

# Senior Living



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# Pros and cons of reverse mortgages

Chances are you have come across an advertisement for a reverse mortgage and have probably wondered what this type of mortgage is all about. Geared toward seniors, reverse mortgages are growing in popularity and inspiring the curiosity of older homeowners.

A reverse mortgage is a loan offered to people over the age of 62 that enables borrowers to convert part of the equity in their homes into cash. People of retirement age may find that their limited income can make monthly expenses more difficult. Reverse mortgages were conceived as a method to helping people at this stage in life use the money they put into their homes to pay off debts or cover routine living expenses. The loan is dubbed "reverse mortgage" because instead of the homeowner paying money to a lender as is custom-

**A Reverse Mortgage is not for everyone, but it might be worth considering if...**

- 1 You are committed to staying in your home, either because you don't want to leave or because other housing alternatives are unappealing or unaffordable.
- 2 You want to enhance your lifestyle and enjoy your golden years.
- 3 You want a cushion for major expenses such as medical bills for a serious or long-term condition, or for major home repairs
- 4 You have a regular need for additional income to live on and your only significant asset is your home
- 5 You want the peace-of-mind that comes from knowing your financial needs are taken care of.

ary with a traditional mortgage, the lender makes payments to the borrower. What's more, the borrower is not required to pay back the loan until the home is sold or vacated. As long as a person is living in the home he or she is not required to make any payments toward the reverse

mortgage loan balance. However, the borrower must remain current on insurance and tax payments.

When a person takes out a reverse mortgage, he or she may borrow a portion of the market

**See MORTGAGE, Page 10**

**STOP** Before you can get an HECM Reverse Mortgage you are **required** to meet with an HECM counselor to discuss your options, eligibility, and requirements. To find an HECM counselor near you, call (800) 569-4287.

**Tip:** A face-to-face meeting is strongly encouraged over telephone counseling to make sure you make an informed and independent decision.

**Potential Advantages...**

- 1 A Reverse Mortgage can help you maintain your financial independence or improve your quality of life.
- 2 It will allow you to remain in your home and keep title to your property.
- 3 The money you receive is tax-free. It is not usually considered income.
- 4 You make no payments (principal or interest) until the loan ends or the house is due.
- 5 Your income is not a consideration in obtaining the loan since there are no payments until the loan ends.
- 6 You cannot owe more than the value of the house at the end of the loan.

**What seniors need to be aware of...**

- 1 Your home may be more important to your heirs than yourself. Be sure to talk with your family about such important decisions.
- 2 The Federal regulations regarding mortgages are constantly changing. Be sure you have recently talked to a HECM counselor.
- 3 Reverse Mortgages are a new product to many sales agents. Make sure you work with an Reverse Mortgage specialist.



*When living alone is no longer an option and a nursing home isn't the answer*



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# Things to consider before downsizing your home

The decision to downsize a home is often bitter-sweet. Many couples who downsize their homes do so after raising a family.

A home might be filled with memories, but downsizing a home helps couples save more money, and that financial flexibility often allows men and women to more fully enjoy their retirement.

But in spite of the financial impact of downsizing a home, there's more than just money at stake for homeowners thinking of downsizing their homes.

The following are a handful of factors homeowners should consider before downsizing to a smaller home.

## Real estate market

The real estate market can be a seller's friend or foe.

Many sellers have a sale price in mind when they decide to sell their home, but the real estate market can be fickle, so homeowners should do their research before putting their home up for sale.

Will the current market make it easier for you to get the most for your home, or will you have to settle for less than you prefer?

How fast are similar homes in your area selling?

When studying the real estate market, it's also a good idea to study the market for smaller homes.

If you plan on moving into a condominium but the market is not flush with properties, you might end up paying more than you want to for your new home, which might negate

the savings you can expect from downsizing.

## Furniture

When downsizing to a smaller home, many couples realize their current furniture is unlikely to fit into a smaller home.

