6 Reasons to Add a Medicare Advantage Plan to Your Group Coverage
Your employees work hard for you and help your business succeed. A health plan is one of the most important benefits you can offer them in return. It shows you are invested in their health and well-being, not just your bottom line.

Make that investment a lifelong one by adding a Medicare Advantage plan for your group. It doesn’t have to cost you anything, and if you choose the right carrier, it can be a hassle-free addition to your existing coverage.

Medicare Advantage plans are bought through private health insurance carriers and replace Original Medicare, the plan run by the federal government. Medicare Advantage plans are considered Part C plans, and they cover Part A (hospital coverage) and Part B (medical coverage), just like Original Medicare. They can also include benefits beyond Original Medicare, like prescription drug (Part D) coverage and wellness extras.

Here are six reasons why you should be looking at adding a group Medicare Advantage plan.
Attract and Retain Top Talent
Job seekers look at health benefits, including retiree benefits, when considering job offers. Having a group Medicare plan in place sets your business apart as one that takes care of its people, even after retirement.

- 29% of U.S. workers say retirement benefits attracted them to a job.
- 45% of employees say retirement benefits factored into them staying at a job.
- 60% of employees who plan to work for their company until they retire say their retirement program is a very important reason for staying.
- 79% of employees want benefits, like healthcare coverage and a retirement plan, more than a pay raise.

- 23% of large employer groups that offer health benefits also offer retiree coverage.
- 92% of employers offer coverage to early retirees (under age 65).
- 73% of employers offer coverage to Medicare-age retirees.
- 2% of employers offer a prescription drug plan only.

Sources: Willis Towers Watson, Glassdoor
Choose Your Contribution Level
Federal regulations require employers to put money toward commercial group plan premiums, often around 50 percent. **But group Medicare plans don’t require employer contribution.** This flexibility means you can offer your retirees access to quality healthcare coverage at no cost to you or at a cost you feel comfortable with.

And you need not worry about leaving your retirees with a big premium payment. The federal government pays most of the premium on the member’s behalf. The member’s portion is much smaller than for a commercial health plan.
Offering a group Medicare plan shows appreciation for those who gave you their best years. Even if you don’t contribute anything toward their premiums, offering retirees a Medicare plan is a courtesy they will appreciate.

Medicare-eligible people can buy individual plans, but researching Medicare basics and plan options can be confusing and stressful. This can be especially true for people who have never shopped for their own health plan before because they’ve had group coverage.

The Kaiser Family Foundation hosted focus groups in several U.S. cities to ask people about their experience choosing a Medicare plan.

“Many seniors on Medicare find the process of choosing a plan to be arduous and frustrating,” the report says. “They would like to have additional help with selecting their plan. Many beneficiaries seek to make well-informed and financially sound decisions but do not feel confident in their ability to do so under the current system.”
You can give your retirees peace of mind by offering a group plan you’ve already vetted. Plus, adding a Medicare plan by the same carrier as your regular group plan facilitates offering similar benefits to what your retirees are accustomed to if that is your preference.

**Group Medicare plans have no participation requirements**, so you don’t have to worry about how many people sign up. Even if your retirees choose not to take advantage of the plan, you can still promote it as part of your pension package. And current employees will appreciate that a group plan is available to them after retirement should they choose to join.

Retirees can enroll in a group Medicare Advantage plan any time of the year. They are not limited to the annual enrollment period that individual Medicare plans have. Learn more about other differences between individual and group Medicare plans.
Help Retirees Bridge the Coverage Gap
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The coverage gap is a temporary limit on what a Medicare plan will cover for drugs. Medicare members pay higher out-of-pocket costs when they’re in the coverage gap than they do the rest of the year.

Retirees can’t get a Medicare plan on their own that offers help through the coverage gap. Retirees can only skip the Coverage Gap through an employer-sponsored plan. That’s where you come in.

By offering your retirees a prescription drug plan with coverage through the gap, you’ll help ease the financial burden the coverage gap can present.

<table>
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<tr>
<th>2019 Coverage Gap</th>
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<tr>
<td><strong>Gap begins when what the member pays + what the plan pays = $3,820</strong></td>
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<td><strong>During the gap, members pay:</strong></td>
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<td>Brand-name drug costs:</td>
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<td>Generics drug costs:</td>
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<td><strong>Gap ends when what the member pays = $5,100</strong></td>
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<td><strong>Member then enters catastrophic coverage, with much lower out-of-pocket costs for the rest of the year</strong></td>
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Choose Coverage to Fit Your Needs
Some carriers will let you customize your group Medicare Advantage plan with different deductibles, coinsurance and copayment amounts. This can help you meet union contract requirements or align the benefits with your regular group plan. Customized plans, unlike stock plans, may have participation requirements.

**Health Alliance provides:**

**412** employers with group Medicare plans

**4,339** members with group Medicare coverage

More than 90 percent of our groups find a stock Medicare plan they like, but we’re happy to help you build a custom plan if it better suits your needs. Whatever plan you choose, you can feel confident that your employees and their families have access to top-notch health care and helpful customer service.
Avoid Paperwork and Billing
Look for Medicare group carriers who can take the administrative burden off you. Health Alliance sends these plan materials and more directly to the Medicare group members, leaving very little administrative paperwork for the employer.

- **ID cards**
- **Plan policies**
- **Amendments and other notices**

You can also choose to have Medicare group members billed directly for their premiums, or you can be billed.

You’re busy running your company, so choosing a plan that takes the hassle out of your hands is a smart move.
Health Alliance Can Help
Taking care of retirees is the next step in employee coverage, and Health Alliance can help you get a plan in place for your group. We’ll match you with a client consultant who will be your single point of contact for your Medicare benefits. He or she can help answer questions and will make adding a Medicare Advantage plan to your existing group coverage a smooth process.

To learn more or get started, go to HealthAlliance.org or call 1-800-851-3379.