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MED SUPP NEWS

SPECIALIZING IN MEDICARE SUPPLEMENTS, MEDICARE ADVANTAGE, & THE MEDICARE PRESCRIPTION DRUG PROGRAM OR PART D
November–December 2010

In this Issue:

2011 Medicare Changes

The 2011 changes.	2010	2011
Part A deductible	$1100	$1132
Days 61-90 hospital co-insurance	$275/d	$283/d
Lifetime Reserve days 91-150	$550/d	$566/d
Skilled nursing co-insurance	$137/d	$141/d
Annual Part B deductible	$155	$162
Your Medicare Part B Premium	$96.40	$96.40*

*The Medicare part B premium will remain at $96.40 for some people, but not all. It has been $110.50 if 65 in 2010 and will by $115.40 for those turning 65 in 2011.

Annual Election Period (AEP)

The Annual Election Period begins Nov 15, 2010 and ends December 31, 2010. First let's review the alphabet soup:

* **OM**: Original Medicare
* **PDP**: Stand-alone Prescription Drug Plan
* **MA**: Stand-alone Medicare Advantage Plan
* **MA-PD**: MA plan with an embedded PDP plan.

During this 45-day period you can do the following:

1. Switch your PDP plan from one company to another.
2. Switch your MA plan to another MA company.
3. Switch from your MA plan to an MA-PD.*
3. Disenroll from your MA plan and return to OM.**
4. Switch from Original Medicare to an MA plan. ***

* This will disenroll you from your existing PDP plan.
** You can pick up a Medicare supplement. You will have to medically qualify if you are out of the open enrollment period.
*** You will want to terminate your Medicare supplement as it's of no use when you are on an MA plan.

There are some cautions to keep in mind. For example, if you have a Medicare supplement and a stand alone PDP plan and you enroll in a MA plan that has an embedded prescription benefit, you will automatically be disenrolled from your existing PDP plan. Likewise, if you enroll in a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) MA plan, that will automatically disenroll you from your existing PDP, whether or not you take the embedded PDP option in the HMO or PPO MA plan.

Big change for the 2011 AEP! Instead of the current Nov. 15-Dec. 31, Medicare has finally realized that running it into the end of the year and busiest holiday period of the year isn't so smart. A year from now the AEP will run from Oct. 15 to Dec. 7. Whew! Now we won't have to do that last minute faxing on December 31st!

Annual Disenrollment Period

There are two things in the Health Care "Reform" bill that affect Medicare. One of these ends the Jan. 1 to March 31 Open Enrollment Period where one could change his/her Medicare advantage plan. This is gone in 2011.

Therefore, if you want to change you MA plan from one to another, be sure to do so during the AEP from Nov. 15 to Dec. 31. You cannot do this after Dec. 31!

The new Annual Disenrollment Period (ADP) runs from Jan. 1 to Feb. 14. During this time you can **disenroll** only from your MA or MA-PD plan. If your MA plan has a prescription plan with it, then you can also sign up for a stand-alone PDP.

Let's say that Linda Whitehead has an MA-PD and wants to return to original Medicare and apply for a Medicare supplement. She can do this during the AEP. If she misses the Dec. 31 deadline, she has another chance. She can still disenroll from her MA-PD plan. **Caution:** Do not disenroll from your MA plan until you know that you qualify for a Medicare supplement. Your Medicare supplement in this case is NOT a guarantee issue. Please check with your agent to avoid making a mistake that you could later on regret.

Medicare Supplements: Modernized Plans

All new Medicare supplement plans sold after June 1, 2010 now use the modernized outline of coverage. Medicare eliminated Plans E, H, I, and J from the new schedule and added Plans M and N.

Your existing plan is grandfathered in, so you do **NOT** have to change it. Some unscrupulous agents have scared people into thinking that their coverage is no longer effective! They're like a car salesman that says your 2010 model is longer any good because they now have the 2011 models!

Many of you have Plan I or J. Not only are you just fine, but in many cases you may have a more competitive rate for a comparable plan compared to the new rates after June 1, 2010.

Medicare Supplement Rates

Remember, you may change your Medicare supplement to another Medicare supplement any time during the year. If your Medicare supplement rate has gone up, please give me a call and let's see if you can qualify for a lower premium with another company. Qualifying means that you must have "no" answers on the various companies' medical questions. I work with several different companies and can shop for you.

Part D Prescription Plans: You pay more

A year ago I wrote about the increases in costs for Medicare Part D. Unfortunately, this year is not much different. Here are a couple of examples.

One gentleman from Montana called to inform me that his Brand X plan has gone from $49 to $62 per month. Another party in Idaho called to let me know that his $18.70 per month Brand Y plan is jumping to $34.10! These are percent increases from 26 to 82%!

The bright spot: Brand Z has come out with a plan around $15 per month

Gap Coverage: The other Medicare related feature of healthcare "reform" is to start closing the "gap" or the so-called donut hole. This will be good news for those hitting the gap. Beginning in 2011 two things will happen. You will pay 93% of the cost of generics instead of 100%. Assuming that the drug manufacturer has agreed and signed on, you will get a 50% discount for name brand drugs.

