Health Focus

DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Some People Look Toothy, While Others Don't. Which is Correct?

A: If I phrase this another way, did you ever notice how much tooth shows when you smile? Before answering this question, let's describe the situation being explored. All of our teeth are embedded in the gums; most teeth are usually in a broad range of width and length. Depending on the amount of gum tissue present will determine how "long" or "short" the tooth is. You can be seen by pulling the lip up to expose the teeth and their appearance. That portion that is covered can be anywhere from two-thirds to three-quarters of the tooth in a normal healthy individual.

In addition to the gums covering a portion of the tooth, your lips hide your visible tooth also. By visible tooth, I mean the part of the tooth that sticks above the gum. Depending on the length of the tooth and lip will determine how much the tooth shows when others see you. This amount also varies when your lips are at rest or whether you just heard some good news and are smiling ear to ear. Your lips and muscles of the face will go up and down, showing more or less teeth.

In the younger years, after the teeth have first come into the mouth, they are at their full length, and the facial muscles and lips are very tight. When we talk, we see the lowest edges of our upper teeth; when we laugh, we see the entire tooth. We may see some pink gum as we laugh also.

As the years go on and we use our teeth, they wear down, making them shorter. In other words, there is less to be seen under the upper lip. So now, when we talk, we see a fraction of the tooth we once saw a few decades earlier. Those whose upper front teeth do not overlap the lower teeth but rather meet the lower front teeth directly get more wear and create an even shorter-looking tooth. Besides the teeth wearing down, gravity and lack of exercise of the facial muscles cause the mouth to droop; therefore, the upper lip covers more teeth to the point that it is not visible.

So you see that showing teeth and gums is a sign of youth, while showing no teeth at all is a sign of advancing in life. When people don't show teeth for years, they get used to the look and don't want to show any more teeth. They think that showing teeth look artificial. Nothing could be further from the truth. Showing teeth and gums is a sign of youth. We wear nice clothing, color our hair, and wear the latest fashions to look younger; tooth length should not be any different. If you can have this youthful smile, then why not?

In the area of dentures, we see this a lot. A patient comes to me showing no teeth, and that's what they want to see. With a denture, I can position the front teeth to show as little or as much as I want. I can even move them while you are at your appointment before the denture is finished, so you get to see a very individual and customized smile. Beauty is in the eye of the beholder. I can only advise on what looks natural. You have the ultimate control over how much tooth shows or not. Old crowns or dentures wear can wear down, giving you the shorter or "lack of tooth" look. When new dentures or crowns are made, I have many ways to control how much or little your teeth show. If you want to discuss or explore your teeth-showing possibilities, please call me at 440.951.7856 and schedule a visit. I enjoy talking to each and every one of you. As always, I look forward to meeting you.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: I know that eye problems, like many health concerns, can increase as we get older. What are some warning signs of vision problems that I should watch for to protect my eyesight?

A: As one ages, regular eye exams are the best way to detect and treat any potential vision problems. Being aware of certain warning signs though can help you take the appropriate steps to maintain your vision especially if the symptoms or changes occur suddenly.

If you experience any of the vision symptoms listed below, contact your eye doctor immediately especially if you experience a sudden loss of vision. While some of the vision symptoms listed here are less urgent, others can indicate a medical emergency. If your eye doctor is unavailable and the symptoms are acute or sudden, go to a hospital emergency room or urgent care facility.

1) A new onset of floaters and/or flashes of light in your vision. 2) Blind spots in your vision. 3) A sensation that a dark curtain has settled or is settling over your field of vision. 4) Sudden eye pain, redness, with nausea or vomiting. 5) Tunnel vision - a gradual or sudden narrowing of your vision so that you can only see what is in front of you. 6) A gradual loss of central vision. 7) Seeing distorted or wavy lines instead of straight lines. 8) Sudden blurry vision in one eye. 9) Overall cloudy or blurred vision. 10) Double vision, double images, or 'ghost' images. 11) Seeing halos around lights at night. 12) Loss of bright color vision. 13) Decreased night vision. 14) Acute eye surface pain. 15) Extreme scratchiness, irritation, or foreign body sensation. 16) Pain with eye movement.

