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Wednesday, September 9, 2020 » MORE AT

INSURANCE

GETTING ANSWERS FOR MEDICARE HEALTHCARE OPTIONS

By Bill Rettew
brettew@21st-centurymedia.com
@wcdailylocal on Twitter

HARRISBURG » Seniors should be aware that Open Enrollment is the time to compare health-care options for 2021.

And state agency APPRISE is there to help.

Susan Neff, APPRISE Director, Education & Outreach Office, Pennsylvania Department of Aging, said the APPRISE Program is available year-round and offers free and confidential Medicare counseling to Pennsylvania's Medicare beneficiaries and those nearing Medicare eligibility.

"APPRISE counselors are specially trained to answer your questions and provide you with objective, easy-to-understand information to help you find the best coverage for your situation and assist you with applying for cost-savings benefit programs," Neff said. "We look forward to assisting you! Please call the APPRISE Helpline at 1-800-783-7067 or visit aging.pa.gov for more information."

Neff answered five questions about the program and how to reach out for assistance:

MEDICARE » PAGE 2



WIKIMEDIA.ORG

Before you see your doctor, know what your options are for healthcare coverage going into the Open Enrollment period for 2021.



WE ARE HERE FOR YOU



At Riddle Village, we understand that this is a time of change and adjustment for everyone. Having over 25 years of experience serving and caring for our residents at every level has helped us respond quickly and effectively to the Covid-19 crisis facing every individual in our global economy today.

We are not just a community; we are a safe place to call home. We are taking every precaution in this difficult time to ensure our residents, employees and caregivers are protected. At the same time, we are still working with those looking for the peace of mind that we can offer with our extensive Lifecare contract.

Riddle Village knows Lifecare and our team members are working diligently to provide our Residents with the best that life has to offer each and every day.



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Medicare

FROM PAGE 1

1. How does APPRISE counsel help Medicare beneficiaries understand their Medicare coverage and insurance?

Pennsylvania Department of Aging's APPRISE program provides education and assistance to Medicare-eligible individuals, their families and caregivers to assist them in making informed health insurance decisions that optimize cost-savings and access to health care and benefits.

Trained counselors provide free, objective information to assist Medicare beneficiaries to explore their Medicare choices. One-on-one, unbiased, personalized counseling is available year-round at local Area Agencies on Aging (AAA) throughout the commonwealth. All services are free and confidential.

Medicare's Annual Open Enrollment Period (AOEP) happens every year from Oct. 15 through Dec. 7. During this time, Medicare beneficiaries can join, switch or drop Medicare Advantage or Prescription Drug Coverage. New coverage begins Jan. 1.

The Medicare & You Handbook is mailed out to all Medicare beneficiaries in September. Medicare Advantage participants receive an Annual Notice of Change in September that details the changes to their plan for 2021. Older adults' healthcare needs or situation may have changed, too, so it's important to review these documents, think about what benefits will matter to them, compare plans and make any changes.

The APPRISE program can assist with comparing plans and costs and making changes. Aging adults may even save money.

2. How does APPRISE help compare prescription drug coverage?

APPRISE helps older adults understand their prescription drug coverage options by using the Medicare Plan Finder tool to find local plans that cover their drugs, and pharmacies that can fill their prescriptions. By comparing coverage, costs and convenience they can find a plan to meet their needs. The booklet, Your Guide to Medicare Prescription Drug Coverage, available at Medicare.gov or by calling 1-800-Medicare, is a great resource for more information.

3. How does APPRISE help with preventative care, long-term insurance?

Early detection and treatment of health conditions can help reduce medical costs and maintain health. APPRISE can help aging adults understand the many Medicare preventative care services, like the annual wellness visit, that are covered at a low or no cost. More information about preventative services can be found at Medicare.gov. Medicare doesn't cover long-term care. APPRISE counselors can help older Pennsylvanians understand their benefits under long-term care insurance policies.

4. How does it help with Medigap and prescription drug coverage?

Medicare is made up of several primary components including Original Medicare (Part A & Part B), Medicare Advantage (Part C), Prescription drug coverage (Part D) and Medigap. These parts of Medicare cover a range of services from hospital and doctor visits to vision, dental, hearing and transportation.

Anyone with Medicare will pay for a portion of their expenses, but what they pay will depend on the type of coverage that they have. What older adults pay will also depend on where they receive services and if they have other forms of insurance. Depending on the coverage they have, they



SUBMITTED PHOTO

Susan Neff, APPRISE Director, Pennsylvania Department of Aging

may be expected to pay premiums, deductibles, and copayments/coinsurances out-of-pocket.

APPRISE helps older adults compare Medigap and prescription drug coverage options and costs by using comparison tools to find the plan that best meets their needs and save them money. APPRISE can also help them with applying for cost saving programs like Extra Help, Medicare Savings Programs and Pennsylvania's PACE (Pharmaceutical Assistance Contract for the Elderly) program available to help pay for services.

5. How will counseling sessions be different in the pandemic?

For this year's AOEP, the APPRISE program has competed readiness activities

and is fully prepared to offer appointments for counseling sessions to be conducted over the phone, via virtual platform or, at the discretion of the AAA, face-to-face sessions with proper health and safety precautions in place.

Older adults can call their local AAA or the toll-free APPRISE Helpline at 1-800-783-7067 to schedule their counseling session. Consumers may also visit Medicare.gov or 1-800-Medicare for assistance and more information.

APPRISE counselors will be at the Chester County Library in Exton on Nov. 21 from 9 a.m. to 4 p.m. Call APPRISE at 610-344-5234 to schedule an appointment.

Berks Encore offers Medicare counseling year-round through a staff of APPRISE trained counselors. Counselors can help with enrolling

in Medicare, Medicare Prescription Plans, Medicare Advantage Plans, Medicare Supplemental Insurance, Medicaid, long-term-care insurance and screening and applying for financial assistance program.

Appointments can be arranged at any of six community centers in Berks County or at the Berks Encore office at 40 N. Ninth St., Reading, by calling 610-374-3195 ext. 208.

Before COVID, Berks Encore held @Night educational programs where they presented general sessions at facilities around the community. Many were held at senior living facilities or Penn State Health St. Joseph.

Berks Encore now offers people who are turning 65 and want more information about Medicare the option

for a one-on-one telephone consultation, with appointments available days, evening or weekends by calling 610-374-3195 ext. 227.

Maria Speicher, Berks Encore community educator/APPRISE, advised: "Everyone should take some time to review their plan during open enrollment as plans often change. When you talk with a counselor, make sure you have a complete list of all your prescriptions."

Pennsylvania operates a Medicare hotline that is staffed by 10 different counties in designated regions. Berks Encore staff and volunteers man the hotline for Berks County on Wednesdays from 9 a.m. to 4 p.m. and Fridays from 9 a.m. to noon. The hotline is open Monday through Friday 9 a.m. to 4 p.m. at 800-783-7067.



