



# The Older Rhode Islander

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## Annual Enrollment Period for Medicare health plans and Part D plans runs until December 31.



*AEP is a time for individuals with Medicare to review their health care and Medicare Part D plans*

**Q.** I enrolled in Medicare Part B last year when I reached my 65<sup>th</sup> birthday. I also purchased a Medicare Prescription Drug Plan (Medicare Part D) when I enrolled in Medicare Part B. I would like to take a look at all my medications again to see if I can get better Part D coverage for comparable cost. If I find a better plan, when can I switch my enrollment?

**A.** If you elect to make a change in your Medicare Part D plan, you can do it during the Annual Enrollment Period (AEP). The AEP runs from November 15 through December 31.

The Rhode Island Department of Elderly Affairs (DEA) is sponsoring a series of workshops so that Medicare beneficiaries can look at their Part D plan options for the coming year. During the AEP, Medicare beneficiaries can join a Part D insurance plan. Medicare beneficiaries can also change to a different Part D plan. The effective date of these changes will be January

1, 2010. **PLEASE NOTE: If a beneficiary does not want to change their Part D coverage, the beneficiary does not have to take any action.**

Persons entitled to Medicare Part A (Hospital Insurance) and/or persons enrolled in Part B (Medical Insurance) are eligible to participate in a Medicare prescription drug insurance plan.

Beginning January 1, 2006, Medicare prescription drug plans became available to 41 million Medicare beneficiaries. Rhode Island has approximately 176,000 Medicare beneficiaries.

The prescription drug insurance program is part of the Medicare Modernization Act of 2003 and is one of the most significant changes in Medicare since its inception in 1965.

“Prescription drug costs are one of the main concerns for seniors. A Medicare beneficiary can save a significant amount of money on their

prescription drug costs each year by joining a Medicare Part D program,” observed Corinne Calise Russo, Director of the RI Department of Elderly Affairs.

State Health Insurance Program (SHIP) volunteers and staff from the community agencies will be available on site to help Medicare beneficiaries with their Part D plan choices in a one-on-one setting.

For additional information, call DEA at 462-3000. TTY users should use 462-0740. The workshop schedule will also be posted on the DEA web site at [www.dea.state.ri.us](http://www.dea.state.ri.us).

Beneficiaries may also call THE POINT at 462-4444. TTY users should call 462-4445, or they may go to their website at [www.ThePointRI.org](http://www.ThePointRI.org).

There are a number of easy ways that beneficiaries can get information and assistance about what plan is best for their needs. These include:

Calling Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY#: 1-877-486-2048) or visiting [www.medicare.gov](http://www.medicare.gov) to review plans to see how the costs and coverage compares for different coverage options available in their area. Medicare customer service representatives are available 24-hours a day/7 days a week with multiple language options and

resources for people with disabilities.

Reviewing CMS’ *Medicare and You* handbook. The handbook was mailed to all Medicare beneficiaries in October and provides a listing of available prescription drug and health coverage plans in their areas. All people with Medicare should also have received information from their current health and prescriptions drug plans. This handbook is also conveniently available online at [www.medicare.gov](http://www.medicare.gov).

Medicare beneficiaries who cannot meet the costs of prescription drugs may be eligible for extra help. Medicare has a program in which those who are eligible for extra help pay no more than \$2.50 for each generic drug and no more than \$6.30 for each brand name drug. The program can also help pay for premiums and other out-of-pocket costs. Call 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov) to find out more about getting extra help. TTY users should call 1-800-325-0778.

At [www.medicare.gov](http://www.medicare.gov), beneficiaries, and those assisting them, can access interactive tools that will help them learn more about all of the prescription drug plans and health plans – including Original Medicare – that serve their area. In addition to providing overviews of coverage and premium costs, there is also information about the quality and performance ratings of participating plans.

