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MED SUPP NEWS

SPECIALIZING IN MEDICARE SUPPLEMENTS, MEDICARE ADVANTAGE,
 & THE NEW MEDICARE PRESCRIPTION DRUG PROGRAM OR PART D
 Winter 2009

In this Issue:

- The Open Enrollment Period (OEP) • Your Vision Health
- Interview with Ted Robbins • Dr. William Ferril • and more

Thank you for your Terrific Support

Thank you for your support and patronage in 2008. Over 200 new people came aboard with us here at Northwest Senior Insurance. Only a very small number went elsewhere.

Obituaries and a Special Tribute

Jean Bryant of East Helena, Montana died Dec. 23, 2008. She fought the fight with cancer. She is survived by her husband, Jerral Bryant.

George Vrieling of Grangeville, Idaho died Dec. 14, 2008. At 103, he was my most senior client. He is survived by his wife, Beulah. George was born in 1905!

Alphabet Soup Review

- * **OM:** Original Medicare
- * **PDP:** Stand-alone Prescription Drug Plan
- * **MA:** Stand-alone Medicare Advantage Plan
- * **MA-PD:** MA plan with an embedded PDP plan.
- * **MSA:** Medical Savings Account.
- * **Med Supp:** Medicare Supplement

The AEP ended Dec. 31, 2008

The Annual Election Period (AEP) ended December 31, 2008. Medicare, in their infinite wisdom, thinks that a 45-day window is sufficient time to accomplish all of the changes that people desire to make with their various Medicare programs.

It has been an exhausting and grueling seven-week run. With my wife, Corrine, and daughters Elizabeth and Hannah picking up the secretarial slack, we processed hundreds of applications. Most of them were PDP's, but there were many MA's, MSA's, and Medicare supplements.

Several of you have called me with these frequently asked questions.

FAQ 1: I am switching from one PDP to another PDP. Do I have to notify my old PDP company? **A:** No, Medicare makes this change behind the scenes.

FAQ 2: I have received notice from Social Security that they are going to withhold premium from my Social Security check in January from a plan that I have left. What do I do? **A:** Do nothing and let it run its course. If they deduct for a plan that you left, they will refund you. That is why I recommend direct bill as the payment method of preference for your PDP. Second choice is auto-bank pay. If you are paying for your old plan by bank auto pay, you can call the company to request that they turn off your bank draft. Since some people have changed plans every year, direct bill works the best. You simply do not make any more payments to your old plan.

FAQ 3: I need to fill a prescription in January, but I have not yet received my new membership card. Use the copy of your PDP application as a temporary proof of coverage. If you need a

copy, call me. If you are not yet "on the record" with your new company, explain the situation to your pharmacist, and he/she can work with you.

FAQ 4: Are Medicare supplements included in the AEP? **A:** No, Med supps are insurance products and do not fall into the time frames established by Medicare. You can change your Med supp anytime during the year.

The OEP Begins January 1st

OEP: Open Enrollment Period. This occurs from January 1st through March 31st. You can change your medical plan during this period, that is, changing like for like. Medicare allows you to make ONE election during this period.

1. You can disenroll from original Medicare and enroll in an MA plan.
2. You can switch from one MA plan to another.
3. You can disenroll from your MA plan and return to original Medicare. If you wish to sign up for a Medicare supplement, you may have to meet the underwriting guidelines of the company that you are applying to.
4. You can switch from an MA-PD to another MA-PD.
5. If you are OM with a stand-alone PDP, you can switch to an MA-PD plan.
6. You can switch from an MA and a stand-alone PDP to an MA-PD plan. **This will be the big one!** See Geneva's story on the next page.
6. You *cannot* enroll in an MSA plan.
7. During the OEP you **cannot** change from one stand-alone PDP to another stand alone PDP.

One Election Rule

You have **ONE** option for change during this period:

- A member can make only one change in how he/she gets his Medicare benefits during this period.
- This "one election rule" applies to both MA and MA-PD.
- If you enroll in a new MA plan, you will automatically be disenrolled from your current MA plan. This would be your one and only election allowed during this period.
- If you voluntarily disenroll from your current MA plan, you will automatically be returned to original Medicare. That becomes your one and only election during this period.
- The effective date of your new plan will be the first of the month following receipt of a completed enrollment form.

Examples of what you CAN do.

1. Harold has a Med Supp and wants to switch to an MA.
2. Wanda wants to disenroll from her MA plan and return to Original Medicare with a Med Supp. She has had her MA plan for over 12 months and she medically qualifies for her Med Supp. Her PDP remains untouched.
3. Cliff discovered that his existing MA-PD plan doesn't treat his generics very well. He switches to another MA-PD.
4. Karen is on OM with a Med Supp and a stand-alone PDP. She switches to an MA-PD. This disenrolls her from her existing PDP.

