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Council on Aging, Inc.  
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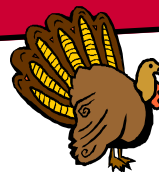
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# Senior Tidings



Crawford County Council on Aging, Inc.

November 2009

## Medicare Prescription Drug Plan....

People already on Medicare can change plans each year during *Medicare's Annual Coordinated Election Period*, from Nov. 15-Dec. 31, **without penalty**. Generally, those who enroll during this period will not be allowed to switch to another plan for the rest of the calendar year starting Jan. 1.

Even if you are satisfied with your current plan, you should check if there is another plan in your area that offers better coverage at a lower price for 2010. Medicare private drug plans can change their costs and the list of drugs that they cover **every year**.

- A person can only have one PDP (Prescription Drug Plan).
- PDPs can change the list of drugs. Plans must give enrollees 60 days notice of any formulary change.

- Dual eligible's, people enrolled in both Medicare and Medicaid, have the opportunity to change plans at any time to better meet their prescription drug needs.
- People with drug coverage through an employer, former employer or through union benefits may not need Medicare's Prescription Drug Coverage. Every fall, these people will receive a written notice explaining whether or not their coverage is at least as good as Medicare's.

Comparison information for available PDPs can be found at Medicare's web site [www.medicare.gov](http://www.medicare.gov) or you may contact the Council on Aging for assistance with your drug plan comparison, to ensure you have the best coverage at a lower price.

Also refer to *Medicare rates for 2010*, pg. 5-6, for more information.

## Health & Nutrition....



**Feeling sluggish?** You can jump start your day with some of these energy booster tips from experts:

**Get more magnesium in your diet.** Magnesium is needed for hundreds of biochemical reactions that happen in your body. If you get too little magnesium, your body works

harder to do the same tasks. The U.S. Department of Agriculture says you can increase your magnesium intake by eating leafy vegetables, nuts and whole grains.

**Brighten up.** The body responds to changes in light. So being in a dark environment makes it tougher to

stay alert. Putting an extra light on your desk or opening your blinds can make a difference.

**Eat small meals throughout the day.** This helps stabilize your blood sugar levels, without the ups and downs that come with coffee or energy drinks.

**Take a power nap.** The brain can get weary when lots of information is being thrown at it. A 60 minute snooze can reverse the effects of information overload and help you retain what you've learned, according to the National Institutes of Health.

**Stay hydrated.** Dehydration is a common cause of low energy levels, as the body can confuse thirst with fatigue. Drink a big, cool glass of water next time you feel tired.

Source: *Dear Marci*, Medicare Right Center, Vol. 8, Issue 40, October 5, 2009.



### Improving Vision in Patients with Blocked Eye Veins

Injecting the eye with medications can improve vision in patients who have blockage in an eye vein, a new study shows. But laser treatment may be a better option for patients who have blockages in small branches of the vein.

Millions of Americans lose some of their vision each year. Vision loss can occur if a blood clot blocks blood flow to the eye's retina (light-sensitive tissue that lines the back of the eye). This leads to a condition called retinal vein occlusion. In some cases, the blockage leads to macular edema (fluid buildup in the center of the retina), a common cause of blindness.

Eye doctors often use laser therapy to improve vision in patients with blockages in small branches of the vein. But there's been no proven treatment for patients with blockages in the main vein. Some doctors have found that injecting the eye with medications called corticosteroids can improve vi-

sion in patients with either kind of blockage.

To find out which treatments might be best for different patients, NIH-funded scientists studied nearly 700 people. All had vision loss and blockages in either the large or the small veins of the retina.

After 1 year, corticosteroid injections significantly improved vision in about 26% patients who had blockages in the main retina vein. Only 7% of patients who generally received no treatment had similar improvements. The findings provides the first solid evidence that eye injections are an effective long-term treatment for this type of vision loss.