In addition to regular, dilated eye exams, maintaining a healthy lifestyle can also help your overall eye health.

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INSURANCE

Laura Mutsko Agent and CSA

Q: Does Medicare cover surgery for cataracts?

A: Cataracts are a condition where the lens of one or both eyes become covered with cloudy areas. People who have cataracts often see halos around lights, faded colors, blurred vision, and may have trouble driving and reading. If left untreated, cataracts can cause total blindness.

Cataracts typically begin developing in people around age 40 to 50 but do not usually begin to impair vision until after age 60, developing painlessly until vision loss occurs. Cataracts may also be found in younger people who have had an eye injury or a genetic mutation. It is estimated that by the age of 80, 50% of people have cataracts or have had cataracts removed.

Once a cataract develops, there is no cure except to have it surgically removed. The surgery for cataracts is a relatively simple, painless surgical procedure with a 95% success rate. The majority of patients do not experience any complications after cataract surgery and the cataract lens that is implanted will last a lifetime in most cases.

Medicare covers cataract surgery when it is diagnosed by, and the surgery is performed by a qualified physician. Original Medicare normally covers 80% of the costs. This includes all preoperative and postoperative exams, surgical removal of the cataract, implantation of the new lens, and a pair of eyeglasses or contacts.

You can take steps to protect your eyes from the formation of cataracts. Vision specialists recommend wearing UV blocking sunglasses. They also recommend we eat a healthy diet, quit smoking or using other tobacco products, and become aware of our family's vision and health history. The ability to see the world clearly is something that none of us should take for granted.

June is National Cataract Awareness Month. For educational information or to learn more about assistance programs for those with financial needs, visit www.PreventBlindness.org/cataracts.

For more information about insurance coverage, including Medicare Advantage Plans, Medicare Supplements, Vision, Dental, Life and Health insurance, please contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com and we will set up an appointment to discuss your insurance needs.

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Why it sometimes hurts to eat ice cream

Few foods align more perfectly with a particular time of year than ice cream and summertime. As anyone who has ever excitedly eaten ice cream a little too fast knows, it's not always pleasurable to sit down and indulge in a scoop or two. According to Johns Hopkins Medicine, the sensation widely known as "ice cream headache" can be quite painful. Technically known as cold neuralgia or sphenopalatine ganglioneuralgia, ice cream headache likely occurs because eating something very cold can cause the temperature of the palate to drop substantially. That drop initially causes blood vessels to constrict before they ultimately open up. It's during that expansion when the painful feelings associated with ice cream headache present. Taking small bites of ice cream can help prevent ice cream headache and ensure those summertime scoops are pain-free.

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Health Focus

OPHTHALMOLOGY

Gregory Eippert, MD

Q: What are the treatment options for glaucoma and how do I know which is right for my type of glaucoma?

A: More than three million Americans are affected by glaucoma, an eye disease that damages the optic nerve. The optic nerve carries information from the eye to the brain. When the optic nerve is damaged, you can slowly lose parts of your vision, usually peripheral (side) vision first with glaucoma. If glaucoma is not treated, vision loss may get progressively worse and can lead to blindness.

Treatment for glaucoma in general centers on lowering the eye pressure. Additional treatment factors then include how to lower the eye pressure – medications such as eye drops, laser therapy, and surgical treatments, and at what stage is each most effective. When evaluating treatment options for glaucoma, there are several things to consider. It is important to remember that having glaucoma sets you on a life-long maintenance program to protect your remaining vision.

Medications such as glaucoma eye drops are often the first choice of treatment and are used to decrease the IOP thereby protecting the optic nerve. Eye drops work by either helping the eye's fluid to drain better and/or by decreasing the amount of fluid made by the eye. In most cases, drops are easily tolerated and provide effective lowering of IOP. Side effects of glaucoma eye drops may include eye irritation, redness, or allergic reactions along with the need to remember daily usage and ongoing expense.

