



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@rroho.com](mailto:coa@rroho.com)  
**Website:**  
[crawfordcountyaging.com](http://crawfordcountyaging.com)

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# Senior Tidings

Crawford County Council on Aging, Inc.

November 2008



## Council on Aging ....notes

From November 15th thru December 31, Medicare beneficiaries may join or switch their Medicare Prescription Drug Plans.

All Medicare beneficiaries, even those with few medications, no medication or no medication changes, are encouraged to review the Medicare Prescription Drug plan available for 2009. Your 2008 Medicare Drug Plan might not provide you with the most savings for 2009. The 2009 plan information is now available on the Medicare website ([www.medicare.gov](http://www.medicare.gov)). Should you decide to switch or join a plan during open enrollment (November 15-December 31) the effective date of the new plan will be January 1, 2009.

If you would like assistance in deter-

mining the most cost effective plan of the upcoming year.

These resources can provide guidance and objective information:

- ▶ **Council on Aging, OSHIIP** (Ohio Senior Health Insurance Information Program) counselor, 419-562-3050 or 1-800-589-7853.
- ▶ **1-800-MEDICARE** or ([www.medicare.gov](http://www.medicare.gov))
- ▶ **Ohio District 5 Area Agency on Aging, Inc.**, (419) 524-4144 or 1-800-680-5799.
- ▶ **OSHIIP- Medicare Check-Up Day, Dec. 12th**, info. on Page 5: No need to RSVP & there is no cost. Bring a current list of prescriptions & your Medicare card.



## Health & Nutrition....

**Seasonal Affective Disorder:** As the days start getting shorter, an estimated 25 million Americans will begin experiencing signs of *seasonal affective disorder (SAD)*, also known as winter depression. SAD stems from lack of light in wintertime, which can result in lower levels of

serotonin, the mood-enhancing chemical that regulates hunger and the feeling of well-being. Here are some tips to help boost your serotonin levels and keep the winter blues away:

- **Bright lights, bright mood:** Studies suggest that "light ther-

apy,” involving the use of bright light bulbs to stimulate summertime light can help boost serotonin. Standing within three feet of a 300-watt bulb for 20 minutes three times a day can help (although the boost in serotonin may only be temporary).

- **Bust out your winter workout gear:** It can be hard to stick to an exercise routine once it gets cold, but if you can force yourself to start, even 15 to 20 minutes of dancing to the radio or fast walking can improve your mood and reduce the sweet tooth that usually accompanies SAD.
- **Eat smart:** Push away leftovers and stick to eating complex carbs to stimulate serotonin. Sweets and simple carbs, like white rice and white bread, quickly raise blood sugar, flood you with insulin, and cause inevitable energy lows. Eating wisely also means limiting the caffeine, which suppresses serotonin.

For more tips on how to boost your serotonin levels and have a happier, healthier winter, visit MedicineNet.com. If you are felling the effects of depression, do not hesitate to talk to your doctor or a counselor.

Source: Dear Marci/Medicare Rights Center [DearMarci@medicarerights.org]; Volume 7, Issue 41.



**Back Injuries:** The Journal of the American Medical Association (JAMA) estimates that back injuries have been the most expensive health-care problem for people ages 30 to 50. With so many people bound to their desks, back pain has become commonplace and often goes ignored or untreated. Here are some signs you should see a doctor.

- **Over-the-counter drugs do not work:** If your pain is not eased by regular pain relievers, it might be time to see a doctor.
- **You cannot move:** If your back pain disables

you to the point where you cannot function normally, call your doctor.

- **Your pain lasts too long:** If discomfort lasts longer than seems reasonable, seek medical help. Minor back pain can be allowed more time.
- **You feel numb:** Back pain accompanied by numbness could be a sign of nerve injury. If you feel numb, contact your doctor immediately.
- **Pain leads to emotional and physical fatigue:** Pain can lead to depression and depression can affect how long you feel pain. If you find your back pain is taking a toll on you both emotionally and physically, seek help.

Although Medicare generally does not cover chiropractic services, if your back pain is caused by a displaced vertebra (bone in your spine) and you require manual manipulation of the spine to correct it, Medicare Part B will help pay for it.

Source: Dear Marci/Medicare Rights Center [DearMarci@medicarerights.org], Volume 7, Issue 36.



### What Are High Blood Pressure & Prehypertension?

Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls during the day. When blood pressure stays elevated over time, it is called *high blood pressure*.

