



LELIA ENRICHMENT COMPLEX

AREA AGENCY ON AGING OF SOUTHWEST ARKANSAS, INC.

870.234.7410

Fall 2023

AGEWITHDIGNITY.COM

Mature *Living*

Understanding Medicare “EXTRA HELP”

Great news: thanks to the new prescription drug law, the Inflation Reduction Act, in 2024 people with Medicare may qualify for even more savings through the Extra Help program. This program helps some people pay their Medicare drug coverage (Part D) costs, like premiums, deductibles, coinsurance, and other costs. In 2024, the program will expand and you may qualify.

How does Extra Help lower my costs?

In 2024, everyone who qualifies for Extra Help will pay:

- \$0 for your Medicare drug plan premium.
- \$0 for your plan deductible.
- A reduced amount for both generic and brand-name drugs.

If you get any level of Extra Help now, and meet the qualifications for next year, you'll get these cost savings

See EXTRA HELP, page 3



Congratulations to our Community Support Specialists, Nancy and Jeanette on a job well done at the Columbia County Fair and Livestock Show.

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OF SOUTHWEST ARKANSAS
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Magnolia, AR 71753
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MEDIGAP PLANS UNVEILED: CHOOSING THE RIGHT COVERAGE 2

INFORMATION TAKEN FROM AUGUST 2023 MEDICARE MINUTES PROVIDED BY MEDICARE RIGHTS CENTER, SHIP, AND SMP

Medigaps, also known as Supplements, are health insurance policies that offer standardized benefits to work only with Original Medicare (not with Medicare Advantage).

They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. It depends upon your Medigap plan type. Medigaps are designed to cover outstanding deductibles, coinsurance, and copayments. People often refer to these charges as the “gaps” in Original Medicare’s coverage, hence the term “Medigap.” Some Medigaps may also cover health care costs that Medicare does not cover at all, like emergency care received when traveling abroad.

Remember: Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

Choosing a Medigap policy

Insurance companies may offer up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N. Each lettered policy is standardized. This means that all policies labeled with the same letter have the same benefits, no matter which company provides them, though prices vary.

Listed below are things you should consider when choosing a Medigap plan. Make sure to review the Medigap plan benefits chart on the following page for additional information.

- Plan A offers the most basic coverage, but it is often the least expensive.

- Plans F, C, and G are the most comprehensive Medigaps, but they generally cost more.

- Plans F and C are only available to you if you were eligible for Medicare before January 1, 2020.

- Medigap plans are guaranteed renewable. That means that if you pay the premium, you can keep your plan. However, premiums may change yearly.

- Shop around. Different insurance companies charge different premiums for the exact same policy.

If you decide to purchase a Medigap, call the plan directly to purchase the policy and enroll, or contact an independent licensed agent.

To learn more about Medigaps visit www.medicareinteractive.org.

Medigap plan										
	A	B	C	D	F*	G*	K**	L**	M	N
Part A coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A SNF coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charges					✓	✓				
Preventive care coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foreign travel emergency****			✓	✓	✓	✓			✓	✓
Hospice care coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓

Note: Plans C and F are only available if you became newly eligible for Medicare before January 1, 2020. / * Plans F & G also offer a high-deductible option. You pay a \$2,700 deductible in 2023 before Medigap coverage starts. / ** Plans K and L pay 100% of your Part A and Part B coinsurance after you spend a certain amount out of pocket. The 2023 out-of-pocket maximum is \$6,940 for Plan K and \$3,470 for Plan L. / ***Except for \$20 for office visits and \$50 for emergency visits. / ****80% of emergency care costs are covered during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.

automatically—you don't need to reapply.

How do I find out if I qualify for Extra Help?

In most cases, you must live in one of the 50 states or the District of Columbia, and have income and resources below a certain limit.

- Your annual income must be below \$21,870 for an individual, or \$29,580 for a married couple in 2023.
- Your resources must be below \$16,600 for an individual, or \$33,240 for a married couple in 2023. *Resources include money in a checking, savings, or retirement account, stocks, and bonds. Resources **don't** include your home, one car, burial plots, up to \$1,500 for burial expenses if you've put that money aside, furniture, and other household and personal items.*

These limits can change each year. Even if you don't qualify for Extra Help now, you can reapply for Extra Help any time, if your income and resources change.

