



Crawford County  
Council on Aging, Inc.  
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**Hours:**  
8:30 a.m.-5:00 p.m.  
Monday-Friday

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# Senior Tidings

Crawford County Council on Aging, Inc.

August 2008

## Council on Aging...notes

### Congregate meals served in New Washington

Spread the word....during the month of August, a hot meal, catered by the Council on Aging staff, will be available every Tuesday, located at the New Washington Golden Gems Center, 117 West Mansfield Street, New Washington. Individuals must be age 60 or older to attend. Meals will be served at 12:00 p.m. Reservations are required. Please call 419-562-3050 or 1-800-589-7853.

### Bratwurst Festival

The Council on Aging will be in the Bratwurst Festival parade featuring a float under this year's theme, "Yesterday...Today...& Tomorrow." The Council on Aging staff is working very hard to successfully have the float completed by the time of

the Bratwurst Festival on August 15th, 16th, 17th. Be sure and look for us in the parade.

### HEAP Applications

Energy Assistance Programs Applications are now available for 2008-2009 to help assist low-income Ohioans with their winter heating bills. You may apply for several federally or state-funded energy assistance programs by filling out one application: the Home Energy Assistance Program (**HEAP**), the Emergency Home Energy Assistance Program (**E-HEAP**), and the Percentage of Income Payment Plan for (**PIPP**). The application can also be used to apply for the Home Weatherization Assistance Program (HWAP). Contact the Council on Aging for applications and assistance.

## Health & Nutrition....

### Diet & Metabolic Syndrome

A new study has implicated meat, fried food and surprisingly, diet soda in the development of metabolic syndrome. More research is needed to explain these intriguing findings.

Metabolic syndrome increases your

risk for heart disease and stroke. Doctors consider someone to have metabolic syndrome when they have 3 or more risk factors. These include high blood pressure, low HDL (good cholesterol) and diabetes or pre-diabetes. Although scientist know that diet is linked to metabolic syn-

drome, they don't completely understand how. In this new study, NIH-funded researchers looked at the eating habits of almost 10,000 middle-age adults. Within 9 years, nearly 2 out of 5 people had developed metabolic syndrome. Their risk was greater if they ate a western diet, with lots of refined grains, processed meat, fried foods and red meat.

The researchers found that hamburgers, hot-dogs, processed meats and fried foods were each linked to a higher risk of developing metabolic syndrome. In contrast, whole grains, refined grains, nuts, coffee or fruits and vegetables did not appear to be linked to the syndrome. On the other hand, people who ate more dairy were less likely to develop metabolic syndrome.

Strikingly, diet soda was strongly associated with an increased risk for metabolic syndrome. Sweetened drinks like regular soda and fruit drinks, however, weren't.

These findings aren't conclusive. Earlier studies found that whole grains are linked to a lower risk of metabolic syndrome, but this study didn't. Certain foods may not in themselves contribute to metabolic syndrome. Instead, they may serve as markers for other behaviors that do lead to metabolic syndrome. Scientists hope future research will clarify this picture.

Source: NIH News in Health; National Information in Health; Department of Health & Human Services; <http://health.nih.gov>

## Edema (eh-DEE-Mah)

Edema is swelling or puffiness of parts of the body. It is caused by water that is trapped in body tissues. Edema usually happens in the feet, ankles, and legs. It also can affect the face and hands.

Many things can cause edema, also called "dropsy". Sometimes gravity pulls water down into the legs and feet. Sitting in one place for too long can cause

edema of the legs. Eating food with too much salt, which causes the body to retain water, can make the problem worse.

Congestive heart failure and liver, kidney and thyroid diseases can cause edema. You cannot catch edema from other people. It does not run in families.

### Treatments:

Edema cannot be "cured." The only way to treat it is to treat the condition that is *causing* it.

To keep the swelling down:

- Put a pillow under the legs when lying down.
- Wear support stockings, which can be purchased at drugstores.
- Do not sit or stand for too long without moving.
- Follow the doctor's orders about limiting the amount of salt eaten.

The doctor may prescribe a medication called a diuretic (di-yoo-RET-tik), also called a water pill.

Source: *Caregiver Assistance News*; Ohio District 5 Area Agency on Aging, Inc.; July 2008.



