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## **Buckle up, seniors.**

The enrollment period for picking 2025 [Medicare health-insurance coverage](#) starts Tuesday, and it could be tough to navigate. Insurers are making changes that could leave you stuck with more costs and skinnier benefits. But you can still find good deals, if you [know what to look for](#).

Specifically, some insurers are dumping plans, trimming popular offerings like dental coverage and increasing charges such as deductibles in response to new federal government requirements and to improve profits.

Because of the changes, about 1.5 million people will see their Medicare Advantage plans eliminated next year, while a further 3.5 million are losing their current Medicare drug policies, known as Part D plans, estimates Healthpilot, which offers a website to help people choose Medicare coverage.

“This is the largest disruption we’ve experienced in a decade,” says Healthpilot Chief Executive Seth Teich.

Retiree Peggy Watts Gup is looking for a new health-insurance plan and wants to limit out-of-pocket charges. PHOTO: PEGGY WATTS GUP

Among the people shopping around for a new plan is Peggy Watts Gup, a 70-year-old retiree who lives near Charlottesville, Va. Gup had liked the Aetna Medicare Advantage plan that she had been using the past four years, but it won’t be sold in 2025.

“I was like, darn, because I thought I could just do nothing and roll over the same plan,” she says.

Instead, she is finding that selecting a new plan is a challenge. Her first priority is to make sure that her preferred local hospital system and doctors are included. She also wants to limit out-of-pocket charges and make sure she can still fill her prescriptions.

With all the shifts, patient advocates say, seniors have to pay even closer attention than usual during this year’s Medicare open-enrollment period, which lasts until Dec. 7. Here’s what to watch for:

### **Nonpremium costs are going up**

Average Medicare Advantage premiums are expected to decline next year, with many plans promising no monthly bill at all. But other types of costs might be rising, and you will want to delve into the details.

Watch for the maximum out-of-pocket cost, in particular. It is the total amount you could pay toward your medical care, including copayments and other charges. Healthpilot estimates the overall average is going up by a little over \$450 next year in Medicare Advantage plans, to about \$5,929. (The figure is for in-network care and excludes special-needs plans.)

Some companies are leaning harder on the charges than others. Wall Street analysts at Leerink Partners found that [Humana](#) will have, on average, the largest increases in maximum out-of-pockets among the big Medicare insurers, followed by Aetna and UnitedHealthcare.

A spokesman for Aetna parent [CVS Health](#) said the insurer “remains laser-focused on delivering the exceptional service that keeps our Medicare Advantage members healthy,” and nearly 90% of its members are in plans with high quality ratings. In many markets where the insurer has removed a plan, other Aetna products are available, he said.

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A UnitedHealthcare spokesman referred to an earlier release that said its plans for 2025 will deliver “a simpler member experience with enhanced benefits, broad network access and cost-savings through valuable specialty and prescription drug coverage.”

A Humana spokeswoman said its plans are in response to consumer demand, and that its maximum out-of-pocket remains lower than other major insurers on a member-weighted basis.

The term “maximum out-of-pocket” can be a bit misleading. The commonly used numbers often only include charges from doctors and other healthcare providers that are in your plan’s network. If you go to others, your bill totals could breach that cap.

Out-of-pocket charges related to your drug plan or other types of care, such as dental, are also likely not included in that in-network medical “maximum.”

## **Your drug benefit could change**

The biggest changes for next year’s Medicare plans are in the drug benefit.

The number of stand-alone Part D plans is dropping by about a quarter, to the [lowest number ever](#). And many of the remaining plans are raising drug deductibles and making other changes that can increase your out-of-pocket costs.

On the bright side, out-of-pocket costs for Part D medications will top out at \$2,000 in 2025, a new limit set by federal law. Also, you will have a new option to pay off your total drug bill in monthly installments over the course of the year.

But the plan changes could cost you. Drug deductibles, or the amount you pay before coverage of your medication kicks in, are rising sharply in a lot of plans. The biggest increases in the drug deductibles among Medicare Advantage plans, on average, were at UnitedHealthcare and Aetna, according to Leerink.

