



# Senior Health Services

**Senior** | Assistance.org

# Guide

## Introduction

As a senior, understanding the health care coverage and services that are available to you is a crucial part of making an informed decision about what you need to support you in your older years. The three most commonly sought after health insurance options include Medicaid, Medicare and the Affordable Care Act, also referred to as Obamacare.

Each of these insurance options are widely different from one another, when it comes to coverage and out-of-pocket expenses such as premiums, deductibles, co-insurance and copayments. Fortunately, this comprehensive guide is here to give you a more in-depth look at these health insurance plans.

By the end of this guide you will:

- ✓ Understand Medicaid coverage, including what is mandatory by the federal government and what coverage is determined by the state.
- ✓ Have an idea of what you might be expected to pay with Medicaid health insurance.
- ✓ Understand the cost of Medicare
- ✓ Learn about PACE, including what PACE is, eligibility and the services that PACE offers.



Know how to submit a claim or appeal to Medicare, and when this is necessary.



Understand the Affordable Care Act and the options that may be available to you.



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## Medicaid Information & Eligibility for Seniors

It is estimated that Medicaid health insurance plans are provided to millions of seniors each year in the U.S. Medicaid is designed for low-income households, Medicaid will often provide a cheaper alternative to health insurance for those who qualify. It is important to note that the cost of Medicaid can vary from one household to the next, as costs are determined by household size and annual household income. While some seniors find themselves paying a small co-payment or premium, other seniors will receive health insurance coverage at no out-of-pocket cost.

Medicaid has become the single largest source of health coverage within the United States, so it is important to familiarize yourself with the coverage that may be available in your state. While most of Medicaid is mandated by the federal government, some aspects of Medicaid that have been deemed optional coverage, are determined by the state in which you reside.

Medicaid services can include doctor visits, prescription drug medications, dental care, preventative care and behavioral health services.

## Medicare Plan Options & Eligibility for Seniors

Designed with seniors in mind, Medicare is available shortly before your 65<sup>th</sup> birthday, unless you meet other requirements. While age is the primary factor when it comes to Medicare eligibility, there are a number of determining factors that will alter the cost of Medicare expenses, such as a household's annual income, household size, whether or not you have contributed to Medicare taxes and if you are either already receiving, or you are eligible for social security or the railroad retirement board benefits.

Medicare is a federally mandated health insurance option that allows seniors to customize their plan in order to find the level of coverage they need, while still maintaining their budget. If eligible to obtain Medicare health insurance, it is crucial to understand the different parts that make up Medicare Part A, B, C and D. Each part of Medicare serves to supply a different sort of medical insurance coverage.

Medicare Part A, for example, primarily provides hospital care, but is also the only part of Medicare that is free to most applicants. Medicare Part B coverage includes a variety of coverage such as doctor visits, x-ray, lab work and some preventative care, but does not include any kind of vision or dental coverage. Medicare Part A and Part B are commonly referred to as original Medicare.

Medicare Part C includes advantage plans that are built as a hybrid plan, containing both Part A and Part B coverage. Additionally, Medicare Part C provides coverage options for medical services such as vision and dental care. Some Part C plans may include prescription drug coverage. The Medicare Part C plans that will be available to you may also vary depending on the area that you reside. Finally, Medicare Part D provides prescription drug coverage and can be obtained for an additional premium alongside most Medicare plan options.

## Obamacare for Seniors and How to Qualify

The Affordable Care Act, also referred to as ACA, was first available in 2010, and has since provided health insurance coverage for millions of seniors. Not only does the ACA provide a variety of insurance options, including multiple insurance providers and multiple plan levels, but the Affordable Care Act also increased accessibility and insurance accountability.



Through the Affordable Care Act, seniors can purchase insurance plans on the health care marketplace with plans categorized as bronze, silver, gold and platinum. While bronze plans are generally the cheapest options, they include the least amount of coverage. Platinum plans offer the highest level of coverage, but for the highest costs. Each plan option will feature its own monthly premiums, deductibles, co-payments, co-insurance and maximum out-of-pocket expenses.

It is important to know that lower premiums amounts are often available to low-income households through premium tax credits. Premium tax credits reduce the amount of a monthly premium, so long as the household remains at their current income threshold. In addition to these credits, low-income households may also be eligible for cost-sharing. Cost-sharing essentially lowers the deductibles, copayments, coinsurances and maximum out of pocket amounts for qualified silver plans on the health insurance marketplace.



# Medicaid for Seniors

Did you know that Medicaid provides health insurance coverage to more than 4.6 million low-income seniors throughout the United States? Of that 4.6 million beneficiaries, most of them are also enrolled in Medicare.

This is considered “dually eligible” and provides seniors with health insurance coverage from Medicaid, even when they would not otherwise have coverage for a particular health care service, such as dental, vision or prescription drug services.

Not only can Medicaid aid in coverages for health care services that would not be covered under a Medicare health plan, but Medicaid beneficiaries may also get

help with their Medicare premiums, and any out of pocket expenses that are accrued, such as copayments and deductibles.

While Medicaid coverage generally remains the same between states, it is important to understand that coverage payment limits may be determined by your state.

In order to be eligible to receive Medicaid health insurance coverage, you must be able to meet certain eligibility requirements. These requirements will include United States citizenship, or an acceptable non-citizen status. You must be a resident of the state in which you are applying for Medicaid services. Additionally, you will be expected to meet federal income guidelines for senior enrollees which carries a lower threshold than other groups.



## Senior Eligibility Requirements for Medicaid

Understanding Medicaid eligibility is the first step in applying and obtaining Medicaid. Fortunately, the United States has set forth straightforward qualifications including residency, citizenship and annual household income. State Medicaid programs abide by these federally mandated requirements, but additionally, a handful of states offer the Medically Needy Program, in which individuals who are not eligible for Medicaid may become eligible when significant health issues are involved.

In this section of our comprehensive guide, you will learn more about the eligibility requirements of Medicaid as well as how you can become eligible for Medicaid through the Medically Needy Program, so long as additional requirements are met.

### An Overview Look at Medicaid for Seniors & Dually Eligibility

Most Medicaid enrollees also receive Medicare coverage, known as dual eligibility. Dual enrollees make up for more than 17 percent of all Medicaid enrollees.

Dual enrollment is frequent among seniors due to the guidelines that help to fill in gaps of care for low income seniors. Therefore, less stringent requirements are required for seniors, as opposed to a younger individual. If you find that you are dually eligible, it is worth considering obtaining both Medicare and Medicaid health insurance.

In cases where you qualify for both Medicaid and Medicare health insurances, Medicaid would provide

a wider coverage for medical services than Medicare plans. For example, if you only have Medicare and needed to obtain a prescription after your hospital stay, you would not be eligible for prescription drug coverage, meaning your medicine would be much more expensive. If you had Medicaid in this situation, you could receive assistance paying for your prescriptions, reducing your overall health care costs.

Additionally, if you had a lower, limited income, Medicaid could potentially offer you additional services towards your Medicare, such as aid in paying for the cost of premiums and out of pocket expenses that you would have received for having Medicare.

### Senior Medicaid Benefits Eligibility

As outlined above, Medicaid eligibility requirements are mandated by the United States government and while the income requirements may receive slight alterations from one year to the next, residency and citizenship requirements do not.

One of the first questions that will be asked on a Medicaid application is in regards to citizenship. Medicaid is only available to United States citizens and qualifying non-citizens. A qualifying non-citizen must be here legally, and is often a permanent resident. Additionally, you must be a resident of the state in which you are applying.

As part of your Medicaid application, you may be asked to provide proof of both citizenship and residency. Citizenship can be proven with a number of documents, including a United States birth certificate, United States passport, adoption papers and a certificate of citizenship. Proof of address can generally be as simple as a piece of mail that has your name and address, a utility bill or bank statement.

## What are the Medicaid income requirements for seniors?

As mentioned above, when examining the income requirements for Medicaid health insurance, it is important to know, that while younger individuals will have income requirements based upon the Modified Adjusted Gross Income system (MAGI), seniors who are 65 years of age and older will have income requirements that are based on the income methodologies of the Supplement Security Income (SSI). This makes the income requirement for senior citizens to be far lower than that of a younger individual who does not suffer from any disabilities.

The exact amount of income you are allowed to receive each month and still be eligible for Medicaid does vary from one state to the next. Most states have also opted to include special income level groups that focus on providing long term care to the elderly, those who are blind, disabled and those who have been in a care facility, such as a nursing home, for at least 30 consecutive days.

When determining your financial eligibility for Medicaid, there are several things that the state will consider as part of your monthly income including:

✓ Veteran benefits, when eligible.

✓ Pensions.

✓ Salaries and wages.



Interest from bank accounts and certificate deposits.



Retirement benefits.



Stocks and bonds.

However, it is worth noting that there are a number of things that do not count towards income eligibility for Medicaid including food stamps, housing assistance, home energy assistance and some earnings.

## Eligibility for the Medically Needy Program for Seniors

Over half of U.S. states provide the Medically Needy Program to those who may not otherwise be eligible for Medicaid health insurance. This program was established for those who have significant health issues, but have an income level that is too high to qualify for Medicaid.

This program focuses on “spending down.” When an individual is considered medically needy after having incurred enough medical expenses and remedial care without access to any health insurance to cover the difference between their income, and the state’s medically needy income level, that individual would then become qualified for Medicaid health insurance.

As an example, if you have an income of \$1000 and your state has a medically needy income limit of \$400 a month. In order to be eligible for the Medically Needy Program and Medicaid, you must spend \$600 on medical expenses, to receive compensation for the difference between your income and that state limit.



## How to Apply for Medicaid as a Senior

As a senior, it is important to not only know the medical insurance options that are available for you, but to also understand the methods available to submit an application. Since Medicaid health insurance is a state sponsored program, it is important to know that some application methods may not be available to you, depending on the state that you reside in. For example, some states allow you to complete an application over the phone. However, online applications are widely used, and always accessible through the Health Insurance Marketplace.

In this section of our comprehensive guide, you will learn more about the Medicaid application for seniors and how you can apply for Medicaid including online applications, in-person applications and applications that can be completed over the phone.

### The Information Required on the Medicaid Application Form

Before submitting a Medicaid application, it is important to know what documentation you may need to provide, if requested by a Medicaid case worker. Additionally, you must ensure that those documents are readily available. Documentation becomes required upon request by Medicaid and if you fail to produce the requested documentation, your application could be rejected.

Additionally, you may need these documents in order to complete important questions on the Medicaid application, and missing any important information can either delay an application or result in a rejection for Medicaid health insurance.

Information that may be required on the Medicaid application includes:



Proof of citizenship or alien status, such as United States birth certificate, United States passport or Certificate of Citizenship



Proof of age, verifiable with either a driver's license, state identification card, passport or birth certificate.



Proof of a disability, when applicable.



Proof of residence, such as a copy of your rental agreement, mortgage, utility bill or renters insurance policy.



Proof of any other health insurance, if applicable, including coverage dates.



Proof of any resources or assets, verifiable with a copy of your bank statement



Proof of verifiable income, social security benefits or tax returns

While you are not likely to have a request for documentation on all of the information that has been outlined above, the most commonly requested documentation during the Medicaid application process is proof of income. Proof of income will likely need to be provided to your Medicaid office, or you may have the option of giving the Medicaid office the ability to verify your income itself.

### How to Apply for Medicaid Online

Submitting a Medicaid application online is the most convenient way to apply for Medicaid, as you can submit an application both on your own time and from





the comfort of your own home. Depending on the state you live in, you will either have one or two ways you can submit an online application.

The first online application method for Medicaid is available to everyone, no matter what state you live in, as you can apply through the Health Insurance Marketplace. When you create an account on the Health Insurance Marketplace, you are asked a number of questions about your household and household income. At the end of your enrollment on the Health Insurance Marketplace, the marketplace will inform you as to whether or not you are eligible for Medicaid. If you are, they will forward your application to your state Medicaid agency, which will then contact you about enrollment into Medicaid.

Additionally, it is worth noting that even if you are not eligible for Medicaid health insurance, you could be eligible for additional savings for a Marketplace insurance plan, such as cost-sharing or premium tax credits. Many seniors will qualify for both Medicaid and Medicare which will help significantly reduce health insurance costs.

To get started, create a Marketplace application [here](#).

In addition to applying for Medicaid through the Health Insurance Marketplace, your state Medicaid agency may allow you to enroll online through their website, or another reputable state website. This option will allow you to skip Health Insurance Marketplace questions, but the availability of this application method will vary from state to state.

## Where to Apply for Medicaid in Person

It is important that you understand all of your options when it comes to completing an application for Medicaid. While some applicants may prefer an online application and feel that it does provide an added convenience, other applicants may prefer to complete the Medicaid application face to face with another individual. Completing a Medicaid application in person comes with the advantage of being able to ask questions throughout the application and be guided throughout the process, or you have vision problems.

As mentioned above, each state has its own Medicaid agency, but you can find a complete list of Medicaid offices by state and their contact information [here](#). Ensure that you call ahead of time as most Medicaid offices require an appointment when submitting an

application. If you do choose to complete a Medicaid application in person, it is recommended that you take the documentation that was outlined in an above section with you to the office, just in case the case worker who is assigned to you needs that information in order to complete the application.

## Completing the Medicaid Application by Phone

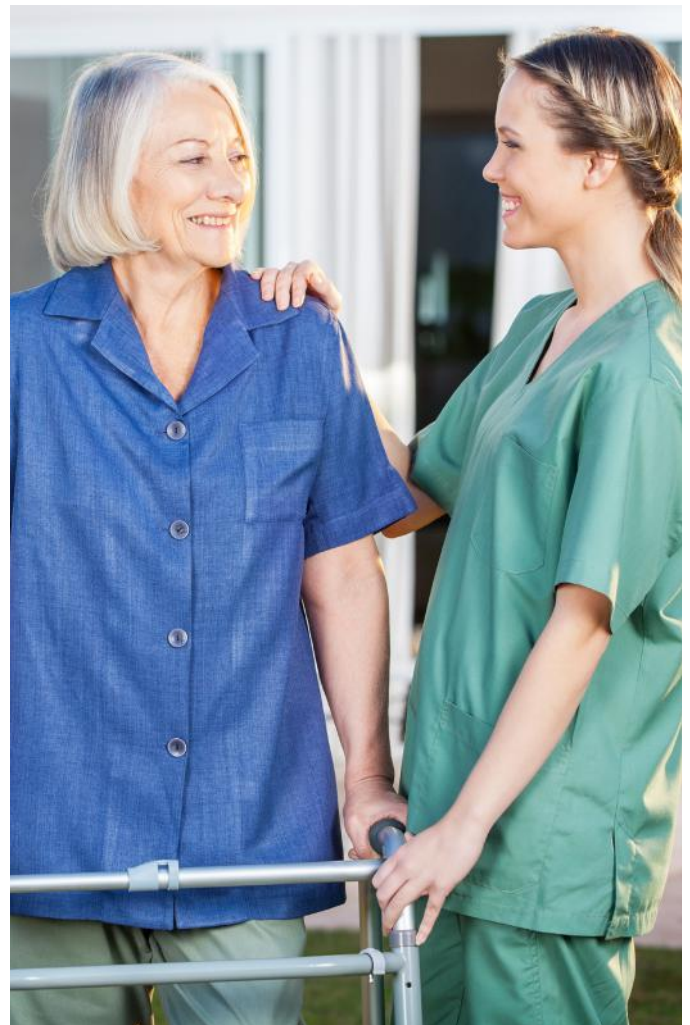
The last method of submitting a Medicaid application is over the phone, but this option will only be available to you depending upon the state that you reside within. While some Medicaid offices will accept Medicaid applications over the phone during normal business hours, other state offices will require that you either complete an online application or schedule to complete a Medicaid application with the office in person.

If you are eligible to apply for Medicaid over the phone, it is worth noting that over the phone applications could take as little as 20 minutes. You would still answer much of the same questions that you would on any other application method, and the case worker will likely inform you if Medicaid will require any additional documentation from you.

## Medicaid Costs and Coverages for Seniors

It is important that you understand the costs of Medicaid health insurance, especially if you are a senior who is eligible or will become eligible for Medicare. The cost of Medicaid health insurance will depend on a variety of factors, primarily your household size and expected annual household income. Medicaid is designed for low-income households, and while seniors have lower requirements than younger individuals, these income guidelines will help determine how much you may be expected to pay for Medicaid coverage.









Regarding coverage, if you are considering applying for Medicaid health insurance, you should be aware of the level of coverage you are likely to receive. Medicaid coverage is split into two different categories: mandated coverage and optional coverage. Mandated coverage is required by the federal government, while optional coverage is decided upon by states. Knowing what types of medical services include mandated coverage and which types include optional coverage can help you better understand the overall Medicaid coverage that you can expect to receive. Read on to learn more about Medicaid and understand the costs you may be expected to pay for your Medicaid health insurance.





## Types of Medicaid Insurance Coverage for Seniors

As mentioned above, Medicaid insurance coverage is separated into the services the federal government decides are mandatory and the optional benefits left up to individual states.









Federally mandated Medicaid benefits include but are not limited to:

-  Inpatient and outpatient hospital services.
-  Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT).
-  Nursing facility services.
-  Home health services.
-  Physician services.
-  Rural health clinic services.
-  Labs and X-ray services.
-  Family planning services.

-  Transportation to medical care.

-  Tobacco cessation counseling for pregnant women.

Potential Medicaid coverage benefits that are not federally mandated but are left up to states to decide upon include:

-  Prescription drugs.
-  Clinic services.
-  Physical and occupational therapy.
-  Speech, hearing and language disorder services.
-  Respiratory care services.
-  Optometry services.
-  Dental services.
-  Chiropractic services.



Private duty nursing services.



Personal care.



Hospice.

In order to determine what optional Medicaid coverage benefits are available within your state, it is best to contact your local Medicaid office. You can find a list of Medicaid offices by state [here](#).

An estimated 4.6 million senior citizens have Medicaid insurance throughout the country. Most of these individuals are also enrolled into Medicare. This is referred to as dual eligibility and makes up for more than 17 percent of all Medicaid enrollees. Senior citizens who have both Medicaid and Medicare insurance may receive more coverage with a potential for even lower costs. Seniors who are enrolled in Medicare but are also eligible for Medicaid will receive additional coverage for services that were not included in their Medicare plan. For example, Medicare provides beneficiaries with a 100-day limit for care at a nursing care facility. With Medicaid, however, those same individuals may be eligible for coverage beyond that initial 100-day period.

## What does Medicaid not cover for senior citizens?

In order to determine your expected level of coverage under a Medicaid health insurance plan, it is also important that you examine what services or fees are not covered under Medicaid. These fees and services would then need to be paid entirely out of pocket, unless you have an additional health insurance provider that

provides coverage for said services. Some services that will not be included with your Medicaid health insurance include:



Any cosmetic surgery that is not directly related to repairs following an accidental injury.



Over-the-counter drugs, home remedies, vitamins or food supplements.



Any items or services that have not been deemed medically necessary.



Medical procedures, such as a surgery or transplant, that have not received prior approval from Medicaid.



Any fees accrued from a physician's office due to a missed appointment.



Autopsies.

## Medicaid Costs for Seniors

The cost of Medicaid health insurance does not just vary depending on your annual household income and household size, but also by the state that you reside within. While the federal government imposes maximum out-of-pocket amounts for all Medicaid beneficiaries, your state itself will determine whether or not to impose any co-payments, co-insurance, deductibles or premiums that fall within the federally mandated limits.

Generally speaking, the lower your income, the less you will be expected to pay for your Medicaid insurance.



In fact, some Medicaid beneficiaries do not pay any out-of-pocket expenses, including premiums. Usually, additional charges are only applied to certain groups of Medicaid enrollees who, while eligible for Medicaid health insurance, have an income level that is above 100 percent of the current federal poverty level.

It is also worth noting that if you are dually eligible and you have both Medicaid and Medicare health insurance, depending on your income level, you may

be eligible to receive help from Medicaid in paying Medicare premiums, deductibles, copayments, co-insurance and any other insurance costs. If you are considering Medicaid coverage, be sure to check to see if you are eligible for Medicare health insurance as well. As outlined throughout this section of our guide, having dual eligibility provides a number of benefits that should be considered carefully in order to make an informed decision on your health insurance policy, coverage and costs.





# Medicare for Seniors

Medicare health insurance is a program that is overseen by the federal government, designed primarily for senior 65 years of age or older, as well as younger individuals who have a certifiable disabilities.

While Medicare does not cover all medical expenses and long-term medical care, it offers seniors a variety of plan options at a much lower cost than other forms of health insurance. When considering Medicare health insurance plan options, it is important to understand each part of Medicare, the benefits that they provide you and the costs of health services with each plan.

