

# 4th Quarter 2022 Benefits Corner

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By **Bill Dodge, CRA Benefits Chair**

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- **Open Enrollment for 2023**



Open enrollment for 2023 coverage for pre-65 participants will be from **October 17 to October 28, 2022**. Open enrollment for 2023 coverage for post-65 participants will be from **October 15 to December 7, 2022** with information provided by Via Benefits.

According to information received from Chevron Benefits, Chevron's 2023 open enrollment information for pre-65 retirees will be online at [hr2.chevron.com/openenrollment](https://hr2.chevron.com/openenrollment). When you scroll on this web page, you will see the section/information for retirees & survivors. 2023 detailed plan changes are available from this website October 1.

- **Post-65 participants** should have received or will be receiving their Via Benefits newsletter, *The Grove*, in October. *The Grove* newsletter is a monthly correspondence, which replaced the previous Spring and Fall newsletters\*.
- Personalized **pre-65 enrollment worksheets**, which include monthly costs, were mailed from the HR Service Center on **September 26**.
- The HR Service Center mailed all Chevron Retiree HRA Plan participants their **annual Retiree HRA Reminders and Updates letter** on **September 30**.
- A six-page **enrollment brochure** will mail to **all** pre-65 participants on **October 7 (posted online by October 1)**.
- During the **week of October 3**
  - The HR Service Center will send an **email** with a link to all the 2023 plan change details to pre-65 participants who have set their communication preference to email.
  - A **hard copy** of these same plan 2023 change details will be mailed to pre-65 participants whose communication preference is for printed material.

**HR Service Center** will be able to answer **pre-65** open enrollment questions starting **October 17**.

- 1-888-825-5247 - when calling from inside the U.S.
- 1-832-854-5800 - when calling from outside the U.S.

## **A Review of 62 Studies Finds Few Big Differences Between Traditional Medicare and Medicare Advantage on a Variety of Measures**

With the Medicare open enrollment period set to begin October 15, an annual decision faced by Medicare beneficiaries is whether to get their coverage through traditional Medicare or the private plans known as Medicare Advantage.

[A new Kaiser Family Foundation \(KFF\) review of 62 studies](#) published since 2016 that compares Medicare Advantage and traditional Medicare on measures of beneficiary experience, affordability, utilization, and quality finds few differences. This conclusion is supported by strong evidence or have been replicated across multiple studies. For example, beneficiaries in both coverage types reported similar rates of satisfaction with their care and overall measures of care coordination. Notably, relatively few studies specifically examined specific subgroups of interest, such as beneficiaries from communities of color, living in rural areas, or dually eligible for Medicare and Medicaid, making it difficult to assess the strength of the findings or how broadly they apply.

In some areas, however, the research which identified noteworthy differences between Medicare Advantage and traditional Medicare are listed below.

### Medicare Advantage:

- Medicare Advantage enrollees were more likely than those in traditional Medicare to report having an usual source of care. They were also more likely to receive preventive care services, such as annual wellness visits and routine checkups, screenings, and flu or pneumococcal vaccines.
- Medicare Advantage enrollees reported better experiences getting needed prescription drugs than traditional Medicare beneficiaries overall. However, among beneficiaries with diabetes, cancer, or a mental health condition, findings were mixed.
- Most studies found that utilization of home health services and post-acute skilled nursing or inpatient rehabilitation facility care was lower among Medicare Advantage enrollees than traditional Medicare beneficiaries, but were inconclusive as to whether that was associated with better or worse outcomes.

### Traditional Medicare:

- A somewhat smaller share of traditional Medicare beneficiaries than Medicare Advantage enrollees experienced a cost-related problem, mainly due to lower rates of cost-related problems among traditional Medicare beneficiaries with supplemental coverage. (But traditional Medicare beneficiaries *without* supplemental coverage had the most affordability-related difficulties.)
- Traditional Medicare outperformed Medicare Advantage on measures such as receiving care in the highest-rated hospitals for cancer care or in the highest-quality skilled nursing facilities and home health agencies.

In other areas though, findings were mixed or showed little difference between Medicare Advantage and traditional Medicare based on multiple studies.

### Among the findings:

- There were generally no differences in the aggregate number of hospital days or average length of stay for common medical admissions.
- Neither Medicare Advantage nor traditional Medicare consistently performed better across all quality measures.
- Additionally, two analyses of several measures of beneficiary experience found no differences between the two groups in experiences with wait times and in the share reporting trouble finding a general doctor, being told that their health insurance was not accepted, and being told they would not be accepted as a new patient.

Findings related to the use of other health care services, including hospital care and prescription drugs, and condition-specific quality of care measures varied – likely due to differences in data and methodology across studies.

Interest in how well Medicare Advantage plans serve their growing and increasingly diverse enrollee population has never been higher, as Medicare Advantage, for the first time, is projected to enroll more than half of all eligible Medicare beneficiaries next year, making it the more popular way that Medicare beneficiaries get their coverage and care. In comparison, just over a decade ago in 2010, 25 percent of the eligible population was in a Medicare Advantage plan.

The Medicare open enrollment period runs through December 7.

### **Understanding the Health Care Provisions in the Inflation Reduction Act**

President Biden signed the Inflation Reduction Act of 2022 into law on August 16, 2022.

Among other measures, the legislation for the first time requires the HHS Secretary to negotiate prices for some top-selling drugs covered in Medicare. It also requires drug companies to pay rebates if prices rise faster than inflation for drugs used by Medicare beneficiaries. And it caps out-of-pocket drug spending for beneficiaries in Medicare Part D at \$2,000 annually.

The bill also extends for three years the enhanced Affordable Care Act subsidies that Congress passed last year as part of the American Rescue Plan Act. That temporary boost increased the amount of financial assistance available to people already eligible to buy subsidized health plans in the ACA Marketplaces, and expanded subsidies to more middle-income people, many of whom were previously priced out of coverage. The following weblink provides a webinar conducted by a panel of KFF benefit experts who explained these provisions and how they would affect people and federal health spending.

[Understanding the Health Care Provisions in the Inflation Reduction Act - YouTube](#)

### **Travel Reimbursement for Covered Medical Services for Pre-65 Participants**

Effective August 1, 2022, the Medical PPO Plan, High Deductible Health Plan (HDHP), High Deductible Health Plan Basic (HDHP Basic) and the Mental Health and Substance Use Disorder (MHSUD) Plan now also includes an expanded travel expense reimbursement benefit for all covered services if you cannot access the care you need where you live. The benefit applies to a covered service received on or after August 1, 2022, and for travel to obtain that service on or after August 1, 2022. To learn more, go to the following weblink or call the HR Service Center.

<https://hr2.chevron.com/healthplans/medical/medicaltravel>

### **Stay Up to Date with COVID-19 Vaccines including Boosters**

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC. Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](#).

Find Out When You Can Get Your Booster

Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. They are recommended for most people.

Use the tool on the following CDC weblink to determine when or if you (or your child) can get one or more COVID-19 boosters. This tool is intended to help you make decisions about getting COVID-19 vaccinations. It should not be used to diagnose or treat COVID-19.

[Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)

Content Sources:

2023 Open Enrollment and Travel Reimbursement - Chevron Benefits

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National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

**REMINDER: As you read public service information about COVID-19, please remember that as with other personal health questions you may have, it is always best to discuss such concerns with your personal physician.**

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