



The Insurance Place

Spring/Summer 2019

Around the Horn with Coach Reddy



If you've ever been in Mike Reddy's office you've seen his Brooklyn Dodger and St. Louis Cardinal regalia on proud display. We sat down with Mike for a Q and A about his baseball memories:

Mike Reddy, 2B
Bats: Right - Throws: Right

Q: Why the Dodgers?

A: I was born in Brooklyn in '39 and I remember being there until I was about ten, '49 or '50. Then we moved out to Long Island until '57, when I joined the Air Force, 1957-1961. A pretty good time to do it! I guess I left New York right about the time the Dodgers did.

Q: Did you also play?

A: We played a variety of stickball games: stickball where you stand in front of the wall and someone pitches it to you; stickball in the street, where you try to play baseball but get interrupted every five minutes by cars coming by. I was usually a second baseman, I didn't have a strong arm, but I had good movement.

Q: Any favorite Dodger Memories?

A: Yeah. Seeing Jackie Robinson, number 42, steal home plate. You never forget it. And then, the first night that we knew that (Roy) Campanella had the car accident, and was paralysed, done with baseball; when that happened everybody came out to

Ebbets and lit a match or a candle or something. That was the first time I ever saw that. Now everybody uses a cell phone but this was actual lights and everybody was...really touched.

Q: And when did you come on board with the Cardinals?

A: I just quit the Dodgers in '57 and didn't root for a team until the Cardinals, about ten years ago, LaRussa was there, Pujols was there, Eckstine was gone I think. I started pulling for them because I liked the organization and the way they did things. Basic baseball done so well is what drew me to them.

Q: I know you coached youth baseball for a couple decades. Is there anything baseball managers and CEOs need to have in common?

A: Well, I was a pretty "out of the box" manager. But I would always have the kids at the beginning of the year elect a captain and a co-captain, and then I used to tell the captains, 'Okay here's the deal: when we're finished with practice, I want all the gear picked up, in the bags, and put in the trunk of my car.' And I said, 'you being the captains, you guys don't have to do it, you can get somebody else to do it.' And then they'd always say, 'Well what if we can't get somebody else to do it, can we make them run laps, or...?' And I'd say 'No. You can't do anything, just get them to do it.' And then they'd say 'What do we do if we can't get them to do it?' And I say: 'You have to do it!'

And the last game of the season, most of these teams ended up pretty disciplined, you know, paying attention in the dugout, all that stuff. So in the last game of the season, I used to just sit on the side, have my captains take care of the dugout, and make the lineup, I learned some lessons!

Kelly Oristano

The Silver&Fit® Program Embrace Active and Healthy Aging



The Silver&Fit exercise and healthy aging program is provided by American Specialty Health (ASH). It's designed specifically for older adults. You may get access to Silver&Fit as a Medicare beneficiary through many insurance companies' Medicare Advantage and Supplement plans.

As a Silver&Fit member, you get access to a fitness center membership that includes a broad network of fitness centers and select YMCAs. To find a participating location near you, enter your ZIP code on the website. You can then search among fitness centers that take part in the Silver&Fit program.

Can't travel to a fitness center or prefer working out at home? No problem—enroll in the Silver&Fit Home Fitness Program. This program allows you to choose up to two out of many home fitness kits each benefit year. Home fitness kits may include materials such as DVDs, booklets, and a quick start guide. To enroll visit silverandfit.com.

What is a Transition Refill?

If your prescription drug plan does not cover all of your drugs, you should find out if you could be eligible for a transition refill, also known as a transition fill, which could provide temporary coverage. A transition refill is typically a one-time, 30-day supply of a drug that you were taking before switching to a different Part D plan (either stand-alone or through a Medicare Advantage Plan), or before your current plan changed its coverage at the start of a new calendar year.

Transition refills let you get temporary coverage for drugs that are not on your plan's formulary or that have coverage restrictions (such as prior authorization or step therapy). Transition refills are not for new prescriptions. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The following situations describe when you can get a transition refill if you do not live in a nursing home (there are different rules for those living in nursing homes):

Your current plan is changing how it covers a Medicare-covered drug you have been taking

If your plan is taking your drug off its formulary or adding a coverage restriction for the next calendar year for reasons other than safety, the plan must either:

- * Help you switch to a similar drug that is on your plan's formulary.
- * Or, help you file an exception request.