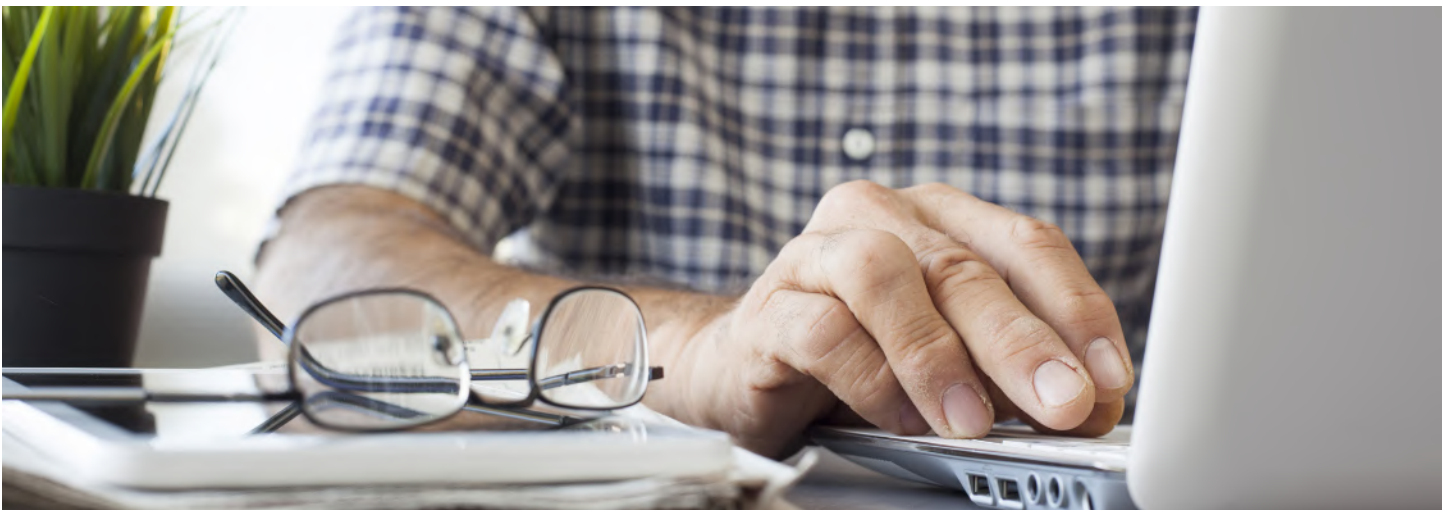
Medicare Part A is hospital insurance and will generally only cover inpatient care at an approved hospital or skilled nursing facility. Medicare Part A is the only part of Medicare that does not generally charge a

premium fee for seniors receiving social security benefits, railroad retirement benefits or those which paid Medicare taxes for a designated time period.

Medicare Part B includes coverage for doctor services and visits, some preventative care and medical equipment. Medicare Part B is available to seniors who are eligible for Medicare Part A, and will require an additional premium and includes deductibles and other out-of-pocket expenses such as copayments.

Medicare Part C is a hybrid version of Medicare Part A and B, offering a variety of plans, depending on the state that you live in, and will provide services and benefits that are covered under Part A and Part B.

Finally, Medicare Part D includes prescription drug coverage. Similar to Part B, this is an add-on health insurance coverage that will come with its own additional costs.



## Eligibility Requirements for Medicare

It is important that you understand the eligibility requirements for Medicare health insurance, prior to submitting an application. Medicare is a vital health care program for qualifying seniors, and it is important to determine whether or not you qualify so that you can apply, or look to apply when you become eligible. Medicare is handled by the Social Security Administration, a branch of the United States government. Therefore, all guidelines are federally mandated no matter what state you live, unlike Medicaid health insurance.

Not only do these eligibility guidelines decide whether or not you can receive Medicare health insurance, but some guidelines, such as income level, will also determine your expected Medicare costs.

In this section of our comprehensive guide, you will receive an in depth look at Medicare eligibility for seniors, and how your eligibility can affect costs and coverage for your Medicare health insurance policy.

### How Seniors Qualify for Medicare

Medicare health insurance is designed with senior citizens in mind, though younger people who have a certified disability may also be eligible for Medicaid health insurance, if other criteria are met.

In general, Medicare is available for those who are 65 years of age or older. In fact, the Social Security Administration recommends that senior citizens apply for Medicare three months prior to their 65th birthday in order to take advantage of their full initial enrollment period and ensure that their coverage starts as soon as possible.

If you do not meet the age requirement for Medicare, you will only be eligible to receive Medicare if one of the following is true:



You have a certified disability and are likely already receiving disability benefits.



You have end stage renal disease, also referred to as permanent kidney failure, which requires dialysis or a kidney transplant.



You have Lou Gehrig's disease.

If you do not meet one of these requirements, it is unlikely that you will be eligible for Medicare health insurance until you reach the age of 65 years old.

In addition to these primary requirements, it is important to note that you can only receive Medicare Part A health insurance without a monthly premium if:



You are either receiving benefits from the Railroad Retirement Board or the Social Security Administration.



You are eligible to receive these benefits, but have not yet filed for them.



You or your spouse had a Medicare-covered government employment.



You or your spouse paid required Medicare taxes while working.

While you can still obtain Medicare Part A, even if you did not pay enough into Medicare taxes, there will be a fee. To check your Medicare eligibility and find an estimate of your expected premium, you can use the Medicare eligibility tool [here](#).

## How Income Levels Affect Your Medicare Health Insurance

While most income levels are accepted with Medicare health insurance, it is important to understand how your income level will affect your total out of pocket costs, including premiums and deductibles. The law states that if you receive a higher income, your monthly premium for Medicare Part B and Medicare Part D insurance coverages must increase.

For example, Medicare Part B will usually cover about 75 percent of approved medical services while you are expected to pay the remaining 25 percent. However, if you were considered a high-income beneficiary, you would instead be expected to pay anywhere between 35 percent and 80 percent of the costs, depending on your earnings. Additionally, you can expect to receive a higher monthly premium, and your Part D drug coverage plan will be more expensive, depending on your level of income.





It is worth noting that these income guidelines affect less than five percent of Medicare beneficiaries.

You may wonder, "If a higher income affects your Medicare, does a lower income also affect Medicare?" Seniors who have a lower income may be eligible to receive Medicaid on top of their Medicare health insurance. This is known as being dually eligible, and comes with a variety of benefits that can reduce the overall cost that you pay for your health insurance and provide additional health insurance coverage.

In fact, of the 4.6 million low-income seniors that are reported to have Medicaid insurance, many of those enrollees also have Medicare. Not only will you receive more coverage as a dually eligible beneficiary, but Medicaid may aid you in paying some of your Medicare expenses such as premiums, deductibles, co-payments and co-insurances.

## How a Change Can Affect Your Medicare Health Insurance

Now that you have learned the importance of your income when it comes to Medicare insurance, it is crucial that you commit to reporting any changes in your income. There are many reasons that a change could occur such as:

-  You become married, divorced or widowed.
-  Your or your spouse has ceased to work or have reduced your hours significantly.
-  You or your spouse were experienced a scheduled cessation, reorganization or termination of an employer's pension plan.
-  Your income has been altered in any other way.

If any of the above statements are true, be sure to report these changes to Medicare in order to ensure that you still have the right cost for your Medicare health insurance. Even if you were not previously qualified for Medicaid and dual eligibility, you may be eligible after a change. In the event of one of these changes, be sure to obtain documentation that you can provide to Medicare as proof of the change. This could include a marriage certificate, death certificate and even a letter from your employer.

Speaking of eligibility, there are other changes that could affect a Medicare health insurance policy. For example, if you were eligible for Medicare due to a disability or a disease, improvement or regaining the ability to work could potentially make you ineligible to continue

receiving Medicare benefits. In order to continue to receive Medicare, you must continue to meet eligibility requirements from one year to the next.

The same can be said about a rise in income. For instance, if you are currently dually eligible and for Medicare and Medicaid health insurance benefits. If your expected annual income is much higher than it had been, you may lose your Medicaid health insurance benefits.

## How to Apply for Medicare

Medicare is overseen by the Social Security Administration, a federal agency. Therefore, seniors have a variety of ways they can apply for Medicare, regardless of the state they reside in. This ensures not only a faster response time, but also a higher level of convenience, and a straight forward guideline on the Medicare application process.

It is important that you understand when you will be expected to apply for Medicare, including enrollment periods. When you fail to apply for Medicare during your initial enrollment period, you may experience fees and higher monthly premiums, unless you are eligible for a special enrollment period. Equally important is knowing the documentation that you may be required to supply the Social Security Administration, including proof of citizenship, proof of military service, proof of income and proof of recent health insurance coverage.

In this section of our comprehensive guide, you will receive an in depth look at the Medicare application process. You will learn the documentation you need, when you should apply for Medicare, the different Medicare enrollment periods and the application methods that are available to you including online, by phone or in person.





## When to Submit a Medicare Application

The Social Security Administration recommends that you apply for Medicare three months before you reach the 65 years of age. This will not only allow you to take advantage of your full initial enrollment period, but also help you obtain benefits sooner. It is also important to note that while you have the option of applying for social security retirement benefits and Medicare at the same time, you are not required to do so.

It is crucial that you complete your Medicare enrollment within a timely manner, in order to avoid the additional penalties that will be discussed in greater detail below.

## The Medicare Enrollment Periods

There are several enrollment periods for Medicare. Therefore, it is important to familiarize

yourself with each one. You will experience late penalties for applying for insurance outside of your initial enrollment period.

Your initial enrollment period begins three months prior to your 65th birthday and ends three months after your birthday. During this time, you can sign up for Medicare Part A as well as Medicare Part B. While you can opt out of Medicare Part B, it is crucial to apply within your allotted three month enrollment period to avoid late penalties.

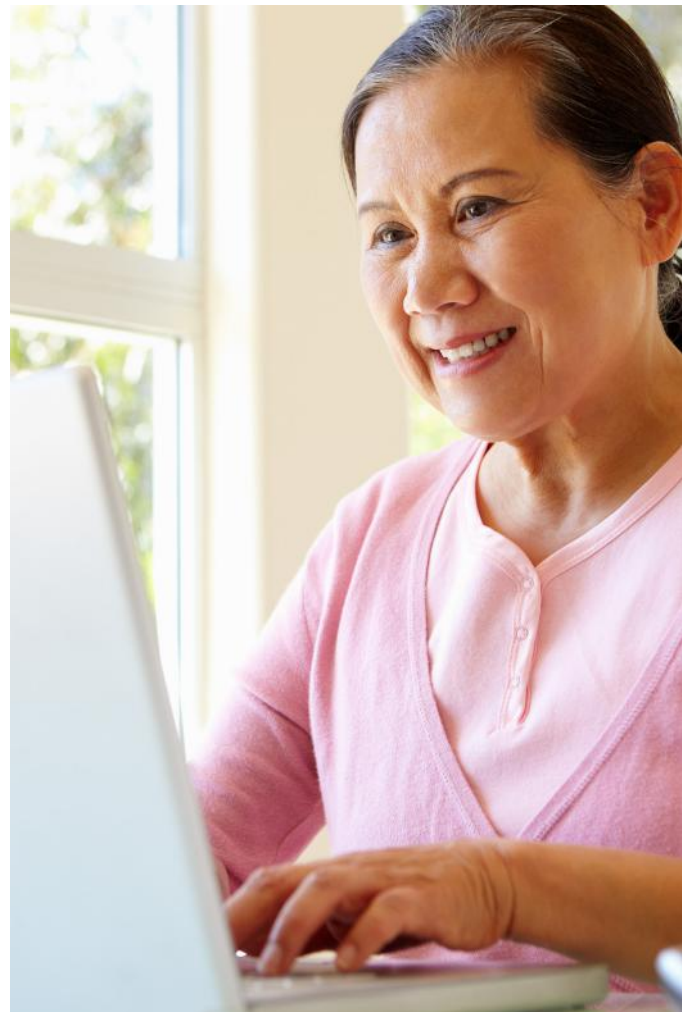
Late Medicare Part B enrollments will increase your monthly premium by 10 percent for every 12 months where you were eligible for Medicare Part B, but decided against obtaining it. The only exception is if you qualified for a special enrollment period (SEP).

You are eligible for a special enrollment period, if you had a medical insurance plan under a group health plan that was provided by either your employer or that of your spouse. In cases such as this, your special enrollment period will exempt you from obtaining

coverage during the remaining months of your current health plan, or eight months after the plan ends.

You will not be assessed a late penalty on Medicare Part B coverage if you were eligible for a special enrollment period.







If you do not apply for Medicare during your initial enrollment and you are not eligible for SEP, you will need to enroll during a general enrollment period. This annual enrollment period begins January 1st and ends March 31st of each year, with coverage that begins on July 1st of that year. This is also the period where you are able to re-enroll or make changes to your Medicare coverage.





## Documentation Required for Your Medicare Application




After you complete a Medicare application, you must be prepared to present documentation that supports some of the information you provided on your application. This is not always the case. However, ensure that your documents are readily accessible to prevent delays in your coverage approval. Documentation that may be requested after the completion of a Medicare application includes:

-  Proof of United States citizenship or legal residency, only requested if you have not already established citizenship with the Social Security Administration.
-  Proof of birth, such as a United States birth certificate.
-  Your social security card.
-  Any current or recent health insurance information including dates of coverage.
-  United States military discharge papers.
-  Income verification, such as recent tax return, pension or paystubs.

## How to Apply for Medicare Online

By far the most convenient way for seniors to apply for Medicare health insurance benefits is by submitting an online application. Not only can an

online application be completed within the comfort of their own home, but on their own time and with the ability to start, stop and resume applications at a later date. Additional online application benefits include:

-  Avoiding trips to the local social security office, saving both time and money.
-  The ability to make any necessary corrections prior to the submission of the Medicare application.
-  Receiving an online receipt after submitting an application.

If you are ready to get started with your Medicare application, you can apply online or return to a saved application [here](#). Once you have completed your application, you will be contacted by the Social Security Administration, should they need to verify any documentation in order to complete your Medicare application. To check the status of an application, click [here](#).

## How to Enroll in Medicare in Person

If you would prefer to complete your Medicare application with a Social Security Administration staff member, you can contact your local Social Security office and schedule an appointment. This is an important step as applications are not generally completed on a walk-in basis. Should you choose to apply in person, it is recommended that you bring the supporting documents that are outlined in an above section as that will save you time if the Social Security Administration does end up wanting to verify your information. You can find the Social Security office nearest to you [here](#).

## Other Ways to Enroll in Medicare

If you would prefer to enroll into Medicare after speaking with the Social Security Administration, but do not want to visit your local Social Security office, you enroll into Medicare over the phone by calling (800)772-1213 anytime Monday through Friday from 7 a.m. to 7 p.m. If you are either hard of hearing or deaf, you can contact the Social Security Administration at TTY (800)325-0778.

## Medicare Costs and Coverage

If you are a senior who is interested in obtaining Medicare health insurance, it is crucial that you understand the coverage options available to you. Medicare coverage is broken into several parts including, Medicare Part A, Part B, Part C and Part D. While everyone who enrolls in Medicare receives Medicare Part A, other parts of Medicare are optional and contain different levels of coverage that is associated with an additional cost. This allows for you to build your own health insurance plan based on your needs, the level of coverage that you would like and the budget you would like to stay within.

In this section of our comprehensive guide, you will receive an in-depth look at the coverage options that are available with Medicare health insurance. Additionally, you will gain a greater understanding of the costs that you can expect with Medicare and the out-of-pocket expenses you may be expected to pay.

## Medicare Insurance Coverage

As outlined above, the level of insurance coverage you receive from your Medicare health insurance policy will be determined by the parts of Medicare that is included in your plan. It is also worth noting that while Medicare Part A and Medicare Part B, is the most commonly accepted forms of Medicare and referred to as original Medicare, Medicare Part C is still worth taking a consideration, as it can often offer services that you will not receive with original Medicare.

Medicare Part A coverage is primarily considered hospital insurance as it covers inpatient hospital stays, care in a skilled nursing facility and hospice care. While it does carry some health care coverage, it is a very small amount and general healthcare should be sought from a different part of Medicare.



Most Medicare beneficiaries will not receive a monthly premium for Medicare and it is not optional, unlike other parts of Medicare.

If utilizing original Medicare, Medicare Part B provides you with most of your general healthcare coverage such as visits to your physician or family care provider, outpatient care, medical supplies and some preventative services.

Medicare Part C is commonly referred to as Medicare advantage, and it involves private health insurance companies that are contracted by Medicare. The level of coverage that are offered with advantage plans will typically vary from one plan to the next, and from one area to the next. However, in general, Medicare Part C will include both Part A and Part B coverage, and then some. While not all Medicare Part C plans will include dental and vision coverage, many do, making it a viable option that is often sought after by Medicare beneficiaries.

Perhaps the part of Medicare that has the simplest description, Medicare Part D offers prescription drug coverage. While some Part C plans may include the coverage that is offered by Medicare Part D, if you have original Medicare, adding on Part D is the only way that you can receive coverage for any prescription drugs.

## Medicare Premiums and Deductibles

With all of the different types of out-of-pocket expenses, it can be easy to lose track. Fortunately, this guide is here to help you decipher the costs and benefits of Medicare. Firstly, it is important to understand the differences between the types of out-of-pocket expenses with Medicare.

Essentially, a Medicare premium is a monthly payment that you pay to Medicare for your health insurance. As mentioned above, most recipients do not pay a premium for Medicare Part A insurance, but unless you

have Medicaid and they are covering your premiums, you will be expected to pay for any additional parts of Medicare that are added to your health insurance policy.

It is worth noting that some Medicare premiums are based upon income levels with those who have a lower amount of income paying the least amount towards a Medicare premium. For example, in 2018, Medicare Part B is \$134 per month. However, some low-income beneficiaries may receive Medicare Part B at a rate of \$130 per month. In contrast, Medicare Part C and Part D premiums will vary by the plan you choose, and this number could be different each year.

It is also important to know that some parts of Medicare, such as Part B, will contain higher premium rates if you failed to obtain Medicare Part B during your initial enrollment period when you first enrolled for Medicare.

A deductible is, simply put, the amount of medical expenses that you must pay before Medicare steps in and begins to pay their share of your medical bills. Each part of Medicare includes a different deductible amount for each benefit period. In 2018, Medicare Part A had a deductible of \$1,340, while Medicare Part B includes a deductible of only \$183 each year. Similar to their premiums, Medicare Part C and Part D will have deductibles that are based upon the individual plan.

## Medicare Copayments, Co-Insurance and Additional Fees

You may be wondering what the difference is between co-pays and co-insurance, and that is a very good question. Co-pays are, generally, a flat rate cost that you would pay when you obtain medical services, such as an appointment with your doctor. It is usually a minimal amount, but that amount is determined upon your Medicare health insurance policy and which part of Medicare is being billed for the medical service.

Coinurance is a varying amount that is based upon a percentage of the overall costs of the medical services that you received. Similar to co-pays, co-insurance will vary with each part of Medicare. For example, the co-insurance on Medicare Part A involves an amount that you would pay for each day in the hospital beyond the 60th day. This daily co-insurance will range between \$335 and \$670.

Medicare Part B typically includes a 20 percent coinsurance, but this can vary between medical services. For example, if your total medical expenses are \$1,000, you will be expected to pay \$200 of that amount, if your coinsurance is 20 percent.

Medicare Part C and Medicare Part D will be based upon the plan that you choose.

Additionally, you can expect to pay the full amount of any medical expense that is not covered by your Medicare health insurance, as well as additional fees, such as if you missed a scheduled doctor appointment.

## Medicare Savings Programs

If you are a low-income senior, you may be able to receive aid from your state towards paying the cost of your Medicare. This is commonly available if you are dually eligible for both Medicare and Medicaid. In situations such as this, the state may help you to pay Medicare premiums, deductibles, coinsurances and co-payments, so long as you meet income guidelines. If you would like to apply to Medicaid in order to take advantage of Medicare saving programs, you can find the contact information for your Medicaid state office [here](#).

## Paying for Medicare Services

Paying for your Medicare health insurance coverage is easier than ever with a variety of options available to you, depending on the policy that you are participating in.

When it comes to original Medicare, any due Medicare premiums will be withdrawn automatically from your Social Security, Civil Service or Railroad retirement benefits. If you do not currently receive any of these benefits, you will instead receive a Medicare premium bill each month. In cases such as these you have four different options for paying your bill including:

- 1 Pay directly from your bank account through your bank's online bill paying service. To find out more on if this service is available to you, contact your financial institution.
- 2 Sign up for a free service known as Medicare Easy Pay, which will permit Medicare to automatically deduct your premium payments from a checking or savings account
- 3 Pay by check or money order and send your payment to :  
  
Medicare Premium Collection Center  
P.O Box 790355  
St. Louis, MO 63179-0355
- 4 Pay by credit or debit card by completing the bottom portion of your payment coupon and sign it. You will be required to provide your card's details and then mail your payment coupon to the address listed above.

Should you have any questions about your bill or the status of your Medicare coverage, you can call the Social Security Administration at (800)772-1213.

## Medicare Claims and Appeals

If a decision is ever made by Medicare that affects either your Medicare health insurance plan or prescription drug plan, it is important to know that you have the right to appeal a decision you disagree with. While this






can be, at times, a lengthy process, filing a claim can help you receive coverage that you lost, obtain a service that you and your doctor feel you need and ensure that Medicare pays their portion of your bill.

While it is possible that you may never need to file a claim and create an appeal on a Medicare decision, Medicare health coverage can change and so it is important for you to understand the appeal process and how you can submit a claim in order to get that process started. Each type of Medicare health insurance, Medicare Part A, B, C and D, have their own appeal processes. Therefore, it is recommended that you familiarize yourself with the appeal process for all Medicare options.

In this section of our comprehensive guide, you will gain a greater understanding of the Medicare appeal process, including how and when you should submit a claim as well as how you can check the status of an appeal.

