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MED SUPP NEWS

SPECIALIZING IN MEDICARE SUPPLEMENTS, MEDICARE ADVANTAGE,
 & THE MEDICARE PRESCRIPTION DRUG PROGRAM OR PART D
 Winter 2010

Thank you

Whether you came on board with me in 2009 or have been with me for several years, I thank you for your continued support. It is my goal and desire to continue to serve you years into the future.

This issue is running a little late this year. Things are now returning to my normal busy pace compared to the insanely hectic pace through Dec. 31st. In January I took my family for a week's visit so my kids could visit with their one remaining grandparent in Green Valley, Arizona.

Let's review the alphabet jargon concerning these plans.

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

The OEP Runs Jan. 1st - March 31 (now discontinued)

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. Examples are as follows:

1. You can disenroll from original Medicare and enroll in an MA plan.
2. You can switch from one MA plan to another MA plan.
3. You can disenroll from your MA plan and return to original Medicare. If you wish to sign up for a Medicare supplement, you must meet the requirements of the company that you are applying to.

If you are happy with your current plan, there is **NO** need to make any changes during this period.

What you can do 12 months of the year: You can change your Medicare supplement policy any time during the year. Please remember that medical underwriting applies once you are out of open enrollment, which ends at 65 ½. **If your Medicare supplement rates have gone up, please mark and return the yellow response form.** I will shop for you to find the lowest possible rates. **If you want to go to a Medicare advantage plan, I do those, also.** Please let me know.

What's Made My Phone Ring the Most

Several people called me in January with concerns about their prescription drug plans. The biggest surprise that some folks have discovered is that their PDP is charging them a

deductible in 2010 that wasn't there in 2009. I encourage everyone to read and digest (Pepto Bismol anyone?) their "annual notice of change" (ANOC) that their plan is *supposed* to mail in the fall. If you didn't get one, you can always call your company to request a copy.

Goofs, Gaffs, and Stupidity

I have fielded several calls where clients have reported to me some really off-the-wall statements told to them by another agent or a customer service representative (CSR) at some company. And there's the press. You can make a ton of money betting on them...that they're wrong.

Yes, things tend to be daunting enough for most people concerning the myriad of various Medicare programs, plans, parts, and policies. And then, when folks turn to sources that one would *think* (yeah, really...) would know the correct answers, they all too often get anything but honest and correct information.

Company CSR Gaffs

All names are fictitious, but the situations are real.

#1: Taking no Rx drugs, Jack Walters called me, concerned that he was now paying \$43 per month for his drug plan. Here's his conversation with a CSR at Hornet Health.

Jack: *I'm paying \$43 per month for your plan, and I'm not taking any prescriptions at all.*

CSR: *Yes, but when the time comes that you need the plan, you'll be glad you have it.*

Jack (not mollified one bit): *Yeah, but that's a lot of money to be paying out for nothing.*

CSR (proudly): *Yes, but you have the BEST plan.*

Jack (not convinced): *Well, I dunno, \$43 a month for nothin' is a heck of a lot to pay.*

I told Jack that first, the internet training modules that agents are annually subjected to remind us to avoid the superlative words "best plan".

I continued by saying that the Hornet Health CSR fed him pure hogwash. There's a more cryptic word, but I need to keep my publications "G" rated. Here's what a truthful CSR could have said...

CSR (apologetically): *I understand your predicament. You're flushing \$516 annually down the drain for a plan you're not using. I'm not supposed to tell you this, but here's a toll-free number for Lowest Price Rx Life. You can cut your premium in half. At least that'll help. Psst, please don't tell management. They'll fire me!*

I gave Jack the toll-free number so that he could sign himself up for a PDP for less than \$20 per month (Idaho rates). I became the CSR for my client. Note: This plan is a little higher in Montana but lower in Oregon and Washington.

#2: Ben Jones called me from my phone book ad and explained to me that he had a Med supp Plan "F" from Senior Associates Life (SAL). He was concerned that his Plan "F" had gone up. I met with him and explained to him why a Plan "G or I"* with a substantially lower premium might be a smart move.

