



Crawford County
Council on Aging, Inc.
200 S. Spring St.
Bucyrus, Ohio 44820

419/562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

E-mail: coa@rrohio.com

Website:
crawfordcountyaging.com

Topics of Interest

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- **Remember....last day to enroll/switch to a Medicare Drug Plan is Dec. 31st.**

Senior Tidings

Crawford County Council on Aging, Inc.



December 2008

Merry Christmas.... from COA staff

Remember your Cell Phones....

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 phones at:

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

In collecting cellular phones, ninety percent of the proceeds go directly to the Council on Aging and ten percent goes back to the NCOA (National Council on Aging) to help continue new ways to provide fundraising and support senior center initiatives

across America.

Donations for the Council on Aging newsletter, *Senior Tidings*, are always appreciated. The number of newsletters printed monthly has greatly increased over the past year. The mailing cost for each home is estimated to be **\$5.00 per year**. All donations should be sent to the Council on Aging, 200 S. Spring St., Bucyrus 44820. Thank you for your support!

Website: Don't forget to check out our website-(address listed in the left hand column). Listing of senior services; administration; questions & answers; monthly menus, calendars, & newsletters are also available.

Health & Nutrition....

Although turkey is often blamed for the nap epidemic that hits homes across the country after the Christmas table has been cleared, the celebratory bird is not entirely responsible. As it turns out, the combination of carbohydrates, alcohol, fats and overeating in general is much more

likely to cause the post-meal drowsiness. This Christmas, try some of these healthy tips, they just might help you stay awake longer to enjoy the festive mood:

- **Slow down:** It takes 20 minutes for your body to realize it's full.

Fast eaters eat more food and, by the time they start feeling satiated, have consumed more calories than slower eaters.

- **Eat the turkey, not the skin:** a three-ounce serving of skinless white turkey meat contains 25 grams of protein, about three grams of fat. Dark meat has more saturated fat than white meat, and eating the skin adds an unnecessary portion of bad fats.
- **Try the pumpkin without the pie:** Even if you have been waiting all year for pumpkin pie to start showing up in bakeries, you know too much of it is not good for you. Pumpkins, however, are very healthy. Low in fat and calories, and loaded with potassium, vitamin A, beta carotene, and vitamin C, pumpkins are a great addition to any diet when you leave the pie crust behind.
- **Go for whole:** Choose whole grain breads (proven to help lower the risk of heart disease, Cancer and diabetes) instead of enriched white bread. Always read the labels carefully, if something is “multigrain,” it only means it contains more than one grain, not that whole grains were used.

Source: *Dear Marci*/Medicare Rights Center [DearMarci@medicarerights.org], Volume 7, Issue 45, Week of November 10, 2008.

Food Safety During Power Outages



If the power is out for less than 2 hours, then the food in your refrigerator and freezer will be safe to consume. While the power is out, keep the refrigerator and freezer doors closed as much as possible to keep food cold for longer.

If the power is out for longer than 2 hours, follow the guidelines below:

For the freezer section: A freezer that is half full will hold food safely for up to 24 hours. A full

freezer will hold food safely for 48 hours. Do not open the freezer door if you can avoid it.

For the Refrigerated section: Pack milk, other dairy products, meat, fish, eggs, gravy, and spoilable leftovers into a cooler surrounded by ice. Inexpensive Styrofoam coolers are fine for this purpose.

Use a food thermometer to check the temperature of your food right before you cook or eat it. Throw away any food that has a temperature of more than 40 degrees Fahrenheit.

For guidelines on when to save and when to throw out food during a power outage the United States Department of Agriculture (USDA) has provided a list “*When to Save and When to Throw It Out.*”

Contact the Health Department if you are unsure of a refrigerated food needing to be discarded or not.

Source: *Ohio Department of Agriculture and Ohio Department of Health*, September 16, 2008.

Medicare Prescription Drug Plan....



CMS (Centers for Medicare & Medicaid Services) is working toward a smooth transition to ensure continued prescription drug coverage for all Medicare beneficiaries who received extra help in paying their prescription drug costs in 2008. CMS is continuing to reach out to the beneficiaries receiving the low-income subsidy (LIS) who are facing a change in their Part D premiums in 2009, including providing information to beneficiaries about these changes via two letters.

