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Looking Ahead for 2019



The Annual Election Period (AEP) during the fall of 2018 was somewhat different this year. We did far more changing of clients’ Part D prescription plans.

One popular plan increased its premium by \$5-6 per month.

Meanwhile, two major players introduced new plans with monthly premiums in the teens.

We look forward to another terrific year.

Lance D. Reedy and Isaac Reedy

2019 Medicare Changes

Here are the Medicare changes for 2019. These are the Part A deductible, extended hospitalization, the skilled nursing facility co-insurance, the Part B deductible, and your Medicare Part B premium.

The 2019 changes	2018	2019
Part A deductible	\$1,340	\$1,364
Days 61-90 hospital co-insurance	\$335/d	\$341/d
Lifetime Reserve days 91-150	\$670/d	\$682/d
Skilled nursing co-insurance	\$168/d	\$172/d
Annual Part B deductible	\$183	\$185
Medicare Part B Premium *	\$134	\$135.50

* This figure is for most people new to Medicare.

Exceptions: People previously on Medicare may have a lower premium. People in higher income brackets that are affected by IRMAA have a higher premium.

Changing your Medicare Supplement Plan

Please remember that you can change your Medicare supplement plan **ANY** month of the year, provided that you medically qualify.

Almost every month we have someone who contacts us telling us about their Medsupp rate increases. In many cases, we can do some shopping and find lower rates.

Your health does NOT need to be perfect; it just needs to be stable. Most companies’ applications have a two-year lookback for many medical events such as a

heart attack, bypass surgery, internal cancer, or a stroke.

You do NOT have to wait until the fall 2019 AEP to make a change. Please contact us with any questions about rates or medical qualifications.

Causes of rate increases:

- 1) Medicare raises the deductibles and co-insurances every year. Your supplement plan is required by Medicare to cover those increases.
- 2) In most states, your premium increases based on age.
- 3) Increased utilization: Many people as they advance in age have more medical events. Unfortunately, that results in more claims (losses). Because of that, the insurance company will file for a rate increase with your state insurance department.

The New “Open Enrollment Period” (OEP)

Medicare has brought back the Open enrollment Period (OEP) that runs from January 1 through March 31. During the OEP you can do the following:

- Drop your MA plan and return to Original Medicare. You can add a Part D Prescription Plan (PDP) if your MA plan had drug coverage. This is as before.
- You can make one change from one Medicare Advantage (MA) plan to another. It must be a like to like plan change. If you have an MA plan with Rx (MAPD), you can switch to another MAPD plan. This can be a different plan with the same company or an MAPD plan (if available) with another company.
- If you have an MA only plan, you can switch to another MA only plan (if available).

What you cannot do:

- Add a PDP if you don’t have one or change it to another.
- Enroll in a Medical Savings Account MA plan.

Please contact us with any specific questions you might have concerning the OEP.

Northwest Senior News E-letter

We have been publishing our e-letter, *Northwest Senior News (NSN)*, for over five years. We’re continuing to publish on a bi-monthly basis.

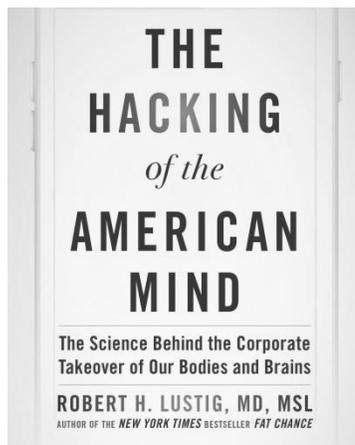
If you are not receiving *NSN* and would like to do so, please email us at lance@nwsimail.com. We have spoken with a few people who did not find our e-letter in their inbox. Problem: Their spam or junk filter has been picking it off. Yahoo! has been the worst offender.

If you have a good email address and are not receiving *NSN*, be sure to check your spam or junk boxes.

We'll continue with these three major themes in *Northwest Senior News*.

- Medicare and Medicare related topics
- Prescription information and ways to save
- Health and wellness.

The Hacking of the American Mind



In 2018 we completed the review and digests of Parts 1 and 2. In Part 2, Dr. Robert Lustig discussed in detail the workings of the dopamine side of our brains. The following are some quotes from Dr. Lustig.

Chapter 1; "And as corporations have profited big from increased consumption of virtually everything with a price tag

promising happiness, we have lost big-time. America has devolved from the aspirational, achievement oriented "city on a hill" we once were, into the addicted and depressed society that we've now become. Because we abdicated happiness for pleasure. Because pleasure got cheap."

Chapter 2: "Recreational drugs such as cocaine are the quickest way to boost your dopamine. But drugs aren't the only way to access reward, and drug use isn't the only manifestation of a disordered reward pathway."

Chapter 3: "[T]hose EOP receptors are also down-regulated with chronic exposure . . . although we're not sure what happens to runners. . . and when the opioid receptors down regulate, you go from *wanting* to *needing*. That's the neurochemical equivalent of addiction."

Chapter 4: "Acute, short term cortisol release is both necessary for survival is actually good for you. It increases vigilance, improves memory and immune function, and redirects blood flow to fuel the muscles, heart and brain. Your body is designed for cortisol to be released in any given stressful situation, but in small doses in short bursts."

"Evidence of the association of job stress, psychological distress, and disease is extremely compelling. Psychological stress in adolescence is directly linked to the risk of heart attack and diabetes in adulthood. Chronic stress also directly impacts the reward pathway as described in Chapter 3, and it

has been shown that chronic stress can speed the onset of dementia."

"More cortisol means fewer cortisol receptors in the amygdala, and the more likely your amygdala will do the talking from here on. Chronic stress day by day weakens your inner Jiminy.

Increased stress can turn a small desire into a big dopamine drive, which can be quenched by either drugs or food, or both. This is how the pizza and beer scenario typifies the American food experience."

"Dopamine makes you more likely to eat. The more you eat, the more likely you are to become obese. Obesity leads to sleep deprivation."

"The more chocolate cake you eat in response to stress, the less pleasure you will get and the sicker you will start to feel, which will drive even more stress. Those dopamine receptors need more but deliver less. You'll become more tolerant or worse yet, addicted."

Chapter 5: [referring to the sugar and caffeine in Coca-Cola] "It's a delivery vehicle that mainlines two addictive compounds straight to your nucleus accumbens. Sugar just happens to be the cheapest of our many substances of abuse. But all of those substances do essentially the same thing. By driving dopamine release, they all acutely drive reward, and in the process, they drive consumption. Yet, when taken to extreme, every stimulator of reward can result in addiction."

"Everyone's an addict, all your relatives are pushers. And sugar is only one of two addictive substances that are legal and generally available. (the other one being caffeine). That's why soda is such a big seller; it's two addictive substances in one."

Chapter 6: "Kids aren't just bingeing on alcohol, they're also popping uppers, downers, and everything in between. In adolescents over the last thirty-five years, the binge drinking rates, as well as use of virtually every other illicit substance, has continued to increase."

"The world loves sugar. There's not a race, ethnic group, or tribe on the planet that doesn't understand the meaning of sweet."

"Sugar causes diabetes, heart disease, fatty liver disease, and tooth decay. Sugar's not dangerous because of its calories or because it makes you fat. Sugar is dangerous because it's sugar. It's not nutrition. When consumed in excess, it's toxic. And it's addictive. Fructose directly increases consumption independent of energy need."

Save Yourself a lot of Grief—Call us First

If you run into any issue concerning your Medicare supplement, Medicare advantage, or Part D prescription plan, save yourself heartburn and acid indigestion. Please call us first.

Have a healthy and uneventful 2019! Lance and Isaac