## What does it mean to submit a claim and file an appeal with Medicare?

As mentioned above, you can file a claim and request an appeal after a decision has been made by Medicare that will affect you and your health insurance policy. Reasons that you may want to submit a claim to Medicare include a denial of:

-  A requested health care service, item or prescription drug.
-  A request for a payment regarding a health care service, prescription drug, supply or item that you already received.
-  A request to change the amount that you are expected to pay for a medical service, prescription drug, supply or other item.





Additionally, you may also file a claim and attempt to appeal Medicare's decision if your plan is expected to, or has stopped, providing or paying for a medical service, prescription drug, supply or item that you still need.

While submitting a claim is different for each part of Medicare, each appeal process will go through five different steps in which you can continue to appeal a decision if a decision is not made in your favor. At each level, you will be given a letter that will provide instructions on how to move onto the next level of appeal.

If you do decide to appeal a Medicare decision, it is crucial that your health care provider or physician give you any information that may be of aid to your case, such as why you may still need a treatment or prescription drug that was removed from your Medicare health insurance plan.

## How to File a Medicare Claim Form for Medicare Part A & Part B

Should you wish to file an appeal for original Medicare insurance, that is Medicare Part A and Part B, you will need to start once you have received your Medicare Summary Notice, or MSN. Your MSN will provide you with an invoice on all services and supplies that were billed to Medicare during a three month period, including the portion that Medicare paid and anything that you might owe. Read each MSN carefully, as once you receive the MSN, you will have 120 days to file a claim and request an appeal.

When you receive your MSN, you can file in one of three ways.

- 1 Complete a redetermination request form and mail it to the Medicare contractor that is listed on your MSN. You can find and download the Redetermination Request Form [here](#).

- 2 Your MSN will have instructions for sending an appeal. Follow all instructions, circling any items or service that you disagree with, and write a letter on a separate sheet of paper that states why you disagree with the decision. Be sure to include any information that may aid in your appeal case. Include your Medicaid number, name, address, phone number and signature on this slip of paper and mail it to the Medicare contractor along with your MSN.

- 3 Send a written request to the company that handles claims for Medicare, which can be found on your MSN. You will also need to include your name, Medicare number, an explanation of why you are requesting an appeal and your signature.

Medicare has up to 60 days to make a decision on the first level of an appeal, with an extra 14 days if you submit additional information or evidence towards your appeal after your appeal has already been submitted.

## Completing a Medicare Claim for Medicare Part C

Before you can file an appeal for Medicare Part C, you must ask Medicare for an organization determination. In order to do this, either you or your physician would contact your plan and ask them to pay for items or services that you believe should be covered, provided or continued. Your Medicare Part C plan will then have 14 days to reach a decision, unless your health would be seriously harmed by this waiting period. In this case, you can request a fast decision, in which a response must be provided within 72 hours.

If your Medicare Part C plan refuses to comply with your request, you will receive a notice that will explain why you received a full or partial denial of your request. This notice will provide you with appeal instructions to dispute the decision.

## Completing a Medicare Claim for Medicare Part D

If you disagree with a decision that Medicare made in terms of coverage, it is recommended that you first speak with your health care provider to discover if your Part D plan has any specific rules, such as a less expensive brand-name drugs, or alternative medications that could work just as well as the one you are taking now. This is one of the first things that Medicare will look to determine during the appeal process.

If there is not another option, or if you would like to appeal anyway, you will need to obtain a written explanation, also referred to as a coverage determination, from your particular Medicare drug plan. You or your doctor have the option of obtaining a written explanation by contacting your Medicare plan.

From here, Medicare will have 72 hours to notify you of any decision that is made or provide you with this written explanation, however you can ask for an expedited request if both of these scenarios apply:



You have not yet received your prescription



Waiting for the standard 72 hour period could seriously jeopardize your life, health or ability to function

Expedited requests are responded to within 24 hours. You will receive your written decision by mail, which will include appeal instructions that you will need to follow in order to begin this five step process.

## How to Check the Status of Your Medicare Claim

If you would like to check the status of a claim for Medicare Part A or Part B, visit MyMedicare and log into your account. Claims are typically added within 24 hours from when they process.

Due to the fact that claims and appeals for Medicare Part C and Medicare Part D are handled differently, you will need to check with your plan provider for updates on the status of these claims. If you are not sure who administers your plan, you can create a general or personalized search here.

## Medicare Part A

The U.S. Social Security Administration provides funding and services to the nation's senior population. To ensure the most vulnerable populations are taken care of when they cannot take care of themselves, several programs offer supplemental income and services that support the financial, housing and health needs of seniors and low-income families. Among these programs is the well-known Medicare program. Medicare Part A is one of several parts of the larger Medicare program. Medicare Part A is hospital insurance should you ever need to be hospitalized. Part A covers different types of facilities and inpatient care units. Medicare Part A is available to U.S. citizens and legal resident aliens, who qualify for participation in the program by way of their age, retirement status as well as considerations for their present physical health situation. Medicare Part A plans offer a variety of health care services and support. Costs associated with enrolling in Medicare Part A depend on eligibility factors. However, assuming one is qualified to receive benefits for a plan, enrollment may be accomplished online, over the phone, or by visiting a local social security office.

## Eligibility Requirements for Medicare Part A

In order to receive the benefits associated with Medicare Part A plans, you must first determine whether you meet the eligibility requirements as set forth by the Social Security Administration. Typically, you may qualify for eligibility in the Medicare Part A program by meeting some or all of the factors. If you are a U.S. citizen older than 65 years old, or you are 65 years old and a legal resident alien, and have lived in the U.S. for at least five years, without any interruption in your residence, you qualify for Medicare Part A plans. If you are already receiving retirement benefits from either the Social Security Administration, or the Railroad Retirement Board, you also qualify to obtain benefits from Medicare. If you are younger than 65 years of age, but are disabled and receiving some form of monetary assistance due to your disability, you also qualify for Medicare Plan A coverage. You can also qualify for Medicare Part A, if you have end-stage renal disease (ESRD) or amyotrophic lateral sclerosis, also known as ALS, or Lou Gehrig's Disease.

## Medicare Part A Costs

In most instances, a Medicare Part A plan comes free of charge. This is normally tied to whether you or your spouse paid into the Medicare taxes for a sufficient amount of time during your working years. If you paid taxes over the required amount of quarters, you receive Medicare Part A with no monthly premiums due. This is called premium-free Part A. Part A plans come without having to pay premiums, if you meet the guidelines outlined above and you pay into the Medicare tax base for a minimum of 40 fiscal quarters, or 10 years' working time.

If you find that you have not worked the minimum requirement of 40 quarters needed to receive premium-free Part A, you will be required to pay monthly

premiums to receive Medicare Part A coverage. If you worked less than 30 fiscal quarters, your monthly Medicare premiums amount to \$422 for 2018. If you worked anywhere from 30-39 fiscal quarters throughout your life, then your monthly premiums amount to \$232. However, be aware that if you decide to purchase a Medicare Part A plan, you must also purchase a Medicare Part B plan.



## What Medicare Part A Covers

Medicare Part A covers a range of needs and services. Included among them are inpatient hospital care, some home health care services, skilled nursing care services and hospice care. Certain conditions may be required to be met to qualify for some aspects of Medicare Part A plan coverage.

### Hospital Care

Medicare A covers costs considered vital to your care. These expenses include semi-private rooms, meals, nursing care and any required medications. Inpatient care received are covered at hospitals specializing in acute care, critical access hospitals, rehabilitation facilities, long-term care facilities, mental health care or when participating in clinical research studies, which qualify for benefits. Medicare Part A does not cover private rooms unless they are deemed medically necessary. Likewise, private nursing services, personal hygiene products such as shampoo and shaving items, or charges for television or internet are also excluded from coverage.

### Home Health Care

Home health care goods and services are available, if your physician decides they are necessary for you. These items include such things as physical therapy, skilled nursing care, speech pathology, occupational therapy, part-time or intermittent health care services, durable medical goods proscribed by your physician or medical social services. Medicare Part B. must cover durable medical goods, prescribed by your doctor. However, you must qualify for this service. Any care prescribed under Part A must come via an approved health care provider, and your physician must certify that you are confined to your home for health reasons. Being 'homebound' under Medicare Part A requires that:



You are unable to leave your house under normal circumstances and doing so would require enormous effort.



It is medically unwise to leave your home without assistance of others, transportation, or special equipment.

Medicare Part A coverage for a skilled nursing facility (SNF) or nursing home is quite extensive and you can find a complete listing of services offered [here](#) along with eligibility requirements, some examples of coverage situations and any costs associated with stays in SNFs.

## How to Enroll in Medicare Part A

If you meet certain conditions, you are not required to sign up for Medicare. In order to qualify for automatic enrollment, you must be receiving social security benefits or retirement benefits from the Railroad Retirement Board, within 4 months of your 65th birthday. You also receive automatic enrollment, if you are younger than the age of 65, and have a disability, ERSD or ALS.

If you do not meet the requirements for automatic enrollment, there are a few options for you to enroll. First, you can enroll easily online. The general enrollment period occurs between January 1st and March 31st of each year. There is also a special enrollment period open to you if you meet certain requirements. You can find out more details about the open and special enrollment periods [here](#). Once you have determined which enrollment period applies to you, the directions for applying online can be found [here](#).

You may also enroll in Medicare Part A by calling the Social Security Administration toll-free at: (800) 772-1213 from 7 a.m. until 7 p.m., Monday through Friday. For the deaf and/or hard of hearing, dial (800) 325-0778. You may also visit your local Social Security



Administration office in person to enroll. You can find the location of your local Social Security office by visiting the Social Security office [locator page](#). For those living outside the U.S. or its territories, you can visit the Social Security Administration's [web page](#) for services for those living outside the U.S.

## Medicare Part B

Medicare Part B, along with Medicare Part A, is referred to as original Medicare plan open to those who meet the United States Social Security Administration's eligibility guidelines. Where Medicare Part A provides coverage for hospitalization in a variety of circumstances, Medicare Part B specifically targets other areas of medical need, such as special services and durable medical goods deemed necessary by a physician. These necessary medical services and/or durable medical goods must be considered vital in order to properly treat a medical ailment or circumstance suffered by the patient in question. Such things included for coverage in Medicare Part B may include inpatient services and visits to a doctor's office, some sort of health clinic, or other visit that is not considered to be a hospital facility. Medicare Part B plans also provide medical coverage for various services for the purposes of providing preventative care to detect and treat a variety of maladies and illnesses during the early stages of their development so that they do not become more severe. Read the sections below for more information.

### Medicare Part B Coverage

Medicare Part B coverage targets two areas in particular. If you are a recipient of Medicare Part B, you will use this coverage for what are deemed medically necessary services and preventative services. Medically necessary services may be defined as those services that are prescribed by your physician and are required in order to diagnose and/or treat a

medical condition. Preventative services are those services which are used to detect a medical condition early and treat it before it becomes severe, or to prevent an illness from taking hold. Using Medicare Part B plans with health care providers who accept the coverage usually means that you will not pay for services rendered. The types of services covered by your Medicare Part B plan include things like clinical research, ambulance services, durable medical equipment and goods, mental health services (either inpatient or outpatient as well as some hospitalization costs), paying for a visit to a doctor for the purposes of acquiring a second opinion before surgery, and a limited amount of outpatient prescription medications. Simply discuss the services and/or durable medical goods and medication your physician prescribes and ask if Medicare Part B plans cover them. Should your health care provider decide you need some sort of service or good that may not be covered, he or she will explain that to you, and you may be required to sign a statement acknowledging that you understand that you must pay for these services or products.



## What Medicare Part B Will Not Cover

Medicare Part B will not cover everything. When you and/or your physician or health care provider agree upon a course of treatment that is not covered by your Medicare coverage, you are responsible for paying for these services or products out of your own pocket unless you have some sort of supplemental health insurance that will cover them. Some of the things that Medicare will not pay for include most dental care services, any eyesight examinations used to proscribe corrective lenses, dentures, any form of cosmetic surgery, acupuncture, routine foot care, hearing tests in order to get fitted for hearing aids and any long-term.

## Medicare Part B Costs

very year, the Centers for Medicare & Medicaid Services (CMS) determines and sets the amount to be paid for Medicare Part B premiums. How much you pay for your premiums may vary depending upon your particular situation and when you enrolled in the program. The standard amount for Medicare Part B premiums for 2018 \$134 per month. This is typically what you will pay if you are enrolling for the first time and are not receiving Social Security benefits or any retirement income from the Railroad Retirement Board. A late enrollment may increase your monthly premium amount. If you delay enrollment into Medicare Part B, you can expect your premiums to rise an additional 10 percent for every 12-month period you do not have Part B coverage but were eligible for it, unless you qualify for a special enrollment period. Additionally, if your household income exceeds the thresholds determined by the Social Security Administration, you may pay higher premium amounts as well.

Individual 2016 Tax Return	Joint 2018 Tax Return	2018 Premium Payment
\$85,000 or less	\$170,000 or less	\$134
\$85,001 - 107,000	\$170,001 – 214,000	\$187.50
\$107,001 – 133,500	\$214,001 – 267,000	\$267.90
\$133,501 – 160,000	\$267,001 – 320,000	\$348.30
\$160,001 or more	\$320,001 or more	\$428.60

The yearly deductible for Medicare Part B for 2018 is \$183. This deductible may be applied to most services covered by Medicare plans such as physician services, outpatient hospital care or durable medical goods. Once the deductible has been met you will be required to pay 20% for coinsurance of the cost of goods and services that are approved of by your plan. However, some preventative services may be provided to you at no cost whether or not your deductible is met.

## Enrolling in Medicare Part B

How you enroll in Medicare Part B depends on several factors. You may be automatically enrolled, or you may have to enroll yourself depending on your individual situation. Most people who turn 65 become automatically enrolled in Medicare the first day of the month after their 65th birthday. However, in some instances you may not be automatically enrolled and that means you have to manually enroll in the Medicare program. Additionally, you may be enrolled in Medicare Part A, but decide against accepting Medicare Part B because there is a premium associated with it that you must pay. In that case, you will have to decline Part B. If you decide to decline Part B but then change your mind and apply for it at a later date you will pay the higher premium for it.

You can apply for Medicare [online](#) if you meet the requirements needed to do so. In order to apply online you must be at least 64 years and nine months old, desire to receive Medicare benefits but do not have any medical coverage whatsoever, do not wish to begin receiving Social Security benefits yet, and are not currently receiving any Social Security benefits including survivor, disability or retirement benefits. Applying for Medicare online is convenient as it saves you from having to visit a [local Social Security office](#) in person, although that is also an option if you prefer. You can download the application [here](#). Applying online also allows you to save your application and make changes to it should you feel the need and you can submit your application electronically meaning there is no risk of your submission becoming lost in the mail. You can also receive an electronic receipt once you submit your application as well as check on its status periodically. Finally, you may apply and/or enroll by phone by calling 1-800-772-1213 between the hours of seven a.m. to seven p.m. Monday through Friday. Those living outside the U.S. or one of its territories can locate an office [here](#).

## Medicare Part C

Medicare Part C, which is also referred to as Medicare Advantage, is another block of the Medicare program, which is designed to assist seniors living in the United States with obtaining and maintaining proper health care coverage. Medicare Part C plans, which began in 2003, are designed to replace your Medicare Part A and B coverage, also referred to as original Medicare. Medicare Advantage plans provide all the coverage that original Medicare plans offer, such as hospitalization coverage and all medically necessary services. In order to get Medicare Advantage, you must be enrolled in both Medicare Part A and B. Furthermore, Medicare Part C plans are purchased through private insurance companies such as Blue Cross and may offer additional coverage, plan features and extras not found in original Medicare plans. Medicare Advantage health care plans may come in formats you might already be familiar with, such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) as well as Special Needs Plans (SNPs) or private fee-for-service plans.

### Medicare Part C Coverages

Your Medicare Part C plan must offer you the same coverages that you would receive under your original Medicare coverage. If you are participating in a Medicare Advantage plan, however, any needs for hospice care, participation in clinical research trials and some newer Medicare benefits may still be covered by either your Medicare Part A or Part B coverage. Medicare Part C covers all emergency and urgent care needs. However, your Medicare Advantage plan may elect not to cover the costs of a particular service if it is not deemed medically necessary under the terms of your plan. If ever you are uncertain about whether or not your Medicare Part C plan will cover the costs of some type of service or device you feel you need, the best course of action is to contact your coverage provider and inquire about coverage for the services you intend on getting.

Many Medicare Advantage plans offer services that are normally not included in original Medicare plans. These additional services can include coverage for care concerning your hearing, vision, dental care and health and wellness options. Most Medicare Part C plans come with prescription drug coverage (Medicare Part D) and require a monthly premium payment in addition to your premium for Medicare Part B.

If you decide that you need a particular service that your Medicare Advantage plan determines is not medically necessary, you will be required to pay for that service out of your own pocket. However, you are entitled to appeal the decision of your plan's administrator if the service, medication or device being denied is one to which you believe you are entitled. Additionally, you may appeal the decision if the denied coverage is for a drug, service or item you have been covered for in the past. You may enlist the help of your doctor or health care provider in the appeals process. For more information on the appeals process you can visit this [Medicare web page](#) dedicated to it.

## Medicare Part C Costs

The out-of-pocket expenses associated with your enrollment in a Medicare Advantage plan are more complex than those associated with Medicare Parts A and B. There are various factors taken into consideration when calculating your costs for Medicare Part C. To begin, your cost is affected by whether or not your Medicare Advantage plan charges a monthly premium, as well as whether or not it offsets any premiums you pay for your Medicare Part B plan. Deductibles, yearly or otherwise, will also affect the cost of your plan.

Another variable is the amount of money you are obligated to pay for copayments and coinsurance, which are due whenever you visit a service provider. For example, each time you visit your primary care physician, you may have to pay \$10 or \$20. You may have to pay more if you are referred to a specialist.

There may also be a copay on prescription medications when you visit the pharmacy. These copayments may differ significantly from those under original Medicare. How often you use medical services and which services you use are other variables that changes the cost of your plan.

The specific nature of your Medicare Advantage plan, such as whether you opt for a PPO, HMO, SNP, or decide to seek care outside of your network can greatly change the cost. Other factors, such as your plan's guidelines and rules, the need for extra benefits, yearly limits on out-of-pocket expenses and help from Medicaid also all affect your Medicare Advantage costs. Your Medicare plan sends you an [Evidence of Coverage](#) each year that details exactly what is covered, how much it costs and what you will pay for.

## How to Enroll in Medicare Part C

Before you may enroll in Medicare Part C, you must meet a few eligibility requirements. First, you must be eligible for Medicare. This means you must be either a U.S. citizen or a legal resident of the United States for at least five years without interruption. You must also be 65 years of age or older. You must be enrolled in both Medicare Parts A and B in order to qualify for a Medicare Advantage plan. It is required that you reside within the area serviced by your Medicare Advantage plan, which is determined by your county of residence, not your state. If you are suffering from end-stage renal disease (ESRD), you may be ineligible for coverage under Medicare Part C. Once you decide you wish to enroll in a Medicare Advantage plan, you can locate one in your area using the [Medicare Plan Finder](#) on the Medicare website.

There are enrollment periods during which you may sign up for a Medicare Advantage plan or change your existing plan. Your initial enrollment period is the seven-month period that begins three months before your 65th birthday and ends three months



after you turn 65. The month of your birth is included. Afterwards, the normal enrollment period for Medicare Part C is from October 15th to December 7th of each year. During this time, you may enroll in a plan, change from your Medicare Part C back to original Medicare, switch to a different Part C plan, join a prescription drug plan or drop your prescription drug plan. You can find out more about your options [here](#).

There is also a disenrollment period during which you may leave your Medicare Advantage plan. This disenrollment period takes place between January 1st and February 14th of each year. During this period, you may leave your Part C plan for original Medicare and add a prescription drug plan if you decide to make this change. You may not, however, transfer from original Medicare to a Medicare Advantage plan, switch from one Medicare Part C plan to another or move from one prescription drug plan to another.

## Medicare Part D

Medicare Part D is an addition to the Medicare suite of health insurance coverage plans added specifically for the purposes of providing prescription drug coverage insurance premiums and to subsidize the cost of prescription pharmaceutical medications. It was approved during 2003 as part of the Medicare Modernization Act. Anyone who is eligible and enrolled in other Medicare programs, such as Medicare Part A and Part B, also known as Original Medicare, is also eligible to receive benefits under Medicare Part D. Medicare Part D drug coverage plans are sold and administered by private insurance companies or other entities that are approved by the federal government's Medicare bureau. Because individual Medicare Plan D coverage options are specific to geographical locations and run by various private providers, the cost of a plan's premiums the prescription medications that are covered under each plan may vary from plan to plan.

## Medicare Part D Eligibility

In order to be eligible for Medicare Part D coverage, you must meet certain requirements. You must be over the age of 65 years of age and newly eligible for Medicare benefits. You are also eligible if you are under the age of 65 but have a disability. If you do not have Medicare Part A coverage but enrolled in Medicare Part B during the Part B general enrollment period, you are also eligible. If you have Part A coverage and enrolled in Part B during the general enrollment period you are eligible for Part D coverage. The general enrollment period is January 1st until March 31st.

