

# Turning 65 soon?

By David Unterman



Even in a pandemic, the calendar marches on. Every month, people reach a key milestone: birthday number 65 and the start of Medicare. But how can you get informed about Medicare if local agents can't host meetings? Well, you can call us. Also, here's some of what you need to know, and tips on how to learn more.

## IS MEDICARE GOOD COVERAGE?

It's likely the best health insurance coverage of your life, if you get Medicare's Part A and B, plus a Medicare Supplement insurance plan and maybe a part D drug plan.

## WILL MY MEDICARE START AUTOMATICALLY?

Only if your Social Security pension has started. If it hasn't, ask to start part B of the health coverage--call 866 931 6087 or go to SocialSecurity.gov. You can delay the monthly pension, but get the health care coverage. Don't delay getting part B--there's a big penalty for being late, and your under-65 coverage probably expires anyway.

## BUT MEDICARE HAS HUGE DEDUCTIBLES.

It omits the first \$1408 of each hospital stay. And for outpatient services, surgery, and tests, you cover the first \$198 a year, plus 20% of everything. That's where costs can pile up.

A Medicare Supplement removes those worries. A 65-year old pays between \$95 and \$115 for great coverage, almost 100%.

## FALL IS OPEN ENROLLMENT, RIGHT?

No, turning 65 is more important. Let's say you hit 65 on Feb. 14, and you received a card showing that Medicare Parts A and B started Feb. 1. That allows you to get any Medicare Supplement coverage you want any time through the end of July, no questions asked. After that you can get denied. For drug plans, you'd only have through the end of

May.

## I HATE HAVING A LIMITED CHOICE OF DOCTORS AND HOSPITALS.

Good Medicare Supplements don't use a "network." Our clients can go to nearly any hospital or doctor in the USA. Specialist? Mayo Clinic? University of California? You're covered. If you don't have a "family doctor", we know local ones that want new Senior clients.

## PRESCRIPTIONS ARE ANOTHER PROBLEM! OMIGOSH THE DONUT HOLE!

That's too big a topic for this space. Most people pay less than \$25 a month for a prescription plan. We'll show you how to find the best deal for your needs.

## LET'S TALK MORE ABOUT THIS, SO I CAN GET IT STRAIGHT.

Yes, let's. We're local, experienced, independent, and we don't cost you anything extra. There aren't public meetings for a while, so let's start with a phone call, email, or text--David at 272-4650 [text 263-3297] or Grayson at 575-7099 voice or text, or email: David@bestpolicyhealth.com or Grayson@bestpolicyhealth.com.

We have brief, clear handouts ready to send by email or US mail. We'll show you prices from the major companies and explain all the details—including free gym access when they re-open.

If you want, we can meet in person, probably outdoors and 6 ft or more apart. Don't worry about applications or signatures. We handle that with electronic magic. Medicare itself can help with some tasks. Just phone 800-633-4227 or use Medicare.gov.

If you go online, beware of getting diverted to some random, untraceable insurance agency. For local advice, call a local agent. Folks already on Medicare are invited to contact us too.

# What you should know before you need a ventilator

By Barry Wasserman

This is the title of an April 4, New York Times article written by Dr. Kathryn Dreger, an Internal Medicine Specialist working in a New York hospital. nytimes.com/2020/04/04/opinion/coronavirus-ventilators.

I'm sharing this because I found it a surprising eye opener, and I think it important information to know in the unlikely event that we find ourselves or a loved one with the most severe, life-threatening version of this coronavirus disease.

But more importantly, I want to share a letter I just wrote to my adult children as an informal amendment to my Healthcare Directive. My purpose is not to suggest that my choices should be yours. Such choices are profoundly personal. It is just to provide an example, and maybe an inspiration, for you to speak to your loved ones as clearly as you can muster about your end of life wishes.

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I feel pretty confident that my three kids greatly disliked reading this letter. Only one of them has replied, but it was a sweet reply. It is truly a difficult conversation. But I am convinced that we do a disservice to ourselves and a disservice to those who love us by side-stepping it.

Here's my letter:

*To my dear children - A serious subject I feel obliged to share with you. Hopefully it will remain irrelevant, but who knows.*

*I'm attaching an article in the NYT today written by an Internal Medicine doc explaining what she thinks people ought to know in advance about what a ventilator can and can't accomplish for someone in the ER or ICU severely ill from the coronavirus. After reading this and a few medical journal articles, I shared with Deborah, who is my Health Agent, that if I am stricken with the most severe version of this disease, I do NOT want to be intubated and*

*put on a ventilator. Instead, I would want to be treated with palliative care that reduces my severe discomfort and be allowed to die relatively quickly if that's what the virus is going to do to me.*

*I'm sharing this with you because I want you all to be clear about my wishes and my reasons so that Deborah is not alone in making hard choices on my behalf.*

*This could be and maybe should be a longer discussion; that is, if we are willing to entertain such troubling talk. But for now, my view is this: I'll be 72 in a few days. I have had the very good luck of a long and mostly healthy life. As long as I can maintain some reasonable semblance of this able-bodied and able-minded life, I'm all for living a lot more of it! But if this life were to suddenly come to an end after a short, hard battle with an infectious disease, I would still count myself as very lucky. This might even be an improvement on many of the slower, more common ways of dying.*

*Modern medicine can often accomplish wonderful and amazing things, but it can also trap older and very ill people in a kind of extended limbo where they're kept from dying today, but then given the booby prize of a more drawn out dying or very poor quality living. And my take from reading this article, and then reading some other recent research, is that for a severely stricken Covid-19 patient, a ventilator to keep from dying immediately is an extended ordeal with very poor odds that, at this point in my life, I want no part of.*

*When I was younger and you were all younger, I would have endured anything and accepted poor odds for even a slim chance to stay alive and functional. But no longer. To me this feels like a kind of relief, though the thought of leaving you makes me profoundly sad.*

*This kind of thinking is not new for me, and it would apply to many other possible scenarios other than the Covid-19. Would any of you want to talk about this? Or is it enough for you to just read/hear what I'm saying?*

*I love you. - Your Faithful Dad*  
Barry Wasserman is an End-of-Life Educator at Full Circle of Living and Dying. To learn more, visit fullcirclelivingdyingcollective.com.

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