How do I apply for Extra Help?

Some people qualify automatically, but if you don't, it's easy to apply for Extra Help:

- Visit Social Security online at ssa.gov/extrahelp.
- Call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

After you apply, Social Security will review your application and send you a letter to let you know if you qualify for Extra Help.

Once you qualify, you can choose a Medicare drug plan. If you qualify for Extra Help and don't select a plan, Medicare will select a plan for you.

For more information visit Social Security at ssa.gov/extrahelp or medicare.gov/extrahelp. Call 1-800-MEDICARE (1-800-633-4227) to learn about Medicare drug plans, Extra Help, and other ways to lower your prescription drug costs.

- Article courtesy of enters for Medicare & Medicaid Services

Our staff is here for you

If you or a loved one is interested in all things Extra Help related, our SHIP certified staff can help. Call AAASWA locally at 870-234-7410 or toll-free at 1-800-272-2127.

EXTRA HELP NOTICES & LETTERS

3

In early-September, SSA and CMS began sending color-coded mailings to some Medicare beneficiaries regarding the status of their Medicare Part D Extra Help benefits.

Some Medicare Part D beneficiaries will need to act in order to keep their Extra Help benefits.

Here are facts about these color-coded mailings to look for.

• Deemed Status (Purple)

If you gain eligibility for full Medicaid coverage, a Medicare Savings Program, or SSI, Medicare will mail you a letter on PURPLE paper informing you that you now automatically qualify for Extra Help.

"Deemed Status" notice
(PURPLE paper)

if you automatically qualify for Extra Help

Letter on
YELLOW paper

• Automatic Enrollment (Yellow)

If you have Medicare and full Medicaid benefits and don't choose and join a Medicare drug plan on your own, CMS will automatically enroll you in a Medicare drug plan that goes into effect the first day you have both Medicare and Medicaid. You'll get a YELLOW auto-enrollment notice with the name of the plan you're assigned to.

CMS Product No. 11208

If your drug plan is leaving the Medicare Program

CMS Product No. 11443

If your Medicare Advantage Plan is leaving the Medicare Program

CMS Product No. 11209

If your premium is increasing above the regional LIS benchmark amount

• Reassignment Notice (Blue)

People affected by reassignment get a notice on BLUE paper in the mail from CMS by early November. There are 3 versions of the notice.

• Changes in Qualifying (Gray or Orange)

Medicare reestablishes eligibility each August for the next calendar year and mails notices.

"Loss-of-Deemed-Status" notice in September
(GRAY paper)

which includes Social Security application to reapply if you no longer automatically qualify

"Change in Extra Help Co-payment" notice in early October
(ORANGE paper)

if you automatically qualify, but your copayment changed

BEATLES SONGS WORD SEARCH

ANOTHER GIRL
ASK ME WHY
BIRTHDAY
BLACKBIRD
CRY BABY CRY
DAY TRIPPER
DEAR PRUDENCE
DIG A PONY
ELEANOR RIGBY
FIXING A HOLE
FLYING
GET BACK
GETTING BETTER
HELLO GOODBYE
HEY BULLDOG
HEY JUDE
HONEY PIE
I ME MINE
I WILL
IF I FELL spacer
IN MY LIFE
JULIA
LADY MADONNA
LOVELY RITA
MICHELLE



NO REPLY
OH DARLING
PLEASE PLEASE ME
POLYTHENE PAM
SEXY SADIE

SOMETHING
SUN KING
TAXMAN
TELL ME WHY
THE END

TICKET TO RIDE
TWO OF US
WAIT
YER BLUES
YESTERDAY

Clip-n-Cook

TWO INGREDIENT DOUGH NAAN (NO YEAST!)

EQUIPMENT

- Mixing bowl
- Spatula
- Non-Stick Pan
- Gluten Free Self-Rising Flour

Note: This recipe will NOT work with almond flour or coconut flour. It must use self-rising flour.