That means couples will have to sell or donate their current furniture and then buy all new items for their new home.

If it's been a while since you purchased new furniture, you might be in for some sticker shock on your first visit to the furniture store.

Another thing to consider regarding your furniture is which items you simply can't live without.

An antique dinner table might have been the centerpiece for your family holidays over the last several decades, but there's no guarantee it will fit into your smaller home.

You may want to pass



this down to your son or daughter, but that's only possible if he or she has the room for it.

Before deciding to downsize, consider your attachment to certain items that you may or may not be able to take with you to your new home and the emotional toll that selling such items might take if you're left with no other options.

## Proximity to family

When downsizing to a smaller home, many couples move out of the sub-

urbs and into cities or towns with more ready access to culture and restaurants.

While that accessibility is great, grandparents may find that it comes at the cost of less time with their grandchildren.

That's a steep price to pay for doting grandparents, and it may also impact your children if

## Medical care

Many older men and women must also consider the effect that moving may have on their medical care.

Downsizing to a home in the country may make it harder to maintain contact with your current physician, and rural areas typically have less medical practitioners than more

densely populated towns and cities.

In addition, if you have been visiting the same physician for years, you may not want to move and have to start all over again with a physician who is unfamiliar with your medical history.

Consider how much maintaining your existing relationship with your physician means to you, and if your next home will provide the kind of access to medical care you're likely to need.

Downsizing a home is not just about moving into a smaller property.

To ensure you're making the right decision, many factors must be considered before downsizing.



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# Dog breeds that are especially compatible with seniors

Pets often make ideal companions. They are around when a person needs support, they can provide protection for those living alone, they're always willing to lend an ear to problems, and many tend to offer unconditional love.

Seniors facing an empty nest or the loss of a spouse may find pets can buoy their spirits.

Studies have shown that seniors can benefit both mentally and physically from having a pet around. Pets can alleviate anxiety, depression and boredom.

While pets can provide comfort and companionship, they remain a significant responsibility.

Seniors should find an animal that will fit in with their lifestyles. This is an important consideration for those seniors who travel frequently or have mobility issues.

In addition, men and women living in senior communities or assisted living facilities should determine if there are any pet restrictions in place.

Those seniors who have decided that a dog will be the best fit can choose among several breeds that may be a good match for their needs.

When selecting a dog, consider both size and temperament. Smaller dogs tend to be easier to handle and will need less maintenance. They are easily carried and won't take as long to bathe and groom.

Smaller dogs also consume less food than larger breeds, reducing the expense of dog food and the hassle of wrangling large, heavy bags of chow.

Temperament is also important, as some breeds tend to be more easygoing than others.

Larger breeds may be preferable to a smaller breeds, which tend to be hyperactive.

The following are some dogs that can be especially compatible with seniors.

■ **Pug:** Equally playful and willing to be a lap dog, the pug requires little exercise and grooming. The breed is typically



**THE LOYALTY** and intelligence of Schnauzers makes them ideal companions.

nonaggressive and submissive. Pugs are good-natured and playful; they don't often bark and are easy to train.

■ **Shih Tzu:** The Shih Tzu lives for attention, but this breed can be dominant and difficult to train. The Shih Tzu will be alert to its surroundings and can be a good watchdog.

■ **Pomeranian:** Pomeranians look like big balls of fur and can bring a smile to an owner's face. The breed tends to be perky, can display dominance and can be difficult to train. Because Pomeranians can be dog-aggressive, they may be best as the only pet in the house.

■ **Yorkshire terrier:** The Yorkie is a diminutive breed in size only, as they tend to have exuberant personalities that dwarf their stature. The ideal lap dog, Yorkies want to lie around and lounge, though some do like to bark. If the fur is kept short in a

"puppy cut," the dog can be easy to maintain.