### Looking to upsize or downsize your home?

New legislation, the Worker, Homeownership and Business Assistance Act of 2009, which was signed into law on Nov. 6, 2009, extends and expands the first-time homebuyer credit allowed by previous Acts. For the first time, long-time homeowners who buy a replacement principal residence may also claim a homebuyer credit of up to \$6,500 (up to \$3,250 for a married individual filing separately). They must have lived in the same principal residence for any five-consecutive year period during the eight-year period that ended on the date the replacement home is purchased.

The new law raises the income limits for homes purchased after Nov. 6, 2009. The credit phases out for individual taxpayers with modified adjusted gross income (MAGI) between \$125,000 and \$145,000 or between \$225,000 and \$245,000 for joint filers. The credit is claimed using Form 5405, which you file with your original or amended tax return.

For homes purchased in 2009, the credit does not have to be paid back unless the home ceases to be the taxpayer’s main residence within a three-year period following the purchase. The credit may not be claimed before the closing date.

### 2009 Annual Enrollment Period (AEP) Events

- Wednesday, December 2: Westerly Senior Center, 39 State Street (9:00 a.m. to 3:00 p.m.), **BY APPOINTMENT ONLY. CALL 596-2404.**
- Saturday, December 5: United Way/211, 50 Valley Street, Providence (9:00 a.m. to 3:00 p.m.) Call 211 for more information.
- Monday, December 7: The Center, 25 St. Dominick Road, Wakefield. (9:00 a.m. to 3:00 p.m.), **BY APPOINTMENT ONLY. CALL 789-0268.**
- Monday, December 7: Leon Mathieu Senior Center, 420 Main Street, Pawtucket. (8:30 a.m. to 3:15 p.m.), **BY APPOINTMENT ONLY. CALL 728-7582.**
- Thursday, December 10: Newport Child and Family Services, 31 John Clarke Road, Middletown (10:00 a.m. to 3:00 p.m.). Also, the Westbay Community Action State Health Insurance Program (SHIP) will be providing health insurance and Medicare Part D counseling, during the AEP. **TO MAKE AN APPOINTMENT, call 732-4660, ext. 151.**



## A message from Director Corinne Calise Russo

needs. Even if you don't think that any changes are necessary, you would be wise to review your coverage each year during the AEP.

As we know, finding the right type of insurance, at the right price, with the right benefits to protect ourselves from catastrophic health care costs is a challenge in today's economy and rising costs. To help you to make an informed decision, the Department of Elderly Affairs, with support from our community partners, has scheduled a series of enrollment events around the state during December. At these events, State Health Insurance Program volunteer counselors will work with Medicare

beneficiaries in a one-to-one setting to explore the beneficiaries' options. I urge Rhode Island Medicare beneficiaries to take full advantage of this opportunity.

As we approach the end of the year, we can look back at the many things we have accomplished, despite very difficult financial times. The progress of the Global Waiver program, as well as grants for SHIP, the Respite Care program and the Senior Medicare Patrol

Program have aided the Department in fulfilling its commitment to seniors, families, caregivers and adults with disabilities to preserve their independence and dignity. We will continue to work for enhanced programs for our constituents.

Please accept my wishes for a joyous holiday season and a healthy and productive new year.

Sincerely,  
Corinne Calise Russo

Greetings:

From November 15 through December 31 each year, the Annual Enrollment Period (AEP) for Medicare health insurance plans and Medicare Prescription Drug Plans (Medicare Part D), gives beneficiaries the opportunity to review their health insurance

## Health Department answers your questions about the H1N1 vaccine

Do you have questions about the safety of the swine flu vaccine? The Rhode Island Department of Health offers these questions and answers about swine flu safety:

**Q. Is the H1N1 vaccine safe?**

**A.** Licensed vaccines, including flu vaccines, are developed using the highest standards of safety. National regulatory authorities will approve and license new H1N1 vaccines using the same process they use to license seasonal flu vaccines.

**Q. How will the government make sure that the H1N1 vaccine is safe before it goes on the market?**

**A.** Vaccines are closely monitored after they are licensed. The Centers for Disease Prevention and Control use the Vaccine Adverse Event Reporting System and the Vaccine Safety Datalink Project to identify any potentially new safety concerns.