CMS sent both the **blue reassignment letter** and the **tan letter** to beneficiaries receiving the LIS who selected a plan, but who will be responsible for paying a portion of their plan premium beginning in January 2009 unless they join a new plan.

Early November, beneficiaries should have received a “**Blue Re-assignment Notice.**” About 133,000 people will be reassigned because their 2008 Medicare Prescription Drug Plans are terminating. This notice specifies that their current plan is leaving and also provides information about their new plan and alternative options.

Some people will be reassigned because their 2008 plan premiums are increasing for 2009. This includes 1.15 million people who will be moved to a new plan outside their current organization. The reassignment notice that you should have received provides information about three options: moving to the new plan, staying in the current plan, or selecting a different plan. Details about the new zero premium plan (including co-payment amount and yearly deductible) are provided along with the name of their new organization and a phone number that can be used to get additional information about prescriptions covered, drug coverage rules and local pharmacies.

Medicare mailed “**Chooser Notices**” (**Tan in color**), to a total of about 620,000 people who qualify for the full premium subsidy and who chose to join a Medicare Drug Plan that was “free” when they first joined, but whose premium will be above the regional low-income premium subsidy amount in 2009. Medicare does not reassign LIS beneficiaries who joined plans on their own or switched to a different plan than the plan Medicare enrolled them in. Again, these letters are on **tan paper** and inform beneficiaries what their out-of-pocket payment will be in 2009, lists the zero premium plans available, and provides a list of important things to think about when considering plan options.

Source: *OSHIIP*, Ohio Senior Health Insurance Information Program.

Medicare Check-Up Date

A session is scheduled at **Altercare of Bucyrus** to provide education and individual assistance for those who would like help looking at the 2009 Medicare Drug Plans. No need to RSVP and there is no cost for this service. Bring a current list of prescriptions and your Medicare card.



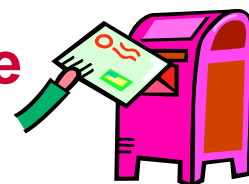
Session location:

Altercare of Bucyrus
1929 Whetstone St., Bucyrus.

Session time:

Friday, December 12th, 10:00 am-2:00 pm

Marci's Medicare Answers....



Dear Marci,



My father signed up for a Medicare private health plan last year, but he has not been happy with the coverage.

How can he get back into Original Medicare?

—Judith (Eau, Claire, WI)

Dear Judith,

Although disenrolling is a simple process, it can only be done during specific times of the year. Your father can switch plans during the **Annual Coordinated Election Period (ACEP)**, which runs from November 15 through December 31 every year. If he misses the ACEP, your father can also switch plans once during the Open Enrollment Period (OEP), which runs from January 1 through March 31 every year. If your father was misled into joining his current Medicare private health plan, he might be entitled to a *retroactive disenrollment* or a Special Enrollment Period (SEP).

Your father should call 1-800-MEDICARE to request his disenrollment from his private health plan. As soon as he disenrolls, he will be automatically enrolled in Original Medicare.

—Marci

Dear Marci,



My husband's family has a long history of glaucoma. Although he doesn't have any symptoms of the disease, he was recently prescribed bifocals. His doctor also suggested that he get an eye exam every year to monitor any changes in eye pressure that might signal the start of glaucoma. Will Medicare help pay for his bifocals? Will it cover his annual eye exams?

—Abby (New London, CT)

Dear Abby,

Medicare *does not* generally pay for routine eye care. Since Medicare only covers eyeglasses for beneficiaries who have had cataract surgery, it will not cover your husband's bifocals.

However, because family history puts him at high-risk for glaucoma, Medicare will cover an annual glaucoma screening for your husband once every 12 months. He must go to an eye doctor who is authorized to provide services in your state. To say the least, your husband should go to a doctor that takes Medicare "assignment" (the Medicare-approved payment for a service as payment in full).

If your husband is ever diagnosed with glaucoma, Medicare will also cover any surgical procedures he has to undergo to help repair the function of his eye.

—Marci

Dear Marci,



My mother has to undergo radiation treatment for the next six months. We hired an ambulance company to transport her from her home to the hospital for her daily treatment. Will Medicare help pay for the ambulance's services?

—Marie (Nederland, CO)

Dear Marie,

Most of the time, Medicare *does not* cover non-emergency transportation services. Generally, Medicare will only cover ambulance services in an emergency.

