HICAP 11-4-25

Is your Advantage Plan being cancelled??

You have a John Muir primary care doctor and do not want to seek out a new one! What can you do?

You have a Central Health Medicare Advantage Plan or Anthem PPO Plan. If no action is taken, you will be automatically transitioned to Original Medicare (Parts A and B) on January 1, which does not include prescription drug coverage and does not limit hospital or medical copayments. However, since your plan is ending, you have an extended window beyond Annual Enrollment to select a new plan. You may choose one of two options through December 31. For optimal coverage beginning January 1, it is recommended that you make your selection before then.

Option 1) Join the Humana PPO Advantage Plan.

With a Preferred Provider Organization (PPO) plan, a specific provider network is available. Many, though not all, John Muir physicians participate in this Humana network. To verify whether your physician(s) are included, please visit the Humana website's provider lookup tool (Find Care - Humana). Follow the instructions to search for your provider by name. PPO plans also allow access to out-of-network healthcare providers or facilities that accept Medicare; however, additional costs may apply for these services.

Humana PPO Plan Key Details:

- $70 monthly premium
- Prior authorization by the Plan is required for many services
- $500 annual deductible applies to certain services such as hospitalization, CT Scans, and visits to out-of-network providers
- More information regarding copayments, out-of-pocket maximums, and coverage for out-of-network services can be found at HICAP's 2026-MAPD-General-Plans-10-20-25.pdf
- Please consult the plan's Summary of Benefits even for more details The plan includes additional benefits such as basic hearing, dental, and vision coverage; note that provider networks for these benefits may have limitations

Prior to selecting this plan, ensure that all your prescription medications are included on the plan's formulary. Register for an account at Medicare.gov and utilize the Plan Finder feature to enter your medications and review coverage and associated costs. For assistance with Medicare.gov registration or navigation for drug lookups, refer to: Plan Finder Tool for Clients. In 2026, there will be a co-payment cap of $2,100 for covered prescription drugs (excluding monthly premiums). If the Plan Finder indicates your total drug costs exceed $2,100, it suggests that one or more prescriptions are not covered by the plan.

Option 2) Select Original Medicare as your primary insurance and add a Medigap Supplement policy that covers medical co-pays and co-insurance. Also add a Part D plan to cover your medications.

At present, Central Health and Anthem PPO enrollees are entitled to obtain a Medigap plan without medical underwriting, regardless of their health status.

Selecting Original Medicare as your primary medical insurance allows you to see any provider in the USA who participates in Medicare. That is about 98% of all providers! Medicare Supplement (Medigap) plans help cover hospital and medical copayments. Original Medicare does not have an out-of-pocket maximum, and typically covers around 80% of Medicare-approved charges. As a result, supplemental coverage may be used to address expenses from high or unexpected medical needs.

Monthly premiums vary by plan type (see below). Generally, Medigap coverage becomes effective after payment of the Part B deductible, which is projected to be about $288 for 2026. For further details on Medigap policies, please refer to: Medigap-Questions-and-Answers-for-Clients. Certain insurance carriers provide additional benefits, such as discounted dental plans or gym memberships.

There are 10 standardized Medigap plan types, with Plan G, Plan N, and Plan G(High Deductible) being the most commonly selected:

- Plan G offers the most comprehensive benefits and has the highest monthly premium, starting at approximately $205 per month for a 70-year-old (premiums increase with age). After paying the $288 Part B deductible, there are no copayments required. Plan G permits switching to any other plan type during your Birthday Period.
- Plan N provides identical coverage to Plan G but with a lower premium (approximately $40 less per month for a 70-year-old) and a $20 copayment per office visit. For many, the annual savings on premiums may exceed the total cost of office visit copays, making Plan N a viable choice. Note that switching from Plan N to another plan type requires medical screening.
- Plan G-High Deductible (HD) features a monthly premium that can be $150 or more lower than standard Plan G for a 70-year-old. Policyholders must cover the first $2,960 (anticipated 2026) of Medicare Part B copayments, including the Part B deductible. This structure may benefit healthier individuals who prefer lower premiums; however, like Plan N, changing to another plan type requires medical underwriting. If health issues arise, premium savings might be outweighed by higher out-of-pocket costs. After age 70, the premium savings on Plan G(HD) can make it advantageous despite potential out-of-pocket expenses. This plan is available through limited carriers—please consult Medicare.gov for current pricing.

The Medigap option is not available to those who are Full Dual Medi-Cal recipients because, by law, Medigap plans cannot be sold to those individuals.

The Part D drug plan provides prescription drug coverage.

This separate prescription plan requires members to pay a monthly premium, which is generally low for most individuals. It is necessary to verify that all prescribed medications are included in the plan's formulary. To do so, create an account at Medicare.gov and utilize the Planfinder tool to input your medications and review available coverage options and costs. For assistance with Medicare.gov registration or using its lookup features, refer to HICAP's Plan Finder Tool for Clients

The Plan Finder displays plan options sorted by the lowest total potential cost, accounting for both prescription drugs and the premium. Beginning in 2026, covered drug copays will have a cap of $2,100 per year, not including monthly premiums. If Plan Finder indicates that the cost of your prescriptions alone exceeds $2,100, this suggests that at least one medication is not included in the selected plan.

Choosing Between Options

To choose an option:

1. Check the participation of all of your providers in the Humana PPO option. Decide if you need to change providers to meet the network requirements. Recall that Original Medicare has virtually all providers participating.
2. Calculate each plan's drug costs and premiums for your predictable expenses.
3. Assess your likely out-of-pocket medical costs (copays and deductibles) for each scenario:
   - After the annual deductible of $288: Medigap G has none; Medigap N only charges $20 per office visit.
   - G(HD) may have up to $2,870 deductible, depending on use.
   - Humana PPO could have copays up to $6,750, based on utilization.

For more information, watch our webinar here.

If you need more help after reviewing this document and the webinar, contact HICAP for an appointment as we are counseling on this specific topic at a special session on December 8th in Pleasant Hill.

Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)
Contact Us: 925-655-1393, (800) 510-2020 or (800) 434-0222
Visit: www.cchicap.org then 'Contact Us' Email: ehsdhicap@ehsd.cccounty.us

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