

ASSURED





As the national member food drive winds down, it is time to prepare for Operation Santa's Elves; the last of our national member volunteer projects for the calendar year.

This is the 9th year for Assured Life Association's Operation Santa's Elves. When the Fraternal Committee coined the program Operation Santa's Elves, they did so with the knowledge that there are already so many programs and projects that help provide needy children with Christmas gifts that they may not otherwise receive. Assured Life Association decided not to re-invent the wheel, but instead encourages its chapters and members to help bring the joy of Christmas and Santa Claus to the lives of needy children by seeking out and participating in one of the many projects and programs already available. It's about promoting the worth-while programs already out there that serve the underserved at Christmas time; especially children!

It's easy to participate! Just seek out a local organization or program that assists in providing Christmas gifts to kids. Whether it is Toys for Tots, Adopt-A-Family programs or the Salvation Army, get involved.

If you decide to donate money to one of these programs, remember to utilize the Growth Ring Matching Gift Program. We will match up to \$250 of any benefit member's donation in a given calendar year. But be sure to get your request for matching in by December 13, 2017.

Thank you for your support.





PLEASE ADDRESS MAGAZINE CORRESPONDENCE TO:

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Source: September 2017 Senior Spirit Newsletter

Blog posting provided by

Society of Certified Senior Advisors

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Busting the Top Five Medicare Myths

Avoid becoming a victim of what you think you know about Medicare.

Nearly everyone over the age of 65 depends on it, but myths and misconceptions around Medicare persist. The government-funded health insurance program for seniors will provide more cumulative lifetime benefits to average earners than Social Security by 2055, according to a study by the Urban Institute, but its complexities inspire a host of misconceptions.

Whether you will be new to Medicare or have gone through the process many times before, here's how to navigate around unnecessary penalties, bad timing and costly stays you only thought were covered.

Myth 1:

I can enroll any time I want to.

If only it were that easy. While there are large windows of opportunity, if you miss them, you'll hit a wall.

First time enrollees have three months both before and after their 65th birthday for their initial enrollment period (IEP). The annual enrollment period (AEP) is October 15 through December 7, when you can make changes to your Medicare coverage.

Participants in traditional Medicare can switch to a Medicare Advantage plan during the open enrollment period, and seniors with Medicare Advantage can return to a traditional Medicare plan or change to a different Medicare Advantage plan without getting hit with a penalty.

Retirees can also switch from one Part D prescription drug plan to another, or add Part D to their coverage (although a late enrollment penalty may apply).

What you can't do during open enrollment is switch from Medicare Advantage to Medigap (see sidebar) or switch Medigap plans without answering medical questions. You also can't join Part B, which covers outpatient care, preventive services, ambulance services, and durable medical equipment, unless you have a qualifying event.

Myth 2:

Medicare pays for long-term care.

Many seniors are shocked to find out that Medicare is not going to pay for their golden years in a retirement home or assisted living facility. It will cover the first 20 days in a skilled nursing facility, if and only if the need is due to a hospital stay of at least three days. (Some Medicare Advantage plans will waive this requirement under certain circumstances). As of 2017, days 21 through 100 are no longer fully paid, and require a copay of \$164.50 per day.

Why are so many seniors taken by surprise, given how common long-term care has become? Experts speculate that it's because they confuse Medicare and Medicaid, a needs-based alternative that kicks in when assets are depleted. Even then, Medicaid probably won't cover the swanky place you've got your eye on; it is only available for eligible facilities.

Myth 3:

Medicare covers all my health expenses.

"People usually think Medicare will cover everything, and that doesn't work out well for clients who aren't healthy," says Joanne Giardini-Russell, Medicare advisor with Financial Architects Inc.

Medicare generally covers 80 percent of costs, and that 20 percent that isn't covered can add up faster than you can slip on a banana peel. Consider the additional financial burden of dental, vision and hearing coverage, and it explains why so many seniors get supplemental insurance.

It's important to realize, however, that you have a choice in additional insurance. Don't just roll from the insurer you had at work into the Medicare Advantage plan the same insurer offers. You can choose between any Medicare Advantage plan offered, as well as Medigap. (See our guide, right) However, you can't enroll in both.

Myth 4:

Medicare is free.

Most people get hospital insurance (Part A) for free, but are surprised that medical insurance (Part B) and prescription drug coverage (Part D) require a premium payment, which is dependent on their income. For 2017, the standard premium per month for Part B is \$134, but most people with Social Security end up paying \$109 a month on average, according to the U.S. Centers for Medicare and Medicaid Services.

