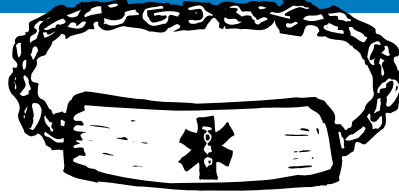


## \$1,800 Co-pay Sends Diabetic Searching For Better Options



Leslie's biggest problem isn't the fact that she's 70, or that she's trying to live on just Social Security and a small pension. Leslie is a type II insulin dependent diabetic, left with no savings after a battle with cancer drained her accounts due to the high cost of her medications. Now the cost of the insulin that she needs every day to control her diabetes is threatening to leave her homeless.

Leslie's first 90-day supply of the insulin drug Lantus in 2018 was covered by her Part D plan and her co-pay was \$70.00. But when it came time to order her next 90-day supply, Leslie learned that her first order had pushed her into the Medicare Part D doughnut hole coverage gap. Leslie was told the co-pay for just one 90 day supply at this stage would be \$1,800. Leslie let the order go unfilled.

Leslie turned to her doctor, who gave her a few free samples of Lantus to keep her going. In the meantime, she tried ordering 4 vials of her insulin from a pharmacy in Canada, where the Lantus sells for much less. Even

*continued on page 6*

## SOCIAL SECURITY BENEFITS LOSE 34% OF BUYING POWER SINCE 2000

### 2019 COLA Could Top 3.3%

Social Security benefits have lost 34 percent of buying power since 2000, according to the 2018 Social Security Loss of Buying Power Study recently released by The Senior Citizens League. This is the biggest loss of buying power recorded since 2012, and that was the biggest

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## Can Medicare Save Money by Providing Better Dental Care?

*By Mary Johnson, editor*

If you have an inflammatory disease like a chronic pulmonary condition, cardiovascular disease, diabetes, inflammatory bowel disease (IBS), or even sleep apnea, I have one piece of advice: Go see your dentist. A growing volume of medical research has found a "strong relationship" between bacterial infections in our mouth and the rest of our body. I recently learned this is no fluke.

Last year, symptoms from my chronic cough, IBS, and sleep apnea flared up all at the same time. I dragged in and out of doctors' offices through most of the first 9 months of 2017. My doctors couldn't seem to figure it out, going as far as blaming it on "Post Election Stress Syndrome." That was not the cause of my health issues. After a routine dental visit, I was diagnosed with yet another inflammatory condition—periodontal disease.

Dental care is not covered by Medicare. While Medicare and a Medigap supplement covered 100% of my out-of-pocket costs for doctor visits, and my Part D plan covered asthma medications and several

*continued on page 7*

### Drug Prices: How Other Government Programs Negotiate

Why are drug prices so high here in the United States? A recent article by Sarah Kliff of Vox.com uses the following example of Humira, an injectable medication used to treat conditions like arthritis, to illustrate how prices in the U.S. compare with other countries. In the United Kingdom, a Humira prescription will cost, on average, \$1,362. In Switzerland, the drug runs around \$822. But here in the U.S., your Humira prescription will run about \$2,669.

Unlike all other industrialized nations, the U.S. doesn't regulate or negotiate prices of prescription drugs for its citizens or for Medicare beneficiaries. This is true even when the medication is one that consumers can't live without. Medicare patients and other U.S. consumers consequently pay the highest drug prices in the world. Yet dozens of other nations have made the decision to negotiate drug prices to ensure medical treatment remains within reach for all citizens, regardless of income. Why aren't we doing the same?

In fact, several federal programs, including Medicare Part B (doctors and outpatient services), already use a number of negotiation tools for reducing drug prices. Here's how it works:

**Medicaid**—The federal and state healthcare program for people with low incomes, Medicaid negotiations differ by state, but require discounts from drug manufacturers. The rebates lower

the prices paid by Medicaid programs to whichever is lower—23.1% less than the average price paid by other buyers—or the lowest price at which the drug is sold to other buyers. In addition, Medicaid programs get an additional rebate *if the drug price rises faster than inflation*. (In recent years, some drug prices made huge jumps of several hundred percent in a single week.)

**VA and Department of Defense** require discounts from drug manufacturers of 24% off the drugs' average price, or the lowest price paid by nonfederal buyers, as well as additional discounts if the drug's price goes up faster than inflation. Both programs use a formulary to strengthen bargaining power.