I told him that the only substantive difference between Plan "F" and Plan "I" is that with Plan "I" he will pay the annual Medicare Part B deductible, which is \$155 in 2010. I also added that Plan "I" has the "at home recovery" benefit, but I

downplayed it, as it will be eliminated from the modernized Medicare supplement plans as of June 2010. Medicare is dropping it because it pays so seldom.

It's important to understand that the "at home recovery" benefit has an insignificant effect on the premium. In general, Plan "G or I" should have a lower premium than "F" because with "G or I" you pay the annual Medicare Part B deductible. Other than that, the benefits of the plans are near identical. Ben sees that SAL also offers a plan "I" but notes that it is incredibly more expensive than their Plan "F". Perplexed, he calls them. Ben: *I'm interested in a Plan "I", and I see that you offer that plan. Why is it so much more expensive than your Plan "F"?* SAL's CSR: *Oh, that's because our Plan "I" has a long term care benefit, and that's why it's more expensive.*

What a horrible gaff! The "at home recovery" benefit in Plan "I" certainly is **NOT** a "long term care" benefit.

Their "I" is more expensive because virtually no one signs up for it. Space limitations prevent me from reporting yet numerous other gaffs my clients have reported to me. *The Plan "I" will be dropped in the June 2010 revisions. Those of you that have "I" now can breathe easy. You are grandfathered in.

The Disingenuous agent

In the afternoon on December 31st, 2009 my phone rings. Caller (Yvonne) from a major city in Idaho: *Hello, is this Lance?*

Me: *Yes*

Yvonne: *Do, you remember me. We talked a while back.*

Me: *Yes, I do.*

Yvonne: *Well, I signed up with another agent.*

Me: *Which plans?*

Yvonne: *For my Med Supp I went with Polaris Life and Health, and for my prescription plan I went with Hornet Health.*

Me: *Your Med supp is fine, but why did your agent pick Hornet Health?*

Yvonne: *She said it was a good one.*

Me: *Did she run your meds on Medicare.gov's website?*

Yvonne (now a little concerned): *No, she didn't. Is this something to do with commissions?*

Me: *Probably. Let's run your three meds on the website. It will list the most competitive plans in numerical order from the best to the worst buy.*

Yvonne: *Okay, here they are. Oh, by the way, the agent also told me that she has her mother on Hornet Health's PDP.*

Me: *Figures. Ah, here are the results. Lowest Price Rx Life has an annual estimate of \$722 for your three meds. Hornet Health has an annual estimate of \$1,209. Remember, the annual estimate is comprised of twelve months of plan premium, any deductible, your copays, and the gap, which you will not come close to hitting.*

Yvonne: *Wow!*

Me: *Hornet Health pays agents a \$50 commission for signing up someone on their plan. Lowest Price Rx Life is a good company, but they don't allow agents to participate. Here's the long and short of it. **Your agent sold you a plan that would cost you \$487 more annually so she could earn a \$50 commission!** Imagine a doctor prescribing a drug without doing a stitch of diagnosis!*

Yvonne (now incensed): *Can I still switch?*

Me: *Yes*

I gave Yvonne instructions for signing up by phone with *Lowest Price Rx Life*. She also switched her Medicare supplement.

Digressing just a little, the reason why we're going through our current economic crisis is because of systemic greed that has

overtaken our society as well as government stupidity. This greed ranges from an individual in his/her business dealings as in the above-referenced examples, all the way to corporate greed. Big tobacco denied for decades that smoking was harmful to a person's health. Well, dah! Big pharma kept selling dangerous drugs like bextra and vioxx when they knew that they caused heart valve problems.

Politicians of both political parties have played Santa Claus with taxpayers' dollars and spent way beyond their means to pay the bills. They have been overcome with greed and lust for power and prestige. Government economic meddling and profligate spending on the part of our politicians has been disastrous.

The Affordable Housing Act was one such boondoggle. The politicians required banks to make loans to people that couldn't afford them. The bankers, mortgage lenders, homebuilders, and realtors all sang a happy tune...until there was a crash.

Just as a person goes through withdrawal symptoms as he/she goes off of speed, we as a society are doing the same. A recession or depression is that withdrawal cycle. The focus of drug rehab is to get people cleaned up and to get them to stay off of drugs. So what do our politicians now do?

