



# Health Focus



## INSURANCE

**Laura Mutsko**  
Agent and CSA

**Q:** I get confused by the various health insurance terms. Can you explain some of them?

**A:** Health insurance is complicated; there is no doubt about that. Here is an explanation of a few important terms that will make it easier to understand your policy.

### Co-insurance and Copay

This is the amount you are responsible for when you visit a doctor, go to urgent care, or to an emergency room. These terms are often used interchangeably, but they are a little different.

There are usually four different co-pay amounts for four separate types of doctor visits. The lowest co-pay is generally the one you pay to visit your regular doctor. There is usually a slightly higher co-pay for a visit to a specialist. This can include specialties such as dermatology, ear, nose, and throat (ENT) specialists, surgeons, and many more. Finally, there are usually two set co-pay amounts for either an urgent care or emergency room visit. Emergency room visits usually carry a higher co-pay amount.

Co-insurance usually refers to a percentage of the total cost that you are required to pay, especially for more unusual treatments and tests.

### Deductible

Much like your auto insurance, a health care deductible is the amount you will pay before your benefits kick in. Things like lab work, medical tests, and hospital visits are the types of costs that will count toward your deductible. Once you have paid out the full amount of the deductible, your policy will cover other costs at a set amount.

### Out Of Pocket Limit

Some, but not all insurance policies carry a yearly out of pocket limit. This is the most you will have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

### Preferred Provider

A preferred provider is a doctor or other health care provider who has contracted with your health insurer to provide services to you at a discount. You pay less if you go to these providers. Preferred providers are also called in-network providers.

Be informed and know what you are getting. Ask your agent about any terms you do not understand before enrolling in a plan. For your questions on life and health insurance, please contact me at 440-255-5700 or [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). I look forward to assisting you.

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*We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.*



## DENTAL CARE

**Jeffrey Gross,**  
DDS, FAGD

**Q:** Both of My Teeth Broke Off

**A:** I met him this past Tuesday for a brief consultation due to a referral from one of my nice families. He told me that he had two crowns on opposite sides of the mouth that broke off and came out. These crowns were not made too long ago and did not last as a solid repair for his teeth. The more he and I spoke, the more I realized that this gentleman was quite intelligent. He told me that he had owned his own business for over four decades and was starting to take life at a slightly slower pace.

He understood that preserving his front teeth, which looked pretty good, required solid back teeth. Since both of his first molars were cracked and all he had left were the roots, fixing and restoring this area was of prime importance. The big question to him is what went wrong with the recent crowns that left him with nothing but broken roots. The bigger question in my mind is whether or not the same fate would await my returning those areas to useful and functional teeth.

Whenever we think of our teeth, we envision them as static. They are present in our mouths and never change except for developing cavities or breakage. Our tooth enamel is the hardest tissue in the body as the level of calcium in them is very high. Teeth are stronger than even bones, which are the quintessential hard areas of our bodies.

This perception is not a true one. Teeth are constantly changing and moving in minute amounts, which we can not see except if we compare them over time. Pictures of our teeth today and several years ago will show obvious changes. The biggest change is that we typically see wear patterns on our teeth. The wearing of the biting surfaces comes from normal daily chewing. Patients who

grind and grit their teeth will show more advanced wear than others.

A tooth against another tooth will wear at even rates, but this is not the case if we have a filling or a crown on one of those teeth. The harder surface will wear the, so to speak, softer surface and create uneven areas of wear. In other words, the tooth which does not have the harder chewing area will get shorter as it wears away over time.

Should the shorter tooth need a filling, it will struggle to keep it in place. When a filling no longer works, we often move to a crown. Again, the shorter tooth will be a problem as the crown will come off repeatedly due to a lack of height to help retention.

When I examined the areas of broken teeth, I saw that the tooth opposite them was hanging down into the space for the new crowns. The procedure fails when we fix an area and don't have enough room for the proper thickness and size of the filling or crown. This scenario is what occurred for my patient. I told him I would need to reclaim some of the lost space to fix the area properly.

The way to reclaim that lost space is to modify the tooth that encroached on that area and allow room for a new crown or implant if that is what is indicated. When I follow that approach, I will be assured of success. If you find or notice teeth that are breaking, please give us a call at 440.951.7856. Let's work together and create a solution for you. I look forward to hearing from you.

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

### The Healthy Smile

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### Did you know?