* Or, give you a 30-day transition fill.

Your new plan does not cover a Medicare-covered drug you have been taking

If a drug you have been taking is not on your new plan's formulary, this plan must give you a 30-day transition refill within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.

If a drug you have been taking is on your new plan's formulary but with a coverage restriction, this plan must give you a 30-day transition refill free from any restriction within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.

In both of the above cases, if a drug you have been taking is not on your new plan's formulary, be sure to see whether there is a similar drug that is covered by your plan (check with your doctor about possible alternatives) and, if not, to file an exception request. (If your request is denied, you have the right to appeal.)

Note: If you file an exception request and your plan does not process it by the end of your 90-day transition refill period, your plan must provide additional temporary refills until the exception is completed.

Medicare Rights Center

Our Team... Here to Serve You

Michael Reddy, *Owner, Agent*

Laura Powell, *VP Sales, Agent*

Maria Jaimes, *VP Operations, Agent*

Kristy Henning, *Director TLC, Agent*

Kaye Johns, *Agent*

Doug Money, *Agent*

Eikeem Barron, *Agent*

Cody Aucoin, *Customer Service, Agent*

Kelly Oristano, *Customer Service, Agent*

Diana Rodriguez, *Customer Service, Agent*

Ashley Powell, *Customer Service*

Kathy Hamann, *Customer Service*

Maria es bilingue, si tiene amigos o familia que necesiten ayuda en español, por favor llamenos.

Summer Safety Tip

Summer tends to bring with it a sense of excitement and a desire to get outside and be active. That's great, but for seniors who have a higher sensitivity to heat, a little more caution needs to be exercised when it comes to making plans in the sun.

Check the side effects of your prescriptions.

Some medications make people more sensitive to the sun. Make sure you know if your prescriptions mean you need to take extra precautions. It probably won't mean you have to forego outdoor activities, just that you'll need to make extra sure to follow the precautions for your medications.

Enjoy your summer!



Thank you for your Referrals!

A great deal of our success is due to your referrals, for which we are grateful and appreciative.

If you know of anyone who might benefit from our many years of expertise and knowledge in the Medicare or Individual Marketplace, please send them our way. We strive to offer our clients better health insurance outcomes and support.

Dental Insurance Coverage

Medical insurance is different from dental insurance, so much that some insurance providers simply refer to their plans as “dental benefits” rather than “coverage.”



Dental insurance only covers you up to a specific limit. Typically that limit is \$1,000-\$1,500 annually. When your reimbursable dental costs go over that limit, you are responsible for paying your dental care costs for the rest of the year.

The policy caps on dental insurance have remained the same for the past forty years. Meanwhile, expenditures for dental services continue to rise, at an average rate of 5.5 percent annually. Given that the average cost for a crown is \$750-\$1200, and the cost of a single implant starts at \$1500, you can exhaust your annual dental allowance fairly quickly.

That said, according to the National Dental Insurance, only 2% to 4% of Americans use their yearly maximum dental insurance allowance. The low usage rate is probably testament to the power of preventative care. A typical dental insurance plan offers what is known as "100-80-50" coverage. This means the plan will pay 100% of the cost of routine preventive and diagnostic care – typically two checkups with

cleanings annually. The big plus of dental insurance is that it encourages you to get preventative care. Keep in mind, dental hygienists are checking your mouth, tongue and gums for indications of your overall health. They take your blood pressure now, too. This is an excellent form of preventative care between regular doctor visits. It's proven that if you keep the plaque off your teeth and gums, it keeps it from effecting your heart.

The typical dental insurance plan will also pay 80% of the cost of basic services such as fillings or root canals, and 50% of the cost of major procedures such as crowns and bridges.

Don't plan on buying dental insurance and getting immediate coverage for pre-existing conditions. There will almost always be months-long waiting period before you can get reimbursed for major procedures such as crowns or root canals.

