

Helpful Tips for Caregivers

* The following articles are referenced from P.H.D., Schmall, Vicki, R.N., Cleland, Marilyn and R.N., M.S.W., L.C.S.W. Sturdevant, Marilyn. *The Caregiver Helpbook Powerful Tools for Caregiving*, Nov., 2002.

BASIC WELLNESS PRACTICES

It is vital to maintain your health and well being. Ask yourself the following questions in the box below.

Yes No

- Do you participate in physical activity at least three times/week?
- Do you get enough sleep daily so that you feel rested in the morning?
- Do you eat balanced, nutritious meals?
- Do you take time to sit down and eat your meals?
- Do you take care of your own physical needs (e.g., get regular medical check-ups and take care of yourself when you are ill)?
- Do you participate regularly in recreational/leisure activities?
- Do you drink at least eight glasses of water or other liquids daily?
- Do you limit alcoholic beverages to no more than two drinks a day? (one drink is 1.5 oz. of hard liquor, 12 oz. of beer, or 4 oz. of wine.)
- Do you avoid using alcohol, medications/drugs, or cigarettes to calm your nerves?
- Do you maintain a healthy weight?

If you answered “yes” to all of these questions, congratulate yourself. A “no” response reflects areas to work on for better health.

Proper diet, adequate sleep and regular exercise are necessary for all of us, and even more so when we are caregivers. These lifestyle factors increase our resistance to illness and our ability to cope with stressful situations.

Exercise promotes better sleep, reduces tension and depression, and increases energy and alertness. If finding time to exercise is a problem, try to incorporate it into your usual day. Perhaps the person receiving care can walk or do stretching exercises with you. If necessary, do frequent short exercises instead of using large blocks of time. Find activities you enjoy.

Walking is considered one of the best and easiest exercises. It helps to reduce psychological tension as well as having physical benefits. Walking 20 minutes a day, three times a week, is very beneficial. If you can't be away 20 minutes, 10 minute walks twice a day or even a 5 minute walk are beneficial.

Work walking into your life. Walk whenever and wherever you can. Perhaps it is easiest to walk around your block, at the mall, or a nearby park. The next time a friend or family member comes to visit, take time for a short walk. When the care receiver is getting therapy, take a walk around the medical facility.

PRACTICING SELF-CARE

To be an effective caregiver you need to maintain your own health and spirit, and to nurture yourself. All too often caregivers put their own needs last. Studies show that sacrificing yourself in giving care to another can lead to emotional exhaustion, depression and illness.

Maintaining your health and spirit can reduce your level of stress. It is critical to find activities that help you to stay healthy and nurture yourself. These activities are different for each individual. What works for one person may not work for another. You must find stress-reducing methods that work best for you.

We can learn a lot from a self-care program in Florida called “Getting Well.” This is a group of people who are supporting each other in learning to live and feel better. They take part in life-affirming activities such as “laughing, juggling, playing, meditating, painting, journal writing, exercising and eating nutritiously.” They demonstrate the necessity of associating with others who help you maintain your spirit and help you feel loved and supported.

To manage stress, it is essential to take breaks from caregiving. Plan them into your schedule, starting immediately, if you have not done so already. Studies show that caregivers often don't take breaks until they are at the “end of their rope” or “burned out.”

Are You Taking Care of Yourself

Yes No

- Are you uncomfortable putting yourself first at times?
- Do you think you should always meet the needs of other people before your own?
- Do you feel you should be a “perfect caregiver”?
- Do you minimize or deny that you have needs?

If you answered “yes” to any of these questions, you may be ignoring your own needs.

This serves no one's best interest as your ability to function can be seriously affected. To avoid problems, it is your responsibility to take time off from caregiving to refresh yourself.

It is important to the well being of care receivers that you take breaks. If you don't, they may become increasingly dependent on you. If you take breaks, they will be less isolated and will benefit from having contact with other people. They also need breaks from you.

