

**ATSSO OFFICE HOURS:
8:00 A.M. – NOON (M-F)**

Phone: 988-5894

Carol Schmitkons at Ext. 102

Email: amhersttwpseniors@oh.rr.com

Amherst Twp Senior Service Office

ATSSO provides home-delivered meals for those over 60 and disabled adults over 18, with a cost that is adjusted to income. The office can help with Medicare and health insurance questions and issues, provide referrals to other agencies, and help you remain independent. For more information, contact the office at **988-5894 (x102)**.

Another Meal Option

The “Second Harvest Food Bank” in collaboration with the “Lorain County Office on Aging” launched an outreach to seniors known as the Ohio “Food Assistance Program: (FAP) commonly called Food Stamps or SNAP. To learn more about the program’s requirements, contact FAP Outreach Coordinator, Marcia Kubach, at 440-326-4825.



*May your Holiday
& New Year
Be Filled with
Great Joy!!!!*

2011 Medicare Changes

Medicare Part A & B

- Part A deductible: **\$1,132**
- Co-payment for hospital stay days 61-90: **\$283/day**
- Co-payment for hospital stay days 91 and beyond: **\$566/day**
- Skilled nursing facility co-payment, days 21-100: **\$141.50/day**
- Basic Part B Premium: **\$115.40/month** (You will also pay more if you made more than \$85,000 per year the last two years you were employed prior to going onto Medicare)
- Part B deductible: **\$162**

Part D

Only 34 plans will be available this year. The lowest premium for 2011 will be **\$14.80** and the highest (which offers some coverage for generics and brands in the gap) will be **\$111.50**.

The lowest priced deductible is **\$70** and most deductibles will be **\$310**. There are seven (7) plans that will be available to those eligible for the “Low Income Subsidy”.

Medicare consumers will see greater discounts for prescription drugs sold either as a separate “Part D” plan or as part of bundled “Medicare Advantage” coverage. The health care law will offer a 50% discount from drug makers to those in the “donut hole”.

Durable Medical Equipment, Prosthetics, Orthotics, & Supplies

Lorain County is going to be involved in the first phase of the competitive bidding program for these products. This program is designed to ensure beneficiaries who are with the Original Medicare continue to receive quality medical equipment and related services from accredited suppliers, while reducing beneficiaries "out-of-pocket" expenses and saving Medicare program money. Items covered under this program are:

- Oxygen, oxygen equipment and supplies
- Standard power wheelchairs, scooters and related accessories
- Complex rehabilitative power wheelchairs and related accessories
- Mail-order diabetic supplies
- Enteral nutrients, equipment and supplies
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories

Grandfathered suppliers who do not win a contract may nonetheless continue to service their Medicare clients if they agree to the same terms and payment rates as the winning bidders. If beneficiaries are renting equipment that is eligible for grandfathering, the supplier will let them know in writing 30 business days before the program begins.

Some beneficiaries in these areas may need to switch to different suppliers in order to have Medicare continue to cover the equipment and supplies they need. When beneficiaries switch to new suppliers, their doctors will need to write new orders for needed equipment. Current suppliers must pick up their equipment and new suppliers must deliver replacement equipment and supplies to beneficiaries. The pickup and delivery must be coordinated so that nobody is left without needed equipment and supplies.



Medicare Advantage and Rx Plans

At enrollment and annually (15 days prior to the Coordinated Election Period) Medicare Advantage Plans must disclose a provider directory; Rx Plans must disclose formulary information and a pharmacy directory.

Unsolicited contacts are prohibited, including "door-to-door" sales. Unless requested by the consumer, the following are also prohibited:

- Outbound marketing calls
- Calls or visits to consumers who attended marketing events

- Sales calls to market plans or products to members who have voluntarily disenrolled

Before an appointment:

- The agent must identify the types of products to be discussed
- Beneficiary must agree to the scope of the appointment; plan must document the agreement in writing or record the agreement by phone.

PIPP Plus

Ohio's "Percentage of Income Payment Plan Plus" (PIPP Plus) makes monthly gas or electric payments more affordable on a year-round basis for customers whose gross yearly household income does not exceed 150 percent of the federal poverty guidelines. "PIPP Plus" also offers incentives to customers who make their payments on time each month. Customers who repeatedly miss payments can be removed from the program.

"PIPP Plus" customers will be required to pay \$10 or six percent of their gross monthly household income, whichever is greater, for gas or electric service. Customers with all-electric homes will pay \$10 or 10 percent, whichever is greater. Electric customers, like natural gas customers, will have the same monthly "PIPP Plus" payment year-round.

To remain on "PIPP Plus", customers must re-verify their gross monthly household income annually and may be required to make up any missed payments.

"PIPP Plus" customers who become ineligible for the program will be placed on a 12-month plan to help transition to full bill payments. Customers who make monthly payments on time and in full will continue to receive credits toward their monthly bill balance.

For more information, visit these websites:

PUCO.ohio.gov
energyhelp.ohio.gov

Ohioans may also contact the Public Utilities Commission of Ohio at 1-800-686-7826 or the Ohio Department of Development at 1-800-282-0880.

High Risk Pool

The new health care reform law funds the creation of a temporary health insurance program – or "High Risk Pool" – in every state for people with pre-existing health conditions.

Ohio has decided to run its own program which will last until 2014, when full federal reforms take effect. It has designated the non-profit mutual insurance company "Medical Mutual of Ohio" to administer its temporary "High Risk Pool Program". The program is designed to provide quality health insurance benefits at an affordable price to uninsured Ohioans with pre-existing health conditions as soon as possible.

Medical Mutual is offering two Preferred Provider Organization (PPO) plans. One plan has a deductible of \$1,500 and the other is \$2,500. Pre-existing condition exclusions and waiting periods do not apply.

To be eligible to enroll, you must meet each of these requirements to qualify:

- Be a U.S. citizen or U.S. national, or be lawfully present in the U.S.;
- Be uninsured for six (6) months prior to the date you apply for coverage;
- Not be eligible for Medicare, the Ohio Medical Assistance Program, the Ohio Children's Health Insurance Program or an employer sponsored group health plan, unless you are subject to a mandatory initial waiting period;
- And have a qualifying pre-existing condition, as evidenced by a denial of coverage by two insurers, or documentation from a health professional.