INGREDIENTS

- 1 ¾ cups self-rising flour (use gluten-free, if needed)
- 1 cup Greek Yogurt (vegan Greek yogurt, non-fat, full-fat or reduced fat)
- ½ teaspoon salt
- 1 tablespoon butter of choice (Optional, to brush naan breads)

DIRECTIONS

1. In a large mixing bowl, combine your flour, salt (if using it) and Greek yogurt. Mix well, until combined. Then, use your hands to form a large ball of dough.
2. Lightly flour a wooden or kitchen surface. Sprinkle a little extra flour on top of the ball of dough, before transferring it to the floured surface. Flatten into a circular shape and divide into 8 even portions. Flatten each portion into a rectangular shape (like a classic Naan bread).
3. Heat a non-stick saucepan on medium heat. When hot, place flattened dough and cook for 3 minutes, before flipping and cooking a further 2 minutes. Repeat until all the naan bread is cooked.
4. Once cooked, if desired, lightly brush the tops of each naan bread with melted butter.

Nutrition Facts: Serving - 1naan bread, Calories - 113kcal, Carbohydrates - 19g, Protein - 7g, Fat - 1g, Sodium-155mg, Potassium - 63mg, Fiber - 1g, Calcium - 32mg, Iron - 1mg, NET CARBS - 18g

This recipe can be found on thebigmansworld.com/2-ingredient-naan/

SUPPORT GROUP CONNECTIONS

4

EL DORADO AREA

ALZHEIMER'S SUPPORT GROUP

Meets the third Thursday of each month

12:00

SIMMON'S FIRST BANK

Executive Conference Room (2nd floor)

A light lunch provided by various monthly sponsors will be served

Please call Nancy Bailey at 870-626-3089 or

email nbailey@aaaswa.net

THE EI DORADO PARKINSON'S & CAREPARTNER SUPPORT GROUP

Meets the third Thursday of each month

2:00 - 3:00 pm

SIMMON'S FIRST BANK

2nd Floor Conference Room

For more information call South Arkansas Center on

Aging, 870-881-8969, or Nancy Bailey at the Area

Agency on Aging of Southwest Arkansas, Inc.

870-626-3089 or email nbailey@aaaswa.net

THE COLUMBIA COUNTY AREA ALZHEIMER'S SUPPORT GROUP

Meets the first Wednesday of each month

Lelia Enrichment Complex

600 Lelia St. Magnolia | In the Community Room

(When you enter the grounds, drive around the building until you see the Community Room sign and a "Slow" sign)

THE MILLER COUNTY PARKINSON'S & CAREPARTNER SUPPORT GROUPS

Meets the second Wednesday of each month

2:00 pm

at the Texarkana Recreation Center, 1 Legion St.
Texarkana, TX 75501

*For more information, contact Kasandra Williams at the
Texarkana Regional Center on Aging, 870-773-2030*