The medical term for high blood pressure is hypertension. High blood pressure is dangerous because it makes the heart work too hard and contributes to atherosclerosis (hardening of the arteries). It increases the risk of heart disease and stroke, which are the first, and third, leading causes of death among Americans. High blood pressure also can result in other conditions, such as congestive heart failure, kidney disease, and blindness.

A blood pressure level of 140/90 mmHg or higher is considered high. About two-thirds of people over age 65 have high blood pressure. If your blood

pressure is between 120/80mmHg and 139/89mmHg, then you have *prehypertension*. This means that you don't have high blood pressure now but are likely to develop it in the future. You can take steps to prevent high blood pressure by adopting a healthy lifestyle.

Those who do not have high blood pressure at age 55 face a 90 percent chance of developing it during their lifetimes, so high blood pressure is a condition that *most people have at some point in their lives*.

Both numbers in a blood pressure test are important, but for people who are 50 or older, systolic pressure gives the most accurate diagnosis of high blood pressure. Systolic pressure is the top number in a blood pressure reading. It is high if it is 140 mmHg or above.

**What is systolic blood pressure?** Systolic pressure is the force of blood in the arteries as the heart beats. It is shown as the top number in a blood pressure reading. High blood pressure is 140 and higher for systolic pressure. Diastolic pressure does not need to be high for you to have high blood pressure. When that happens, the condition is called "isolated systolic hypertension," or ISH.

**Is isolated systolic high blood pressure common?** Yes. It is the most common form of high blood pressure for older Americans. For most Americans, systolic blood pressure increases with age, while diastolic increases until about age 55 and then declines. About 65 percent of hypertension over age 60 have ISH. You may have ISH and feel fine. As with other types of high blood pressure, ISH often causes no symptoms. To find out if you have ISH, or any type of high blood pressure, see your doctor and have a blood pressure test. The test is quick and painless.

**Is isolated systolic high blood pressure dangerous?** Any form of high blood pressure is dangerous if not properly treated. Both numbers in a blood pressure test are important, but for some, the systolic is especially meaningful. That's be-

cause for those persons middle aged and older, systolic pressure gives a better diagnosis of high blood pressure.

If left uncontrolled, high systolic pressure can lead to stroke, heart attack, congestive heart failure, kidney damage, blindness, or other conditions. While it cannot be cured once it has developed, ISH can be controlled.

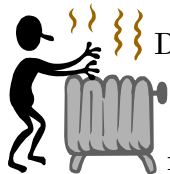
Clinical studies have proven that treating a high systolic pressure saves lives, greatly reduces illness, and improves the quality of life. Yet, most Americans do not have their high systolic pressure under control.

**Does it require special treatment?** Treatment options for ISH are the same as for other types of high blood pressure, in which both systolic and diastolic pressure are high. ISH is treated with lifestyle changes and/or medications. The key for any high blood pressure treatment is to bring the condition under proper control. Blood pressure should be controlled to less than 140/90 mmHg. If yours is not, then ask your doctor why. You may just need a lifestyle or drug change, such as reducing salt in your diet or adding a second medication.

**What is diastolic blood pressure?** Diastolic pressure is the force of blood in the arteries as the heart relaxes between beats. It's shown as the bottom number in a blood pressure reading. The diastolic blood pressure has been and remains, especially for younger people, an important hypertension number. The higher the diastolic blood pressure the greater the risk for heart attacks, strokes and kidney failure. As people become older, the diastolic pressure will begin to decrease and the systolic blood pressure begins to rise and becomes more important. A rise in systolic blood pressure will also increase the chance for heart attacks, strokes, and kidney failure. Your physician will use both the systolic and the diastolic blood pressure to determine your blood pressure category and appropriate prevention and treatment activities.

Source: Dept. of Health & Human Services; National Institute of Health; National Heart Lung & Blood Institute, <http://www.nhlbi.nih.gov>

## HEAP 2008-2009.... Winter Heating Season



Due to an unexpected funding increase, the Ohio Department of Development Office of Community Services will now receive an estimated \$245 million in Home Energy Assistance Program (HEAP) funding for the 2009 federal fiscal year.

Outlined below are the benefits available during the upcoming HEAP season for low-income Ohioans below 175% of the federal poverty guidelines.

