

# PERSONAL JOURNAL.

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## Health Mailbox

Columnist Tara Parker-Pope answers readers' questions.

**Q:** *With respect to health-care plans, while you are "locked in" for only one year, can you really change health plans the following year if you require major medical care and it's continuing? Or will you either be rejected because of medical history or have to pay an excessive premium?*

— M.L., Los Angeles

**A:** It depends on whether you are covered by a group plan or an individual plan. A person signing up for group health insurance through his or her company during open enrollment is locked into the decision for only a year. During next year's open enrollment period, the employee has the option to change to whatever plan is being offered by the employer, regardless of any medical problems that might have occurred during the year, as long as the person remained employed, says Abbie Leibowitz, co-founder of Health Advocate Inc., which advises patients on health-insurance issues. Even if the employee is in the middle of a major medical crisis, he or she is allowed to switch plans, but that may not always be practical, particularly if it requires a switch in doctors.

Even a person who doesn't have group insurance but pays for an individual plan may be allowed to make simple changes — such as switching from a PPO to an HMO offered by the same firm — even if he or she has a continuing medical problem. However, if the individual wants to change insurance companies altogether, he or she may have trouble getting approval or may face high premiums.

Finally, although a person typically is stuck with his or her open-enrollment decision for only a year, one reader shared a cautionary tale. For years her husband had enrolled in a high-deductible plan but switched to a low-deductible plan since the employer was paying the premiums. Later, the worker was laid off, so the family decided to switch back to the more affordable plan. But

the insurance company informed them that although they were allowed to continue their coverage, they weren't allowed to switch once the employee was laid off. So now the family is stuck with premiums in excess of \$13,000 a year.

**Q:** *I read with interest the column on health-plan choices, particularly the part about health savings accounts coupled with a high-deductible plan. Have you seen any information on whether individuals over 65, either on or off Medicare, are eligible for HSAs?*

— H.B., New Haven, Conn.

**A:** There's a lot of confusion about whether people over 65 are eligible for health savings accounts. Typically the answer is no because most people over 65 already are enrolled in Medicare, which disqualifies you. However, if you are over 65 and you haven't enrolled in Medicare, then you are eligible to open a health savings account. Although this runs counter to much of what has been promoted about HSAs, the U.S. Treasury Department in July issued extensive guidelines that clarified eligibility rules for seniors. The main message is that limits on health savings accounts for seniors are linked only to Medicare enrollment and not to age or Medicare eligibility.

Most people automatically enroll in Medicare when they sign up for Social Security benefits, so the vast majority of seniors won't be eligible for health savings accounts. In addition, anyone who already has a health savings account must stop making contributions to it once they enroll in Medicare. However, if you don't sign up for Medicare you can continue contributing to the plan past the age of 65. And you can even make additional "catch-up" contributions beyond the annual limits imposed on the rest of us.

Most people with health savings accounts won't be allowed to contribute to the plans past the age of 65, but a person can continue to spend HSA funds tax-free for health-care expenses and long-term care insurance. In

addition, you can use the funds for nonmedical expenses. Although you will have to pay income tax on money used for nonmedical expenses, after 65 the consumer no longer has to pay the 10% penalty for nonmedical withdrawals. And if you are young enough to have an HSA but your spouse is over 65, funds from your plan can be used to pay Medicare deductible, premiums or other out-of-pocket expenses for your spouse.

So far, the best consumer resource I've found for understanding health savings accounts is [www.hsainsider.com](http://www.hsainsider.com). The site has a Q&A section that allows you to search commonly asked questions by key word. Or you can post your own question to an expert. For more information on the new Treasury Department guidelines, go to [www.treas.gov](http://www.treas.gov) and click on health savings accounts.

**Q:** *Is there any harm in continuing to chew Nicorette gum long after a person has quit smoking?*

— M.S., Wilmington, Del.

**A:** If you don't mind the expense and the taste of nicotine gum, keep chewing. Many people think that nicotine is what makes cigarettes harmful, but nicotine only makes cigarettes addictive. It's the tar, carbon monoxide and other toxic substances from cigarette smoke that kill you. While nicotine in high doses can be risky, the amount you're exposed to from gums, patches and lozenges is considered safe, even if you use a lot. A person who takes in more nicotine than his body is accustomed to typically becomes shaky and nauseated long before any real harm could occur. Anyone starting a new medication should consult a doctor, and caution may be urged for people with unstable heart conditions or a recent heart problem. But most people don't have to worry. Indeed, the problem isn't that people are chewing nicotine gum too long. The real harm is that they aren't chewing it long enough, and are instead returning to smoking. Many quitters need to use the gum for six months or even longer to kick the habit.