**Health Tip....** Scientists have been compiling a growing body of evidence that indicates that avoiding the sun completely (either by staying indoors or slathering on sun block) might make you **more** likely to get cancer.

It seems that minimal sun exposure (for example, 10 to 15 minutes of noontime sun exposure on 50 percent of your body—longer if you have darker skin) can increase your body's production of vitamin D. Vitamin D is created when your skin absorbs ultraviolet rays, which trigger vitamin D synthesis. Several studies have shown that having sufficient vitamin D can lower your risk of cancer. Scientists are also investigating whether a vitamin D deficiency can lead to higher rates of several

types of cancer, among them breast and colorectal cancer.

Vitamin D deficiency is a common phenomenon. Though vitamin D is naturally present in some foods (salmon, tuna and other oily fishes) and often added to milk to help calcium absorption, diet alone accounts for very little of the vitamin D in our bloodstream. Many people who take vitamin D supplements take the less-potent form of vitamin D-2. Vitamin D-3 supplements are much more desirable, but can cause a dangerous buildup of calcium in the body.

Because other forms of vitamin D absorption are so problematic, scientists cautiously advise getting a small amount of sunscreen-free sun exposure each day. People with darker skin tones may need more sun exposure to get the same effect. And scientists still warn that excessive sun exposure can lead to skin cancer, so exercise caution until more evidence is at hand.

Medicare will pay for tests to screen for breast, colon and prostate cancer, and also will pay for a diagnostic test if you think that you have a suspicious mole that could lead to skin cancer.

Source: *Dear Marci*; Medicare Rights Center; Volume 7, Issue 22.

## Stimulus Payment....



**Q:** I received my stimulus payment, but it was less than what my friends and neighbors received. Why?

**A:** Your economic stimulus payment is based on information provided on your 2007 income tax return.

Many but not all taxpayers qualify for the maximum basic payment of \$600 for singles or \$1,200 for married couples. Many parents are also receiving an additional \$300 for each qualifying child, born after Dec. 31, 1990.

Your payment may be less than the maximum for one or more of the following reasons:

- You are single and your net income tax liability is less than \$600. If you file Form 1040 net income tax liability is the amount shown on Line 57, plus the amount on Line 52.
- You are married and your net income tax liability is less than \$1,200.
- You are single and your adjusted gross income (AGI) is more than \$75,000. On form 1040, AGI is the amount on Line 37.
- You are married filing a joint return and your AGI is more than \$150,000.
- You owe back taxes that reduced your payment.
- You have non-tax federal debts such as unpaid student loans or child-support obligations that reduced your payment.

Around the time you receive your payment, you will also receive a notice from the IRS explaining how your payment was calculated. It is important to keep this notice as a record of your economic stimulus payment. In addition, you'll get a separate notice if you owe back taxes or non-tax debts that were offset or deducted from your stimulus payment.

## Medicare Part D....



### Tips to Get Through Medicare Part D's "Doughnut Hole"

Have you heard of Medicare's "doughnut hole"? It's also known as the "coverage gap", and it is unique to Medicare Part D, the prescription coverage part of the Medicare program that is available only through private insurance companies. Many people find out about the doughnut hole by accident, when all of a sudden their plan stops paying for their medications. Here's how the doughnut hole works:

The coverage gap will start when the total cost of your prescriptions, which you and your plan have paid for covered drugs, reaches a certain amount. Individual plans can determine when the coverage gap starts, but in most plans it begins when your total drug costs reach \$2,510 in 2008. You will still pay your drug plan's monthly premium during the gap.

In all plans, the coverage gap ends when your total out-of-pocket costs (just what you have paid) for covered drugs reach \$4,050 in 2008. After that you will have "catastrophic coverage" and you will pay 5 percent of the cost of each covered drug, or a co-pay of \$2.25 for generics and \$5.60 for brand-name drugs, whichever is greater.

Your Medicare drug plan should be keeping track of how much money you have spent out-of-pocket on your covered prescription drugs and how close you are to the coverage gap. This information should be printed on your monthly statements. To make sure this information is correct, you should keep your receipts from the pharmacy.

If you have full Extra Help, the highest level of assistance from the federal program that helps people with low incomes pay for the costs of Medicare drug coverage, you will not have a gap in coverage. You will pay your Extra Help co-pays for covered drugs until you reach catastrophic coverage.