THE NEVADA COUNTY PARKINSON'S & CAREPARTNER SUPPORT GROUPS

Meets the second Thursday of each month

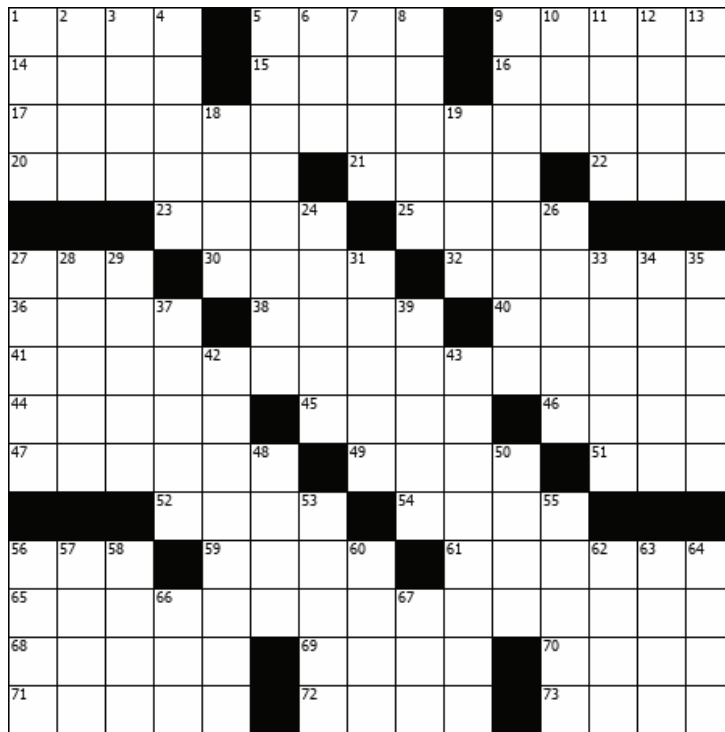
2:00 pm

Conference Room at the Prescott-Nevada
County Library, 121 W. Main St. in Prescott

*For more information, call Nancy Bailey with Area Agency on
Aging of Southwest Arkansas, 870-626-3089, or
toll free, 1-800-272-2127, Ext. 105.*

Across

1. Circle parts
5. Rib order
9. Accumulation of fluids
14. High time?
15. Club in a bag
16. What happens here stays here
17. Request for a tailor?
20. Apotheoses
21. Light gas
22. Look or must adjunct
23. Heal, as a radius
25. Red figure
27. Director Howard
30. Wee workers
32. One usually found on the couch?
36. Crest
38. Praise highly
40. One who exhorts
41. Section for investors
44. Sports complex
45. Neither nuts nor crackers
46. Hit the road
47. ___ to go
49. Monk's garb
51. Where beauty is, to the beholder
52. Beginning on
54. Type of male bird that hatches eggs
56. Inventor's cry
59. Dinghy or dory
61. Buck feature
65. Cry to a DJ, perhaps
68. Villain's expression
69. Ran like the wind
70. Droughtlike
71. Test type
72. Chinese coin
73. Solidifies

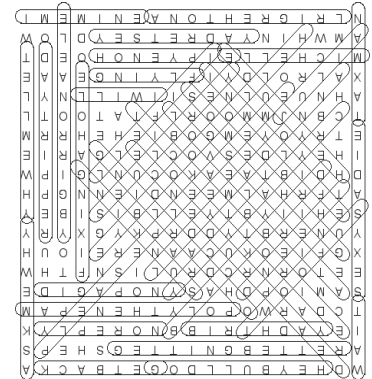
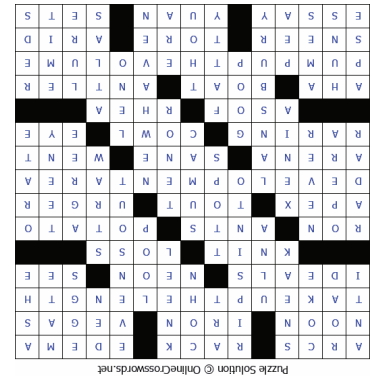


Down

1. Prefix with knock
2. Abbey or Tobacco
3. Refined coal
4. Pussyfoot
5. Lambastes
6. Works on a wall?
7. McCarthy aide
8. Prepare to use a priedieu
9. Levels
10. Place for thieves
11. Baker's dozen?
12. Check chaser
13. 1975 Wimbledon champ
18. Human bone
19. Complete circuit
24. Some car roofs
26. Backbreaker, in a proverb
27. Clerk of the 4077th
28. Juilliard major
29. "When pigs fly!"
31. Poison ___
33. Concur
34. Diminutive
35. Pontificate
37. City near Dayton
39. Enrico Caruso, for one
42. Angela of TV and films
43. City at the mouth of the Quinnipiac
48. Sticky stuff
50. Noted monologist
53. Comic Arbuckle
55. Topmost cervical vertebra
56. Semicircular room
57. Attila's army
58. Iowa State's home
60. Commandment word
62. Draw in
63. Give off
64. Cincinnati nine
66. Princess's annoyance
67. Notable time

Solutions

5



MEDICAID BENEFICIARIES RENEWALS ARE COMING BACK!