■ **Pembroke Welsh Corgi:** This medium-sized dog hails from Wales and typically requires only moderate exercise and little grooming. They are easy to train and moderately dominant. They don't bark excessively, and they often get along with other dogs.

■ **Schnauzer:** Available in three sizes, Schnauzers are good companions and protectors. This is an intelligent and loyal breed and will need to be kept amused to stave off boredom.

■ **Brussels Griffon:** These dogs do not shed, but they will require professional grooming at least once every 3 months. If socialized early, the Griffon can be a good companion but will likely remain wary of strangers. They are good watchdogs and devoted to their owners.

## STARTING YOUR SECOND ACT

# How to choose your next career

The days when professionals would spend their entire professional lives with a single firm are largely a thing of the past. In fact, many people not only switch companies multiple times before retirement, but some even switch professions before retiring.

As exciting as it can be to pursue a new career, men and women over 50 know that such a decision is not without risk. While younger professionals with few obligations can often handle bumps in the road on their way to a second career, older professionals making a similar move often must consider the potential effects such a pursuit might have on their families, finances and futures, including their retirements. But as difficult as it may seem to pursue a second career after your fiftieth birthday, there are steps men and women over 50 can take when pursuing a new career to ensure their second act is as successful as the first.

■ **Decide what you want, and not just what you want to do.** The desire to pursue a second career no doubt stems from more than just dissatisfaction with a current profession. Many people switch jobs or even careers because they find their current careers too demanding, leaving little time for family or hobbies that have nothing to do with work.

If what you really want is more time at home or more time to pursue a particular hobby, then keep this in mind when looking for a second career, and make sure that career won't demand too much of your time.

■ **Assess your skillset.** Professionals over 50 have lots to offer, but it's still important for such men and women to make an honest assessment of their skillset and find a career in which those skills are transferable.

If there are any particular aspects of your current job that you want to avoid in the future, consider that when assessing your skills and choosing a second career.

Even if they don't know it, established professionals over 50 have many transferable skills, and such skills can be a considerable asset when pursuing a second career, especially when those skills have been assessed and can be applied to a new profession.

■ **Make a trial run.** Nowhere does it say that professionals can't take a trial run at a second career while still fully engaged in their first career. In fact, testing the waters before you jump in is a good way to gauge your inter-

See CAREER, Page 8

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# COOKING FOR TWO

Seniors face many changes as they move into their golden years.

Downsizing living spaces and vehicles is common, as is implementing certain changes to improve quality of life.

Many seniors also scale back in the kitchen, where some must make changes because of medical conditions.

While it seems like reducing food portions would be easy, those used to prepping meals for a large family may find it difficult.

The following tips can make meal preparation efficient and cost-effective.

## ■ Divide and store.

Supermarkets are increasingly offering larger packages of food products as well as “family size” offerings to compete with warehouse clubs.

Buying in bulk can help individuals save money, but it may not always be practical for people living alone or with just a spouse.

If you must buy in bulk,

invest in a food vacuum sealer or freezer storage bags.

Immediately separate meats and poultry into smaller portions before storing them in the freezer.

Otherwise, look for bulk items that are individually wrapped to maintain freshness.

Many canned and jarred items can be covered and stored in the refrigerator after containers are opened.

## ■ Plan meals with similar ingredients.

To reduce food waste, use leftovers to create casseroles or mix them in with new meals.

Broiled or grilled chicken can be used to make soups, stir-fry dishes, fajitas, and sandwiches.

The fewer ingredients you have to buy, the smaller the risk of

spoilage.

## ■ Cut recipes in half.

Recipes can be cut down depending on how many mouths need to be fed.

When baking, cutting back on proportions of ingredients can be challenging.

Search online for recipe-scaling programs that can make the work easier.

## ■ Cook on the weekend.

Use a weekend day to prepare food and package it into small containers in the refrigerator or freezer.

Then the containers can be taken out as needed and heated quickly in the microwave for fast meals.