If you have partial Extra Help, you also will not have a coverage gap. You will pay either your plan's co-pay or 15 percent of the cost of your drug, whichever is cheaper. Once you reach catastrophic coverage, your co-pays will go down to \$2.25 for generics and \$5.60 for brand-name drugs.

Catastrophic coverage for people with Extra Help begins as soon as your total drug costs reach \$5,726.25 (what you pay plus what your drug plan pays for your covered drugs). Your total drug costs will reach \$5,726.25 faster if you take more expensive brand-name drugs (for which you will pay \$5.60 co-pays).

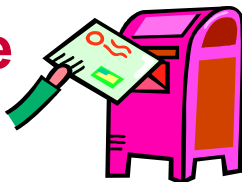
There may be ways you can keep your costs down while you are in the doughnut hole:

- Ask your doctor about **lower-cost generics** if you currently take brand-name drugs.
- If you can't take any drugs that cost less, ask your doctor if **free samples** are available.
- **State pharmaceutical assistance program (SPAP)** may help its members pay the out-of-pocket costs of a Medicare private drug plan.
- There may be charities that can help reduce your costs. (Go to [www.medicarerights.org/copay\\_charities.pdf](http://www.medicarerights.org/copay_charities.pdf) for a list.) *If you are unable to download the list, you may call the Council on Aging for information.* In some cases, the amount the charity pays counts toward your catastrophic coverage limit. You can also see if your hospital has a **Charity Care Policy** to reduce your co-pays if you cannot afford them.
- Some pharmaceutical companies have Patient Assistance Programs (PAPs) that offer low-cost or free drugs to people with low incomes. However, only a few accept people with Part D. (Go to [www.rxassist.org/docs/medicare-and-paps.cfm](http://www.rxassist.org/docs/medicare-and-paps.cfm) for more information.) If you get help from a PAP, call the program to find out how it works.
- If your pharmacy is selling a medication **covered by your plan** for a cheaper price than that offered by your plan, you can buy your medication for this price during both your deductible and coverage gap. You can take advantage of any "special" or discount offered to all pharmacy customers. You should use in-network pharmacies. You will need to submit your receipt to your plan, and any other required documentation, in order for this amount to count towards reaching the catastrophic coverage limit. Find out what your plan requires by calling the customer service number listed on the back of your Medicare drug plan insur-

ance card.

To learn more about Extra Help, PAPs and whether or not your state has an SPAP, log on to Medicare Interactive Counselor at [www.medicareinteractive.org](http://www.medicareinteractive.org). Medicare Interactive Counselor is a resource provided by the Medicare Rights Center, the largest independent source of health care information and assistance in the United States for people with Medicare.

## Marci's Medicare Answers....



Dear Marci,



**My father was recently diagnosed with a severe mood and anxiety disorder. His doctor wants to admit him to a hospital for treatment. Will Medicare cover the cost?**

—Karen (Seattle, WA)

Dear Karen,

Yes, Medicare Part A helps pay for inpatient health services in either a psychiatric hospital (a hospital that only treats mental health patients) or in a general hospital. Your father's doctor will determine which setting he needs.

**If your father receives care in a psychiatric hospital**, Medicare will help pay for up to 190 days of inpatient care in his lifetime. After he reaches that limit, Medicare may help pay for mental health care at a general hospital. Your out-of-pocket costs are the same in a psychiatric hospital as they are in a general hospital.

—Marci

Learn more about how Medicare covers inpatient mental health services and what you will pay by visiting, <http://www.medicarerights.org/> or you may contact the Council on Aging for more information.

Dear Marci,



**After hip surgery last year, my wife developed a dependency on prescription pain relievers. Now, her doctor says that she needs special care in a hospital to help her get rid of her addiction. Will Medicare help pay for her treatment?**

—Mike (Cupertino, CA)

Dear Mike,

Yes, Medicare Part A will help pay for your wife's care if she is hospitalized for substance abuse treatment, as long as she goes to Medicare-participating hospital, and her doctor has stated that the services are medically necessary. The doctor must set up a plan of treatment for her. Her out-of-pocket costs will be the same as for any other type of hospital stay.

If your wife needs treatment after leaving the hospital, Medicare Part B will help pay for her outpatient substance abuse treatment from a clinic or hospital outpatient department.