**Q. Does the H1N1 vaccine have any side effects?**

**A.** Some people may experience mild side effects after receiving the vaccine, just like they do with the seasonal flu vaccine. Side effects may include soreness, redness, or swelling where the shot was given, aches, or a low-grade fever.

**Q. What kinds of clinical trials are being performed on the H1N1 vaccine?**

**A.** A number of clinical trials testing the H1N1 vaccine in children and adults are underway. These trials will help determine the most effective number of doses needed to provide maximum benefits.

**Q. Can I get Guillain-Barre syndrome from the H1N1 vaccine?**

**A.** In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barre syndrome. The rate was approximately one case per 100,000 persons. Some studies have since shown a small risk of this condition in persons vaccinated for the seasonal flu, but the risk is not more than one case of Guillain-Barre Syndrome per one million persons vaccinated. Since 1976, flu vaccines

have not been clearly linked to this disease, which can also occur in a person who has never received a flu vaccination.

**Q. Is it safe to receive the H1N1 vaccine and the seasonal flu vaccine at the same time?**

**A.** Depending on supplies, people can receive the H1N1 vaccine and the seasonal flu vaccine at the same time.

**Q. Is the H1N1 vaccine safe for pregnant women?**

**A.** Yes, flu vaccines have not been shown to cause pregnant women any harm to them or their baby. Vaccination of pregnant women is especially important since they are at risk of serious illness from the flu.

**Q. Does the H1N1 vaccine contain thimerosal?**

**A.** The majority of H1N1 vaccine will be packaged in multi-dose vials and will contain thimerosal, a preservative found in some vaccines. There is no evidence that thimerosal is harmful to anyone, including pregnant women and their developing babies.

**Q. Who can safely receive the H1N1 vaccine?**

**A.** All adults and children older than six months can safely receive the vaccine, including the new H1N1 vaccine. People who have a severe allergy to chicken eggs or who have had a severe reaction to flu vaccines in the past should consult their health care providers before getting vaccinated.

**Q. Which type of flu vaccine should I receive?**

**A.** There are two types of flu vaccines—the flu shot and the nasal spray vaccine (or Flu Mist). The flu shot contains killed viruses and is given in a needle, usually in the arm. Anyone older than six months, including healthy people and people with chronic medical conditions, can receive the flu shot. The nasal spray flu vaccine is made with live, weakened flu viruses that cannot cause the flu. Healthy people ages two to 49, can receive the nasal spray vaccine. Pregnant women and people with underlying health conditions who are high risk for flu-related complications should not receive the nasal spray vaccine.

For more information, call the Health Department at 222-8028, or go to [www.healthri.gov](http://www.healthri.gov).



**DEA DIRECTOR MEETS WITH FEDERAL OFFICIAL:** Kathy Greenlee (left), Assistant Secretary of the federal Department of Health and Human Services, takes time out from the recent National Association of State Units of Aging, to talk with Corinne Calise Russo, Director of the state Department of Elderly Affairs. Greenlee cited the Department for its programs, services, and innovations.

## Get ready for the 2010 Census-Be Counted!

The 2010 Decennial Census will take a snapshot of everyone residing in the United States, regardless of age, race, or immigration status, delivering accurate information about our diverse and growing population.

Mandated by the U.S. Constitution, the Decennial Census is the largest peacetime mobilization effort of the American public, requiring years of planning and more than a half million temporary workers. The 2010 Census questionnaire will be mailed in March 2010 to every household in the United States. Respondents complete the form and return it in a postage-paid envelope.

**The 2010 Census is easy.**

Questionnaires will be mailed to households across the country in March 2010. With only 10 questions, the 2010 Census questionnaire is one of the shortest ever.

**The 2010 Census is safe.**

By law, the Census Bureau cannot share respondents' answers with any government agency. No court of law can access individual responses. Census workers are sworn to secrecy – any breach of confidentiality is punishable by up to a \$250,000 fine and a jail term of up to five years.

