

Informational Update Vol 12 #9

1. Traditional Medicare vs the new MAP

The most frequently asked question I have received over the past month is “What health plan should I take, the traditional Medicare plan or the new NYC Medicare Advantage Plus Plan?” And my answer has always been the same: I cannot answer that question because there is no right or wrong choice. It is a personal choice that should take into consideration 4 factors.

First, does the new plan offer you the same coverage as the traditional Medicare plan? Absolutely, and more. The following are some of the “extras” that are covered by the new MAP plan, but not by the traditional one:

- ❖ Transportation to the Doctor
- ❖ Hearing Aids
- ❖ Dental Work
- ❖ House Call Program
- ❖ Prepared Meals
- ❖ Fitness Tracker Device & Silver Sneakers

Second, your financial situation; can you afford the additional costs under the traditional Medicare Plan?

Under the new MAP plan, there is no premium, no copay when you visit a Primary Care Physician (PCP), and a cap of \$1,470 on out-of-pocket (OOP) expenses, which include the \$253 deductible. Under the traditional Medicare plan you have to \$191.57 per person per month

(not reimbursable), a \$15 copay when you visit the PCP, and no cap on OOP expenses.

Third, your tolerance for stress. Because the MAP plan is new, it may have some “growing pains.” Think of it as moving into a brand new house. After living there for a week, you discover some floor tiles are cracked. What do you do? You report the problem to the builder and he sends a repairman to replace the tiles. Problem solved. Now consider when you go to a Medicare doctor. In most, if not all, cases the doctor will accept the new plan. However, suppose he/she does not. What do you do? You call the plan’s concierge who will attempt to convince the doctor to accept the plan. If the doctor still refuses, then you pay him/her and submit the claim to the plan for reimbursement (providing the service is a Medicare covered benefit). Problem solved. In short, the new plan may incur some problems moving forward until all the kinks are ironed out. This could cause some stress which you normally don’t experience under traditional Medicare.

Fourth, once I make a choice will I have an opportunity to change my mind? Absolutely! You will have an opportunity to opt-in or opt-out toward the end of every year.

So, review these 4 factors first and then select the health plan that best suits your personality and family needs. Whatever plan you choose, you will not make a mistake.

2. Flu Vaccine

With the 2021 flu season quickly approaching, you need to take your flu shot. Taking the shot this year is especially important as the public health officials continue to grapple with the COVID-19 pandemic. While the flu is not as dangerous as coronavirus, it does kill thousands of people each year. Amazingly, only 51.8% of Americans were vaccinated last year. Not everyone can get the flu shot for medical reasons; everyone should consult with their doctor before taking the shot.

Keep in mind that vaccinated people cuts down on the transmission of the flu from one person to another, creating a form of herd immunity.

3. Question of the Month

Q. I am the spouse of a retired CSA member and just paid a \$300 deductible for a recent hospitalization. Is there coverage for the \$300?

A. I hope you are feeling well...Yes, there is. Submit the invoice and proof of payment to the CSA Retiree Welfare Fund. After an annual \$100 deductible under the Fund's Supplemental Medical Program, you will get back 80% of \$200 (\$300-\$100) or \$160. Moreover, the CSA Retiree Chapter will reimburse you seamlessly (you

do not have to apply) an additional 20% of \$160 or \$32.
Total reimbursement: \$192.
Stay well and safe!

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