According to a study published in the journal Progress in Neurology and Psychiatry, in a given year about 5 percent of the population of the United States experiences seasonal depression, a condition also known as seasonal affective disorder, or SAD. A separate study published in the journal BMC Psychiatry in 2021 found that 12.7 percent of students attending higher education or vocational schools who responded to a survey showed SAD. The organization Mental Health America notes that SAD is a subtype of depression or bipolar disorder that occurs and ends around the same time every year, typically beginning in fall and continuing into the winter. Curiously, the study published in Progress in Neurology and Psychiatry found that the main age of onset of seasonal depression is between 20 and 30.

Have your problems addressed by medical professionals in "Health Focus"!  
Send your question to: [advertising@news-herald.com](mailto:advertising@news-herald.com)



## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q:** What's involved with having cataract surgery and what are some things I can expect?

**A:** Cataract surgery is a once-in-a-lifetime opportunity to improve your vision and change the way you see the world. The first step involves a pre-operative evaluation that will include a dilated, comprehensive eye exam to check the health of your eyes and visual acuity as well as your specific eye measurements. During this consultation, you will have the opportunity to talk with the surgeon about the various types of intraocular lens and the best option for your needs, advanced laser technology that is available, and expected outcome.

Cataract surgery is generally a simple, outpatient procedure performed by specially trained ophthalmologists. Surgery is done one eye at a time so that each eye can heal and adjust individually. You will be prescribed eyedrop medicines which will be used before and after surgery to help prevent infection and reduce swelling.

Cataract surgery is performed in an operating room using a microscope, specially designed instruments, and other modern technology. The surgery usually takes only 10-15 minutes, is painless and is performed under monitored anesthesia care which means you are not put to sleep but in a light level of sedation. The time at the surgery site is generally about 90 minutes total since extra time is needed for surgery preparation and post-op recovery. You will need to have someone drive you to and from the surgery.

During surgery, the cloudy natural lens is removed and replaced with a clear artificial intraocular lens, or IOL, chosen to correct your vision. Today patients can choose from a wide variety of intraocular lenses along with additional high precision laser technology that can provide customized options for enhanced and optimized visual outcomes.

After surgery, regular postoperative visits are scheduled to check your eye as it heals. Within a few days after surgery, many patients are back at work, driving, and doing all but the most strenuous of activities. If you need cataract surgery in both eyes, your eye surgeon will wait 1-3 weeks between procedures so that the 1st eye is healed before the 2nd eye is done.

Modern cataract surgery is one of the safest and most effective surgical procedures performed today. More than 3 million cataract surgeries are performed in the United States every year with most of these procedures producing excellent visual outcomes. You may need an eyeglass prescription to obtain your clearest vision following surgery depending on the intraocular lens implanted and your vision needs.

### Gregory Eippert, MD

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# Health Focus



## DENTAL CARE

**Jeffrey Gross, DDS, FAGD**

**Q: My Former Dentist Only Spoke About Implants. Are There Other Options?**

**A:** In all fields of medicine, there is always more than one choice for solving a problem. Although implants have many advantages over other treatments, they may not be for everyone. A study was published comparing the number of missing teeth in an average American vs. people who reside in the United Kingdom. For those under age 65, there was an average of 7 teeth missing vs. six teeth missing in the UK. I am not focusing on the differences today but on the fact that we are missing an average of 20% of our teeth.

This fact begs the question of how to replace these teeth. Dental professionals have attached themselves to implants because they can function by themselves. What do I mean by that? It means that a dental implant can anchor to the jaw instead of anchoring to an adjacent tooth. Self-anchorage is big as we don't have to involve more teeth than necessary. After all, in most cases, our teeth are more apt to fail when compared to our jaws failing.

That being said, dental implants may not be for everyone. One of the biggest barriers to implant dentistry was cost. That is a thing of the past with my new system and protocol for replacing teeth with implants. That will be another column. But putting cost aside, there may be other reasons for not choosing a dental implant. We have "fixed bridges" permanently attached to adjacent teeth in those cases. These bridges look and feel great. With some of our newer materials in dentistry, we no longer have to use metal as a substructure for the bridge. This allows some of the best cosmetics that I have seen in my over four decades of dentistry

Aside from cosmetics, there is a time or speed factor. In most cases, your missing tooth is filled in when on the day you come to see me. You will leave the visit with a tooth or teeth to replace either your back or front teeth. Same-day replacement is always a plus, as one of the most common questions I get is how long everything will take to accomplish. Bridges can be made much faster than most cases of implant dentistry. Note that I said most, not all. That, too, is another column. So for someone with a family gathering or other social event, using bridges allows me to correct your problem very quickly. I could go on and on about the advantages of permanent bridgework and its ease with our modern digital scanner.