For patients with small-vein blockage, eye injections significantly improved vision in about 1 out of 4 patients. Laser therapy was just as effective, but patients receiving injections were more likely to develop other eye problems. Because laser therapy led to fewer complications, it may be the best option for patients with blockages in smaller veins.

Source: *NIH, News in Health*, Department of Health & Human Services, October 2009.

## H1N1 Influenza....

**What is 2009 H1N1 influenza?** 2009 H1N1 influenza (also called the Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

**Signs of 2009 H1N1 can include:** fatigue, fever, sore throat, muscle aches, chills, coughing, sneezing and some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.



**How is 2009 H1N1 different from regular (seasonal) flu?** Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

### **Who should get 2009 H1N1 influenza vaccine and when?**

**Who-** Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccines become available, these groups should also be vaccinated:

- Healthy 25 through 64 years olds
- Adults 65 years and older.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

**When-** Get vaccinated as soon as the vaccine is available. Children through 9 years of age should get two doses of vaccine, about a month apart. Older children and adults need only one dose.

## **Flu Myths & Realities....**

**"This new vaccine is not safe and is untested."** **FACT:** Clinical trials conducted by the National Institutes of Health and the vaccine manufacturers have shown that the H1N1 vaccine is both safe and effective. The FDA has licensed it. There have been no safety shortcuts.

It is produced exactly the same way the seasonal flu vaccine is produced every year. It is simply a new virus strain. In fact, had H1N1 struck this country earlier than this spring, the H1N1 strain probably would have been included as part of this year's seasonal flu shot.

Millions of Americans get the seasonal flu vaccine each year without any problems. Still, understanding that some Americans have concerns about "new" vaccines, the National Institutes of Health and the vaccine manufacturers have conducted more rigorous tests on the H1N1 vaccine than they do on other flu vaccines, and there have been no red flags from these clinical trials.

Also, CDC has stepped up surveillance efforts to track the H1N1 vaccine and any possible adverse events. Since it is so closely related to the seasonal flu vaccine, we do not expect to see serious side effects, but we are taking all the necessary steps to promote and monitor safety.

Our top doctors and scientists believe the risk of the flu, especially for pregnant women, children, and people with underlying health conditions, is higher than any risk that might come from the H1N1 vaccine.

**"It costs too much money to get an H1N1 vaccine."** **FACT:** The federal government has purchased the H1N1 vaccine and is providing it to the states free of charge. This is different in many places from the seasonal flu vaccine.

Public vaccination clinics (sponsored by local health departments at schools or other places) will offer vaccine at no charge. Some private providers

may charge a small fee to administer the vaccine, but cost should not be a barrier to getting immunized. Many, many people and businesses have stepped up to the public health challenge we all face and are working together for the overall public good to make this vaccine free, or at least affordable, for all of those who want it.

**“You need to get two doses of the H1N1 vaccine, and it takes a month between each dose.”** *FACT:* There is really good news that has come out of our clinical trials being run by the National Institutes of Health and the flu vaccine manufacturers. The H1N1 vaccine is a really good match with the H1N1 virus currently circulating across the country, and healthy adults and children 10 and older will need only one dose of vaccine.

Though scientists initially thought that two doses might be required, information from clinical trials has since demonstrated the H1N1 vaccine works faster than we expected and works well against the H1N1 virus, which is making millions of Americans sick.

It's also fine to get the seasonal flu shot and the H1N1 shot at the same time. It is true that if you get the nasal spray form of the vaccine, you need to wait three to four weeks before getting another nasal spray vaccine.

**“You can get infected with H1N1 virus from eating pork”** *False.* The 2009-H1N1 virus is not spread by food. Eating properly handled and cooked pork products is safe.

**“You can get flu from drinking water or swimming pools.”** *FACT:* Chlorinated tap water and swimming pool water does not put you at risk for flu. To date, we don't know of anyone who has acquired flu from drinking water or from a swimming pool.

