

1941 SOUTH 42ND STREET  
SUITE #312  
OMAHA, NEBRASKA 68105

## STAFF

Sue Fredricks .....Executive Director  
Kae Turco.....Volunteer Coordinator  
Brenda Canedy.....Client Resource  
Coordinator  
Lorena Marion.....Office Manager

## BOARD OF DIRECTORS

### OFFICERS

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Midge Clark	C.J. Guenzel
Larry MacTaggart	Bud Wright

## HOURS

MONDAY-FRIDAY 8:30-4:30

## OUR MISSION

TO SIMPLIFY THE LIVES OF  
SENIORS BY ENABLING THEM TO  
MAKE INFORMED DECISIONS  
REGARDING THEIR BENEFITS

# vas

## VOLUNTEERS ASSISTING SENIORS

AUGUST 2016

## 2016 Antonson Award

The Antonson Award is given annually, in honor of an outstanding VAS volunteer by the name of Lo'Raine Antonson. Lo'Raine was an active volunteer with VAS for twelve years. During her time at VAS, she served as a conservator, a Medicare counselor and a board member. When Lo'Raine passed away in 2005, VAS wanted to honor her memory by recognizing one volunteer each year, who shares the same dedication and passion for helping others that Lo'Raine demonstrated.

This year's Antonson winner is Charlie Graham. Charlie has been a strong supporter of VAS for over eight years and has been actively involved in both our health insurance counseling and homestead exemption assistance programs as well as serving on our board. Not only is helping clients with Medicare and applying for Property tax relief through Homestead

Exemption important to Charlie, so is making sure that VAS is well positioned to continue to provide services to seniors now and into the future. He has worked with the investment committee to make sure our funds

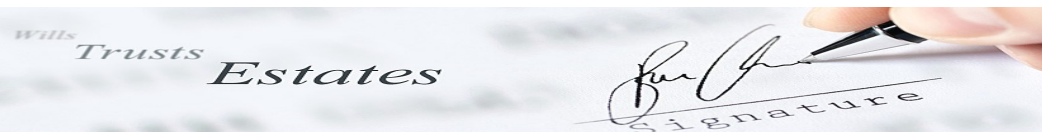
are well invested, has actively pursued new donors and volunteers.

Charlie has used his expertise in Excel to develop spreadsheets to assist in our day-to-day business functions and to develop a comparison tool to help seniors compare their employer insurance benefits to Medicare. He has also been instrumental in developing and implementing our strategic plan.



Charlie Graham, 2016 Antonson Award recipient  
with Linda Madgett, the 2015 winner.

Charlie is not only an active volunteer for VAS, he also donates his time to the Motorist Assist program traveling the interstate providing assistance to motorists experiencing car trouble. He is also an Ambassador for Omaha Performing Arts.

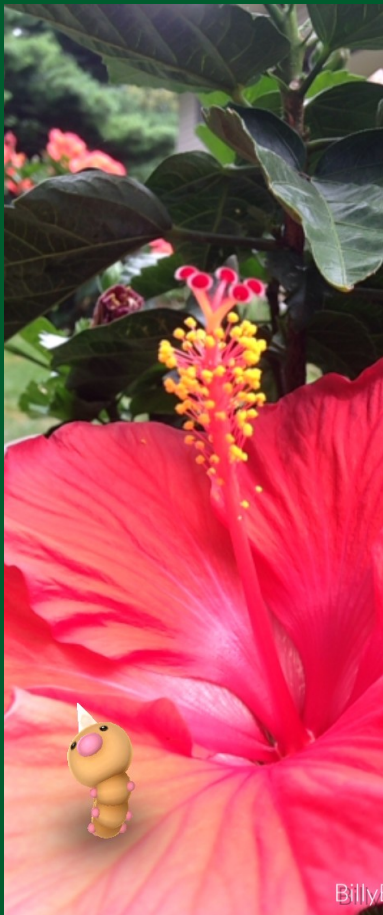


## Basic Estate Planning Workshop, Thursday Sept. 22

VAS will be offering the Basic Estate Planning Workshop on Thursday, September 22, at 1:30 pm. Please call VAS at (402) 444-6617 to reserve a seat.

The class will be held at VAS:  
1941 South 42nd Street  
Suite 312, The Center Mall

## Legislation to Simplify Part B Enrollment Process



*People who think  
they know  
everything are a  
great annoyance  
to those of us  
who do.*

*- Isaac Asimov*

The Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act is bipartisan legislation to modernize the Part B enrollment process recently introduced in the House of Representatives and the Senate. Developed by the Medicare Rights Center and championed by Congressmen Raul Ruiz (D-CA) and Patrick Meehan (R-PA) as well as Senators Bob Casey (D-PA) and Chuck Schumer (D-NY), the bill aims to prevent costly Part B enrollment mistakes.

People receiving Social Security benefits are automatically enrolled in Part B. Increasingly, however, many Americans are working longer, delaying retirement, and deferring Social Security benefits. Unlike those who are auto-enrolled, these individuals must make an active Medicare enrollment choice. Deciding whether and when to enroll in Medicare involves many complex rules, and inappropriately delaying Part B can lead to a lifetime of higher Part B premiums, gaps in coverage, and barriers to accessing needed care.