We are a week into 2023, and I want everyone to make a realistic dental health resolution. Making a resolution work involves one that is manageable and doable in a reasonable amount of time. Replacing a missing tooth or

removing a failing tooth and replacing it with a simple bridge is a great approach. If you are missing a tooth or teeth, please call me at 440.951.7856 and come in for a complimentary consultation. Now is the perfect time of the year to take that first step. I look forward to hearing from you

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

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## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q: I am thinking about cataract surgery in the near future and am hoping that I do not have to wear glasses after the surgery. Is this a possibility? My friends who have had cataract surgery still have to wear glasses for reading.**

**A:** Cataract surgery is a once in a lifetime opportunity to improve your vision. During cataract surgery, the cloudy natural lens of your eye will be replaced by an artificial intraocular lens or IOL. Until recently, nearly everyone who had cataract surgery was fitted with the same basic IOL. Recent advancements however have led to the development of a variety of IOLs, each with unique features and advantages. Among these is the premium/multifocal IOL that, if you are a candidate, can provide your best chance at freedom from glasses after cataract surgery by allowing for both distance and near vision.

Choosing the IOL that best fits your vision needs and lifestyle involves many factors and considerations. First and foremost, work closely with your eye surgeon who will guide you through your options, answer your questions, educate you about the capabilities and limitations of each IOL, and provide a complete medical assessment of your eyes for cataract surgery. Additionally, there are three other areas that affect the IOL selection to discuss with your eye surgeon: occupation, lifestyle,

and hobbies; personality; and eye health.

Regarding your occupation/hobby/lifestyle, consider: What type of work do you do? What are your hobbies? Do you do a lot of close-up work? How much do you read and at what distances? How much do you use the computer? What types of outdoor activities do you enjoy? Do you drive after dark?

Regarding your personality, consider: Are you a perfectionist or easy going? How bothered are you by wearing glasses? Do you have any experience with monovision or contact lenses? What are your vision expectations after surgery?

Regarding your eye health, consider: How is your overall eye health? Are there any pre-existing conditions such as astigmatism, glaucoma, or macular degeneration that can contribute to vision variation after surgery, or that may require touch-up after surgery?

It is important to remember that no single IOL can guarantee perfect vision at all distances and under all conditions but, if carefully selected and all things considered, your IOL should reduce and can possibly eliminate your dependence on glasses for most of what you do. Your upcoming cataract evaluation is an excellent opportunity to get all the information you need and to consult with your eye surgeon about the best IOL for your vision needs.

### Gregory Eippert, MD

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## INSURANCE

**Laura Mutsko  
Agent and CSA**

**Q: During Open Enrollment, I switched to a Medicare Advantage plan for 2023. How do I make the most of its benefits?**

**A:** By now, some of the reasons you signed up for your Medicare Advantage plan back in October may have slipped your mind. So, now is a good time to pull out your plan's information packet and review your Summary of Benefits. Here are some tips to help ensure you get the most out of your coverage this year. Keep in mind, benefits vary among different plans.

Preventive Care Benefits: Both Original Medicare and Medicare Advantage plans offer all benefi-

ciaries an Annual Wellness Visit. Make an appointment with your doctor now and update all your preventive screenings, including your mammogram and colonoscopy. These services can help catch health problems early when they are usually easier to treat. Find out if you are up to date on your vaccinations, including the Shingrix vaccine for shingles which is covered by Medicare as of 1/1/23.

Bring your prescription bottles with you and ask if there are any new generic drugs or ones on a lower tier of your plan's formulary that could save you money.

Prescription Drug Coverage: Verify that you are using your plan's preferred retail pharmacy. If not, now is the time to move your prescriptions to the preferred pharmacy before you need a refill. Also, consider whether your plan's mail delivery pharmacy would be more convenient and save you money. Many provide medications in three-month supplies at a lower cost than the local drug store.

Fitness Membership: Once you get your doctor's okay, explore your free fitness benefits. Many now offer a wide variety of online classes as well as in-person gym memberships. Get started now, and by springtime you will be in great shape!

Over the Counter Benefits: Become familiar with the new improved ways many Advantage plans are providing over-the-counter benefits. In response to customer feedback, many have simplified their programs and expanded them to include additional retailers.

Dental Coverage: Make an appointment now for your dental check-up. By scheduling your exam early in the year, you will have ample time to get a second check-up later in the year, and have it covered by your insurance.

Hearing Benefits: According to recent studies, 30 to 35 percent of adults between the ages of 65 and 75 experience hearing loss. The percentage goes up as you get older. Why not take advantage of your insurance coverage and get a hearing test and hearing aids if they are needed?

Following these tips to get the most out of your plan could be doubly rewarding – more money in your wallet and better health to help you live your best life.