Instead of just leaving it alone and letting the economy through its detox cycle, they offer more government meddling, borrowing, and more insane spending. It's STUPIDITY at its best! *Continued on page 4.*

The Press is a Mess

If the press is reporting about Medicare Advantage plans, you can be virtually 100% assured that they will be inaccurate. A client in Columbia Falls, MT sent me an article titled "*Medicare Advantage cut worry seniors*" from the 12/28/2009 edition of the *Daily Inter Lake*.

The AP reporter, Matt Sedensky, gets some things right, but he makes some royal gaffs. First, he beats up the insurance companies' executives' six and seven digit salaries and their "expensive" retreats. I wonder if he knocks the CEO's of AP and other media outlets for their seven digit salaries. Does he expect the CEO's of the health insurance companies to be charitable and work for only 250K?

He says that some seniors' Medicare advantage (MA) plans have "*no copays for hospital stays*" while others have "*high hospital copays*". What is *high*? Are there any that have modest copays? He doesn't say. What's his point?

Quoting: "*The disparity was greatest for some of the sickest seniors, those who return to the hospital within 60 days of discharge, the GAO found. Under traditional Medicare those seniors would not pay any deductible. Under MA plans the deductibles can be steep.*" Emphasis is mine.

This is atrocious reporting. Here are the facts: Under Original Medicare, a beneficiary will pay a Part "A" deductible, which is \$1,100 in 2010. He neglected to say that. The patient does not pay the deductible again if he is readmitted within 60 days of his discharge. He does have an initial \$1,100* obligation, however. Sedensky made a glaring omission by making it sound like there is NO deductible if one is on Original Medicare. Medicare advantage plans have hospital *copays*, not *deductibles*. Another goof! It is true, that if a MA patient is readmitted within 60 days after his discharge, he will pay his *copay* again. *Med Supp plans B through J pay the Part "A" deductible, which is \$1,100 in 2010.

Sedensky then quotes a tear-jerker story about a patient whose MA company turned him down for rehab treatment.

Cases such as this are incredibly easy to misrepresent to make the insurance company look like the bad guy. We don't know the true story, and in all too many of these cases the truth is badly misconstrued and sensationalized. **You can't trust the press!**

He concludes with this curious statement: "*The insurance industry still contends the majority of Advantage enrollees remain in danger.*" Which "*insurance industry*" does he mean? Who is he quoting? What are the sources for his statement? *Danger...danger of what?*

Such articles needlessly alarm many seniors. My comments are not for or against MA plans, but rather it is to point out to you the usual shoddy reporting. If you would like a copy of this article, please send me a self-addressed, stamped envelope (SASE).

Caution: The Sharks are Moving in for a Feast

Starting June 1, 2010, the new modernized Medicare supplement plans will be offered by the Medicare supplement companies. Here are the changes:

- The "At Home Recovery" and "Preventative Care" are dropped.
- The "Part B Excess" on Plan G goes to 100% instead of 80%.
- Plans E, H, I, and J are dropped because they are identical to an existing plan letter.*
- A "Hospice" benefit is added to the "Basic" benefits.
- Plans M and N are created. They have a higher cost sharing but lower premiums. Plans K & L, introduced in 2006 and what I call Swiss cheese plans, have been a dud. **The new Plan N** may develop some interest. You have a \$20 copay for a doctor's visit and a \$50 copay for the ER.

My best guess is that Plans F and G will continue to be the most popular plans. Why? Simple, they are the only two plans that have the "Part B Excess" or what I call the "Overcharge" benefit, which most everyone wants.

You are likely going to receive many direct mail solicitations for these new plans. There are sharks out there waiting to pick off some unsuspecting sucker and stick him in some sub-standard plan with some sub-standard company. Their bait is a tempting low rate only to rise like a hot air balloon taking off. Please don't get yourself hooked.

For those of you that already have an existing Medicare supplement, my advice is not to do anything as this unfolds.