**The 2010 Census is important.**

The federal government uses census data to allocate billions of dollars in federal funds annually for programs and services. In addition, state, local and tribal governments use data for planning and allocating funds for public projects. Community organizations use census information to develop social service programs. Population counts also determine Congressional apportionment – the amount of seats each state will have in the U.S. House of Representatives – and states use the data to allocate seats in their state legislatures.

The 2010 Census is easy, safe, and important. **Be Counted.**

For further information about 2010 Census operations and activities visit [www.2010census.gov](http://www.2010census.gov) or contact the Census Bureau at [Boston.PDSP@census.gov](mailto:Boston.PDSP@census.gov) or (617) 223-3610.

### By the numbers...Fast Facts

- Rhode Island has 1,050,788 residents.
- There are 202,028 persons age 60 and older. This number represents 19.2 percent of the total state population. This is the 12<sup>th</sup> highest 60+ population in the nation.
- There are 147,646 persons age 65 and older. This number represents 14.1 of the total state population. This is the 11<sup>th</sup> highest 65+ population in the nation.
- The Rhode Island Department of Elderly Affairs is the single planning and service area agency on aging for the state, in accordance with the Older Americans Act.

## DEA partners with local agencies to enhance respite care



**TALKING RESPITE:** Representative Langevin joins officials from the Department of Elderly Affairs, the Diocese of Providence, and the Parent Support Network of Rhode Island answering questions about the new respite care grant.

Congressman Jim Langevin has announced \$200,000 in funding for the Lifespan Respite Care program. The announcement came at a news conference at the West Warwick Senior Center. The Lifespan grant was awarded to the state Department of Elderly Affairs (DEA). The Department will partner with the Parent Support Network of Johnston, the Diocese of Providence and THE POINT in Warwick to enhance respite care services across the state. A total of \$2.3 million will be distributed in 12 states.

With this funding, a longtime priority of Congressman Langevin, DEA will be able to establish programs to assist family caregivers in accessing affordable and high quality respite care services. Program funding will also be used to create a National Resource Center on Lifespan Respite Care to better coordinate and monitor respite care

services. In addition to Rhode Island, grants were awarded to Alabama, Arizona, Connecticut, District of Columbia, Illinois, Nevada, New Hampshire, North Carolina, South Carolina, Tennessee and Texas.

"Many families are struggling to care for loved ones while balancing jobs and household duties because adequate home and community based programs remain difficult to find," said Langevin. The congressman has been an advocate for respite care resources since coming to Congress in 2001. "By funding respite care programs, we are taking a proactive step toward providing quality based care for millions of Americans with special needs, while preventing caregiver burnout."

As the state begins to implement the new Global Medicaid Waiver, the grantee agencies will use

these funds to increase respite care programming in the state.

"On behalf of Rhode Island seniors, I would like to commend Congressman Langevin for his continued commitment to respite care services," said Corinne Calise Russo, Director of DEA. "The Lifespan grant will open up new areas of respite services using Time Banks as a means to helping families take care of their loved ones. Respite is a vital part of our network of home and community based service designed to help seniors live with respect and dignity," she offered.

"The Diocese of Providence applauds Congressman Langevin for his tireless efforts to pass this important legislation. We look forward to this new partnership to expand caregiver support for the thousands of caring and dedicated

family caregivers in Rhode Island," said the Most Reverend Thomas J. Tobin, Bishop of Providence.

"The Parent Support Network recently joined the ARCH National Respite Coalition and is currently recruiting members for the Rhode Island Lifespan Respite Coalition. We will all work in partnership to make quality respite available and accessible to family caregivers regardless of age or disability," said Cathy Ciano, Executive Director of the Parent Support Network of Rhode Island.

Representative Langevin first authored and introduced the Lifespan Respite Care Act in 2002. After years of perseverance, Langevin saw the bill signed into law in December of 2006. The program was funded in the FY 2009 Omnibus Appropriations Act.

### ***TimeBanks: Re-weaving the community one hour at a time to provide respite services***

What is a TimeBank?