**Customers of Regulated Utilities**: Eligible customers who are serviced by regulated utilities for both the primary and secondary heat sources, will be provided up to \$175 from the Winter Crisis Program to prevent utility disconnection or to restore service. Customers of regulated utilities who received benefits through the Winter Crisis Program will also (as in 2007-2008) be eligible for a Regular HEAP benefit. This may be split to pay for both gas and electric.

**Bulk Fuel Customers**: Bulk fuel users who apply for the Winter Crisis Program will receive up to \$950 for fuel oil or kerosene, up to \$750 for propane or bottled gas and up to \$350 for coal or wood or other solid fuels. Please be aware that these amounts are up to the maximum amount for each fuel type in order to receive a delivery of fuel to last 30 days. If they receive a delivery and do not use the maximum benefit they cannot receive a second delivery. The only exception to this rule is if a client has a small propane or kerosene tank. The agency can establish a 30-day line of credit and then receive one invoice at the end of the 30-day period not to exceed the max. This is outlined in the Energy Assistance Guidelines. These custom-

ers will also be eligible to receive a Regular HEAP benefit based on the poverty level of the household. All of these benefits may be split to help pay for electric.

**Customers of Non-Regulated Utilities (Co-ops and Municipal Utilities)**: Eligible customers of one or two non-regulated utilities will be provided up to \$250 (these customers are not covered by the PUCO Winter Reconnect Order enabling reconnection for \$175). These customers who receive a benefit through the Winter Crisis Program (WCP) are eligible to receive a Regular HEAP benefit. This may be split to pay for both gas and electric.

**PIPP Client Announcement**: The OCS plans to add a statement to the Notice of Decision to read as follows: "There are major changes planned to the Percentage of Income Payment Plan (PIPP) beginning November, 2009. Therefore, it is very important that you continue making your monthly PIPP installments. Failure to do so could result in your household not being able to participate in the PIPP and/or not being able to receive a HEAP benefit in the future."

## Social Security Increase



**Social Security Increase**: The Social Security Administration announced that people receiving retirement and disability benefits will get a 5.8 percent cost-of-living increase in 2009, the largest increase since 1982. The move comes a day after a sharp drop in stock prices, with the Standard and Poor's index dropping 9 percent.

Source: Asclepios/MRC Advocacy; {mrcadvocacyupdate@medicarerights.org}; Volume 8, Issue 42.

## Average Part D Premiums Rise in 2009



There will be significant increases in premium costs for Part D drug plans in 2009. “Plans do change their offerings from year to year. Some beneficiaries may see significant premium increases or changes, such as reduced coverage in the gap, if they stay in the same prescription drug plan in 2009,” according to a press release from the Centers for Medicare & Medicaid Services. People with Medicare are encouraged to review how their plans are changing and what other options are available to them to determine which plan best meets their needs.

The average monthly premium in 2008 for Medicare prescription drug plans was \$30. The average premium in 2009 will be \$37, a 24 percent increase. Additionally, those enrolled in one of the ten largest drug plans could see average increases of more than 30 percent, according to Avalere Health’s calculations.

Specifically, two of the nation’s largest plans, both sponsored by Humana are increasing premiums by over 60 percent in 2009. By January 2009, the premium for Humana’s standard drug plan, the second largest in the country, will have increased by 330 percent since it launched its “low-premium” plan in 2006.

In addition to increased premiums, most prescription drug plans still do not offer gap coverage. In 2009, 75 percent of PDPs offer no gap coverage and 56 percent of Medicare private health plans offer no gap coverage. The Kaiser Family Foundation estimates 3.4 million people with Medicare reached the coverage gap in 2007.

*Open enrollment for 2009 prescription drug plans began November 15 and ends December 31.*

It is imperative that people covered by Medicare realize that an annual Medicare Check-Up is nec-

essary to ensure that the coverage they select is the best option for their particular needs.

### Medicare Check-Up Days 2008

OSHIIP, Ohio Senior Health Insurance Information Program, sponsors Medicare Check-Up Days in every county to help people considering a change in their Part D plan and/or Medicare health plan for next year.

#### **Crawford County—**

Friday, December 12th, 2008, 10:00 am-2:00 pm  
Altercare of Bucyrus, 1929 Whetstone St., Bucyrus

**Premiums Nationwide:** Fewer plans are offered for 2009 compared to 2008, but there are more plans than in 2006, the first year of Medicare Part D. Some would say that the market is stabilizing as a result of the past three years’ experience. Of the national plans being offered next year, the lowest monthly premium is \$10.30 (New Mexico) and the highest monthly premium is \$136.80 (New York). The average monthly premium *nationwide* is \$45.94.