Check if you may be eligible for the Limited Income Newly Eligible Transition (LINET) program, which is a temporary prescription drug plan for low-income Medicare beneficiaries who don't have other prescription drug coverage. It helps get rid of gaps in coverage for those who aged into Medicare without getting a Part D plan.

Should I Choose Medigap or Medicare Advantage?

One of the most confusing choices retirees must make is picking between supplemental Medigap and a Medicare Advantage health plan that covers Part A and B benefits.

Medigap

With a Medigap policy, seniors have more physicians to choose from. All Medicare providers participate in Medigap. Out-of-pocket costs are low to none, but average premiums run about \$150 to \$200 a month and vary by age and health history.

Medigap policies come in 10 variations, no matter where you live. But they don't include any coverage for Part D, so additional coverage for prescriptions is necessary. And while you'll have to tote three cards in your purse or wallet (one for Medicare, one for Medigap and one for Part D coverage), payment is a snap. Medigap almost always cuts a check directly to providers after Medicare pays its share.

Medicare Advantage

Medicare Advantage programs require the use of plan providers only (HMO) or charge you extra for out-of-network services (PPO). Plans charge copays and carry deductibles of several thousand dollars per year. Premiums run from negligible to more than \$100 per month, but all enrollees pay the same regardless of health history or age.

Most Medicare Advantage plans cover prescription drugs, and they are rated with a five-star system. Seniors only have to carry around their Medicare Advantage card for services, but there's the additional hassle of paying copays and deductibles to providers.

The result: Medigap usually costs less for someone with major health problems. Despite higher premiums, out-of-pocket costs are typically much lower. However, if your prescription costs are high, you should factor in the additional cost of Part D coverage before making a decision. Healthier individuals can save money with Medicare Advantage's lower premiums.

Hint: It's important to review your choice every year at open enrollment, October 15 to December 7. At this time, Medicare Advantage and Part D plans can change or drop coverage for certain drugs or alter pricing on the same drug. Your Medicare Advantage plan can also change their network of doctors and facilities, adjust the way they cover a medical service, and/or drop additional benefits such as hearing, vision and dental.

The Affordable Care Act added coverage for an annual wellness exam, and covers 100 percent of most preventive services such as cancer and diabetes screens, mammograms, bone mass measurements and more. Many seniors don't realize these services are now free.

Myth 5: I don't need to enroll in Medicare.

Even if you have other insurance, it could be crucial to enroll – and timing matters.

If you work in a company that employs fewer than 20 workers, the employer-sponsored health plan automatically becomes secondary to Medicare at age 65, and the Part B penalty kicks in. That penalty means premiums can go up almost 10 percent for every month you are eligible for Medicare but not enrolled. In addition, you can get hit with a similar penalty for Part D that costs 1 percent of the base cost, multiplied by the number of complete months you're not covered.

Seniors covered by COBRA have no longer than eight months to sign up for Part B without incurring a penalty, even though COBRA may provide secondary coverage for a year or more after retirement.

Likewise, small business owners and seniors who are self-employed have to enroll in Medicare during their IEP, regardless of whether or not they buy insurance privately.

If your employer has 20 or more employees, it's usually a good idea to at least sign up for the free Medicare Part A as soon as you're eligible. But before you do, find out whether that will trigger a change in your current coverage.

SOURCES

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Interested in Becoming a Board Member for Assured Life Association?

Act Now!

OFFICIAL NOTICE

Assured Life Association's Board of Directors is composed of seven voting members, whom are Benefit Members of the Society, and the President who serves as an ex officio non-voting member of the Board. In accordance with the Society's Bylaws, the Nominating Committee is currently accepting nominations for the three board positions up for election in 2018; board position numbers one, two and three.

Society Directors receive compensation as determined by the Committee on Legislation and are reimbursed for expenses incurred in connection with official business of the Society.

The following is the criteria and qualifications for board nominees:

Board Member Criteria

Board candidates must meet the following minimum criteria:

- A Benefit Member of the Society.
- No Officer or employee, or spouse or significant other of an Officer or employee, or persons who are under contract with the Society as licensed agents or brokers may be a member of the Board.
- No conflict of interest that might impair the independence of judgment or adversely influence the decisions or actions of the nominee if he/she is elected as a director.
- A commitment to expend the necessary time to the work of the Board and its committees, including preparation and attendance at meetings.
- Travel may be required for up to four Board meetings per year.
- Shall not serve beyond December 31 of the calendar year in which age 75 is attained.