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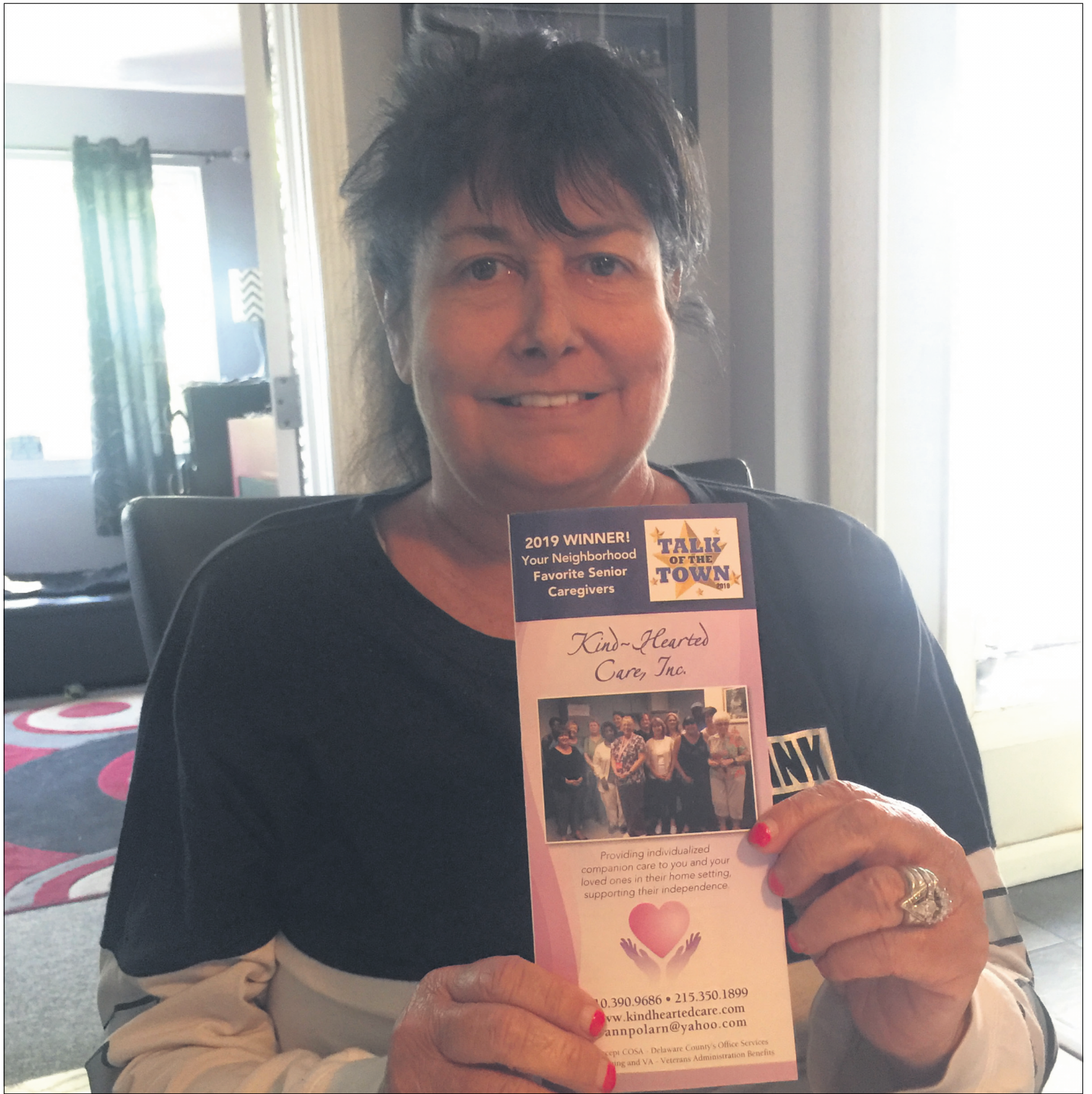
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BUSINESS



PEG DEGRASSA - MEDIANEWS GROUP

Registered Nurse JoAnn Pola of Ridley Township is the founder of Kind-Hearted Care Inc. She started the company over ten years ago, after noticing the growing need for quality,

KIND-HEARTED CARE OFFERS COMPASSIONATE AND COMPETENT CARE TO HELP SENIORS REMAIN AT HOME

By Peg DeGrassa
 pdegrassa@21st-centurymedia.com
 Editor of Town Talk, News & Press of Delaware County

RIDLEY TOWNSHIP » Registered Nurse JoAnn Pola has been a compassionate caregiver for as long as anyone remembers. It seemed only a natural progression of her life path when, over a decade ago, she launched Kind-Hearted Care Inc.

The Delaware County-based professional in-home care company, owned and operated by Pola, provides affordable, dependable, and compassionate non-medical care, mostly to seniors, but also to new mothers, and handicapped or physically impaired individuals who want to remain in their

homes, but need some assistance.

Services include ALS, Alzheimers, dementia and arthritis care, bathing, hygiene and grooming, hospice support, light house-keeping and meal preparation, medication reminders, pet care, transportation services, respite care for families, and much more.

Pola, a lifelong Delaware County resident, was raised in the same neighborhood where she still resides, attended Notre Dame de Lourdes grade school and graduated from Ridley High School in 1979.

Pola became a Registered Nurse after studying at Bryn Mawr Hospital School of Nursing. Following graduation, she went to work at Crozer-Chester

Medical Center Burn Center, followed by 15 years as a case management supervisor at Blue Cross Blue Shield, annually visiting 60 hospitals for utilization reviews. At the CCMC Burn Center, Pola spent many years as a flight nurse, providing critical initial medical care during emergency transports.

After she retired from BCBS, Pola's dad became seriously ill. She immediately reentered the caregiving role. After her father passed away, a friend, who knew Pola's extensive medical background, asked her if she would do private duty for an ill uncle.

"While I was taking care of my friend's uncle, someone else saw me caregiv

AT HOME » PAGE 4

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SUBMITTED PHOTO

Members of the caring and competent team at Kind-Hearted Car, Inc. are available 24/7. For information or for a free consultation, call 610-390-9686 or email joannpolard@yahoo.com.

At home

FROM PAGE 3

ing and asked me if I was available to care for their parent," Pola said, explaining how her company initially took root. "I needed help to care for both people, so I hired my friend from the Burn Center who was also an RN. Word traveled about our quality of caregiving and more families asked for assistance. That's when I became licensed and began Kind-Hearted Care. I wanted to help."

Pola compiled the Kind-

Hearted Care team through her longtime professional network. Each of the client care advocates that she employs is given thorough background and reference checks. She not only ensures that everyone on her team is experienced, skillful, and trained well, but she stays in close touch personally with each and every client to be sure they are getting the compassionate and top-notch care they deserve.

The Kind-Hearted Care professional team of RNs, CNAs, and Home Health Aides has over half of a century of client-care ex-

perience. Pola stated that most care team members are Delaware County residents themselves, who feel that it's important for seniors to stay independent in their own homes. They make it their mission to help them do just that by providing all the assistance they need to lead happy, everyday lives. Pola says that she is always on the lookout for competent professionals who want to join the Kind-Hearted Care team.

"My own mom is 97 and I've had members of our team take care of her," Pola said. "I take pride in hiring team members who are not

only competent and experienced, but they're also really trustworthy — they are good people."

Pola said that she sends out annual surveys every year since she started her business to find out what she is doing right, and what areas might need improvement.

"I am proud to report that Kind-Hearted Care Inc. received 95 and above approval ratings from our clients and their families, every year since we've been in business," Pola stated. "Most of our business comes from satisfied clients— word of mouth."

Although Kind-Hearted Care caters to residents in Delaware County, the care team also serves some surrounding portions of Montgomery County, Philadelphia County, Gloucester County, New Castle County and Chester County.

