

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



## VOLUNTEERS ASSISTING SENIORS

MAY/JUNE 2017

### STAFF

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

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### 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

[www.vas-nebraska.com](http://www.vas-nebraska.com)

## Retiree Insurance & Medicare

When Howard retired, his employer offered him retiree insurance. He was told he also needed Medicare. Howard questioned why he needed to enroll in Medicare if he was going to keep his employer insurance when he retired.

The first thing Howard learned is that once you have retired and are no longer “actively” working, Medicare becomes your primary insurance and pays your health care bills first. Your group health plan coverage will now pay second after Medicare. If your company offers coverage after you retire, it might have different rules then it did when you were actively working. How your retiree group health plan coverage will work depends on the terms of your specific plan.

Here are five things you should know about retiree coverage;

- 1) Generally, when you have retiree coverage from an employer or union, they control this coverage. Employers aren't required to provide retiree coverage, and they can change benefits or premiums, or even cancel coverage.
- 2) Your employer or union may offer retiree coverage for you and/or your spouse that limits how much it will pay. It might only provide "stop loss" coverage, which starts paying

your out-of-pocket costs only when they reach a maximum amount.

- 3) Retiree coverage might not pay your medical costs during any period in which you were eligible for Medicare but didn't sign up for it. When you become eligible for Medicare, you may need to enroll in both Medicare Part A and Part B to get full benefits from your retiree coverage.

- 4) Continued coverage as a retiree may have an effect on both you and your spouse's health coverage. If you're not sure how your retiree coverage will work with Medicare, get a copy of your plan's benefit booklet, or look at the summary plan description provided by your employer or union. You can also call your employer's benefits administrator and ask how the plan pays when you have Medicare.

- 5) If your former employer goes bankrupt or out of business, Federal COBRA rules may protect you if any other company within the same corporate organization still offers a group health plan to its employees. That plan is required to offer you COBRA continuation coverage. If you can't get COBRA continuation coverage, you may have the right to buy a Medigap policy even if you're no longer in your Medigap open enrollment period.





“Never cut a tree down in the wintertime. Never make a negative decision in the low time. Never make your most important decisions when you are in your worst moods. Wait. Be patient. The storm will pass. The spring will come.”

*Robert H. Schuller*



## State Health Insurance Assistance Programs

The State Health Insurance Assistance Program (SHIP) is a federally-funded program with the mission to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. SHIPs provide free, in depth, one-on-one benefits counseling an assistance to Medicare beneficiaries, their families, friends, and caregivers. SHIPs operate in each of the 50 states and four U.S. territories. The program is funded by the U.S. [Administration for Community Living \(ACL\)](#) within the U.S. Department of Health and Human Services ([HHS](#)).

The SHIP program was created in 1990, and was managed by the Centers for Medicare & Medicaid Services (CMS) to make grants to States to establish a health insurance advisory service for Medicare beneficiaries. In January 2014, the SHIP program was transferred from CMS to the Administration for Community Living (ACL). Two-thirds of the SHIP programs are located under the State Units on Aging and 1/3 are located under the State Departments of Insurance. In Nebraska, the SHIP program is located under the Nebraska

Department of Insurance.

Nebraska's SHIIP (NESHIIIP) program has consistently been one of the top 12 programs in the country. This past year NESHIIIP had over 32,500 contacts with Medicare beneficiaries throughout the state, helping them save an estimated 18.4 million in healthcare costs.

VAS serves as the regional office for the SHIP program in the metro Omaha area. The NESHIIIP provides VAS with the following resources for Medicare beneficiaries in our area;

- A Medigap Supplement website to help beneficiaries compare pricing and other information on insurance companies selling Medigap policies in Nebraska
- A statewide toll-free hotline to help direct beneficiaries to their local SHIP office
- Training for volunteer counselors
- Support and assistance in resolving complex issues

The SHIP program has helped VAS empower seniors with the confidence to navigate the complex Medicare system and we are proud to partner with the NESHIIIP program.

## Homestead Events

Please call VAS at 402.444.6617 to schedule an appointment at one of the locations listed below for help completing the Homestead Exemption application.

