



Mature Living

Fall 2024

LELIA ENRICHMENT COMPLEX

AREA AGENCY ON AGING OF SOUTHWEST ARKANSAS, INC.

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2025 COVERAGE CHANGES FOR MEDICARE PART D

It's that time again. Every fall we discuss Medicare Open Enrollment, especially Medicare Part D. Here are a few updates to consider when looking at your Part D comparisons for next year.

According to the Centers for Medicare and Medicaid Services (CMS), "Thanks to the Biden-Harris Administration's Inflation Reduction Act (IRA), also known as the prescription drug law, people with Medicare prescription drug coverage (Part D) in 2025 will have the most comprehensive

See PART D, page 3



Our staff and delegates had a great time during SilverHaired Legislation and Senior Hall of Fame banquet. Delegates are pictured above, from left, Pam Goodman, Vivian Wright, Kathryn Todd, Judy Gaylord, Vivian Jackson, Billie Lindo, Elbert Bradley, and Julie Oliver. Two nominees from out region were accepted into the Senior Hall of Fame - Barbara Lewis and Brenda Tate (pictured at right, center).



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MEDICARE FOR FEDERAL EMPLOYEES AND RETIREES 2

SHEA CORTI, FROM THE SHIPHELP.ORG BLOG

Federal Employee Health Benefits, or FEHB, plans cover current and retired government employees. FEHB plans can be either Health Maintenance Organizations (HMOs), or Fee-for-service (FFS) plans. HMOs have networks of providers, and you usually must see in-network providers to be sure services are covered. In an HMO, your out-of-pocket costs may be lower than in other plan types. FFS plans allow you to see any medical provider, but you may have higher costs.

But how do FEHB plans coordinate with Medicare?

It's important to consider how FEHB affects your Medicare enrollment decisions. When you become Medicare-eligible, you have a few options:

- You can keep FEHB and enroll in Medicare Parts A and B. The two will work together to cover your health care costs, but you will owe premiums for both.

- You can disenroll from your FEHB coverage and enroll in Medicare Parts A and B. Note that you might not be able to enroll in FEHB again in the future if you change your mind.

- You can keep FEHB and turn down Medicare. If you choose this option, you may still want to enroll in Part A, which is usually premium-free, and only turn down Medicare Part B. Unlike other retiree insurance, FEHB retiree coverage will remain your primary coverage if you don't enroll in Medicare. Therefore, in any of these cases, you will have primary coverage.

Whether to enroll in Part B or use FEHB as primary coverage is a personal decision, based on your individual circumstances. You should look at the costs and benefits of each insurance plan and make the choice that's best for you. Questions to consider include:

- Which forms of insurance do your providers take?
- Which kind of services do you use regularly?
- And which coverage offers the flexibility you need?

If you decide to enroll in Part B, you should do so within eight months after you no longer have FEHB coverage from current employment, since you will qualify for a Special Enrollment Period to enroll in Medicare.

Contact the U.S. Office of Personnel Management (OPM) if you're a federal employee or retiree and want to learn about FEHB. Call 317-212-0454 or visit www.opm.gov/healthcare-insurance.

Note that your options are different if you're a U.S. Postal Service employee, retiree, or qualifying family member. If you retire from the U.S. Postal Service on or after January 1, 2025, you must have Medicare to keep your Postal Service health benefits. Current employees can visit www.liteblue.usps.gov and retirees can visit www.keepingposted.org.

You should also choose how to best get prescription drug coverage.

FEHB prescription drug coverage is creditable for Medicare-eligible

See **FEDERAL**, page 3

More on Postal Service health benefits

The Postal Service Reform Act of 2022 (PSRA) was signed into law on April 6, 2022. Since then, the United States Postal Service® (Postal Service), in conjunction with the Office of Personnel Management (OPM), has been working to implement the new Postal Service Health Benefits (PSHB) Program as required under the new law.

PSHB is a new, separate program within the Federal Employees Health Benefits (FEHB) Program and will be administered by OPM.

Coverage under the PSHB Program will be effective **Jan. 1, 2025**. You will be transitioned to a new plan within the PSHB Program if you are currently enrolled in an FEHB plan and a:

- Postal Service employee;
- Compensationer on OWCP;
- Retiree (also known as an annuitant);
- Survivor of an annuitant; or
- Eligible covered family member.

You will have an opportunity to review PSHB plans and make a plan selection during **Open Season (Nov. 11, 2024 through Dec. 9, 2024)**. If you do not make a plan selection during Open Season a comparable plan will be selected for you by OPM.

Become familiar with the PSHB plan options before Open Season so you can make the best choice for you and any covered family members.