Arthur "Coop" Cooper, Chairman, TSCL

**Medicare Part B** regulates drugs administered in doctor's offices and hospitals, like chemo, and anesthesia drugs. The co-pay that patients pay is 20%, but some or all of that may be covered if the patient has a Medigap supplement or is enrolled in a Medicare Advantage plan.

We urge all of you who are sick of high drug costs to say so with your vote this November. ■

Sources: The True Story of America's Sky-High Prescription Drug Prices, Sarah Kliff, Vox.com, May 10, 2018. "Drug Price Control: How Some Government Programs Do It," David Blumenthal, MD, The Commonwealth Fund, May 10, 2016.



### Do You Know Where the Candidates Stand?

## ASK!

Attend a townhall in your area.

### Questions to Ask at Your Next Town Hall Meeting

By Jessie Gibbons, Legislative Director

The U.S. House recently adjourned for a month-long recess, and many lawmakers are hosting town hall meetings in their home states and districts ahead of the November elections. The Senior Citizens League (TSCL) encourages Social Security and Medicare beneficiaries like you to attend these events and to ask important questions of your elected officials about your earned benefits.

To best be prepared for your next town hall meeting, jot down some questions for which you would like answers. Below are seven examples—feel free to take them with you and share them with others at your next town hall.

1. Earlier this year, House lawmakers voted on a balanced budget amendment to the Constitution that would have prohibited the borrowing of money to pay Social Security and Medicare obligations. *Did you vote in favor of this drastic measure, and if so, why?*
2. Social Security beneficiaries received a 2% Cost-of-Living Adjustment (COLA) this year, but most have seen their benefit increases completely offset by higher Medicare Part B premiums. *Do you support legislation that would give older*

*Americans a more fair and adequate Social Security COLA?*

3. Most Americans contribute 6.2 percent of every paycheck to Social Security, but due to the payroll tax wage cap, people earning more than \$128,400 contribute nothing after they reach that amount. Eliminating the payroll tax cap would extend the solvency of the program and make it fairer responsibly, without cutting benefits. *Do you agree?*
4. Roughly 56 percent of older taxpaying households paid income taxes on a portion of their Social Security benefits this year, even though many of them only made twice the federal poverty level in income. *Do you believe this is fair, and if not, why was this issue not addressed in the tax reform bill?*
5. In April, lawmakers on the Republican Study Committee proposed a budget blueprint that would have reformed the Medicare program and cut Social Security benefits by adopting the “chained” CPI, eliminating the COLA for some seniors, and raising the eligibility age. *Did you support this budget blueprint, and if so, why?*



Jessie Gibbons, Legislative Director

6. The federal government negotiates prescription drug prices for Medicaid and for veterans, but it is barred from negotiating lower prices for Medicare beneficiaries. As a result, senior citizens enrolled in Part D often pay much higher prices for their prescriptions than veterans. *What would you do to correct this unfair policy?*
7. Medicare is currently prohibited from covering most hearing, vision, and dental services, even though millions of seniors are afflicted with age-related hearing loss, vision problems, and poor oral health. When left untreated, these conditions often result in serious injuries and complications. *What do you feel should be done about this?*

For information about town hall meetings near you in the months leading up to the November mid-term elections, call the local offices of your elected officials. For contact information, visit our website at [www.SeniorsLeague.org](http://www.SeniorsLeague.org). ■

**The Social Security & Medicare Advisor** ©2018 is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 500 Montgomery Street, Suite 400, Alexandria, VA 22314. TSCL website: [www.SeniorsLeague.org](http://www.SeniorsLeague.org). Editor: Mary Johnson.

## CONGRESSIONAL CORNER

# Steps to Improve Medicare Coverage and Affordability for Every Older American

By U.S. Senator Tim Kaine (VA)



Senator Tim Kaine (VA)

It's clear we need to take action to protect Medicare for future generations and safeguard it against those who want to turn it into a coupon-style voucher system. For over half a century, Medicare has guaranteed older Americans' access to health care, and seniors don't want to see something so essential endangered or gutted. But here's some good news: There are steps we can take to put Medicare on sure financial footing and build upon it to improve insurance coverage and affordability for older Americans not yet on Medicare.