5. Geneva had a stand-alone \$25 per month MA and a stand-alone \$72 per month PDP. She realizes that she is on the wrong PDP but did not fix the problem during the AEP. She switches to a zero premium MA-PD that has lower copays for her scripts and does away with her \$72 monthly PDP premium. She also eliminated her \$25 monthly MA premium. She may have slightly higher copays for her medical, but **she has now eliminated a total \$97 per month in premium!** Please contact me with further questions about the OEP.

How Important is Your Vision?

One unfortunate aspect of aging is developing various vision related problems. This includes cataracts, age-related macular degeneration, glaucoma, and diabetic retinopathy. Those that have been affected by such vision issues know that vision problems can have a deleterious affect on one's quality of life.

On Sunday morning I listen to Dr. Bob Martin's "Health Talk" program on radio 840 out of Colfax, Washington. On his January 4th broadcast he ran a segment describing the ten most important things one can do optimize his/her vision health. Here they are.

#10 Avoid cholesterol lowering drugs, diuretics, and drugs for treating gout. (Dr. Bob did not go into much detail except to say that these drugs can have side effects affecting one's vision.)

#9 Avoid excessive saturated fats in your diet.

#8 Avoid excessive alcohol consumption.

#7 Eat plenty of green leafy vegetable as well as plenty of vegetables and fruits.

#6 Exercise regularly. (Looks like exercise is good for your eyes.)

#5 Don't smoke.

#4 Avoid excessive salt. Dr. Bob Martin urges caution when eating at restaurants, as they tend to load their food with salt.

#3 Take anti-oxidants.

#2 Take the best eye formula, *Optiall*.

#1 Use quality sunglasses when it's bright outside.

I cruised around his website (www.doctorbob.com) and discovered some other interesting facts relating to prescription drugs. Under the tab "Health Rip-offs" I found an article that listed the actual costs of the active ingredients in many popular drugs. Here are just a few:

- Celebrex: 100 mg, Consumer price (100 tablets): \$130.27 Cost of general active ingredients: \$0.60 Percent markup: 21,712%
- Lipitor: 20 mg, Consumer Price (100 tablets): \$272.37, Cost of general active ingredients: \$5.80, Percent markup: 4,696%
- Norvasc: 10 mg (has gone generic), Consumer price (100 tablets): \$188.29, Cost of general active ingredients: \$0.14, Percent markup: 134,493%

Under "Headlines" I found this: *Osteoporosis drugs linked to esophageal cancer*. I clicked...

BOSTON (Reuters) - Merck's popular osteoporosis drug *Fosamax* and other similar drugs may carry a risk for esophageal cancer, a U.S. Food and Drug Administration official said on Wednesday.... In addition, Wysowski said, doctors should avoid prescribing the drugs to people with Barrett's esophagus, which is a change in the lining that leads to the stomach. It is often found in people with acid reflux disease and itself increases the risk of cancer.

In November the FDA said clinical trial data showed no overall risk of heart rhythm problems in patients taking bisphosphonates. (uh huh, oops...)

However, the FDA also said it was aware of conflicting findings in other studies and was considering whether conducting further studies to investigate the risk were feasible. Go to (www.doctorbob.com) for the complete article.

My comment: If you remember in my previous issue I referenced AskAPatient.com as a place to find out what others have experienced with various pharmaceutical drugs. I have had two women tell me how much they hurt and ached after taking *Fosamax* and *Boniva*. I read similar accounts on AskAPatient.com. Makes you wonder!

If you can't locate Dr. Bob's program on your AM radio, you certainly can visit his website.

Saving on your Prescription Costs

In the previous issue I referenced Don Ricker in Moose City, Montana, and how he that figured out how to reduce his costs substantially by buying his generics off-the-plan for \$4. In another example, David Roberts (name changed) of Priest River, Idaho found out that he saves around \$655 per year with the same strategy. This also reduces his "gap" amount.

Seth Rutgers (changed) of Idaho Falls relayed on to me his strategy of staying out of the gap altogether. He is taking the very expensive type II diabetes med, *actos*, which has a retail price of over \$210 per month. That alone, rings up over \$2,500 of his \$2,700 allotment! Not much is left before he hits the gap. With his four or five generics, he goes well in the "gap". **HIS WORK-AROUND:** He buys from Canada a generic *actos* made in India for \$40 per month. Yes, he pays the \$40 per month on his own. However, by using mail order he has a PDP with no generic copays, and now he stays well out of the gap. His Canadian buy is a bargain.