#### **Low-Income People with Medicare Face Reassignment as Drug Premiums Rise**

At least 1.3 million low-income people with Medicare will be reassigned to a new prescription drug plan in 2009, as the number of drug plans that qualify for a full premium subsidy dropped from 495 in 2008 to 308 in 2009, according to Avalere. A health consultancy firm.

Low-income people who qualify for full Extra Help can receive premium-free drug coverage, but only in a plan that charges a premium below the regional average. When a drug plan’s premium rises above that average, which is reset every year, the Centers for Medicare & Medicaid Services reassigns most Extra Help recipients in that plan to a

new drug plan with a premium below the average. Because reassignment is random, and plans vary greatly in the drugs they cover and the coverage restrictions they impose, low-income people will face new coverage restrictions under their new plan.

Source: *Medicare Watch*, Medicare Rights Center, Vol. 11, No. 20: September 30, 2008; *OSHIP News*, National Scene: November 2008; *Medicare Watch*, Vol. 11, No. 21: October 14, 2008.

## Flu Season & Preventive Services....



Influenza, commonly referred to as the flu, may not seem like a dangerous disease, but every year about 20,000 Americans die because of it. People at high risk for complications from influenza, most older adults with Medicare, should get a flu vaccine.

Fortunately, Medicare covers 100 percent of the cost of the flu shot once every flu season with no Part B deductible required, if you go to a doctor or other health care provider who accepts assignment (takes the Medicare-approved amount for a service as payment in full).

Medicare will pay for the shot no matter where you get it, as long as the health care provider agrees not to charge you more than what Medicare pays. (If you are in a Medicare private health plan, such as an HMO or PPO, you may have to get your flu shot from a provider in the plan's network. Call your plan if you have questions.)

The flu season runs from about November through April, therefore, Medicare may cover a flu shot twice in one calendar year. For example, if you get a shot in January 2009 for the 2008/2009 flu season, you could get another shot in October 2009 for the 2009/2010 flu season.

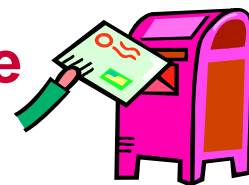
In addition to the flu shot, Medicare covers many

other preventive care services. New preventive services have been added in the past few years, such as screening tests for heart disease and some cancers, as well as for diabetes. Since Medicare did not always cover preventive services, and some doctors may not realize that certain services they provide are covered by Medicare, it is important to be informed and to ask your doctor about them.


You can learn more about which preventive care services are covered by Medicare by logging on to Medicare Interactive Counselor at [www.medicareinteractive.org](http://www.medicareinteractive.org).

People who want one-on-one counseling over the phone about the preventive services that are covered by Medicare should call 1-888-795-4627. A counselor will explain how the coverage works and what out-of-pocket costs there may be, and can answer participants' questions related to Medicare coverage of the service. These individualized counseling services about prevention and Medicare Interactive Counselor are resources provided by the Medicare Rights Center, a national, not-for-profit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs and public policy initiatives. —November 2008

## Marci's Medicare Answers....



Dear Marci,

 I have a Medicare Part D prescription drug plan. When I refilled my prescriptions at my pharmacy this month. I noticed the price had gone up on some of my medications. Why is this? Is there anything I can do?

—Alan (Dearborn, MI)

Dear Alan,

Unfortunately, the amount you pay through your Part D plan is subject to change throughout the year. If you pay a coinsurance, a percentage of the full cost of your drug, your costs will go up when the full cost rises. Additionally, how much you will be charged for your prescriptions will vary depending on your total drug costs (how much you pay plus how much your plan pays), as well as, how much you have paid out of pocket to date.

There are several ways you may be able to get help paying for your prescription drugs, such as applying for Extra Help or another assistance program.