In addition to caregiving, wellness visits and companion services, Kind-Hearted Care also offers home safety assessments. A member of the Kind-Hearted Care team will visit a person's home to identify fall risks, assess lighting, see if heating and cooling is adequate and look for other potential hazards and then make sug-

gestions for modifications to avoid accidents.

Kind-Hearted Care Inc. has won Talk of the Town Awards among numerous other accolades. The company is Pennsylvania licensed, and fully bonded and insured. The owner said they pass all of their audits "with flying colors."

What sets Kind-Hearted Care services apart from other care agencies is not only its owner's and team members' backgrounds in geriatric care, emergency care, and case management, but also its personalized in-home care. Kind-Hearted Care meets with

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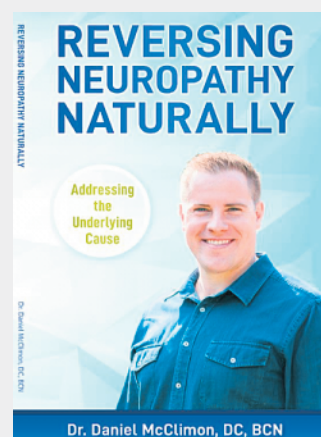


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"Before the program I never knew how hard I was pushing the brake pedal. Now, I can feel the pressure." - Tony Z.

"At night, I couldn't sleep well because my feet were shocking me. They aren't doing it now and I can sleep all the way through." - Cheryl G.



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At home

FROM PAGE 4

each client and their family to develop a personalized care plan that is individually tailored to meet their needs. The care team has experience in caring for clients with medical diagnoses of everything from cancer, heart issues, diabetes and strokes to dementia, multiple sclerosis, vision problems, ambulatory issues and arthritis. Experienced caregivers are available hourly, overnight, on weekends and holidays, around the clock or for respite care.

Kind-Hearted Care has many other personal touches, like their daily communications book which is shared with each client's family. Caregivers write notes in the log about what their clients are eating, when they get their hair washed, and other small details throughout the day. Pola said families appreciate the updates. "The communication books are especially appreciated by families who live a distance away from their loved one," Pola explained. "The daily updates keep them involved in the day-to-day details of their loved one's life when they often can't be there themselves."

Pola said clients and their families also like that someone on the Kind-Hearted staff is on call to answer the phone at all times. They also appreciate how strictly and seriously that the professional care team adheres to the CDC guidelines to stay safe during the coronavirus pandemic.

"I'm a part of the medical field so I know how serious this is," Pola states emphatically. "We take every precaution possible."

Pola has been married for 28 years to her husband Carl, who recently retired after working 40 years with Ironworkers Local Union 401 in Philadelphia. His photo hangs in The National September 11 Memorial & Museum in New York City, paying tribute to the work he did with his ironworker brothers in 9/11's aftermath. The Polas have two children, Carl and Alla. The family has embraced both the clients and the caregivers at Kind-Hearted Care, knowing they are like JoAnn's second family.

"We're an excellent, professional and knowledgeable team at Kind-Hearted Care," Pola said. "We deliver quality care by working with each client and their family on any and all concerns. But more than anything else, we truly care about our clients. We treat them the way we would want our own family members to be treated."

To reach Kind-Hearted Care, Inc. for information or a free in-home consultation, call 610-390-9686, email joannpola@yahoo.com or visit www.kindheartedcare.com.



Delaware County residents Carl and JoAnn Pola are the leaders of the Kind-Hearted Care Inc. team.

PEG DEGRASSA - MEDIA NEWS GROUP

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LuAnn Oatman

BERKS ENCORE

NEAG GRANT PROVIDES FUNDING FOR STARTUP PROGRAM AT BERKS ENCORE

MediaNews Group

Berks Encore announced that it has been awarded a grant through The Neag Foundation for \$271,308 for the launch year of a new business development program designed to help families plan and manage for the care of an older loved one.

The new program, Berks Encore Care+, is a geriatric care management program that will provide families with a personalized plan of care for their loved one in consultation with an Aging Life Care Manager.

Berks Encore care managers will determine how to help by exploring the physical, emotional, financial and social issues an older adult may be experiencing, assess an individual's daily functions at home and review medical conditions and current treatments.

In collaboration with the senior and his or her family, recommendations to improve daily functioning, along with information on resources, services and options available will be presented in a custom plan for a fee.

Families can then choose to retain the services of the Aging Life Care Manager or enact the plan themselves.

"Berks Encore is the perfect organization to offer this program in our local community," Carole Neag said. "Their history of caring for older adults through Meals on Wheels, the senior centers and more demonstrates their expertise in senior services. I am thrilled to be able to help to launch this new offering."

In the initial year, the grant will be used for staffing, technology and marketing. Two Aging Life Care Managers have joined the staff at Berks Encore.

A care manager can prove especially helpful for seniors that have no families, whose family members live far away or who have changing circumstances or complex problems that have proven difficult for the family to manage without professional advice.

The Aging Life Care Manager will complete an assessment and design a plan of care that can help keep a family member independent and provide peace of mind for families whether they are local or long distance.

In cases where the individual is no longer able to go it alone, family members can work with Berks Encore professionals to establish a plan to make sure the individual is cared for and safe.

"We are so grateful to the Neag Foundation for supporting this new

venture," said LuAnn Oatman, Berks Encore president and CEO. "This grant will allow us the opportunity to provide a service that complements the array of choices we now offer to seniors in an effort to help them to live well and maintain a level of independence for as long as they are able, in addition to providing families with peace of mind that their loved one is being taken care of."

The program also fulfills a strategic goal for Berks Encore to introduce some fee-based services in an effort to reduce the organization's reliance on government funding.

The mission of the Neag Foundation is to provide grants that improve and enhance communities and to make a positive impact to help people live happier, healthier and more productive lives.

Berks Encore's mission is to develop aging confident individuals to enhance their ability to live well later in life. Berks Encore Care+ will provide support and care for aging adults and their caregivers through assessment and personalized care planning.

For more information, contact Julia Becker, Berks Encore business development director, jbecker@berksencore.org, 610-374-3195 ext. 233; Luann Oatman, loatman@berksencore.org, 610-374-3195 ext. 222; or Lori Gerhart, Berks Encore director of marketing and communications, lgerhart@berksencore.org, 610-374-3195 ext. 228; or visit www.berksencore.org.

The Berks Encore office is located at 40 N. 9th Ninth St. in Reading.

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"I'd like to take this opportunity to thank the staff for all they do for their residents! My Uncle Bud has been very happy at your facility, and truly enjoys and appreciates all who care for him! When my husband and I have visited we see how engaging and dedicated the staff is, not only to the residents but to the families who come to visit their loved ones. Our minds are at ease knowing our uncle is in such good hands!"

— Jill R. and Rod S.,
family members of resident



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FITNESS

Virtual Tai Chi classes set for September

Reading Eagle

Anthology of King of Prussia will be hosting a virtual Tai Chi class for the next four weeks. Local instructor Anthony Saguto will show students how to strengthen their bodies through fluid movement in the comfort of their own

homes.

The virtual class will be held every Tuesday in September at 6 p.m.

Anyone signed up to take the Tai Chi class on Sept. 15 or Sept. 22 will receive a \$25 Honeygrow gift card courtesy of Anthology Senior Living, King of Prussia.