*** Your existing pre-June 2010 plan is grandfathered in for life. You do NOT have to make any change!**

For those of you that are **turning 65 after June 1, 2010**, I think that most of you **will still want Plan F or G**. The new Plan N may be a good choice for the budget minded shopper or the person that rarely sees the doctor. For a copy of the new chart, please send me a SASE.

And Here's a Drink to Bad Health...huh?

INGREDIENTS: CARBONATED WATER, HIGH FRUCTOSE CORN SYRUP, CARAMEL COLOR, SUGAR, PHOSPHORIC ACID, CAFFEINE, CITRIC ACID, AND NATURAL FLAVORS

Let's play "Name that Tune", ah, uh, in this case, let's name the product of these ingredients. Yep, you guessed it, Pepsi Cola. Let's see what each one of these ingredients **does for you!**

• **Carbonated water:** It contributes to acid reflux as well as higher instances of esophageal cancer. The belching from the carbon dioxide causes stomach acid to splash up into one's esophagus irritating the lining. First it's lesions, which then can progress to cancer. The carbonic acid also helps to increase the acidity of one's blood, which can lead to increased diseases and

cancer. Cancer likes acidic and sweet environments, as that enables cancer cells to multiply more rapidly.

For the men...an Italian study looked at men ages 46-74 who developed prostate cancer and compared their diets to a group of similar men who didn't get the cancer. Those whose diets were most likely to spike their blood sugar were **57 percent more likely to have prostate cancer**. A similar Canadian study found the same 57 percent increase in risk.

• **High fructose corn syrup:** (HFCS) We could write books about this. Google "high fructose corn syrup dangers", and you'll keep busy for days sifting it all out. Here's just a scratch of the surface of this "innocent" little sweetener. It travels straight to the liver where it **is metabolized to fat**. Fructose converts to fat more completely than any other sugar. And you're trying to lose weight? **Contributes to the development of diabetes and tissue damage.** A recent study presented at the 2007 national meeting of the American Chemical Society found new evidence that soft drinks sweetened with HFCS contain high levels of reactive compounds that have been shown by others to trigger cell and tissue damage that cause diabetes. **Does not stimulate insulin production or enhance leptin**, a hormone involved in appetite regulation. Because insulin and leptin act as key signals in regulating how much food you eat, this suggests that dietary fructose **may contribute to increased food consumption and weight gain**. **Contains no enzymes, vitamins or minerals;** instead, it takes micro-nutrients from your body. The fructose in HFCS is different from the natural fructose you get when you eat a small piece of whole fruit, which contains the nutrients needed for your body to assimilate sugar. **Increases your triglyceride and LDL (bad cholesterol) levels.** Triglycerides are the chemical form of fat found in foods and in your body. Studies show that elevated blood levels of triglycerides increase your risk of heart disease. Corn based products such as HFCS have also been **shown to increase osteoporosis, tooth decay, anemia and osteo-arthritis**. Fructose inhibits copper metabolism leading to a **deficiency of copper, which can cause increased bone fragility, anemia, ischemic heart disease and defective connective tissue formation among others.**

If you want to lose weight and drastically improve your health, stop drinking sodas, **sports drinks**, and **processed fruit juices**. These beverages are sweetened with almost eight teaspoons of fructose per 12 oz. serving. Instead, drink pure water and you will be well on your way to improved health. Note: **HFCS** is found in a multitude of other food products, **ketchup, cereals, fruit drinks, salad dressings, barbecue sauce**, etc., etc., etc.

• **Phosphoric acid:** It's associated with bone **calcium loss**.

Tooth rot: Dentists are noticing a condition in teenagers that used to be found only in the elderly—a complete loss of enamel on the teeth. May interfere with digestion. Increases the acidity or Ph of one's body. More cancer?

• **Caffeine:** Acts as a diuretic. Can be addictive. May lead to exhaustion. Raises Blood pressure. Google for more info.

• **Citric acid:** Has traces of MSG, which is a neurotoxin.

Observation: On many occasions when arriving at an appointment's home, I have noticed either a barrel of crushed empty pop cans or multiple six packs or even cases of undrunk soda pop if entering through the garage or a kitchen entrance. Almost always, these people are usually overweight to varying degrees and/or taking multiple prescriptions.