If you have questions or concerns health insurance including Medicare Advantage plans and Medicare Supplements, please contact me at 440-255-5700 or email your questions to me at [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com)

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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

## Did You Know?

The Alzheimer's Association® reports that remaining socially active throughout adulthood can possibly delay the onset of dementia. And that's not the only benefit to remaining socially engaged as an adult, which researchers have linked to reduced rates of disability and mortality. The Alzheimer's Association® also indicates that social engagement may reduce the risk for depression in older adults. That's a significant benefit, as the National Council on Aging notes that the risk for depression

is elevated among older adults compared to young adults. Retirees can consider a host of ways to remain socially engaged, whether it's volunteering, participating in clubs or moving to communities tailored to individuals 55 and older. Such communities may facilitate social engagement among residents by establishing or promoting clubs, organizing group sightseeing trips and arranging for other opportunities for inhabitants to get to know their neighbors.



# Health Focus



## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q:** I have been hearing about 'advanced' cataract surgery. What is this and what's involved?

**A:** 'Advanced' cataract surgery refers not only to removing the cataract but also performing additional advanced procedures and/or replacing the cataract with a premium intraocular lens (IOL) all based on your particular eyes and vision needs.

Thanks to major advancements in both surgical technology and the variety of intraocular lenses available, cataract surgery today offers precise, customized options for enhanced visual outcomes and has made both the surgery itself and the replacement lenses safer and more effective than ever.

The LenSx Femtosecond Laser is a bladeless, advanced procedure that uses real-time, high-resolution photography to capture incredibly precise images of your eyes. These images enable the surgeon to perform a computer-guided surgery to the exact specifications programmed into the laser to help reduce residual astigmatism after surgery. This, in turn, helps reduce your dependency on glasses after surgery.

In addition, today's IOLs provide options to correct distance vision with Monofocal lenses, astigmatism with Toric lenses, as well as Multifocal lenses which allow you to see distance and near. Your eye doctor will help you determine which lens is right for you, based on your visual needs and lifestyle.

Cataract surgery is a very safe procedure performed thousands of times every day all over the world. Before choosing custom cataract surgery, make sure to discuss all the options available with your eye doctor so that you can have the best vision possible after cataract surgery.

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## INSURANCE

**Laura Mutsko  
Agent and CSA**

**Q:** I read that SilverSneakers has a program where I can earn tuition credits for my grandchildren. Can you tell me more?

**A:** The Silver Sneakers gym membership program is a popular benefit for many Medicare beneficiaries. It is a health and fitness program designed for adults 65+ that is included at no cost with many Medicare Advantage plans and some Medicare Supplements. Now, as an added benefit, you can also earn tuition credits at participating colleges and universities for family members when you work out regularly at a SilverSneakers location.

SilverSneakers and Sage Scholars teamed up to offer SilverSneakers members this unique opportunity. It's easy. And It's free. Here's how to get started.

### Step 1: Sign up

SilverSneakers will give you 1,000 Tuition Rewards Points just for signing up for a Tuition Rewards account. That's a minimum scholarship of at least \$1,000 in tuition credit. Each scholarship can equal up to one full year's tuition.

### Step 2: Add students

Add children, grandchildren, or other students in your extended family as the beneficiaries of your Tuition Rewards Points. Students between birth and August 31st prior to their senior year of high school are eligible.

### Step 3: Workout

For every month you visit a SilverSneakers participating location seven times or more, Silver Sneakers will add 250 Tuition Rewards Points to your account. That's \$250 in tuition savings each month.

More than 450 private colleges and universities across America participate in the program. For a list of participants, please visit <https://tuitionrewards.com/schools>.

Each Tuition Rewards Point is equal to \$1.00 in tuition discounts if the student attends a partici-

pating college or university. The accumulated points represent the minimum scholarship (grant or other institutional discount) that the student will receive.

To learn if you are eligible for a SilverSneakers membership, visit <https://tools.silversneakers.com/Eligibility>. Be sure to check with your doctor before starting any workout program.

For complete details on enrollment in the Tuition Rewards Program, info on eligible family members, regulations and how much you can earn for each student, visit their website at <https://silversneakers.tuitionrewards.com> or email your questions to [support@sagescholars.com](mailto:support@sagescholars.com).

For all your questions concerning life and health insurance including Medicare Advantage Plans, Medicare Supplements and more, please contact me at 440-255-5700 or [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). I look forward to assisting you.