Forty-one million Americans participate in Part D. Medicare should be able to negotiate drug prices on their behalf just as the VA and private insurers do. Doing so would have the potential to lower drug costs for Part D participants and save Medicare money. For these reasons, I've introduced multiple bills to end Medicare's ban on price negotiation, and have urged President Trump not to renege on his campaign pledges supporting this.

One of my bills would also increase insurance options for older Americans who are not yet age 65. While the Affordable Care Act has greatly expanded insurance coverage, and limited insurers' ability to charge older Americans higher premiums, we can do a lot more to increase options and affordability. My Medicare-X Choice Act would

expand on the Medicare framework to create a new public insurance plan for people of all ages.

The 5 or so million Americans aged 50 to 64 who currently buy insurance on the individual and small business exchanges could compare a Medicare-X plan to those offered by private insurance plans and choose which works best for them. Guaranteeing Medicare-X in every ZIP code would ensure there's always an option for Americans not yet on Medicare. And, because participants' premiums would cover the full cost of the plan, it wouldn't raise taxes, add to the deficit, or take resources from the Medicare trust fund. Medicare-X would allow price negotiation under Part D, but would not touch the benefits offered through traditional Medicare or Medicare Advantage.

The high cost of health care is one of the biggest threats to Medicare and older Americans' health in general. I stand ready to take action on drug price negotiation and Medicare-X and to debate whatever ideas Democrats, Republicans, and independents have to bring down the cost of health care today and protect Medicare's viability for generations to come. ■

*Tim Kaine is a United States Senator from Virginia. In the Senate, he is a member of the Health, Education, Labor, and Pensions Committee. He is one of 30 people in U.S. history to have served as a Mayor, Governor, and United States Senator.*

*The opinions expressed in "Congressional Corner" reflect the views of the writer and are not necessarily those of TSCL.*

## Your Opinion Counts!

We can strengthen Social Security, Medicare and Medicaid programs without the need for deep cuts and higher out-of-pocket costs. The Senior Citizens League needs your opinions and ideas to share with Members of Congress on the issues. Make sure they hear your concerns. Take a survey, sign a petition, read about the latest legislative action in Congress, or send us an email. Visit The Senior Citizens League's website at [www.SeniorsLeague.org](http://www.SeniorsLeague.org). ■



## BEST WAYS TO SAVE

# Make Sure You Know the Correct Co-pay Before You Fill that Prescription!

When Leslie, of Arizona recently called her drug plan to refill a 90 day supply of her insulin drug Lantus, the customer service representatives insisted the co-pay was \$1,800 because she had hit the Part D doughnut hole. But a check of the drug price information found on Medicare's Drug Plan Finder indicated the actual co-insurance amount was significantly lower—\$855. When Leslie called her mail order pharmacy back to question the first quote, she was told that the correct amount for her 90-day supply of Lantus was actually \$855.88. Because Leslie did not immediately fill her prescription when first given the \$1,800 quote avoided an overcharge of \$944.

How can you protect yourself from overcharges? Get cost information for your drug first from the Medicare website. You can get free one-on-one counseling (see link at end of this article) or you can try looking up info yourself. Here's what to do:

**Check the Medicare Drug Plan Finder.** The Medicare drug plan finder lists all the drug and Medicare Advantage plans serving your area. You may search for drug costs using a "General Search," or by entering your Medicare number. (The General Search often works as well or better than the personalized search with a Medicare number, and the following is for using the General Search.)

You will be prompted to enter your zip code, county, and asked about your Medicare coverage, and whether you get Extra Help, which is the low-income program

that helps with prescription drug costs. You will be asked to enter your prescription drugs. You may enter them all, or just check a specific drug that you want information about. **TIP:** Write down your drug ID list number when finished entering the drugs, in case you need to check again later.

You will be prompted to choose two retail pharmacies, even if you tend to use your drug plan's mail order pharmacies to fill most of your prescriptions. After selecting your pharmacies, you will be taken to a list of all drug plans in your area. This may be about 20 to 30 Part D plans. The number of Medicare Advantage plans will be fewer. If you don't see your plan on the page click "show all plans".

If you are using a General Search, you may need to scroll through the list to find your drug plan. Make sure you check the plan that has the same plan name as the one on your drug or health plan card. Once you have found your plan, click on the name of the plan for plan details. Click on the link marked "Drug Costs During Coverage Levels."