Success with Super Noggin Workshop

Our Super Noggin "10 Steps to Brain Fitness" workshop lasted 13 weeks and the celebration was held on July 29. This was a great class! Follow us on Facebook where we will post a flyer for the next class or check our online events calendar.

benefits since the program was launched in 2006. In 2025, all people enrolled in Part D will have their annual out-of-pocket prescription drug costs capped at \$2,000 per year. Additionally, the Medicare Prescription Payment Plan, which will be offered by all Part D plans starting next year, will allow people with Medicare Part D coverage the option to spread the costs of their prescription drugs over the calendar year.”

These changes, according a report from to the Department of Health & Human Services (HHS), are projected to save Medicare beneficiaries an average of 30% in their annual out-of-pocket prescription drug costs.

What does that actually mean? Let’s look at the out-of-pocket costs and coverage gap.

People with Medicare will benefit from a \$2,000 cap on annual out-of-pocket costs, which has already been in effect for 2024. However, for 2025 “The **coverage gap** phase (also known as the “donut hole”) will be **eliminated**, which will result in standard Part D coverage consisting of a three-phase benefit: a deductible phase, an initial coverage phase, and a catastrophic phase.”

The cap on out-of-pocket costs will increase annually based on inflation

Drug Coverage Phases in Calendar Years 2024 & 2025			
	2024		2025
Deductible Phase	Cost sharing: 100%		Cost sharing: 100%
	Deductible: \$545		Deductible: \$590
Initial Coverage Phase	Cost sharing: 25% Plan Pays: 75%		Applicable Drugs Cost sharing: 25% Plan Pays: 65% Manufacturer Discount: 10%
		Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%	
	Initial Coverage Limit: \$5,030		Initial Coverage Limit: Not Applicable
Coverage Gap	Applicable Drugs Cost sharing: 25% Plan Pays: 5% Manufacturer Discount: 70%	Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%	N/A
	Out-of-Pocket Threshold: \$8,000		Out-of-Pocket Threshold: \$2,000
Catastrophic Phase	Plan pays: 20% Reinsurance: 80%		Applicable Drugs Plan Pays: 60% Manufacturer Discount: 20% Reinsurance: 20%
			Non-Applicable Drugs Plan Pays: 60% Reinsurance: 40%

starting in 2026. Therefore, 2025 will be the only year where the cap is exactly \$2,000.

Since the cap on annual out-of-pocket costs has already been in effect for 2024, how are they able to completely eliminate the coverage gap for 2025? In short, a Part D manufacturer discount program beginning on January 1, 2025 will replace the existing Coverage Gap Discount Program.

Manufacturer discounts are paid under the new program for applicable drugs when dispensed to an applicable beneficiary. It’s the term “applicable beneficiary” that brings the cost savings to Medicare beneficiaries, including those with Extra Help.

Finally, let’s discuss the new Medicare Prescription Payment Plan.

According to CMS, “For the first time,

beginning in 2025, the drug law, known as the Inflation Reduction Act, requires all Medicare prescription drug plans (Medicare Part D plans) – including both standalone Medicare prescription drug plans and Medicare Advantage plans with prescription drug coverage – to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of **capped monthly installment payments** instead of all at once at the pharmacy.”

Program participants will pay \$0 to the pharmacy for covered Part D drugs. Part D plan sponsors will then bill program participants monthly for any cost sharing they incur while in the program.

For more detailed information, visit cms.gov or talk to one of our certified SHIP counselors.

retirees. This means that it’s as good as or better than Medicare’s prescription drug benefit, called Part D. If you’re enrolled in FEHB, you can delay Part D enrollment without having a late enrollment penalty.

Be sure to compare the costs and benefits of your FEHB plan and Part D to decide which best suits your needs. Here are some factors to consider:

- You may want to keep FEHB drug coverage if the plan covers more of your

drugs with fewer coverage restrictions than Part D plans available in your area.

- If you’re eligible for Extra Help, you should consider enrolling in Part D. Extra Help lowers your Medicare drug costs, and the copays under Part D and Extra Help are typically lower than the copays under FEHB. If you enroll in both Part D and FEHB drug coverage, Part D is typically the primary payer for your prescription drugs.

- FEHB drug coverage cannot be

suspended separately from FEHB health coverage. If you want to keep your FEHB health coverage, you must keep drug coverage, even if you enroll in Part D.

If you want to discuss your enrollment decisions with a Medicare counselor in our area, contact the Area Agency on Aging of Southwest Arkansas at (870) 234-7410. SHIP counselors are there to provide trusted, unbiased Medicare counseling at no cost to you.