You are responsible for your own self-care. Practicing self-care means that you:

- Learn and use stress reduction techniques;
- Attend to your own health care needs;
- Get proper rest and nutrition;
- Exercise regularly;
- Take time off without feeling guilty;
- Participate in pleasant, nurturing activities.
- Reward yourself.
- Seek and accept the support of others.
- Seek supportive counseling when you need to, or talk with a trusted counselor, religious advisor, or friend.
- Identify and acknowledge your feelings.
- Tell others what you need. Don't assume "they should know."
- Change the negative ways you view situations.
- Set goals and prioritize.

Reflect on what it means to practice self-care. Consider the items above. How do you fare? Are you caring for yourself as well as you are caring for another? Remember, it is only when we love and nurture ourselves that we are able to love and nurture another.

As a caregiver, appreciation and "thank you's" for what you do may be lacking. For example, a person with Alzheimer's disease may be unable to show appreciation for what is done. Everyone has a need for approval. It motivates us to keep going. If you don't receive appreciation from other people, find a way to give it to yourself.

What would be helpful for you? Consider the following suggestions:

- Acknowledge and take satisfaction in those things you do well.
- Reward yourself on a regular basis.
- Involve yourself in an activity that will provide positive feedback.

THE STRESS OF CAREGIVING

There has been so much written about stress it has become a household word. Studies show that a certain amount of stress is helpful. It can challenge us to change and motivate us to do things we might not do otherwise. However, when the amount of stress overwhelms our ability to cope with it, we feel "distress" or "burnout."

According to Webster's Dictionary, distress is "suffering of mind or body, severe physical or mental strain." As a caregiver, you no doubt have increased stress in your life, whether you are caring for a mother with early Parkinson's disease, who is still able to care for her personal needs, or a spouse who doesn't recognize you because of advanced Alzheimer's disease.

Each caregiving situation is unique. What is stressful for you may not be stressful for someone else. In his book, *The Survivor Personality*, Al Seibert says, "there is no stress until you feel a strain." Since the feeling of stress is subjective and unique to each individual, it is difficult to define objectively. The stress you feel is not only the result of your caregiving situation, it is also your perception of it. Your stress will increase or decrease depending on how you perceive your circumstances, and your perception will affect how you respond.

Factors That Affect Stress

Your level of stress is influenced by many factors, including:

- whether your caregiving is voluntary or not;
- your relationship with the care receiver;
- your coping abilities; and
- whether support is available.

QUESTIONS TO ASK:

The following are important questions to answer when faced with a decision.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know my relative's current and long-term needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I understand his capabilities as well as his limitations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I gathered information on all available options to meet my relative's needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Am I aware of how my relative feels and thinks about his situation and needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know and understand his preference? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I respect his preferences, even if they conflict with mine? |
| <input type="checkbox"/> | <input type="checkbox"/> | Am I willing to allow him to take some risks which may have which may have negative consequences for him alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how other family members will be affected by my relative's risk-taking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Am I fully informed about my relative's financial situation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will he be involved (as much as possible) in making decisions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how other members (e.g., brothers and sisters) feel about his situation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how others are willing to help? |

The more "yes" answers you have, the better prepared you are to make a decision.

2008 MEDICARE PREMIUMS AND DEDUCTIBLES

Part A Deductible: \$1,024

Part B: Premiums are based on your income:

Under \$82,000 (\$164,000/couple)	\$96.40
\$82,001-\$102,000 (\$164,001-\$204,000/couple)	\$122.20
\$102,001-\$153,000 (\$204,001-\$306,000/couple)	\$160.90
\$153,001-\$205,000 (\$306,001-\$410,000/couple)	\$199.70
Above \$205,000 (\$410,000/couple)	\$238.40

Part B Deductible: \$135

Please keep in mind that these rates change annually.

Prescription Drug Coverage

Prescription Drug Plan in 2008

Prescription drug benefits will continue in 2008. All people with Medicare will be able to enroll in plans that cover prescription drugs. Plans might vary, but in general, this is how they will work:

- There will be a \$275 deductible and 25% co-pay on prescription costs between \$250 and \$2,510.
- After drug costs have reached \$2,510, beneficiaries will pay 100% of drug costs up to \$4,050 at which time Medicare will pay 95% of the costs above and beyond.
- Additional help will be available for people with low income. If they qualify, it is possible that they would have no premium, no deductible and only a small co-pay on their prescriptions.