Source: [www.flu.gov/myths](http://www.flu.gov/myths), A federal government Website managed by the U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington D.C. 20201.

## Proper Disposal of Prescription Drugs....



### Federal Guidelines:

- ⇒ Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. For information on drugs that should be flushed visit the FDA's website.
- ⇒ To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take-back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community .
- ⇒ If a drug take-back or collection program is not available:
  1. Take your prescription drugs out of their original containers. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
  2. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
  3. Conceal or remove any personal information. Including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
  4. Place the sealed container with the mixture, and the empty drug containers, in the trash.

Source: Office of the National Drug Control Policy, [www.WhiteHouseDrugPolicy.gov](http://www.WhiteHouseDrugPolicy.gov) .

## No Cost of Living Adjustment in 2010....



**What is COLA?** In 1973 a law was passed for automatic annual cost-of-living adjustments. The adjustments are used to keep pace with inflation. These are known as cost-of-living adjustment, or COLAs. The Social Security Act has a specific formula for determining each COLA. In general, the COLA is equal to a percentage increase in the Consumer Price Index. If there is no increase in the Consumer Price Index, then there is no COLA.

In January of 2009, people who received social security benefits received a COLA increase of 5.8%.

**COLA information for 2010.** In 2010, social security benefits won't have cost of living adjustments. This is due to the decline in consumer prices and the expected low inflation.

Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010. Beneficiaries who currently have the Social Security Administration (SSA) withhold their Part B premium will not have an increase in their Part B premium for 2010.

***For all others, the standard Medicare Part B monthly premium will be \$110.50 in 2010,*** which is a 15% increase over the 2009 premium. The Medicare Part B premium is increasing in 2010 due to possible increases in part B costs. In 2010:

- New Part B beneficiaries will pay \$110.50 (because they did not have the premium withheld from their Social Security benefit in the previous year).
- Beneficiaries who do not currently have the Part B premium withheld from their Social Security benefit will pay \$110.50.
- Higher-income beneficiaries pay \$110.50 plus an additional amount, based on the income-related monthly adjustment amount (IRMAA).

**Note:** This information does not apply to Medicare drug plan premiums. However, if you have the Part D premium withheld from your check, you will likely see a decrease in the amount of the check, since Part D premiums are increasing in 2010. Please contact your plan for details.

**Note:** The 2010 Part B premium may also increase if you are in a Medicare Advantage plan (Part C). If the Medicare Advantage plan pays a portion of, or the entire Part B premium, you may also see a decrease in your social security benefit check. Some Medicare Advantage plans are reducing, or eliminating altogether, the amount the plan will pay for part B premiums in 2010.

Source: <http://questions.medicare.gov/>

## Medicare...rates for 2010

### Medicare Part D Costs for 2010

Medicare private drug plan (Part D) costs will change again in 2010, and it is important to review your Medicare drug coverage to make sure that it will still cover the medications you need at a cost you can afford in the coming year. Knowing the new rates will help you avoid surprise charges that could keep you from getting the drugs you need.

**Medicare's Part D drug benefit is outpatient prescription drug coverage for anyone with Medicare.** Unlike Medicare Part A and B, which can be covered under Original Medicare, Part D is available only through private companies. If you have Original Medicare, you will choose a stand-alone prescription drug plan (PDP). If you have a Medicare private health plan (such as an HMO or PPO), you generally must get Part D drug coverage as part of your private health plan's benefits package. Each Medicare prescription drug plan has its own list of covered drugs (formulary).

Part D plan costs change every year, and each private plan has different costs, so check with plans in your area to find out what you will pay this

year. If you want to change your plan, remember that most people can change Medicare drug plans only during the annual Coordinated Election Period, which runs from November 15 to December 31. Even if you are satisfied with your current plan, you should check if there is another plan in your area that offers better coverage at a lower price.

