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As you prepare for your next overseas trip, whether it's a vacation in France, China or Bermuda, you're probably dreaming of delicious local cuisine, incredible sight-seeing adventures or plenty of relaxing days on the beach. But one thing you may have neglected to plan for is your health.

Many international travelers who fall ill while overseas aren't sure where to turn. If you don't plan ahead for such

Welcome to the Century Benefits Group, Inc. Newsletter!

Century Benefits Group, Inc. is pleased to present you with our Senior newsletter. We hope the articles in this and future editions will provide insight into an array of important matters, and we urge you to contact us with questions and comments. Please view our new senior website at www.healthplansforseniors.com for up to date information related to senior issues. You can also quote and buy dental, vision, travel, and life insurance, as well as identity protection on our senior website. Medicare is preparing to stop using social security numbers next year and will be sending new Medicare cards for all beneficiaries. The move is required by a law enacted two years ago to discourage identity theft. Social Security also provides beneficiaries the opportunity to register on their site www.ssa.gov to view your personal information regarding Medicare and Social Security. If you have friends or associates who may need assistance related to Medicare and Part-D RX plans feel free to have them contact our office. As you know, we do not charge a fee to assist with the selection of a Medicare Plan. Our goal is to provide excellent service, competitive pricing, and products tailored to meet the special needs of each client.



Senior Outlook

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A Newsletter for Clients and Friends of Century Benefits Group, Inc.

Before Traveling Overseas, Plan Ahead for Your Health!

an unfortunate event, you could find yourself in quite a bind. Here are a few healthy travel tips you should keep in mind as you plan your next overseas journey:

Pay your doctor a visit. Before you board an international flight or step foot on a cruise ship, set up an appointment with your physician—especially if you have a medical condition. Your doctor can give you a thorough checkup to make sure you're healthy enough to travel overseas.

Research the health care system of your final destination. Although quite a few international destinations, such as China, Costa Rica and Thailand, offer top-notch medical care, many countries do not. Do your homework and find out

if and how you'll be able to get medical care if necessary. If the country you're planning to visit has a notoriously substandard health care system, you may want to choose a different destination.

Get familiar with local diseases. If you are traveling to a particularly exotic country, you should familiarize yourself with common diseases and medical conditions in that area. Check with the Centers for Disease Control and Prevention to find out what diseases are common in certain countries. (Visit www.cdc.gov/travel.) For a list of countries that require vaccinations, visit The World Health Organization's website at www.who.int/ith.

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Medicare Managed Care Plans - An Alternative to Medigap

Medicare has helped millions of senior citizens access much needed medical care. The same is true of Medicare Part D, which assists enrollees with prescription drug costs. But these Medicare plans also come with significant out-of-pocket costs in the form of copays and deductibles. These can result in big, unpredictable medical expenses that can wreck havoc with your budget in any given month.

One way to manage these unexpected expenses while still getting quality, affordable coverage is to enroll in a Medicare managed care plan. These plans are extremely popular alternatives to Medicare supplement insurance, and may help you protect your financial security by protecting you from the impact of unexpected medical costs.

The Difference Between Medicare Managed Care Plans and Medigap Plans

Both Medicare managed care plans and Medicare supplement (Medigap) are designed to plug vital gaps in coverage. But there is an important distinction in how the different plans operate:

Medicare managed care plans actually provide the medical care themselves, including all the services covered under Medicare Parts A, B and D. They have networks of doctors and other care providers that actually perform the services. Medigap, on the other hand, coordinates payment from Medicare itself as well as the private insurance carrier. You aren't tied to a network, but you won't be able to get additional services not covered under Medicare, either.

In general, the more limited the network, the less you will likely pay in premiums, because of this cost savings effect.

How Managed Care Works

Managed care organizations aim to deliver cost savings by restricting access to a limited pool of health care providers. These providers agree to keep rates low

for the plan. In return, they get a steady stream of referrals.

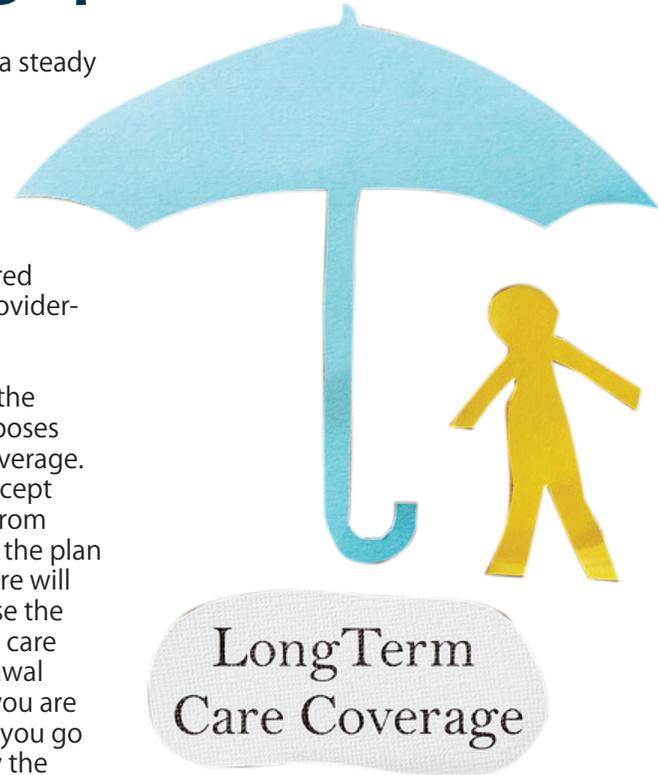
There are four basic types of managed care plans: Health maintenance organizations (HMOs), HMOs with point of service options (POS), preferred provider options (PPOs) and provider-sponsored organizations.