JOHN WAYNE MOVIES

- ALAMO, The
- ARIZONA
- BABY FACE
- BIG JAKE
- BIG TRAIL, The
- BLOOD ALLEY
- BLUE STEEL
- BRANNIGAN
- CHISUM
- CIRCUS WORLD
- COMANCHEROS, The
- CONFLICT
- CONQUEROR, The
- COWBOYS, The
- DAKOTA
- DAWN RIDER, The
- DECEIVER, The
- DESERT TRAIL, The
- EL DORADO
- FLYING TIGERS
- FORT APACHE
- GREEN BERETS, The
- HATARI
- HELL FIGHTERS
- HONDO
- IN HARMS WAY
- JET PILOT
- LONELY TRAIL, The
- LONGEST DAY, The
- MCLINTOCK
- MCQ
- NEW FRONTIER
- NIGHT RIDERS, The



- PITTSBURGH
- QUIET MAN, The
- RANGE FEUD
- RED RIVER
- RIO BRAVO
- RIO GRANDE

- RIO LOBO
- SEA CHASE, The
- SEARCHERS, The
- SHOOTIST, The
- SPOILERS, The
- STAGECOACH

- STAR PACKER, The
- TRUE GRIT
- TYCOON
- UNDEFEATED, The
- WAR WAGON, The
- WESTWARD HO

Clip-n-Cook *MINISTRONE SOUP FOR ONE*

INGREDIENTS

- Bacon
- Chopped onions
- Garlic
- Worcestershire sauce
- Canned beans
- Diced tomatoes
- Mixed vegetables
- Chicken broth
- Salt & pepper
- Small shaped pasta



DIRECTIONS

1. Begin by cooking the chopped bacon in a 2-quart saucepan. After the bacon has crisped, remove the pieces from the pot and set them on a paper towel-lined plate.
2. Add the onions and garlic to the pot and sauté until tender.
3. Add beans, vegetables, tomatoes, the cooked bacon, chicken broth and a splash of Worcestershire sauce.
4. Finally, add the pasta which will cook while the soup continues to heat.

The flexibility of Minestrone Soup lets you add almost any vegetable you like or have on hand. Popular choices are potatoes, zucchini, spinach, and green beans.

This recipe can be found on onedishkitchen.com

SUPPORT GROUP CONNECTIONS

EL DORADO AREA

ALZHEIMER'S SUPPORT GROUP

Meets the third Thursday of each month

1:00 pm

Simmon's Bank, 100 West Grove Street

Second Floor Executive Dining Room

THE EL DORADO PARKINSON'S & CAREPARTNER SUPPORT GROUP

Meets the third Thursday of each month

2:00 - 3:00 pm

Simmon's Bank, 100 West Grove Street

Second 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@aaaaswa.net

THE GREATER COLUMBIA COUNTY AREA ALZHEIMER'S DISEASE SUPPORT GROUP

Meets the fourth Wednesday of each month

Noon at 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 Encompass Health and Rehabilitation Hospital of Texarkana, 515 West 12th Street., Texarkana, TX 75501