Clicking that link will show links to each of the retail pharmacies that you selected, as well as the Mail Order pharmacy. Click on all of the tabs to learn your drug's price at each of the pharmacies. The price of your drug can vary dramatically, depending on whether you get your prescription by mail order or at a walk-in pharmacy, and whether you are using a preferred network pharmacy.



The chart of drug prices shows the selected drug(s), the full retail cost of each drug, refill frequency, what you pay during the deductible stage of coverage if any, the co-pay at the initial coverage level, what you pay in the coverage gap and catastrophic level of coverage. If you require an expensive specialty drug, note that drug plans are allowed to charge a co-insurance rather than a fixed co-pay. In Leslie's case, for example, her Part D plan charged a top 40% co-insurance during the initial coverage phase. However, the Part D doughnut hole is filling, and by law, drug plans are not allowed to charge more than 35% co-insurance in the coverage gap. The cost information shown for what Leslie would pay for Lantus in the coverage gap reflected the 35% co-insurance in the coverage gap.

Law changes passed earlier this year will lower that amount even further to 25% in 2019. But Medicare Part D beneficiaries still have to spend \$5,000 out of pocket before reaching the level of catastrophic coverage when the co-insurance drops to 5%.

Part D costs can break a retiree's budget quickly. To learn what options you have we urge you to get free one-on-one counseling through your State Health Insurance Assistance Program (SHIP). Get contact information for the SHIP program at [www.shiptacenter.org](http://www.shiptacenter.org). ■

that wasn't cheap. Leslie wrote to The Senior Citizens League saying:

*"I'm using less Lantus than I'm supposed to. I've tried applying for assistance but always get turned down—probably because I'm not on the street—YET. When I retired, I had my house paid off. But due to the rising cost of living, I had to take out a loan to catch up with my bills. That's money that has to be paid back and I'm starting to sink financially. I may have to sell my house to pay for my medication, and once that's gone, I don't know what will happen to me."*

### **How The Senior Citizen League Was Able To Help**

TSCL's Medicare policy analyst, Mary Johnson, checked Leslie's Part D plan co-pay quote against the cost information that Medicare lists for her drug plan. Co-pay and co-insurance for Part D plans can be found on the Medicare website's Drug Plan Finder at [www.Medicare.gov](http://www.Medicare.gov).

What Johnson found was perplexing. Medicare's information for Leslie's Part D plan listed a significantly lower co-pay for Lantus than what Leslie was quoted. Armed with this information when Leslie called her mail order pharmacy again, questioning the quote for Lantus, she learned the \$1,800 was, in fact, incorrect. The correct co-pay of her 90-day supply was actually \$855.88.

How widespread is the problem of misquotes of co-pays and potential overcharges? Since Medicare does not negotiate prices, it is extremely difficult for the public to be certain how much the co-pay for any particular drug might be—especially when in Medicare's Part D coverage gap. The Senior Citizens League is looking into this question and we hope you will help by sharing any similar experiences with excessively high drug co-pays.

In researching Leslie's case, we learned of at least two class action lawsuits that allege pharmacies and drug makers are overcharging diabetic patients for

their insulin and supplies. One of the class action lawsuits was brought against Sanofi, the maker of Lantus, as well as two other manufacturers of other insulin, Novo Nordisk and Eli Lilly, alleging makers of these insulin drugs have been part of an "organized scheme to drive up prices at the expense of patients who need insulin to live." The lawsuit alleges that, between 2012 and 2017, the drug companies raised the sticker prices on their drugs by more than 150%. Some diabetic patients now pay almost \$900 per month for the drugs they need, according to a press release from the law firm handling the class action lawsuit. The firm was quoted as saying that some patients have been forced to take extreme actions. Like Leslie, some diabetics have tried taking less insulin than the doctor-prescribed dose. Some have even allowed themselves to slip into a diabetic ketoacidosis (when blood sugar is too high for too long), in order to obtain insulin from hospital emergency rooms.