## ■ Organize a meal-sharing club.

Get together with a few friends who also have empty nests and split cooking duties. If you're accustomed to cooking

larger portion sizes, do so and then spread the wealth with others in the group.

Then sit back and relax when it is your opportunity to have meals delivered to you.



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# Wiley Insurance can help you through it all

CONNEAUT — If you are turning 65 or just think insurance is complicated and confusing, Ann Wiley and Jackie Wiley can make sense of it all.

Most people find comparing all the different types of plans and companies as well as the prescription plans a daunting task.

For 30 years Ann Wiley has matched people with the best policies, specializing in coverage geared to the seniors.

She is an independent agent licensed with 10 different companies, a status that allows her to locate the best plans possible. She is a senior care specialist who deals in Medicare related products, supplements, advantage plans, Part D prescription plans, life insurance for all ages, 401K rollovers and fixed indexed annuities.

Ann was recognized by United Health Care as the top Medicare Supplement producer and a top five 'All Star' agent for submitting the most sales and volunteer service hours in 2013.

Wiley has worked in Ohio and Pennsylvania and has more than 2000 clients scattered across the region. Jackie Wiley is also a licensed agent in Ohio and works out of the same office.

They visit personally most of their clients to answer questions about coverage and policies to provide expert advice.

Many seniors are not aware of all the rules and enrollment periods so having someone to talk to makes them feel more comfortable in their decisions.

The laws have limited the ability to contact senior to offer help with these decisions, especially when they are turning 65. Federal law prohibits agents from calling, going to the door or soliciting seniors in any manner except by mail. If an agent does call or solicit a senior they can be fined or prohibited from selling these products.

Wiley is a long-time volunteer at the Ashtabula Senior Center and is President of the Ashtabula County council on Aging board. She is a member of the Conneaut and Ashtabula Chambers of Commerce, leads the mission team at New Leaf United Methodist Church in Conneaut, and is in charge of the WWII veterans hospitality tent at the D-Day reenactment in Conneaut.



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Continuing education is a big part of her professional life. Agents must meet education based requirements every two years to keep their state licenses.

In addition agents who sell Medicare products must be recertified every year for each product and company they sell for the open enrollment periods. Wiley said that many people do not know that they can change a Medicare Supplement any time during the year and may pay a higher premium unnecessarily.

Also seniors may qualify for prescription assistance but never apply. Wiley insurance can help you through that process also.

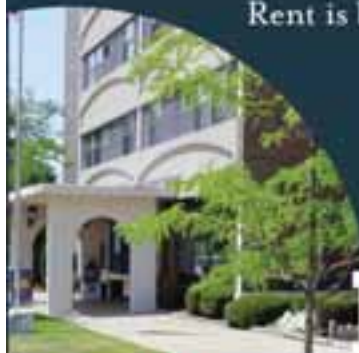
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# Career

From Page 4

est in a potential second career and how well your skillset applies to that field.

A trial run, which can be conducted by volunteering with a nonprofit organization or through a part-time job or simply offering your servic-

es to a company free of charge in exchange for a chance to learn how the business operates, can shed light on the inner workings of a particular industry, showing you how things work behind the curtain. Testing the waters may reaffirm your belief that a certain line of work is for you, or it might send you back to the drawing board.

Either way, it's valuable experience that may reassure you that whatever decision you ultimately make is the right one.

■ **Don't go it alone.** Switching careers after 50 carries some risk, but it's certainly a risk that many before you have been willing to take. If you know any people, be it a friend, family member or for-

mer or even current colleague, who has reinvented themselves professionally, then speak with these people and ask for any advice they might have.

The notion of changing careers is exciting, and you can expect your personal and professional confidantes to share your excitement and be willing to help you in any way they can.

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## DID YOU KNOW?

■ Though vaccines are usually associated with childhood or foreign travel, older adults may need certain vaccinations as they age.