—Marci

Dear Marci,



**I can see on my Medicare statement that my scooter provider is continuing to charge Medicare a rental fee even though I now own the scooter. I think this is fraud and would like to report it. How should I do that?**

—Delores (St. Paul, MN)

Dear Delores,

If you think a mistake has been made in a bill, call your scooter provider first. It may have been an honest error.

If the provider's answer does not satisfy you, call your Medicare carrier at 800-MEDICARE (1-800-633-4227) or the Inspector General's fraud hotline

at 800-HHS-TIPS (800-447-8477). You can ask Medicare not to use your name when it investigates, if you prefer.

—Marci

**Dear Marci,**



**My mother went to the hospital last month for a procedure and when she got her statement from Medicare, I noticed that there were a few items billed to Medicare that she never received. Since we didn't have to pay for these items, is it worth reporting this to someone?**

—Nancy (Hanover, NH)

Dear Nancy,

If your mother's *Medicare Summary Notice* lists services that she never received, this could indicate an instance of *Medicare fraud*. Even if your mother was not billed any extra money, you should still report these charges to Medicare.

Fraud and abuse cost Medicare an estimated \$16 billion every year and lead to higher costs for everyone with Medicare in the form of higher premiums, deductibles and other costs.

—Marci

**Dear Marci,**



**I am going to have cataract surgery next month, but my friend just told me that Medicare does not cover eye care. Is this true?**

—Paulo

Dear Palo,

Medicare will not generally pay for routine eye care, but it will cover surgery to remove the cataract and replace your eye's lens with a man-made intraocular lens. Medicare will also cover the dark glasses you must wear immediately after surgery

to protect your eyes, and a standard pair of un-tinted prescription eyeglasses or contacts if you need them after surgery. If it is medically necessary, Medicare may pay for customized eyeglasses or contact lenses.

—Marci

Source: *Marci's Medicare Answers* is a service of the *Medicare Rights Center* ([www.medicarerights.org](http://www.medicarerights.org)), the nation's largest independent source of information and assistance for people with Medicare. Articles submitted in the following order: July 2008, Vol. 7, Issue 28 & 29; June 2008; Vol. 7, Issue 23 & 25 & August 2008. To subscribe to "DearMarci," MRC's free educational e-newsletter, simply e-mail [dear-marci@medicarerights.org](mailto:dear-marci@medicarerights.org).

## Stranger-Originated Life Insurance....



### Bill to limit Stranger-Originated Life Insurance becomes Ohio law

Ohio Department of Insurance Director Mary Jo Hudson announced that Governor Ted Strickland signed House Bill 404, which protects Ohio seniors by limiting *Stranger Originated Life Insurance* (STOLI) transactions in Ohio life insurance market.

Governor Strickland signed the bill into Ohio law June 11, 2008. The Ohio legislature unanimously passed the bill the last week of May.

Director Hudson said, "We are pleased that these solid amendments to the Ohio insurance law recognize a shared responsibility of the life settlement industry, life insurance companies and the Department to protect consumers against STOLI transactions.

"I strongly believe this change to Ohio law will deter STOLI transactions from occurring in Ohio."

The new Ohio law amends the Ohio Viatical Settlement Act, which regulates the sale of life insurance policies to third-party investors and the companies involved in these transactions. The amendments provide the Department with additional authority in the regulation of life settlement brokers and life settlement providers. The amendments also require life settlement brokers and life settlement providers to give insurance companies additional information prior to engaging in a life settlement.

Life insurance companies are now required to ask specific questions to identify STOLI transactions and, when discovered, report them to the Department.

Further, the law now requires a five-year waiting period in certain circumstances before an individual may settle a life insurance policy if specific elements of a life settlement transaction had been included and had not been disclosed to the insurance company.

The Department fully supports these amendments to Ohio insurance law and is implementing new protocols to comply with the consumer protection they offer. The new provisions are effective 90 days from the signing date.

Source: OSHIIP News, July 2008, Ohio Senior Health Insurance Information Program.

## BBB Senior Alert....

### International Gateway Inc. (IGI)

The BBB (Better Business Bureau) is being notified by seniors that they are receiving calls from a company called International Gateway Inc. (IGI). The caller states that due to a computer error, the senior's bank account numbers are on the Internet for public viewing. IGI states that their company was hired to remove the information from the Internet. All the senior needs to do is verify their account numbers for confirmation.