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## DENTAL CARE

**Jeffrey Gross,  
DDS, FAGD**

**Q:** Planning for your Dental Future

**A:** When I asked a patient if he had heard the story of the three little pigs, he answered in the affirmative. In fact, who does not know that famous children's story? Before I get started today, I'm sure that most of you think we will spend some time discussing eating habits and cleaning our mouths after we eat. We could discuss techniques, timing, etc. After all, we are talking about pigs. That will have to wait for another time because I want to focus on understanding the story and where two of our three little piggies went wrong. Let us take a moment to analyze their thought pattern. We have to remember what we are discussing. Pigs may be sloppy and dirty, but do they have to be unintelligent? Not necessarily. What were they thinking when the first two pigs built their respective houses out of straw and sticks? After all, they were out in the world with all types of weather and evils, as we see when our villain, the wolf, enters. Why did they build such flimsy homes?

So what failed in their thought process? It would appear that they failed to anticipate what would happen as time passed. They did not plan properly for future events. They built structures that were not capable of withstanding

too much abuse. This lack of preparedness led to their downfall. Not anticipating future forces or insult to their dwellings. All of you should be asking, So what does all this have to do with teeth? Whenever I look at a tooth that needs repair, I have to consider what will happen to this tooth vis-a-vis the rest of the teeth. A tooth does not exist in a vacuum. It may be considered analogous to a gear on a wheel. It functions independently but also is part of a greater team. As such, it has to pull its own weight.

One such factor is, of course, the broken or diseased tooth. I look at how much is left and its inherent strengths or weaknesses. However, I also have to consider what will meet this tooth. In other words, the tooth that opposes this broken tooth creates the grinding and pulverizing forces that result in chewing. Our tooth, needing fixing, must withstand tremendous forces created by the chewing muscles of the face. But what happens if the opposing structure is not a tooth? Suppose it is a partial or full denture. The force now generated against our tooth is much less. Maybe we don't need a very extensive fix. Anything that removes decay and restores the tooth to a normal shape may work.

What about adding an extra tooth to fill a gap? If we can't place an implant, we can hang a tooth off of another single tooth called a cantilever bridge. Ideally, we like to attach to two teeth, but that is not always possible. Using this type of solution to fill gaps typically puts a lot of stress on the tooth it joins. However, when the opposing tooth that meets the extra tooth is not a tooth but a denture, the forces will be much less. Why is this so important? A cantilever bridge is a great alternative when we can not place an implant for one reason or another. It even could be a money and time saver for the situation.

So let's keep the story of The Three Little Pigs in the back of our minds and try not to mimic their mistakes when putting a mouth back into proper function. These decisions will distinguish between a successful case and one that may fall short of our expectations. If you have some area in your mouth that is unsightly or troublesome, please feel free to call me and let me try to help you. You and I can properly plan for the future and fix the immediate problem at the same time. I can be reached at 440.951.7856, and I am always happy to talk to you.

*Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.*

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## American adults' hearts are much older than they should be

According to the Centers for Disease Control and Prevention, the average adult in the United States has a heart that is seven years older than it should be. "Heart age" is a metric used by the CDC to determine if an individual is at greater risk for heart disease than they should be at any given point during their adults lives. Factors such as body mass index (BMI), blood pressure, whether or not a person smokes or has smoked in the past, and if that person has diabetes all help to determine heart age. The CDC indicates that millions of people



in their 40s and 50s who live in the United States have high blood pressure and more than 35 million U.S. adults are current smokers. Those variables increase heart age, making individuals more vulnerable to heart disease

even in middle-age. Individuals interested in getting an estimate of their heart age can visit the Heart Foundation at [heartfoundation.org.au/heart-age-calculator](http://heartfoundation.org.au/heart-age-calculator). Adults also are urged to speak with their physicians about their risk for heart disease and what they can do to lower that risk.



# Health Focus



## DENTAL CARE

**Jeffrey Gross, DDS, FAGD**

**Q: Where Do I Begin?**

**A:** William asked me that question when I saw him a couple of weeks ago. Typically when I look at a patient, the wheels start to turn, and I start to formulate an approach. William was different; his teeth were covered with debris and plaque, and I could not see some of them. His main complaint was pain on the upper left side.

His demeanor and sensitivity touched me. As I saw him on an emergency basis, I knew I wanted to spend more time with him and give me a comprehensive diagnosis and treatment plan.

On a second visit, we took more x-rays and discussed his hygiene habits. He told me that he brushes once or twice per week. He doesn't like to brush because his mouth hurts. I asked him how often he showers, and he looked at me like I was a Martian or another alien. He told me that he bathes daily because if not, he would be disgusting to himself and others. I looked at him and told him the same was true for his mouth. Not brushing one's teeth leaves a disgusting mouth. Bacteria and germs grow, causing tooth decay or gum disease. His mouth was full of periodontal or gum disease.