Questions about Medicare?

For the latest information about Medicare, visit www.medicare.gov or call:

1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

To get a copy of this information in Spanish, call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. Para una copia en español, llame gratis al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

or call your local SHIP office:

Southeast Tennessee SHIP 1-877-801-0044

Social Security, Medicare, & Medical Insurance

Handy forms and guides in this section:

Long Term Care Insurance
Comparison Checklist57

Advertisers who offer services that pertain to this section:

Medicare Advantage Providers

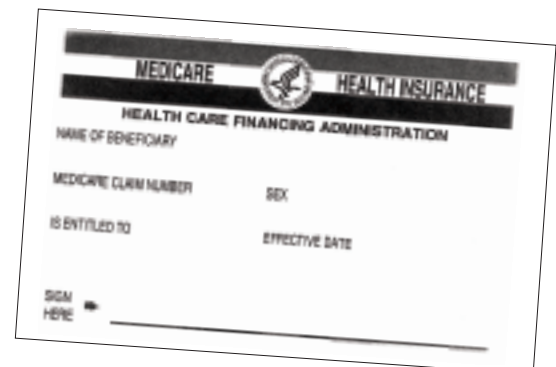
BlueCross BlueShield
of TennesseeInside Back Cover
Cariten Senior Health53

TAKE NOTE

It may be a good idea to keep your Medigap policy for a few months if you first purchase a Private Fee for Service plan. This allows you time to decide if the plan is to your liking.



Your Medicare claim number is usually your Social Security number (SSN) followed by the letter A. If you are covered under a spouse's SSN, the claim number will be your spouse's SSN followed by the letter B. The letter D follows a SSN if coverage is provided through a deceased spouse.



This is misleading and beneficiaries often think they only have Part A or Part B coverage because of the letter following the Medicare number. **The type of coverage is listed on your card as "Hospital (Part A)" and/or "Medical (Part B)" followed by an effective date.**

Social Security and Health Care Insurance

SOCIAL SECURITY

Social Security is the nation's largest financial assistance program for the elderly. The program funds a variety of benefits, including: Medicare, Survivors Benefits, Disability Benefits and Retirement Benefits.

Social Security Administration (423) 899-0649 or 1-800-772-1213
TTY 1-800-288-7185

1290 PREMIER DR., CHATTANOOGA 37421

www.ssa.gov

NATIONAL OFFICE: M - F 7 A.M. - 7 P.M. (BEST TO CALL BEFORE 9 A.M. OR AFTER 5 P.M.)

LOCAL OFFICE: M-F, 8:30 A.M.-3:30 P.M.

Railroad Retirement Board 1-800-808-0772

www.rrb.gov

Government benefits for railroaders and their families.

* If you have **lost your Medicare card**, you can call either of the agencies listed above for a replacement card.

SUPPLEMENTAL SECURITY (SSI)

Supplemental SSI is a federal program which makes monthly payments to disabled or aged individuals with limited income and resources. To be eligible, a single person may have no more than \$2,000 in resources and a couple no more than \$3,000 in resources (excluding their home and car). In 2007, the maximum SSI check is \$623/month for an individual, \$924/month for a couple. A person with small Social Security benefit may also qualify for an SSI check.

MEDICARE

TTY 1-800-288-7185

CMS (Centers for Medicare and Medicaid Services) is the federal agency which oversees the Medicare and Medicaid programs.

Medicare Hotline 1-800-633-4227

TTY/TDD 1-877-486-2048

Voice activated prompts.

FOR QUESTIONS ABOUT:

- Medicare services and
- Medicare Administrative Contractors (MAC's),

call 1-800-MEDICARE (1-800-633-4227)

Medicare Carrier(s): Medicare Administrative Contractors (MACS) - in most cases all providers must send claims electronically to one of these Medicare claims processing contractors for Medicare-covered services.