As more generics become available, people are switching. Recent examples are *carvedilol* for *Coreg*, a heart med, and *amlodipine besylate* for *Norvasc*, a blood pressure med.

How to save more? Maybe you can be proactive and reduce or eliminate your prescription needs. Please read on.

William B. Ferril M.D.—"The Body Heals"

If you are serious about wanting to further reduce or even eliminate your need for pharmaceutical prescriptions, I cannot recommend highly enough Dr. Ferril's books, *The Body Heals* and *The Glandular Causes of Obesity*.

Dr. Ferril writes extensively about the connection and cause of effect relationship between the standard American diet of refined foods and physiological changes in a person's body that necessitates the need for prescription drugs. He describes "Syndrome X". In my November 2007 issue I included a two-page article by Dr. David Efrig about this subject. **Send me a self-addressed, stamped envelope (SASE) and I'll send you a copy of Efrig's article.**

Ferril writes on page 53:

...High insulin (caused by eating refined carbohydrates) is a powerful stimulant to fat cell growth. Lastly, that concerns the increased insulin, is how these people can often be thought of as the typical Syndrome X types.

Gerald Reaven, M.D. of Stanford University, coined the term Syndrome X. This term describes those owners (that's you) who are on an accelerated tract for blood vessel rust production. Dr. Reaven believes that Syndrome X is secondary to having high insulin... His opinion of the

clinical signs of the high insulin state are: *increased abdominal fat, high blood pressure, increased blood triglyceride level, elevated LDL cholesterol* (doctor prescribes meds), increased skin tag growths on the neck and under the arms, increased blood clotting tendency (strokes and embolisms) and accelerated rusting (oxidation) rate within the blood vessels. This author feels that the signs of high blood pressure and increased rusting rate are better explained by two additional factors. One is chronically elevated production of cortisol caused by a hectic lifestyle. The second is that these owners *consume a processed food diet*. (My emphasis. Now connect the dots: **Your consumption of these processed foods leads to more prescriptions, more adverse side effects, and more strain on your budget.**)

The syndrome X owners are on an accelerated tract to an old body. (That's good news?) Their fundamental defect is both elevated insulin levels... The severity of the Syndrome X is exacerbated by the *consumption of processed foods*.

...This elevated blood insulin caused by the Type A behavior has the identical effect to the body as the elevated insulin caused by dietary and nutritional behaviors. One consequence of increased insulin is the increased production of fat and cholesterol in the liver... Troubles start around middle age in sedentary and stressed owners.

Do you want to...

- Have a revitalized and more youthful energy?
- Feel much better and sleep much better?
- Reduce your body fat level and find weight control much easier?
- See your cholesterol levels naturally drop?
- Reduce or even eliminate your need for prescriptions?
- Have a much-improved disposition and attitude towards life?
- Feel that you are much more in control of your own destiny?

Most people would, of course. Those will be the benefits of eliminating as much as possible the *foods and drinks* that spike your insulin levels. Please understand these crucial cause and effect relationships.

Drinking pop (the cause) makes you overweight and contributes to elevated blood pressure (the effects). Eating pastries and related foods made from refined, white flour and sugar (the cause) results in elevated LDL cholesterol in your body, which leads to you taking cholesterol-lowering drugs (the effects). Consuming artificial sweeteners (the cause) still contributes to weight gain, raised insulin, and other problems (the effects). Now, let's carry this a little further.

Having to spend precious, fixed income money for prescriptions (the cause) leads to more financial and emotional stress (the effects). One's increased stress level (the cause) contributes to yet more adverse increases in blood pressure, elevated cholesterol, and high insulin levels (the effects). This added together with other trials of life including aging issues (the cause) contributes to people getting bummed out (the effects).

Now a person starts taking anti-depressants (the cause), which leads to further financial stress (the effects). Taking anti-depressants also leads to other not-so-good side effects (the effects). Consuming processed foods (the cause) raises insulin levels and leads to premature aging (the effects). I think you get the picture.

Whoa, whoa, whoa! How do I get out of this vicious circle? The way out of this squirrel cage syndrome is to put a stop to the vicious circle at the very beginning. 1) **Stop consuming the junk food and become a student of what's good for you. Get out of that vicious circle!** 2) Turn the *cause and effects* to your advantage. See how Ted Robbins and Sue Bedford did it, or 3) Consult a personal coach.

