

Senior GAZETTE

Spring 2011

by Carol Schmitkons, Director, Amherst Township Senior Service Office (ATSSO)

Home-Delivered Meal Program

ATSSO provides home-delivered meals for those over 60 and disabled adults over 18, with a cost that is adjusted to your income. This nutritious, hot lunch program includes your choice of an entrée, soup & sandwich, or soup & salad. A new “soup only” option has also been added to your choices. To receive a home-delivered meal, contact the office at 988-5894, extension 102.

ATSSO extends special thanks for their help to our new volunteer meal drivers, **Christina Gonzalez and Jean Lee.**

Energy Assistance Program

Ohio’s “**Department of Development’s Energy Assistance Program**” raised the limit on the household income level. The new limit is now 200% of the federal poverty level instead of 150%. Now an individual receiving less than \$1,815 per month or a couple making less than \$2,452 will be able to apply for HEAP, PIPP Plus, or Home Weatherization Assistance.

Transportation Options for Seniors & Severely Disabled

The *Lorain County Office on Aging* Transportation Department has advised ATSSO that their funding has been cut and their services are limited. Please call Charlotte at **440-326-4826** as soon as you schedule a doctor appointment to insure that you are able to get a ride.

Goodwill Industries of Lorain County, Inc. is now offering transportation for severely disabled and elderly citizens who have ABSOLUTELY no other way to get to doctor appointments, drug stores or shopping. Most fees are \$5 for one-way trips and \$7.50 for round-trips. To schedule a pickup, call Goodwill Industries at **244-3016**, Monday through Friday between 9am & 3pm.

ATSSO OFFICE HOURS:

8:00 A.M. – NOON (M-F)

Phone: 988-5894 – Ext. 102

Email: amhersttwpseniors@oh.rr.com

Please call the office for any questions you may have concerning Medicare

Medicare Updates

What’s New for 2011?

John Hammarlund, administrator for regional Centers for Medicare and Medicaid Service, gave this summary in a Senior Health Insurance Information Program news release:

- 1. Original Medicare will cover the full cost of annual well visit with doctor.** Until now, only a one-time “Welcome to Medicare” exam was covered during first year on Part B.
- 2. When you reach the coverage gap or “donut hole”, you’ll receive 50% off brand name price and 7% off generics while in the gap.** The full price of the drugs is still used to determine when you qualify for catastrophic coverage.
- 3. Medicare Advantage (MA) plans are now required to have annual out-of-pocket maximums and other consumer protections.** These rates will be capped at \$6,700 for 2011. Many plans have voluntarily set lower maximums. In addition, you can no longer be charged more for services (such as chemo) than if you were in Original Medicare.

4. If you have Original Medicare, you'll pay nothing out-of-pocket for most preventative services.

The 20% co-pay for lab tests and screenings after the Part B deductible is met is going away. A broad range of preventive services such as Pap tests, colonoscopies, mammograms & prostate cancer screenings will no longer have deductibles or co-pays. If you're in an "MA" plan, contact your insurer to find out if it has also eliminated out-of-pocket costs for tests & screenings.

5. Your Medicare premiums may change. "Part B" monthly premiums for most are still the same as 2010:

- \$96.40 (enrolled 2008 and earlier)
- \$110.50 (enrolled 2009 & 2010);
- \$115.40 (new enrollees for 2011).

Beneficiaries who have a higher annual taxable income (over \$85,000 for singles and \$170,000 for married) will be charged more. Depending on the income, monthly premiums will range from \$161.50 to \$269.10, plus monthly "Part D" premiums will have a surcharge ranging from \$12 to \$69.10.

6. New coverage change dates:

- The "disenrollment" period for "Medicare Advantage" is now from **Jan 1** to **Feb 14**. This is for switching back to "Original Medicare + Part D" or changing to a different "MA".
- Open enrollment for "Part D" is now from **Oct 15** to **Dec 7**. New coverage still begins on January 1.

Medicare Advantage

vs.

Medicare Supplement + Part D

A **Medicare Advantage (MA)** plan is similar to an employer's "HMO" (Health Maintenance Options) which requires in-network doctor & hospital use or a "PPO" (Preferred Provider Options) which prefers in-network providers but will accept out-of-network providers and charge a higher co-pay. **MA's** are usually better for those who are healthy and want to try to save money. These plans have very low or no monthly premiums, but have high out-of-pocket charges before coverage begins. Annual drug costs are often much higher for "**MA**" plans versus a stand-alone "Part D" plan.

Medicare Supplement plans pick up what Original Medicare does not cover. While these plans have higher monthly premiums some of the benefits include more flexibility when it comes to doctor and hospital choices as well as a variety of coverage options. These options include: full coverage of deductibles and co-pays to partial coverage options with no out-of-pocket deductibles; a \$2,000 deductible option; and 2 options with out-of-pocket limits less than many of the **MA's**. Medicare Supplement plans are better for those on a fixed income with little savings.

Remember careful shopping for plans is most crucial for those with disabilities or pre-existing conditions when they turn 65 as all plans are required to accept everyone at that point. After that time, healthy individuals are free to switch plans during open enrollment periods, but those with health issues do not have to be accepted by insurers.