization in MA and how do they help you in choosing a Healthcare Plan/ Drug Plan?**

**A (Jerry):** Serving the Health Insurance Needs of Everyone (eligible for Medicare)

SHINE provides FREE unbiased health insurance counseling information and assistance to Massachusetts residents with Medicare, their caregivers and those approaching Medicare eligibility. **SHINE is the Massachusetts name for the nationwide SHIP**

**State Health Insurance Program) which is funded by both Medicare and the individual State Elder Affairs Programs. SHINE helps those eligible for Medicare**

**By giving them information needed to help them make the best decision on which health plan to choose based on their medical need as well as their ability to pay**

**Premiums, deductibles and co-pays. Many clients come back during the Open Enrollment Period (October 17 through December 7) to review their existing coverage to determine if changes need to be made for the upcoming calendar year. In almost all cases it is the stand alone Part D drug plans the clients come in to review.**

**Q: Besides DURING THE OPEN ENROLMENT PERIOD , when else are you able to change A. a Medigap plan? B. a Drug plan**

**Ans: (Jerry):**

**A. In Massachusetts you can change Medigap Plans or type of Medigap coverage anytime during the year. This is known as Continuous Open Enrollment.**

**B. In your first year of Medicare enrollment you can leave a Medicare Advantage Plan for a Medigap Plan and a stand alone Part D drug plan one time during the year at the beginning of each quarter.**

**Outside of your first year you can disenroll from your Medicare Advantage Plan and enroll in an Medigap plan because of Continuous Open Enrollment and then choose a 5 STAR Drug Plan. In Massachusetts the only 5 STAR plans are the 2 Blue Cross/Blue Shield Part D plans.**

**Q: Since all Supplements Plans are required to cover the 20% cost not covered by Medicare, what are the differences, besides cost, between Carrier Supplement Plans in MA?**

**Ans: (Jerry) The Massachusetts based plans offer Foreign Travel Coverage. In addition, some plans also offer for a small premium additional limited coverage for Vision and Hearing. Also some plans offer a reimbursement of \$150 for gym or Health club membership.**

**Q: From your experience, what triggers the assignment of a case manager in a Medicare Advantage plan?**

**Ans: (Jerry) A case manager is usually assigned when one is admitted to a hospital for a major surgical procedure or any long term care issue such as chemotherapy or kidney dialysis. In most cases you won't know that a case manager has been assigned unless and until there is an issue between your Doctor and the Case Manager or a course of treatment or when you should be discharged. A case manager call anytime during the treatment period to ask how you are doing.**

**Q: From your experience, what expenses mostly get disputed in a medicare advantage claim?**

**Ans: (Jerry) It's not so much an issue of expenses per se as it is the course of treatment and length of stay in a hospital or a skilled nursing facility.**