

There's no Family Plan with Medicare

The transition to Medicare often presents a dilemma for married couples who get their health insurance through the older spouse's employer. When that spouse transitions to Medicare, the younger spouse, domestic partner and any dependents may be left without medical coverage.

If you and your spouse are in this situation, you have some considerations:

- How many years will it be before the younger person becomes eligible for Medicare?
- Does the younger spouse have access to a health plan through their employer?
- Are there retiree health benefits from the spouse's former employer that will cover the younger spouse?
- Does the younger spouse have a pre-existing condition that may be an obstacle to getting medical coverage. (Beginning in 2014, an insurer can no longer discriminate on the basis of pre-existing conditions as part of the Affordable Care Act.)

Alternative health insurance options for younger spouses do exist. Here are some options.

Individual Insurance

Many private insurance companies offer individual plans. This is where I can help you find the insurance plan that's best for you. Call me at 440-255-5700 and

we can discuss your options.

COBRA

Temporary Insurance

Spouses and dependent children may be eligible for COBRA insurance through a retiring spouse's former employer for up to 18 months. You may have a short time to apply for COBRA after you spouse retires and you will be responsible for the full insurance premium, so it's best to talk to your benefits manager about this option early in your planning process.

Group Health Plans

Check with organizations you belong to and see if they offer health insurance as a member benefit. These may include professional, alumni and social organizations.

HIPAA-Protected Insurance

HIPAA, or the Health Insurance Portability and Accountability Act of 1996, allows individuals to buy insurance that doesn't exclude or limit coverage for preexisting medical conditions. You are protected by HIPAA if you've had group or COBRA insurance for at least 18 months with no break in coverage longer than 63 days. To learn more visit the Ohio Department of Insurance website at <http://www.insurance.ohio.gov>.

If you have questions, please call me. I can help you determine the choices that are best for you.

INSIDE:

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Dear Customers,

Even though it's only July, we are already getting prepared for this coming fall. In addition to the increased activity that normally goes along with Medicare Open Enrollment, I will be selling both Private and Federal Health Care Reform Exchanges once they become available later this year.

Please refer your friends or family who are looking for a reliable agent to help them navigate the maze of information on Health Care Reform. I'll help them purchase the Health Care Exchange that will best suit their needs.

There is bound to be a lot of data coming out about Health Care Reform and the Exchanges that may be confusing. And, scammers aren't waiting for fall to take advantage of the situation.

According to the state's Attorney General, Mary Taylor, there have been a number of reports of scammers offering to help navigate consumers through the so-called health insurance exchanges. Please don't fall for this. Open enrollment in the exchanges does not begin until Oct. 1. If you have a question about what you're hearing about Medicare and Health Care Reform, please call me and I'll do my best to answer all your questions.

As a safeguard, never provide your personal information, including your Medicare, Social Security and bank account numbers to anyone you do not know and trust.

*Enjoy your summer,
--Laura Mutsko*

How to Appeal a Medicare Decision What you need to know

If you disagree with a coverage or payment decision made by Medicare or your Medicare Advantage plan you have the option to file an appeal. You can file an appeal if:

- Your request for a health care service, supply, item or prescription that you think you should be able to get is denied.
- Your request for payment for health care service, supply, item or a prescription drug you already got is denied.
- Your request to change the amount you must pay for a health care service, supply, item or prescription drug is denied.

You can also appeal if Medicare or your Medicare Advantage plan stops providing or paying for all or part of an item or service you think you still need.

Where to begin?

If you are thinking about filing an appeal, begin by contacting your insurance agent or reading your plan materials to learn more about your appeal rights. Medicare and all companies that provide Medicare Advantage plans are required to help you file

an appeal.

Next, talk to your doctor, health care provider or supplier. Ask them to provide any information that will support your appeal.

The appeals process has 5 levels. If you disagree with the decision made at any level of the process, you can

generally go to the next level. At each level, you'll be given instructions in the decision letter on how to move to the next level of appeal.

You have the right to appoint a representative to help you file an appeal.

Your representative can be your insurance agent, a family member, friend, attorney

or doctor or anyone you choose to act on your behalf.

One of the many benefits of having me as your insurance agent is that I can act as your advocate. As your insurance agent, I know you, your plan and the process for filing an appeal and I provide this service at no charge.

If you have questions about any part of the appeal process, please call me at 440-255-5700 to discuss your concerns.

You have the right to appoint a representative to help you file an appeal. It can be your insurance agent, a family member, friend, attorney or doctor or anyone you choose to act on your behalf.

Help with Medicare Cost

Do you have limited income and assets? You may qualify for help with medical costs for care you receive under Medicare. It may surprise you to know that less than half of those who qualify for this help apply for it.

It depends on your income and assets.

Your income includes retirement benefits, and any money you report for tax purposes. Your assets – property other than your home - will also be considered when determining your eligibility. Eligibility levels vary by state and program and may change from year to year, so it is best to contact Social Security or your state or county's department on aging to find out if you qualify.

Here are a few of the programs you may be eligible for:

- The Medicare Savings Program helps you pay your Original Medicare premiums, deductibles and

coinsurance.

- Prescription drug premium assistance programs help pay



some or all Medicare Part D premiums, deductibles, copays and coinsurance.

- Programs of All-Inclusive Care for the Elderly (PACE) combines medical, social and long-term care services for people

It may surprise you to know that less than half of those who qualify for this help actually apply for it.

over the age of 55 who meet the qualifications to receive nursing home care, but live and get their services in the community.

- Medicaid helps pay costs not covered by Original Medicare (Part A and Part B). It may also

include some added benefits that Original Medicare doesn't cover, including prescription drugs, eye care or long-term care.

Want to learn more?

Contact the Ohio Department of Aging at <http://aging.ohio.gov/services>, call your county's Department of Senior and Adult Services or contact Social Security at 1-800-325-0778.

Friends of Mutsko Insurance Services, LLC

We enjoy doing business with people and companies who share our standards and serve their customers with honesty and respect.

This month I would like to introduce

Jim Webb Viking Painting



Jim is our choice for all our interior and exterior painting needs.

216-210-0813

If you would like to have your business mentioned as a

"Friend of Mutsko Insurance" in our newsletter and on our web site send me an email at lmutsko@mutskoinsurance.com.

Free Report on Medicare

You can now download a FREE copy of my fact-filled report,

"Turning 65 – What You Need to Know About Medicare." For your

copy, please visit my website at www.mutskoinsurance.com



The OPERS (Ohio Public Employees Retirement System) Board of Trustees approved a one-year delay in the implementation of a new retiree health care plan adopted last year. Plan participants and their spouses will retain their current allowance through 2015. This one-year delay applies to all the components of the new plan with a few exceptions.

OPERS is making these timing changes so that current members and retirees can have more time to prepare, educate members and communicate the details of the new retiree health care plan.

For more information, visit www.opers.org.

Receiving our newsletter for the first time?

Welcome! You may be receiving our newsletter because you're one of our customers . . . or you may have attended one of my classes. You may be receiving it because someone in your household has a birthday this year that makes them eligible for Medicare. Regardless of why you're receiving our newsletter, I hope you will find the information it contains useful. If not, please contact our office and we will remove you from our mailing list immediately. If you prefer to receive your newsletter via email, please let us know. Phone: 440-255-5700 or email: lmutsko@mutskoinsurance.com .

Find It & Win!

Somewhere in our newsletter is a **misspelled word**.

Be the first to spot it and call us and you will **win a \$10 gas gift card!**

Call 440-255-5700
or toll-free at
888-951-6201.

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