Even those who received immunizations as youngsters may need refresher doses or vaccinations tailored specifically to the over 50 crowd. Seniors are urged to talk to their doctors about certain vaccines.

In addition to flu shots, there are vaccinations that can help prevent other illnesses, such as pertussis (whooping cough), shingles, diphtheria/tetanus, and pneumonia.

Shingles is a condition that affects those who had chickenpox as children, and can be quite painful.

A vaccination is an easy way to avoid it.

Many local pharmacies now offer on-site immunizations, saving people a trip to the doctor's office.

■ According to Age in Place, nearly 60 percent of available senior income is being spent on housing and healthcare, and those expenditures do not include transportation or food.

The rising costs of many necessities can make it difficult for seniors to make ends meet and, as a result, certain money-saving measures are often necessary.

One idea to save money is to shop for food on a full stomach. It's a fact that people buy less when they're full, as they are not prone to impulse buys to squash hunger pangs.

■ Cardiac arrest is the abrupt loss of heart function in a person who may or may not have diagnosed heart disease.

Though often mistaken as the same thing as a heart attack, cardiac arrest is not the same.

■ Alzheimer's patients who engage in simple mental activities, such as doing puzzles, can slow down their loss of brain function.

Help seniors fight Alzheimer's by doing puzzles with them and by donating puzzles to organizations that serve seniors.

■ Seniors want company! Sometimes their families live far away, and their friends might not be able to visit them. Plan a visit with seniors to play bingo, board games, sing to them, read to them or give them a holiday card.



Medicaid and Medicare are two governmental programs that provide medical and health-related services to specific groups of people in the United States.

Although the two programs are very different, they are both managed by the Centers for Medicare and Medicaid Services, a division of the U.S. Department of Health and Human Services.

**Medicare is a social insurance program** that serves more than 44 million enrollees (as of 2008). The program costs about \$432 billion, or 3.2% of GDP, in 2007.

**Medicaid is a social welfare (or social protection) program** that serves about 40 million people (as of 2007) and costs about \$330 billion.

Both Medicaid and Medicare were created when President Lyndon B. Johnson signed amendments to the Social Security Act on July 30, 1965.

**What is Medicaid?**

Medicaid is a means-tested health and medical services program for certain individuals and families with low incomes and few resources. Primary oversight of the program is handled at the federal level, but each state:

- Establishes its own eligibility standards,
- Determines the type, amount, duration, and scope of services,
- Sets the rate of payment for services, and
- Administers its own Medicaid program.

**What services are provided with Medicaid?**

- Although the States are the final deciders of what their Medicaid plans provide, there are some mandatory federal requirements that must be met by the States in order to receive federal matching funds. Required services include:
- Inpatient hospital services
  - Outpatient hospital services
  - Prenatal care
  - Vaccines for children
  - Physician services
  - Nursing facility services for persons aged 21 or older
  - Family planning services and supplies
  - Rural health clinic services
  - Home health care for persons eligible for skilled-nursing services



- es
- Laboratory and x-ray services
  - Pediatric and family nurse practitioner services
  - Nurse-midwife services
  - Federally qualified health-center (FQHC) services and ambulatory services
  - Early and periodic screening, diagnostic, and treatment (EPSDT) services for children under age 21

States may also provide optional services and still receive Federal matching funds. The most common of the 34 approved optional Medicaid services are:

- Diagnostic services
- Clinic services
- Intermediate care facilities for the mentally retarded (ICFs/MR)
- Prescribed drugs and prosthetic devices
- Optometrist services and eyeglasses
- Nursing facility services for children under age 21
- Transportation services
- Rehabilitation and physical therapy services
- Home and community-based care to certain persons with chronic impairments

**Who is eligible for Medicaid?**

Each state sets its own Medicaid eligibility guidelines. The program

is geared towards people with low incomes, but eligibility also depends on meeting other requirements based on age, pregnancy status, disability status, other assets, and citizenship.