- Durable Medical Equipment Regional Carrier: **Palmetto GBA** (located in Columbia, SC)

- Fiscal Intermediary (Part A): **Riverbend GBA** (Government Benefits Administrator – part of Blue Cross Blue Shield of Tennessee)
- Regional Home Health Intermediary (Pays home health and hospice bills and checks on quality of home health care): **Palmetto Government Benefit Administrators.**
- Part B Medicare Carrier: **Cigna Medicare**

Enrolling in Medicare

SOCIAL SECURITY ADMIN. (423) 899-0649 or 1-800-772-1213

To Report Fraud and Abuse

MEDICARE 1-800-633-4227

SMP (EMPOWERING SENIORS TO

PREVENT MEDICARE FRAUD 1-866-836-7677

Fights Medicare/Medicaid waste, fraud and abuse.

Statewide project. Mission is to reduce Medicare/Medicaid fraud, waste and abuse by increasing public awareness and monitoring what is paid on a beneficiary's behalf and how to report suspicious claims. SMPP recruits and trains retired professionals and others to serve as volunteers in their communities and local senior centers.

TRICARE for Life

DEPT. OF DEFENSE 1-888-DOD-LIFE (1-888-363-5433)

www.tricare.osd.mil

Military retiree health benefits.

Veteran's Benefits

DEPARTMENT OF VETERANS AFFAIRS 1-800-827-1000

MEDICARE ADVANTAGE

In addition to Original Medicare "fee-for-service," Medicare offers people on Medicare the option to receive their health care through private insurance plans. These private insurance options are part of Medicare Part C, which has also been known as Medicare + Choice plans and is now called Medicare Advantage.

These private health plans contract with Medicare and are paid a fixed amount to provide Medicare benefits. They are generally managed care plans. The most common types are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Private Fee-For Service (PFFS) plans or Provider Sponsored Organizations (PSO).

You may also see Medicare Advantage plans called Point-of-Service plans (POS), Special Needs Plans (SNP) and Medicare Medical Savings Accounts (MSA's).

Different types of plans have different rules for how and where you can get coverage. If they choose, the plans can provide additional benefits that Medicare does not cover. They often charge a premium in addition to the Medicare Part B premium. They also generally charge a fixed amount called a "copayment" whenever you receive a service.

You can join a Medicare Advantage plan if:

- You have Medicare Parts A and B; and
- You live in the health plan’s service area; and
- You do not have End-Stage Renal Disease (ESRD). (If you have ESRD, you can only join a “Special Needs Plan” that specifically accepts people with ESRD, if there is one in your area. SNP’s are generally HMO’s or PPO’s designed for people with specific needs).

If you want Medicare drug coverage (Part D), generally you must choose a private health plan that has this drug coverage as part of its benefits package. (If you join an MSA or a PFFS without drug coverage, you can join a stand-alone drug plan known as a PDP).

BlueCross BlueShield of Tennessee

PROSPECTIVE MEMBERS **1-800-614-8220**
 CURRENT MEMBERS **1-800-841-7434**
 TTY/TDD **1-877-664-6422**
 www.bcbst-medicare.com
 Private fee-for-service plans.

Cariten Senior Health


PROSPECTIVE MEMBERS **1-888-285-2599**
 CURRENT MEMBERS **1-865-670-7790**
 TDD/TTY **1-800-396-2150**
 www.caritensiorhealth.com

DEPARTMENTS OF HUMAN SERVICES

- Bledsoe County** (423) 447-2193
 323 ROCKFORT RD., PO BOX 396, PIKEVILLE 37367
- Bradley County** (423) 478-0300
 950 STAR VUE DR. SW, STE. 1, CLEVELAND 37311
- Grundy County** (931) 592-9231
 HWY 41 ORCHARD RD., PO BOX 399, TRACY CITY 37387
- Hamilton County** (423) 634-6752
 311 E. MLK BLVD., CHATTANOOGA 37403
- Marion County** (423) 942-3481
 4926-A MAIN ST., JASPER 37347
- McMinn County** (423) 744-2800
 1008 KNIGHT RD., STE. C, PO BOX 929, ATHENS 37371
- Meigs County** (423) 334-5787
 HWY. 58 N, PO BOX 98, DECATUR 37322
- Polk County** (423) 338-5332
 7118 HIGHWAY 411, STE. 101, N. BENTON 37307
- Rhea County** (423) 775-2681
 224 FOURTH AVE., STE. 102, DAYTON 37321
- Sequatchie County** (423) 949-4621
 1845 OLD YORK HWY E., DUNLAP 37327

IDENTITY THEFT AND FRAUD

Identity theft is a serious crime that happens when someone uses your personal information without your consent to commit fraud or other crimes. Your personal information can include your name, or Social Security, Medicare, bank account or credit card numbers.