*continued on page 7*

## **What You Can Do**

Please help. Congress must be held accountable for prohibiting Medicare from negotiating drug prices, and drug prices must be made clear to consumers. Be assured, unlike many other so-called advocacy organizations, The Senior Citizens League receives no funding from pharmaceutical manufacturers or drug plans—we rely entirely on donations from people like you. People like Leslie who take the time to share their stories, help to publicize how prohibiting Medicare from negotiating drug costs is a failing policy for our health and finances. Help us help you with a donation. Visit [www.SeniorsLeague.org](http://www.SeniorsLeague.org).

Donation amount:       \$10.00       \$5.00

Send your donation to: The Senior Citizens League, PO Box 97173, Washington, DC 20090-7174



PO. Box 97173  
Washington, D.C. 20090-7173



## Overcharges Affect Both You and Medicare

Leslie was lucky that the co-pay error was caught before she filled her prescription. It's extremely difficult for the public to know when co-pay misquotes and overcharges occur. While drug plans list fixed co-pays and coinsurance amounts in the materials sent their enrollees, drug prices are not publicly disclosed. What's more, Medicare is forbidden by law from negotiating Part D drug prices with drug companies. Instead, Part D plans or the big pharmaceutical benefit managers that fill the prescriptions of Part D plan enrollees, negotiate

prices with drug companies instead. That leads to a wide disparity in prices between Part D plans, especially for the most expensive drugs like Lantus.

A study that Johnson preformed for The Senior Citizens League in 2017 compared the prices of the top ten most-frequently prescribed brand drugs between drug plans. The study found that a monthly supply of Lantus ranged from a high of \$682.00 to a low of \$77.75, a difference of \$604.25 per month.

The high cost of brand name drugs and overcharges, even when unintentional, can result in terrible financial hardship for patients that could lead to serious health risks. When patients reduce the amount of the drug that they

require to keep them alive, complications can occur. For a person with diabetes, poorly controlled blood sugar can lead to limb amputations, blindness, nerve problems, and kidney failure, just to name a few.

Before you refill your next prescription, know your co-pay information ahead of time! This isn't always easy. To learn what you should be paying for your prescriptions see "Make Sure You Know Your Correct Co-pay Before You Fill That Prescription!" See page 5.

If you have been quoted a co-pay that's significantly higher than you expected, share your story at [www.SeniorsLeague.org](http://www.SeniorsLeague.org). ■

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## *Can Medicare Save Money by Providing Better Dental Care? continued from page 1*

courses of antibiotics, current law specifically excludes the cost of dental care. As a result, many beneficiaries do not receive necessary dental care. In my case, I didn't receive a referral to a periodontist in a timely fashion, because I had put off going to the dentist.

Altogether, it has cost me more than \$6,200 out of pocket for x-rays, periodontal surgery and follow up care. But, after healing from the oral surgery and one last round of antibiotics, all of my other symptoms mysteriously cleared up as well. I stopped coughing—for the first time in more than four years. I haven't needed an inhaler in months. The IBS symptoms are gone. Instead of inexplicably losing weight, I've gained 15 pounds—10 pounds more than I normally weigh. But the best part

is that I'm finally sleeping normally.

Was it a fluke, or did the oral surgery have something to do with clearing up the symptoms? Each of my conditions were linked to bacterial infections, and is treated with antibiotics. Studies also suggest that the oral bacteria and inflammation associated with periodontitis, a severe form of gum disease, might indeed play a role in inflammatory diseases. In addition to the conditions that I've already mentioned, links have been found to:

- endocarditis and cardiovascular disease,
- diabetes,
- osteoporosis,
- Alzheimer's disease, and
- stroke.

Getting good dental care in a timely way not only could help us stay healthier, it could possibly help save Medicare money by

reducing visits to doctor, if chronic inflammatory conditions are kept under better control. While I'm still working, paying for dental services out-of-pocket is still expensive. It could be an impossible-to-manage hardship for many retirees, especially when more than half of Medicare beneficiaries live on incomes below \$24,150 per year.

