

Starting fall 2011, open enrollment dates for Medicare Part D will change. It will now be held Oct. 15-Nov. 7, with effectiveness still set for Jan. 1 of the following year.

So you should expect to see booklets arriving late August or early September.

Reminder that if you are turning 65 this year and you begin to draw from your Social Security (Part A and B), you are urged to enroll for Part D, regardless if you take any medication or not.

Late enrollment is calculated by multiplying one percent of the “national base beneficiary premium” (\$32.34 in 2011) times the number of full uncovered months that you were eligible but did not join. And you may be penalized when you do enroll and with the remaining time you have with Part D.

There are several plans that have a very low monthly premium, which may be just the plan for someone who has little to no medications.

The following is the standard Part D drug prescription plan for 2011 required by Medicare from “How the Donut Hole Works in 2011”—reported by Michael Bihari, MD of About.com.

—If you join a Medicare prescription drug plan, you may have to pay up to the first \$310 of your drug costs. This is known as the deductible.

—During the initial coverage phase, you pay a copayment or coinsurance, and your Part D drug plan pays its share for each covered drug until your combined amount (including your deductible) reaches \$2,840.

—Once you and your Part D drug plan have spent \$2,840 for covered drugs, you will be in the donut hole. Previously, you had to pay the full cost of your prescription drugs while in the donut

Young at heart

Written by Erin LeBlanc

hole. However, in 2011, you get a 50 percent discount on covered brand-name prescription medications.

The donut hole continues until your total out-of-pocket cost reaches \$4,550. This annual out-of-pocket spending amount includes your yearly deductible, copayment and coinsurance amounts.

—When you spend more than \$4,550 out-of-pocket, the coverage gap ends and your drug plan pays most of the costs of your covered drugs for the remainder of the year. You will then be responsible for a small copayment. This is known as catastrophic coverage.

As a senior service coordinator, State Health Insurance Assistance Program (SHIP) counselor and ombudsman for a rural community, we wear many hats and serve our mature population in a lot of different capacities. Therefore we tend to be in the community many days of the week visiting seniors in their homes, attending Meet and Eat, at the nursing home/assisted living visiting or attending a Resident Counsel meeting.

We feel it is important to try and keep our relationships as personal as we can. We travel to our senior's homes, if at all possible, instead of having them travel to our offices.

My office is a home/office, and I do not keep 9 a.m.-5 p.m. office hours, purposely so that I may be available for someone in the evening or even on the weekend if necessary.

If I am not in my office, please leave me a message, and I will always return your telephone call.

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