Laser treatments are also commonly performed in the initial stages of glaucoma. The most common type of laser surgery is SLT or Selective Laser Trabeculoplasty. An SLT specifically targets the pigmented cells in the drainage system of the eye to break up material that may be blocking the drain which in turn can decrease the pressure. An SLT can be effective in lowering IOP and may relieve patients from having to use drops daily.

When eye drops and laser therapies do not adequately lower eye pressure, traditional surgery may be an option. While there are several new less invasive surgical options for glaucoma, the trabeculectomy is the most tried-and-true and has been performed for many years. In a trabeculectomy surgery, a piece of the trabecular meshwork is removed to create an opening and a new drainage pathway. For some patients, glaucoma implants such as an aqueous shunt, stent, or valve are used to create a new pathway for the fluid to exit the eye. Surgery can sometimes decrease or eliminate the need for glaucoma eye drops, but this is variable depending on each individual case.

It is important to understand that each treatment has its own set of risks and benefits and that if complications develop or your glaucoma progresses, you may need additional surgeries or treatment. Work closely with your eye doctor to determine the most effective treatment for your type of glaucoma and vision needs.

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INSURANCE

Laura Mutsko
Agent and CSA

Q: What's included in my Welcome to Medicare visit? Is it mandatory?

A: The Welcome to Medicare Visit is a benefit that is often misunderstood.

It is not a routine physical exam. It is a one-time-only optional visit available to you when you are new to Medicare. It sets up a baseline to help your provider measure changes in your health in subsequent visits. It's also a good time to catch up on all your preventive screenings and services.

You have up to 12 months of your Medicare Part B enrollment date to complete this visit. There is no charge for it and is available whether you have Original Medicare or a Medicare Advantage plan. A typical visit will include the following:

Review of your medical history. Your doctor will ask about your health history including illnesses, surgeries, medications, and any family history that might increase your risk for certain conditions. They will also discuss your diet, activity level, and alcohol or tobacco use.

Assess your risks. Your doctor will talk to you about your mood and mental status and do a screening for depression if it is needed. They will assess your potential for accidents and injuries and recommend ways to help prevent them.

Conduct a physical exam. Your doctor will check your height and weight and calculate your BMI. They will also check your blood pressure, vision, and hearing. If the results indicate further tests, your doctor may recommend additional tests and blood work. Most of the time, these will be covered by Medicare, but your normal deductible and coinsurance may apply.

Provide advice. Your doctor will give you recommendations for improving your health. This may include information about diet and nutrition, exercise, and preventive tests and services you may need. Your doctor may ask if you need any information on preparing advance directives and a healthcare power of attorney.

Referrals for additional services. Your doctor may refer you for additional services such as a screening EKG, bone density scan, or ultrasound to screen for abdominal aortic aneurysm. Medicare covers many screening tests at 100% if you meet certain requirements but always ask your doctor if the test is covered before you schedule it to avoid unexpected expenses.

You can make the most of your visit by doing a little prep work in advance. Bring a list of any questions you may have and prepare a family health history if your doctor doesn't already have this information. Bring any current medications, herbs, supplements etc. that you're currently taking with you. This visit is intended to help you live a long, healthy life.

For information on Health and Life Insurance, including Individual insurance, Medicare Supplements, Medicare Advantage Plans, Vision, and Dental plans, call 440-255-5700 or email me at Lmutsko@mutskoinsurance.com.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: I Like My Tooth

A: I met a new patient on Tuesday last week who came to me with a broken tooth. She told me that the tooth in question was a source of discomfort for an extended period. Her previous dentist could not find anything wrong with her tooth and did not attempt treatment. She woke up one day to find that half of her tooth was fractured and was missing.