The Senior Citizens League supports legislation that would address these high out-of-pocket costs. The "Seniors Have Eyes, Ears, and Teeth Act of 2017, (H.R. 508) was introduced by Representative Roybal-Allard and has 130 cosponsors. In addition to dental care, the bill would also allow access to eyeglasses, and hearing aids. We urge you to ask your U.S. Representative to co-sponsor this legislation. To learn whether your Representative supports this legislation visit our website: [www.SeniorsLeague.org](http://www.SeniorsLeague.org). ■

## TOP TEN FASTEST GROWING SENIOR COSTS SINCE 2000

Item	Cost in 2000 Average cost \$ or numeric data*	Cost in 2018 Average cost \$ or numeric data*	Percent Increase
1. Medicare Part B monthly premium	\$45.50	\$134.00	195%
2. Prescription drugs Annual average out-of-pocket	\$1,102.00	\$3,172.72	188%
3. Home heating oil (gal.)	\$1.15	\$3.22	181%
4. Homeowner's insurance (annual)	\$508.00	\$1,342.05	164%
5. Medigap	\$119.00	\$306.64	158%
6. Propane gas (gal.)	\$1.01	\$2.60	157%
7. Real estate taxes	\$690.00	\$1,579.06	129%
8. Total medical out-of-pocket expenses national average people age 65 and up	\$6,140.00	\$13,304.00	117%
9. Oranges (lb.)	\$.61	\$1.33	117%
10. Pet services and vets	109.300*	233.317*	114%

\* Where no average prices are available, U.S. Bureau of Labor Statistics CPI-U numeric data are used.

loss that The Senior Citizens League's study has recorded to date.

The findings represent a significant one-year loss of 4 percentage points in buying power, with the loss increasing from 30% to 34% from January 2017 to January 2018. The loss occurred even though beneficiaries received a 2% annual Cost-of-Living Adjustment (COLA) for 2018. Housing and medical costs—particularly for home heating expenses and Medigap premiums—were among the most rapidly-rising costs over the past year. The study examines the growth, since 2000, in the price of goods and services that are typical for retired and disabled households, and compares that to the growth in Social Security benefits due to annual COLAs.

The loss of buying power is an early indicator of whether the Social Security COLA will climb in the following year. Based on consumer price index (CPI) data through May of this year, we estimate that the COLA for 2019 will be about 3.3%, the highest since 2012. However, that number could change, since there are still several months of price data to be released before the Social Security Administration announces the COLA in October.

More than 1,057 respondents participated in The Senior Citizens League's annual senior survey, which was conducted from January through March of this year. Participants confirmed that monthly household expenses made steep increases over the past year, far in excess of the dollar amount that their COLAs

increased benefits. More than half, 56%, indicated their monthly expenses went up by more than \$79. Yet 50% of survey respondents said that their COLA increased benefits less than \$5 per month, after the increased Part B premium for 2018 was deducted from their Social Security benefits.

The study found that, since 2000, COLAs increased benefits a total of just 46%, while typical senior expenses have jumped 96.3%. The above chart illustrates the costs that are increasing the fastest.

The survey found that a person receiving the national average Social Security benefit in 2000—\$816 per month—would have \$1,193.10 per month by 2018. However, because retiree costs are rising at a substantially faster pace than the COLA, that individual would require \$410.30 more per month, or \$1,603.40 in 2018, *just to maintain his or her 2000 level of buying power.*

The study examined the increase in costs of 39 key items

between 2000 and January 2018. The items were chosen because they are typical of the costs of most Social Security recipients, and include expenditures like Medicare Part B premium, that are not measured by the index currently used to calculate the COLA. Of the 39 items analyzed, 26 increased faster than the COLA over the same period. "This study illustrates why Congress should enact legislation to provide a more fair and adequate COLA," says The Senior Citizens League Executive Director, Shannon Benton. "To put it in perspective, for every \$100 worth of groceries a retiree household could afford in 2000, they can only buy \$66 worth today," Benton adds.

To help protect the buying power of benefits, TSCL supports legislation that would base COLAs on the Consumer Price Index for the Elderly (CPI-E). ■



## ASK THE ADVISOR

# Medicare Coverage and Alzheimer's Disease

**Q:** My mom was recently diagnosed with Alzheimer's disease. What benefits does Medicare cover for this condition?

**A:** Unlike most of the top 10 causes of death, such as heart disease and cancer, which are covered in large part by Medicare, Alzheimer's care comes with extraordinary costs that are not covered. Medicare covers medically necessary inpatient hospital care, doctor's fees, outpatient services such as blood tests, and Part D covers many prescription drugs. However, a dementia diagnosis most often requires custodial care, like help bathing, eating, dressing, and supervision. Medicare does not cover custodial care.