The last issue is the plan's network. If you love and adore your dentist, and who doesn't, we can find out what plans that dentist's practice contracts with. There are some plans without a defined network, where you can see any provider you like. Premiums generally fall between \$30 and \$60 a month. So you can save up your pennies for a big event, or save a bit with a dental insurance plan.

And don't forget to floss!



The Learning Center will continue to offer New to Medicare classes throughout the summer. If you know of friends and neighbors turning 65 these classes are designed to help them better understand Medicare.

Back by popular demand, Michael Reddy and Don Dickman, specializing in Elder Law, will discuss two topics: Financial Protection Strategies for Seniors and Coping with Change, covering topics regarding loss of a spouse, recognizing the need for assistance and final expense insurance.

In June, Judy Sieber, RN will discuss types of dementia, prevention, medications and support. The second hour will be focused on individual behaviors associated with the disease and approaches to deal with them. Judy worked in several memory care facilities and has a wealth of knowledge.

Donna Courtney, RN, CCM, founder of Adult Living Solutions will help you develop an aging plan. She will discuss costs associated with aging, what is covered by Medicare and Medicaid. Bring your questions.

Call to RSVP, as seating is Limited

Educational Sessions

May

Medicare 101: Wednesday, May 8, 10:00 AM

Financial Protection Strategies: Tuesday, May 21, 10:00 AM
Don Dickman, Elder Law Attorney & Mike Reddy

June

Medicare 101: Tuesday, June 11, 4:00 PM

What is Dementia: Tuesday, June 18, 10:00 - 12:00 PM
Judy Sieber

July

Medicare 101: Tuesday July 30, 1:30 PM

Develop Your Own Plan for Aging: Wed., July 10, 10:00 AM
Donna Courtney

August

Medicare 101: Wednesday, August 21, 10:00 AM



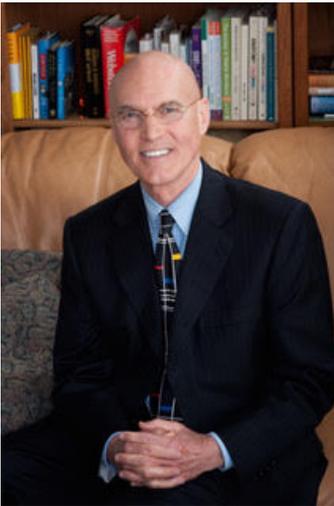
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Chronic Pain and Care



So many people suffer with chronic pain. Most of us know about pain as a symptom. The immediate, short-term symptom of pain tells us to stop. Get help and seek care. Usually short-term pain stops after recovery from the surgery, injury or disease that was painful. Chronic pain (that last for months and even years) hurts just as all pain hurts. However, it does for an entirely different reason. Chronic pain is a disease unto itself.

This disease is due to what happens in our spinal cord and brains due to hyperactivity of

our immune system in the brain. Most of what takes up space between our ears and behind our eyes (occupies 85% of the space in our heads) are glial cells. Brain cells (these are gray; glial cells are white) make up 15% of our central nervous system. Approximately 10% of injury, disease or pain due to surgery, pain continues past 3-4 months. When that happens it sets in motion a "wildfire" that takes over the glial cell-immune cells of the brain. This is the disease of chronic pain. It is a disease of our central nervous system and brain.

There is a helpful video on YouTube: Elliott Krane M.D., "The Mystery of Chronic Pain." This is an excellent, short explanation about the disease of chronic pain. There are a variety of strategies to care for and sometimes reverse chronic pain. This care extends well beyond our usual expectation about getting help from our doctor. These coordinated efforts involve physical therapy, yoga; medical pain specialists who provide interventional care (injections and surgical strategies); osteopathic and chiropractic care plus behavioral pain care (pain psychology); and care from naturopathic physicians. Patients succeed when these efforts are well coordinated together in one practice.

Pain Management Partners offer these efforts in close coordination. Pain Management Partners has been providing care for chronic pain patients for 15 years. All of us work together to help people whose lives have been turned upside down. We coordinate our efforts together so patients learn how to become actively involved in changing their lives to get better so they get to enjoy their families and their work with new energy and enjoyment.

Scott Pengelly, PhD

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