



FALL 2021 NEWSLETTER

PUBLISHED BY DUNLOP HEALTH INSURANCE SERVICES, LLC

Dear Clients,

It's that time of year again – the 2022 Annual Enrollment Period (“AEP”) will be upon us before you blink twice! During AEP all Medicare beneficiaries can change their Part D (Rx) plans or change their Medicare Advantage plans. Please do NOT be complacent and say “oh my plan works great. Why would I change?” **All** plans change every January 1st, and it is a wise move to be sure your specific prescriptions will continue to be well covered by your current plan or possibly be covered better with a different plan. You will be receiving a “Notice of Change” from your carrier in late September. Take a look at it. If you have 2-3 simple Rx, check the formulary list to be sure they are being covered at a tier 1 or 2. If not much has changed, we don't need to worry about you. If you cannot figure this out or your Rx needs are complex, please reach out to us for a new 2022 evaluation. We don't charge for this service – all you need to do is send us your current Rx list. We do need specifics: Name of drug, tablet or capsule, # of mg's and # of pills/month. If you are using a cream /lotion /eye drop etc., please tell us the size of the container and how often you typically fill each. What is your favorite local pharmacy?

The plan and coverage information for 2022 will be released on 10/15/21. We like to let the information settle a bit before making any change recommendations. Also, we appreciate your patience. We will get to all of you but each analysis takes time, and we have hundreds of requests to handle in a 6 week time period.

What is a Scope of Appointment?

In our industry, there are a ton of compliance regulations. The Scope of Appointment is a big one. We are required to have written permission from each client annually to research coverage. The compliance document is referred to as a “Scope of Appointment.” This gives us permission to review your coverage, and each Scope must be retained in our files for 10 years.

We will endeavor to collect these electronically as much as possible – we need to streamline our operations to make things more efficient. If you cannot use a computer, we can actually text a Scope form! And if that isn't suitable, we will send you a hard copy to sign.

Medicare Advantage Plans

These are plans offered by private insurance companies that take the place of Original Medicare. Most plans include Rx coverage, and many also include extra coverage for dental, vision and hearing. Each plan has a network of hospitals and physicians, and each plan has a “maximum out of pocket.” These plans don’t typically have a traditional deductible but rather a series of co-pays that accumulate to the max out of pocket. Co-pays for physician visits usually range from \$5-\$10 for primary visits to \$40-\$45 for specialist visits. Inpatient hospital care comes with a big ticket: anywhere from \$325 to \$350/day, capped at 5-6-7 days per stay. Major services such as chemo or radiation have a 20% cost liability to the max out of pocket.

We caution our clients to think carefully about these plans. Once enrolled, you may not be able to change back to original Medicare plus a supplement if you have pre-existing health issues! Many Advantage plans in NE Ohio have a very wide provider network. If you plan on spending time in another state, your access to health care out of Ohio could be limited depending on the health plan.

If you want to explore a Medicare Advantage plan, please reach out to us for help. We are certified to educate and sell these plans.

Medicare + Supplement + Part D

No network

Monthly premiums for Both Med Supp and Part D
Med Supp premiums are based on age and gender

Out of pocket max for Medicare supplements
Plan G = \$203 In 2021; this amount will increase each year

Prescriptions are covered under separate Part D plan
Each Part D has a premium

No coverage for vision / dental / hearing

During Annual Enrollment, you may. . .

Switch from Med Supp to Medicare Advantage

Medicare Advantage Plans

Specified provider network

HMO plans are typically \$0 or low premiums

Out of pocket max usually ranges from \$3500-\$6000/year depending on plan

Prescriptions are usually covered by the plan

Many plans offer some extra help with vision / dental / hearing
MUST use network provider

During Annual Enrollment, you may . . .

Change back to Original Medicare + Supp ONLY IF you can pass medical underwriting

Dental Plans

Requests for information on dental insurance plans have increased enormously. Here are some basics to consider before jumping into a new dental plan. . .

Is your dentist in the dental network? If not, then the coverage may not be worth the premium.

What is the max benefit payable /year? Often it is limited to \$1000.

Will the plan impose any waiting periods? If you have not had prior dental coverage, plans usually only cover cleanings during the first 6 months; after 6 months, they will add coverage for fillings at 80% after a small deductible; once on the plan for 12 months, they will add 50% coverage for major services such as crowns or root canals. Most individual dental plans don't offer any coverage for implants.

Med Mutual Supplement Clients: Med Mutual is offering a bundled dental / vision / hearing plan for \$28 per month only to those with whom they have their supplements. There are NO waiting periods, but you must use their network providers. There is NO coverage out of these networks.

www.dentemax.com

www.eyemed.com (“insight” network”)

www.truhearing.com

www.MedMutual.com/SupplementPlusProviders

Please contact us with your questions if this is something you would like to explore.

Affordable Act Coverage for those Under Age 65

Coverage options are slim – not many carriers and all are HMO plans. If you go out of network in an HMO plan, you won't have any coverage (unless it's a life threatening situation). Premiums are high and the deductibles and out of pocket maximums increase annually. Depending on your income, some individuals qualify for a premium subsidy. We can help either on or off the Federal Exchange with quoting and enrollment. Enrollment is generally limited to the Open Enrollment Period from November 1 to December 15 annually. This year President Biden has extended the Open Enrollment Period to January 15, 2022.

Anyone who has an “involuntary” loss of health coverage has a Special Enrollment period of 60 days to pick up new coverage. . . examples: leaving a job, expiration of Cobra benefits.

GeoBlue—travel insurance

Communicating about travel, especially international travel in a COVID environment, presents a unique challenge. You may be wondering when is the right time to start communicating about international travel and continuing to promote safe practices. As travel itself slowly rebounds, travel planning continues. Now is the time to educate yourself about the need for adequate travel medical insurance when you do eventually return to travel.

Referrals

Fortunately for us, we do little “prospecting” for new clients. We always continue to do what is in the best interest of each client. If you have family and/or friends who might like some help with their health coverage, we would love to hear from them! Due to regulations, we cannot reach out to them – they have to contact us. Referrals are the best compliments we can receive, and we do appreciate all of your “compliments!”



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