He had severe pain on his upper left side, and we decided to remove some hopeless teeth and make him feel better. The procedure was successful, and he was very happy. He told me he could close his mouth for the first time in months and not be in pain. Needless to say, I was ecstatic after this appointment. I called him to see how he was feeling this morning. He told me that he was sore all over.

I asked him how his brushing was going, and he told me that he had not brushed as his gums were too painful. Then I explained that his pain came from the debris on his teeth. The debris was there because he wasn't brushing. We are going around in a circle. The pain came from bacteria and food debris; food debris was present because of lack of brushing, lack of brushing because of pain, etc.

When I see this pattern, I cannot stress enough that we must break the destructive cycle with the goal of clean teeth. Once the teeth are clean, then the gums can start to heal. William's voice told me that he was afraid to use a brush. I needed to offer a solution and approach that would get us toward our goal. I suggested he start with a soft washcloth or Q-tip to remove the debris gently. After a few days of doing this, he could get a brush in there and not have painful teeth.

Bacterial growth in the mouth is the cause of mouth disease. Our main diseases that show up are gum, known as gingivitis or periodontal disease, and cavities on teeth. The relationship between

them and bacteria is a direct cause and effect. Seeking clean teeth is why we recommend periodic cleanings in our office. However, this is not enough. We must couple this with daily care that controls the constant build-up of debris. There is a relationship between oral health and heart disease. This week, I saw two patients who required medical clearance for heart procedures. Since heart disease is the number one killer of both men and women in the United States, it behooves us to do everything to minimize those risk factors.

William will lose more teeth as some areas of his mouth are beyond the scope of repair. The only way to stop the disease in those spots involves tooth removal. Once I have removed all the hopeless teeth, I can move forward, rebuilding his mouth and returning him to function. However, without his help and participation, success is impossible. To answer our question in the title, you begin with brushing and the goal of a clean mouth. If you have sore areas that prevent you from brushing well, please call Nikki, and we can look at you and help you. Delaying that appointment could make the difference between keeping or losing teeth. Call me at 440.951.7856, and let's talk.

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## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q: What does the term refractive surgery mean? What conditions are treated with refractive surgery?**

**A:** Refractive surgery is the use of advanced surgical procedures to correct common vision conditions referred to as refractive errors; problems with how the eye focuses light. These conditions include: Myopia (nearsightedness), when distance objects are blurry; Hyperopia (farsightedness), when typically near and distance objects are blurry; Astigmatism, where the cornea is oval shaped rather than spherical and can cause overall blurry vision; and Presbyopia, that is blurred near vision and the inability to focus up close due to aging. The goal of refractive surgery is to reduce or eliminate the need for prescription eyeglasses or contact lenses.

Refractive surgery can include various laser methods of reshaping the curvature of the cornea, such as LASIK or PRK, or intraocular lens procedures such as refractive

lens exchange or cataract surgery. The most popular refractive surgery performed in the United States today is LASIK.

Refractive surgery can be a good option for those who have a treatable refractive error and whose eyes are otherwise healthy and free of eye disease. Refractive surgery candidates should understand that while the goal is to reduce or eliminate the need for eyeglasses or contacts, there could still be a need for glasses or contacts after the surgery to achieve the best vision possible. Candidates should also be advised of all the risks and benefits associated with the chosen procedure prior to surgery.

Those who consider refractive surgery include many different types of people and vision problems. Common scenarios are: The highly nearsighted person who cannot see even the alarm clock upon awakening without putting on their glasses; people for whom vision is not clear with glasses or contacts; people who cannot tolerate or are highly sensitive to glasses or contacts; those who want to actively participate in sports; military personnel; stage performers; after cataract surgery to minimize astigmatism; and workers whose vision may be hindered by glasses or contacts such as repair technicians, construction workers, fireman, police officers, etc.

Although refractive surgery procedures have advanced remarkably and improved how millions of people view the world, it isn't always right for everybody. If you are considering any type of refractive surgery, schedule a consultation and complete exam with your eye doctor or eye surgeon. Together you and your eye doctor can discuss your lifestyle and vision needs to determine the most appropriate procedure for you.

## Gregory Eippert, MD

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## INSURANCE

**Laura Mutsko  
Agent and CSA**

**Q: Every winter I struggle with anxiety. I would like to see a mental health professional. Does Medicare cover mental health therapy?**

**A:** You are not alone. Isolation, especially in the winter months, can be an especially difficult time for many people. Because many have never sought help before, they find themselves in uncharted territory. However, know that Medicare is a valuable resource when it comes to supporting mental health.