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

THE LITTLE RIVER PARKINSON'S & CAREPARTNER SUPPORT GROUPS

Meets the second Tuesday of each month

2:00 pm at the Little River Memorial Hospital, 451 W Locke St, Ashdown, AR 71822

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

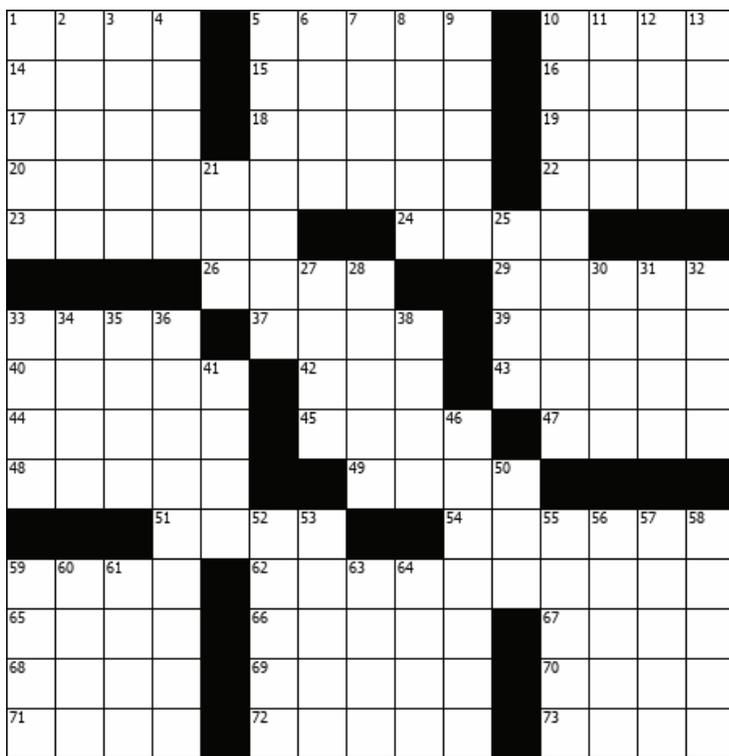
THE HOWARD COUNTY AREA PARKINSON'S DISEASE AND CAREGIVER SUPPORT GROUP

Meets the first Wednesday of each month

1:00 pm at the The Retirement Village, 127 N. Lewis St., Mineral Springs, AR.

Across

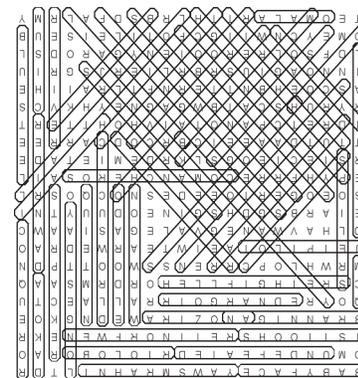
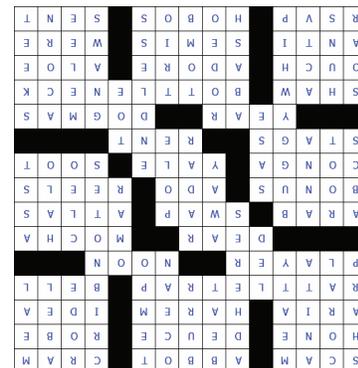
- 1. Con game
- 5. Monastery leader
- 10. Study in a hurry
- 14. Sharpen
- 15. Low poker card
- 16. Judge's garment
- 17. Opera highlight
- 18. Sheik's bevy
- 19. Creative thought
- 20. Junky car
- 22. Church-tower item
- 23. Team member
- 24. Lunch time, for many
- 26. Beloved
- 29. Coffeehouse selection
- 33. Saudi citizen
- 37. Make a trade
- 39. Book of maps
- 40. Employee reward
- 42. Commotion
- 43. Fishing devices
- 44. Cuban dance
- 45. Harvard rival
- 47. Chimney residue
- 48. Men-only parties
- 49. Tenant's payment
- 51. January to December
- 54. Doctrines
- 59. Playwright George Bernard
- 62. Traffic-jam cause
- 65. "That hurts!"
- 66. Like a lot
- 67. Succulent houseplant
- 68. One who's against
- 69. Highway haulers
- 70. "What __ you thinking?"
- 71. Invitation initials
- 72. Rail riders
- 73. Mailed out



Down

- 1. Like a tack
- 2. Reef material
- 3. Singer Baker
- 4. Like a filet mignon
- 5. Sticks (to)
- 6. Outscore
- 7. Perry Mason portrayer Raymond
- 8. Pacific, for one
- 9. Rhythm
- 10. Cheat sheets
- 11. Took a bus
- 12. Brother of Cain
- 13. Breakfast or brunch
- 21. Was ahead
- 25. Sharif of film
- 27. On vacation
- 28. Traffic controller's device
- 30. Nile queen, for short
- 31. Angelic symbol
- 32. Office aide: Abbr.
- 33. Kindergarten basics
- 34. Underground plant part
- 35. Fictional Karenina
- 36. Old carriage driver's implement
- 38. Vault's tool
- 41. Encl. with a manuscript
- 46. Eternal
- 50. "Little piggie"
- 52. Put to shame
- 53. Wild West show
- 55. Chews like a beaver
- 56. Free-for-all
- 57. Oak seed
- 58. Clay-pigeon sport
- 59. Fly like an eagle
- 60. Attila's followers
- 61. End of many Shakespearean plays
- 63. __ of the Unknown Soldier
- 64. Threesome

Solutions



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3 REASONS YOU SHOULDN'T DELAY WRITING A LIVING WILL

From "Asking Questions Can Help You—And Your Lawyer—Write a Better Will" blog from Ross & Shoalmore Elder Law Attorneys, PLLC

1. Prevent an Intestate Succession

After you pass away, the fate of every asset you own could be decided by the terms of your estate plan. So unless you've already established a trust or taken other steps to protect your legacy, writing a will may be the only way to ensure your final wishes are respected.

If you write a valid will, then probate—the court-supervised process of formally dissolving an estate—will likely take a predictable course:

1. Your executor files a petition to open probate in a Texas or Arkansas court.

2. After the petition is approved, your executor must mail notices of probate to all "interested parties"—your immediate relatives, your named heirs, and any creditors to whom you owed unpaid debt.