Board Member Qualifications

At the charge of the Board, the Nominating Committee (NC), a Committee of the Board, identifies, investigates, recruits, and recommends candidates for membership on the Board of Directors to the existing Benefit Members. Nominees must have the appropriate background, experience and integrity to fulfill their prospective roles such as the education, experience, intelligence, independence, fairness, character, reasoning and judgment to lead the Society. The NC will also assure that the qualifications, expertise and experience of a nominee includes such qualities as integrity, accountability, informed judgment, financial literacy, mature confidence, and high-performance standards.

The following qualifications for nominees for Director should be considered when reviewing the background of potential candidates:

- Proven integrity and a record of substantial achievement.
- A high degree of leadership experience in a complex organization such as a corporation, university, foundation, professional organization or governmental unit, or commensurate non-profit experience.
- A reputation for sound business judgment. It is important that a candidate understands the role of the Board and the workings of the Society in the current business environment. A candidate should be able to objectively appraise management's plans, programs, achievements and shortcomings while working as part of a team in an environment of collegiality and trust. ▶

- The financial and subject matter expertise required to provide effective oversight of a diversified and heavily regulated financial services or insurance business.
- Willingness to devote the necessary time to the work of the Board and its committees.
- Demonstrated record of community support and involvement.

The NC will assess a nominee's independence and evaluate whether the nominee's skills are complementary to the existing Directors' skills and the Board's and Society's needs. As the NC reviews nominees, it will take into consideration that the Board as a whole possesses the various core competencies needed to oversee the Society. Benefit Members meeting the board membership criteria and qualifications who are interested in the position of Director must submit references and resumes of their qualifications and background to the Nominating Committee no later than March 31, 2018. At a minimum, the resume of qualifications should include the skills and experiences outlined on the previous page and above.

Please send your information to:

Diane L Muller, Secretary PO Box 3169 Englewood, CO 80155 dmuller@assuredlife.org

Deadline for submission is March 31, 2018, postmark shall govern.

If you have any questions, please feel free to call Diane at (800) 777-9777, extension 3830.

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The National Military Family Association's Operation Purple summer camp program has been in our list of national member volunteer projects now for about 6 years. We don't get a lot of traction for this program, which is a shame.

Did you know that when you mix the colors of Army green, Coast Guard blue, Air Force blue, Marine Corps red and Navy blue, you get the color purple? In the military world, the color purple represents all who serve; all branches of the armed forces.

Operation Purple summer camps offer military kids a free week of camp where they connect with other kids just like themselves. They learn to cope with a parent's military service and deployment among other kids who get it because many of them are going through the same things.

Just think about the issues military kids experience; multiple moves, long deployments, change in schools, difficulty making new friends. When a military kid attends Operation Purple Camp, they thrive in an environment with fully trained counselors and camp staff experienced in helping children adapt and overcome the stressors of military life. A worthy cause.

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CAMPERS WERE CHILDREN OF WOUNDED, ILL & INJURED Pictured here are some statistics applicable to Operation Purple Summer Camps taken from the National Military Family Association's website.



This next year, Assured Life is once again promoting Operation Purple Camps as one of our national member volunteer projects. Please consider supporting this cause with a donation. Because Military Kids serve too.

SEND YOUR DONATIONS TO:

National Military Family Association 3601 Eisenhower Ave Ste 425 Alexandria, VA 22304

Be sure to designate your gift for Operation Purple Camp.

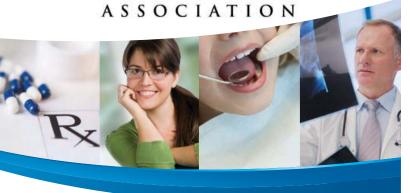




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- Q. Are all members of my household covered by the Enhanced Benefits Card program?
- A. Yes, your card can be used by every person living at the same address.
- Q. Can I use my membership when I travel away from home?
- A. Yes, your discount plan can be used at any participating provider in the United States.
- Q. How do I replace a lost card?
- A. Visit wwwEBCcard.com and follow the instructions.
- Q. Who do I contact if I have questions about Enhanced Benefits Card?
- A. You can visit our website at www.EBCcard.com for more information. Or, you can call 800-562-9625.
- Q: Can I go to any pharmacy or health care provider?
- A: To ensure you receive your Enhanced Benefits Card discounts, you need to visit a participating pharmacy or health care provider. Please visit www.EBCcard.com to find a participating pharmacy or provider near you.
- Q. Is my information kept private?
- A. Yes, Enhanced Benefits Card is HIPAA compliant.

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