**More Plans.
More Options.**

Most Cariten Senior Health plans include:

- 100% coverage for inpatient and outpatient hospitalization
- Worldwide emergency coverage
- Prescription drug coverage that can fill in the coverage gap
- No referrals needed to see most in-network physicians – including specialists
- Dental and vision benefits
- Substantial preventive care benefits including screenings, check-ups and immunizations
- Transportation to healthcare appointments
- Health plan premiums ranging from \$0 to less than \$100 per month

**865-670-7780 - Knoxville
(TDD/TTY 865-470-8409)**
**888-285-2599 - Outside Knoxville
(TDD/TTY Toll Free 800-396-2150)**
 Seven days a week, 8 a.m. to 8 p.m.
 www.caritensiorhealth.com

Cariten Senior Health has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services. Anyone with Medicare and who lives in the plan service area may apply. You must be enrolled in Medicare Part B, remain entitled to Medicare Part A, and continue to pay your Medicare premiums. The plan service area includes East Tennessee and the Tri-Cities area.

H4461, H5523 588.001 03/07

Medicare is working hard to protect you from identity theft. To help protect yourself when dealing with plans and others about Medicare prescription drug coverage:

Keep all personal information, such as your Medicare number, safe.

- Protect your Medicare number as you would your credit card information.

Tennessee State Health Insurance Assistance Program (SHIP)

The Tennessee State Health Insurance Assistance Program is a statewide program that provides free and objective counseling and assistance to persons with questions or problems regarding Medicare and other related health insurance. In Tennessee, SHIP operates through the state's nine Area Agencies on Aging and Disability (AAAD's). These agencies offer a variety of services besides SHIP, all aimed at helping persons who are elderly and/or have disabilities to live better lives.

SHIP is funded by the Centers for Medicare and Medicaid Services (CMS), an agency of the federal government under the Department of Health & Human Services. Every state, plus Washington, D.C. and two U.S. territories, has a SHIP.

SHIP works to give accurate and helpful information. When SHIP is not able to answer a question or solve a problem, a referral is made to other agencies and resources. SHIP does its best to give consumers the help that they need.

Get Your Medicare Questions Answered! Tennessee's State Insurance Assistance Program – 1-877-801-0044 (Toll-Free)

Medicare

Eligibility – Enrollment – Coverages – Billing – Medicare Advantage

Medicare Supplement or Medigap Insurance

10 Standard Plans – Enrollment Deadlines – Rights

Medicare & Other Insurance

Employee Plans – Retiree Plans – VA – TRICARE for Life

Long-Term Care

Buying Private LTC Insurance – Reverse Mortgage Information – Nursing Home Medicaid

- Don't give out your personal information until you are sure that a person is working with Medicare and their product is approved by Medicare.

Know the rules about when someone can ask for your personal information. Follow these rules for:

Medicare Prescription Drug Plans:

- Will have the "Medicare Approved" "MedicareRx" seal on their materials.

People who are really working with Medicare:

- Can't come into your home uninvited to sell or endorse any Medicare-related product, but they can call you about their plan.
- Can't enroll you into a drug plan or ask you to pay for a drug plan over the telephone, unless you are adding prescription drug coverage to a Medicare Advantage Plan or other Medicare Health Plan you already have. Note: State Health Insurance Assistance Programs and other local organizations may help you enroll over the telephone.
- Can't ask for payment over the web. The plan must send you a bill if you enroll over the web.

Remember, Medicare does not recommend one product over another.

Call 1-800-MEDICARE (1-800-633-4227) if you aren't sure about Medicare's rules or if any of these rules appear broken. **Do not respond to anyone or any material that breaks Medicare rules.**

Know who you can trust: Most people are honest and want to help you make health care decisions that are best for you. Only give out your personal information to someone you trust or to a doctor or supplier approved by Medicare. Also, make sure that you are present when your personal information is used.