You Can Do It—Interview with Ted Robbins

Ted Robbins, a Medicare supplement client of mine, tells his story of losing 65 pounds. Living in western Montana, Ted is just an average guy just like anyone else. At 5'11", he used to weigh 227 pounds. After his diet, he dropped to 162! He admits that it may rise up to 170, but then he's right on top of it and gets it back down.

Ted, like most overweight people was in denial. His doctor wasn't warning him of dire circumstances that would happen because of his obesity. However, his neighbor, Sue Bedford, was 85 pounds overweight, and her doctor was close to ordering her last rites. She *was* motivated to make a life change. Together, Sue and Ted teamed up as buddies to deal with a life threatening condition, obesity.

I interviewed Ted on January 11, 2009. Here is his story. Note: To protect their privacy, both Ted and Sue's names are fictitious.

Lance: Tell me what happened.

Ted: *The doctors put me on an acid reflux drug. When I went on my diet and shed weight, I didn't need that prescription any more. Nor do I need to take Tums. This was probably because I was eating the right foods. That adjusted my system.*

Lance: How much weight did you lose?

Ted: *Sixty-five pounds. On the lab test my bad cholesterol was brought down. My blood sugar went down. When you do away with the cakes, pies, cookies and soda pop, it sure makes a big difference.*

Lance: What motivated you to get on the diet?

Ted: *My neighbor was overweight, and she had to lose 85 pounds, so I went on the diet with her. It's always easier when you go on something like that with someone else so you can compare notes.*

Lance: Have you maintained your weight loss?

Ted: *I have maintained it because when you go off the diet, you go on a maintenance diet.*

Lance: And what is that maintenance diet?

Ted: *You don't do the pies and cakes and pop. You maintain your portion control such as 4 oz. of protein. You eat your fruits and vegetables.*

Lance: Anything else along those lines?

Ted: *You also need to do some exercise every day like aerobics or walking. You have to do some exercise to keep your body in condition. When I can't do it outside due to the snow and ice, then I do aerobics inside. That's basically it. On the diet I eat a lot of non-fat foods.*

Lance: Do you take any kind of supplements?

Ted: *Not any more, but when I was on the diet, I took a multi-vitamin every day. That was to make up for things I took out of my diet.*

Lance: Do you miss that sweet stuff?

Ted: *Every once and a while I get cravings. I go to the senior center and they are serving desserts with their lunch, and everyone is eating them but me. I will have a piece of candy or a cookie every once in awhile, but not very often.*

Lance: Would you say that you have made permanent lifestyle changes?

Ted: *That's what it is, a permanent lifestyle change. In a lot of prepared foods, they load them up with salt. So I check the sodium levels. One of the main things is watching sodium. I have to stay away from it. They have to make it (the food) taste good so you will buy it. What I'm supposed to do is cut down on sodium and use spices. Using spices is just fine, and once you get used to it, it's even better.*

Lance: Can you give any specifics of your diet?

Ted: *It was set up by a dietician. I have read a lot of diet books, and they all say the same thing. Use portion control. Use a smaller plate. Eat slowly. Have plenty of vegetables. I did away with salad dressings. I use vinegar and oil. It's a real life change in your eating habits.*

Used to be my neighbor couldn't go up her stairs. After losing 85 pounds, she now runs up them. She doesn't take all of those pills anymore. You feel so much better that you don't want to go back to it. To be perfectly honest, when I started to walk, it hurt to walk a mile. Now I can walk three or four miles and it's nothing. It gets you off all those d--- pills that you don't need. It saves you money. That's my opinion, but it works.

You eat the right foods and yet get the vitamins naturally. You don't have to take those pills because you feel good. You walk now and you don't hurt, so you don't have to take a pain pill. (With amazing insight, Ted steers our conversation in a different direction)

People blame it on something else. You come home tired and make two cheeseburgers and tomato soup. So you sit in the easy chair feeling sorry for yourself and have more chips.

You just compound the problem, basically. They don't advertise it (losing weight and getting healthy) enough, so it's just easier to sit in the chair and eat chips. People make themselves to be victims. It's easier to do the diet with a buddy plan.

Lance: Excellent insight! Here's another aspect. Nobody makes money by you eating less and taking no pills. The food companies and big pharma won't make as much money.

Ted: *They (the advertisers) want you to sit in your chair and eat those chips. You then take the pills so you don't have all those aches and pains. It's not easy to do this (avoiding the junk food.) There are ways around this. Go on the buddy plan. You don't feel sorry for yourself. (Keen observation!)*

Lance: You compare notes with your buddy?

Ted: *Yeah. How much did you lose yesterday? You get a little competition. It's a lot easier with someone else. Most people won't admit they are overweight?*

Lance: Are they in denial?

