

"All You Deserve"

While recovering from a surgery, I was at home for weeks, sometimes watching daytime (or evening) TV. Since said surgery was in October, I was treated to several million (it must have been - well, at least beyond counting) commercials for "Medicare Advantage" (Part C), advising that we should enroll to get the following benefits (and perhaps more) that we "**deserve**". (I especially was taken with Joe Namath's entertaining presentation.)

- Vision care
- Hearing aids
- Dental care
- Prescription drug coverage
- Fitness center membership
- Free home-delivered meals
- Zero-dollar premiums

Now, Christians know that what we all **deserve** is an eternity in Hell. And Robert Heinlein fans know about TANSTAAFL ("There Ain't No Such Thing As A Free Lunch"). So what's up with Medicare (dis-)Advantage?

Well, first off, you won't get what you **deserve**; you may get that to which you're **entitled**. What you deserve is, generally, what you earn (to which you thereby become entitled, generally). What you are entitled to, however, is something accrued to you by right according to some status you have. Your Medicare Advantage benefits (should you enroll) are something to which you are entitled by operation of law and the terms and conditions of the specific policy offered.

Next, it ain't free. The general idea is that the insurer substitutes a more-or-less standardized policy (conformant to a number of government-specified constraints) for your Medicare coverage. Typically, they roll a number of coverages (such as prescription drugs; Part D is then not required) into the policy, which may make the overall coverage seem more convenient. Medicare pays the insurer a fixed amount for the year's coverage for you and others of similar believed risk. The various carriers can compete to some degree on just exactly which benefits they provide, and also on network composition/membership, and your remaining costs as may be. Ultimately, Medicare tax dollars pay for most of the coverage so provided. Not free.

But wait, there's more. Suppose you sign up for a Medicare Advantage plan. Are all the doctors you need to see in the plan's network? How about hospitals? (Yes, hospitals.) What, exactly, is covered for you, and to what degree? Better find out all of these things before enrolling. (Ask many questions. Check with your doctors. Check with doctors to whom you might be referred.) Also, the question has been raised, "**Can you get out?**" Well, yes, you can switch during next year's open enrollment period. You can even switch back to traditional Medicare. BUT, before you switched to Medicare Advantage, you also had Medicare Part D and a Medicare supplement (didn't you?), and if you want to switch back - you may find that the pre-existing conditions that DIDN'T count at your original enrollment in Medicare very much DO count (\$\$\$) now. And, unless you are and will remain very healthy until you suddenly croak, you need a Medicare supplement - a good one. (So far, in case this helps you, we are satisfied with United American's policy. But you must do your own shopping.)

Given the hype for Medicare Advantage, it's pretty obvious that insurers want you to sign up for it. The only possible reason is that the insurers see opportunity to make a big profit. Just how big may indicated by the oodles of advertising dollars they are willing to throw at it. Do you think for a minute that they care about you or your needs beyond what they are compelled? BTW, dollars available for benefits to you are necessarily allocated from whatever funds remain AFTER that pile of advertising. Think about that for a while - insurance companies are not in business to lose money.

The bottom line for most people: you want your chosen doctors, and you want them unconstrained from treating you for your best outcomes. If you're very healthy, yes, you might come out ahead on Medicare Advantage - the insurer certainly will. If you're less so - well . . . you might get what you "**deserve**". The moral: **caveat emptor**.