- **HMOs.** The HMO is generally the cheapest option, but also imposes the strictest limitations on coverage. Essentially all medical care except emergency care must come from in-network care providers for the plan to cover the expense. Medicare will not pay the bill either, because the decision to join the managed care plan constitutes your withdrawal from traditional Medicare. If you are enrolled in an HMO plan and you go out of network, expect to pay the entire cost of services out of pocket.

Furthermore, HMOs require you to access all care via your primary care physician (PCP). If you want to see a specialist your PCP must provide a referral for you. Some services may require prior approval from the HMO.

HMOs also tend to limit your appeal rights. There is no right of appeal to Medicare itself, and most HMO plans don't have outside, independent review panels to consider appeals.

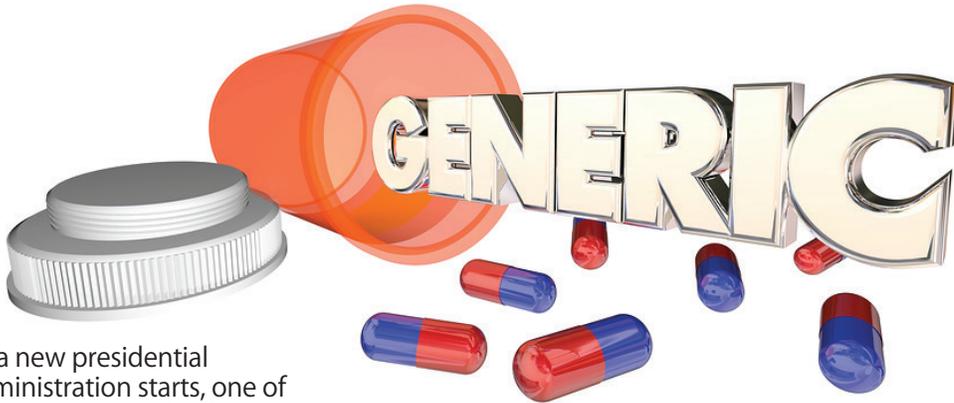
- **HMO With Point of Service.** This variation on the HMO structure allows you to get some care outside of the network and to see certain specialists without a PCP referral. These are generally pricier than pure HMO plans, but offer more flexibility to enrollees.
- **Preferred Provider Organizations (PPOs).** These plans are similar to HMOs, except that members have more options when seeking care. A PCP referral may not be needed to access specialist care, for example. These plans are usually somewhat more expensive than HMOs, with higher copays. But they also provide more choices for the plan member.



- **Provider Sponsor Organizations (PSOs).** These organizations are groups of providers that contract directly with patients, bypassing insurance companies. Members pay a monthly premium for membership, plus a copayment every time they receive care. Many of these organizations contract with employers or other large organizations in rural areas that don't have an active HMO in their community.

When choosing the Medicare managed care plan that may be best for you, it's important to look at the details of each plan. Some of these plans include drug coverage, while others don't. Your favorite doctor may or may not be a member in any given plan. You should also look at all your total costs, including premiums, co-insurance amounts, and co-pays. Additionally, many plans have limited service areas, or offer different options when it comes to programs to manage chronic medical conditions like diabetes. The best policy is generally to work with a qualified and experienced insurance agent who can help you weigh the options and identify the best plan for your individual needs.

Top Ways To Cut Prescription Costs



As a new presidential administration starts, one of the top concerns for Americans is the cost of prescription medications. With drug costs on the rise and more insurance plans dropping certain medications from their list of covered drugs, families everywhere are trying to come up with the money to pay for their needed medications. These are some helpful ways to save on prescription costs.

Ask For Generic

Most pharmacies carry a generic version of some drugs. Certain medications that are patented or specialty drugs may not have generic versions. Generic drugs can cost much less. For example, one name-brand drug that costs over \$50 in cash costs less than \$10 as a generic. Also, some drugs have equivalents that are not the same substance but are similar and yield the same effect. For example, people who are prescribed Xarelto to treat blood clots but cannot afford it can ask for Warfarin, which is only a fraction of the cost and is similar.

Shop Around

Some pharmacies have much higher prices than others. This can also be true of generics. One pharmacy may charge \$4 for a generic prescription, and another may charge \$12 for the same substance. Also, there are tools for both saving money and comparing prices. GoodRx is a site that offers discounts to different pharmacies as well as a list of comparative prices.