Often fixing a fractured tooth is easy with a crown or cap. What happened in her mouth was somewhat different; thus, the treatment options were more complicated. The break was on the inside of her mouth towards the palate or roof of the mouth. The break occurred right above the gum level, and since the fracture occurred, the gum grew over the edge of the break. Whenever we fix something in dentistry, the edge of the filling or a crown must end on solid and healthy tooth structure. If we don't do this, bacteria will enter that area and cause serious problems.

When I end my fix on an area of a healthy tooth, I need to see and access that area. In her case, the damaged tooth was above and into the gum of the roof of the mouth. I can not do a crown if I can not see the extent of the damage.

When I assessed the situation for my patient, as always, I gave her options for treatment, and together we would decide the best fit for her. I explained that one approach could keep her tooth, and another would result in her losing her tooth.

She heard that she might lose the tooth and then told me she "liked her tooth" and did not want to lose it. Let me explain her two choices for treatment. The removal of the tooth and implant placement is one that we mention frequently in this column. I strive to make this happen in one visit, and once the tooth comes out, I immediately place a dental implant into the spot. When I can follow this protocol, I save the patient time and money from removal to replacement. As one would expect, doing an implant this way has tremendous appeal to the patient.

My second offer for treatment took into consideration that she liked her tooth and did not want to lose it. When I save the tooth, I must begin by exposing the broken edge of the tooth from being buried in the gum. Conventional or laser technology is used to move the gum out of the way and let me see the extent of the break. Placing a provisional crown on the tooth during the healing process will allow the tissue to adapt to the area in a healthy and strong manner. After healing, I use my digital impression system to make a strong final crown for the tooth.

Which is the right choice? Both approaches will bring the tooth back into proper cosmetics and function. An implant may be a more permanent choice, and the possibility of further decay or breakage is non-existent. Keeping all that in mind, keeping the tooth will give her a good result for many years in the future. We talked together about timing and finances and her best treatment. She will not leave the office with either approach, as we can handle both techniques and achieve her desired result. She liked the reassurance and felt very comfortable with our office.

If you broke a tooth recently or some time ago or have any other concerns, please call Nikki at 440.951.7856 to discuss what is right for you. As always, I look forward to meeting you.

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Health Focus

INSURANCE

Laura Mutsko
Agent and CSA

Q: Do all Veterans need Medicare?

A: While no one is required to enroll in Medicare, it is a good idea for those who are eligible to do so, including Veterans. In fact, the VA website strongly recommends that veterans with VA health care enroll in both Medicare Parts A and B as soon as they become eligible (unless they have creditable coverage through another source such as an employer or spouse). This is because Medicare and the VA each offer some benefits that the other does not provide.

Here are more reasons to sign up for Medicare:

1. When you have both Medicare and VA benefits, you have access to coverage at both VA and Medicare health care facilities. You will be covered if you need to go to a non-VA provider. This is especially important if you live some distance from the nearest VA facility.

2. If the VA authorizes services in a non-VA hospital but does not pay for all the services you get during your hospital stay, Medicare may pay for the Medicare-covered services the VA does cover.

3. If you are diagnosed with a rare or serious condition, you will be able to choose from hundreds of non-VA specialists if you have Medicare.

4. Finally, the VA has cautioned veterans that it is uncertain whether or not they will be able to continue to cover all veterans in the future.

If you are satisfied with your VA prescription drug coverage, you can delay enrolling in Medicare drug coverage without any major consequences. On average, VA drug coverage is usually less expensive than coverage through Medicare Part D plans. Also, if you have coverage from both the VA and Medicare, you will have the flexibility to choose whether you get your prescriptions from the VA or by going to your Medicare physician and through a local pharmacy.

If you would like more information in insurance, including Life, Health, Medicare Advantage Plans or Medicare Supplements, give us a call at Mutsko Insurance Services. You can contact us at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com. We look forward to helping you.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Life is Many Shades of Gray

A: When I was trained, we were taught perfection in everything we did. Approaches like that are part and parcel of what makes a dentist who he is. We are held to a higher level of expectation and performance. We make crowns and fillings with anticipation of what will happen down the road to the patient. We expect the patient not to eat the right foods and not take care of their teeth perfectly.