## Medicare Part D Coverage

Medicare Part D coverage plans obtained through private insurance companies or other private entities approved by Medicare may vary in coverage with regards to prescription medication. Each private insurance provider maintains a list of the prescription pharmaceuticals it covers, which is referred to as a formulary. Each formulary has a series of tiers. Different prescription medications are assigned to the different tiers that are segmented according to the price of the drugs listed on them. The prescription drugs on higher tiers will typically cost more than those on the lower tiers. If you need a drug in a higher tier you and/or your health care provider may petition your Medicare provider for an exception to the higher pricing in order to lower your copayment. Furthermore, some Medicare providers may alter the price of a drug during the year, which is permissible under federal Medicare guidelines. If a provider makes any changes to a formulary during the year, he or she must provide you a written notice at least 60 days prior to the date that the changes take effect. Medicare Part D also provides some coverage for vaccines. Your Medicare Part D plan must cover your vaccines that are considered medically necessary unless a vaccine is covered under your Original Medicare coverage.

## Coverage Rules

Medicare Plan D policies often have coverage rules. Included among these rules may be the requirement for prior authorization from your provider before you can fill a prescription. The health care provider writing the prescription may be asked to show how a particular drug is medically necessary in order to obtain authorization. There may also be a limit on the quantity of the drug you may be permitted to obtain at any one time. There may also be a step therapy rule. This means that you may be required to use other less expensive alternatives to a medication before being authorized to use another. Again, any of these conditions may be subject to an appeal if you feel that the drug you need should have any particular rule waived.

## Appeals for Medicare Part D

When you enroll in Medicare Part D, you will receive an Evidence of Coverage, which informs you of what is covered, what your costs are and other important details. If your plan does not cover a particular medication that you think should be covered, provided or continued, you may request an appeal at any time if you do not agree with your plan provider's decision. If you require a prescription medication you do not believe your Medicare Part D coverage will not cover, you may consult your doctor or health care provider about special rules the plan has regarding the drugs you need or if there are generic alternatives available to you.



You can also ask for a written explanation from your Medicare provider. This is called a coverage determination and its purpose is to act as a first decision about whether or not a drug is covered by your plan, if you are eligible to for the medication you have requested, the cost of the drug and whether you will need an exception in order to receive approval for a prescription. You may request an exception if a drug you need is not listed on your provider's formulary, if you or your health care provider think the drug deserves a waiver from the rules or you feel that you should pay less for a medication listed on a higher tier on the formulary because alternatives on lower tiers may not treat your condition effectively.

## Enrolling in Medicare Part D Coverage

In order to enroll in Medicare Part D, you must be enrolled in Original Medicare (Part A and B). If you attempt to enroll in Medicare drug coverage after you are first eligible, you will be subject to a penalty for late enrollment, which will be added to your monthly premiums. The cost of the late enrollment penalty depends on how long you went without coverage. Medicare determines your penalty by multiplying one percent of the national base beneficiary premium (\$35.02 in 2018) by the number of full months in which you did not carry Medicare Part D coverage. This is added to your monthly premium. Typically, you will pay the penalty for as long as you carry the coverage.

Another consideration when enrolling in a Medicare Part D plan is how it functions with other types of insurance. Different forms of insurance coverage such as COBRA, food stamps benefits, Medicaid and health insurance through an employer or labor union may affect your coverage and/or benefits.

You have different options available to you when you wish to enroll in Medicare Part D coverage. One way is to use Medicare's [Medicare Plan Finder](#). You may

fill out and file a paper enrollment form that you can download or call Medicare directly at 1-800-633-4227. The enrollment periods for Medicare Part D takes place from October 15th to December 7th. During this period, you may switch from a Medicare Advantage plan that does not offer drug coverage to one that does, you may transfer from one Medicare drug coverage program to another, join a Medicare prescription drug coverage program or drop your Medicare prescription drug coverage altogether.

## Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly, otherwise known as PACE, is a program that falls under the purview of the federal government's Medicaid program. The PACE program was designed to assist elderly people considered frail by providing comprehensive medical services as well as necessary social services to those elderly individuals who live in their own communities. Most of the people who qualify to receive PACE benefits are also equally eligible for both Medicare as well as Medicaid. PACE benefits are provided to recipients while they live in their own domiciles by a team of professionals spanning a variety of backgrounds and specialties to ensure all their needs are sufficiently attended to and they can plan the various types of care they dispense making sure it is coordinated.




## Eligibility for PACE Programs





In order to qualify for a PACE program, you must meet the guidelines and criteria set forth by the administering bodies. First, to be a PACE participant you must be 55 years old or older. You must also live within an area that is serviced by an approved PACE service provider or organization. You must also be in a condition which makes you eligible to receive nursing home care in order to receive the benefits and

services provided by a PACE organization. Finally, you must also be able to live in your community safely without posing a risk to yourself. When you become a member of a PACE organization, PACE becomes the sole source of the services and benefits for individuals eligible for Medicare and Medicaid. Anyone enrolled in an approved PACE program has the ability to leave the program at any time without any sort of exit penalty.

## PACE Coverage

Typical PACE coverage plans will offer the same sorts of coverage for that you would receive under either Medicare or Medicaid. In cases where your personal team of health care providers and counselors decides on a course of treatment, prescription of medication or other care that is not be covered under Medicare or Medicaid, PACE can still provide coverage for them. Some of the services and care you can expect to have covered by your PACE program benefits include:

-  Care in your home
-  Hospitals, dental care, emergency services
-  Your meals and nutritional counseling
-  Occupational therapy as well as physical therapy
-  Your prescription medication needs

-  Various types of preventative care
-  Various social services such as support groups and respite care
-  Adult day care including recreation therapy and nursing services
-  Transportation to your PACE center
  - Available for any activities or appointments deemed medically necessary by your team of caregivers.

Your team of caregivers is an interdisciplinary team including professional dietitians, nurses, drivers, coordinators and therapists of various types.

If you enroll in a PACE program you receive all of your Medicare Part D prescription drug benefits through your PACE organization. It is not necessary for you to participate in another Medicare prescription drug benefits plan. In fact, if you do enroll in another Medicare plan for your drugs PACE will end your membership and you will no longer receive either your health care services or drug benefits through PACE. If you need to receive hospice benefits, you must end your participation in the PACE program. Otherwise, PACE does provide you with appropriate end-of-life care that includes medical, pharmaceutical and psychological services.

## PACE Program Costs

The costs associated with an approved PACE program depends on individual factors. Chief among the factors taken into consideration is your personal financial situation. If you happen to be a recipient of Medicaid



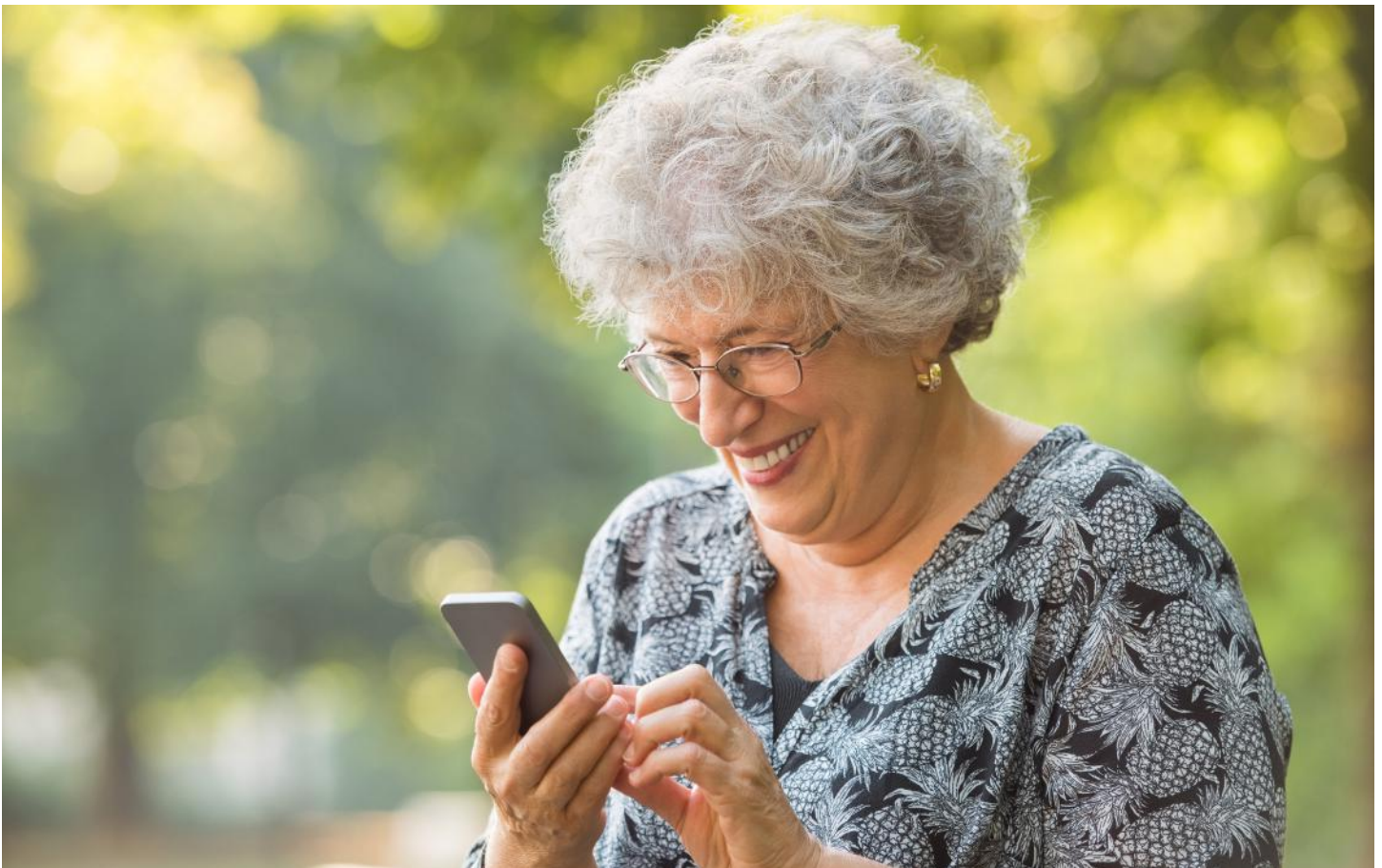
benefits, you are exempt from having to make monthly premium payments for your PACE long-term benefits. However, if you are not eligible for Medicaid assistance, but are participating in Medicare programs, you will be responsible for paying a monthly premium for the parts of your PACE benefits that cover your long-term care. You will also receive a monthly premium bill, which you must pay in order to cover your Medicare Part D prescription drug benefits.

PACE program financing is capped which means that all associated health care providers are able to deliver the goods and services needed by PACE participants based upon need rather than limiting them to the reimbursable limits of either Medicare or Medicaid fee-for-service plans. PACE is a Medicare program and it allows states the option to

provide PACE services to Medicaid recipients as a benefit of the Medicaid program. PACE is the only source of Medicare or Medicaid resources for those participating in the program.

## How to Enroll in a PACE Program

Because PACE programs are specific to geographic areas, you must find a participating program in your area to receive benefits. You can locate participating PACE organizations using the [PACE plan search](#) application found on the Medicare Plan Finder page on Medicare's website. You may also contact your local Medicare office. You can locate the office nearest you using the Medicare website's "Useful Contacts" [page](#). You can find a downloadable version of the PACE application [here](#).



# The Affordable Care Act and Seniors

President Barack Obama officially signed the Affordable Care Act, also known as Obamacare, into law on March 23, 2010. The Affordable Care Act (ACA) was intended to offer better access to healthcare coverage options, lower the out-of-pocket costs for preventative services and prescription drug coverages and improve the quality of medical services, which were already being offered to qualified candidates, particularly senior citizens.

The most common questions involving Affordable Care Act benefits involve senior citizen eligibility. There are many different eligibility qualifications seniors must meet in order to receive ACA benefits, from household size to income. Learning the ACA eligibility requirements is a great way to understand if a senior applicant should pursue filling out an application for benefits.

In addition to the ACA being a way for seniors to receive quality health care coverage, there are other government programs that can help offset health care costs. The United States Department of Veteran Affairs, hospice care and other health services are an option as long as a senior applicant understands how to qualify and how to submit an application for benefits. To find the information you need to apply for health insurance that fits your needs, download our helpful guide today.






## Obamacare Eligibility Requirements for Seniors

Understanding the eligibility requirements for senior citizens to apply for Obamacare is an important component of the application process. Many retired seniors who lose health care coverage after leaving a job wonder how the Affordable Care Act (ACA) can help them find affordable health insurance coverage. Qualifying for ACA benefits involves many different facets, including income, household size and more. Income plays an important role in ACA coverage, as applicants will only qualify for help paying for their health insurance if their household incomes fall within certain thresholds. In addition, the age in which a senior applies for Obamacare coverage will also make a difference. The Affordable Care Act (ACA) is geared toward those in need, while also enhancing many of the existing coverages and benefits that were already available. To find information regarding the Obamacare requirements for seniors citizens, review the sections below.

### Who is eligible for Obamacare benefits?

When prospective applicants begin to consider Obamacare as a health care option, they generally start by wondering about eligibility. To be able to enroll in health care coverage through the ACA's Health Insurance Marketplace, applicants must:

-  Live in the United States.
-  Be U.S. citizens, nationals or lawfully present residents.
-  Not be incarcerated.

If a potential petitioner for Obamacare already has Medicare coverage, then he or she is not able to use the Marketplace to purchase either health care or dental care coverage. United States citizens who live outside of the country for at least 330 days of a calendar year will not be required to purchase health care coverage. As long as an applicant meets the above-mentioned eligibility requirements, then he or she is able to apply for ACA benefits.

### What are the requirements to apply for the ACA as a senior?

Age plays an important factor in determining eligibility requirements for senior citizens, not in terms of approval or denial, but rather in terms of the benefits that can be awarded. Senior citizens applying for Obamacare benefits fall into two categories: those younger than 65 years of age and those 65 years of age or older. Eligibility requirements will vary for those who apply for ACA benefits in either of these categories. For seniors 65 years of age or older, the Obamacare eligibility requirements will be less strict than they will be for those who are younger than 65 years of age. This is due to the fact that at the age of 65, applicants automatically become enrolled in Medicare benefits.

Applicants younger than 65 will still need to meet the basic eligibility requirements to receive ACA coverage. However, their incomes will also be considered. As of January 1st, 2014, applicants younger than 65 years of age needed to have a Modified Adjusted Gross Income (MAGI) that fell below 133 percent of the Federal Poverty Level (FPL) in order to qualify for coverage. Income requirements do not need to be met by senior applicants older than 65 years of age seeking Obamacare coverage.

ACA applicants who are older than 65 years of age, regardless of whether or not they are retired, will automatically have benefits transition over to Medicare coverage. Applicants who are already



receiving Medicare are considered covered under the Affordable Care Act (ACA) and do not need to resubmit an application for coverage. The type of benefits that applicants 65 years of age or older will receive are considered enhanced benefits. ACA benefits will enhance the Medicare coverage options, which allow for more preventative care options, including annual wellness checkups and cancer screenings.

Obamacare applicants younger than 65 who retire and lose health care coverage will have the opportunity to apply for Obamacare benefits through the Marketplace. Losing health care coverage after retiring qualifies a senior for the Special Enrollment Period (SEP), which means that he or she will not need to wait until open enrollment in order to apply. For applicants younger than 65 who have retiree benefits, there is still the option of purchasing an insurance plan through the Marketplace instead. However, the requirements state that premium tax credits and other savings based on income will not be available to these applicants.

Petitioners who are 65 years of age or older and not eligible for Medicare will still have the option of purchasing a health insurance plan through the Marketplace and receive lower costs on monthly premiums that can help with additional out-of-pocket expenses.

## What are the ACA income requirements?

Income plays an important role in determining eligibility for Affordable Care Act (ACA) health insurance coverage. For senior applicants who are considering coverage and must submit Modified Adjusted Gross Income (MAGI) totals, it is critical to know what the income limits are. If an applicant has a MAGI between 100 percent and 400 percent of the poverty threshold, then eligibility for Obamacare is likely. For example, in a family of two, the MAGI must fall between \$16,020 and \$64,080 in order to qualify.

The income that is considered for Affordable Care Act benefits includes the applicant, the applicant's spouse and everyone the applicant claims as a tax dependent. Even if they do not need health coverage themselves, this income information is required. While exact totals for MAGI are hard to calculate, there are ways in which potential petitioners can estimate expected income:



Find the MAGI on IRS tax forms.



Factor in all types of income including tax exempt foreign income, tax-exempt Social Security benefits and tax-exempt earned interest.



Do not include Supplemental Security Income (SSI).



Adjust estimate for any expected changes, include raises, new jobs, employment changes, changes to income such as Social Security, investments, alimony and changes to gaining or losing dependents within the household.

After calculating this information, applicants will have the estimation of expected income. From here, applicants will be able to use the estimation to see where he or she falls in terms of the federal poverty levels for qualification.

## How to Apply for Obamacare as a Senior

Applying for Obamacare, officially known as the Affordable Care Act (ACA), as a senior is a simple and straightforward process. Learning the steps in which



a senior citizen can enroll in ACA benefits is often one of the most critical components of the application process. Knowing the ways in which an application for benefits can be submitted, along with where to go and who to contact for assistance, can make the entire process much easier to understand. There are five ways in which senior citizens can apply for Obamacare benefits, depending on his or her needs. For more information on applying for Obamacare, continue reading below.

## When to Apply for Affordable Care Act Benefits as a Senior

Learning how to apply for Obamacare involves knowing when to submit an application. Without knowing when the Open Enrollment Period begins and ends, the application will be useless. Open Enrollment is the period in which applications can be submitted for health insurance coverage for the following year. While the dates for Open Enrollment change each year, the usual month in which it begins is in November. Those who miss Open Enrollment for Obamacare will not be eligible to submit an application for benefits, unless they qualify for the Special Enrollment Period. Special Enrollment allows applicants to submit the application after Open Enrollment closes, but only by meeting the Special Enrollment requirements. Applicants who are looking to find out when Open Enrollment begins each year can get the most up-to-date information by [clicking here](#).

## How to Enroll In Affordable Care Act Benefits as a Senior Citizen

There are different ways in which an applicant can enroll in Affordable Care Act benefits as a senior citizen. Choosing the right way to apply will be up to the applicant. The five ways that an application for Obamacare can be submitted are:



Online.



Over the phone.



In person.



Through an insurance broker or agent.



By mail.

Each way to apply for Obamacare benefits involves different steps. Many seniors may choose the online application process, as it can be completed immediately from the comfort of one's home. To apply for benefits online, applicants will need to create an online account or log into an already existing account. From there, the online application can be completed by filing out the necessary information through the prompts and submitting the information when finished.

Applicants also have the option to apply for Obamacare benefits over the phone 24 hours a day, seven days a week, except for holidays. By calling the Marketplace Center, applicants can speak with a trained representative to answer all the questions from the application. Telephone representatives will be able to assist in filling out the application, but also reviewing the choices for coverage and enrolling in coverage all over the phone. Applicants can contact the Marketplace at 1-800-318-2596.

Many seniors choose to apply for Affordable Care Act benefits in person, as it allows for more assistance in filling out the application. There are trained representatives who will help fill out the application as well as enroll applicants in coverage. In order to submit an application for coverage in person, an applicant will need to find local Marketplace representatives in his or her area. By [clicking here](#), applicants can find the nearest representative to help with the application process.

Applying through an insurance agent or broker is another way to submit an Obamacare application. The option to apply through a broker or agent may not yield all of the available coverage options, however. An agent or broker may only be selling specific companies' policies, and not all of the available healthcare plans will be provided to the applicant. Applicants can find local agents and brokers in their area through a general search.

The final option for submitting an Obamacare application for benefits is by mail. In order to submit an application by mail, petitioners will need to first download the paper application by [clicking here](#). After downloading the PDF application, applicants can print it out, complete it in entirety, sign the bottom and mail it in. Applicants can then mail the original, signed application to:



Health Insurance Marketplace  
Dept. of Health and Human Services  
465 Industrial Blvd.  
London, KY 40750-0001

If you submit an application via mail, you will usually be notified of your eligibility determination within two weeks. Oftentimes applicants will choose the online application method, as it is the fastest way to retrieve eligibility results and healthcare program options.

## What is needed to sign up for Obamacare?

Besides knowing the ways in which an Obamacare application can be submitted, it is also important to know what type of information will be needed in

order to sign up. The ACA application will require the following information:



Citizenship status



Current job status



Social Security Numbers (or necessary document numbers)



Policy numbers for current health care policies



Information regarding job-related health insurance options available



Employer information for each household member



Income information for each household member

The information and documentation gathered for the Obamacare application is what will be used to determine the type of healthcare coverage options available to an applicant, as well as the associated costs. Applicants should provide as much information as possible and also make sure the information is as accurate as possible. Information regarding a spouse and children within the household will be required, especially if the applicant can claim them as dependents. Information that involves any unrelated individuals within the household, parents or adult

siblings living in the household or sons or daughters not included on a federal tax return will not need to be provided.

## Health Plan Cost and Availability for Seniors

Understanding the costs associated with various healthcare plans is one of the main aspects of choosing an insurance provider. Senior citizens who are seeking health insurance coverage through Obamacare, will generally receive a variety of options to choose from, many ranging in benefit type as well as premium cost. While the Affordable Care Act (ACA) will need to gather personal information before providing estimations on cost for coverage, there are ways seniors can have a general idea of what health plans will cost long term. The costs for Obamacare will vary depending on the applicant. Many of the Obamacare costs are determined by calculating different aspects of eligibility including household size, income, as well as the state or city in which the senior applicant lives. These factors are some of the points considered when estimating the overall costs for coverage. To find out more information regarding the health plan costs for senior citizens, continue reading below.