The costs of custodial care pose a big challenge for Alzheimer's patients and their families. According to a survey of long term care costs by Genworth Financial, Inc., a semi-private room in a nursing home can cost \$7,148 a month, or \$3,750 per month in an assisted living facility. Even a home

health care aide costs \$22 per hour. Many families work to put together a caregiving network with family, friends, churches and community services in the early stages of Alzheimer's treatment.

As your mom moves through stages of Alzheimer's, she will need more care over time. The medicines used to treat Alzheimer's only control symptoms, such as memory loss and confusion, but cannot cure the disease. The symptoms inevitably will get worse and because of this, eventually your mom will need more help than you can supply at home.

Here are some key resources to get you started on putting together your plan of care:

**Alzheimer's Association:**  
24/7 Helpline 800-272-3900; [www.alz.org](http://www.alz.org).

**National Institute on Aging:**  
[www.nia.nih.gov](http://www.nia.nih.gov).

**Alzheimer's Disease and related Dementias Education**



**and Referral Center:** 1-800-438-4380.

The Senior Citizens League strongly supports the CHANGE Act, H.R. 4957, legislation that would encourage early assessment and diagnosis of Alzheimer's disease and related dementias. The legislation would provide patients and caregivers like you better support, and it would improve the delivery of comprehensive coordinated dementia care. ■

*Source: Genworth 2017 Cost of Care Survey, Genworth Financial, Inc.*

## SOCIAL SECURITY & MEDICARE QUESTIONS

### I'm 71 and Don't Have Medicare Part B

**Q:** I retired from my job at 64, but later went to work part-time for another company providing home care services. I did not sign up for Medicare Part B at 65, because I was still getting healthcare insurance from my former full time employer. I do have Medicare Part A hospital insurance. I recently had to go to the doctor and I was told that, by law,

Medicare pays for my healthcare first, and that my retiree coverage from the former employer alone would not cover my doctor visits. Nobody ever told me! I had to pay the entire cost of that visit and tests out-of-pocket. I'm 71 and I can't afford the cost of health insurance. What can I do?

**A:** Medicare's enrollment process is confusing, and the deadlines to

enroll are critically important—affecting what you will pay for your coverage. Under Medicare rules, when you turn 65, you may delay signing up for Medicare Part B if you have health insurance provided by an employer with more than 20 employees and you are still actively working for that employer. Medicare considers that

*continued on page 10*

*Social Security & Medicare Questions: I'm 71 and Don't Have Medicare Part B, continued from page 9*

your health care benefits ended when you left the employer providing the health insurance benefits. Even though you took a part-time job, your health insurance benefits were not provided by that employer, where you were actively working.

If you miss enrolling in Part B when you are first eligible, then you'll have to pay a late enrollment penalty for your Part B coverage. Your monthly premium for Part B would go up 10% for each full 12-month period that you were late enrolling in Part B. Making matters worse, since you have missed your special enrollment period, you will have to wait to the next Medicare General enrollment period which is January 1–March 31, to enroll, and coverage will not start until July 1 of that year.

Medicare will count the number of months after your Initial Enrollment Period ended. Your Initial Enrollment Period started three months prior to your 65th birthday, included the full month of your birthday, and ended three months later. Assuming you turn 71 in 2018, then you likely will have a penalty of about 60% (6 years x 10%). The Part B monthly premium in 2019 is estimated to be \$135.50 in 2019. A 60% penalty would mean your estimated Part B premium would be \$216.80 per month. That premium would be automatically deducted from your Social Security benefit.

If your income is low, however, you might qualify for a Medicare Savings Program. The programs can pay your Part B premiums and, if your income is low enough, you might qualify for help with deductibles, coinsurance and copayments.

To apply for a Medicare Savings Program, you first must apply for Medicare Part B online through the Social Security website, or your local Social Security office. Then, as soon as you receive your new Medicare card, apply for a Medicare Savings Program through your local Medicaid office.

Your situation is complex, and we strongly urge you to get free one-on-one counseling through the State Health Insurance Assistance Program (SHIP). SHIP is a free health benefits counseling service for Medicare beneficiaries and their families or caregivers. States call their SHIP programs by different names but you can find contact info for your state here: [www.shiptacenter.org](http://www.shiptacenter.org). Many of the programs work through your area agency on aging or local senior centers. ■

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