

AMERICA’S HEALTHIEST HOMETOWN

A weekly report on The Villages’ efforts to become “America’s Healthiest Hometown” compiled by Daily Sun Ombudsman **Larry D. Croom**. Email larry.croom@thevillagesmedia.com. Or call him at 753-1119, ext. 9366.

Contact The Villages Health at 352-674-1700 or visit the website at thevillageshealth.com.

Did you know?

Dr. Smita Ojha, a primary care physician at the Lake Sumter Creekside Care Center, enjoys traveling, meeting people, scrapbooking and cooking in her spare time.

Medicare Q&A

Pertinent information for beneficiaries

What kinds of drugs are covered by Medicare Part D prescription drug plans?
Part D prescription drug plans provide coverage for both generic and brand-name medications. To find out if the drugs you take are covered by your Part D prescription drug plan, refer to your plan’s formulary – the list of specific drugs it covers. Note that formularies can change from year to year, and may have specific exclusions. So even if you have a Part D plan that you are happy with, remember to review the plan’s formulary annually to ensure your prescriptions are still covered.

I’ve heard that health reform impacts the “donut hole.” What does that mean?
Medicare Part D prescription drug plans have a coverage gap, which is often called the “donut hole.” Not everyone will enter the coverage gap. It begins after you and your drug plan have spent \$2,960 (the combined amount plus your deductible) for covered drugs. One of the ways health reform impacts Medicare is that the “donut hole” is gradually being reduced each year until it is eliminated in 2020. In 2015, people who fall into the “donut hole” will only have to pay 45 percent of the cost of brand-name drugs and 65 percent of the cost of generic drugs. Before health reform, beneficiaries paid 100 percent of their drug costs in the “donut hole,” so this is a positive change for people who are heavy users of prescription drugs.

I have diabetes. Is there a special kind of Medicare plan for people like me?
If you have a chronic condition such as diabetes, chronic heart failure or end-stage renal disease, you may qualify for a certain type of Medicare Advantage plan called a Special Needs Plan. These plans are designed to help you live a healthier life and lower your health care costs. “Special Needs” is in the name because these plans provide more comprehensive and specialized support to help members manage their conditions. Some plans offer a health care team to help coordinate members’ care and make sure that they’re getting the treatments and medications they need. If you think you could benefit from a Special Needs Plan and want to know if you’re eligible, you can explore the options available in your area using the plan finder on medicare.gov.

Answers provided by Pete Clarkson, chief executive officer of North/Central Florida for UnitedHealthcare Medicare & Retirement.

Coming Sept. 28

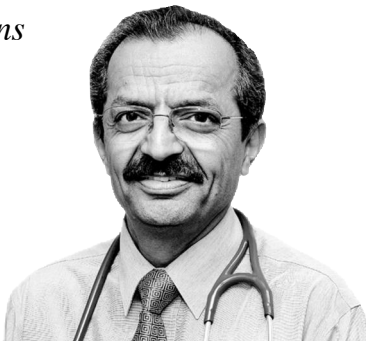
More questions and answers for Medicare beneficiaries.

Creating America’s Healthiest Hometown

What is your personal philosophy on health care?

“I believe in patient autonomy. The patient gets to make the decision. I feel that I’m in a role that with my background and experience and knowledge of what’s out there, I can help them make the best decision based on their values. I wouldn’t want to impose my values on anybody. I wouldn’t want somebody else to impose their values on me. So I give people their options, that we can do X, Y, Z. I find my role as educating the patient, getting them more engaged in their health-care decisions and helping them make a decision that is right for them.”

Dr. Ashok Ojha,
Santa Barbara
Care Center



Care Centers in The Villages

Primary care

- The Villages Health Colony Care Center**
280 Farner Place, 674-1710
- The Villages Health Santa Barbara Care Center**
1575 Santa Barbara Blvd., 674-1740
- The Villages Health Pinellas Care Center**
2485 Pinellas Place, 674-1720
- The Villages Health Mulberry Grove Care Center**
8877 S.E. 165th Mulberry Lane, 674-1750
- The Villages Health Lake Sumter Creekside Care Center**
1050 Old Camp Road, Building 100, 674-1760

Specialty care

- USF Health Specialty Care Center**
1400 N. U.S. Highway 27/441, Building 810
674-8731



George Horsford / Daily Sun

Pete Clarkson, chief executive officer of North/Central Florida for UnitedHealthcare Medicare & Retirement, shares information about many different facets of Medicare during an overview presentation last week at Savannah Center. Clarkson was speaking as part of a series of presentations and workshops that were connected with National Medicare Education Week.

Learning about Medicare

Overview

Area residents learn importance of options before open enrollment

It’s all about the research. That’s the message Villagers and other area residents took away from two presentations that provided an informative overview of Medicare. The seminars were held earlier this week at Savannah Center as part of UnitedHealthcare’s National Medicare Education Week, which returned to Florida’s Friendliest Hometown for the second year in a row.