Fill out the form and return it to Arkansas Medicaid
right away to avoid losing coverage if you are eligible.

Visit access.arkansas.gov and create an account to update your
information and keep track of your benefits.

TRICARE FOR LIFE AND OTHER BENEFITS FOR VETERANS 6

TRICARE is a health insurance program provided by the federal government to active duty and retired military personnel and their family members. There are many different TRICARE programs. TRICARE for Life (TFL), a program for Medicare-eligible military retirees and their dependents, acts as a supplement to Medicare.

- TFL typically covers your Medicare cost-sharing (deductibles, coinsurances, and copayments).
- TFL may pay when services are not covered by Medicare or when you have used up your Medicare benefits. *TFL coverage and cost-sharing rules may apply.*

If you are eligible for premium-free Part A, you should sign up for Medicare and enroll in Medicare Part B to continue receiving TRICARE benefits when you are no longer an active duty service member or covered by an active duty service member. After enrolling in Medicare, you should automatically receive your TRICARE benefits through TRICARE for Life. If you delay Part B enrollment, you may face late enrollment penalties and gaps in coverage. TFL also offers a pharmacy program that provides creditable drug coverage. You may choose to delay Part D enrollment without penalty and continue using TFL's pharmacy program.

Remember, there are many different TRICARE programs. If you are an active duty service member (ADSM) or active duty family member (ADFM), you may receive your health benefits through a different TRICARE insurance program (such as TRICARE Standard or Prime). You typically can delay

Part B enrollment if you are an ADSM or ADFM and enroll in Medicare when you are no longer active duty using the Part B Special Enrollment Period (SEP).

Note: Beneficiaries eligible for Medicare due to End-Stage Renal Disease (ESRD) do not have a Part B SEP after ending active duty.

-
- TFL Enrollment not required***
 - TFL Coverage is automatic if you have Medicare Part A and B***
 - Coverage starts the first day Medicare Part A and B are in effect***
 - You must pay Medicare Part B premiums***
 - Coverage is available worldwide***
-

TFL drug coverage and Part D

TRICARE for Life (TFL) offers a pharmacy program that provides creditable drug coverage. Again, this means that if you are enrolled in the TFL pharmacy program, you can delay Part D enrollment without incurring a late enrollment penalty. Be sure to compare the costs and benefits of Part D and your TFL

pharmacy program to decide which best suits your needs.

If you are eligible for Extra Help, you may want to consider enrolling in Part D. The drug copayments for individuals who have Part D and Extra Help are typically lower than copays in the TFL pharmacy program. However, TFL's formulary may be broader than the formularies of Part D plans offered in your area. You may also want to keep TFL's pharmacy program if the plan covers your drugs with no or fewer coverage restrictions than available Part D plans. The TFL pharmacy program may also cover medically necessary drugs not on its formulary for a higher copay.

If you enroll in both Part D and TFL's pharmacy program, Part D is the primary payer for your prescription drugs.

If you need assistance with TRICARE for Life or a different TRICARE program, visit www.tricare.mil for more information and contact information.

Options for People Losing Medicaid Coverage

For the past few years, states were allowed to temporarily stop eligibility reviews for Medicaid. This allowed for individuals to have continuous coverage. Now that normal operations are returning, eligibility reviews have returned as well. This means that some adults may lose their coverage.

If you or your loved one has received notice that they have or will soon be losing coverage,

here are some important things to know from the Centers for Medicare & Medicaid Services (CMS):

- **You can re-apply for the Medicaid related program you are interested in at any time to find out if you qualify for coverage.**

The eligibility rules for each program can sometimes change. If your income level or medical needs change, you can

See **COVERAGE**, page 7



Agency staff attended Train-the-Trainer both digitally and in-person with other SHIP certified personnel from across the state. Area counselors and case managers provide free, unbiased, reliable information and work hard to answer your Medicare questions. Annual Medicare Open Enrollment is October 15 - December 7. Call 1-800-272-2127 to be directed to a case manager or SHIP counselor in your county.

re-apply to find out if you now qualify. There's no limit to the number of times you can apply. If you want to re-apply, visit access.arkansas.gov, call your local DHS office, or contact your local Agency on Aging counselor.