**No! No! No! Never give your account numbers to strangers who call! In a matter of minutes, your bank account can be drained.**

When crooks make these calls, they are hoping that the senior will fall for their story. They will try to get the senior to panic and react by giving out their account numbers.

**If you get a similar call and you THINK it could be real....then YOU ask the questions.**

1. Ask the caller to repeat their company name, make them spell it, if necessary. Get their address and phone number. Tell the caller you will get back with them. (Generally they'll just hang up on you).
2. Call your bank or credit card companies using numbers from the phone book, from a statement or from the back of your credit card. Ask them if your account numbers have been compromised.
3. Call the BBB at 419-531-3116 or toll for 1-800-743-4222 to report the scam. The BBB wants to alert others so they don't get taken!!



### Tips on Buying Pet Insurance

Pet insurance sales are increasing every year, with senior pet owners being a large part of the market. Some complaints BBB have received on pet insurance could have possibly been avoided if the buyer would have:

- Shopped and compared different policies &
- Read the policies thoroughly, including the fine print.

In order to help seniors make a wise buying decision, the BBB suggests asking the following questions when reviewing a pet insurance policy:

1. Cover pre-existing conditions? Hereditary problems?
2. Cover the whole fee? Cover a percentage of the fee? Cover a percentage of what the insurance

company deems is a standard fee? (often times much less than what you are charged).

3. Have a waiting period before it goes into effect?
4. Have limits on the total amount of payout? This could be per incident, per year or per the animal's lifetime.
5. Require you to go to certain veterinarians?
6. Have clear instructions on how to cancel the policy?
7. Have an easily accessible customer service number? These last two points are especially important when purchasing a product from a website or out-of-state company.
8. Make more sense to forego the policy and just put the money you would spend on premiums into a saving account for pet bills?

**NOTE:** An insurance company has to be licensed to sell pet insurance. It is important to verify this through your state's Department of Insurance.

Also check the insurance company's report with the BBB, 419-531-3116 or toll free at 1-800-743-4222 or [www.bbb.org](http://www.bbb.org).

## Phone Calls from... 809, 284, & 876



This is very important information provided by AT&T. ***Don't ever dial area code 809!!***

An AT&T member actually received a call from an 809 area code. The woman said, "Hey, this is Karen. Sorry I missed you—get back to us quickly. I have something important to tell you." Then she repeated a phone number beginning with 809. The AT&T member ***did not*** respond.

This one is being distributed all over the US. This is pretty scary, especially given the way they try to get you to call. They get you to call by telling you that it is information about a family member who

has been ill or to tell you someone has been arrested, died, or to let you know you have won a wonderful prize, etc.

In each case, you are told to call the 809 number right away. Since there are so many new area codes these days, people unknowingly return these calls. FYI, If you call from the US, you will apparently be charged \$2425.00 per minute or, you'll get a long recorded message. The point is, they will try to keep you on the phone as long as possible to increase the charges. Unfortunately, when you get your phone bill, you'll often be charged more than \$24,100.00.

### Why It Works:

The 809 area code is located in the Virgin Islands (The Bahamas). The charges afterwards can become a real nightmare, that's because you did actually make the call. If you complain, both your local phone company and your long distance carrier will not want to get involved and will most likely tell you that they are simply providing the billing for the foreign company. You'll end up dealing with a foreign company that argues they have done nothing wrong.

Source: Cybersenior Info.; received by Area Agency on Aging, Inc.; [cyberseniorinfo@sbcglobal.net](mailto:cyberseniorinfo@sbcglobal.net)

## Shopping/Gas Card...



The following actually happened to a Council on Aging employee....they received a call regarding a gift card ranging from \$25-\$500 and a gas card ranging from \$60-200. The recipient received the same call four times in one week. On the fourth day, the caller telephoned three different times, and each gift/gas card amount was different. This is how the scam works....

An individual calls and informs you that you are eligible to receive a gift card and a gas card, for a minimal fee ranging from \$2.00-\$6.90, which will be due when the card arrives. They ask you if you

have a VISA or Mastercard, at which point they ask for your credit card number to verify your winnings. The calls came from Phoenix, Arizona each time, but remember a scam can come from anywhere. It's always important to call the BBB at 419-531-3116 or toll for 1-800-743-4222 to report the scam. Beware!!