To join the Zoom Tai Chi classes, go to <https://us-02web.zoom.us/j/7125929854?pwd=OUZLJlZlZjlnWlhQR2JyK3Y4M2E5UT09>. Here's the meeting ID: 712 592 9854, and passcode: 4hSKrK.

For questions or more information, call Janine Dambrosio at 610-574-8672.

SPOT OF T

The waiting is the hardest part

By Terry Alburger

Waiting. I think over the past six months we have all had more than our share of waiting. We wait for the day when we can once again move freely about our planet. We await a day when masks are no longer an essential part of our wardrobe. We waited for months for hair cut-teries to reopen so we could literally shed our shaggy looks. We waited. And waited. Six months later, we are still waiting. Waiting for restau-rants to reopen. Waiting for a vaccine, for suc-cessful treatments and or the virus to go away. Waiting.

Frustrating? Absolutely. I share your frus-tration. Annoying? Cer-tainly. Inconvenient? Sure. But today was an eye-opener for me. I was called to drive my 2-year-old grand-son to the emergency room at Children's Hos-pital. As I write this, I am waiting. Only this time, it's not just an in-convenience. This is the heart-wrenching waiting of a grandmother, await-ing news in a pediatric hospital.

It certainly minimizes all the other "waits" in my life. I know many of you understand this kind of waiting. Left to our imaginations, we wonder what to do in the worst-case scenario, all the while praying for the best case. My wait was filled with prayer

and positive thoughts in hopes of conquering my fear and worry. And that's when it hit me - we are given waiting time for a reason. We are forced into "down-time" and must choose how we use it. As you can see, I chose to write. To me, that is calming and a good use of my time.

So, how do you choose to spend YOUR wait time? There are many ways to do this. Re-member, life does NOT have a reset button. Time spent lament-ing, fearing or ruminat-ing does nothing to en-hance your life. I know it can be hard, this wait-ing. Try to focus on pos-itive outcomes, and a conclusion to this pan-demic, for your peace of mind. I like to think that by next summer, I'll be back on my beloved beaches of North Caro-lina with my entire fam-ily, free to enjoy the area with no fear of illness. It's a goal, it's the trea-sure for which I'll strive. That is my "happy place." What's yours? Think of it often to keep spirits up.

But, what about this mandatory downtime? You can choose to use it wisely. Pick a project, a hobby or a task and work on it daily. The satisfac-tion you'll feel by work-ing towards a short-term goal is a wonderful feel-ing. My mother, at age 86, decided to learn a new language. The sky is the limit.

I am happy to report

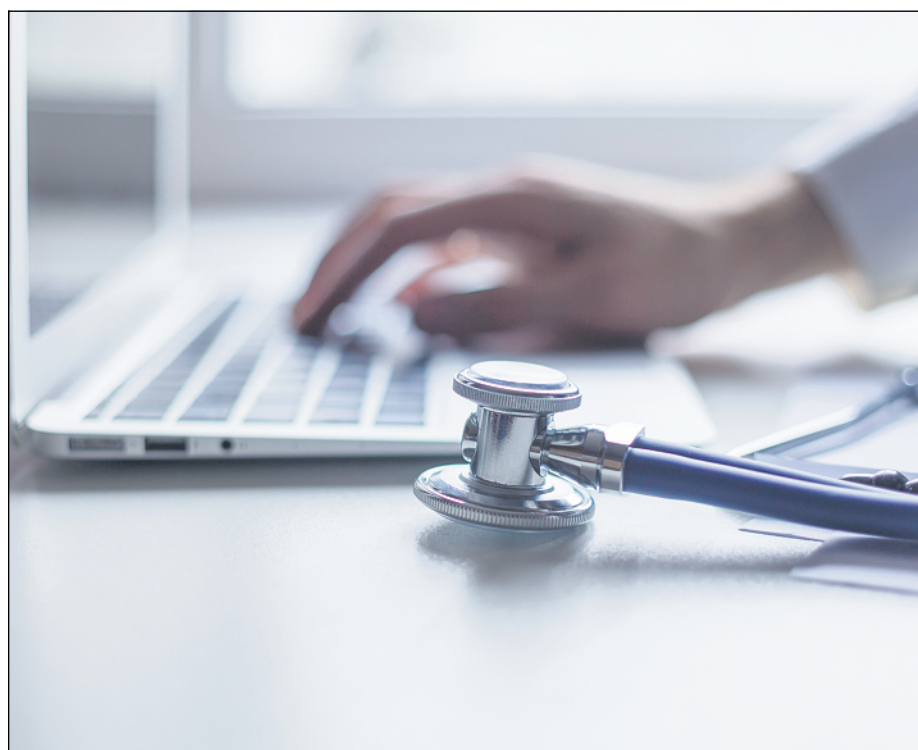
that my grandson did NOT have the worst-case scenario and indeed, we are hopeful that his sit-uation will remain un-der control, maybe even eventually resolve itself. He's a happy, active lit-tle boy and just needs to be monitored. Best-case scenario. My time spent in prayer and positivity paid off. Time very well spent.

You know by now that I love to quote movies. Indiana Jones is a per-sonal favorite charac-ter of mine and in the third movie, "Indiana Jones and the Last Cru-sade" (1989), when there is a choice to be made, one between life and death, the ancient knight tells Indy, "You have cho-sen wisely." I like to live my life that way. At the end of the day, I can tell myself "I have chosen wisely" when it comes to how I spent the day.

Each morning when you arise, think of each day as a gift, as a clean slate on which you can write anything you want. Fill your slate with good things, with kind ges-tures or time spent in ways that will enhance your life. When you go back each night and "read" what's on your slate, I hope it makes you smile. That's time well spent. May you find ways to spend this time that bring you happiness. It is your choice. Choose wisely.

Terry Alburger is life engagement coordinator for Brittany Point Estates.

HEALTH



DREAMSTIME

Pain and depression can be a vicious cycle.

Is there a link between pain and depression?

Mayo Clinic News Network

Pain and depression are closely related. Depression can cause pain, and pain can cause depression.

Sometimes pain and depression create a vicious cycle in which pain worsens symptoms of depression, and then the resulting depression worsens feelings of pain.

In many people, depression causes unexplained physical symptoms such as back pain or headaches. This kind of pain may be the first or the only sign of depression.

Pain and the problems it causes can wear you down over time and affect your mood.

Chronic pain causes a number of problems that can lead to depression, such as trouble sleeping

and stress.

Disabling pain can cause low self-esteem due to work, legal or financial issues.

Depression doesn't just occur with pain result-ing from an injury. It's also common in people who have pain linked to a health condition such as diabetes or heart disease.

To get symptoms of pain and depression under control, you may need separate treatment for each condition. However, some treat-ments may help with both:

Antidepressant medica-tions may relieve both pain and depression because of shared chemical messen-gers in the brain.

Talk therapy, also called psychological counseling (psychotherapy), can be effective in treating both

conditions.

Stress-reduction tech-niques, physical activity, exercise, meditation, jour-naling, learning coping skills and other strategies also may help.

Pain rehabilitation pro-grams, such as the Compre-hensive Pain Rehabilita-tion Center at Mayo Clinic, typically provide a team approach to treatment, in-cluding medical and psy-chiatric aspects.

Treatment for co-occur-ring pain and depression may be most effective when it involves a combination of treatments.

If you have pain and de-pression, get help before your symptoms worsen. You don't have to be miser-able. Getting the right treatment can help you start enjoying life again.



