

## MEDICARE: Guidance through the maze is available locally

*Continued from page 3*

plans include Part D prescription drug coverage.

With Part C coverage, you are in a local network so you must use the providers who are part of that network. If you seek medical care outside of your network (another county or state), you are responsible for 100 percent of the charges. With Part C you can lose control of your healthcare decisions — the freedom to be treated where and by whom you choose.

Part D (Prescription drug plans): These are insurance plans designed to cover part or all of the cost for prescription drugs. The coverage period runs from January 1 – December 31 each year. Simply stated, find a well-ranked company (one to five stars) with low premiums where you can use the pharmacy of your choice. But there are lots of factors to take into consideration when choosing the best drug plan for you, like restrictions on quantity limits and step therapy. If it doesn't work out the way you expected, you can change plans each October 15 – December 7.

There are several ways to obtain Part D. A stand-alone policy (PDP), which is not linked to any other part of Medicare, can be purchased. Each year you can shop for a new policy without making any changes to any other part of Medicare. If you are happy with your plan you need do nothing. It will just roll over, but things change every year so it's a good idea to make sure your plan still meets your needs. With Medicare Advantage plans, Part D is bundled with the plan (MAPD). You have no choice of carriers and can't make changes. You also cannot have a stand-alone drug plan with your Medicare Advantage plan.

Each company has its own formulary, which is the list of drugs covered by the company's plans. Each plan has five tiers or levels of cost sharing based on generic and preferred brand-name drugs and the relationship that the

## Medicare definitions

**Annual election period (Open Enrollment)** – every year the period of October 15 – December 7 to make changes to your coverage.

**Deductible** – Amount you pay out of pocket before the plan pays.

**Co-insurance** – percentage of bill you have to pay after deductible and co-pay, usually 20 percent of charge.

**Premium** – amount you pay to have insurance if Part B, C, or D.

**Co-pay** – portion of bill you pay, after deductible is met.

**Original Medicare** – foundation of Medicare. Includes Parts A and B. Is accepted in any state for any doctor or facility accepting Medicare. Provides personal control over your health care and gives consumer the freedom to choose their doctor (including specialists). Doesn't by itself limit (put a cap on) your financial exposure. Large medical costs could create financial hardship.

insurance company has with the drug manufacturers. Each plan has different premiums, and different prices for each drug, and may utilize a different network of pharmacies. All insurance companies are regulated to meet certain minimum requirements for drug categories and six protected classes of drugs, but they can each cover different prescriptions and can charge different prices.

Medigap (supplemental): If you have Parts A and B, and can afford it, adding a supplemental policy can help avoid large medical expenses because it puts a cap on charges. These plans are subservient to Medicare A and B. They are offered by a number of private insurance companies but are regulated because these policies are written into Medicare law. There are 10 different plans available,

denoted by letters like F, G, and N. Each plan is identical from one company to another in what they offer. The differences are in price and pricing strategies of the companies.

They each have their own premiums depending on the coverage offered and the amount of the deductible. No permission is needed for medical services, so the policy holder has control. If a provider accepts Medicare, they will accept your Medigap insurance. This coverage is especially good at paying the 20 percent that Medicare doesn't, so you aren't stuck with paying a big balance.

There is a six-month window to get a supplemental plan of your choice without going through medical underwriting. The window starts the day you enroll in Medicare B and extends for

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## Local resources

**Linda Alldredge, Country Financial**  
178 South Elm St., Sisters  
541-549-6946

**Senior Health Insurance Benefits Association**  
• Oregon Guide to Medicare Insurance Plans available online at [www.healthcare.Oregon.gov](http://www.healthcare.Oregon.gov)  
• Statewide number to talk with SHIBA representative for free, 1-800-722-4134

For first-time Medicare applicants – [www.medicarestarts65.oregon.gov](http://www.medicarestarts65.oregon.gov)

**Council on Aging of Central Oregon**  
373 NE Greenwood Ave., Bend  
541-678-5483

**Social Security**  
• 1-800-772-1213 for Medicare A & B questions  
• 1-800-633-4227 for Part D questions

**Matthew Classen CMT**  
YouTube series on all aspects of Medicare  
[www.medigapseminars.org](http://www.medigapseminars.org)  
1-800-847-9680

six months. After the six-month window, you can still get a supplemental plan, but you have to get medically qualified. The insurance company looks at your significant medical history, and if it includes serious conditions, you may not be able to get

coverage. Many people new to Medicare think, because they are healthy and have low medical expenses, they don't need a Medigap policy. But as the years pass, serious medical conditions can arise and then you will be unable to qualify.

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## CORRECTION

One of the project funders identified in *The Nugget's* story "Locals raising funds for Link Creek" (October 28, page 3) was incorrectly identified. Funding for the project also came from Portland General Electric through their Pelton Dam Fund, which supports conservation, water quality and promotes fish passage and improved habitats for fish above the dam.