The event is put on one month before the annual open enrollment period (Oct. 15-Dec. 7) when Medicare beneficiaries can make changes to their coverage plans.

According to presenter Pete Clarkson, chief executive officer of North/Central Florida for UnitedHealthcare Medicare & Retirement, the message he wanted people to take home really was quite simple.

“Do your homework,” Clarkson said about the steps residents should take before open enrollment begins. “Come prepared to ask the right questions about your health care. You want to understand everything from has anything changed in my health condition, to financial status, to are my docs, my hospitals and my specialists in the network? Are my drugs covered?”

During the presentations, Clarkson explained some of the differences between basic Medicare, Medicare Supplement plans and Medicare Advantage. He said the level of care each person needs is different, since health care is very personal.

“Medicare is not one size fits all,” he said. “And in addition to that, you have many carriers of Medicare insurance in this market. So you have to do your research.”

Throughout the presentation, Clarkson explained a variety of topics, such as who is eligible for Medicare and when, coverage options and costs, when and how to sign up, and how to know which plan is right for you, to name a few. And at the end of the session, Clarkson said he really enjoyed the one-on-one time he had with various audience members.

“The questions were great,” he said. “Last year I didn’t get as many questions and they weren’t as detailed. These were really good questions – tough questions.”

New beneficiaries

Villagers have plenty of questions as they prepare to sign up

Questions were the order of business for those new to Medicare. Last Wednesday’s workshop at The Villages Health’s Pinellas Care Center marked the first time UnitedHealthcare has put on a small group session here – an experiment that was deemed a huge success.

“When you can get into a setting where people have the ability to feel more relaxed, they can think about the questions that are really important to them,” said Pete Clarkson, chief executive officer of North/Central Florida for UnitedHealthcare Medicare & Retirement. “And they can get personal about getting the information they need in order to make decisions.”

Clarkson, who spent about 45 minutes fielding questions, said it’s important for those who are new to Medicare to keep several things in mind.

He said it’s extremely important for future beneficiaries to understand everything from original Medicare to Advantage and Supplemental plans to the all-important prescription drug component.

And, he stressed, those getting ready to sign up for original Medicare and Medicare Advantage must be aware of their initial enrollment period – three months before they turn 65, their birthday month and the three months that follow.

“Enrolling at the right time is critical because it can cost you,” Clarkson said. “There are penalties in some circumstances associated with late enrollment. And there are circumstances and conditions where you’re not taking complete advantage of your plan when you don’t enroll on time.”

Clarkson also stressed the importance of doing an assessment of health care needs every year prior to the annual open enrollment period – Oct. 15-Dec. 7. During that time, beneficiaries can change their Medicare plan and prescription drug coverage for the coming calendar year.

“There are regulations that change from the federal government,” he said. “There can be plan changes, which affect your co-payments, your co-insurance and your deductibles. And you want to be thinking about reviewing the formulary for the prescription drugs that you take – what tier are they on and is that the most cost-effective tier for me.”

Advantage plans

Extras can make the difference when comparison shopping

Medicare Advantage plans typically offer a variety of benefits that traditional Medicare doesn’t cover.

That was just one of the many points about those plans that was discussed during Fridays’ workshop at the Lake Sumter Landing Medicare-Store that was hosted by Pete Clarkson, chief executive officer of North/Central Florida for UnitedHealthcare Medicare & Retirement. He pointed out that Advantage plans cover everything that original Medicare’s Part A and B offer, but it’s the extras that truly make a difference.

“You may have a fitness benefit or an eyewear benefit,” he said. “You may have a dental benefit or hearing aid benefits.”

Clarkson said the other major plus to Advantage plans is that there’s a cap on out-of-pocket expenses that doesn’t exist with original Medicare. In 2014, that limit is \$6,700. But Clarkson said that out-of-pocket maximum also could be lower, depending on the plan.

Overall, Clarkson said he was thrilled with the workshop, which featured close to 40 minutes of question-and-answer time.

“It’s really a great learning environment and a learning experience,” he said. “The residents ask questions and the others that don’t ask questions get the opportunity to hear the answers and learn from all the questions of their neighbors.”

Clarkson encouraged everyone at the session to do plenty of research before selecting an Advantage plan, since there are close to a dozen available in the tri-county area that are provided by several different insurers. He added that beneficiaries shouldn’t be surprised when they discover that those plans might vary when it comes to premiums, deductibles and co-pays.

“You have the ability to save money as a result of using networks of providers,” he said. “Sometimes they’re limited. Sometimes they’re statewide. So you have to do your homework.”

That homework, Clarkson added, should start with a checklist of the things that are most important to you.

“First determine what it is that you want and what you need,” he said. “Then go look at some plans.”