I remember one such meeting in Orofino, ID. The man, 5'9" and 250 pounds offered me a soda. I politely declined. He then

said, "We drink a lot of pop around here," as he proudly showed me his cache from Costco. He was also **taking eight prescriptions!**

Some politicians on the do-gooder bandwagon have advocated a tax on *sugar-laden* (but not diet) pop. Dr. Robert Jay Rowan in the Feb. 2009 issue of *Second Opinion* responds:

I call it idiotic since published research overwhelmingly has shown that so-called diet drinks do nothing to foster weight loss. In fact, the evidence is that they increase weight. How might this happen? When you drink something that tastes sweet, your pancreas responds by making insulin in preparation for a natural load of sugar. No sugar comes. So your blood sugar drops and you get hungry. No wonder those diet drinks have failed in every way. Where they have succeeded is in increasing your food intake and weight, not in reducing it.

But it gets worse. Diet drinks are loaded with aspartame. Aspartame is 10% methanol, a horrible neurotoxin. Use of aspartame is linked to a large number of neurological abnormalities.

Sucralose, christened as *Splenda*, has its cat's nest of problems. Google "*aspartame or Splenda dangers*" to get a fuller understanding of how destructive these man-made toxins are to your health. **Ask yourself, is drinking that pop worth it?**

Obituaries

Ed Matlock—Boise, ID, Gene Kuykendall—Juliaetta, ID, Dale Aarstead—Troy, MT, Bill Batchelder—Belgrade, MT, Alfred Bassett—Melstone, MT, Patrick Farrell—Emmett, ID, Nancy Regula—Star, ID, Mel Sturman, Kingston, ID, Anselm Johnson, Homedale, ID, Rex Ramey, Harrison, ID, and Olive Collins, Post Falls, ID

Goofs, Gaffs, and Stupidity continued

For over 100 years from 1800 to the early 1900's we had amazing price stability in the United States, until the Federal Reserve Act of 1913. That was a reaction, in part, to the Panic of 1907. Since then, the dollar has lost 95% of its purchasing power. Try mailing a letter for two cents! What has happened?

The central bank, the Federal Reserve has the ability to create money out of thin air. That inflates the money supply. In the past eighteen months we have had a huge expansion of the money supply beyond all imaginable comprehension. The following is condensed from various sources:

This monetary inflation will hit us like a ton of bricks. When it does, **everyone will be dumbstruck**. They will all be saying, "But wait! The consumer price index (CPI) is still low!" Well, sit back and listen to this explanation of the CPI as it exists today... **Why you will feel inflation before you hear about it.**

In the olden days there was a basket of goods that the government used to track inflation. This "basket of goods" included a specific list of groceries and other household expenses that your average U.S. family must buy to survive. The basket remained constant, so you could track individual goods through time. As such, you could calculate inflation based on whether the basket of goods rose or fell in price.

This methodology worked just fine, until the mid-1990's. At the time, the Clinton administration mandated that housing be made affordable to everyone in the country.

The problem was that prices of houses continued to rise throughout the 90's. So, if the "cost" of owning a home could be reduced, that could be the key that unlocked the housing sector to everyone.

The main cost of "owning a home" is the mortgage, and the early term of a mortgage is mostly interest costs. So they had to find a way to get rates lower and make "housing affordable." (Little did they know that they would get their wish a little more than 10 years later when home prices plummeted.)

Clinton summoned then Fed Chairman, Alan Greenspan and told him to figure a way to get interest rates down. Big Al figured that the markets would never go for cutting interest rates with the CPI showing inflation. So, Big Al hired a group of analysts called the Boskin Commission and told them to "find out why the CPI was so high." (Notice that he didn't tell them to "see if it was too high!")

Lower CPI? No Problem!

Naturally, the Boskin Commission noticed that if you want inflation to fall based on a basket of goods, you're going to have to change that basket of goods. So the Boskin commission came up with a plan to substitute certain items in the CPI's basket of goods. That way, whenever an item got too pricey, they could just substitute an item to bring the CPI under control.