You can trust and get help from:

- Family and trusted friends;
- Senior centers and other local organizations working with Medicare;
- State Health Insurance Assistance Programs - call 1-800-MEDICARE (1-800-633-4227) - or visit www.medicare.gov on the web to get the telephone number;
- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048; or
- Visit www.medicare.gov on the web.

If you think someone is misusing your personal information, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048; or
- The Fraud Hotline of the HHS Office of the Inspector General at 1-800-447-8477; or
- Visit www.medicare.gov on the web.

IMPORTANT!

Your congressperson will serve as liaison with Social Security in resolving problems with missing checks and benefits due. See *Elected Representatives*.



Note: If you filled out an application for extra help and there is missing information, someone from SSA may contact you to ask for the missing information. They will only ask you for the information that's missing from the application.

If you feel like you are in danger for any reason, call your local police department immediately.

If you lose your Medicare card, it's stolen, or you need a new Social Security card, go to www.socialsecurity.gov

TAKE NOTE

If you receive Medicare benefits through an HMO, you do not need Medigap insurance. You may wish to maintain your Medigap policy until you are sure you are satisfied with an HMO's services.



on the web or call the SSA at 1-800-772-1213 (TTY users call 1-800-325-0778). If you get benefits from the Railroad Retirement Board, call them at 1-800-808-0772, or visit www.rrb.gov on the web.

For more information about how to protect yourself from identity theft, visit www.consumer.gov/idtheft on the web.

Medigap Insurance

If you do not have insurance from a former employer that fills gaps in Medicare, there are several insurance companies that sell supplemental coverage to fill these gaps. They sell policies called **Medigaps that help cover Medicare deductibles, coinsurance and some additional benefits.**

There are 12 different standardized Medigap plans, labeled A–L (except in Mass., Minn. and Wisc.). **Not all plans are available in all areas.**

Each Medigap plan pays for a particular set of benefits. Plan A offers the fewest benefits and is usually the least expensive. Plans that offer more benefits, like plan J, are generally more expensive.

The most popular Medigap plans are C and F, because they cover major benefits and are less expensive than other plans.

All Medigap plans (A–L) must include the following basic benefits:

- Hospital coinsurance coverage.
- 365 additional days of full hospital coverage.
- Full or partial coverage for the 20% coinsurance for doctor charges and other Part B services (K and L only cover this after you have paid the out-of-pocket limit).
- Full or partial coverage of the first 3 pints of blood you need each year.

Depending on which Medigap plan you choose, you can get coverage for **additional expenses Medicare doesn't cover**, including:

- Hospital deductible (plans B to L).
- Skilled nursing facility coinsurance (plans C to L).
- Part B deductible (plans C, F and J).
- Excess doctor charges (plans F, G, I and J).
- Emergency care outside the U.S. (plans C to J).
- At-home recovery (plans D, G, I and J).
- Preventative care that Medicare does not cover (plans E and J)

No Medigap plan will be sold with drug coverage after 2005. **If you do not have a Medigap H, I, or J policy with drug coverage,** you cannot have drug coverage through both your Medigap and the Medicare drug benefit.

MEDIGAP INSURANCE CONSIDERATIONS

- Can the company cancel or refuse to renew the policy?
- What are the policy exclusion limits for covered services?
- If the annual premium is low, does the cost raise with age?
- Will I have to wait before benefits will be paid?
- Will I have to wait before existing health problems are covered?



Want to help others?

Want to learn more about Medicare?

Want to learn more about Part D?

Become a Volunteer!

If you have one-half day per week to be available in a central location in your county and are willing to take an active role in your community, then this project is definitely for you! We will provide you with a 2–3 day training session designed to answer your questions about Medicare and teach you the necessary skills needed to help others.

If you are interested in becoming a volunteer or would simply like more information, please contact:

Southeast TN Area Agency on Aging & Disability
State Health Insurance Assistance Program

1-877-801-0044

Long Term Care Insurance

See also *Advance Directives*.