—Marci

Dear Marci,



**My Medicare drug plan replaced a brand-name drug I need with a generic version that does not work as well for me. My pharmacist suggested I ask my plan for an “exception” to continue to cover the brand-name drug. What is an exception and how do I ask for one?**

—Bonnie (Fruitvale, CA)

Dear Bonnie,

Your pharmacist is right. If only the brand-name drug you have been taking will work for you, you can ask for an exception. When you ask for an “exception,” you are making a formal request of your Medicare private drug plan (part D) to cover something it would not normally cover. The process is fairly simple. To get started, you should make a formal, written request to your plan asking it to pay for the drug you need. You will need a **supporting letter from your doctor** certifying that the drug prescribed is medically necessary and that other drugs would be ineffective or harmful for you. To find out where to send the exception request, call your plan, check its web site or look at its “Evidence of Coverage” booklet.

If your plan denies the request you can **appeal**.

—Marci

Dear Marci,



**My retiree insurance offers drug coverage that takes care of all the prescriptions I need. Do I need to join a Part D plan?**

—James, (Saginaw, MI)

Dear James,

Find out from your employer whether your coverage is as good as or better than Medicare’s Part D drug benefit (“**creditable**”). Whether you should enroll in a Medicare Part D plan depends on the **quality** of your retiree coverage and whether or not it will work with the Medicare drug benefit (**it often will not**).

If the coverage you have is creditable and you like it, **you can keep it**. You will not pay a penalty to join a Medicare private drug plan later, as long as you have not been without your creditable coverage for more than 63 days.

—Marci

Dear Marci,



**After a month in a nursing home, my mother-in-law got a notice saying that she would have to leave because the home thought Medicare would no longer cover her stay. Her doctor and I both think she still needs skilled nursing care in the facility. Can she appeal?**

—Bea (Renovo, PA)

Dear Bea,

**Yes.** Original Medicare should continue to cover a stay in a nursing home (specifically a Medicare-certified “skilled nursing facility” or SNF) if she still meets the criteria for coverage. Since the SNF is terminating your mother-in-law’s care because it does not think Original Medicare will continue to cover it, and she has not used up all her Medicare SNF coverage days, she can appeal.

—Marci

**Criteria for coverage:** Medicare may help pay for skilled nursing facility care if:

- You need skilled nursing care seven days a week or skilled therapy services at least five days a week;
- You have been hospitalized for at least three consecutive days in the 30 days prior to admission in a Medicare-certified skilled nursing facility; and
- You become eligible for Medicare before you are discharged from the hospital.

**SNF coverage days:** As long as it is medically necessary, Medicare will pay the full cost of the first 20 days and part of the cost of another 80 days of care in a Medicare-certified skilled nursing facility (SNF) each benefit period. A benefit period begins the day you enter the SNF and ends when you no longer receive SNF care for 60 days in a row.

Dear Marci,



**My father recently fell down the stairs. He was uninjured, but badly chipped several teeth. Will Medicare cover the necessary dental care to repair them?**

—Mitch (Sneads Ferry, NC)

Dear Mitch,

Unfortunately, Original Medicare does not cover any dental care that you need primarily for the health of your teeth, including check-ups, cleaning, filling and dentures. If your father is in a Medicare private health plan, he should contact the plan to find out which, if any, dental services it covers.

Original Medicare will cover some dental services if they are required to protect your general health. For example, Medicare will cover dental services that are necessary to prepare for radiation treatment for patients suffering from diseases involving the jaw, such as oral cancer.

Your father might be able to get help paying for his dental care through other resources, including Medicaid and reduced-cost or free clinics in his area.

—Marci

### **Does Medicare ever cover dental services?**

**Medicare will not cover dental care that you need primarily for the health of your teeth.**

For example, Medicare will not cover routine checkups, cleanings or pay for you to get fillings. Medicare will never pay for dentures. Even if Medicare has paid for you to have a teeth pulled (extracted) as preparation for a medical procedure, you will be responsible for the cost of your dentures.

**Note:** Some Medicare private health plans cover routine dental services. If you have a Medicare private health plan, check with your plan to see what dental services may be covered.

**However, Medicare will cover some dental services** if they are required to protect your general health, or you need dental care in order for another health service that Medicare covers to be successful.

### Medicare will pay for dental evaluations and treatments if, for example:

- You need oral examinations to check for gum disease because you will be having a kidney transplant or a heart valve replacement;
- You have a disease that involves the jaw (like oral cancer needs dental services that are necessary for radiation treatment’;
- You had a facial tumor removed and had ridge reconstruction (reconstruction of part of the jaw) as part of that procedure;
- You need surgery to treat fractures of the jaw or face;
- You need dental splints and wiring as a result of jaw surgery.