• **You might be able to sign up for Medicare without paying a late enrollment penalty.**

If you now qualify for Medicare, but didn't sign up for it when you first became eligible, you have a limited time (called a "Special Enrollment Period") to sign up without paying the usual late enrollment penalty. Your Special Enrollment Period starts the day you're notified that your coverage, for whatever Medicaid program you were enrolled in, is ending. It continues for 6 months after your coverage ends. Your Medicare coverage will start the month after you sign up, or the date your Medicaid coverage ends, whichever you choose.

For more information about this Special Enrollment Period and how to sign up for it, visit medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

Renewal Letters

If you or a loved one has been receiving Medicaid benefits, the state began sending renewal letters in the spring. If you haven't updated your contact information with Arkansas Medicaid recently, do it now.

According to the Renew Arkansas website, if you lost coverage because you failed to provide requested information, you still can provide that information and have your coverage re-opened. You have 30 days to do so after your closing date if you qualified for Medicaid under Long-Term Services and Supports eligibility rules. You have 90 days after your closing date if you qualified for Medicaid under Modified Adjusted Gross Income (MAGI) eligibility rules.

The easiest way to update your information is by going to access.arkansas.gov, signing into (or creating) your account. Instructions are available on ar.gov/update. Follow the guidance on the screen for uploading and submitting files to DHS electronically. You also have the option of mailing or faxing your information.

If someone disagrees with their state Medicaid agency's decision to disenroll them or change their Medicaid coverage, they can appeal. Please note, if you lose your appeal, you may have to repay the amount of benefits you received during the appeal period.

PROTECTING YOURSELF FROM MARKETING VIOLATIONS 7

INFORMATION TAKEN FROM OCT. 2023 MEDICARE MINUTES PROVIDED BY MEDICARE RIGHTS CENTER, SHIP, AND SMP

During Medicare's Open Enrollment Period (OEP), you will likely experience more marketing from private Medicare plans, like Medicare Advantage Plans and Part D plans. Companies try to reach consumers in various ways, like television commercials, radio ads, events, mailings, phone calls, and texts. The government has rules, though, to protect you from aggressive or misleading marketing. Knowing the rules can help you make the best choices for yourself during OEP.

Watch out for people who:

- **Ask for your Medicare number, Social Security number, or bank information, especially before you decide to enroll.** Someone can use this information to enroll you in a plan without your permission.
- **Say they represent Medicare.** Plans are never allowed to state they represent or are endorsed by Medicare or any other government agency. They cannot use the Medicare name or logo on their marketing materials in a way that implies this.
- **Send you unsolicited text messages or phone calls.**
- **Pressure you to enroll in their plan.** You can use the entire Open Enrollment Period to make your decisions. You will not receive extra benefits for signing up early.
- **Offer you gifts to enroll in their plan.** Gifts must be given to everyone at an event regardless of their enrollment choice, and cannot be worth more than \$15.

If you think you have experienced marketing violations, you should report it. Keep any documented proof, such as an agent's business card, marketing materials, emails, or phone call records. You can report marketing violations to 1-800-MEDICARE or Arkansas SMP at 1-866-726-2916.

Tips for avoiding unwanted enrollment:

Never provide your Medicare information to anyone but your trusted health care providers. Confirm everything that a plan agent tells you before making a final decision about a plan. Ask for everything in writing. Call your doctors to make sure they are in network for the plan you want to join. You can also call your local SHIP for unbiased answers to coverage questions.

New this year!

Plans must provide you with the option to opt out of communications about Medicare products. It must be done annually and in writing. Also, before enrolling you, plan representatives must explain the plan's effect on your current coverage. For example, if you have a Medigap plan, a representative must explain how you will lose that Medigap if you enroll in Medicare Advantage.

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To sign-up return this form to
600 Lelia, Magnolia, AR 71753
or Fax to 870-234-6804.

You may also sign-up online.

Visit us at agewithdignity.com

**There is no need to submit a sign-up form if you already received a newsletter in the mail.*

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