Other strategies for delaying your entry or staying out of the gap:

1) Some people have ordered their one expensive drug from Canada. This often either delays or prevents a person from hitting the gap. Simply do a Google search, "name of drug, Canadian prescriptions", and that will get you started.

2) Many snowbirds in Yuma, Arizona area pick up their meds in Mexico at often drastically reduced prices compared to a U.S. pharmacy. Some people have told me that they have friends in Yuma that do this for them. Caution: Watch out for out-of-date prescriptions.

3) Many expensive name brands have gone off patent and are now generic. Ask your pharmacist if a generic is available.

4) Syndrome **X**: Three years ago I enclosed an article about "Syndrome X". As many new clients have come on board since then, I have reprinted this extremely important article, and you will find it at the very end of this newsletter. If you can avoid the causes of Syndrome X, or elevated insulin levels, you may go a long way towards reducing your need for prescription drugs. And finally, that leads to the fifth one.

5) Some people have successfully made lifestyle changes and/or lost weight, which has reduced their need for prescriptions.

All of the above strategies may help you save money and delay or stay out of the gap. **WARNING! PLEASE CONSULT WITH YOUR DOCTOR BEFORE MAKING ANY CHANGES WITH YOUR MEDICATIONS!**

More Part D News

In 2010 there were around 48 Part D plans available in most states. In 2011 the number shrinks to around 32.

Another change to watch out for is that companies may add a dedudctible to a plan that previously had none. I cannot recommend enough how important it is to shop for another plan, expecially if your are taking several meds.

Other Sneaky Changes

Other companies have dropped their plans, added new deductibles, or changed the copays. The time to shop is **BEFORE** December 31… and preferably much sooner!

Medicare Advantage News

The Medicare Improvement Act of 2008 stipulated, among other things, that if the county you reside in has two or more networked Medicare advantage plans, then the existing private-fee-for-service (PFFS) plans either have to set up networks or pull out. Many of you received a non-renewal notice from your Medicare advantage company that chose to exit the market in *some*, but not all counties.

I have assisted many of you in signing up for another plan. For those of you yet to do anything, here are your options:

1. You can return to original Medicare. You may want to add a stand-alone prescription plan.
2. You can enroll in another Medicare advantage plan.
3. You can return to Original Medicare and sign up for a Medicare supplement under the *guarantee issue* rules. *Guarantee issue* means that even if you have a health issue that would normally preclude you from qualifying for a Medicare supplement, you qualify anyway. You have the right to buy Plans A, B, C, F, K or L. "F" is the favorite choice. If your health is good, then you can qualify for the Plan "G". One company has a guarantee issue for Plan "N".

Important! Be sure to keep your non-renewal letter as we will need this to qualify for a guarantee issue Medicare supplement. Please use the yellow response form to indicate your preferences or call me as soon as possible. I want to avoid the last minute crunch.

Items of Interest: Please mail back or fax to 208-746-1792

Medicare Supplements

_____ I'm turning 65. Please contact me concerning a Medicare Supplement

_____ My Medicare supplement rates have gone up. Please contact me to see if I quality 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.

Prescription Drug Plans: PDP's

_____I still need to be signed up for a **Medicare PDP**. Please call.

_____I'm shopping for a new PDP. I have listed my current scripts at the bottom of this page. Name of your current plan: _____ Mo. premium _____

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: _____

_____ Those with **non-renewed Medicare advantage plan**. My MA company notified me that my plan ends effective 12-31-2010. I'm looking for a new plan.

Medicare Advantage and Prescription Drug Plan (MA-PD)

_____ I'm interested in an MA-PD plan. Note: Enrolling in a new MA-PD will disenroll you from your existing PDP or MA-PD plan.

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. simvastatin 40 mg. 1 / day)
If a liquid, gel, or cream, please list the size (ml or grams) and the number of containers you use per month.

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Syndrome X

August 05, 2007

Do You Have Syndrome X?
By Dr. David Eifrig Jr.

According to some estimates, one-third of all 55 year olds have Syndrome X.

By the time you get to 70 years, 50% of you will have it. And if you are younger, say 35-years-old… there's a 10% chance that you have it. The problem is that this syndrome may be deadly. And the name is mysterious because the diagnosis and prognosis are so unreliable. In fact, when you finish this article, you might roll your eyes and wonder why the hype. But, if you recognize that the factors that play a role in this syndrome are interconnected, you will easily understand the solution, and the cure will be critical to your long-term health and well being.

The good news is there are simple things that can be done; the bad news is that it will take some effort on your part. The worse news is that your doctor would prefer to give you pills rather than devote time and resources to curing this disease. Don't misunderstand me, I realize it's not a perfect world, but pills and injections are not the answer.