For instance, they could easily replace steak with hamburger. They easily justified it considering that households were doing the same thing. So steak was substituted with hamburger, and voila! Inflation was whipped...as far as reporting it via CPI was concerned! Then the commission began to place a "weighting" on the goods in the basket. That way, as an item began to rise in price, you could reduce its weighting (or importance), so it didn't move inflation too much. In other words, they were meddling with the very numbers that would have normally shown the Fed that inflation was rising.

Now that the CPI was under control, the Fed could keep interest rates really low, and new home buyers could finance the homes of their dreams...whether it was beyond their means or not. Thus began the Housing Bubble.

Recent Headlines

Social Security Goes Negative *USA Today* February 8, 2010
The Obama administration lacks the "political capital" for serious financial reform, and that is putting the U.S. in a perilous fiscal position, writes former Clinton White House economist Nouriel Roubini. *NewsMax*, Feb. 5, 2010

No Social Security Increase

Many of you have lamented to me about not receiving a Social Security (SS) increase going into 2010. I well understand your frustration. Keep in mind that the lowered manipulation of the CPI is one big factor. Here's something else we need to keep in mind.

If SS were paying on a "pay as you go" basis, **there could have been a SS cut! Ouch!** In other words, the system is now in the negative...it's not earning enough from payroll deductions to pay its bills. With the ongoing recession, government receipts are falling way short. The *USA Today* article explained that many more people have decided to call it quits, retire and start drawing SS. Millions and millions of baby boomers are turning 65.

Put another way, **the shortfall** in SS is now being financed by the general U.S. Treasury! It's a 70-year Ponzi scheme being bailed out by the overburdened treasury. Will it get better or worse? What do you think? Could one's SS checks be cut? Could the government issue a one-month furlough for your deposit? Don't think it could happen? Think again!

How many would have believed just a few short years ago that GM was going bankrupt? How many believe that we may be on the brink of massive government caused inflation? If we were to have 25% price inflation over two years with no change

in your SS check, you just had a 25% pay cut! Can our government continue to recklessly borrow money to make up the shortfalls? If so, for how long?

What happens when no one wants to buy U.S. Government bonds (debt) at the current interest rates? As has happened in California, could the Federal government issue you I.O.U.'s

And Medicare...what do you do if/when Medicare announces strict rationing for various costly procedures such as hip and knee replacements? What do you do if you are put on a two-year waiting list to have a life-saving heart surgery?

Think this couldn't be happening? It already is in the bankrupt UK. We're getting closer. I'm repeating the following section about David M. Walker from my winter 2008 edition.

Fiscal Wake-up tour: David M. Walker

If you were riding on a train and knew it was headed for a major wreck, what would you do? Would you bail out? Would you duck, hoping for the best? Would you keep drinking your coffee oblivious to the wreck ahead? Or would you do something to prevent or at minimum, to alert others that a wreck is coming unless they do something about it?

David Walker is the (former) comptroller of the GAO, and he is sounding the horn that trouble is ahead. He has been on what is called the *Fiscal Wake-up Tour*. If you email me, I'll copy you his 18 page PDF. Succinctly said, our Federal government currently has something like \$55 trillion in unfunded liabilities. Note: It's way higher just two years later!

In a recent tour he said the following:

The "Status Quo" is Not an Option

- We face large and growing structural deficits largely due to **known demographic trends and rising health care costs**
- GAO's simulations show that balancing the budget in 2040 could require actions as large as 1) Cutting total federal spending by 60 percent or 2) Raising federal taxes to 2 times today's level.

Q. Mr. Walker, what's the bottom line of your message?

A: The worst-case scenario is that, if the United States doesn't come to our senses and get our act together, we could eventually suffer the same fate as Argentina. That nation defaulted on its debt, which had a **significant adverse effect on the country's economy and the living standards of most of its citizens**. We must not allow this to happen here, and with **committed, candid, and capable leadership**, it won't. My view is that we will wake up and start making tough choices, I'm just trying to make sure that we do it sooner rather than later.

Q: Who's to blame for the current state of affairs?