With most Part D plans you pay a monthly premium and part of the cost of each prescription (copayments or coinsurance) until total drug costs paid by you and the plan equal \$2,830 (for most plans). Then you may have to pay the full cost of your drugs during the coverage gap, or "doughnut hole." If you spend \$4,550 in 2010 in out-of-pocket drug costs, you will then pay no more than 5 percent for each prescription (plus the premium). If your income is limited, you may be able to get Extra Help, the federal program that pays for most of the costs of Medicare drug coverage.

**Premiums:** \$31.94/month national average (every plan has a different premium).

**Deductible:** Up to \$310 annually (Plans can choose to have a lower deductible.)

**Coverage Gap Threshold:** \$2,830 (The amount that you and the plan must spend in **total drug costs** in **most** plans before you will hit the coverage gap.)

**Catastrophic Coverage Limit:** \$4,550 (the amount of money that you must spend out-of-pocket before your drug costs go down significantly for the rest of the year.)

Part D is optional. If you have drug coverage now that is at least as good as or better than Medicare's basic drug benefit, and you like it, you probably should keep it.

The company that provides your drug benefits, such as an insurance company, employer or state program, should send you written notification once a year telling you whether your coverage is as good as or better than Medicare Part D ("creditable" coverage). If you do not have other coverage that is con-

sidered to be as good as Medicare drug coverage and you do not enroll when you are first eligible, you may have to pay a premium penalty when you do enroll. (You will not have to pay a premium penalty if you qualify for Extra Help, even if you enroll after you were first eligible).

Source: *Medicare Interactive*, November 2009.

## Medicare Premiums & Coinsurance 2010

### Medicare Premiums for 2010:

#### Part A: (Hospital Insurance) Premium

- Most people **do not** pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.
- The Part A premium is \$254.00 per month for people having 30-39 quarters of Medicare-covered employment.
- The Part A premium is \$461.00 per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment.

#### Part B: (Medical Insurance) Premium

**\$110.50 per month**

#### Medicare Deductible and Coinsurance Amounts for 2010:

**Part A:** (pay for inpatient hospital, skilled nursing facility, and some home health care) For each benefit period Medicare pays all covered costs except the **Medicare Part A deductible (2010=\$1,100)** during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.

#### For each benefit period you pay:

- A total of \$1,100 for a hospital stay of 1-60 days.

- \$275 per day for days 61-90 of a hospital stay.
- \$550 per day for days 91-150 of a hospital stay (Lifetime Reserve Days).
- All costs for each day beyond 150 days.

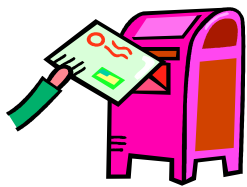
### Skilled Nursing Facility Coinsurance

- \$137.50 per day for days 21 thru 100 each benefit period.

**Part B:** (covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment).

- **\$155.00** per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$155.00 deductible.)

## Marci's Medicare Answers....



Dear Marci,



Will Medicare cover the H1N1 flu vaccine?

—Eugene

Dear Eugene,

Yes. This year, in addition to the routine seasonal flu shot, people with Medicare are entitled to the H1N1 flu vaccine (also known as the swine flu vaccine).

H1N1 vaccinations are subject to the same coverage rules and regulations as the seasonal flu vaccine. Like seasonal flu shots, **Medicare covers 100 percent** of the cost of the H1N1 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**.

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 Medicare pays. (If you are in a Medicare private health plan—HMO or PPO—you may have to get your flu shot from a provider in the plan's network and you may have a co-pay for this service. Call your plan to find out what you will have to pay.)

The flu season usually runs from November through April. Therefore, Medicare may cover a flu shot twice in one calendar year. For example, if you get a shot in January 2010 for the 2009/2010 flu season, you could get another shot in October 2010 for the 2010/2011 flu season.