## Summer Cooling Program....7/1- 8/31

The Summer Cooling Program provides assistance with summer cooling for income eligible senior households (60+) or for applicants with documented medical conditions. Households meeting the income guidelines that have a member who is 60 or older can be eligible for assistance with current electric bills. For those under 60, the household must meet income limits and have a medical slip from a doctor stating you would benefit from this program.

Contact your local Community Action for information and how to apply: Crawford County, Ohio Heartland Community Action, 1-866-861-6421 or 419-468-5121.

The funding for this program is awarded through the Electric Partnership Program and is administered by the Ohio Energy Office located with the Ohio Department of Development.

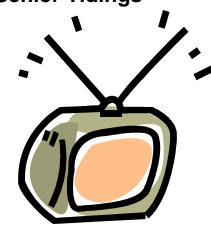
Those using the PIPP (Percentage of Income Payment Plan) Program whose annual electric usage is more than 4000 kWh per year, may be eligible to have inefficient appliances/ light bulbs replaced.

### Income guidelines for PIPP:

1 person household:	\$15,600/year
2 person household:	\$21,000/year
3 person household:	\$26,400/year

For more information or to apply for PIPP or the Energy Saving Program, call your local Community Action Program.

## TV Converter Box Coupon Program....



**Do you have a TV in your home that works with the help of “rabbit ears” or a rooftop antenna?**

If so, you should be aware of an important change in broadcasting coming in February 2009. If you receive free TV using an antenna and your TV is not digital, you need to take action sometime before February 17, 2009 so you can continue to receive programs after that date.

**What's this about?** The Digital Television Transition and Public Safety Act of 2005 requires TV stations to stop broadcasting in analog and to broadcast only in digital after **February 17, 2009**. The digital transition will provide a better viewing experience for consumers and help emergency responders protect your community.

The Act created the TV Converter Box Coupon Program for households wishing to use their analog TVs after the transition. The Federal government is offering US households up to two \$40 coupons to help pay for the cost of a certified converter box. TVs connected to cable, satellite, or other pay services do not need a converter box to receive programs after February 17, 2009.

**What do I need to do?** For each analog TV you own, you need to decide before **February 17, 2009** how you would like to get programming after the change to digital.

### **What are my options?**

1. Buy a converter box that will plug into your current TV.
2. Buy a TV with a digital tuner.
3. Connect the analog TV to cable, satellite or other pay service.

More information can be found online at [www.DTV2009.gov](http://www.DTV2009.gov).

**How do I get a coupon?** Apply online or by phone. You may also mail in or fax a Coupon Application. You may request one coupon now and one later, but no more than two coupons per household are allowed. Coupon supplies are limited. Coupons expire 90 days after they are mailed. Requests must be received by March 31, 2009. Contact information is listed below:

Online: [www.DTV2009.gov](http://www.DTV2009.gov)

By phone: 1-888-DTV-2009 (1-888-388-2009);  
TTY: 1-877-530-2634 (English); 1-866-495-1161 (Spanish)

By Mail: P.O. Box 2000; Portland, OR 97208

By Fax: 1-877-DTV-4ME2

By calling Council on Aging to request a coupon:  
419-562-3050 or 1-800-589-7853.

## Relay Ohio helps people Communicate....

The free service Relay Ohio provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech disabled. This services allows hearing callers to communicate with test-telephone (TTY) users and vice versa through specially trained Communication Assistants (CAs).

Calls can be made anytime to anywhere in the world with no restrictions on the number, length or type of calls. All calls are strictly confidential and no records of any conversations are maintained.

From an outgoing line, simply dial 711 to connect with Relay Ohio. The CA will dial the requested number and relay the conversation between the two callers.

Visit <http://www.ohiorelay.com/index02.html> for more information.

## Cell Phone Recycling....

**How can you recycle your cellular phone?** The Council on Aging is making an effort to make the most of used cell phones. We are collecting used cell phones as an easy fundraising project and at the same time we will be helping the environment by keeping phones out of our landfill.

Simply, drop off your used cell phone at:



**Council on Aging**  
**200 S. Spring St.**  
**Bucyrus, Ohio 44820**

We currently have a box of cell phones, but are in need of a couple more phones to complete the amount needed to send out for shipping. Thank you to those of you who have donated. Please continue to remember us when you no longer need your old cell phones.

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