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INSURANCE

The loss of employer-sponsored health insurance can be a serious concern for older people

By Sophie Burkholder
The Philadelphia Inquirer

As of Aug. 30, Michael Kerr thought he would be back to work. When the 52-year-old from Reading was put on furlough from his retail manager position in mid-March, he figured the business would reopen by April, reinstating him and other employees.

But as his furlough dragged on into June, he realized his job loss would become permanent, leaving him without income or his employer-sponsored health insurance.

"I felt like I needed to cover myself in bubble wrap and stay in the house," he said. "Every ache and pain got a little bit more scary."

Kerr is one of millions of American workers who have lost their job-based health insurance during the COVID-19 pandemic. The Kaiser Family Foundation has estimated that 27 million Americans could lose their employer-sponsored insurance and become uninsured due to the pandemic. Older workers under age 65 are among the most vulnerable.

Those numbers are staggering to people such as Kerr, who not only have to pay higher premiums for health insurance as they get older but may also have a harder time finding a new job, even when the economy isn't in a recession. "The closer you get to 60, the more difficult and scary it gets," he said. "Even by then, you've still got five more years to muddle through before getting government assistance."

Stan Dorn, director of the National Center for Coverage Innovation for the consumer group Families USA, says that loss of insurance among people in the age range of 45 to 64 can be dire, as they often have greater health costs in medications or chronic conditions. "These folks are more expensive for an employer than younger adults because the average cost of health insurance is more for them," he said. And that added cost could be "an extra incentive to get rid of them."

The loss of health insurance for this group and others could also have a severe impact on the economy, Dorn said.

"When patients don't come to the hospital because they don't have insurance anymore, that means revenue dries up," he noted. "And those hospitals, clinics, and other providers would have to lay off staff."

Dorn also fears that the economy will continue to see more layoffs into the fall, and with it, more people losing their job-based health insurance. He thinks that could lead some people to delay or go without the care they need simply because they can no longer afford it.

"Patients with chronic conditions won't be able to afford their prescriptions, or they'll cut their pills in half," he said. "We'll see more people playing Russian roulette with their lives."

When the Affordable Care Act was passed in 2010, it increased coverage in two ways: by expanding Medicaid for the



poor and improving plans for individuals. For the latter, the act set up a system so that nearly 90% of applicants received subsidies that reduced monthly premiums. The act also increased insurance protections for consumers, by banning plans that had lifetime caps on coverage or didn't cover preexisting conditions. More than 20 million people were able to get insurance. But over time, the law's regulations have been weakened, making room for new and cheaper plans with lesser coverage to enter the marketplace.

When Kerr realized

that his furlough would turn into a permanent layoff and that his benefits would come to an end, he tried to navigate the health insurance marketplace on his own. But he quickly grew confused by the discrepancies in cost and coverage between all the available options.

"I almost made a bad decision on a plan that would've been more expensive and the coverage a lot less," he said of a plan through Oscar Health, which started providing coverage in the Philadelphia region only this year. "Health care really should be simplified somehow."

Kerr sought out the help of Young's Insurance Services, a health and life insurance brokerage agency based in Norristown. James Long, an agent there who frequently works with people in Kerr's age group, says that people in similar situations often have only two options: extend their employer-sponsored coverage by enrolling in COBRA, or find a plan through the marketplace and hope for discounts through subsidies. Long and agents like him are paid on commission, through marketing dollars incorporated into all

policies. Fortunately, Kerr qualified for some subsidies and was able to get an affordable plan through the marketplace, saving him from a COBRA option that was beyond his price range. But Long says that for people who are unable to receive subsidies, COBRA tends to be the better option.

Long often sees confusion among clients about how COBRA works. "Lots of people think it's its own health plan," he said. "But they're actually continuing on the same plan from their former employer,"

INSURANCE » PAGE 10



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Insurance

FROM PAGE 9

just now paying full price for it” without their employer’s contribution.

That full price can lead to sticker shock, as Long notes that COBRA often falls in the range of \$600 to \$800 a month. Despite that jump in monthly cost, Long says that “equivalent plans on the marketplace without subsidies could be double that price.”

David Grande, director of policy at the University of Pennsylvania’s Leonard Davis Institute of Health Economics, agrees with Long that COBRA might be the best choice for some people. For a person to qualify for subsidies, he notes that a person’s household income needs to be below 400% of the poverty level, or \$86,880 for a family of three. “If you have the financial resources for COBRA, that’s probably the best option.”

Still, Grande bemoans the lack of federal intervention on health care, especially as pandemic-related economic damage grows more permanent. He thinks, like Kerr, that navigating the health-care marketplace is too confusing, and that there’s a lot of misunderstanding around who qualifies for subsidies and what the different options are.

“There needs to be a strong national effort to make subsidized coverage advertised, available, and easy to access,” he said. “We’re seeing the limits of the Affordable Care Act through individuals who don’t qualify for subsidies, who probably should be subsidized at a point like this.”

Some of the solutions Grande sees for these problems would be to expand Medicaid in states that haven’t already done so, increasing the number of people who are able to enroll. (Pennsylvania and New Jersey have both expanded Medicaid.)

State-based exchanges,

which Pennsylvania is set to begin in 2021, could help cut costs for individuals, as well, but he says that bigger issues surround who qualifies for subsidies. Those regulations can be changed only by the federal government, he noted.

Ellen Grubawsky, another client of Young’s Insurance Services, also had to find new coverage after her furlough became a permanent layoff at a company where she had worked for 30 years. But at age 62, the Perkiomenville resident is more worried about securing a new job before becoming eligible for Medicare at 65.

“I’m uneasy about finding a job when the time comes, but I just have to wait and see what happens,” she said.

Though Grubawsky qualified for subsidies that gave her discounted options, she says, the final added cost of almost \$300 a month on her new plan is one more bill that’s increasingly difficult to pay without a steady income. Worse yet, she has concerns that her new insurance has less coverage than her job-based plan. “I’m not even sure the plan I picked is the best one.”

While enrolling in a new plan has made Grubawsky feel more secure about her situation, she still feels uncertain about her finances for the future. She hasn’t ruled out collecting her Social Security early or considering a reverse mortgage (a loan that allows homeowners over 62 to draw out part of their home’s equity as income) if the economy doesn’t improve. Though she’s still able to support herself through her severance package, Grubawsky acknowledged “that money only goes so far.”

“It’s very scary,” she said. “I feel very uneasy about the whole situation.”

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SENIOR LIFE



STEVE RINGMAN/TNS

A downsized master bedroom in a downtown condo incorporates colors from the painting and the armchair. The wall color brings some richness to the space.

Less is more

For older adults, downsizing makes perfect sense to free up money and free up time for recreation. Here are some ways to make it work.

Courtesy of Metro Creative

Aging men and women often take inventory of their lives in an effort to focus on activities or lifestyle changes that can ensure happy retirements.

Data from the U.S. Census Bureau shows there are some 76 million baby boomers — those people born between 1946 to 1964 — across the country. With the youngest of the boomers in their mid-50s and the majority having already reached retirement age, many boom-

ers are trying to decide if it’s time to move out of their family homes and into smaller, more manageable abodes.

Many older adults find they do not need the same amount of space as they did when they had children living at home. Retirees and those on the cusp of retirement may find that downsizing is a smart financial move that frees up more time for recreation.