Older adults **are not** among those most vulnerable to the H1N1 flu virus, unless they have underlying medical conditions. For more information about H1N1, please consult the Centers for Disease Control and Prevention's website at <http://www.cdc.gov/h1n1flu.ga.htm>.

Dear Marci,



Are all of my prescription medications covered by Medicare Part D?

—Lara (Scarsdale, New York)

Dear Lara,

Not all prescription medications are covered by Part D. In fact, certain medications are excluded from coverage by Federal law.

Drugs prescribed for anorexia, weight loss or weight gain (except to treat physical wasting caused by AIDS, cancer or other diseases), fertility, cosmetic purposes or hair growth, relief of the symptoms of colds, erectile dysfunction, prescription vitamins and certain anti-anxiety drugs are all excluded from coverage.

Additionally, if your doctor prescribes a non-cancer medication on the formulary for a reason other than the use approved by the U.S. Food and Drug Administration, your drug will probably not be

covered unless the use is listed in one of three Medicare-approved drug compendia (medical encyclopedias of drug uses). For anti-cancer drugs, your drug plan should accept indications of drug use from additional compendia and other peer-review medical literature.

You may also receive a denial from your part D plan stating that your drug does not meet “DESI standards.” The FDA’s Drug Efficacy Study Implementation (DESI) evaluates the effectiveness of those drugs that had been previously approved on safety grounds alone. Drugs that are found to be “less than effective” by DESI evaluation are excluded from coverage by Part D.

—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; Vol. 8, Issue 41 October 2009; November 2009. To speak with a counselor, call (800) 333-4114. To subscribe to “Dear Marci,” MRC’s free educational e-newsletter, simply e-mail [dearmarci@medicarerights.org](mailto:dearmarci@medicarerights.org).

## Medicare Check-Up Day

**Learn ways to Stay Informed,  
Stay Health, Save money.**

A free service brought to you by the Ohio Senior Health Insurance Information Program (OSHIIP) & the Ohio Department of Insurance .

**Crawford County Council on Aging**

**200 S. Spring St., Bucyrus**

**Tuesday, December 8, 2009**

**9:00 am**

- Learn about recent changes to Medicare.
- Find out how the Nov. 15-Dec. 31 Medicare Annual Coordinated Election Period can work for you.
- Get tips on how to enroll for 2010 coverage in a Medicare prescription drug plan (Part D) and/or a Medicare health plan.
- Let us show you how to identify your best coverage and how to switch Part D plans and/or Medicare health plans for 2010.

## Fake Insurance Check....



There is a new mail scheme that uses insurance companies’ names in a ploy involving counterfeit checks.

This is how the scam works: Consumers receive checks that appear to be from companies such as Nationwide Insurance, Infinity Insurance or Progressive Insurance. The checks range from \$3,500 to \$4,900 and come with a letter informing the recipient that they won a \$150,000 “Consumer Promotion Draw” because they shopped at select retail establishments during a certain period of time. The letter goes on to explain that the check has been issued to cover a “Non-Resident Government Tax” or “Tax Clearance Fee” that the consumer will have to pay to a British Tax Officer.

Recipients are told that in order to receive the \$150,000 prize, they must cash the check and then send between \$2,800 and \$3,750, by Moneygram International or Western Union Money Transfer, to an address in the United Kingdom. Consumers are given a toll-free number to call, but they are asked not to talk about their winnings until the claim has been processed.

If a consumer were to cash the phony check, they could find themselves owing the bank the entire amount of the check plus additional fees charged by the bank.

Remember, if an offer sounds too good to be true, it probably is. If you receive what appears to be one of these checks, you should immediately contact the Ohio Department of Insurance Fraud Division at 1-800-686-1527, or call the Help Center at 1-800-282-0515.