A TimeBank is a community of people who help each other by sharing their abilities, talents, and experiences. Everyone has needs and gifts to share.

When you provide a service for another TimeBank member, you earn one TimeBank dollar for each hour. You can then exchange your time Dollars for services provided by other members of the TimeBank.

Members exchange such things as child care, transportation, home improvement, translation, tutoring, yard work, business services and much more. You can join the Rhode Island TimeBank by enrolling at <http://community.timebanks.org> or by calling 467-6855.

Respite is often defined as temporary relief for caregivers of children and adults with special needs, chronic illnesses, or those at risk of abuse and neglect. Respite services provide short-term care while caregivers take a much needed break. There is substantial research evidence that shows that providing quality respite can reduce the stress of caregivers, decrease the incidence of abuse or neglect, and reduce or prevent out-of-home placements of elders, children, or adults with special needs.

Not all families who need respite have access to quality respite services in Rhode Island. Building a lifespan respite program through TimeBanks is a natural extension of building a network of community support. Respite providers will be screened, trained and certified, and then earn time dollars for providing respite. Families who utilize respite can earn time dollars by providing services to other members of the TimeBank. A Lifespan Respite Coordinator will monitor respite exchanges and provide support to both families and providers.

All TimeBanks activities are built on five core values: every person has something of value to offer, respect, networks are stronger than individuals, the work of caring for each other is beyond price, and that giving works best as a two-way street

### **SHIP receives additional CMS funding**

DEA has received an additional \$43,000 in funding from the Centers for Medicare and Medicaid Services (CMS) for the State Health Insurance Program (SHIP). This funding was provided to enhance SHIP, which provides information to Medicare beneficiaries about their health care options. These funds are part of \$6.3 million in grant funding by CMS to SHIP organizations nationwide.

CMS expects these funds to be used to conduct community-based programs targeted to reaching beneficiaries who are unable to access other sources of information, such as online tools at [www.medicare.gov](http://www.medicare.gov). A portion of these funds will be used to facilitate Annual Open Enrollment events statewide, which will be held through December 31, 2009. These events will assure the provision of accurate and current information to Medicare beneficiaries with one-on-one counseling for assistance in exploring their Part D options.

*The Rhode Island Department of Elderly Affairs (DEA), John O. Pastore Center, Howard Building, 74 West Road, Cranston, RI 02920 publishes the Older Rhode Islander four times each year. The next issue will be published in March 2010. Written comments and suggestions are welcome. DEA encourages aging network agencies to reprint any article(s) that appear in this publication. While permission to this material is not required by DEA, it is requested that this agency be cited as the source of the material. For additional information, please call Larry Grimaldi at 462-0509 or 462-0503 (FAX). You can also e-mail lgrimaldi@dea.ri.gov. The DEA web site is [www.dea.state.ri.us](http://www.dea.state.ri.us).*

*Governor: Donald L. Carcieri      Director: Corinne Calise Russo  
Editor: Larry Grimaldi*

### **News briefs from DEA...**

**SENIOR JOURNAL:** The *Senior Journal* cable television program is devoted to exploring the issues of growing older in Rhode Island through the personal perspectives of seniors. Programs are produced by senior volunteers and are sponsored by Department of Elderly Affairs (DEA) with the support of COX Communications. Programs are aired on Sundays at 5:00 p.m.; Mondays at 7:00 p.m.; and Tuesdays, Wednesdays, and Thursdays at 11:30 a.m. over statewide interconnect channel A. From December 6 to 15: *Rhode Island Secretary of State* will air. Libby Arron interviews A. Ralph Mollis, Rhode Island Secretary of State. From December 20 to 29: *Elder Law* will be broadcast. Libby Arron interviews Jill Sugarman, Attorney at Law and Capt. Joseph Sanita, Senior Citizen Police Advocate for the Town of North Providence. The *Senior Journal* was recently recognized by Cox Communications for 20 years of excellence in cable interconnect broadcasting.

