\$148 a month back from Medicare? Here's the truth.

We have all seen the ads for Medicare plans that pay you \$148 or more a month.

While this benefit is currently being widely promoted, it is not a widely available plan.

Not everyone gets \$148 back. The plan determines the amount of the reduction which can range anywhere from \$25 on up. The participants must qualify for the plan by living

in a participating service area, be enrolled in Medicare Part A and Part B, and responsible for paying their Part B premium. Finally, the 'giveback benefit' is not a direct payment to the insured. It is a reduction in the Part B premiums.

As an insurance broker, I work with a variety of insurance companies. I am always on the lookout for opportunities to offer my clients quality insurance plans at affordable prices.

Before you change to a plan based solely on a reduction in premiums, please call me. I will do my best to help you find a plan that covers your prescriptions, includes your health care providers, and provides the best customer services, all at an affordable price to you.

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Your ANOC Notice is Coming Soon

By October 1, everyone who has a Medicare Advantage plan or a Medicare Prescription Drug plan should have received an important notice. This notification, called the Annual Notice of Change or ANOC, details all the changes you will see in your plan for 2022. Here's what to look for:

Changes in cost for 2022. Plans are permitted to change your share of costs each year including deductibles and copays. Make sure your costs are affordable.

Review your provider network. The providers in a plan's network can change each year. If you have any doubts that your providers are in the network, contact them directly to verify they will accept your coverage in 2022.

Double check the formulary. Verify that all your prescriptions will be covered at an affordable cost to you.

Call me at 440-255-5700 if you have concerns about any of the changes you see in your coverage.





Dear Friends,

Medicare Open Enrollment will begin on October 15 and runs through December 7. While it is our busiest time of the year, preparation for Open Enrollment actually began weeks ago for all of us here at Mutsko Insurance Services.

Throughout August and September, we have been studying and testing so we will be ready when Open Enrollment begins. We begin by completing AHIP Certification training to meet Medicare's strict guidelines. In addition, we are required to complete training, testing, and certification by every insurance carrier we represent. This testing and certification process is not a one-time thing. It is a process we must repeat every year.

I understand that as an agent and broker who sells Medicare products, I play a significant role in helping you, my clients with your Medicare choices. You depend on me for answers and I want you to be confident that the information I give you is up to date and in compliance with current Medicare guidelines.

You can be confident that we will be ready for you when Open Enrollment begins.

> Sincerely, Laura Mutsko

HMO or PPO Advantage Plan for 'Snowbirds'

Whether you

are wintering

in Florida or

just planning to

get away for a

couple of weeks,

it's a good idea

to make sure your

health insurance

will travel well

with you.

There are some important differences between Medicare Advantage

PPO plans and Medicare Advantage HMO plans to be aware of.

It is my experience that Medicare Advantage PPO plans offer more flexibility and are a better choice for those who spend extended periods

of time away from home. Like an HMO, a PPO has a network of hospitals, physicians, specialists, and other health care providers, however PPO networks are usually more extensive than HMOs. Your costs for care will be lowest if you receive care from providers within your network. However, with a PPO, you will have the freedom to visit any specialist, lab, or pharmacy without a referral from a primary care physician. This means you can see any healthcare provider you choose if you need medical care when you are away from home.

In contrast, most HMO plans are more restrictive for travelers. The HMO's networks are often limited to a specific geographic

area except in emergency situations. While an Advantage HMO plan provides

> all the benefits covered by Original Medicare through a specific network of health care providers, you will need to use the physicians, hospitals, labs, and other health care providers within your plan's network for the most cost-effective health care.

You may also need to select a primary care physician who will act as your health care 'gate-keeper', providing you with referrals before you consult any specialists.

Time to make a change

If you're planning to travel and have a Medicare Advantage HMO it may be time to change to a PPO. The time to make this switch is coming soon, during Medicare's Open Enrollment which begins October 15. Any changes you make in your plan during Open Enrollment will go into effect on January 1, 2022. Call me at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com to review your coverage or make a change.

Aid and Attendance Benefit A Little Known Veterans Resource

While it is not as well-known as many other military benefits, the VA Aid and Attendance benefit provides much needed assistance to individuals who require the

regular care of another person to help with bathing, meal preparation, dressing, medication monitoring and other activities of daily living. This benefit is available to Veterans and their surviving spouses who live in assisted living communities, residential care homes and those receiving personal in-home care.

Any wartime Veteran with 90 days of consecutive active-duty service honorably discharged with one day of active duty during wartime is eligible for this benefit. Also eligible are Reservist or National



Guard Veterans activated during wartime for 90 days and surviving spouses of Veterans if married at the time of their Veteran's death.

Proof of the need for assistance with activities of daily living due to illness, injury or mental illness is required. Certain income qualifications also apply, however most unreimbursed expenses such as insurance premiums, the cost of assisted living, nursing home, or in-home care can help reduce the counted income. Other qualifications may apply but each case is decided on the facts of the individual's circumstances.

Veterans and their spouses may qualify for the following benefits:

ı		OSSIBLE MONTHLY
ı	Veteran	up to \$1936/mo.
ı	Surviving spouse	up to \$1244/mo.
ı	Married Veteran	up to \$2295/mo.
ı	Married couple	up to \$3071/mo.

To learn more, contact the
Veterans Service Commission in your county.
In Lake County, OH call 440-350-2904
or 1-800-899-5253 or visit:
www.lakecountyohio.gov/veteran-services/

Time to Turn in Your Worksheet

Do you have a Medicare Supplement and a Prescription Drug policy? If so, we need to update your prescription information.

By now you should have received a Prescription Drug Worksheet from us that will ask you to list all the prescription drugs you are currently taking. Please complete this form and return it to us as soon as possible. We will review your information to make sure your prescriptions will be covered by your plan in 2022.

We appreciate your prompt response.

CPAP Recall Notice

Philips recently issued a product recall for specific ventilators and sleep apnea devices. If you currently rent or own one of the Philips brand devices that were recalled, Medicare advises you to talk to your doctor as soon as possible about whether to continue using your recalled equipment.

If you would like to replace or repair your equipment, the supplier you bought the equipment from is responsible for replacing or repairing rental equipment at no cost to you when the equipment is less than 5 years old. If the equipment is more than 5 years old, Medicare with help pay for a replacement.

For more information and to register your equipment call 1-877-907-7508. You can also visit their website at www.philips.com/src-update for more details.

Senior Day

The question caught me broadside. I was doing my grocery shopping and grumbling to myself about the pokey shoppers and slow moving lines. I made a snide comment under my breath to the effect it must be seniors' appreciation day. Then when I got to the check-out, it came out of the blue, without a bat from the pair of large-size, age seventeen false eyelashes, "Will that be senior's discount, Ma'am?"

For a moment I waffled. Caught between my natural thriftiness and righteous indignation at being lumped in with "seniors", and not even sure what the cut-off age was, I hesitated. Thriftiness won.

But the question stayed with me. It's like your first car, your first beer and your first love. You never forget the first time you get asked, "Will that be senior's discount, Ma'am?"

At home, I looked in the mirror to take stock. I pulled in my tummy, squared back my shoulders and tilted my chin. No matter how I stood, the result was undeniable.

I was becoming a senior. I didn't have time to be a senior. My mother was a senior.

I wasn't ready for this. I was already a senior once – in high school! And then I recalled my senior discount at the check-out and decided, you know, maybe it's not that bad being a senior.

Submitted to Fifty Something Magazine by Sharon McGreggor



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