A: As recently as 2001, the federal government had "projected surpluses." But then **policymakers started spending those "surpluses" on tax cuts and spending increases**. The budget controls that helped restore fiscal discipline in the 1990s expired in 2002. **Since then, additional tax cuts and spending increases have occurred**. The lack of discipline is reflected in the skyrocketing number of Congressional earmarks in appropriations bills. The additional costs associated with Iraq and Katrina don't help, but they are only a fraction of our problem. *Arguably the most fiscally irresponsible act of recent times was passage of the Medicare prescription drug bill in late 2003. That program has a price tag of over \$8 trillion, digging both our Medicare and overall fiscal holes much deeper.* (my emphasis)

Q: Which of the large federal entitlement programs—Social Security, Medicaid, and Medicare—is most urgently in need of reform?

A: **None of these programs is sustainable in its present form. (Hello, did you hear that?)** They will all require reforms. However, I would say that *Medicare is in the worst shape*.

Comment: This was two years ago. Are we better or worse off?

*******True Irony*******

Walker said something incredible: **"The budget controls that helped restore fiscal discipline in the 1990s expired in 2002."** Fill in between the lines. Under a Democrat President Clinton and a feisty Republican controlled Congress, we had **"fiscal discipline"**. With a succeeding Republican President and Republican controlled Congress and now a Democrat President and a Democrat controlled congress we have dug ourselves into a financial nightmare with only painful solutions ahead. **We have had ten years of fiscal non-leadership!**

But, you can take action...

A prudent person would organize his/her life in such a way as to minimize his/her dependence on governmental services. **If finances are tight, the only way you can have more purchasing power is either to earn more money or eliminate unnecessary spending.** If earning more money is out of the question, then what can you cut back on? **Pop and junk food!** Cutting back on sweets may help you lose weight and lessen your chances for getting cancer, diabetes, etc. while reducing your need for drugs. **A win, win!**

Are you Worth Forty or Fifty Bucks?

For the past two years I have given away subscriptions to Dr. Jay Rowen's *Second Opinion* (800) 728-2288. Thank you Ann S. of Sandpoint, ID for telling me about this fine publication.

Blaylock Wellness Report

I'm introducing you to my newest health newsletter. It's the Blaylock Wellness Report. I recommend this to everyone. It's superb! You can subscribe at drblaylock.newsmax.com.

Free Drawing: I'm giving away 5, free one-year subscriptions to the Blaylock Wellness Report. The drawing will be March 31, 2010.

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ Please fax to 208-746-1792

Men: Are you concerned about your prostate health! Email me, and I will send you his special **Prostate Report**.

AskAPatient.com

Askapatient.com is a terrific website to learn about the side effects and successes that others have encountered with their prescriptions. In particular, if you have been noticing any undesirable side effects from your scripts, this is a nice way to find out if others are having similar difficulties.

WARNING!!!

DO NOT MAKE ANY CHANGE IN YOUR PRESCRIPTIONS WITHOUT CONSULTING WITH YOUR DOCTOR!

DOING SO MAY BE HAZARDOUS TO YOUR HEALTH

Feedback from my readers:

Jan. 29, 2009: Thanks for your Med Supp News! I really like the articles you write about and the good hints. I really, really liked the link to doctorbob.com. Am reading up on lots of things. I printed out the article on the bisphosphonates and will bring it to my Dr. He insists I take Boniva for my osteoporosis. I quit taking it and will NOT take any others again period. Thanks again! P. D., Butte, MT * **From Nov.-Dec. 2009:** Please drop us from your mailing list. R.K., Stevensville, MT * Thank you for keeping us informed with your *Med Supp News* issues. J. R., Boise, ID * Thanks for sending us your newsletter and the response form. It was very helpful. J. W., Star, ID * We enjoy all the newsy emails you send. It seems that our thinking is very similar when it comes to politics and the economy. Obama certainly isn't looking out for the United States and the Constitution. He is definitely a globalist. B. C., Midvale, ID * You are special - thanks M * Thanks for the newsletter. J. S., Boise, ID * Thanks for taking the time to care. B & A, Victor, MT.

Please continue sending or emailing your comments. I will print them in my next issue on a space available basis.

Items of Interest: Please mail back

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 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.

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: _____

Medicare Advantage and Prescription Drug Plan (MA-PD)

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

_____ 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 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) _____