**SHIP VOLUNTEERS NEEDED:** The State Health

Insurance Assistance Program (SHIP) is a joint federal/state partnership that helps people understand Medicare. SHIP is a free service for Rhode Island seniors and adults with disabilities that are eligible for, or are enrolled in, Medicare. SHIP counselors discuss health care insurance options on a one-to-one basis with Medicare beneficiaries. They can also help beneficiaries select a Medicare Prescription Drug Plan (Medicare Part D). Currently, SHIP is looking for additional volunteers. Training is provided and there is a tremendous opportunity for volunteers to provide assistance to their peers. If you want to volunteer or get additional information, call Elizabeth Shelov at the Rhode Island Department of Elderly Affairs at 462-0510. You can also contact her at [eshelov@dea.ri.gov](mailto:eshelov@dea.ri.gov).

**LEGAL ASSISTANCE:** Joseph Proietta, Esq. will be at DEA offices on Tuesdays from 9:30 a.m. to 4:00 p.m. He will be taking calls from seniors, caregivers or family members regarding legal issues and older persons. His telephone number at DEA is 462-0341.

# Medicare sets premiums and deductibles for 2010

Most Medicare beneficiaries will not see a Part B monthly premium increase as a result of a "hold harmless" provision in the current law. This allows for 73 percent of beneficiaries to be protected from an increase raising the 2010 Part B monthly premiums from \$96.40 to \$110.50. The Administration continues to urge Congressional action that would protect all beneficiaries from higher Part B premiums and eliminate the inequity of a higher premium for the remaining 27 percent of beneficiaries.

Under the Medicare law, the standard premium is set to cover approximately one-fourth of the average cost of Part B services incurred by beneficiaries aged 65 and over. The remaining Part B costs are financed by federal general revenues. This monthly premium paid by beneficiaries enrolled in Medicare Part B covers a portion of the cost of physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

In calculating the monthly Part B premium each year, the CMS Office of the Actuary includes a contingency margin to provide for possible variation between actual and projected costs. The size of the contingency margin estimated to be needed for 2010 is affected by two main factors.

First, the current law formula for physician fees, which will result in a reduction in physician fees of approximately 21 percent in 2010 and is projected to cause additional reductions in subsequent years, is one factor affecting the 2010 contingency margin. For each year from 2003 through 2009, Congress has acted to prevent physician fee reductions from occurring.

In recognition of the strong possibility of increases in Part B expenditures that would result from similar legislation to override the decreases in physician fees in 2010 or later years, it is appropriate to maintain a significantly larger Part B contingency reserve than would otherwise be necessary. The asset level projected for the end of 2009 is not adequate to accommodate this contingency.

Second, the Social Security Administration announced there would be no increase in Social Security benefits for 2010. As a result of the hold-harmless provision, the increase in the Part B premium for 2010 will be paid by only a small percentage of Part B enrollees. Most Part B enrollees will pay the same monthly premium that they paid in 2009 (\$96.40 was the 2009 standard monthly premium).

Approximately 27 percent of beneficiaries are not subject to the hold-harmless provision because they are new enrollees during the year (3 percent), they are subject to the income-related additional premium amount (5 percent), they

do not have their Part B premiums withheld from Social Security benefit payments (19 percent), including those who qualify for both Medicare and Medicaid and have their Part B premiums paid on their behalf by Medicaid (17 percent).

As required in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, beginning in 2007 the Part B premium a beneficiary pays each month is based on his or her annual income. Specifically, if a beneficiary's "modified adjusted gross income" is greater than the legislated threshold amounts (\$85,000 in 2010 for a beneficiary filing an individual income tax return or married and filing a separate return, and \$170,000 for a beneficiary filing a joint tax return) the beneficiary is responsible for a larger portion of the estimated total cost of Part B benefit coverage. In addition to the standard 25 percent premium, such beneficiaries now pay an income-related monthly adjustment amount. These income-related Part B premiums were phased-in over three years, beginning in 2007. About 5 percent of current Part B enrollees are expected to be subject to the higher premium amounts. Approximately 27 percent of beneficiaries are not subject to the hold-harmless provision because they are new enrollees during the year (3 percent). They are subject to the income-related additional premium amount (5 percent). They do not have their Part B premiums withheld from Social Security benefit payments (19 percent), including those who qualify for both Medicare and Medicaid and have their Part B premiums paid on their behalf by Medicaid (17 percent).