However, Medicare might cover your mother's ambulance services if she is unable to get out of bed without help, walk, or sit in a chair or wheelchair. If she requires vital medical services during her trip that are only available in an ambulance, Medicare might also cover her ambulance transportation.

If your mother resides in a skilled nursing facility (SNF) that does not provide the treatment she needs (and the cost of transport is less than bringing the treatment to her and back), Medicare will cover her ambulance services from the SNF.

—Marci

Dear Marci,



I will become eligible for Medicare in a few months. Some of my friends have recommended I enroll in a Medicare HMO instead of Original Medicare. How do Medicare HMOs compare to Original Medicare?

—Ginny (International Falls, MN)

Dear Ginny,

Medicare HMOs (Health Maintenance Organizations) differ from Original Medicare in several ways. For instance, while HMOs will generally only cover your care from doctors and hospitals in their network, except in the case of emergency or urgent care, Original Medicare will cover your care from most doctors and hospitals in the country.

In addition, Medicare HMOs (like all private health plans that offer Medicare benefits) must offer the same basic benefits as Original Medicare but can do so with different rules and restrictions. These additional rules can greatly affect cost. Be aware that not all HMOs work exactly the same way. Some may cover services that Medicare does not, like routine dental care. Before you join any Medicare private health plan, make sure it covers the private health plan, doctors, hospitals and pharmacies you like to use without restrictions at a cost you can afford.

—Marci

Source: *Marci's Medicare Answers* is a service of the *Medicare Rights Center* (www.medicarerights.org), the nation's largest independent source of information and assistance for people with Medicare. Articles submitted in the following order: Vol. 7, Issue 45; Vol. 7, Issue 33; Vol. 7, Issue 32; Vol. 7, Issue 44; www.medicare.interactive.org. To subscribe to "DearMarci," MRC's free educational e-newsletter, simply e-mail dearmarci@medicarerights.org.

Paying for Oxygen & Oxygen Equipment....



How does Medicare pay for oxygen and oxygen equipment?

Answer: Medicare pays suppliers a monthly fee for furnishing all medically necessary

oxygen and oxygen equipment, including accessories and supplies like tubing or a mouthpiece. Assuming that you have no unmet Part B deductible, Medicare pays 80 percent of the allowed amount and you pay 20 percent of the allowed payment amount. After 36 months of continuous use, Medicare stops making rental payments for the oxygen equipment, but you will continue to get the oxygen equipment, accessories, and supplies from the same supplier at no charge until the end of the reasonable useful lifetime of the oxygen equipment (currently 5 years after the date that the equipment was delivered to you). At the end of the equipment's reasonable useful lifetime, the supplier can pick up the equipment and you can get new equipment if it is determined that you still have a medical need for oxygen. When you get the new equipment, Medicare starts a new 36 months rental period. If you get liquid or gaseous oxygen delivered in tanks or cylinders, your supplier must continue to deliver replacement tanks or cylinders after the 36 month rental period ends, and Medicare will continue to pay for delivery of oxygen contents in these tanks and cylinders.

Do I own my oxygen or oxygen equipment after the 36 month rental period?

Answer: No. The supplier retains ownership of the equipment but must continue to furnish the equipment after the 36-month rental period for any period of medical need until the end of the reasonable useful lifetime of the oxygen equipment (currently 5 years after the date that the equipment was delivered to you). At the end of the equipment's reasonable useful lifetime, the supplier can pick up the equipment and you can get new equipment if it is determined that you still have a need for oxygen. When you get the new equipment, Medicare starts a new 36 month rental payment. If you get liquid or gaseous oxygen delivered in tanks or cylinders, your supplier must continue to deliver your oxygen tanks after the 36

month rental period ends, and Medicare will continue to pay for delivery of oxygen contents in these tanks or cylinders.

Is the supplier responsible for maintenance and servicing of the oxygen equipment?

Answer: Yes. The supplier has to make sure your oxygen equipment is in good working order. If your equipment breaks, your supplier has to fix it or give you replacement equipment. In 2009, beginning 6 months after the 36-month rental period, Medicare makes one payment for your supplier to come to your home to inspect and provide routine service for your equipment if your supplier does not already visit your home to deliver oxygen tanks. All other maintenance, servicing, and repairs must be furnished at no additional charge to you or Medicare.