3. For probate to proceed, your executor must locate and inventory all assets subject to probate.

4. If any creditors submit claims against your estate, then your executor must assess each claim and decide whether to provide payment, negotiate a settlement, or deny the request.

5. Once the estate's debts have been settled, your heirs receive their inheritances in accordance with the terms of your will.

2. Protect Your Health, Wealth, and Family

Although this directive is most often used to make big decisions about heirs, assets, and inheritances, it serves a number of other purposes. In writing a will, you can:

- Explain the type and extent of care you would like to receive if you're ever medically incapacitated or placed on life support.

- Nominate a guardian for your minor child or children.

- Include pour-over provisions redirecting unused assets to a living trust.

- Tell your heirs why you made certain inheritance-related decisions.

3. Explore More Estate Planning Strategies

For many families, writing a simple will provides peace of mind and a reasonable measure of protection against any unexpected challenges that might arise in probate. However, you may find that your wants, wishes, and aspirations are too big for a will. Fortunately, scheduling a consultation with a legal advisor gives you a chance to discuss which solutions work best for your estate and your family.

Overview: The Older American's Act & Changes

6

First passed in 1965 and last reauthorized on March 25, 2020, the Older Americans Act (OAA) authorizes a wide range of programs and services, most of which focus on helping older adults age in place.

These services include home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and so much more. In addition, the OAA provides ombudsman services for people who live in long-term care facilities.

Although older individuals may receive services under many other federal programs, today the OAA is considered to be a major vehicle for the organization and delivery of social and nutrition services to seniors and their caregivers. It authorizes service programs through a national network of 56 state agencies on aging, 618 area agencies on aging, nearly 20,000 service providers, 281 Tribal organizations, and 1 Native Hawaiian organization representing 400 Tribes. The OAA also includes community service employment for low-income older Americans; training, research,

and demonstration activities in the field of aging; and vulnerable elder rights protection activities.

The 2024 Older Americans Act Final Rule

Our world has changed dramatically in the 36 years that have passed since the last substantial update to the regulations for most of ACL's Older Americans Act Programs in 1988.

The OAA has been amended by Congress seven times since then. One important thing has not changed, however. Older adults overwhelmingly want to continue to live independently, in the community – and nearly 95 percent of them do, many with the support of ACL's OAA programs.

In February 2024, ACL released a final rule to update regulations for implementing Older Americans Act programs. The update aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of ensuring that the nation's growing population of older adults can continue to receive the services and supports they need to live – and thrive – in their own homes and communities.

Learn more at acl.gov/OAArule



Reaching our community

Community support specialists, Nancy Bailey and Jeanette Johnson have been out and about at various health fairs and events, including Summer Ball at the Mall (pictured). Follow our online events calendar for more.

Which vaccines do older adults need?

From the National Institute on Aging, www.nia.nih.gov

You might remember getting vaccines as a child. But did you know older adults also need vaccines to help prevent certain illnesses? Talk with a doctor or pharmacist about which vaccines are recommended for you. Vaccines can help protect you, and others, from:

Flu: a virus that can cause fever, chills, sore throat, stuffy nose, headache, and muscle aches.

Shingles: an infection that affects the nerves and can cause pain, tingling, itching, a rash, and blisters.

Whooping cough: an illness that causes uncontrollable coughing fits, which can make it hard to breathe.

Pneumococcal disease: an infection that spreads from person to person by air and often causes pneumonia.

COVID-19: a respiratory disease that can cause fever, cough, shortness of breath, and other serious health problems.

Common Fall Open Enrollment Notices

MAIL FROM MEDICARE ADVANTAGE & PART D PLANS

As Medicare's Open Enrollment begins, you will receive calls and mail from different insurance companies about the plans that they offer. You can use this marketing information to compare your options.



If you have questions about any of the benefits that a plan offers, it is best to contact the Medicare Advantage Plan or Part D plan directly.



If you are thinking about changing your plan, you do not have to make the decision right away. You can take time to go over your choices and make an informed decision.

You can also consult with a counselor from your **State Health Insurance Assistance Program (SHIP)** for individualized counseling around these decisions.



Note that a plan must follow certain rules when marketing their plans. These guidelines are in place to protect beneficiaries from manipulative sales and enrollment tactics.

FOR EXAMPLE, A PLAN CANNOT:



Use language that suggests their plan is preferred by Medicare.



Call or email you if you did not ask them to do so.



Place flyers or door hangers left by uninvited companies on your car or at your home.

If you think you have experienced marketing violations, you should report it to 1-800-Medicare or smpresource.org.

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