Order By Mail

Certain online pharmacies offer lower prices when people sign up for regular monthly shipments. This saves gas and a trip

to the pharmacy. Look for free shipping discounts as well. Most online pharmacies accept discount cards. This is the perfect solution for people who take monthly maintenance drugs.

Split Pills

Many pharmacies charge a certain amount per pill. When the costs are broken down, the cost of a pill that is 50 milligrams may be only slightly less than a pill of the same substance that is 100 milligrams. By asking the doctor for a higher dose, patients may save money. Some doctors will do this for certain non-narcotic medications. Pill cutters are easy to find and are usually less than \$10.

Review Insurance Coverage

Most insurers provide a list of covered drugs. If a drug is not covered, look for an equivalent. During open enrollment, pay attention to which plans cover a certain drug. If a current plan is dropping one or more important drugs, compare prices and specifications of another plan that does offer it. Switching plans can be a much better deal if the medication would otherwise be too expensive. Compare the cost of paying for it upfront versus any premium difference to see if the switch is worth it.

Another good way to save on some specialty medications is to check with the manufacturer. Some manufacturers offer special hardship programs that give patients the drugs they need for free or for a lower cost. Ask physicians for samples or coupons for free trials as well. Pharmaceutical reps often leave these items with doctors, and many will provide them if they are available. To learn more about ways to save, call your insurance agent.

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Take a close look at your health insurance policy. Many health insurance policies do not cover you if you're traveling overseas. For example, Medicare does not cover international travel health expenses. However, certain Medigap policies do. This is why it's extremely important to read the fine print on your health insurance travel before you embark on that next trip.

If your health insurance doesn't cover you for trips abroad, you should purchase comprehensive travel insurance. Before signing on the dotted line, make sure this travel insurance policy covers medical evacuations—these emergency evacs could cost you up to \$50,000 out of pocket. You should also check the policy for any exclusions—some travel insurance won't cover injuries that result from "risky" activities, such as mountain climbing or scuba diving.

Pack your meds. Don't forget to pack any prescriptions and over-the-counter drugs you may need during your trip. If you have crucial prescriptions, be sure to pack some extra in your carry-on bag in case your luggage gets lost. Bring these meds in their original bottles including the labels. That way, you'll have the necessary info if you need to refill a prescription during your trip. You should also know the generic names of your medication in case the pharmacy doesn't carry the brand name.

Don't push it. Many international travelers try to cram too much into one trip, which can be incredibly stressful on the body. Try to plan your trip so that you're not rushing to a different city every day. Additionally, if you tire or get winded easily, you may want to avoid trips that require excessive walking or vacations in high altitudes.

Know where to turn if you fall ill. If you do get sick during your trip, you can obtain a list of local English-speaking doctors from the U.S. embassy or consulate. Before you leave for your trip, you may want to request a list of English-speaking doctors worldwide. You can obtain this free guide from the nonprofit organization, International Association for Medical Assistance to Travellers. Visit their website at www.iamat.org or call 716-754-4883.

How Medicare And Medicaid Are Different

Medicare and Medicaid are often confused since the names sound similar. However, the two health coverage options are very different. Medicaid is a government-sponsored program for people with low income, and it is administered by each individual state using different rules. Medicare is designed for older Americans with reduced earning capability. While Medicaid is based on need, older individuals can use Medicare whether they have low or high income as long as they paid into the Social Security tax system. Some people qualify for both forms of coverage.

Medicare

Medicare covers most people who are over the age of 65. Some individuals who are on disability or have kidney failure may also qualify even if they are under the age of 65. The rules for Medicare qualification are the same in every state. Medicare Part A covers home health care, skilled nursing and hospital stays. Part

B covers outpatient services, medical equipment, physical therapy, some home care and laboratory fees. Part D covers some or all of the cost of most prescriptions.

Medicare participants must pay an annual deductible for their Part A and Part B coverage features. If they require extended hospital stays, there are steep copay amounts. Part B coverage requires policyholders to pay 20 percent of most medical bills other than preventative services. In some cases, individuals may pay as much as 15 percent more beyond their share. There is a monthly premium for Part A and Part B, and Part D has a separate premium. People who have low income may qualify for a subsidy to offset high premiums and deductibles.

Medicaid

Low-income individuals and families qualify for Medicaid. Rules vary from one state

to the next for qualification. Minimum income thresholds also vary from state to state and may be higher in some than in others. For example, the minimum income requirement in California is higher than it is in Montana since the cost of living in California is higher. Medicaid gives comprehensive coverage for outpatient and inpatient services, prescription drugs, eye care, diagnostic services and preventative services. For older adults who qualify for Medicare, Medicaid will pay monthly premiums, service copay amounts and deductibles if they qualify for both programs. Medicaid may charge policyholders a small amount of money for certain services in some states.

Older Americans and people with low income should consider these options before buying a health insurance plan in the marketplace. To learn more about qualification and what Medicare and Medicaid cover, discuss with an agent.



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