

As we approach the **Annual Medicare Enrollment Period**, many of you may have noticed an increase in phone calls, letters, and texts from various sources urging you to consider signing up for a Medicare Advantage plan (also known as Part C or Advantage plans). We want to take a moment to provide you with some essential information and insight into this decision-making process, as we believe it's crucial for your healthcare well-being.

It's important to understand that these salespeople have a vested interest in persuading you to switch to Medicare Advantage plans because they receive financial incentives for each sign-up. This financial motivation can sometimes lead to incomplete or misleading information being presented to you, and we feel it is our duty to provide you with a more balanced perspective.

While we, as a healthcare provider, cannot explicitly advise you to opt for traditional Medicare or dissuade you from exploring Medicare Advantage plans, we would like to share our perspective. We believe that, as your trusted healthcare provider, we should provide you with information that we would consider when making this important decision for ourselves and our loved ones. Here are several factors to consider:

- 1. Access to Medigap Plans:** Salespeople may suggest that if you find the copays under an Advantage plan to be burdensome, you can switch back to Traditional Part B. While this is technically true, what they may not emphasize is that returning to a secondary Medigap plan may no longer be guaranteed. These plans are not obliged to accept you back after you leave, which is in contrast to when you initially sign up for traditional Medicare at the age of 65.
- 2. Hidden Costs of Advantage Plans:** Celebrities endorsing Advantage plans on television often do not mention the potential financial burden associated with copays for services like surgery, cancer treatment, or other therapies. These out-of-pocket costs can quickly accumulate into the tens of thousands of dollars.
- 3. Pre-Approval Requirements:** Many Advantage plans require doctors to obtain pre-approval before certain tests, imaging, CT scans, MRIs, and other medical procedures can be performed. Frequently, these requests for approval can be denied, potentially delaying your access to critical medical services. In contrast, traditional Medicare allows your doctor to make the decisions based on medical necessity.
- 4. Doctor Participation:** Finally, it's worth noting that some doctors have become increasingly reluctant to deal with the pre-authorization and administrative processes associated with Medicare Advantage plans. Consequently, some have opted out from participating in these plans.

In conclusion, while the choice of your healthcare coverage ultimately rests with you, we encourage you to contemplate these factors as you make your decision. As your healthcare providers, we are committed to your well-being and have firsthand experience dealing with

various insurance options on a daily basis. Our goal is to provide you with the best healthcare advice, and we want you to make an informed decision about your Medicare coverage.