However, it can be challenging to cut down on living space and then deal with figuring out how to make furniture, belongings and stored items fit in more condensed areas. Moving can be stressful even without having to cut down on prized items. Taking an inventory of belongings can help the process go smoothly.

Before moving, men and women can go room by room, making piles of items that will be kept, donated, sold or dis-

carded. This can be a tedious task, but it is necessary to avoid clutter in a new home.

People downsizing can attempt to sell items they do not need via newspaper classified sections or online classified sites. Appliances and furniture in excellent shape may fetch good prices. Any extra cash can be put toward buying new items that are size-appropriate for the smaller home.

Another way to clear out clutter is to sort duplicates from the stock of items. A person may no longer need multiple sets of dishes or silverware.

If the move involves switching from a king-sized to a queen-sized bed, donate or trash bed linens that will no longer fit. Pay close attention to kitchen and bathroom items, which tend to accumulate over time but might not be discarded when clearing a home of clutter.

People moving from a

detached home to a condominium or a townhouse may learn that homeowner’s association fees cover everything from snow removal to lawn maintenance to pool upkeep. If so, it’s unnecessary to bring lawn and garden supplies.

Homeowners are advised to look at the floor plan of their new dwellings and pay attention to storage space. This can make it easier to plan ahead for what may fit, what will need to be purchased new and which storage solutions may be needed. Having a plan in place can make unpacking and settling in go smoothly.

The organizing company Organize Me says that homeowners should consider how cabinets and closets will be used before moving in.

Downsizing can free up time and money. When done right, downsizing can make retirement easier and create more leisure time for retirees.

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with Faith C. Woodward
Director of Admission and Marketing

GET A HOBBY

Hobbies are just flat out fun, and everyone, including older adults, can experience the benefits from them. Some hobbies are expensive, like crystal and mineral collecting or acquiring first editions of books, but a hobby doesn’t always come with undue cost. Bird watching involves binoculars; swizzle-stick collecting is inexpensive and involves a lot of trading with other collectors. Baking or canning may create a lust for blue ribbons, but it is creative, nourishing, and makes for great gift-giving. Some people collect postcards from only their own town, and then give free lectures at community centers and town halls. A hobby can help you socialize and reduce stress while building confidence as you improve your skill set. Even if some hobbies don’t appeal to you initially, try them out once you are actually retired. For example, you may think you don’t like to cook, but it may just be that you never liked the pressure of having to get a meal on the table at a certain time. Retirement may help turn tasks that were once tedious into fun-filled, relaxing activities. Residents at BARCLAY FRIENDS are encouraged to express their creativity, spirituality, knowledge and personal opinion. We invite you to visit our community

With Faith Woodward, Director of Admissions and Marketing at Barclay Friends—to learn more, please call 610-696-5211 or visit our website, <http://bf.kendal.org/>.

SENIOR LIFE



COURTESY OF THE HERITAGE OF GREEN HILLS

From left, Deb McCone, Claire Eberwein, Billie Snyder and Ruth Shaffer, residents at the Heritage of Green Hills, celebrate the 100th anniversary of the 19th Amendment, which gave women in the United States the right to vote.

HERITAGE OF GREEN HILLS RESIDENTS CELEBRATE WOMEN'S EQUALITY

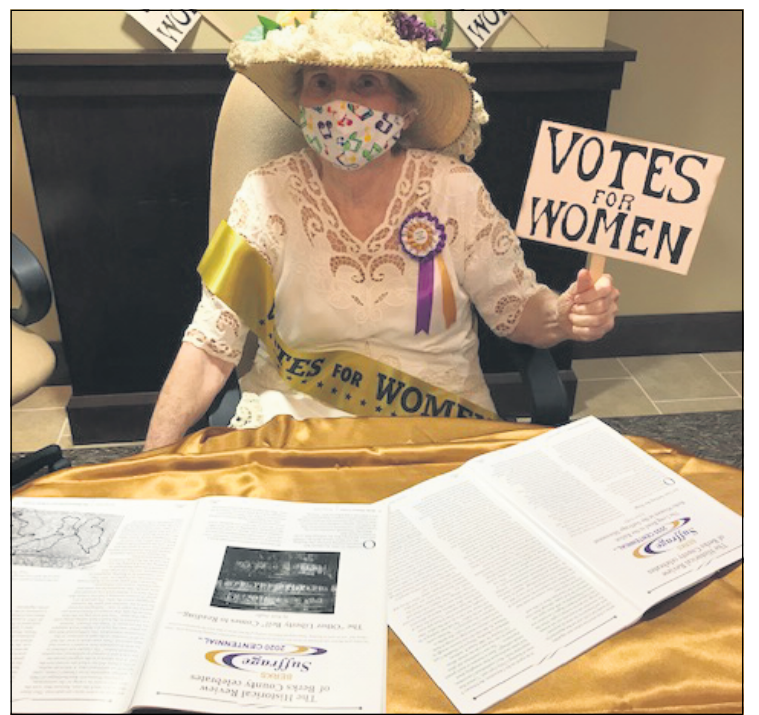
MediaNews Group

On Aug. 26, a group of residents at the Heritage of Green Hills, a healthy life plan community in Cumru Township, Berks County, gathered to celebrate Women's Equality Day and the 100th anniversary of the 19th Amendment, which gave women in the United States the right to vote.

Deb McCone, Claire Eberwein, Ruth Shaffer and Billie Snyder watched the "Toast to Tenacity," a live event broadcast from Philadelphia's Independence Hall presented by Vision 2020

Presents Women 100, and raised a glass to the suffragists who fought for women's right to vote. Shaffer, who wore a white dress in honor of the women who fought for the amendment, has written several published articles about women's suffrage.

This event kicked off a month-long celebration of women's suffrage at the Heritage of Green Hills, which will include a film festival, fancy suffragette hat-making and a community parade featuring the hats, yellow roses for the women and a mail-in ballot form handout for everyone.



COURTESY OF THE HERITAGE OF GREEN HILLS

Ruth Shaffer of the Heritage of Green Hills has written several published articles about women's suffrage.



COURTESY OF THE HERITAGE OF GREEN HILLS

Clockwise from right, Claire Eberwein, Billie Snyder, Ruth Shaffer and Deb McCone watch "Toast to Tenacity," broadcast live from Independence Hall in Philadelphia.

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TECHNOLOGY

Tech divide between senior 'haves' and 'have-nots' roils pandemic response

By Judith Graham
Kaiser Health News

Family gatherings on Zoom and FaceTime. Online orders from grocery stores and pharmacies. Telehealth appointments with physicians.

These have been lifesavers for many older adults staying at home during the coronavirus pandemic. But an unprecedented shift to virtual interactions has a downside: Large numbers of seniors are unable to participate.

Among them are older adults with dementia (14% of those 71 and older), hearing loss (nearly two-thirds of those 70 and older) and impaired vision (13.5% of those 65 and older), who can have a hard time using digital devices and programs designed without their needs in mind. (Think small icons, difficult-to-read typefaces, inadequate captioning among the hurdles.)

Many older adults with limited financial resources also may not be able to afford devices or the associated internet service fees. (Half of seniors living alone and 23% of those in two-person households are unable to afford basic necessities.) Others are not adept at using technology and lack the assistance to learn.

During the pandemic, which has hit older adults especially hard, this divide between technology "haves" and "have-nots" has serious consequences.