States must provide Medicaid services for individuals who fall under certain categories of need in order for the state to receive federal matching funds. For example, it is required to provide coverage to certain individuals who receive federally assisted income-maintenance payments and similar groups who do not receive cash payments. Other groups that the federal government considers “categorically needy” and who must be eligible for Medicaid include:

- Individuals who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their state on July 16, 1996
- Children under age 6 whose family income is at or below 133% of the Federal poverty level (FPL)
- Pregnant women with family income below 133% of the FPL
- Supplemental Security Income (SSI) recipients
- Recipients of adoption or foster care assistance under Title IV

of the Social Security Act

- Special protected groups such as individuals who lose cash assistance due to earnings from work or from increased Social Security benefits
- Children born after September 30, 1983 who are under age 19 and in families with incomes at or below the FPL
- Certain Medicare beneficiaries

States may also choose to provide Medicaid coverage to other similar groups that share some characteristics with the ones stated above but are more broadly defined. These include:

- Infants up to age 1 and pregnant women whose family income is not more than a state-determined percentage of the FPL
- Certain low-income children under the age of 21
- Low-income institutionalized individuals
- Certain aged, blind, or disabled adults with incomes below the FPL
- Certain working-and-disabled persons with family income less than 250 percent of the FPL
- Some individuals infected with tuberculosis
- Certain uninsured or low-income women who are screened for breast or cervical cancer
- Certain “medically needy”

persons, which allow States to extend Medicaid eligibility to persons who would be eligible for Medicaid under one of the mandatory or optional groups, except that their income and/or resources are above the eligibility level set by their State.

**Who pays for services provided by Medicaid?**

Medicaid does not pay money to individuals, but operates in a program that sends payments to the health care providers. States make these payments based on a fee-for-service agreement or through prepayment arrangements such as health maintenance organizations (HMOs).

Each State is then reimbursed for a share of their Medicaid expenditures from the Federal Government. This Federal Medical Assistance Percentage (FMAP) is determined each year and depends on the State's average per capita income level. Richer states receive a smaller share than poorer states, but by law the FMAP must be between 50% and 83%.

**What is Medicare?**

Medicare is a Federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans.

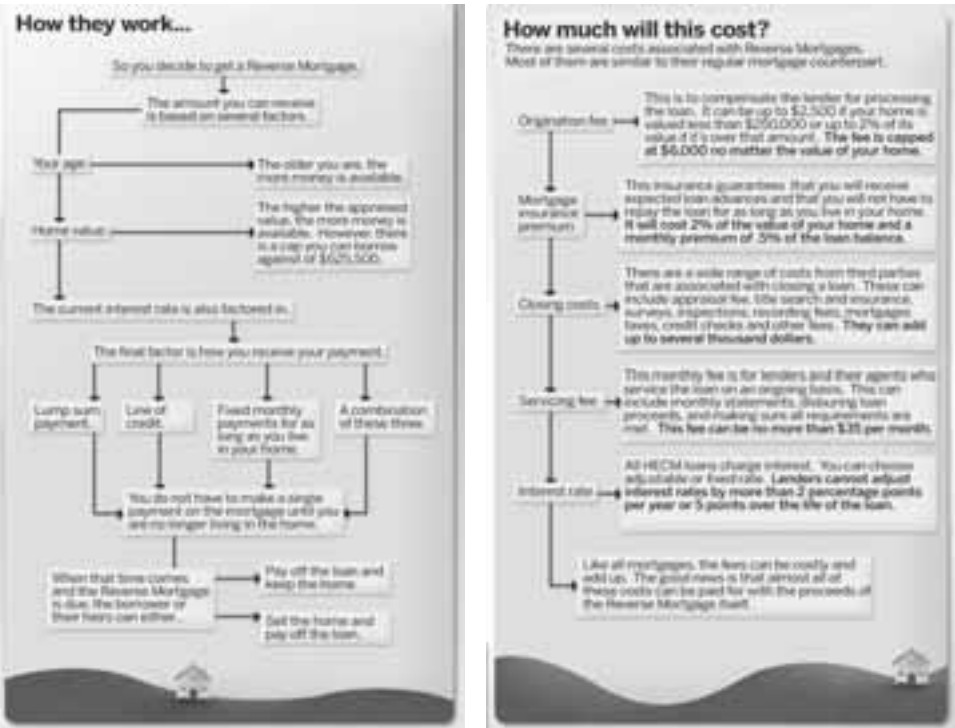
The program consists of two main parts for hospital and medical insurance (Part A and Part B) and two additional parts that provide flexibility and prescription drugs (Part C and Part D).