Tuesday, May 16	Northwest Hills Church	9334 Fort Street
Wednesday, May 17	Benson Baptist Church	6319 Maple Street
Monday, May 22	VAS—Center Mall	1941 S 42 Street, Ste #312
Friday, May 26	Faith Westwood Church	4814 Oak Lane
Friday, June 2	Corrigan Senior Center	3819 X Street
Monday, June 5	Disabled American Vets	4515 “F” Street
Friday, June 9	Iron Workers Union Hall	14515 Industrial Road
Tuesday, June 13	Elkhorn Eagles Club	20276 Wirt Street
Saturday, June 17	VAS—Center Mall	1941 S 42 Street, Ste #312

## What you Need to Know About Opioids

The human body produces natural opioids, called endorphins. These opioids block the perception of pain and provide a calming effect, but the human body cannot produce enough natural opioids to block severe or chronic pain. When the body's natural opioids can't control pain a natural or synthetic opioid may be prescribed to help manage the pain. Some of the more commonly prescribed opioids are:

- Hydrocodone (Vicodin)
- Oxycodone (OxyContin)
- Oxymorphone (Opana)
- Methadone
- Fentanyl

Living with chronic pain can be challenging. It is essential that you and your doctor discuss treatment options with all of the risks and benefits carefully considered. Some medications, such as prescription opioids, can help relieve pain in the short term but also come with serious risks and potential complication and must be prescribed and used carefully.

Prescription opioids can be an important part of treatment and in some circumstances and can effectively relieve suffering for patients with active cancer or for others in hospice or palliative care, but studies are not available to indicate whether opioids control chronic pain well when used long-term. Before taking opioid medication for your chronic pain:

- Discuss pain treatment options, including ones that do not involve prescription drugs.
- Tell your doctor about past or current drug and alcohol use.
- Discuss all of the risks and benefits of taking prescription opioids.

### What are the risks from opioids?

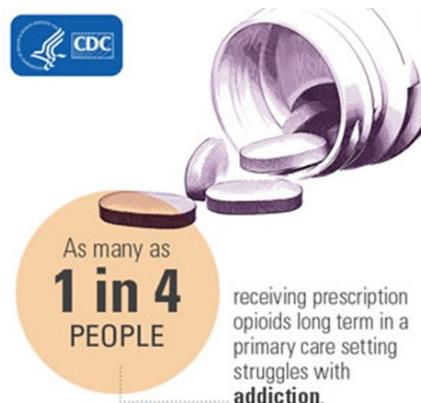
Patients taking prescription opioids are at risk for unintentional overdose or death and can become addicted. From 1999 to 2014, more than 165,000 persons died from overdose related to prescription opioids in the United States<sup>1</sup>. Up to 1 out of 4 people receiving long-term opioid therapy in a primary care setting struggles with addiction.<sup>2,3,4</sup>

In addition to the serious risks of addiction and overdose, the use of prescription opioid pain relievers can have a number of side effects, even when taken as directed:

- Tolerance—meaning you might need to take more of the medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when the medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

Remember, your doctor is a partner in your pain treatment plan. It's important to talk about any and all side effects and concerns to make sure you're getting the safest and most effective care.

For more information on opioid use, visit the Centers for Disease Control and Prevention [website](#)



1. CDC WONDER
2. Banta-Green CJ, Merrill JO, Doyle SR, Boudreau DM, Calsyn DA. Opioid use behaviors, mental health and pain—development of a typology of chronic pain patients. *Drug Alcohol Depend* 2009;104:34–42.
3. Boscarino JA, Rukstalis M, Hoffman SN, et al. Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. *Addiction* 2010;105:1776–82.
4. Fleming MF, Balousek SL, Klessig CL, Mundt MP, Brown DD. Substance use disorders in a primary care sample receiving daily opioid therapy. *J Pain* 2007;8:573–82.

## 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: [sue@vas-nebraska.org](mailto:sue@vas-nebraska.org)  
[www.vas-nebraska.com](http://www.vas-nebraska.com)

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 benefits programs.  
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# MAY/JUNE 2017

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15 MAY	16 MAY Homestead Event	17 MAY Homestead Event	18 MAY New to Medicare Class	19 MAY	20 MAY
22 MAY Homestead Event	23 MAY	24 MAY	25 MAY	26 MAY Homestead Event	27 MAY
29 MAY Office Closed 	30 MAY	31 MAY	1 JUNE	2 JUNE Homestead Event	3 JUNE
5 JUNE Homestead Event	6 JUNE	7 JUNE	8 JUNE	9 JUNE Homestead Event	10 JUNE
12 JUNE	13 JUNE Homestead Event	14 JUNE 	15 JUNE New to Medicare Class	16 JUNE	17 JUNE Homestead Event
19 JUNE	20 JUNE	21 JUNE	22 JUNE	23 JUNE	24 JUNE
26 JUNE	27 JUNE	28 JUNE	29 JUNE	30 JUNE	