STAHU Media Communication

October / November / December 2022

STAHU

South Texas Association of Health Underwriters Monthly Newsletter

Santa and



www.stahu.org



Time for Change

STAHU is changing to NABIP-SOTX

How & Why

In November 2021, a task force was convened to explore the possibility of a name change and rebrand of NAHU. This arose from concerns that our current name, specifically the word "underwriter," is confusing, and no longer serves us well.

The task force was organized and structured around the following mission and working groups.

Mission

Explore the possibility of a name change that ensures the proper balance of respecting our past while providing clarity of our current and future value proposition.

Chapters

NAHU will become: **NABIP**

TAHU will become: **NABIP - TX**

STAHU will beocme: NABIP-SOTX

Our website will change to: **southtexasnabip.org**

Over the next three year, this changes are set to take place.

Watch your email and check out the southtexasnabip.org site for updated informaiton.

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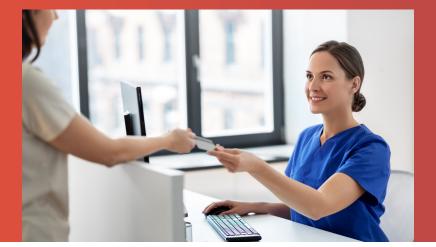


NAHU News

From the NAHU Website

Here's why private Medicare plans are set to pass traditional Medicare enrollment

The night before his scheduled cataract surgery last November, Bob Miller's eye doctor informed him the operation would be delayed because his insurer refused to pay.



Miller's Aetna Medicare plan covered a surgery just a few weeks before on his right eye. Without the surgery on his left eye, Miller, a 73-year-old residential painting contractor, couldn't drive at night. Halos appeared to ring the headlights of oncoming cars. Roadside signs were difficult to read. "I was anxious," said Miller, who lives in Columbus, Ohio. "Having a surgery canceled the night before due to their whim was troubling."

Miller is among more than 28 million older adults enrolled in Medicare plans administered by private insurance companies rather than the federal government. Sign-ups among older Americans in these private plans, known as Medicare Advantage, have more than doubled since 2007 and are expected to surpass government-run Medicare next year, according to an analysis by Kaiser Family Foundation.

From mid-October through Dec. 7, adults 65 and older can select 2023 Medicare Advantage plans or traditional, government-run Medicare. Experts say it's an important decision older adults should assess for care and coverage options and expenses.

Older Americans who sign up for private plans are enticed by lower monthly premiums and extra benefits not covered by traditional Medicare, such as vision, dental, hearing and gym memberships. Private plans also cap out-of-pocket expenses at \$8,300 for 2023 coverage while traditional Medicare does not unless a person purchases supplemental coverage.

But similar to private health insurance Americans get through the workplace, these plans use tools to control spending. Plans limit the network of doctors and hospitals that people can visit and often require a primary-care doctor's referral before visiting a specialist such as a cancer doctor.

MEDICARE OPEN ENROLLMENT: What to know when picking your plan (Read More Here)

Mark your 2023 calenders









STAHU's Board of Directors want to wish you and yours a Merry Christmas and Happy New Year!

These states have the highest health care costs Texas ranks 27th

Health care costs averaged over \$10,000 per person in 2020, but the exact amount varied by state. We compared all 50 states and the District of Columbia across 11 key metrics using data from the Kaiser Family Foundation to determine which states are most and least expensive for health care.

Key Takeaways

- South Dakota topped the list of states with the most expensive health care, while Michigan is the cheapest.
- Forbes Advisor's analysis found that the eastern part of the country is where you may find the most expensive health care costs. Five of the 10 most expensive states for medical care are in the east, including West Virginia, Florida, Maine, Delaware and New Hampshire.
- The western part of the country has many of the cheapest states for health care, including Washington, Nevada, Hawaii, New Mexico and Oregon.
- 44% of Americans consider a medical bill of under \$1,000 to be unaffordable.
- In an effort to reduce costs in the past 12 months, 27% of survey respondents have delayed a doctor's visit, 19% have delayed a medical procedure, and 19% have avoided a prescription refill.
 Read More Here

The ACA and IRA require coverage of vaccines: But what about travel vaccines?

Health Affairs

The Affordable Care Act's requirement that private payers cover all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) now applies to Medicaid and Medicare Part D thanks to the Inflation Reduction Act, ensuring that <u>nine out of ten Americans</u> have coverage of vaccines without cost sharing.

The Centers for Medicare and Medicaid Services (CMS) has taken great care to emphasize that Part D plans must cover travel vaccines, but additional clarity is needed to provide equal access for the privately insured and Medicaid beneficiaries. This is confirmed by an <u>earlier analysis</u> that found the majority of privately insured Americans do not have health insurance coverage that includes travel vaccines.

Coverage without cost sharing (first dollar coverage) is an especially important tool for ensuring vaccine access. Noncoverage of unnecessary services and utilization management tools such as patient cost sharing may achieve a desired reduction in potential overuse of health care services. However, clinical preventive services intended to prevent the spread of disease, protect public health, and save health care dollars presumably should be incentivized. Any amount of out-of-pocket cost <u>may deter a patient</u> from opting to receive a vaccine. Moreover, i<u>t has been well-established</u> that clarity of vaccine recommendations and coverage and out-of-pocket costs, are all essential to provider recommendations and patient acceptance of vaccines.

Read More Here