Older adults in the "haves" group have more access to virtual social interactions and telehealth services, and more opportunities to secure essential supplies online. Meanwhile, the "have-nots" are at greater risk of social isolation,

forgoing medical care and being without food or other necessary items.

Dr. Charlotte Yeh, chief medical officer for AARP Services, observed difficulties associated with technology this year when trying to remotely teach her 92-year-old father how to use an iPhone. She lives in Boston; her father lives in Pittsburgh.

Yeh's mother had always handled communication for the couple, but she was in a nursing home after being hospitalized for pneumonia. Because of the pandemic, the home had closed to visitors. To talk to her and other family members, Yeh's father had to resort to technology.

But various impairments got in the way: Yeh's father is blind in one eye, with severe hearing loss and a cochlear implant, and he had trouble hearing conversations over the iPhone. And it was more difficult than Yeh expected to find an easy-to-use iPhone app that accurately translates speech into captions.

Often, family members would try to arrange Zoom meetings. For these, Yeh's father used a computer but still had problems because he could not read the very small captions on Zoom. A tech-savvy granddaughter solved that problem by connecting a tablet with a separate transcription program.

When Yeh's mother, who was 90, came home in early April, physicians treating her for metastatic lung cancer wanted to arrange telehealth visits. But this could not occur via cellphone (the screen was too small) or her computer (too hard to move it around). Physicians could examine lesions around the older woman's mouth

only when a tablet was held at just the right angle, with a phone's flashlight aimed at it for extra light.

"It was like a three-ring circus," Yeh said.

Her family had the resources needed to solve these problems; many do not, she noted. Yeh's mother passed away in July; her father is now living alone, making him more dependent on technology than ever.

When SCAN Health Plan, a Medicare Advantage plan with 215,000 members in California, surveyed its most vulnerable members after the pandemic hit, it discovered that about one-third did not have access to the technology needed for a telehealth appointment. The Centers for Medicare & Medicaid Services had expanded the use of telehealth in March.

Other barriers also stood in the way of serving SCAN's members remotely. Many people needed translation services, which are difficult to arrange for telehealth visits.

"We realized language barriers are a big thing," said Eve Gelb, SCAN's senior vice president of health care services.

Nearly 40% of the plan's members have vision issues that interfere with their ability to use digital devices; 28% have a clinically significant hearing impairment.

"We need to target interventions to help these people," Gelb said.

SCAN is considering sending community health workers into the homes of vulnerable members to help them conduct telehealth visits. Also, it may give members easy-to-use



DREAMSTIME

An unprecedented shift to virtual interactions has a downside: Large numbers of seniors are unable to participate.

devices, with essential functions already set up, to keep at home, Gelb said.

Landmark Health serves a highly vulnerable group of 42,000 people in 14 states, bringing services into patients' homes. Its average patient is nearly 80 years old, with eight medical conditions.

After the first few weeks of the pandemic, Landmark halted in-person visits to homes because personal protective equipment, or PPE, was in short supply.

Instead, Landmark tried to deliver care remotely. It soon discovered that fewer than 25% of patients had appropriate technology and knew how to use it, according to Nick Lopocar, the chief executive officer.

"Telehealth is not the panacea, especially for this population," he said.

Landmark plans to experiment with what he calls "facilitated telehealth": non-medical staff members bringing devices to patients' homes and managing telehealth visits. (It now has enough PPE to make this possible.) And it, too, is looking at technology that it can give to members.

One alternative gaining attention is GrandPad, a tablet loaded with senior-friendly apps designed for adults 75 and older. In July, the National PACE Association, whose members run programs providing comprehensive services to frail seniors who live at home, announced a partnership with GrandPad to encourage adoption of this technology.

"Everyone is scrambling to move to this new remote care model and looking for options," said Scott Lien,

the company's co-founder and chief executive officer.

PACE Southeast Michigan purchased 125 GrandPads for highly vulnerable members after closing five centers in March where seniors receive services. The devices have been "remarkably successful" in facilitating video-streamed social and telehealth interactions and allowing nurses and social workers to address emerging needs, said Roger Anderson, senior director of operational support and innovation.

Another alternative is technology from iN2L (an acronym for It's Never Too Late), a company that specializes in serving people with dementia. In Florida, under a new program sponsored by the state's Department of Elder Affairs, iN2L tablets loaded with dementia-specific content have been distributed to 300 nursing homes and assisted living centers.

The goal is to help seniors with cognitive impairment connect virtually with friends and family and engage in online activities that ease social isolation, said Sam Fazio, senior director of quality care and psychosocial research at the Alzheimer's Association, a partner in the effort. But because of budget constraints, only two tablets are being sent to each long-term care community.

Families report it can be difficult to schedule adequate time with loved ones when only a few devices are available. This happened to Maitely Weismann's 77-year-old mother after she moved into a short-staffed Los Angeles

memory care facility in March.

After seeing how hard it was to connect, Weismann, who lives in Los Angeles, gave her mother an iPad and hired an aide to ensure that mother and daughter were able to talk each night.

Without the aide's assistance, Weismann's mother would end up accidentally pausing the video or turning off the device.

"She probably wanted to reach out and touch me, and when she touched the screen it would go blank and she'd panic," Weismann said.

What's needed going forward? Laurie Orlov, founder of the blog Aging in Place Technology Watch, said nursing homes, assisted living centers and senior communities need to install communitywide Wi-Fi services — something that many lack.

"We need to enable Zoom get-togethers," she said. "We need the ability to put voice technology in individual rooms, so people can access Amazon Alexa or Google products."

"We need more group activities that enable multiple residents to communicate with each other virtually. And we need vendors to bundle connectivity, devices, training and service in packages designed for older adults."

Kaiser Health News (KHN) is a national health policy news service. It is an editorially independent program of the Henry J. Kaiser Family Foundation, which is not affiliated with Kaiser Permanente.

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ASK LU

How to apply for Medicare online

By Lucille Bondi

Q : Please tell me how to apply for Medicare when the Social Security offices are closed?

A : There are four ways to apply for Medicare online:

If you are applying for Medicare Part A and Part B at the same time, you can use the online application found here at www.ssa.gov/benefits/medicare.

If you are applying for Medicare Part B using the Part B Special Enrollment Period (SEP), you can use the online application found at secure.ssa.gov/mpboa/medicare-part-b-online-application.

If you are unable to submit your application online, you can call your local field office (keep track of who you talk to). Collect the necessary paperwork from your employer to prove you had creditable coverage since the age of 65. Once the paperwork is complete, you will be able to fax it to Social Security at 1-833-914-2016. Make sure your employer has completed your forms correctly and that you note on your forms when you would like Medicare Part B to begin.

You can mail your information via certified mail to your local Social Security office. Faxing is faster and easier. Make sure to keep checking on the progress of your application by calling social security at 1-800-518-5311.

Q : I hear a lot about mental health in the news right now, how does Medicare cover mental health services?

A : If you have Original Medicare, Part A covers inpatient mental health services that you receive in either a psychiatric hospital (a hospital that only treats mental health patients) or a general hospital. Your provider should determine which hospital setting you need.

If you receive care in a psychiatric hospital, Medicare covers up to 190 days of inpatient care in your lifetime. If you have used your lifetime days but need additional mental health care, Medicare may cover your additional inpatient care at a general hospital.