Medicare covers mental health care, including preventive screenings, psychological counseling, screenings, alcohol and drug abuse counseling, outpatient treatment programs and more. Mental health services, such as individual counseling provided in an outpatient setting will be covered by Medicare Part B at 80% of the approved charge after the annual deductible is met.

Health care through the following providers is covered:

- General practitioners
- Nurse practitioners
- Physicians' assistants
- Psychiatrists
- Clinical psychologists
- Clinical social workers
- Clinical nurse specialists

Those with Original Medicare can call 1-800-MEDICARE for help finding a participating mental health professional. Those with a Medicare Advantage plan should call their plan directly for a list of mental health care providers in their plan's network. Another option is to contact your primary care physician and ask for their recommendation.

Medicare coverage extends to telehealth services making it easier for Medicare beneficiaries to meet with a mental health care professional from the comfort and privacy of their home. This is a convenient time-saving option for those who have grown comfortable using other online services.

It is always best to check with Medicare or your Medicare Advantage plan to learn all eligibility requirements. In addition, always ask your health care provider if they accept your Medicare insurance before you begin receiving services.

If you or someone you know is struggling or in crisis and would like to talk to a trained crisis counselor, call or text 988, the free and confidential Suicide & Crisis Lifeline. You can also connect with a counselor through web chat at [988lifeline.org](http://988lifeline.org).

If you have questions on insurance including Life, Health, Medicare Advantage and Medicare Supplements, please give me a call at 440-255-5700 or email me at [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). I look forward to helping you get the protection you need.

**Laura Mutsko  
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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

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# Health Focus



## INSURANCE

**Laura Mutsko**  
Agent and CSA

**Q:** I've always had health insurance through my employers. I've never had to buy it on my own. Where do I begin?

**A:** If you have always had health insurance provided through either a family member or your employer, shopping for health insurance for yourself can seem daunting. However, if you have shopped for auto or homeowner's insurance, it is a similar process. Here are a few tips to help get you started.

### Contact an Agent

Ask your family, friends, or business associates for their recommendation of a reputable agent, preferably a broker like myself who is associated with more than one insurance company. You want an agent who works with health insurance every day and who can show you different types of plans. They will help you select one that provides the coverage you need and is within your budget. Brokers are also familiar with the insurance companies who provide the best service. Unlike a call center, you will know who to call if you have questions concerning your coverage in the future.

Agents/brokers are compensated by the insurance company, not you, the customer. You get the benefit of their experience at no additional charge to you. An agent/broker will also help you fill out the necessary forms to make the entire process a little easier.

### Understand What You are Getting

When you are shopping for a health insurance plan, be sure you get all the pertinent information and not just the amount of the premium.

- Is the plan a PPO or an HMO?
- Are your preferred doctors and hospitals in the plan's network?
- Ask for the co-insurance and co-pay amounts, deductibles, and out of pocket limits.
- Does the plan provide coverage for prescription medicines?
- Ask what the plan does NOT cover.

Asking questions is the key to making sure you get the coverage you need from your policy and don't wind up with any nasty surprises after you are locked into the

policy. Health insurance is a major purchase, so do your research and ensure that your hard-earned money is buying you the coverage you need.

For all your questions concerning life and health insurance including Medicare Advantage Plans, Medicare Supplements and more, please contact me at 440-255-5700 or [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). I look forward to assisting you.

**Laura Mutsko**  
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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](http://www.Medicare.gov) or 1-800-MEDICARE to get information on all of your options.



## DENTAL CARE

**Jeffrey Gross,**  
DDS, FAGD

**Q:** I Need A Bone Graft. Is That Hard to Do?

**A:** I met a patient this week who told me he reads my column regularly, and I thanked him for those kind words. He was curious about potential future treatment as he described swelling in his mouth. The tooth in question was his front tooth, and he described swelling up under his nose that came and went. When I examined his mouth, I noticed that the tooth was very loose. When I see a tooth that exhibits so much movement, my mind thinks of a hopeless tooth. That term means we can do nothing to keep the tooth in the mouth as it is diseased or broken beyond repair. When we deem a tooth to be in that condition, the only legitimate treatment is the removal of the tooth.

Our new patient had braces a few years ago, and his smile looked great. The first step involved the taking of an x-ray as a starting point. Looking at the film, his bone levels, meaning the amount around the tooth, looked good. I noticed that all the roots in the front of his mouth were very short. This phenomenon is described as the "blunting" of the roots. We see this following orthodontics and results in teeth showing less root anchorage due to shorter roots.