While Medicare may pay for these initial dental services. Medicare will not pay for any more follow-up dental care after the underlying health condition has been treated. For example, if Medicare paid for a tooth to be removed (extracted) in preparation for surgery to repair a facial injury you got in a car accident, it will not pay for any other dental care you may need later because you had the tooth removed.

Medicare **will pay** for some dental-related hospitalizations, for example, if

- You develop an infection after having a tooth pulled;
- You require observation during a dental procedure because you have a health-threatening condition.

**Note:** Medicare will cover the costs of hospitalization (including room and board, anesthesia, and x-rays) and the dentist’s fee for treatment.

While Medicare may pay for in-patient hospital care and the fees of the dentist in these circumstances, Medicare will never cover any dental care specifically excluded from Original Medicare (i.e., dentures), even if you are in the hospital.

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: Vol. 7, Issue 41: Week of October 13, 2008; Vol. 7, Issue 42: Week of October 20, 2008; Vol. 7, Issue 43: Week of October 27, 2008; Volume 7, Issue 36: Week of September 8, 2008; Vol. 7, Issue 31: Week of August 4, 2008 & [www.medicare.interactive.org](http://www.medicare.interactive.org). To subscribe to “DearMarci,” MRC’s free educational e-newsletter, simply e-mail [dearmarci@medicarerights.org](mailto:dearmarci@medicarerights.org).



## BBB Senior Alert....

### Watch Out for Health Insurance Fraud

Many seniors buy supplemental health insurance to pay medical bills not covered by Medicare. Unfortunately, the BBB hears of seniors who get scammed by phony insurance companies. The senior pays the premium but later finds out that medical bills aren’t paid. The senior’s money is gone along with the crook who sold them the fake policy.

The BBB says “Watch Out” if:

1. You are quoted a premium at a far lower rate than other insurance companies.
2. You are told that there is no problem covering pre-existing conditions. When other companies won’t cover them.
3. The company alludes to the fact that they are connected to the government or to Medicare. The company may even use a name similar to a respected private company.
4. The salesperson uses high pressure or scare tactics to get you to make an on the spot decision and sign immediately.
5. The salesperson wants you to write out a check payable to them rather than to a company.

**Note:** Insurance companies must be licensed with your state in order to sell you insurance. You can verify licensing with the Ohio Department of Insurance at 1-800-686-1526 or the Michigan Department of Financial and Insurance Regulation at 1-877-999-6442.

There are local agencies that offer insurance that will fit your needs. For a list of agencies that are BBB accredited Businesses/Members, call 419-531-3116 or 1-800-743-4222 or check [www.bbb.org](http://www.bbb.org).

**Source:** Better Business Foundation serving NW OH and SE MI, Inc.; Faye E. Wenzlick, Director Smart Senior Program.

## Credit Card Offers....



### When Dementia Leads to Debt

Sometimes people with dementia use credit cards unwisely and excessively, resulting in high-interest debt. Here are some things you can do to help you end that worry.

The first step is to stop all credit card offers from coming to the home.

Go to [www.optoutprescreen.com](http://www.optoutprescreen.com), which allows you to opt out of pre-screened credit offer, or you can opt out by calling 1-888-5OPT-OUT (567-8688). Freeze the person's credit at all three major credit bureaus—TransUnion, Experion, and Equifax, to stop new accounts from being opened.

Another option is asking the credit bureaus to flag the account for 90 days at a time for no extra charge. That means you will be alerted if anyone tries to open a new line of credit.

## Energy Efficiency....



In July 2008, an agreement was reached to provide customers of the utility with four new programs providing tools to help them become more efficient with their gas use

age and potentially see savings on their bills. They are:

- **Home Performance Program:** Columbia Gas will work with a contractor to identify areas of the home where efficiency measures can be utilized. Incentives will be offered to customers who install recommended upgrades.
- **New Homes Program:** Offers incentives to homebuilders to construct homes that are 50 percent more efficient than required by code.
- **WarmChoice:** The utility will continue to offer and expects to expand this weatherization program to low-income customers.
- **Low Cost Product Rebates:** Offers rebates to approximately 8,000 customers per year who install Energy Star programmable thermostats and low-flow showerheads.

These programs are part of an agreement the OCC, Ohio Consumers' Counsel, initiated, and will be offered starting January 2009.

### Happy Thanksgiving to everyone!!



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