Medicare Part B covers outpatient mental health care. Medicare Part B also covers partial hospitalization for mental health treatment for people who meet coverage requirements. Partial hospitalization programs provide care that is more intensive than other forms of mental health care, but less intensive than inpatient care.

If you have a Medicare Advantage Plan, your plan must cover the same inpatient and outpatient mental health services as Original Medicare, but they may impose different rules, restrictions and costs. If you need information about a plan's costs and coverage rules, or if you are experiencing problems, contact your Medicare Advantage Plan.

Lucille Bondi Insurance Solutions, 439 Main St., Rear Bldg., Harleysville, PA 19438. Office: 215.256.5954. Fax: 215.256.8761

SENIOR LIFE



Mary Daniels and her husband, Steve, sit together in his room at Rosecastle at Deerwood, a nursing home in Florida.



Mary Daniels washes dishes at the facility where her husband lives.

Can I get a job? Wife tries it all to achieve a nursing home reunion

By Kelli Kennedy
The Associated Press

FORT LAUDERDALE, FLA. » One hundred and 14 days. That's how long Mary Daniel went without seeing her husband after the coronavirus banned visitors from his nursing home, separating the couple for the first time since he was diagnosed with early onset Alzheimer's seven years ago.

When the Jacksonville nursing home locked down in March, Daniel didn't think it would last long. The 57-year-old, who runs a medical billing company, promised Steve she would not leave his side after his life-altering diagnosis at the age of 59.

But the 66-year-old thrived at Rosecastle at Deerwood and became known as the mayor of the facility, sitting at the front desk and hugging every visitor and delivery person. They settled into a peaceful routine. Every night, Mary headed to the facility, changed Steven into his pajamas and the two cuddled in bed and watched TV.

On March 11, she got a

call from the home forbidding her from returning as nursing homes across the state went on lockdown to prevent the virus from spreading among its vulnerable patients.

Undaunted, she asked about taking a volunteer position. When that didn't work, she offered to bring in the therapy dogs she raises for wounded veterans into the facility for the residents. Still, no.

"Can I get a job?" she asked with sincerity, marking each day apart from her husband with growing unease. "I'm throwing all these things out."

She watched as people across the country found creative ways to connect with loved ones now locked away, but it's different with dementia patients. Steve doesn't complete sentences, so video chats were useless.

She tried two "window visits," but Steve cried both times. He didn't understand why she was so far away. It was torture and she vowed not to return until she could hold him. Dementia patients decline more quickly without human touch, she

said.

She emailed the governor every day, along with anyone else who would listen as the days stretched into months. She joined a support group on Facebook, "Caregivers for Compromise Because Isolation Kills Too," and has become an advocate.

"My husband is 5 miles away from me, but I can't get to him," she said. "It's like he's died, but it's worse than him dying because he's not at peace."

Then out of the blue, the phone rang three weeks ago. It was the corporate office at Steve's nursing home. They had an opening for a part-time dishwasher. Was she interested?

She jumped at the chance and went through a drug test and 20 hours of video training on hazardous waste disposal and food safety, knowing Steve was on the other side.

Kelley Withrow, the facility's executive director, stressed that the visitation ban is necessary but acknowledged it's "been hard on families and residents alike, so we felt creative so-

lutions were necessary, especially in the case of Mary and Steve."

Now, twice a week Daniel finishes her office job, heads to the nursing home kitchen and scrubs dirty dishes for 90 minutes. She said she's "doing everything in my power to get to my husband, because he needs me to touch him."

She worries for the families still separated.

Recently, Gov. Ron DeSantis said he was considering loosening the state's ban on visitations at nursing homes for loved ones who can take a rapid-response test for the virus before entering the facility.

"There's a hopelessness; there's a helplessness," Daniel said. "Hundreds of thousands of people are feeling that right now. They're dying alone, and it's tragic. It's bordering on cruelty at this point."

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RETIREMENT

Why taking Social Security early costs too much

By Liz Weston
NerdWallet



Liz Weston
NerdWallet

Starting Social Security early typically means getting a smaller benefit for the rest of your life. The penalty is steep: Someone who applies this year at age 62 would see their monthly benefit check reduced by nearly 30%.

Many Americans have little choice but to accept the diminished payments. Even before the pandemic, about half of retirees said they quit working earlier than they'd planned, often due to job loss or health issues.

Some have enough retirement savings to delay claiming Social Security, but many don't. And now, with unemployment approaching Depression-era levels, claiming early may be the best of bad options for older people who can't find a job.

But the penalty for early filing, and the bonus for delaying your application, are based on old formulas that don't reflect gains in life expectancy, says economist Alicia Munnell, director of the Center for Retirement Research at Boston College.

The result is a system that unfairly penalizes early filers, unjustly benefits late filers — and hurts lower-income people the most.

"Low-income people disproportionately collect benefits at 62, and their benefits are cut too much, and high-income people disproportionately delay claiming till 70 and their benefits are increased too much," Munnell says. "So

you penalize the low-income and you benefit the high-income."

The problem started off as a solution

Originally, Social Security had one retirement age: 65. In 1956, Congress authorized a reduced benefit for women, to allow them to retire at the same time as their typically older husbands. The reduced benefit option was extended to men in 1961.

The amount of the reduction was meant to be "actuarially neutral," so that the cost to Social Security would be the same whether those with average life expectancies claimed the smaller check earlier or the larger check later.

As life expectancies rose, though, early filers wound up living with the penalty for longer. In 1956, a 65-year-old woman had an average life expectancy of 16.9 years. Today, it's 21.6 years, Munnell says. Instead of being actuarially neutral, in other words, the current system results in early filers with average life expectancies getting less.

On top of that, Social Security offers a bonus for those who can afford to wait. A 1% delayed retirement credit was introduced in 1972, and the amount was increased over the years to the current 8%. So each year you put off claiming Social Security past your full retirement age adds 8% to your payment. Full retirement age varies according to birth year and is 67 for people born in 1960 or later.

Let's say your full retirement age is 67 and your benefit, if started then, would be \$1,000 a month. Starting at 62 would



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shrink the benefit to \$700, while waiting until 70 to begin would boost the amount to \$1,240.

The longer you live, the more you can benefit from a delayed filing — and the higher your income, the longer you're likely to live. In fact, most of the gains in life expectancy in recent years have accrued to higher-income people.

Between 2001 and 2014, for example, life expectancy rose by more than two years for men and nearly three years for women with incomes in the top 5%, accord-

ing to a study for the Social Security Administration. During the same period, life expectancies for those in the bottom 5% of incomes rose a little less than four months for men and about two weeks for women.

How benefits could change to be fairer

To restore actuarial fairness, the penalty for early filing should be lower, Munnell says. Someone who retires at 62 instead of 67 should get 22.5% less, rather than 30% less. Similarly,

the bonus for waiting should be reduced to just below 7% per year.

"The way it's set up now, people will get 124% of their full benefit if they wait till 70 and they really should only get 120%," Munnell says.

Obviously, Social Security has bigger problems. Once its trust fund is depleted, as projected in 15 years or so, the system will be able to pay only 79% of promised benefits in 2035. That proportion is estimated to drop to 73% by 2094.

When Congress finally gets around to fixing the

system, Munnell says, it should consider making the payouts more fair.

"I think there'll be some grand bargain on Social Security at some point because I don't think anybody's really going to allow benefits to be cut 25%," Munnell says. "This (actuarial fairness) probably should be put on the agenda."

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