This type of education spilled over to how we treated people and patients. If we could not get complete patient cooperation, we would refuse to treat the patient. Attitudes and methodology that only expect perfection is the reason that dentists used to lead the world in suicide rates. With current data, my profession has slipped to the number two ranking. I believe that we are frustrated for a large part of our careers. We strive for perfection in our work, but perfection is an elusive goal. It is one thing to create a perfect filling on a model but quite another to do a procedure on a living person with fears, emotions, and constant movement. When we do our best and create great results, we are never satisfied because perfection gets into our heads and makes us feel inadequate.

As time passed, I learned this concept slowly, but I learned it nonetheless. I learned this lesson even more when faced with incurable or devasting diseases or health problems. I learned that I could not solve every problem or fix every situation. I was a dentist and a male, so I had two strikes against me in this regard.

What prompted me to write this column was a patient I saw last week who came to me in frustration. She did not like her smile due to her crooked teeth. When we discuss tooth alignment, there are two distinct views. The first concern is how the teeth look next to each other and their relation to the teeth in the other jaw. The second concern is how the teeth function and interact in a chewing motion. Teeth are how we survive and obtain proper nutrition. An efficient and pain-free function is crucial for our health, but cosmetics rank high in our evaluation and assessment.

My patient could chew pain-free, but her jaw alignment prevented dentistry from creating a perfect bite. There's that "perfect" word again. She needed jaw surgery to create perfection and was not interested in undergoing that scope of treatment for various reasons. Currently, she did not like her crooked teeth and wanted straight teeth. The straight teeth would not interfere with future jaw surgery if she went in that direction. In the meantime, she could feel good about herself with a prettier smile.

We discussed that no harm would occur if we did not treat her surgically. It was no longer my way or the highway. Options and achieving less than perfection is a movement in a positive direction. Positive movement is a good thing. If you think your options are limited, please call Nikki at 440.951.7856 to discuss what may be right for you. As always, I look forward to meeting you.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: What eye conditions would prevent me from diving?

A: More than three million Americans are affected by glaucoma, an eye disease that damages the optic nerve. The optic nerve carries information from the eye to the brain. When the optic nerve is damaged, you can slowly lose parts of your vision, usually peripheral (side) vision first with glaucoma. If glaucoma is not treated, vision loss may get progressively worse and can lead to blindness.

Treatment for glaucoma in general centers on lowering the eye pressure. Additional treatment factors then include how to lower the eye pressure – medications such as eye drops, laser therapy, and surgical treatments, and at what stage is each most effective. When evaluating treatment options for glaucoma, there are several things to consider. It is important to remember that having glaucoma sets you on a life-long maintenance program to protect your remaining vision.

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It is important to understand that each treatment has its own set of risks and benefits and that if complications develop or your glaucoma progresses, you may need additional surgeries or treatment. Work closely with your eye doctor to determine the most effective treatment for your type of glaucoma and vision needs.

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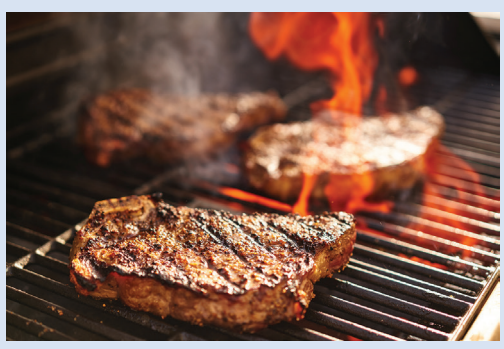
Did you know?