### What factors influence ACA insurance price estimates for seniors?

The costs for Affordable Care Act insurance policies will vary for each applicant because of the factors ACA considers. Obamacare uses different determiners to find policies that will best suit the applicant's income. Applicants can check with the marketplace website in order to submit personal information and receive tailored insurance policy estimates within minutes. However, it is important for applicants to understand the factors considered when calculating the costs for Obamacare. Some of the most common variables include:



Size of household



Age of applicant



If the applicant has children under 19 years of age



The county and state in which the applicant resides



If the applicant is eligible for other health insurance coverage options



Expected gross total income



Type of plan preferred

The household size is one of the most prominent factors determining health care coverage costs, especially if the head of household is the one submitting the application for health care. Oftentimes if the applicant has dependents within the household, the health care options will become considerably more affordable.

Another important factor for calculating costs for senior health care is expected gross total income. Health insurance providers will use expected income in order to tailor insurance plans so that the cost is affordable to the applicant. If the applicant expects to make less money than the federal poverty level, he or she will be eligible for more affordable, low-cost health care options.

Another factor that affects the cost of senior health care is the type of plan preferred. When an applicant submits his or her information to the marketplace website, there will be several options presented for consideration. These options will range in price, as well as in the benefits offered to the applicant. For instance, different plans such as HMO, PPO and EPO will all carry different price points associated with the benefits offered. In addition, a lower health care cost may be associated with higher deductibles or out-of-pocket expenses. It is important for applicants to understand what services, coverage levels and exclusions each insurance option offers, to determine if the lower cost of the plan will provide the health coverage you need. For some petitioners, it might make more sense to pay a high monthly premium to receive the best benefits a health care program can provide.

### How much does Obamacare cost for senior citizens?

Although insurance costs are based on each applicant's personal details, there are ways to estimate coverage costs. For example, many of the costs for Obamacare insurance plans can be reduced if an applicant is eligible for a premium tax credit. When a senior is submitting his or her information through the [healthcare.gov](https://www.healthcare.gov) website, the system will determine if the applicant is eligible for a premium credit. However, these savings programs will be dependent on estimated household income as well as the state in which an applicant lives. For instance, Florida has not expanded the Medicaid program through Obamacare, so applicants will not qualify for financial assistance on a health insurance plan if they make less than \$12,060 in the year. Applicants in Florida, who earn between \$12,060 and \$30,150 however, will be able to receive a low premium health care plan, plus additional savings. Applicants can find out if they qualify for low cost health insurance plans by [clicking here](#), and submitting the requested information.

### How to Find Obamacare Health Insurance Plans Costs for Seniors

There is a simple way for senior citizens to find out how much Obamacare health insurance plans will cost. The first step is to determine if the Affordable Care Act Open Enrollment Period is active. While senior applicants may be able to estimate health insurance costs throughout the year, it is only during the Open Enrollment Period that applicants will be able to purchase a health care plan through the marketplace. If the open enrollment period has ended, the only way seniors can purchase health insurance through ACA is if they qualify for the special enrollment period (SEP). SEP qualifications can include a major life event, including if an applicant recently qualified for Medicaid or lost health insurance due to retiring.

In order to find Obamacare health insurance plan costs, applicants should visit the Healthcare Marketplace by [clicking here](#). Applicants will need to input their zip code and confirm their location in order to proceed with an insurance estimate. In addition, applicants will need to confirm who is in the household, including a spouse, or if there are any dependents. After confirming their age, gender, estimated income for the year, as well as any other relevant information as prompted online, the applicant will be able to see if he or she will be able to receive a premium tax credit, which will lower the monthly costs of health plan coverage. With the premium credit in mind, applicants can choose a health care plan and estimate how much the monthly cost will be.

### VA Health Care Benefits

Veterans who are seeking health care benefits through the U.S. Department of Veterans Affairs (VA) should be well versed in the eligibility guidelines. Many veterans are unaware of the benefits that are offered through the VA, and do not realize that healthcare



and oftentimes even dental care can be provided at no cost or low cost to qualifying applicants. Those who served in the United States military or Armed Forces may be eligible for a variety of benefits that can greatly influence their healthcare insurance costs and coverages. All prospective petitioners who are seeking VA healthcare coverage should know the qualification requirements established, as well as the ways in which a veteran can apply for benefits. For instance, one of the primary qualifications is that a veteran meets his or her military duty requirement for time served. To find out more information regarding qualifying for VA health care benefits, continue below.

### **What are the VA health care benefits available to approved applicants?**

Veterans approved for VA health care will receive an assortment of benefits. The majority of VA health care plans offered to veterans are free of charge, with minimal out-of-pocket expenses involved. Veterans








who meet the eligibility requirements for VA health care will be able to receive basic and fundamental medical treatments such as in-patient hospitalization, vision care, dental care, mental health care, assisted living, home health services, critical care, transplant services, outpatient clinics, dialysis, podiatry, prosthetics and more. VA health care benefits are offered on a case-by-case basis, and depending on the services or treatments necessary for a veteran, the type of care will vary. The basic medical benefits are awarded to eligible veterans and any additional coverage needs will be discussed with the VA office during the application process.





### **What are the VA health care eligibility requirements?**

An important aspect of applying for VA health care benefits is understanding the eligibility requirements. One of the most important eligibility requirements for enrolling in VA health care is being classified as a veteran. Veterans are classified as individuals



who served in active military service, who were discharged from service under any conditions other than dishonorable. Without this type of classification, a veteran is likely to be denied VA health care. In addition to being a veteran, VA health care eligibility also states that a minimum duty requirement must be met. This means that a veteran must have served within 24 continuous months, or fulfilled his or her obligation for active duty. There are other enhanced eligibility requirements, which determine VA health care eligibility. Enhanced eligibility is similar to fast-tracking approval, and when met will increase a veterans chance of receiving VA health care benefits. Enhanced eligibility includes:

-  Veterans who are former Prisoners of War.
-  Veterans who received the Purple Heart Medal.
-  Veterans who received the Medal of Honor.
-  Veterans who are receiving a VA service-connected disability award of 10 percent or more.
-  Veterans who receive veteran pension.
-  Veterans who served in a Theater of Operations for five years after discharge.
-  Veterans who served in the Republic of Vietnam from January 9, 1962 to May 7, 1975.

-  Veterans who served in the Persian Gulf from August 2, 1990 to November 11, 1998.
-  Veterans who were stationed or resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987.
-  Veterans who are found to be Catastrophically Disabled by the Veterans Association.
-  Veterans who have a household income which is below the VA's National Income.

In order to determine if a veteran is eligible or not for VA health care benefits, he or she can call the toll free hotline at 1-877-222-8387.

## How to Apply for VA Health Care

Understanding the ways in which a VA health care application can be submitted is the first step in knowing how to apply. A veteran can apply for VA health care in four ways: online, in person, by mail or by phone. A veteran may choose the way to submit an application for insurance depending on the method he or she prefers. Applying for VA health care online is often the most popular choice, as veterans can start and finish the application process from the comfort of their computer. Online VA health care applications are readily accessible anywhere, which is why it is the quickest way to apply. In order to apply for VA health care online, an applicant will need to create an account with [vets.gov](https://www.vets.gov) by [clicking here](#). The online application will require you to submit the necessary information through the prompts as accurately as possible. For veterans who already have an account established through the system, once beginning the application, some of the information from the veteran's profile is automatically generated within the application.

Veterans who choose to submit an application online will have 60 days to complete it, and can save it and return to it within that period.

Applying for VA health care insurance in person involves visiting the nearest VA medical center or VA clinic. Veterans are encouraged to bring in the Application for Health Benefits (VA Form 10-10EZ) with them in order to submit it in person. To download a copy of the form, [click here](#). To find the nearest VA medical center or clinic, [click here](#). Applicants will also need a copy of the VA Form 10-10EZ when applying for benefits by mail. Once the application for health benefits is downloaded and printed, the veteran must complete it and sign. The address to send the completed application to is:

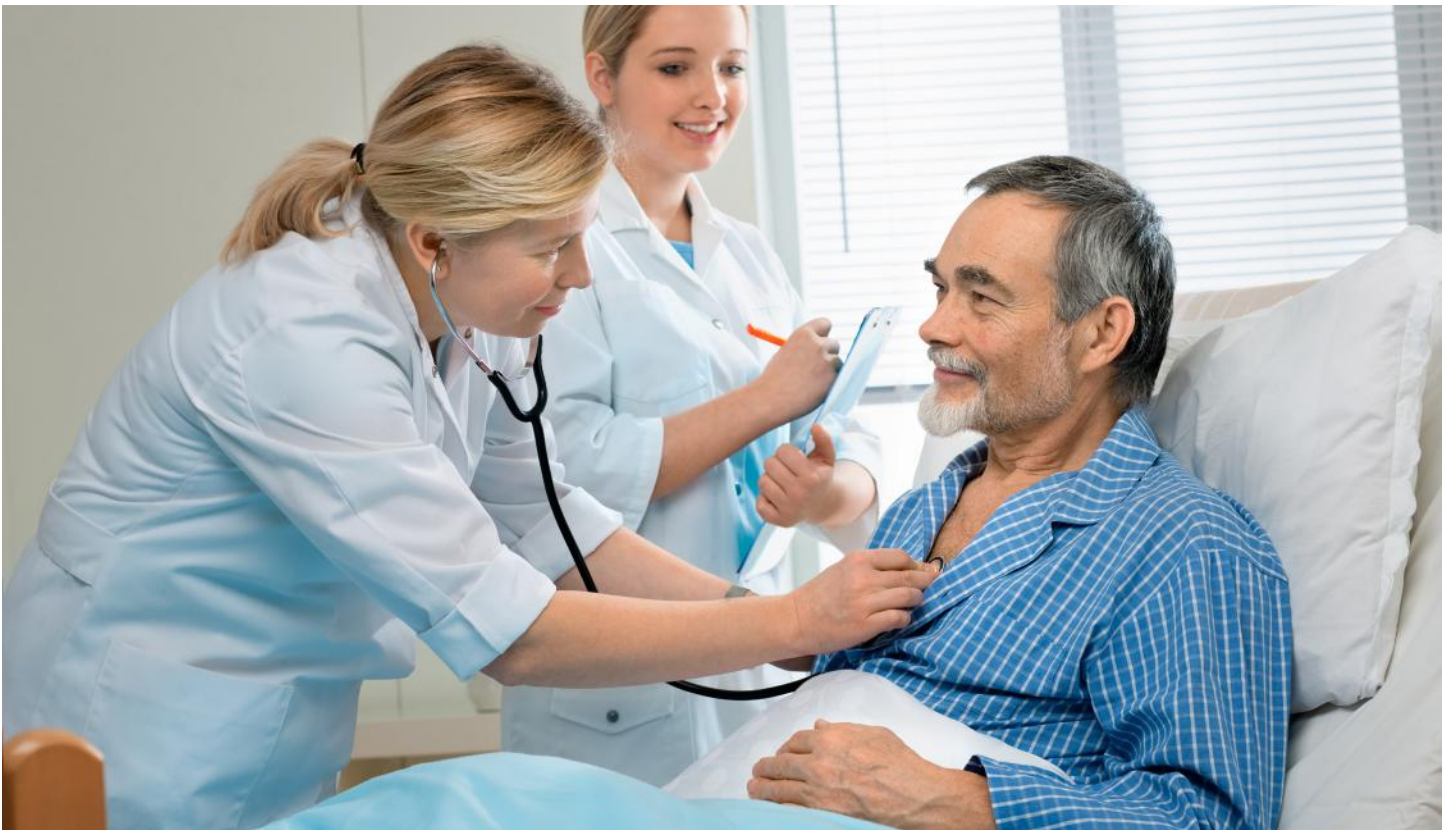


Health Eligibility Center  
2957 Clairmont Rd., Suite 200  
Atlanta, GA 30329

Applying by telephone is the last option, and is recommended for veterans who wish to speak with a representative to help with the application process. It is encouraged that an applicant see what the Application for Health Benefits looks like in advance in order to understand the type of information which will be requested over the phone. Veterans can call 1-877-222-VETS (8387) Monday through Friday, 8:00 a.m. to 8:00 p.m. EST in order to apply by phone.

## Hospice Care






For family members and loved ones who face the issue of hospice care, it can be helpful to understand as much about the program as possible in order to feel more comfortable. Hospice care is end-of-life care and will be provided to eligible recipients who qualify. Beyond understanding what hospice care entails, it is important to understand any associated costs with the














program as well. Choosing the right hospice program can make a tremendous difference for those who are dealing with an extremely difficult time. Hospice care is an unfamiliar topic for many. To find out more information, continue below.

## What is hospice care?

Hospice is appropriate for individuals who are at the end stages of their life. Patients qualify for hospice care when they are expected to live six months or less, due to a terminal illness or degenerative disease. It is only up to a regular doctor or hospice doctor to determine if hospice care is needed. This determination happens after a patient is diagnosed with a disease or illness, which is expected to shorten his or her lifespan as a result. If a patient is receiving treatment for an illness or disease that causes serious side effects, or if a patient refuses treatment, then he or she would become a candidate for hospice care. Hospice care can come in many forms, including, but not limited to:

-  Doctors
-  Nurses
-  Counselors
-  Social workers
-  Volunteers

-  Pharmacists
-  Spirit support advisors
-  Homemaker services
-  Physical therapy services
-  Grief counseling services
-  Occupational therapy services
-  Dietary counseling
-  Short-term inpatient care
-  Short term respite care
-  Speech language pathology services
-  Prescription drugs for pain relief



Caregivers who offer hospice services work to make the hospice patient as comfortable as possible, in order to control the pain during the last stage of life. Hospice does more than provide comfort for patients during the end of life stage. It provides support for family members and loved ones who are managing stress and the difficulty of their loved ones condition.

## When to Consider Hospice Care

Although hospice care is recommended when a patient's life expectancy is six months or less, in many cases, hospice care can be extended past the six months, if a patient needs additional time. Family members are often unaware of when to consider hospice care for their loved one. There are common signs that a terminally ill person and his or her family should consider hospice. When a terminal patient begins to sleep excessively, has significant weight loss, lack of appetite, difficulty breathing or makes multiple visits to the hospital within a short period, it might be time to consider hospice care. If a decision maker tasked with knowing when to consider hospice care is unsure, then he or she can schedule an appointment for a hospice care evaluation with a doctor or hospice service through his or her insurance provider.

## Who should look for hospice care?







It may be difficult for prospective hospice patients to seek hospice services on their own behalf. In many cases, loved ones, who hold power of attorney for the hospice patient, seek out hospice care. This often includes family members, spouses, loved ones or children. Any family member that becomes legally responsible for the hospice patient will be the one to seek out care and be in charge of hospice related scheduling services. In cases where hospice care is determined through insurance, a doctor or the insurance provider may be able to recommend hospice care for the patient in order to schedule an evaluation.

## How to Choose a Hospice Care Program

When faced with the decision to choose a hospice care program, there may be many different factors to consider. Various hospice care costs can play an important role in the decision-making, depending on the patient's insurance provider. For instance, for applicants who have Original Medicare coverage, the overall costs for hospice care are free. Prescription drugs may include a copayment amount, and out-of-pocket expenses may accompany inpatient respite care, but Medicare covers a majority of the costs associated with hospice care.



One of the main components in choosing a hospice care program involves choosing where the hospice care will take place. Hospice care services can be offered at a patient's home, at a designated hospice center, in a hospital or in a registered nurse facility. Choosing where a hospice patient will receive care is the first step to choosing a hospice program. Medicare recipients will have two ways to search hospice agencies within their location: by hospice agency name or by location. To search for Medicare-approved hospice locations nearby, [click here](#). Some important questions to consider when choosing the right hospice program can include:

-  What measures are in place to ensure quality care?
-  If volunteers are offered through hospice services, how are they trained to provide care?
-  Are after-hours hospice services offered in case of emergencies?
-  Does the hospice staff meet with the patient or family members regularly to discuss care?
-  Is the provider certified and licensed by the state, as well as the federal government?
-  How many patients will the assigned hospice care staff have?

Determining how to choose the right hospice provider can seem daunting at first. However, understanding the various benefits offered with each program, as well as meeting with each hospice service ahead of

time, is critical. Insurance providers should be able to offer a list of approved hospice care programs in a patient's area, which is why contacting insurance is a recommended place to start.

## Tips for Saving Money on Prescriptions

While most adults take at least one form of medication on a regular basis, it is not uncommon for a senior citizen to take at least five medications a day. And while most seniors have medical insurance, they can spend quite a bit of money regularly on these drugs. For those seniors without insurance coverage, the cost can be so much that they may be tempted to cut down on their intake, or even go without them. There are ways to mitigate this cost, and still take the necessary quantity that has been prescribed. Here are tips for saving money on prescriptions.

### Buy Generic Drugs

The active ingredients in generic drugs are the same as those in brand name drugs, and the generic option goes for only a fraction of the cost of the brand name product, so it makes economical sense to opt for generics. Ask your doctor to prescribe the generic medication, and you will save money. Only seldom will he or she insist on you purchasing the brand name drug, and oftentimes, this is due to the brand name drug's specific track record with treating a given condition.

### Ask for Free Samples

Pharmaceutical companies provide doctors with samples of their brand name drugs to give to their patients. These companies want the patients to familiarize themselves with their product and become confident in its results, so that they will continue to purchase their drug afterwards. Your doctor may want to give you one to two weeks of free samples to see if

you are able to tolerate the drug before committing to it. Upon request, he or she may give you more when you come back for your follow-up visit. These free samples will help in mitigating your cost significantly.

## Ask for a Larger Dosage

Some medicines that are twice the size are not always twice the price. If the pills you are prescribed come in larger doses, and in tablet forms, then ask your doctor to prescribe a larger dose. This will allow you to cut the pills in half, or even in smaller sections, to save on cost. You may need to purchase a pill cutter, available in your local drugstore, to do so. First, make sure to ask your pharmacist if the pill you were prescribed can be sliced into sections.

## Solicit Samples From Pharmaceutical Companies

Many pharmaceutical companies offer discounts or free samples, especially for people who are in low-income brackets or on a fixed income, as many retirees are. This goes a long way in encouraging these patients to purchase their drug for years to come. Some of these companies will even ask your insurance company to cover the drug on your behalf.

## Inquire About State Subsidy Programs

Many states offer pharmaceutical assistance to help low-income seniors pay for gaps in their insurance coverage and costs not covered by Medicare Part D. These programs are available to seniors and only require a visit to the Medicare website to find out what is available in their state.

## Lose Weight

Many seniors take drugs used to treat chronic conditions such as diabetes and high blood pressure,

which are exacerbated by obesity. An effort to lose weight and get into better physical shape can have a tremendous effect on your well-being as well as your wallet. A slight weight loss of even five to 10 percent will wind up saving you money, as consequently, you will be able to cut back on these medications and perhaps not need them at all down the road.

## Generic Medication Discounts

Seniors can take advantage of a variety of deals on generic drugs. They will find that large retailers like Walmart and Costco sell generic drugs at discounted prices, which may be less than their insurance is asking them to pay. They will also find that GoodRx offers coupons that consumers can bring to participating pharmacies, while pharmacy chain stores like Rite Aid also offer discounted prices to people who sign up for their savings clubs.

## Ask If the Prescription Is Necessary

There are many over-the-counter (OTC) medications that may have the same effect as their prescription counterparts. If you suffer from allergies, as an example, Claritin may work as well on you as the drug you were prescribed. If you suffer from heartburn, Prilosec may relieve your symptoms just as much as the prescribed medicine you were told to buy. Additionally, reports have concluded that nonprescription drugs containing antihistamines such as Benadryl, Nytol and Tylenol PM can be just as useful and effective for dealing with occasional sleeplessness as the more expensive prescription drugs such as Ambien, Rozerem and Lunesta. As such, ask your pharmacist what over-the-counter drug may remedy your medical condition. In any case, be sure to compare costs first to ensure that, by opting for the over-the-counter drug, you are indeed saving money. Health insurance plans do not generally cover over-the-counter medications at all, so this will be a purely out-of-pocket expense.






## Tips for Maintaining Your Vision Health

With age, your ability to see can diminish. Now, the objects that you once saw clearly and could easily distinguish begin to appear blurry or distorted. Changes in vision occur naturally as part of the aging process, but there are proactive steps that you can take to mitigate the situation and reduce the chances of further vision loss in the future. Here are some tips for maintaining your vision health.

### Eating Well

First of all, a well-balanced diet helps you maintain a healthy weight, and this helps tremendously, by lowering your odds at acquiring type 2 diabetes, which is the leading cause of blindness in adults. Secondly, healthy foods translate to good eye health, so you should look for foods with nutrients like omega-3 fatty acids, vitamins C and E, and lutein zinc, which help

to fight off vision problems such as cataracts, which come with age. Some foods that include these healthy components are the following:

-  Oily fish like tuna and salmon
-  Beans, nuts and eggs
-  Citrus fruits or juices
-  Oysters
-  Spinach, kale and other green, leafy vegetables





## Giving up Smoking

Smoking tobacco can have many adverse health effects down the road in your life, including age-related macular degeneration (AMD), a disease that blurs the sharp central vision that is needed for “straight-ahead” activities like driving, reading and sewing. Many studies show, that current and former smokers are more likely to develop AMD than those who have never smoked before. Smokers are also at increased risk for developing cataracts. Seniors who have never smoked, or who quit smoking, consequently, improve their odds at having better eye health.