Source:

[www.OhioAttorneyGeneral.gov/  
FakeInsuranceChecks](http://www.OhioAttorneyGeneral.gov/FakeInsuranceChecks)

## Consumers' Corner....

### Change a light bulb to save

The incandescent light bulb could soon become a relic. Congress ordered that all light bulbs must be more efficient than today's incandescent varieties beginning in 2012. But using a more efficient light bulb does not have to be a waiting game. Compact fluorescent light bulbs are available now and they are saving people money on their electric bills every day.

Compact fluorescent bulbs come in a variety of shapes and brightness and use a fraction of the electricity used by their incandescent equivalents. CFLs last five times longer and cost 75 percent less to run than incandescent light bulbs. If in every American home just one incandescent light bulb was changed to a CFL, it could save more than \$8 billion in energy costs.

When a light bulb in your home burns out, do not replace it with another incandescent light bulb. Instead, change it to a CFL. For only a little more up-front cost, the electric savings can really start to add up. For more information about CFL bulbs and how to properly dispose of them, visit the OCC online at [www.pickocc.org](http://www.pickocc.org).

The benefits of switching:

<u>Type</u>	<u>Life</u>	<u>Cost</u>	<u>Cost/Yr.</u>
60W bulb	2,000 hrs.	\$0.53	\$16.41
14W (CFL)	10,000 hrs.	\$1.46	\$4.00

### Columbia begins installing automatic meter readers

An ambitious five-year project to install automatic meter reading devices to Columbia Gas of Ohio residential and commercial customers began in April when the first upgrades were performed in Toledo, Bowling Green and Findlay.

The installation of the new technology was made available as part of an agreement among the Office of the Ohio Consumers' Counsel (OCC), Columbia, the Public Utilities Commission of Ohio (PUCO) staff and other parties, and approved by the PUCO Oct. 24, 2008.

The cost for the new technology will be included in a new charge which will go into effect in 2010. The charges have a five-year cap on costs for this and other Columbia projects, such as riser repair and replacement and upgrades to its distribution pipeline system. Customers will see an increase of up to \$1.10 per month next year and up to an additional \$1 per month each of the following three years to a maximum of \$5.20 in 2013. However, there will be no additional costs to customers when the actual work is performed at their home or business.

The new system uses radio technology to automatically read a customer's gas meter from a passing vehicle. The signal is transmitted to a computer inside the vehicle which records the data. Using the AMR system will eliminate estimated bills and the need to access meters inside some customers' homes.

Columbia will notify customers prior to beginning work in their area. When the upgrades are completed, customers will be informed when their monthly readings will begin. The utility stated that installation takes as little as 20 minutes, generally does not require a technician to enter homes and will not result in a service interruption. Columbia also has assured its customers that personnel will be uniformed, carry identification and

travel in marked vehicles.

Customers with questions about the AMR installation procedure should contact the OCC toll free at 1-877-742-5622.

Source: *Consumers' Corner*, Ohio Consumers' Counsel, September 2009.

## For your information....

### Crocheting class:



Is anyone interested in learning how to crochet?? If so, please contact the Council on Aging at 419-562-3050 or 1-800-589-7853. We are trying to determine how many seniors may be interested in attending the class. If there is enough of an interest, more information will be posted regarding when & where the classes will be held.

### Cell Phone Recycling:



The Council on Aging continues to collect used cell phones as a fundraising project, but we still need your help.

Did you know that the average American gets a new phone every 18 months? The last time we successfully filled a box of recycled phones was during the month of May 2009. That means over 50 million phones or more have been retired in America, since May 2009. Don't forget, more than cell phones can be recycled....please refer to the list below.

We also accept small electronics in hopes of keeping additional toxic waste out of the trash. The following items (working or not) will be accepted: Old Games Systems (Play station, X-box, Nintendo, etc.); iPods, all models; laptops; digital cameras; and of course cell phones and their accessories.

Simply, drop off your used electronics at:

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



**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:

**Crawford County Council on Aging**  
**200 S. Spring St.**  
**P.O. Box 166**  
**Bucyrus, OH 44820.**

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