**Medicare Part A**, or Hospital Insurance (HI), helps pay for hospital stays, which includes meals, supplies, testing, and a semi-private room.

This part also pays for home health care such as physical, occupational, and speech therapy that is provided on a part-time basis and deemed medically necessary.

Care in a skilled nursing facility as well as certain medical equipment for the aged and disabled such as walkers and wheelchairs are also covered by Part A.

Part A is generally available without having to pay a monthly premium since payroll taxes are used to cover these costs.



# Mortgage

From Page 2

value on the home. As of 2012, the maximum loan amount available in the United States was \$625,000. Any outstanding existing mortgages are paid off with the proceeds of the reverse mortgage, and either a lump sum of the balance or monthly payments are established. A homeowner may also opt for a line of credit with the reverse mortgage proceeds. Here is a more in-depth look at the pros and cons to reverse mortgages.

### Pros

A reverse mortgage enables seniors to live in their homes for the rest of their lives without fear of mortgage payments. Because there are no payments being made during the life of the loan, borrowers do not have to meet income requirements or credit checks.

As long as the borrower continues to maintain residence in the home, he or she is still eligible for the monthly payments received through the reverse mortgage. This money can be used for any purpose and is tax-free.

Borrowers can opt to modernize their homes or make safety improvements. The funds can also be put toward medical expenses or travel or to help family with their own financial needs.

Because the government insures the reverse mortgage pro-

gram, borrowers need not worry about receiving their payments. Should a lender fail to make a payment, the borrower is eligible for that money and a late fee as well.

Another benefit of reverse mortgages is they protect homeowners against falling home prices. If the value of the home drops after the loan is negotiated, it will not affect the equity value assessed for the life of the loan.

### Cons

One down side to reverse mortgages is that the loans have higher up-front fees than other types of financing. Borrowers have to pay not only an origination fee and closing costs, but mortgage insurance costs as well. These initial costs can be several thousands of dollars.

Unlike a traditional mortgage, where the balance gets lower and lower over time, with a reverse mortgage, no payments are being made on the loan. This means the loan balance simply gets larger over time depending on how much money is drawn from the home's equity. At the end of the loan, when the homeowner moves from the property or the premises is vacated upon the borrower's death, the value of the estate decreases based on the pay-off value of the reverse mortgage loan. Heirs will pay off the mortgage by selling the home and will only inherit the remaining money after the reverse mortgage lender has the loan satisfied. This

means men and women will be leaving less money for their heirs, but those heirs will not be personally liable if the home sells for less than the value of the mortgage. The mortgage lender has to claim a loss and request reimbursement from the Federal Housing Administration.

Something many seniors may not be aware of with regard to reverse mortgages is that these loans can affect eligibility for some need-based programs. Although Social Security and Medicare are not affected, Medicaid and other government assistance programs can be affected if a senior has a surplus of funds from a reverse mortgage that are not spent during the month.

A reverse mortgage is a long-term solution. People who are looking for a short-term fix will find that this type of loan probably doesn't meet their needs. Furthermore, it is hard to be approved for reverse mortgages on newly purchased homes. Lenders usually like to see at least six months or a year chain of title on a property before issuing a reverse mortgage.