Grilling is a popular summertime tradition, but it's important that individuals avoid overdoing it in regard to the consumption of grilled meats. According to the Columbia University Irving Medical Center, cooking over an open flame exposes individuals to two main carcinogens: heterocyclic aromatic amines (HCAs) and polycyclic aromatic hydrocarbons (PAHs). Studies have shown that HCAs and PAHs can develop in meats cooked over an open flame and cause changes in DNA that may increase cancer risk. Though this does not necessarily mean individuals should avoid grilling altogether, grilling in moderation and shortening the amount of time meat is exposed to open flames may reduce the risk of exposure to HCAs and PAHs.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Why is this Tooth So Much Lower Than the Others

A: I heard this question about the height of teeth from a patient this week. The tooth in question was a crown she had received in the last few years. The new crown was located in the lower right section of her mouth and was very noticeable since it was on the lower jaw. Teeth on the upper jaw are viewed from the front as smiling teeth. The teeth on the lower jaw, or mandible, the anatomic name for it, are viewed from the top.

People with silver or other metal fillings in the mouth are much more aware of their cosmetics and general appearance than if the metal filling was on the upper teeth. A height difference is also apparent in lower teeth than in upper teeth. She did not like this discrepancy and wondered why the crown was made that way.

I make it a policy not to criticize or comment on any dental work that is not mine. One never knows what the circumstances surrounding a procedure are. Often things happen that we don't expect can occur. A few examples of unforeseen issues can be a large tongue that obstructs our ability to isolate a tooth for work, nervousness, or fear of a procedure that can make a short procedure into a lengthy one. Those problems will result in fatigue for both the dentist and the patient, which can affect the outcome.

Some patients have limited mouth opening. Although we have very small instruments, there are always size restrictions that would force a change or abandonment of a procedure. Unless I am standing over another doctor, I have no way of knowing what transpired at an earlier time.

Some patients hang onto old fillings for many years. As time passes, teeth start to wear away and get shorter. To maintain chewing efficiency, the tooth above or below the tooth gets shorter or gets longer. Yes, upper teeth can move downward, while lower teeth may move upward. The movement happens in small increments as the tooth maintains contact with its chewing mate.

After years of this, the shorter tooth with the old filling breaks or develops decay and will need a crown to fix it. When the dentist makes this crown, it will be much shorter than its neighbors. In our case, the tooth was on the lower, and now the nice crown stood out like a sore thumb. What can a dentist do to avoid the problem? I always try to suggest and recommend to my patients to manicure the longer tooth of the pair back to where it started. When I recontour the opposing tooth, the new crown can be the right height and won't look shorter than those around it.

Nothing in life occurs in a vacuum, and the interaction and effect of one tooth on the next is something that I always see and deal with. If something in your mouth doesn't look right, ask a question the next time you see your dentist. If you want an opinion from me, please call Nikki at 440.951.7856, and let's talk about your concern. As always, I look forward to meeting you.

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Age-related eye exam intervals

Routine eye exams are an important component of preventive health care. While examinations can detect abnormalities with vision, the eyes also may be windows into other health issues.

Eye care professionals instruct their patients to come in for examinations at different intervals depending on individual need. Those with preexisting conditions may require more frequent examinations. Age can affect the frequency with which patients see their opticians, optometrists and ophthalmologists. The American Optometric Association has produced an age-based eye exam schedule, which may be tweaked depending on individuals' histories.

Birth through age 2

Very young patients should have their first eye exams between ages six to 12 months if asymptomatic or low-risk. If at-risk, the exam is as recommended by a doctor.

Ages 3 through 5 years

The next time a child should need an eye exam is around preschool or school age if low-risk. Frequency will increase if the child has special vision needs.

Ages 6 through 17

The next vision exam should come before first grade, and then annually thereafter, unless an eye doctor recommends more frequent exams.

Ages 18 through 39

Individuals who are asymptomatic or low-risk can do with eye exams at least every two years. Those at risk should increase the interval to annually or more as recommended.

Ages 40 to 64

Individuals between the ages of 40 and 64 can stick to getting exams every two years if their vision is unaffected.

Age 65 and older

Vision can deteriorate as individuals age, so older adults may need to visit the eye doctor more frequently. An annual exam is generally the best advice for people 65 and older.