## Wearing Sunglasses

Sunglasses can help protect your eyes from the sun’s ultraviolet rays, which can damage your eyes over time and increase your chances of cataracts and AMD, the latter of which occurs as a result of retinal damage. There are sunglasses that can block up to 100 percent of ultraviolet rays. For maximum protection, look for sunglasses that have wraparound lenses, which help protect your eyes from the side, as well as polarized lenses, which reduce glare while you drive. Wearing sunglasses, when out in the sun, will help maintain your vision health.

## Using Safety Eyewear

Countless eye injuries occur in the U.S. each year, and seniors are not immune to these injuries. It is important to wear eye protection, in order to prevent such injuries to the eyes, while you are doing home repairs, cleaning, gardening or anything else where there could be harmful chemicals in the air, or flying debris. You should also wear proper eye protection like goggles when playing sports like racquetball, as playing sports can also cause eye injury if you are not careful.

## Detecting Early

Early detection of serious eye conditions improves the chances of success in their treatments. Glaucoma and AMD, can cause serious vision loss and even blindness, if left untreated for years. Detecting these conditions, at an early stage, will provide you with the best vision health possible in your later years.

## Looking Away From the Computer Screen

Managing the time you spend looking at a computer or smartphone is extremely important. Staring at these screens for too long can cause the following issues with your eyes:



Blurry vision



Strain on the eyes



Trouble focusing on other objects



Dry eyes



Eye fatigue

Fortunately, there are approaches you can take to help. For treating eye strain, you should follow the 20-20-20 rule and rest your eyes every 20 minutes by looking 20 feet away for 20 seconds. However, if your eye strain does not subside, see a doctor. He or she can prescribe a solution or recommend computer glasses, which have single vision lenses designed to give the

most comfortable vision experience when looking at a computer screen. The lens makes it easier to keep objects in focus, and provides the largest field of view. As a result of this, single vision computer glasses reduce the risk of eye strain and blurred vision.

On the other hand, if you wear reading glasses or contacts, make sure that their prescriptions are up to date. Additionally, if you are experiencing dry eyes, you should use eye drops to keep your eyes lubricated. Finally, another good tip is to make sure to take a 15-minute break for approximately every 2 hours spent on the computer, as this will help prevent eye fatigue.

## Visiting Your Eye Doctor Regularly

Everyone should get their eyes tested on a regular basis, especially senior citizens. This helps the ophthalmologists (the medical doctors who specialize in eye care and can perform eye surgery), or the optometrists (general eye care providers) in determining the best course of action to make sure your vision is at its best. These tests include checking to see how well your eyes work together, an external and microscopic examination of your eyes, tests before dilation and after dilation, and even optic nerve tests to see if glaucoma, which presents no early symptoms, is present. The earlier diseases like glaucoma are detected, the easier they are to treat.

## How to Ease Joint Pain

One third of adults experience some type of joint pain every month, and this percentage is much higher among the senior population. Joint pain is most likely to occur in areas of the body that are involved in repetitive movements and absorb the brunt of the weight of the body, such as the neck, shoulders, lower back, hips, knees and ankles. And while your joints are designed to deal with all of the stress you place on them, at times, they succumb to the daily wear

and tear, and the resulting joint pain, also known as arthralgia, can be very uncomfortable.

Joint pain, in areas like the hips and knees, can be caused by a number of different factors, such as trauma, wounds, strains, sprains, disease, bursitis, tendonitis, and even osteoporosis. Arthritis can also bring about joint pain. There are, however, many approaches you can take to alleviate and improve these symptoms. Here are some of the most effective ways that seniors can ease joint pain.

### Ice Therapy

Cold temperatures reduce blood flow, and therefore reduce swelling. The moment you experience pain, you should apply an ice pack on the affected area for a period of 15 minutes every hour for the duration of the day. The day following the injury, you should continue to apply ice 15 minutes at a time, but no more than five times throughout the day. This process is necessary for immediate joint pain relief. Make sure to not place the ice directly on the skin, but instead wrap it in a towel or cloth, so as to avoid ice burns.

### Massage

Another excellent way to ease joint pain in your hips and knees is to get a massage. Whether you do it at home or go get one done in a professional environment, a massage offers immediate relief, especially if a topical menthol rub is applied.

### Epsom Salt Bath

A warm bath with Epsom salts is a remedy for any muscle or joint pain. High in magnesium and sulfates, Epsom salts are easily absorbed through the skin, and quickly provide relief and lower inflammation. They also reduce muscle spasms and relax tense areas. Add two cups of salt to warm bathwater, and then soak for at least 20 minutes at a time.

You can also try adding essential oils to your Epsom salt bath, and you can choose the type of oil depending on the cause of your pain. For example, use lavender essential oils for when stress is worsening an existing condition that causes pain, and peppermint oil for when the affected area feels warm and noticeably swollen.

## Stretching and Exercising

While it is prudent to avoid the types of exercises that will further damage your aching joints, it is important to strengthen those areas of the body that are suffering, by stretching and exercising them in a patient, careful manner.

## Medications

Over-the-counter medicines, such as ibuprofen, are effective for joint pain relief. Non-steroidal, anti-inflammatory drugs will also aid in alleviating joint stiffness and swelling. If you are suffering from muscle spasms, prescribed muscle relaxants can help.

## Diet Modifications and Supplements

Inflammation in the body causes weakness, and eventually leads to tissue degeneration. By adapting to an anti-inflammatory diet, you will notice that joint and bone pain, brought about by inflammation and swelling, will start to decline. Omega-3 fatty acids found in foods like cold-water fish and walnuts are effective for helping to reduce inflammation in the body. Additionally, fresh fruits and vegetables contain many antioxidants that slow the effects of aging. Avoid processed foods, as these can cause inflammation in the body.

Proteolytic enzymes, such as bromelain, which is found in the core of pineapple, are an alternative to Aspirin. Studies show that athletes have been able to reduce recovery time by up to 50 percent by taking proteolytic enzyme supplements, which help to naturally reduce inflammation and improve nutrient/protein absorption. Anti-Inflammatory herbs like ginger, turmeric, and

boswellia can also be used to reduce inflammation throughout the body.

Electrolytes, like potassium and sodium, control fluid retention and reduce muscular pain. They can also lessen inflammation, by bringing water and nutrients into your body's cells. Low levels of potassium can cause joint pain and swelling. So when these levels are improved, the body benefits. Foods that are rich in potassium are avocado, spinach, sweet potato, dried apricots and coconut water, and these can all help in easing your joint pain.

The SAME molecule helps build strong joints by delivering sulfur to the cartilage, and has a similar effect to Aspirin or ibuprofen in the relief of pain. There is no natural food source to provide SAME, so a supplement is necessary in this case. The most trusted products in the market are those that are labeled "butanedisulfonate," as this is the supplement in its most stable form.

## Rest

Rest and relaxation is sometimes what the body calls for. This time spent recuperating can help restore your energy, and thus allow the body to heal itself. So if the above options are simply not working effectively, or they are simply not available, do not discount the effectiveness of a day's or night's rest.



## 8 Stretches for Seniors

Seniors looking to gain more independence, mobility and flexibility should introduce a regiment of stretching into their lives. Ultimately, flexibility is about enjoying life, and by increasing range of motion, senior citizens that practice the techniques later mentioned will be less prone to injury while traveling, exercising and playing with their grandchildren. Stretching leads to feeling more comfortable when participating in everyday activities like walking, lifting, bending and even driving a vehicle. There will also be an immediate improvement felt regarding posture, circulation and balance, while at the same time relieving pain and stress on the body.

These stretching exercises, while all very helpful, require a bit of preparation prior to commencement. Thus, it is important to include a five- to 10-minute warm-up session, which should include walking in place and arm circles to get the muscles and joints warm before the stretching begins. A towel, a wall, a chair and a bench or flat surface will be needed to perform the following stretching exercises:

### Neck Stretch

This stretching exercise is an excellent one for the morning to begin the day and should loosen any tension in the neck and the shoulders that may be present as a result of sleeping in the wrong position during the night.

Start by sitting tall in a sturdy chair with feet completely flat on the floor and a fair distance apart. Afterwards, begin leaning your head to one side until a gentle stretch is felt. Once this position is held for as much as 30 seconds, the head should be moved in the opposite direction for the same period of time. This should be repeated five times.

### Shoulder and Upper Back Stretch

This stretching exercise helps loosen the muscles and improve spinal flexibility, which may have been impacted by long amounts of sitting that can make the shoulders and upper back round forward, making it difficult to stand up straight.

Start by standing straight with arms to the side and reaching behind with both hands. Then, pull the shoulders back and clasp your fingers together. When you feel your muscles being stretched, hold this position for a moment. For further effect, a gentle arc backwards will intensify the stretch.

### Triceps Stretch

This stretching exercise can be done either when standing or in a sitting position. The main objective of the exercise is to improve flexibility and mobility in the arms and upper back.

Start by sitting straight in a chair or standing and then lifting your right arm over your head and bending it at the elbow. Next, the opposite arm should be extended upwards to clasp the right elbow and pull it gently in the opposite direction. Hold this position for 30 seconds, and then switch arms.

### Back Stretch

This stretching exercise is great for gaining additional mobility in the spine. It can also help in improving blood flow.

Start by standing straight with your hands on your hips. Gently arc backwards while looking upwards toward the ceiling of your home. Hold this position for no more than three seconds before returning to standing position. Repeat the stretch 10 times.



## Standing Quadriceps Stretch

This stretching exercise is ideal for stretching and lengthening the quadriceps muscle that lies at the front of your thigh. This area can become shortened and very tight from sitting or leaning forward and can lead to pain and compromised posture.

Start by standing straight and holding onto the back of a chair or even a countertop with your left hand. The next step is to bend the right knee and grasp the right foot with the other hand. At this point, you should feel the stretch running through the front of your right thigh. After holding this stretch for a period of 30 seconds, do the same with the opposite leg.

## Ankle Stretch

This stretching exercise helps in strengthening and improving flexibility in the ankles, which can help you avoid falls by giving you better balance.

Start by sitting tall in a chair and extending the right leg out in front while keeping the other on the floor. Once the leg is extended outward, the right ankle should be rotated 10 to 20 times clockwise and then 10 to 20 times counterclockwise. After completion, the left leg should be extended, and the same technique should be done.

## Hip Stretch

Hips that feel tight can make it difficult to perform common activities, such as getting out of a bathtub or a vehicle. This exercise will improve your flexibility, allow you greater range of motion and make it easier to perform these simple tasks.

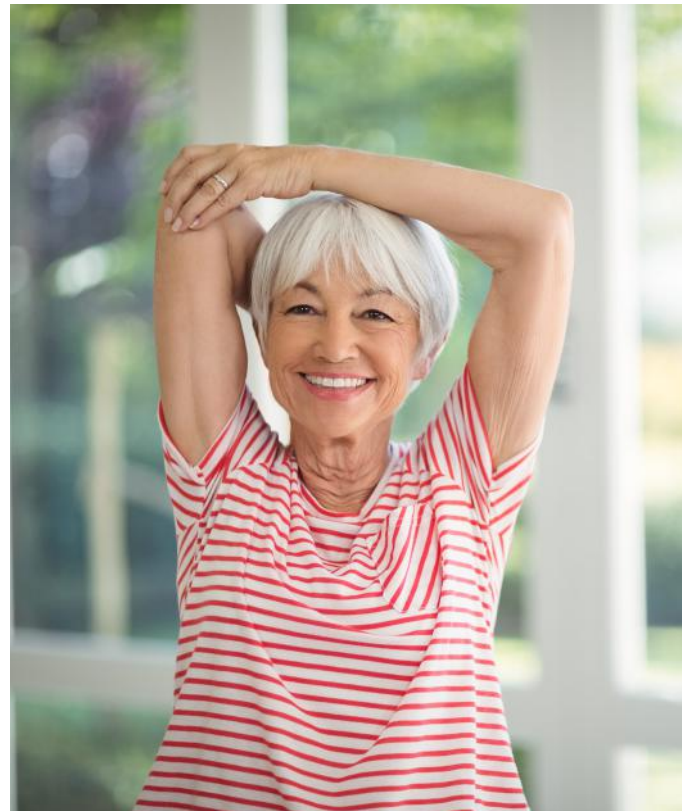
Start by sitting in a chair. Afterwards, cross the right leg over the left leg, causing the right ankle to sit atop

the left knee. You should feel the stretch deep inside the hip. Pressing down on the right leg will intensify the stretch. Hold this position for 30 seconds, and then switch legs to repeat the same stretch.

## Hamstring and Lower Back Stretch

This stretching exercise targets the hamstrings and lower back region, which can become tight and painful as a result of bad posture and sitting for long periods of time.

Start by lying face up on the floor. Bend the right leg and move it towards the chest as far as possible, keeping the shoulders straight while pulling on the knee for maximum effect. The stretch should be held for about 30 seconds, and you will feel its effects throughout the lower back, the hamstring and the gluteal area. After those 30 seconds, switch legs and repeat the stretch.



## Benefits of Orthotics

Health can be considered a form of wealth for senior citizens, as without health, seniors cannot enjoy their retirement as much as they had hoped they would. It is important that seniors identify their medical conditions as early as possible, by seeing a doctor and getting started on the best approaches to better their condition.

The feet are the foundation for the rest of the body, and so when an individual has low arches or high arches, or suffers from plantar fasciitis, neuromas, or any other type of foot problem, the rest of his or her body is compromised. It is not uncommon for pain in the knees, legs, hips or lower back to originate in the feet. In such cases, a podiatrist may prescribe foot orthotics, shoe inserts that are used to correct abnormal walking patterns developed by patients by slightly altering the angles at which the feet strike the surface they are walking or running on. Oftentimes, orthotics can be an affordable and simple option for providing the relief you need. To learn more about the benefits of orthotics, review the sections below.

### Improved Balance

Although the loss of balance among the elderly occurs gradually over time, there are many methods for improving balance performance in the senior population. Foot orthotics improve balance in older people, and help in preventing falls that can lead to other more severe health issues. It is important to note that many seniors become overly dependent on their vision, as proprioception (the ability to sense stimuli arising within the body regarding position, motion and equilibrium) decreases. However, proprioception improves with the usage of orthotics, as they promote symmetrical balance.

### Improved Support

Your foot has 26 bones and over 100 muscles. This very complex part of the human anatomy bears the weight of the entire body. Foot orthotics are very important aids for that reason, as they provide a solid foundation and better support for your feet, and ultimately your core.

### Improved Comfort

Foot orthotics provide a greater level of comfort than do average sneakers or tennis shoes. This is due to the fact that orthotics can be made specifically to accommodate the unique structure of your feet. Additionally, they can be worn at all times and during any activity, allowing you to do your daily routines comfortably.

### Less Pain

Store-bought shoe inserts or custom orthotics add more cushioning and provide better support than do ordinary shoes. With the added support for your arches, your feet are relieved from the typical shock they receive when making contact with ground surfaces. This, thus, helps to reduce overall pain in the feet, knees, hips and even the back.

### Improved Pronation

Pronation is the natural side-to-side movement of the foot as you walk or run, and the part of the gait cycle which helps to provide shock absorption at the foot. Overpronation occurs when your feet roll in more than they should, causing ankle instability, as a lot more stress is placed on the inside of the ankles. Overpronation can lead to injury through poor shock absorption, and is sometimes the result of flat feet or the arches of the feet rolling inward. Wearing orthotics provides needed support for improved pronation, thus allowing you to avoid these foot health issues.

## Corrected Supination

Having very high arches can cause supination, or when the ankles lean outward away from the center of the body. Similar to pronation, this effect adds unwelcomed strain on your knees, hips and lower back, and can throw off balance even more should one foot have a higher arch than the other. Orthotics help to support your feet, so that they may maintain a more stable and correct position.

## Improve Athletic Performance

When your body is well-aligned, you can perform at a higher level when playing your favorite sport. Custom orthotics or even over-the-counter insoles can help lower your risk of injury, while also providing greater

balance, stability and flexibility. Some of the more common injuries active seniors complain about are plantar fasciitis, heel spurs, metatarsalgia and arthritis. Symptoms of all of these conditions can be managed effectively with the use of orthotics.

## Reduce Sensitivity

For people with diabetes, arthritis or simply sensitive feet, there are special insole options available, which have been developed to reduce pressure and foot friction by distributing the forces while walking. These orthotics thus alleviate pressure and protect sensitive areas from excess shock. They can even help seniors who have lost feeling in their feet due to diabetes by providing improved circulation.





## Exercises to Avoid as Seniors

Oftentimes, with age comes the need to slow down physically. Your mental dexterity could be perfectly intact, while your body may be sending different signals. You might sense that your muscles are not as strong as they once were and that health issues are becoming more prevalent. While it is important to remain active and continue to exercise to keep these ailments at bay for as long as possible, there are some exercises that may bring more harm than good to you at this stage of your life. For details on specific exercises to avoid in your senior years, take a look at the sections below.

### Standing Toe Touches

This popular exercise is used to measure flexibility and should be avoided by most seniors. You may see joggers take part in this exercise before they begin their race, and if you look around, inside your neighborhood gym, you will also see many doing standing toe touches before they begin their work out. The problem is that most people do not work their way towards this exercise. They do not ease into the full extension but grab for their toes aggressively, lunging all the way towards the floor before their muscles have had a chance to warm up. This sudden movement can cause sudden injury in a senior citizen, as well as long-term ailments, such as unhealthy curvature of the spine, which leads to neck problems. As people get older, the joints connecting their hips and lower back weaken and become more prone to injury and even fractures.

### Abdominal Crunches

This exercise entails flattening your lower back against the floor and then raising your head and shoulders in order to feel the tugging of your abdominal muscles. Crunches can lead to a curvature of the spine and

potential fractures. You should minimize the bending of your back in this manner. There are safer exercises that you can do to strengthen the same muscles, such as lying leg lifts and planks.

### Behind-the-Neck Lateral Pull-Downs

These challenging exercises involve leaning forward and pulling a bar behind your head. The straining of the head and neck areas should be avoided as you age. Behind-the-neck movements push the neck forward and compress the artery in the neck. This motion can lead to dizziness, oftentimes headaches, and possibly fractures of the neck.

### Climbing Stairs

Many people will bypass the elevator at their workplace to travel those five or six flights of stairs each day in order to stay in shape. This not only helps with your cardiovascular system, but it also works on your joints and strengthens the muscles in your legs. Once you reach an advanced age, however, this may no longer be a safe exercise to do. You lose muscle mass as you grow older, and this affects your kinetics and balance and can lead to falls. The elderly should opt for an elevator as often as possible, as stairs can be treacherous for those of an advanced age.

### Trunk Twists

This exercise requires that you rotate your upper body from side to side in order to work on your torso. The idea is to eliminate your love handles by working that area of your body with a rotating motion repeated over and over again. You may wind up straining your back, however, as a result of extending your range of motion to that degree. Seniors may find it best to attempt to improve their core rotation when they are lying down, instead of when they are seated or in a standing position.



## Running

Many see running as an easy way to improve their health and well-being. They often believe that, if they just get out there and run or jog, they will ultimately wind up in better shape. However, while this may be the case for some, it is not a safe exercise for all. As with any form of exercise, being able to run safely and effectively is something you have to work toward. The truth is that older runners can continue to engage in this exercise because their bodies have become accustomed to its rigors. It is more difficult for those who have never taken up the exercise to start running later in life. For those senior citizens who are heavier and have never run before and want to start now, the constant forceful impact on the legs and feet may cause a great deal of damage that might be irreparable at their stage in life.

## Leg Press

Another exercise for seniors to avoid is the leg press. This is where you attempt to straighten your legs by pushing with your feet against a weighted platform. Your lower back will flatten when your legs are bent and then shift back to its natural arch when you straighten your legs again. This repetitive movement, for an older person, can damage their spinal discs. This can, in turn, lead to a great deal of discomfort during a time when back problems are already common.

## Chest Press

This exercise can cause problems in senior citizens because it involves the squeezing of the chest muscles in a repeated fashion. Seniors should avoid this exercise as sometimes their chests may be too tight for this strenuous activity, and it could cause much more harm than good.



## Exercises to Strengthen Your Core

Your core supports and stabilizes your spine. With a strong core, it becomes easier to do the everyday physical functions like bending and twisting your body. By strengthening the 29 muscles of your core, made up of various abdominal, back, hip and pelvic muscles, you increase your balance and stability, and this, in turn, lowers your risk of falling. Seniors who do not have a strong core are asking other muscles to do more work than they should, and this contributes to injuries and reduces their ability to function. Seniors who regularly do core exercises will have stronger core muscles, and better coordination and balance. Here are some of the best ways you can strengthen your core, and the best part about performing these is that they do not need to be done at the gym, but can be accomplished in your own home. All you need is a mat or carpet and a sturdy chair.

### The Bridge

This exercise requires that, on a mat or carpeted floor, you lie down flat on your back while maintaining your knees in a bent position and keeping your feet flat against the ground. By raising your hips until you create a straight line between your knees and chest, never arching your back, you are tightening your core. You should hold this position for three breaths, and then lower your hips back down. The bridge exercise develops strength in your buttocks, lower back and abdominals and improves balance.

### Seated Side Bends

This exercise requires that you start by sitting in a sturdy chair with your feet flat on the floor. You are then to maintain one hand behind your head, while the other hand reaches towards the ground. You will be tightening the oblique muscles of your core, which run along the side of your body, by making this leaning

motion and attempting to touch the floor with your free hand. You are then to return to your initial position, and simply change the position of your hands and work the other side. This pose also helps to relax the mind and relieves stress and anxiety. This exercise will give your trunk and core more stabilization and spinal support and will safely strengthen your side hip muscles to help with hip arthritis. Another end goal of this exercise is to better enable you to walk, especially as it relates to stepping around objects.