TAKE NOTE

When an insurance company limits your coverage or denies you coverage, you have the right to appeal the decision. **Call**



The Legal Aid Society of Tennessee:

Chattanooga – 1-800-572-7457

Cleveland – 1-800-445-3219

Most people begin paying for nursing home care from savings and assets, which can be quickly used up. Once a person has become basically impoverished, the Medicaid federal/state government-funded insurance program pays for care. Anyone with assets exceeding \$100,000 to protect, in addition to a house, in the event of illness, should research long term care insurance.

COMPANY CHECKLIST

- ✓ How long has the company been in the long term care business? A good company should have been in business at least two years. Don't be taken in by low premiums to attract customers.
- ✓ Research the company's financial strength. *A.M. Best* is an industry-respected independent rating firm. A+ Superior or A Excellent is okay. Stay away from any rating below A. If you can't get Best's report at the library, ask your agent.
- ✓ Watch out for quick 2–3-day turnaround time for policy approval. Expect a 4-week turnaround for approval.
- ✓ How has the company treated current policyholders when they update? Have enhancements been written, on a guaranteed basis, for additional cost or has medical requalification been required?
- ✓ Make sure the company performs medical underwriting at the time of application rather than at claim time.
- ✓ What is the company's claim paying record? Know the percentage of claims paid by the company. If new, excessive claims may raise rates in future years.

POLICY CHECKLIST

- ✓ Is the policy tax qualified? If a policy is, the benefit is generally not considered as income to the owner. You may get a tax break and better protection.
- ✓ Make sure the policy has a guaranteed renewable clause so you can't be canceled or singled out for rate increases.

- ✓ Be sure to understand whether you are buying a reimbursement or an indemnification policy. Reimbursement policies will pay covered claims received by the insurer. Indemnification policies pay a stated amount each month regardless of claims received, but they are usually more expensive.
- ✓ Check for inflation protection—this rider offers either a simple increase or one that is compounded, usually three to six percent of the daily benefit annually. This type of inflation rider has level premiums which is important because costs increase with age. Make sure you know if the rider renews automatically each year or if you have to request renewal yourself.
- ✓ All levels of nursing care should be covered: skilled, intermediate and custodial. How are they defined?
- ✓ A good policy does not require you to be hospitalized before benefits are payable. The need for nursing home care and/or home health care may differ from the reason for hospitalization.
- ✓ What are the Activities of Daily Living (ADLs) that the company uses? How are they defined and how many must be lost to trigger benefits?
- ✓ Policy should specify Alzheimer's Disease and frailty and cover organic, mental and nervous disorders that cause cognitive impairment which may prevent you from dressing, bathing and toileting without help.
- ✓ Check to assure that the waiver of premium applies to both nursing home and home health care. This continues to cover you at no further cost while collecting benefits.
- ✓ What is the length of the benefit period? Does the policy allow you to use your nursing home benefits in the home when home health care benefits are exhausted and vice versa?
- ✓ What is the deductible or waiting period? This can range from 0 to 365 days. It should be one that fits your budget since most people begin paying for nursing home care from savings and assets.
- ✓ Look for policies that cover home health care fully. Most long term nursing care is provided inside the home.

CAREGIVER TIP

If you are a member of a Medicare HMO plan, you must use skilled nursing and rehabilitation facilities that are listed in the provider directory.



Long Term Care Insurance Comparison Checklist

Long term care insurance policies are complex.

- Discuss options with an agent or call the Senior Health Insurance Information Program at **1-877-801-0044** for your comparison.
- Do not choose a policy based only on price and never buy a policy without comparing it to others.

Annual Premium

Premiums differ depending on age, benefit period, daily benefit amount, elimination period and type of inflation coverage.

Note

Some older policies need to be replaced because of prior hospitalization requirements.

Company Rating _____ **Is the Policy Guaranteed Renewable?** _____

A EXCELLENT—A+++. STAY AWAY FROM ANY RATING BELOW A.

Waiting Period for Pre-existing Conditions _____

Inflation Option _____

MAKE SURE INFLATION COVERAGE DOES NOT STOP AT A CERTAIN AGE OR AFTER 20 YEARS.

Prior Hospitalization Requirements _____ **Eligible Age** _____

Level Premiums (no increase with age)

PREMIUMS WILL NOT INCREASE WITH AGE, BUT BENEFITS AUTOMATICALLY INCREASE TO KEEP PACE WITH INFLATION.