Ted: *Most people who are overweight are in denial. They just buy a bigger pair of pants. My other neighbor says he's not overweight; he's at least 50 pounds over. He's taking a handful of pills twice a day. He tells me that his doctor says that everything is fine. Un huh...*

Lance: He then justifies his obesity?

Ted: *That's it! Most people have to want to do it (lose weight). Most people wait until it's an "or else." I was perfectly fine, except I was overweight. Denial. People don't go on it until they are forced. They wait till the last minute. In some cases it's too late. It's irreversible! Back to lifestyle changes. I will take a handful of 16 almonds for a snack. I will have celery or carrots instead of chips.*

Lance: Don't you think eating is a way of dealing with depression?

Ted: *Yes. So what do you see on TV? Brownies, potato chips, junk food ads in other words. So it goes back to what you said, foods that make money. Buy another bag of potato chips or cookies. Grandpa is out dipping cookies into milk with his granddaughter. Super bowl time. What's the largest selling item on super bowl day?*

Lance: I don't know.

Ted: *Guacamole. Not good when you buy it from the store. Of course, you have to buy the chips. You invite the neighbors over, and they bring the chips. It gets back to the advertising thing. They are advertising fat food.*

Lance: Thanks Ted and keep it up.

Maybe you don't have a buddy. There is help for you. Working in Bigfork, Montana, **Gayle North*** runs *The Positive Change Institute*. In the role as a personal coach, she uses various techniques to help people break their sugar and food addictions. *(406-837-1214) PositiveChangeInstitute.com

An excellent article appeared about her in the 9/25/08 *Lakeshore Journal*. It starts off: *A study from the Univ. of Alabama showed that people suffering from depression had fewer symptoms when sugar was removed from their diets.* Send me a SASE and I'll send you the entire article.

**DO NOT MAKE ANY CHANGE IN YOUR SCRIPTS
WITHOUT CONSULTING WITH YOUR DOCTOR!
DOING SO MAY BE HAZARDOUS TO YOUR HEALTH
Dr. Robert Jay Rowen's: Second Opinion**

A year ago I held my first drawing for Dr. Rowen's excellent monthly newsletters. To encourage you to "get healthy" I'm repeating this offer.

Better yet, subscribe to **Second Opinion** and get the whole show. Call 1-800-728-2288 or log on to www.secondopinionnewsletter.com.

Free Drawing I'm giving away 5, free one-year subscriptions to *Second Opinion*. The drawing will be Feb. 28, 2009.

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ Please return to

Items of Interest

I'm new to Medicare—Turning 65 or otherwise

- Please contact me concerning a Medicare Supplement
- Please contact me in regards to the Medicare Advantage plans.
- I'm interested in the Part D prescription plans.
- I want to know more about the Medical Savings Accounts. Note: These are zero premium Medicare advantage plans that fund an account on your behalf. Best suited for people who doctor little or none.

Medicare Supplements

- My Medicare supplement rates have gone up. Please contact me to see if I qualify for lower rates.
Name of your current company: _____
Plan (indicate lettered plan A-J): _____ Monthly Premium: _____ Note: *If you have a health condition and are not sure if you will qualify, please contact me anyway.*
- I have a Medicare Advantage plan and I'm interested in returning back to original Medicare, and I want to see if I qualify for a Medicare supplement. My Part D plans remains unchanged.

Medicare Advantage Plans (MA)

- I'm interested in switching from a Medicare supplement to a Medicare Advantage plan.
- I have an existing MA plan and want to switch to another MA plan.
Name of current MA plan: _____

I'm on a too expensive Part D plan and I missed changing it during the AEP. What can I do?

(Here are some options)

Medicare Advantage and Prescription Drug Plan (MA-PD)

- I'm interested in switching from my stand alone MA plan and stand alone PDP (Part D) to a combination MA-PD plan if this will lower my prescription plan costs or my overall premium.
- I have a stand alone Medicare supplement and a stand alone PDP. I'm interested in switching to an MA-PD.
- I'm already on an MA-PD. The premium is too high or it doesn't cover my drugs very well. I'm interested in switching to a more cost effective or even zero premium MA-PD.

Other

- Burial insurance, long or short or long term care insurance, annuities. Circle item of interest.

Your Name

Phone

Mailing address

Physical address if different

Date of birth

City _____ State _____ Zip _____

Spouse's name and date of birth

Email (Optional) _____

Current prescriptions: Please indicate its name, dose, and frequency. (Ex. Lisinopril 20 mg. 2 / day)

_____	_____
_____	_____
_____	_____