Consumer advocates say plans are also making subtler tweaks, such as moving medications to coverage tiers that have higher copayments.

You can use [Medicare.gov](#) to see whether your prescriptions are included in a plan, and how much they are likely to cost. For more detail, you can go to the insurer’s website and look for a formulary, or the full list of covered drugs. Sometimes this is wrapped into the “evidence of coverage” document, and sometimes it is separate, [like this](#).

## **Hospitals are leaving networks**

More [hospital systems are leaving](#) Medicare Advantage plan networks, including large ones such as South Dakota-based Sanford Health. A survey of [hospital chief financial officers](#) found more than half were considering or planning to leave a Medicare Advantage network.

If you care about having access to your doctor and local hospitals, you should look at the plan's network directory and make sure they are included. You should also call the healthcare providers to check.

"We're going to have a whole lot of ghost networks next year," meaning that some providers listed in plan network directories might have left, says Bonnie Burns, a consultant with nonprofit California Health Advocates.

The Medicare.gov website details whether a patient's prescriptions are included in an insurance plan, and how much they are likely to cost. PHOTO: RACHEL LEATHE/ASSOCIATED PRESS

If unfettered access to healthcare providers matters a lot to you, you might want to consider opting for traditional Medicare from the government, rather than a privately run Medicare Advantage plan, because nearly all hospitals and doctors participate in the federal program.

"Medicare is basically like an open door," says Susan Keating, who runs Honora Care Management, which works with older adults and their families on healthcare and other needs. "You can go to almost any facility."

Keep in mind, however, that traditional Medicare comes with its own downsides. For instance, out-of-pocket charges aren't capped, so you will want a special policy called a Medigap, or Medicare supplement, to limit your exposure.

Those can be pricey or even impossible to get, though if your existing Medicare Advantage policy is withdrawn, you might have a special opportunity to get Medigap. [You can learn more here.](#)

States also have Medigap protections. You can check on your state's rules, but it is best to call your [state department of insurance, here.](#)

## **Additional features are being dialed back**

Some of the most appealing features of Medicare Advantage plans are the extra benefits they promise, from dental and vision coverage to fitness classes.

Those extras are also getting trimmed in some cases. Check a plan's full description, known as an "evidence of coverage" document, for details. ([Here is an example.](#)) The most popular benefits are still widely available, but they might be a bit less generous than they were last year, so read the fine print.

Plans might make less-obvious adjustments, such as adding requirements to get permission before accessing care, a process known as prior authorization.

To get the full picture, you should delve into the documents for that plan, which you can find on the insurer's website. You can look at [a summary, like this](#), or even better is the ["evidence of coverage" description](#).

"Anytime you see 'limits apply,' or 'prior authorization necessary,' I would dig more deeply into the plan's materials," says Sarah Murdoch, director of client services at the nonprofit Medicare Rights Center.

Analysts at Evercore ISI found that Aetna will be trimming the average value of its vision and dental benefits in 2025, while other companies are imposing more limits on health-related trip benefits and hearing-aid coverage.

Still, the approaches vary from plan to plan. [Elevance Health](#), parent of Anthem, is increasing its average maximum vision benefit, for instance.

An Elevance spokeswoman referred to a release that said the company was offering reliable plans to consumers that “put them in control of their healthcare experience.”

## **Get unbiased advice**

Picking a plan isn't simple, and it is important to get unbiased advice. Insurers and agents, who are often paid commissions, can have financial motivations for steering you toward certain products.

To find real, impartial information, it is best to start with [Medicare's own website](#). The State Health Insurance Assistance Program has counselors in every state, and [you can find them here](#). The nonprofit Medicare Rights Center maintains [a national helpline](#). Healthpilot lets you [enter your information online](#) and get a recommendation, but be aware that it doesn't include all plans. The company is contracted with the biggest insurers, but local and regional competitors, including some sizable ones such as Kaiser Permanente, might not be represented.

KFF, a health-research nonprofit, [offers helpful background](#), as does [the Center for Medicare Advocacy](#). Local agents and [patient advocates](#) with whom you have a relationship can also be helpful.