### The Superman

This exercise requires that you lie face down, on your mat or carpeted floor, with your arms outstretched in front of you. By raising your head, right arm and left leg in unison approximately two inches off the floor, you are strengthening your lower back and thus improving your stability. It is important that you keep your belly button drawn in toward your spine during this movement, in order to remove strain from your neck. If the exercise is too difficult to perform at the beginning, then you can compensate by lifting only your arm or your leg one at a time until it becomes easier to do. After completing one side, you should then repeat the same exercise with your opposite side. This exercise should be repeated five times on each side. The Superman exercise strengthens your lower back and promotes stability and coordination, thus allowing you to complete daily household tasks in the future with ease.

### Leg Lifts

This exercise requires that you lie flat on your back, on a mat or carpeted floor, with your legs and feet stretched outward and relaxed. By lifting one leg approximately five inches off the ground, you are contracting your abdominal muscles. This position should be held for approximately three seconds, and then the process should be repeated with the other leg. You should

repeat the entire process five times with each leg. For best effects, exhale during the upward movement phase, and inhale during the downward movement phase. This exercise helps with stability on uneven surfaces, and it will ensure that your feet, *legs*, glutes and abdominals are strengthened.

## The Bird Dog

This exercise requires that you kneel in a quadruped position, your hands and knees on your mat or carpeted floor, with your palms directly under your shoulders and your knees directly under your hips. You should then extend your right arm in front of you while at the same time extending your left leg behind you. The idea is to keep your abdominals braced, your stomach in and your whole body in one straight line from your head to your feet. After holding this position for one breath,

you should repeat the same exercise on your opposite side. This should be repeated 10 times. This exercise can produce many benefits, the most common ones including:

- ✓ Spinal alignment.
- ✓ Help with lower back pain.
- ✓ Shoulder and hip stability.
- ✓ Overall improved mobility.



## Types of Foods Seniors Should Avoid

Older people often have weakened immune systems, making them more vulnerable to foodborne illnesses, sometimes called food poisoning. Common causes of these illnesses include bacteria, viruses, and even, at times, parasites. These illnesses can vary in terms of their degree of seriousness, and their symptoms range from a mere upset stomach to more severe effects, such as fever and dehydration as a result of excessive vomiting and diarrhea. Other seniors have health concerns, like high cholesterol or diabetes, which require that they pay additional close attention to what they eat. While eating a healthy diet is important at any age, senior citizens need to be particularly careful about the choices they make with regards to food. Below are some foods that seniors should avoid eating.

### Unpasteurized Milk

Many people believe that unpasteurized milk is healthier for you, because during the pasteurization process, many of the minerals found in milk are lost. The reality is that unpasteurized milk harbors a greater amount of bacteria than pasteurized milk, making it more dangerous for seniors to drink. Companies that pasteurize milk will also include additional health fortification components to their products, including additional protein as well as vitamin D.

### Some Types of Soft Cheese

Seniors should avoid eating mould-ripened soft cheese. Cheeses such as camembert and brie, as well as the soft blue cheeses like gorgonzola and Roquefort, or any other unpasteurized soft cheeses, can be harmful to older eaters, because they are less acidic and are more moisture filled than the other cheese types, making them more likely to attract food poisoning bacteria like Listeria. Soft cheeses that are cooked are better for seniors to eat because the heat kills these bacteria.

### Raw Fish and Shellfish

Seniors should refrain from eating raw seafood, as though it may be full of vitamins and minerals, it also contains bacteria. Raw seafood is not heated at a temperature high enough to kill all germs. If you enjoy eating seafood, you can opt for cooked options such as grilled salmon or baked tilapia. Cooked fish provides almost as many nutrients as raw seafood, and the risk of food poisoning is much less when the fish is grilled, smoked or baked.

### Diet Soda

The intake of diet sodas over a prolonged period of time has been linked to serious health conditions, ranging from depression to even cancer. These products contain large quantities of artificial sweeteners, dyes and preservatives, as well as caffeine, and should be avoided by seniors.

### Cold meats

You must be careful when eating cold meats such as salami and pepperoni, for they are only cured and fermented, not cooked. Because of this, there is a risk that they may contain toxoplasmosis-causing parasites. You should always check the packaging for instructions to ensure that they are ready for consumption and require no cooking first. If the meats are ready for eating, you can reduce further the parasite risk by freezing them for several days before eating them.

### Ice Cream

One scoop of ice cream contains more cholesterol than 10 large donuts, and those who eat ice cream regularly increase their risk to develop diabetes later on in life. Seniors should avoid this intake and opt for much healthier alternatives such as fruit and yogurts.



## Bean Sprouts

While it is true that sprouts contain a vast assortment of healthy components, including vitamins C, A, K and B6, as well as fiber, protein, iron, manganese, riboflavin, copper, thiamin and niacin, they are not a great option for elderly residents who have weak immune systems or digestive disorders. Sprouts are breeding grounds for bacteria, including salmonella. Seniors should avoid sprouts, and choose to eat vegetables such as carrots and green beans.

## Pâté

Seniors should avoid all types of fresh or chilled pâté, as they can contain *Listeria*. Tinned or preserved pâté are harmless, as they are heated during the canning process.

## Undercooked Meat and Poultry

Undercooked meat, especially poultry and burgers, can contain bacteria such as salmonella and campylobacter, leading to foodborne illness. When barbecuing, as an example, it is important to make sure you cook meat or poultry thoroughly, eliminating any trace of pink or blood. It is also important to wash all kitchen utensils and surfaces utilized when preparing the raw meat, to prevent the spread of harmful bacteria.

## Processed Foods

Processed foods are easy to prepare, and for that reason, many seniors turn to them. They are not healthy, however, for the older population, because they contain high levels of sodium, sugar, fat and preservatives, all of which are equally harmful to seniors. Those who suffer from high blood pressure, diabetes or cardiovascular disease are most at risk when eating these foods.

## Grapefruit

Seniors who are taking certain medications should be careful not to eat grapefruit. This fruit can negatively interact with drugs taken for anxiety, insomnia and high blood pressure and deliver bad side effects. These seniors should read the labels on their medication or even call their doctor before consuming this fruit.

## Multigrain Bread

Seniors need foods that are rich in nutrients, but it is not always easy for them to determine what products to buy. Multigrain bread is oftentimes only white bread that has been made to appear healthier by adding colors and preservatives to make buyers believe it is better for them, when in reality, it only has unnecessary calories and carbohydrates.

## Unpasteurized Juice

Seniors who drink fresh juice believe they are getting all of the essential vitamins and minerals their bodies need. However, they should avoid some commercial juices that are not pasteurized. Fresh-squeezed fruit and vegetable juices may also contain high levels of bacteria, for instance, which could be present inside or outside of the fruit or vegetable. Opting for pasteurized juices will reduce the possibility of acquiring any foodborne illness.



## 6 Signs It's Time to Invest in a Cane or Walker

Aging is a natural process that brings with it many changes and adjustments. Every individual gets to the point where they need a certain amount of help to perform the functions that were easier to accomplish when they were younger. Mobility aids, such as canes and walkers, are helpful in allowing seniors to maintain a certain level of independence in their later years. The cane is generally seen as the initial step in this type of assistance, while the walker, on the other hand, is needed by those requiring a greater level of support, as the patient utilizes both hands to maintain balance. Here are some signs that tell you it's time to invest in a cane or walker.







### Recent Falls

You might have recently fallen and were fortunate to not have suffered any serious injury. You are now concerned about your balance and stability. In such cases, you should visit your doctor for an evaluation. Your doctor may send you to a physiotherapist or other health professional to see what recommendations they may have regarding which mobility aid will provide the best support and stability for you, based on your condition.

Taking such a proactive approach is important. The prevention of a fall is perhaps the most important reason why seniors opt for canes and walkers. Falls can result in bruises, damage to muscles and nerves, and broken bones, especially in the elderly. Older bones tend to be brittle and take a longer time to heal. Hip fractures, as an example, can lead to permanent immobility. Being proactive, by embracing the needed usage of personal mobility devices, like walking sticks, canes and walkers, can help prevent major injury from falls that may ultimately lead to further medical complications.

### Poor Balance

There are seniors that need help with their stability and steadiness. Some may show problems with their gait due to issues like a recent injury or long-term condition, such as arthritis or multiple sclerosis. Other such conditions and causes that could lead to poor balance in seniors include:

-  Pain in one side of the body due to a recent fall.
-  A recent stroke.
-  Low blood pressure.
-  Trouble with the inner ear, causing dizziness.
-  Diabetic neuropathy.
-  Cerebral palsy.

Consequently, seniors with these conditions can greatly benefit from the use of mobility devices.

### Fatigue

You used to be able to work on your yard, or perhaps walk around your neighborhood, without much of an issue. You now get tired easily performing any small task. If you are suffering from such constant fatigue, a cane or walker can help you cope.

Fatigue generally occurs when your supply of oxygen, your metabolism or hormone levels are compromised, and can even occur when your emotional and mental state are affected. Some of the most common causes of fatigue include issues with your circulation, trouble breathing and hormone imbalances, like malnutrition and metabolic issues such as diabetes.

Certain other medical conditions and chronic diseases may also cause fatigue in the elderly. Some of these conditions include anemia, which occurs when you have a critically low red blood cell count, which makes your body have to work harder to acquire the oxygen your cells need. Another condition causing fatigue is hypothyroidism, a thyroid condition which is common with aging, and is characterized by lower thyroid function than normal. Those with hypothyroidism may experience fatigue along with weight gain, chronic constipation and hair loss. Yet another condition causing fatigue in seniors is an inflammatory disorder, such as arthritis and lupus, which brings about joint stiffness and its associated pain and discomfort. Sleep disorders such as sleep apnea can affect sleep patterns and prevent seniors from getting the proper rest they need. These can also cause fatigue, if not properly detected and addressed.

## Aches and Pains

You may be finding that you are suffering pain when getting up from a seating position, and again, when attempting to maintain that standing position for a period of time. If this is the case, you may have arthritis, the musculoskeletal disease that causes pain, inflammation and stiffness in your joints. The two most common types of arthritis in the elderly are osteoarthritis, the wearing and tearing of cartilage in the joints, which causes bones to rub together due to the lack of cushion once provided by healthier

cartilage, and rheumatoid arthritis, which causes both sharp and dull joint pain in the knees, hips and spine, and which is sometimes so painful, it can debilitate. With the aches associated with these conditions, it is important to employ a cane or walking aid for support, in order to relieve the pressure and pain from the feet while walking.

## Disc Degeneration

Spinal disc deterioration happens to many seniors, at least to some extent. It occurs over time due to years of pressure from weight and movement, which cause your disks to become less flexible and to lose water content. This condition can result in further degeneration, called degenerative disc disease, which can lead to disc displacement, which typically results in nerve compression and pain in the neck, lower back, buttocks and legs. To prevent further degeneration, walking or mobility aids can be employed to relieve excess pressure from the back and the feet. Used in conjunction with supportive insoles, they can correct your gait and improve posture as well.

## Bone Spurs

A bone spur is a calcified growth that may occur in the spine, neck, shoulders, hips, knees or feet. It is a sign of aging and general disc degeneration, but it can also come about as a result of a prior sports injury. These spurs will press against nearby nerves, ligaments and tendons, causing pain in the neck and lower back regions. Bone spurs often send signals, such as tingling and numbness, to let you know they are there. One recommended way to manage the pain of bone spurs is to relieve pressure, which can be easily done if you are experiencing bone spurs in your legs or feet, as the use of a mobility aid can transfer the pressure to the device itself.

## Benefits of Having a Medical Alert Device

Medical alert systems are widely utilized by elderly individuals. By providing a level of comfort and trust to both the user and his or her family, it allows for the senior to live a longer life in the comfort of his or her own home. These medical alert devices can possibly be life-saving items for unaccompanied individuals of advanced ages who suffer from advanced medical conditions. These alert systems are necessary tools for those who may be in need of immediate medical assistance on any given day and can help to provide delivery of that type of attention within a short time span. As such, these devices can be just as important to the caring family members of these individuals. To

learn more about the benefits of medical alert systems, review the sections below.

### Private and Affordable

A medical alert system provides the opportunity for aging or medically challenged individuals to maintain a private lifestyle by remaining at home. And given the cost of assisted living facilities, nursing homes and private at-home health care services, which are often used to simply watch over the senior citizen in question, medical alert systems have become a cost-effective alternative for the elderly and their families to consider. Furthermore, these savings do not even begin to compare to the potential costs associated with further injury, which may be a possibility in the event that a senior is unable to obtain help quickly after a fall.





## Easy to Use

Senior citizens may be hesitant to purchase a medical alert device, because they could be afraid it will be too complicated to use. The reality is that these devices are very simple to install and utilize. Most systems have a base unit that is placed in a central, accessible area of the home and plugged into a standard electrical wall outlet. This main unit normally has a convenient help button. Additionally, the user wears his or her own personal help button (normally waterproof, so that it can be used while in the shower) around the wrist or neck. When an emergency occurs, either button can be pushed or activated to alert the medical staff member on duty to call for help. The patient can then talk hands-free to the call center representative to provide additional information about the event he or she is experiencing.

## Additional Features

These devices, besides providing a feeling of safety and security within the confines of your home, also offer additional features that can make both you and your family's life easier. You can set up a daily wake-up call or make it a requirement for you to check in everyday by pressing your communication button. This is known as activity monitoring and is a way to reassure family members that you are safe throughout the day.

## Reliable

Medical alert systems are built better than ever before, and with each passing year, improvements are made to ease the concerns of the seniors who utilize them. They are equipped with backup batteries to provide additional security in case of an emergency in the home. They also offer lifetime warranties to ensure that when they break down, they can easily be replaced. As such, medical alert systems can be put to use for years to come without their owners having to worry about obtaining an alternative option.

## 24-Hour Monitoring

Medical monitoring is available 24 hours a day, 7 days a week through a medical alert system. In case of an emergency, within seconds of activation by way of the push of a button, the user can speak to trained emergency medical staff using a two-way communication device and can inform them of the difficulties he or she is experiencing. These well-trained health care professionals will then respond to each emergency medical situation as needed.

## Peace of Mind

Studies show that a fear of falling hinders some senior citizens from activities, which thus limits their mobility at home. This, in fact, actually brings a decline to their range of motion and balance, making it more likely that they will fall.

Perhaps you are of an advanced age and afraid that, since you live alone, no one might hear you cry out if you were to fall. A medical alert system ensures that you and your loved ones will have more peace of mind in just such cases. By having access to immediate emergency assistance 24 hours a day and 7 days a week, you will feel comfortable within your own home space, and your family members will also feel reassured.

## Remaining Independent

Seniors can continue to remain independent by using a medical alert system. Living in their own homes and not relying on a caregiver for medical assistance can make them feel self-sufficient. Furthermore, these devices can also be seen as a valuable tool to maintain confidence and self esteem. The older years bring many adjustments to life, but with a medical alert device, seniors can feel more confident in their ability to be alone.

## Benefits of Getting a Motorized Wheelchair

Many seniors struggle with mobility in their older age. Seniors with serious mobility issues rely on wheelchairs to get around. Even seniors who are technically able to walk on their own may benefit from wheelchairs, as it can be draining for these seniors to walk for long periods of time. One of the decisions seniors have to make is whether to purchase mechanical wheelchairs or motorized wheelchairs. Motorized wheelchairs, commonly referred to as electric or power wheelchairs, have many advantages over mechanical wheelchairs.

Motorized wheelchairs have become increasingly popular because of technological advances. Modern wheelchairs are much more efficient than earlier models. The technology has become more common, leading to reduced prices for motorized wheelchairs. Many insurance plans, including Medicare, help seniors purchase motorized wheelchairs. There are many different types of motorized wheelchairs available. Overall, there are many advantages of using a motorized wheelchair over a mechanical wheelchair.

### Greater Independence

For many seniors, the greatest benefit of motorized wheelchairs is the independence they provide. Mechanical wheelchairs are much more difficult for seniors to use on their own. The majority of seniors with mechanical wheelchairs require other people to push the wheelchairs. For many seniors, this is incredibly limiting. Motorized wheelchairs require almost no effort to move. However, most motorized wheelchairs are controlled by the hands while there are other models that are controlled by other body parts and some are even mouth-controlled. These additional models are very helpful for seniors who are tetraplegic or have other conditions that limit hand functions.

### Better Maneuverability

Motorized wheelchairs provide greater mobility compared to mechanical wheelchairs. Unlike mechanical wheelchairs, seniors can easily increase and decrease their speed with motorized wheelchair controls. Motorized wheelchairs allow for much greater mobility over mechanical wheelchairs since seniors directly control motorized wheelchairs. Unlike mechanical wheelchairs, even seniors with limited muscle control can perform delicate maneuvers and easily make adjustments to their pace.

Although motorized wheelchairs are larger than mechanical wheelchairs, the additional maneuverability enables seniors to travel to more places with motorized wheelchairs. The superior turning radius allows motorized wheelchairs to fit into smaller spaces that are difficult for mechanical wheelchairs to fit into. There are additional options for center wheel drive and front wheel drives, which further improve maneuverability with motorized wheelchairs.

### Safety

One major advantage of motorized wheelchairs over mechanical wheelchairs is safety. Accidents are much less common with a motorized wheelchair because it can provide superior mobility. Seniors are more securely held in motorized wheelchairs as well. It is easier to further customize a motorized wheelchair compared to the mechanical version, allowing for additional safety features to be added.

Motorized wheelchairs weigh more than mechanical wheelchairs since they include so many extra parts. For some seniors, this may initially seem like a disadvantage. However, the added weight of a motorized wheelchair comes with a few advantages. The center of gravity is lower with electric wheelchairs, which makes them much harder to tip over. Overall, the extra weight also makes motorized wheelchairs sturdier and harder to damage.

## Superior Seating Options

Another benefit of motorized wheelchairs is the customizable seating options. This is very important since seniors will spend long periods sitting in their wheelchairs. Electric wheelchairs not only have customized seat and back cushions available, but there are positioning features as well. These allow seniors to easily tilt and recline, which is very helpful for individuals who struggle to manually reposition themselves independently.

## Travel Distance

Motorized wheelchairs are much better for seniors who want to travel long distances. Manually traveling in a mechanical wheelchair is very tiring. Seniors who run out of strength are effectively stuck until they have an opportunity to recover. Even seniors who are frequently pushed around still have to worry about the strength of the person pushing them. Motorized wheelchairs are powered by batteries so seniors always know exactly how far they can go.

Over the years, motorized wheelchairs have increased overall battery lives, allowing for much more use before wheelchairs must be recharged. The batteries also recharge quicker, eliminating one of the previous disadvantages motorized wheelchairs once possessed.

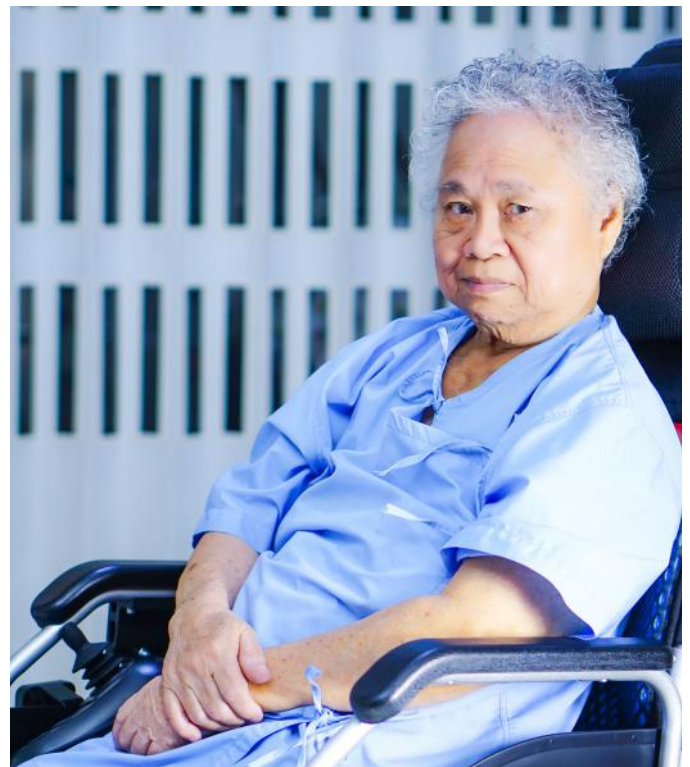
## Travel Across More Terrain

Mechanical wheelchairs are limited to basic terrain. Even traveling up small slopes or hills can be very challenging in a mechanical wheelchair. Motorized wheelchairs have a greater range of customization available. Seniors can change tires and wheel positions to better suit the terrain they are traveling on. Using center or front wheel drives, seniors can travel over difficult terrain. Seniors can also use their motorized wheelchairs over curbs and other obstacles.

## Shopping for Motorized Wheelchairs

Another advantage of motorized wheelchairs includes the extensive varieties available. Since there are so many models, seniors have greater freedom in shopping for motorized wheelchairs. Even seniors on tight budgets should be able to find motorized wheelchair brands they can afford. Some brands even allow seniors to rent motorized wheelchairs. This is useful for seniors who want to try motorized wheelchairs before committing to purchases. Seniors with limited insurance may also benefit more from renting motorized wheelchairs instead of purchasing them.

