



DUNLOP HEALTH INSURANCE SERVICES

SPRING 2021 NEWSLETTER PUBLISHED BY DUNLOP HEALTH INSURANCE SERVICES, LLC

Dear Clients,

We are starting out with exciting and happy news! We welcome the arrival of Penelope Dunlop, born March 15, 2021. Penny is the daughter of my son Nicholas and daughter in law and associate Dana. Penny joins brothers Jace (9) and Joey (8). The Dunlop family is thrilled to welcome Penny and my first granddaughter! Dana will be back in the office after her maternity leave, likely in late June. And I am doubly blessed with the arrival of Sophia Jane Dunlop, born on March 23 to Nicole and Jeff Dunlop. Sophia joins older brothers John (16) and Spencer (9).

Good Bye 2020 and Hello 2021

Thank you ALL for your cooperation and hard work in getting your new plans in place for 2021. We had to change to an almost 100% remote enrollment system for your Part D (rx) plans and it worked quite well!

If you have prescriptions that are on a higher tier, remember you are required to meet the 2021 Part D deductible (\$445) before any co-pays apply. Many clients have been calling asking why they are paying more for certain drugs. It is likely due to having to meet the Part D deductible early in the calendar year.

We are given certain tools to help determine which plans will cover your required drugs and at what price etc. Drug prices change constantly resulting in pricing estimates that are not always accurate several months later. It's frustrating and we have no control over these types of issues.

Medicare Supplement Reminders

For most carriers, rates change on the policy anniversary date. Rate changes are based on the overall performance of the book and rates are now issued on a gender based scale with males being more expensive than females. You are permitted to change your carrier for your supplement any month of the year. **HOWEVER** when making this type of change, you are subject to "medical underwriting" and your acceptance into the new plan is not guaranteed.

Benefits under Medicare supplements are standardized: the coverage is 100% identical for each plan regardless of the carrier. My Plan G with Med Mutual is the same as your Plan G with AARP. Rates are based on age, gender, smoking status and home address.

Medicare Advantage Plans

We continue to see TV ads and receive materials in the mail touting Medicare Advantage plans. Ads like, “are you getting all benefits to which you are entitled?” or “you may be eligible for a refund of \$144 / month etc.” Do not be fooled by these ads – they are very alluring and quite deceptive! The return of \$144 / month could apply if you are eligible for **MEDICAID**. This means free health care based on having an extremely low income. Again, Medicare Advantage plans require your use of network providers. Yes, these plans often add some additional coverage for dental, vision, hearing services. BUT you must use their network providers in order to get these additional benefits. So often not a good fit. Medicare Advantage plans leave you open to a possible \$4500-\$5000 out of pocket maximums/year. These plans can work well when you are healthy but if you get a serious illness, you’d likely be subject to these \$4500 - \$5000 in costs.

During Annual Enrollment Period (Oct 15 – Dec 7 annually), it is possible to make certain changes in your coverage. For ex., you can change from one Part D (Rx) plan to another. You can move from one Medicare Advantage plan to another. And you can move from a Medicare Supplement to a Medicare Advantage plan. IF you want to move from a Medicare Advantage plan back to Original Medicare + Medicare supplement, you will be subject to “medical underwriting.” This means the carrier can ask you 20 questions about your health and your acceptance is definitely not guaranteed.

Part D – Rx plans – please send our office an updated Rx list every Fall. We will evaluate your needs against the Part D plans for the coming year. Just because a plan works well in the current year, you cannot assume the same holds true in the coming year. Prescription formularies change from year to year. Please note your calendars to send us your Rx list in early October every year. We will then look at all plans for the coming year and advise you on what plan will work best for you. We do not charge for this service and we simply ask you reach out to us for a new evaluation annually! We only have 6-7 weeks to accomplish this. We have moved to a more electronic system for the evaluations and the actual enrollments which have allowed us to handle more requests than ever.

Prescription Costs – Possible Help?

From time to time, we are able to find some Rx discounts that are available without any charge – sometimes the available discounts will be better than your regular co-pays on your Part D plan. We do NOT recommend using a discount instead of having Part D, but it’s nice to have a discount card handy where you can check to see if the costs with the discount card might be better than your Part D co-pay.

Dunlop Health Insurance is now offering at no charge a discount card called “Clever Rx.” We have cards here which we can mail to you. The idea is you can download the Clever Rx to your phone or to your computer for quick prices checks. Having this enables you to see how their costs compare.

PRICE PRESCRIPTIONS: CHOICE OF PHARMACY: Can be used at the pharmacies listed on the back of the card. Includes: CVS, Walmart, Kroger, Walgreens, Target, Longs Drugs, Fry’s, Harris Teeter, and Duane Reade. Alternative card option available.

Call or send us an email if you would like us to mail a card to you – again at no charge!

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. There is a Special Enrollment Period ("SEP") for individuals wanting new coverage or to change current coverage between February 15 and August 15, 2021. Otherwise, enrollment is generally limited to the Open Enrollment Period from November 1 to December 15 annually.

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

American Recovery Act

If you currently receive a subsidy of your health insurance premiums via the Federal Marketplace, you may be eligible for increased subsidies as a result of the American Recovery Act passed March 11, 2021. We advise our clients on the Exchange/Marketplace to log into their accounts and update your personal information there. You will then be advised if your subsidies might be increased thus lowering your monthly insurance premiums. Additionally, Taxpayers who receive unemployment compensation during any week beginning in 2021 may be eligible to receive premium tax credits to help pay for 2021 Marketplace coverage.

We are here to help you – please reach out any time you have questions or concerns about your medical or Rx coverage. We appreciate having YOU as our clients and helping make sure you have the best coverage possible for your specific needs.

Hospital Admission Vs. Observation?

If circumstances find you in the hospital and you are told you are being held "for observation," please be careful. Coverage under Medicare is entirely different when you are held for "observation" vs being admitted. Observation is ok for several hours but not for more than 12 hours! Under Observation, you could end up holding the bag for costs you wouldn't otherwise have to bear if you are fully admitted. And these costs will vary depending on whether you have Medicare + supplement or have a Medicare Advantage Plan.

What can you do? Please don't hesitate to call our office if this is during business hours. And don't be afraid to question hospital officials about observation.

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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