There are several symptoms consistent with this syndrome, which often appear hours after eating:

* Sleepiness
* Brain dysfunction (your memory and awareness are slowed)
* Blurred vision
* Sleep apnea
* High blood pressure
* High triglycerides
* Skin tags
* Increased weight
* Depression
* Intestinal distress (e.g. gas production)

Dr. Gerald Reaven at Stanford coined the term Syndrome X in 1988. He was researching diabetes and trying to understand the role of insulin in obesity, heart disease, and high blood pressure. It was clear to him almost 20 years ago that people with this syndrome (which is also known as Metabolic Syndrome, Reaven Syndrome, CHAOS, and Insulin Resistance Syndrome), had trouble processing glucose, which led to problems with insulin. Let me explain…

When we eat, especially carbohydrates, the body's chemicals break down the food into molecules that our cells use for energy – namely blood sugar, aka glucose.

The body notices this extra sugar and produces insulin in the pancreas. This insulin circulates in the blood and triggers a host of other processes. Without going into great detail, trust that the mechanism for glucose and insulin production was designed long before Twinkies…

The insulin binds to receptors on the surface of cells throughout the body. Cells have anywhere from 100 to 100,000 of these receptors, and very few cells have no insulin receptors. The fact that receptors are ubiquitous, and the levels of sugar and insulin vary so much, means that cells can alter their responses to these molecules. Therein lies the problem: The liver and the brain are intimately connected and influenced by glucose and insulin.

In fact, if you don't eat anything, the liver produces glucose for the rest of the body. And depending on the levels of sugar and insulin, the body will either store glucose (called glycogen) and moderate the burning of fat for energy or vice versa. On the other hand, the brain uses blood glucose to function and is dependent on a constant supply no matter what. I know I said I wasn't going into the details, but stay with me a little longer.

Insulin triggers a host of things, among those, a decrease of magnesium and an increase of sodium in the blood. Insulin also increases pro-inflammation molecules (like homocysteine) in the blood. It even causes the production of fat and increases fat storage. This easily leads to increases in blood pressure and chronically can lead to a stroke and heart disease. And it gets worse…

Remember those insulin receptors? If our cells are bombarded with insulin, they decrease the receptors on the cell surface (wouldn't you?). Thus the body has to increase the amount of insulin to get the same effects on the cells. More insulin means more badness. Thus, if insulin levels are high, the body will never use fat… blood sugar is too high and the metabolism will be stuck in storage mode.

Thus the importance of avoiding foods that increase blood sugar, known as "high-glycemic index" foods. And the list of these foods is endless… Suffice it to say that whole grains and raw fruits and vegetables have a lower glycemic index than things like cookies or refined foods such as white bread and flour.

The bottom line is this: The human body needs glucose, fat, and protein. But anything that triggers increases in blood sugar – especially if it happens quickly and constantly – will lead to high insulin levels and thus insulin resistance (triggering Syndrome X).

From your and your doctor's point of view, the following traits are critical to diagnosing this syndrome:

* Abdominal obesity (men greater than 40 inches)
* Glucose intolerance
* High triglycerides
* Low HDL (this is the so-called good cholesterol)
* High blood pressure
* Insulin resistance
* Abnormally high insulin levels

There are simple tests you and your doctor can do. But if you have three of these symptoms, then you likely have Syndrome X. If you do have it, all is not lost. You can do two simple things to reverse the metabolic and structural problems.

1. **Avoid any food with the word sugar on the box**… This especially means the phrase "**high fructose corn syrup**."
2. After your biggest meal of the day, walk or exercise for 15-30 minutes.

When it comes to Syndrome X here's what I do:

* I try to exercise for 30 minutes at least five times a week. Moreover, I try to walk for 20-30 minutes after eating my evening meal.
* I try to eat foods higher in Omega 3 fats to balance Omega 6 (poly-unsaturated oils like corn, sunflower, safflower, and soybean) and Omega 9 (olive oil and many nuts). Recall that Omega 3s tend to be anti-inflammatory.
* I am trying to eat my last bit of food at least four hours before bed. That way, I can trick my body into thinking I'll need the energy and storing the glucose in my muscles as opposed to producing fat.
* I take vitamin C, E, and D to help keep my oxidant levels low and the fat in my body "healthy"… These fat-soluble vitamins play critical roles in the function of removing the oxidized products of living cells. This reduces the number of inflammatory molecules floating around in my body.
* I have reduced the sugar in my coffee to no more than one packet per day.
* **I have stopped drinking all soft drinks**, thus avoiding the high fructose corn syrup. (By the way, **diet drinks are no better**, because they trick your body into producing insulin anyway, which really messes things up since there is no sugar to act upon.) My note: There is a whole other issue concerning artificial sweeteners such as Splenda—not good.
* I try to eat **whole foods** whenever I can, including grains, raw fruits, and vegetables.
* I take 200mcg of chromium picolinate one to two times a week. There is evidence that this micronutrient helps with glucose and insulin regulation. There are also studies that show chromium decreases the amount of low-density cholesterol (LDL) the "bad cholesterol." (Red wine and broccoli are high in chromium.)

Until next time, be healthy.
David Eifrig Jr., M.D.