I have seen many people with short roots because of braces and slightly loose teeth. In an otherwise healthy mouth and without tooth grinding, a patient can keep his teeth for a lifetime, even with short roots. The tooth that he complained about was noticeably looser. I suggested we dive a little deeper into finding the source of the swelling and recommended using a dental CAT scan to see if anything is more apparent.

That piece of advice yielded great results. The scan showed me a large infection around the very loose tooth and the loss of bone which helps to anchor our teeth in our mouths. Unfortunately, I could not save the tooth, and he expressed a desire to replace the tooth with an implant. As I mentioned at the beginning of the article, he was an avid reader of this column. To place an implant, I need a solid base of bone, and he did not have any bone present in the area, as evidenced by our CAT scan.

Simply put, a bone graft adds bone to an area of the body that is deficient in bone. There are many types, and often it is not a difficult procedure. When I remove the tooth, I clean and prepare the void left behind and fill that deficiency with bone graft material to help stimulate the body to add more bone. The entire procedure happens simultaneously and can be efficient from a doctor and patient perspective.

Once I get enough bone in the area, I can proceed with an implant and a replacement tooth. Body healing can be unpredictable, but with careful planning, success should occur. If you notice swelling or looseness on any of your teeth, please call Nikki and let me evaluate it. Delaying that appointment could take a simple procedure and make it very complicated. Call us at 440.951.7856, and ask for me. I will be more than happy to talk to you.

*Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.*

### The Healthy Smile

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## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q:** I am a 45-year-old who has always had 20/20 vision. Over the past few months, I have had to use reading glasses more and more. What is happening?

**A:** Around the age of 40, people often begin experiencing blurred vision for near tasks such as reading, sewing, or working at the computer. This condition, known as Presbyopia, is a natural part of aging and one of the most common vision problems in middle age. Even if you've never had vision problems before, Presbyopia is inevitable; it happens to everyone to varying degrees. With Presbyopia, people find themselves either needing to use reading glasses or moving objects farther away from their face, sometimes at arm's length, to have clearer near vision. This is why presbyopia is sometimes called the long-arm syndrome.

While the onset of symptoms may seem sudden, the changes from Presbyopia actually take place gradually, over time. As we grow older, the lenses in our eyes thicken and the eye muscles lose their elasticity. Both of these changes decrease the accommodation ability of our eyes to focus on objects at varying distances, especially at near. Presbyopia can sometimes cause feelings of eye strain and fatigue or headaches and is worse when you are tired or in dim light. Presbyopia is usually most noticed in the mid-40s age range and continues to worsen until around age 65 after which it generally stabilizes.

If blurry up-close vision due to presbyopia is keeping you from reading, doing close work, or enjoying other normal activities, see your eye doctor for a complete, dilated exam. Your eye doctor can test your visual acuity, refractive power, and the condition of the both the muscles in your eyes and the retina to determine if you have presbyopia and discuss the options available for your particular needs.

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## Fun ways for seniors to stay active

Physical activity is an important component of overall health. Health experts advise that exercise can increase lean body mass, prevent conditions like diabetes and cardiovascular disease, improve balance, and positively affect mental health/cognition. Exercise also can foster socialization with others, helping people overcome boredom and isolation.

As individuals get older, they may not be able to participate in all of the activities they enjoyed as youths, but that doesn't mean older adults must resign themselves to sedentary lifestyles. There are plenty of entertaining ways to remain physically

active that can accommodate any limitations a person may have. Explore these methods for staying active.

### Explore senior center offerings

Community senior centers often fill calendars with a vast array of activities, some of which can include physical activities. Hikes, walking tours, dances, and other activities all serve as entertaining ways to get out and about while meeting some fitness goals.

### Garden or do yard work

The Office of Disease Prevention and Health Promotions says adults should get 150 minutes of moderate exercise per week. Raking leaves, mowing the lawn, digging in flower

beds, trimming bushes, and other outdoor tasks could help a person meet this quota in a way that doesn't seem like exercise at all.

### Play games with grandchildren

Little kids may inspire older adults to be more active, as it can be difficult to keep up with those youngsters. Take infants or toddlers for walks or push them in strollers. Attach a child seat or towing carriage to a bicycle and ride around the neighborhood. Play games that require movement, such as hide-and-seek or Marco Polo in the pool. If it's snowing, have a snowball fight or make a snowman in the yard.

### Take up a new hobby

Find hobbies that incorporate



physical activity. Perhaps learning to salsa dance or taking Zumba™ will be fun? Pickleball has caught on across the nation. The sport is a mix of tennis, racquetball and badminton that caters to all ages. Joining a bowling team is another way to get active and meet new people.

Physical activity is important at any age. Seniors can explore fun ways to stay in shape and be active to reap all the benefits of exercise.