How do I get replacement accessories such as regulators, filters, masks, and tubing after the 36 month rental cap?

Answer: The supplier that furnished your equipment in the 36th month is required to provide replacement accessories at no charge for any period of medical need for the remainder of the 5 year reasonable useful lifetime of the equipment.

What happens if I have to go to the hospital or nursing home after the 36 month rental cap?

Answer: The supplier is not required to furnish oxygen or oxygen equipment while you are in the hospital or nursing home. However, when you return home, the supplier that furnished your equipment in the 36th month is required to furnish the equipment for any period of medical need for the remainder of the 5 year reasonable useful lifetime of the equipment.

Can I purchase my own equipment instead of renting? Will Medicare pay?

Answer: The Medicare law prohibits payments for purchase of oxygen equipment. If you choose to

buy your own oxygen equipment, Medicare cannot pay.

Source: www.medicare.gov



Getting Ready for Winter....



- Change the filter on your furnace and if possible have it cleaned by a professional.
- Make sure heat vents aren't blocked by furniture.
- Turn down the thermostat and put on a sweater. You'll be surprised at the savings on your heating bill.
- Close off any rooms your aren't using and close heat vents or turn off radiators in those rooms.
- Drafts mean cold air is leaking into your home. Use either insulating tape or caulking strips to surround your windows and door molding. You can cover your windows with plastic sheeting. If you have storm windows or storm doors, use them to keep cold air out.
- If you can, buy heavy curtains to prevent cold drafts, even in the kitchen. Open them during the day to let the sun help warm your house, and close them at night. Use "fabric snakes" or older rugs in front of windows and doors to help eliminate drafts.
- Insulate your light switch and outlet plates with foam pads. Cold air can seep into the house through them.
- Cover your hot water heater with insulating material. You'll use less energy to heat the water.
- If your home sits above-ground and some of your pipes are exposed, wrap them to save on energy and prevent freezing.
- Turn off any outside faucets, drain your hose, and cover the faucets. Use caulking or weather

stripping around all pipes where they enter your home, yet another way to eliminate drafts.

- If you plan to use a wood burning fireplace to cut down on your heating bill, first get your chimney cleaned and inspected by a professional. Close the damper when the fireplace is not in use to keep heat from escaping through it.
- Remember, heat rises. Block off rooms upstairs you don't use during the day to keep the heat downstairs.
- Turn off vent fans in the kitchen and bathroom as soon as the job is done.
- Use your ceiling fans and re-set them to blow warm air down in the winter.

Source: *American Red Cross*; www.redcross.org

VITA.... Training Class

The Crawford County Volunteer Income Tax Assistance will host another *Free Training Class* for Crawford County citizens who wish to help others with completing Federal, State, and Local Income Tax Forms for 2008.

The course is conducted by an IRS certified instructor. Computers will be available for all new volunteers in the class along with reference material on changes in tax laws for 2008. All computers will be equipped with the IRS TaxWise Software for 2008 income tax returns.

The class will be limited to 12 to 15 new students. The course will start Monday, January 5, 2009 at 9 a.m. to 3 p.m., at Holy Trinity School, classroom #5. Eight days will be spent on tax law training through January 14th, 2009. January 15-16, VITA volunteers will join a class for state and city income tax reviews, conducted by representatives from Ohio, Bucyrus, Galion, and Crestline.

January 20-23, 2009, VITA volunteers will have an opportunity for Basic TaxWise computer training for 2008 tax returns.

January 26-30, 2009, VITA volunteers will have an opportunity to practice Tax Wise exercises and become more confident in assisting Crawford County citizens with their tax returns for 2008.

During the training period in January 2009, there will be three open book tests to help you evaluate what has been presented to you and where to go for answers.

To register for the **FREE** income tax course and be one of the 12 to 15 new VITA volunteers, call the Crawford County Council on Aging at 419-562-3050 or 1-800-589-7853. Information is needed as soon as possible so that training and reference materials can be ordered. An instructor will contact you to discuss any questions you may have about the VITA program.



Remember.... Medicare beneficiaries have until December 31st to join or switch their Medicare Prescription Drug Plans. The effective date of the new plan will be January 1, 2009.

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