Patients at risk include those who have personal or family histories of ocular disease or have systemic health conditions with potential ocular manifestations, says the AOA. Individuals who have had eye surgery or previous eye injury, or are in occupations that are hazardous to the eyes, also may need more frequent visits. People who wear glasses or contacts may need to get eye exams more often since eye prescriptions usually need to be renewed yearly, according to Warby Parker Eyewear.

If it's been a while since you have had an eye exam, now might be the right time to schedule one.

OPHTHALMOLOGY

Gregory Eippert, MD

Q: Sometimes my eyes just hurt. It doesn't usually last long but it is recurring. Should I be worried? How would I know when eye pain is an emergency?

A: Pain in and around the eye can have many causes and nearly everyone has sore eyes at one time or another. Eye pain sometimes gets better on its own but may also be a sign of something more serious. In some cases, the source of eye pain is obvious such as from a scratch on the cornea or an eye injury. At other times it may be difficult to know just why your eyes hurt or are painful.

Eye pain can occur by itself or be accompanied by other symptoms and sensations including sharp, stabbing sensations; burning; throbbing; or a foreign body sensation – the feeling that something is in your eye. Eye pain may also be accompanied by blurred vision, eye redness, and sensitivity to light. Dry eye syndrome is a common cause for quick, sharp, jabbing pain that lasts only a few seconds and/or comes and goes. Artificial tears can be used 2-4 times daily to see if this helps your symptoms. Dry eye pain is often worse when doing activities such as reading or working on a computer. Keeping a log of your eye pain occurrences, symptoms, and severity will help your eye doctor determine the cause of your discomfort.

Eye pain emergencies - see your eye doctor immediately if: 1) The pain occurred immediately after grinding metal, sawing wood, yardwork, or other activities that might cause a foreign body injury especially if you were not wearing protective eyewear, 2) The pain is due to injury or trauma, 3) The pain is severe, of sudden onset, and accompanied by blurred vision and/or sensitivity to light, 4) You have had recent eye surgery including LASIK and cataract surgery, 5) You have redness and discharge from the eye, or 6) You have a history of glaucoma.

When it comes to eye pain, don't ignore the symptoms. The only way to sort out the potential causes of your eye pain and get appropriate treatment is to visit your eye doctor. If you have concerns about your eye pain or are not sure what to do, call your eye doctor's office and describe your symptoms. They will assist you in setting up an appointment in the appropriate time frame to address your symptoms.

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INSURANCE

Laura Mutsko
Agent and CSA

Q: I will be enrolling in Medicare later this year. Where can I get reliable information on enrollment?

A: I am glad you are asking questions about Medicare before the time comes for you to enroll. As you probably know by now, you will hear a lot of differing opinions on Medicare from friends, family, internet sites, and all the various 'official' looking mailers you will receive. It can be very confusing.

That's why we at Mutsko Insurance Services offer a fact-filled comprehensive class called **Getting Started with Medicare** at libraries and community centers that will help you start off on the right foot. During the class, we go over how to enroll and avoid any penalties. We cover what to do if you plan to continue to work and have employer provided insurance. By the end of the class, you will understand the differences between Original Medicare, Medicare Advantage Plans, Medicare Supplements, and Medicare Part D Prescription Drug Coverage. You will learn what's covered by Medicare and more importantly, what's not covered.

Registration is going on now for the following dates and locations. Pre-registration is required.

Tuesday, July 11
Concord Twp. Community Center
5:30 – 7:00 pm
440-639-4650

Wednesday, July 19
Euclid Library
6:00 - 7:30 pm
216-261-5300

Tuesday, September 26
Mentor Library
6:00 – 7:30pm
440-255-8811

These events are for educational purposes only and no plan specific benefits will be included. Some venues may charge a nominal fee. For additional class dates and times visit www.mutskoinsurance.com/seminars.

Don't make the mistake of settling for the same coverage a friend or neighbor suggests. Take some time to attend one of these classes so you know your options and what will work best for you. If you cannot attend a class and have questions, please contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com. I look forward to helping you.

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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