Renting a motorized wheelchair is also helpful for a senior who is only temporarily disabled. For example, seniors who are recovering from surgery benefit from renting motorized wheelchairs for a short period of time instead of buying them and then having no use for them after they recover.



## How to Diet as a Senior

Senior citizens, like any other demographic in the country, are looking for ways to control their weight. The basic rules of dieting still apply to older residents, but getting older also means their nutritional needs and appetites can change. As such, it is important to learn ways to maintain a healthy weight, and thus manage conditions like diabetes and high blood pressure, as well as become less prone to obesity. For tips on how to diet as a senior, as well as information on the changes that the elderly experience in regards to food needs, review the sections below.

### Common Changes That Will Occur

Given that your body will likely be undergoing various changes as you grow older, it is important to keep these adjustments in mind as you develop your diet plan. By fully understanding what to expect from your body in the coming years, you can get a full perspective regarding the kinds of foods you should and should not be eating, and how much you should eat.

### You Will Need Fewer Calories

You will need fewer calories as you get older to maintain a healthy weight, so eating the same as you did when you were much younger will undoubtedly lead to weight gain. One reason why your calorie intake should be reduced is due to the fact that you will likely have less energy and likely more physical issues, such as muscle and joint pain, and these will lead you to avoid the same amount of physical activity you once enjoyed, thus causing you to burn less calories. Another reason is that you will lose muscle mass as you age, and this will cause your metabolism to slow down, and therefore, less calorie intake will be needed.

### You Will Experience Loss of Appetite

Many senior citizens experience a loss of appetite with age, and most also experience a diminished sense of taste and smell. These changes will lead to a lessened desire to eat. Seniors need to eat a certain amount each day in order to avoid malnutrition and health problems, and therefore, a healthy dosage of calories and nutrients are important.

### You May Have a Medical Condition

You may become more susceptible to health problems as you get older, such as high blood pressure, high cholesterol, diabetes and osteoporosis. Your doctor may recommend some changes in your diet in order to best prevent or treat these conditions, such as food with higher amounts of nutrients and less processed sugars and trans fats. Your doctor may also advise you to eat less sodium. You may also develop sensitivity, as you have gotten older, to foods such as onions, dairy and spicy foods, and your doctor may ask you to avoid these foods as well.

### You May Have to Take Medications

You may be taking medications to help you manage a certain chronic health condition, and these medications may very well affect your appetite. You should check with your doctor or pharmacist to find out what changes you should be making to your diet while on these drugs, as not making certain adjustments can lead to additional health problems or the medications not having their intended effect.

### Your Immune System May Become Weaker

Because the immune system weakens with age, the risk of food-borne illnesses, also known as food poisoning, increases in senior citizens. Your doctor may recommend that you avoid certain foods in such cases, such as homemade mayonnaise or Caesar salad dressing.



## Tips for Creating a Diet

Above, you have been given examples of some of the more significant changes that seniors may deal with while attempting to diet. Taking these changes into account, here are some tips to help you create your diet, which should focus on certain foods.

### Eat Foods Rich in Nutrients

As you age, your nutrient needs may increase, while your caloric needs will decrease. By eating foods that are rich in nutrients, you will absorb all of the necessary vitamins, carbohydrates, protein, minerals and fat. You should get most of your calories from the following nutrient-rich foods:

✓ Fruits and vegetables

✓ Beans

✓ Nuts and seeds

✓ Low-fat dairy foods

✓ Whole grains

### Eat Plenty of Fiber

Fiber is essential for a healthy digestive system and helps to prevent problems like constipation. Soluble fiber is especially helpful in maintaining a healthy cholesterol level. You should eat the following foods to make sure you are getting the right amount of fiber:

✓ Fruits and vegetables

✓ Oats and oat bran

✓ Beans

✓ Nuts and seeds

### Get the Right Convenience Foods

Convenience foods are complete meals that have been prepared by the manufacturer and only require the consumer to do very little cooking. Seniors should look for options that are easy to prepare but also nutritious, like the following:

✓ Frozen unsweetened fruit or low-sugar canned fruit

✓ Instant oatmeal

✓ Precooked grilled turkey

✓ Low-sodium canned soups

✓ Frozen or low-sodium canned vegetables

### Ask About Vitamin Supplements

Some nutrients may not be easily added to your diet, especially if you have a health condition and have to avoid certain foods. With your doctor's consent, you may take a vitamin or mineral supplement that will give you the nutrients you need. These specific vitamins, such as vitamins D and B-12, are oftentimes not consumed enough by older Americans, and supplements can prove effective in such cases.

### Drink Plenty of Water

Seniors should make it a habit to drink plenty of water and to drink water as regularly as possible. The average senior should drink approximately 64 ounces

of water per day. Elderly citizens may substitute part of that amount by eating foods that are naturally rich in water, such as fruits, tomatoes or cucumbers, if they would prefer some variety, however.

### Eat More Meals and Snacks

Seniors should eat lots of small meals and snacks and not go more than three hours without eating. Given the fact that their metabolism has slowed down considerably, they will make it even slower by not eating for a period of time. By eating routinely throughout the day, it helps the metabolism speed up, and this can help prevent weight gain.



## How to Protect Yourself Against STDs

When the phrase “Sexually Transmitted Disease” (STD) is mentioned, most people picture a certain demographic and seldom consider seniors. However, according to the Center for Disease Control (CDC) the prevalence of STDs has risen among seniors since 2007. Syphilis and chlamydia are among the most prevalent of the STDs, at an increase of 52 percent and 32 percent, respectively. These numbers hold true for the U.S., but the UK also reports their seniors are also experiencing similar increases. While Medicare offers free STD screenings, less than six percent of seniors actually take advantage of them. The CDC reports many seniors do not practice or use protection of any kind because they are beyond childbearing age. Unfortunately, STDs do not discriminate against age and many seniors are passing along these diseases unabated. The increase in senior sexually transmitted diseases may also be due to the sheer fact that people are living longer than they used to. The interest in remaining intimate with other people is also lasting longer throughout lifetimes than in previous generations. With the prevalence of STDs in the senior community, it is important to take the time to learn how to prevent and stay protected from contracting or passing along sexually transmitted diseases.



## Education Is Key

Thankfully, the Internet makes it very easy to maintain your privacy while learning about sexually transmitted diseases. Due to social mores in the past, frank discussions about sex were not always forthcoming. You may need to spend some time learning what your children and grandchildren likely already know about safe sex. Sexual education is a part of the normal curriculum for modern students, but for baby boomers, this was not a reality. Chances are good that any sort of safe sex discussion came to men through military service and to women from their mothers, if at all.

Some STDs can be transmitted by means other than having traditional sex. Several STDs can be transmitted simply by eating after someone or kissing them. Others can be transmitted from a simple touch or hug. Sexually transmitted diseases are preventable, but millions of cases are diagnosed every year and a large portion of new cases are seniors.

Once you have an STD, it is incurable. There are ways to limit the symptoms, but it does not mean you are cured. Even if you are symptom-free, you can still infect someone and spread the STD.

## Abstinence Works

One way to protect yourself from a sexually transmitted disease is to simply not have sex. However, for most seniors, this is not plausible or desirable. Having an open and honest discussion with someone you are interested in and with whom you feel you may have sexual relations with is critically important. If neither of you have had a blood test for STDs, you should make a point of getting tested. Otherwise, you may be playing with fire if neither of you utilize sufficient protection. The only way to know if someone is free of a STD is if they have been medically cleared by a professional.

## Use a Condom

Condoms can work well at preventing the spread of an STD. However, condoms should be used correctly, fit well and not have any holes in them. When a condom is first put on, the tip end should form a bubble. If it does not, there may be a hole in it and it is not usable. Secondly, the condom should be the right size. A condom that does not cover all of the penis or is too loose will not serve the intended purpose.

## Limit Sexual Partners

Another useful way to prevent an STD is by having limited partners who you know to be disease free. It is still better to be in a monogamous relationship where you have both agreed to have sexual relations with only each other. Getting tested, then entering into a monogamous relationship can prevent the spread of STDs.

## Vaccinations

Some STDs can be vaccinated against, such as hepatitis B. This vaccination is provided in three doses and should be completed before engaging in sex. The HPV vaccination is most often given to those under the age of 26 but seniors should discuss this vaccine with their doctors for potential recommendations.

## Avoid Mixing Alcohol and Drugs With Sex

Using any mind-altering substances, even those that are legally prescribed, can lower your inhibitions. When this happens, you may find yourself engaging in an activity you would normally avoid. Trying to have an honest discussion with a sexual partner after you have already engaged in sexual activity may prove to be troubling, especially if the other partner does not want to discuss it. Unfortunately, once this occurs you will have to wait at least one week to several months before you can get tested for a sexually transmitted disease, leaving you with that time to worry about the consequences.



## Plan Ahead

If you are involved with someone and you believe you may want to become intimate with him or her at some point, you must prepare ahead of time. Purchasing and carrying condoms is a smart plan. Additionally, think through various situations when you would not engage in sexual activity, then stick to your guns. Do not allow yourself to be placed in a situation where you might be caught without protection or would feel uncomfortable asking your partner to practice safe sex.



## The Cycle of Forgetfulness: What's Normal and What's Not

All ages of people can experience memory loss or memory distortion from time to time. They may misplace their keys, not recall the name of an acquaintance, or forget a telephone number. Memory lapses can be frustrating, but younger people do not dwell on the momentary loss of memory, while senior citizens begin to worry about the reasons behind such an event.

Forgetfulness is a common complaint among the elderly. They may find themselves offering directions to their home and then forgetting the name of their street, or they may find themselves standing in their kitchen and forgetting what they went there for. As people grow older, they begin to experience changes that can cause temporary hiccups in their brain function. Age-related memory changes are not disabling. The memory lapses have little to no impact on the senior's ability to do whatever they want to do. Dementia, on the other hand, disables intellectual abilities such as memory, language judgment and even abstract

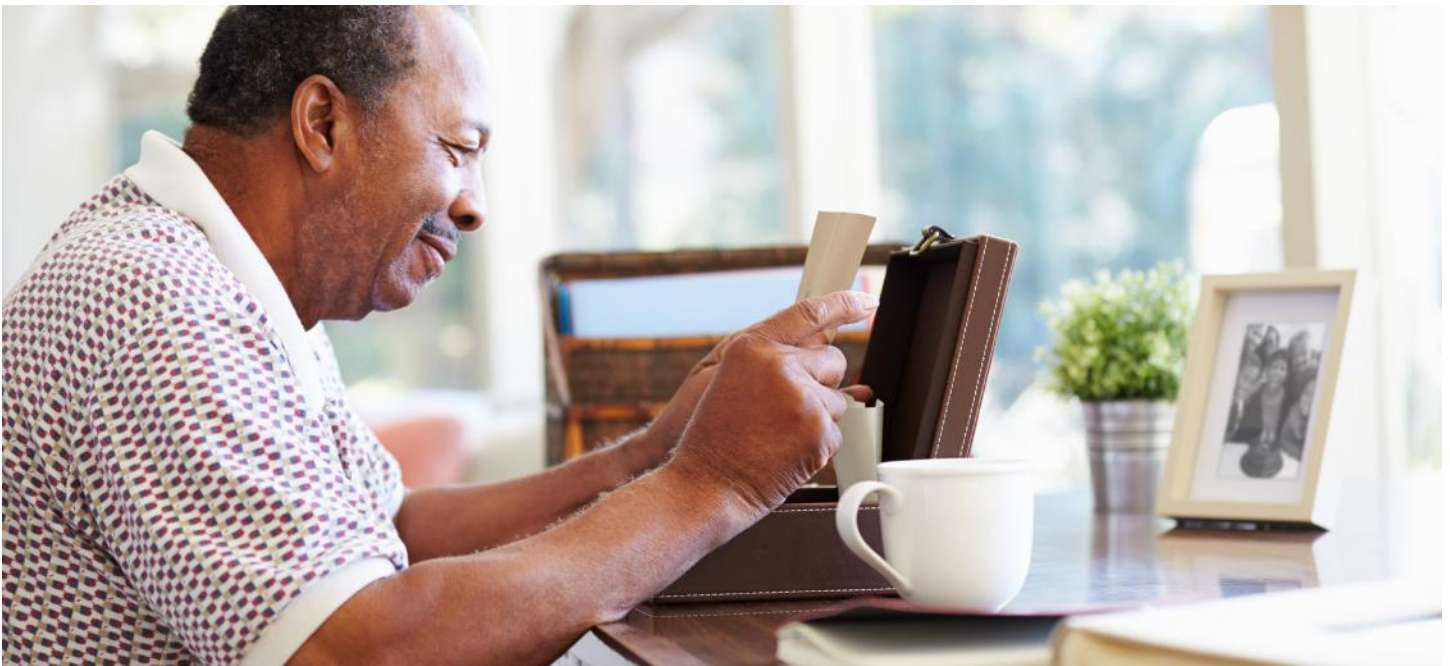
thinking. Seniors who experience the type of memory loss that can disrupt their work, social activities and family relationships may be experiencing the early stages of Alzheimer's disease, or some other disorder that causes dementia. For more information on what is normal and what is not normal regarding age-related memory loss, review the sections below.

### Seven Basic Normal Memory Problems

First, there are seven basic normal memory problems that need to be understood before answering the question about the cycle of forgetfulness. These memory problems include the following.

#### Transience

This problem is your tendency to forget facts, or events, over the course of time of memories that are not so meaningful, while the memories you call on often are less likely to be forgotten. Scientists believe transience to be beneficial because it clears the brain of unused memories, making room for those that will be used more often.



## Absentmindedness

This problem happens when you do not pay close attention. You forget where you just placed your pencil, because you did not focus on where you put it. You were probably thinking of something else when you did it, so your brain did not store the information. Absentmindedness also involves forgetting to do something at a particular time, like keeping an appointment.

## Blocking

This problem happens when you are attempting to answer a question, and the answer is at the tip of your tongue, but you just cannot get it out, and something else pops into your brain. Blocking is what happens when you retrieve the wrong memory instead of the one you are looking for. The other memory keeps interfering and does not allow for the correct one to surface. Many scientists believe that memory blocks become more common with age, and contribute to the trouble older people have remembering other people's names.

## Misattribution

This problem occurs when you remember something accurately in part but misattribute some detail, like the time, place or person that is involved. This occurs with age, because you absorb fewer details when acquiring new information, due to the fact you have more trouble concentrating. Also, as you grow older, your memories get older too, and old memories tend to be more prone to misattribution.

## Suggestibility

This problem happens when your memory becomes vulnerable to the power of suggestion, and the information that you learn from other sources about an occurrence becomes incorporated into your memory after the incident occurs. Even though you did not experience these details, the suggestion fools your mind into thinking the memory is real.

## Bias

This problem happens because even the sharpest memory is not flawless, and sometimes your perceptions are filtered by your personal biases, such as your beliefs, experiences, prior knowledge and your mood at the time. Because of this, when you retrieve a memory, your mood and other biases can influence what information you actually recall.

## Persistence

This problem happens when people are tormented by memories they may want to forget but cannot, such as traumatic events or lifelong fears. Some of these persistent memories may vividly reflect horrifying events, while others may be negative distortions of reality.

## Forgetfulness: What's Normal

There are various normal age-related memory changes that occur in seniors. Here are some normal memory changes that you may be experiencing:



You are able to function independently and pursue normal activities, despite occasional memory lapses.



You are able to recall and describe incidents of forgetfulness after they have occurred.



You may have difficulty remembering directions, but you do not get lost in familiar places.



You may occasionally have difficulty finding the right word, but have no trouble holding a conversation.



Similarly, there are certain normal signs of forgetfulness that you may be experiencing, such as:

- ✓ You occasionally forget where you left things you use regularly, such as your glasses or keys.
- ✓ You forget names of acquaintances, or you may relate one memory with another one, such as calling a grandson by your son's name.
- ✓ You occasionally forget an appointment or may walk into a room and forget why you are there.
- ✓ You become easily distracted and may forget what you are saying or have trouble remembering what you just read.
- ✓ You are not able to retrieve information you had at your fingertips moments ago.
- ✓ You may have a level of difficulty following the flow of a conversation.

## Forgetfulness: What's Not Normal

While the above are typical changes that may occur in your memory and forgetfulness patterns, there are certain signs and symptoms that point to dementia. These are as follows:

- ✓ You have difficulty performing simple tasks you have done many times like paying bills, washing up and dressing appropriately.
- ✓ You are unable to recall or describe specific instances where you experienced memory loss.
- ✓ You get lost or disoriented even in familiar places.
- ✓ You frequently forget words or mispronounce them, and repeat phrases and stories in the same conversation.
- ✓ You have trouble making choices or behave inappropriately in social gatherings.





## 9 Dangers of Opioid Dependence

Among the medications prescribed for pain relief, some of the most common are opioids. Opioids are found in drugs like morphine, hydrocodone, oxycodone and fentanyl. Since the 1990s, the prescription of opioids has radically increased across the nation and in 2016, more than half a million Medicare Part D patients were receiving prescriptions of opioids that were far higher than the recommended dosages. During the same time period, the hospitalization rate for senior citizen opioid misuse had quintupled. While much of the public response to the national opioid epidemic has been related to young people abusing heroine, the problem also significantly affects older adults who are prescribed opioid pain killers more than any other population group. The medical myth that elderly people are less likely to become addicted is false and symptoms of drug misuse are often mistaken for other conditions of old age or diseases like dementia. There are many risks to opioid dependence and they are often even more dangerous for senior citizens.



## Hyperalgesia

One dangerous side effect of opioid dependence is a decreased tolerance for pain. This is known as hyperalgesia and occurs because opioids block pain signals between the body and the brain. With this side effect, neurons become more sensitive and responsive to pain signals when opioid levels reduce and the signals are unblocked. This condition is particularly risky because patients treated with opioids after surgery may develop lower pain tolerances. The tolerance is sometimes misdiagnosed not as hyperalgesia, but rather as other post-surgery complications that are causing higher levels of pain.

## Impaired Recovery After Surgery

A related side effect to decreased pain tolerance is impaired recovery after surgery. Post-surgical prescription is one of the most common circumstances that allows senior citizens access to opioids. It is often thought opioid pain relief allows patients to recover and resume their daily life activities faster. In reality, the opposite is true. Most patients who are prescribed these types of medications after procedures like knee replacement and back surgery are significantly more likely to experience prolonged injury or disability.

## Gastrointestinal Dysfunction

An additional side effect of opioid use is reduced peristalsis, which is the muscular process of moving food from your stomach through your intestines. With this action impaired, many opioid users experience chronic constipation. Around 25 percent of opioid users have side effects of nausea and vomiting, and a lesser number may also experience internal gastrointestinal bleeding.

## Cognitive Impairment

It is well-known that opioids slow cognitive capacities, leading to such effects as lethargy, drowsiness, and in severe cases, death. Besides this, the actual physical structure of the brain changes while using opioids. Critical neural regions are significantly altered in size, an effect that persists even after stopping opioid use. Such changes can begin to take place in as little as 24 hours after the first introduction to morphine.

## Respiratory Depression

Opioids also have a chemical property that blocks the feedback loop between the lungs, blood and brain. Under normal conditions, this system alerts the brain when levels of carbon dioxide in the blood get too high, so the brain can signal the lungs to keep breathing. With opioids, the brain never receives the message that CO<sub>2</sub> levels are high and breathing may therefore slow or stop, putting the body at risk for suffocation or death. These effects are particularly dangerous for seniors with lung disease or sleep apnea, both of which require clear CO<sub>2</sub> signals to maintain normal respiration.

## Hypogonadism

Opioid dependence among seniors can have many effects on the endocrine system, one of which is reduced production of gonadotropin, the hormone that produces estrogen and testosterone. Low gonadotropin levels lead to conditions such as low libido and infertility. It can also cause anxiety, depression, fatigue, loss of muscle mass, osteoporosis and compression fractures.

## Addiction

Severe opioid dependence can lead to addiction. However, addiction is a clinical and complex disease that is also conditioned by factors such as genetic disposition, mental health status and social stress. It is

characterized by constant cravings, severe reduction of behavioral control and an inability to abstain from the addictive substance. Other symptoms include unnatural emotional responses, such as anger or confusion. Opioid addiction requires effective and repeated treatment.

## Withdrawal

If opioid dependence or addiction is treated with decreased or discontinued use, the result can be a period of withdrawal. Withdrawal symptoms are sometimes more unpleasant than the opioid side effects themselves and can include anxiety, muscle pain, chills and nausea. It is important that detox treatment is administered effectively, balancing pharmaceutical treatment with lifestyle changes.

## Death

All of these dangerous opioid dependence side effects significantly impair the lives of senior citizens. Opioids cause more overdose deaths per year than any other medication. In addition, they also contribute to deaths that may be recorded under other causes. This includes HIV and hepatitis C, which show increased risk with intravenous opioid abuse. Other accidents, such as car crashes, may also be the result of opioid addiction.

## Opioids Versus NSAIDs

The American Geriatric Society previously supported the use of opioids instead of NSAIDs. This policy is no longer in use due to recent research. Studies have shown patients taking opioids are 68 percent more likely to be hospitalized for drug misuse when compared to patients using NSAIDs. They are also at greater risk of experiencing cardiovascular events and 64 percent more likely to fall while taking the drug. Specifically, the risk of hip fractures is three to four times higher in patients using opioids than those using NSAIDs.



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