The BENES Act is composed of three substantive parts, intended to:

### 1. Fill notification and education gaps

Through the BENES Act, the federal government will provide two notices to individuals nearing Medicare eligibility about Part B enrollment: one sent six months ahead of a person's Initial Enrollment Period (IEP) and another notification one month before an individual's IEP. The bill seeks to prevent problematic enrollment mistakes through adequate education and clarification of Part B enrollment

rules.

### 2. Fix fragmented and outdated Part B enrollment periods

The BENES Act eliminates coverage gaps in the 5th, 6th, and 7th month of a person's IEP and in the annual General Enrollment Period (GEP). Furthermore, it aligns the GEP with existing annual enrollment periods for Medicare Advantage and Part D prescription drug plans. The current Part B enrollment periods, both IEP and GEP, were established when Medicare was created in 1965—the BENES Act provides a long overdue update to how the enrollment periods are structured.

### 3. Strengthen systems for relief

The BENES Act broadens the circumstances in which beneficiaries may request equitable relief from Part B premium penalties and gaps in coverage. It standardizes the process for making equitable relief requests and increases transparency. Many Part B enrollment mistakes result from misinformation, oftentimes provided by a trusted source, such as an employer, health plan, or state agency. The BENES Act ensures that individuals who are misled have a consumer-friendly avenue through which to seek relief.

The BENES Act is critical to solving many of the pitfalls associated with Part B enrollment. The 10,000 people who turn 65 daily will find enrolling in Medicare easier as a consequence of the BENES Act. Medicare enrollment rules are complicated and mastered by very few; thus, the BENES Act is a big leap in the right direction.

*From Medicare Rights Blog; Joanna Remzi,  
July 21, 2016*

## Are You Turning 65 and on Active Work Insurance?

If you are turning 65 and are on active work insurance through you or your spouse, there are six questions you should ask about your insurance to determine what you should be doing with your Medicare eligibility.

### **Does my employer have more than 20 employees?**

If no, you will need to sign up for Medicare Part A and Part B. For companies with less than 20 employees, Medicare will be the primary insurance and the company insurance will pay secondary. When you retire and lose your employer coverage, you will have a window to purchase a Medigap policy and a prescription drug plan (if your drug coverage at work is 'creditable' for Medicare). If you don't sign up for Part A and B, you may have little if any health coverage, no enrollment period when you retire, and permanent Part B penalties.

### **Is my employer drug coverage 'creditable' for Medicare?**

If your employer coverage is at least as good as the Medicare drug benefit it is considered "creditable coverage". Employers are required to send an annual written disclosure notice to all Medicare eligible individuals annually who are covered under its drug plan. If you haven't saved your notice, check with your employer benefits department.

If the coverage is not 'creditable', you will need to enroll in a Medicare Part D plan when turning 65. If you don't, you will have to wait to enroll later during the annual Open Enrollment period, and you will have a permanent monthly penalty for every month that you delayed.

### **Is my employer plan a HDGH plan with an HSA?**

With the passage of the ACA, more employers are offering HDGH (High Deductible Group Health) plans, that are eligible for HSAs (Health Savings Account). An HSA is an account created for individuals to save for medical expenses that HDHPs do not cover. Contributions are made into the account by you or your employer and are limited to a maximum amount each year. The contributions are invested over time and can be used to pay for qualified medical expenses, which

include most medical care such as dental, vision and over-the-counter drugs. HSAs are different from flexible spending arrangements (FSAs), health reimbursement arrangements (HRAs), and medical savings accounts (MSAs).

If your employer or you want to continue contributing to your HSA, you should not start Medicare. Once Part A or Part B begins, neither you nor your employer can contribute to your HSA. In addition, you need to stop contributing to your HSA six months before you are ready to retire, since Social Security will back date your Medicare Part A six months prior to your retirement date if you were Medicare eligible.

### **Am I taking (or about to take) Social Security?**

If you are taking Social Security you are required to take Medicare Part A when eligible. Social Security will automatically mail you a Medicare card with Part A and Part B, a few months before your 65th birthday. It is important to not start Part B Medical if you are still insured by active work insurance. To decline Part B follow the instructions that come with your Medicare card.

The effective date for Medicare Part B starts your only enrollment period for a Medicare Medigap policy—you want to save that enrollment period to use when your employer insurance ends.

### **Is my work insurance COBRA or retiree?**

COBRA and retiree insurance are not considered active work insurance. When you become Medicare eligible at 65, Medicare becomes the primary payer and you will need to enroll in Medicare Part A and Part B.

### **Should I switch to Medicare insurance even though I am still eligible for my employer insurance?**

Good question. All work insurance is different. Schedule an appointment with a VAS counselor to review your Medicare options and see how they compare with your employer insurance.





## Volunteers Assisting Seniors

The Center Mall  
1941 South 42nd Street  
Suite #312  
Omaha, NE 68105  
Phone: 402-444-6617  
Fax: 402-546-0886  
E-mail: [sfredricks@vie.omhcoxmail.com](mailto:sfredricks@vie.omhcoxmail.com)

## Retirees Sharing the Experiences of a Lifetime!

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# AUGUST 2016

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6
8	9	10	11	12	13
15	16	17	18 6:30-8:30pm New to Medicare Class	19	20
22	23	24	25	26	27
29	30	31			