Many seniors often find reverse mortgages confusing. Seniors may unwittingly agree to a loan without fully understanding the scope of the reverse mortgage. It is advisable to seek counseling on reverse mortgages before applying for one.

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# Coverage

From Page 9

**Medicare Part B** is also called Supplementary Medical Insurance (SMI).

It helps pay for medically necessary physician visits, outpatient hospital visits, home health care costs, and other services for the aged and disabled.

Part B requires a monthly premium (\$96.40 per month in 2009), and patients must meet an annual deductible (\$135.00 in 2009) before coverage actually begins. Enrollment in Part B is voluntary.

**Medicare Advantage Plans** (sometimes known as Medicare Part C, or Medicare + Choice) allow users to design a custom plan that can be more closely aligned with their medical needs.

These plans enlist private insurance companies to provide some of the coverage, but details vary based on the program and eligibility of the patient.

In 2006, Medicare expanded to include a prescription drug plan known as **Medicare Part D**.

Part D is administered by one of several private insurance companies, each offering a plan with different costs and lists of drugs that are covered.

Participation in Part D requires payment of a premium and a deductible. Pricing is designed so that 75% of prescription drug costs are covered by Medicare if you spend between \$250 and \$2,250 in a year.

The next \$2,850 spent on drugs is not covered, but then Medicare covers 95% of what is spent past \$3,600.

What about services that are not provided through Medicare?

Supplemental coverage for medical expenses and serv-

ices that are not covered by Medicare are offered through **MediGap** plans.

MediGap consists of 12 plans that the Centers for Medicare and Medicaid Services have authorized private companies to sell and administer.

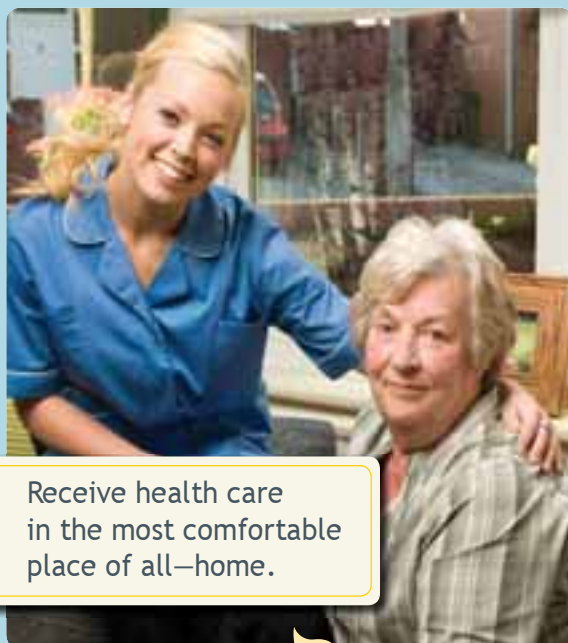
## Who is eligible for Medicare?

To be eligible for Medicare, an individual must either be at least 65

years old, under 65 and disabled, or any age with End-Stage Renal Disease (permanent kidney failure that requires dialysis or a transplant.)

In addition, eligibility for Medicare requires that an individual is a U.S. citizen or permanent legal resident for 5 continuous years and is eligible for Social Security benefits with at least ten years of payments contributed into the system.

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• Would you say that you are aware of the ringing in your ears on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the ringing in your ears bother or annoy you?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the ringing in your ears interfere with your ability to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>
• Would you say that because of the ringing in your ears you have trouble sleeping or falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you believe the ringing in your ears interferes with your ability to hear?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of these questions, it is important to have a tinnitus evaluation. **Call today to schedule an appointment (855) 856-2244.** If you've tried other tinnitus relief options without success, or are finally ready to stop letting the ringing in your ears take over your life, give the Audibel A2 Tinnitus device a try.

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