The 2010 Part B monthly premium rates are to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are:

Beneficiaries who file an individual tax return, with income of less or equal to \$85,000 and married couples who file a joint tax return with an income of equal to or less than \$170,000 will see no increase in their Part B premium. Beneficiaries who are newly eligible for Medicare Part B will pay a monthly premium of \$110.50.

Beneficiaries who file an individual tax return and have an income from \$85,000 to equal to or greater than \$107,000 will have a monthly premium of \$154.70. Married couples who have an income of \$170,000 and equal to or greater than \$214,000 will have this same monthly premium.

Individuals who file a tax return with an income of \$107,000 and equal to or less than \$160,000 will have a monthly Part B premium of \$221. Married couples who have

an income of \$214,000 and equal to or greater than \$320,000 will have this same monthly premium.

Beneficiaries who file an individual tax return and have an income from \$160,000 to equal to or greater than \$214,000 will have a monthly premium of \$287.30. This same monthly premium will apply to beneficiaries who file a joint return showing an income of \$320,000 and less than or equal to \$428,000.

Beneficiaries who file an individual tax return showing an income greater than \$214,000 will have a monthly premium of \$243.10. Married couples who file a joint tax return showing an income of more than \$428,000 will have a premium of \$353.60 per month.

Beneficiaries who file an individual tax return as married filing separately showing an income of less than \$85,000 will have no premium increase. A beneficiary married filing separately with an income between \$85,000 and \$129,000 will pay a monthly Part B premium of \$287.30. A beneficiary married filing separately with an income greater than \$129,000 will pay a monthly Part B premium of \$353.60.

The Part B deductible was increased to \$110 in 2005 and, as a result of the Medicare Modernization Act, is currently indexed to the annual percentage increase in the Part B actuarial rate for aged beneficiaries. In 2010, the Part B deductible will be \$155.

The Centers for Medicare

## Take a bite out of crime...

According to the AARP, older persons are victims of fraudulent schemes far out of proportion to their population numbers. Keep informed about the latest con schemes in your community by reading the newspaper, listening to radio and television news broadcasts or even using the Internet. It is a good rule of thumb to be very skeptical of anything that sounds too good to be true, or that has to be kept a secret. Don't be rushed into anything. Check the situation out with friends, lawyers, your police department, Better Business Bureau and your local state or county consumer affairs department.

While many seniors know these simple rules about scams and schemes, there is much more that needs to be learned about staying safe in their home or out at the local mall or restaurant. The National Crime Prevention Council (NCPC) offers these following tips for personal safety:

- Go out with friends and family. Try to avoid going out alone.
  - Carry your purse close to your body, not dangling by the straps.
  - Don't carry credit cards that you don't need or large amounts of cash.
  - Use direct deposit for Social Security or monthly checks.
  - Whether you are a passenger or driver, keep your doors locked. Be particularly alert in parking garages and lots. Try to park near the entrance.
  - Sit close to the driver or near an exit while riding a bus, train or subway.
  - If someone is making you uneasy, trust your instincts and remove yourself from the situation as soon as possible.
- Here are some tips for making your home safe and secure:
- Install good locks on your doors and windows and use them! Don't hide keys in the mailbox or under doormats. Instead, leave extra keys with a neighbor or friend.
  - Ask for photo identification from service and delivery people before you let them in. If you are worried that they may not be actual employees of the company, call the company to verify the employees and the reason for their visit.
  - Be sure that your street address number is large enough and clear of obstructions and well lighted so that police and other emergency personnel can find your home quickly.

You can help McGruff the Crime Dog "take a bite out of crime". For more information, contact NCPC at 202-466-6272, or you can call your local police department.