Waiver of Premiums

IF YOU ARE DISABLED, AFTER 60–90 DAYS, COMPANY WILL WAIVE YOUR PREMIUM PAYMENTS AND STILL PROVIDE YOUR INSURANCE COVERAGE. LOOK FOR WAIVER OF PREMIUMS THAT BEGIN IMMEDIATELY AFTER ELIMINATION PERIOD.

Elimination (Deductible) Period

USUALLY BETWEEN 0–365 DAYS. CHOOSE THE COVERAGE THAT MEETS YOUR FINANCIAL NEEDS.

Nursing Home, Alternate Care Facility, Home Health, Adult Day Care and Respite Care. _____

Daily Benefit

MOST POLICIES OFFER A SELECTION OF DAILY BENEFITS RANGING FROM \$50–300 PER DAY. \$110 IS AVERAGE.

Skilled, Intermediate and/or Custodial Care in a Nursing Home,
Nursing Home, Alternate Care Facility, Home Health, Adult Day Care and Respite Care.

SOME POLICIES AUTOMATICALLY OFFER COVERAGE. OTHERS OFFER AS AN OPTION.

Alzheimer's Disease & Dementia Coverage _____

Qualification for Benefits (ADLs or other)

ACTIVITIES OF DAILY LIVING: CUSTODIAL CARE NEEDED SUCH AS BATHING, EATING, DRESSING, TOILETING, TRANSFERRING FROM BED TO CHAIR OR WHEELCHAIR, WALKING AND MAINTAINING CONTINENCE.

Benefit Period/Length of Coverage

MANY PEOPLE WILL NOT NEED COVERAGE FOR MORE THAN TWO TO FIVE YEARS. LIFETIME COVERAGE IS THE MOST EXPENSIVE. SELECT AND PAY FOR COVERAGE THAT BEST MEETS YOUR TOTAL NEEDS. LOOK FOR RESTORATION OF BENEFITS CLAUSES WHICH ERASE PRIOR USAGE LIMITS AFTER SIX MONTHS.

Maximum Lifetime Benefits

Nursing Home, Alternate Care Facility, Home Health, Adult Day Care and Respite Care _____

Death Return of Benefits

IF INSURED DIES, PERCENTAGE OF PREMIUMS PAID THAT ARE GIVEN BACK TO SURVIVORS
(RETURN OF PREMIUMS FOR LAPSED CONTRACTS ALSO AVAILABLE.)

Discount Offered _____

DISCOUNTS ARE OFFERED FOR JOINT SPOUSAL, PARENTAL, MULTIPLE COMPANY POLICY COVERAGE, GROUPS, ETC.

My Health...My Medicare

MyMedicare.gov is a free, secure online service for accessing your Medicare information. As a registered user on MyMedicare.gov you will have access to personalized information regarding your Medicare benefits and services. You may use MyMedicare.gov to:

- ☑ View claim status (excluding prescription drug plan claims)
- ☑ Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card.
- ☑ View eligibility, entitlement and preventative services information
- ☑ View enrollment information including prescription drug plans
- ☑ View or modify your drug list and pharmacy information
- ☑ View addresses of record with Medicare Part B deductible status
- ☑ Access online forms, publications and messages sent to you by CMS

Visit: <http://MyMedicare.gov> to sign up!

Staying Healthy Medicare's Preventive Services

The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle by exercising, eating well, keeping a healthy weight and not smoking.

Another important way to stay healthy is to use preventative services provided by doctors and health care providers. Preventative services can find health problems early when treatment works best and can keep you from getting certain diseases or illnesses. Preventative services include exams, lab tests and screenings. They also include shots, monitoring and information to help you take care of your own health. Medicare pays for many preventive services to keep you healthy.

Medicare covers many different preventive services, however, the amount you pay for the services varies depending on the type of health plan. Medicare now covers these three preventive services:

- ☑ One time "Welcome to Medicare" physical exam
- ☑ Cardiovascular screening
- ☑ Diabetes Screening to check for diabetes

For more information on preventative services you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).