
Topic of the Month:
Medicare Options

This week in Marci . . . Volume 8, Issue 46: Week of November 16, 2009

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To make sure you continue to receive our e-mails in your inbox (not bulk or junk folders), please add **dearmarci@medicarerights.org** to your address book or safe sender list.

Dear Marci,

I have Original Medicare, but I still have to pay a coinsurance when I go to the doctor. Is there insurance I can buy to fill gaps in Original Medicare?

– **Luke (Coldfoot, Alaska)**

Click on the blue, underlined [hyperlinks](#) for related information available through Medicare Interactive!

Dear Luke,

If you do not have insurance from a former employer, you may be able to buy a supplemental coverage policy that specifically fills gaps in Original Medicare. Such a policy is called a "[Medigap](#)." Medigaps can help cover Original Medicare deductibles, coinsurances and some additional benefits.

There are 12 different standardized Medigap plans, labeled [A through L](#) (Massachusetts, Minnesota and Wisconsin have their own Medigap systems). Not all plans are available in all areas.

Each Medigap plan pays for a particular set of benefits, but they all must include the following basic benefits:

- [Hospital coinsurance](#) coverage



Spotlight on Resources

- Learn more about Medicare options on [Medicare Interactive](#).
- For information about services and resources for older adults and persons with disabilities, visit the [National Association of Area Agencies on Aging](#).
- For free one-on-one counseling and assistance with Medicare and related issues, contact your [State Health Insurance Assistance Program](#) (SHIP).
- For help getting screened for benefit programs available to older adults with limited incomes, visit [Benefits Check Up](#).
- View ratings and reviews

- 365 additional days of full hospital coverage
- Full or partial coverage for the 20 percent coinsurance for doctor charges and other [Part B services](#) (K and L only cover this after you have paid the out-of-pocket limit)
- Full or partial coverage for the first three pints of blood you need each year

Beginning June 1, Medigap plans E, H, I and J will no longer be sold, but if you already have one of those plans, you can keep it as long as you like. Two new plans—M and N—will be offered instead.

In most states, you only have the right to buy a Medigap policy [at certain times](#).

➔ **To find out more about more about Medicare options, go to [Medicare Interactive](#).**

–*Marci*



Looking for past Dear Marci Answers? Have other Medicare questions? Find your answers with Medicare Interactive (MI), an independent, public resource of the Medicare Rights Center. MI offers expert information and advice on Medicare. [Visit Medicare Interactive today!](#)

Do you need individual counseling? Call the Medicare Rights Center's consumer hotline at **800-333-4114**, between 9 a.m. and 5 p.m., Eastern Time, Monday through Friday. A Medicare counselor will be happy to answer your question.

You can also call your [State Health Insurance Assistance Program \(SHIP\)](#) for personal counseling on Medicare benefits, rights and options. Call [Social Security](#) (800-772-1213) for questions about enrolling in Medicare or applying for Extra Help!

Feel free to [send comments](#) about *Dear Marci* or suggestions about topics you would like *Dear Marci* to cover.

Health Tip of the Week

As temperatures turn frigid this winter, make sure you and your loved ones are guarding against the cold.

Older adults are especially susceptible to [hypothermia](#), a condition that occurs when the body temperature drops below about 95 degrees. Hypothermia can make your organs and nervous system stop working properly and can eventually lead to death if left untreated, according to the Mayo Clinic.

of care and housing options for older adults at the [seniorDECISION](#) website.

- For state-by-state legal information about Medicare, visit [ElderLaw Answers](#).

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The Medicare Rights Center's Professional Hotline

Do you help people with Medicare? Where do you turn to for help? Call the Professional Hotline, a national service offered by the Medicare Rights Center to support people serving the Medicare population. Dial 877-794-3570 from 9 a.m. to 6 p.m. Eastern Time for accurate, up-to-date information and ongoing technical support.

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Resources for Caregivers

November is National Family Caregivers Month, a time to thank, support, educate and empower family caregivers. Click [here](#) to check out some of the caregiver resources available from the National Family Caregivers Association.

Next Step in Care:

[Next Step in Care](#) provides information and guidance on planning safe and smooth transitions for patients who are moving from one setting to another.

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Common symptoms include shivering, confusion, lack of energy, weak pulse or low blood pressure and slurred speech.

Following these tips can help you avoid the problem:

- **Bundle up.** Wearing warm, loose-fitting layers helps keep your body temperature up. Loose clothing traps in the warm air. When you go outdoors, outer layers should be water and wind repellent, and inner layers should be wool, silk or polypropylene – these fabrics hold heat best.
- **Stay nourished.** If you're not eating well, you might not have enough fat under your skin to keep you warm.
- **Keep dry.** Stay as dry as you can. This means quickly changing out of wet clothing and avoiding strenuous activities that make you sweat. Wetness combined with cold weather is a recipe for heat loss.
- **Turn up the heat.** The U.S. National Institutes of Health recommends setting your thermostat to at least 68 to 70 degrees. Programs such as the [Low Income Home Energy Assistance Program](#) can help foot the bill if you qualify.

You can get more information about hypothermia from the [U.S. National Institutes of Health](#).

Survey Says . . .

Visits to primary care physicians among U.S. adults are on the rise, according to a study released this month, and so is the length of those visits.

A [study](#) published in the Nov. 9 issue of the *Archives of Internal Medicine* says that between 1997 and 2005, visits to primary care doctors increased from 273 million to 338 million annually, or 10 percent per capita.

Plus, the average amount of time primary care physicians spent with their patients went up from 18 to 20.8 minutes.

"Patients spent more time with their primary care physicians during office visits in 2005 than they did almost a decade earlier, and overall they seemed to receive better care," the study's lead researcher, Dr. Lena M. Chen, told [HealthDay News](#).

For many people, their primary care physician is their first stop when they need health care. Getting primary care can help prevent and control illnesses and serious medical conditions, according to the [Primary Care Development Corp.](#)



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Dear Marci is a weekly e-newsletter designed to keep you—people with Medicare, social workers, health care providers and other professionals—in the loop about health care benefits, rights and options for older Americans and people with disabilities. *Dear Marci* is a free service of the [Medicare Rights Center](#).

Researchers also told *HealthDay News* that older, sicker patients may be the cause of the longer visits.

The study says there was a “modest relationship” between the length of the visit and the quality of care.

Medicare covers some [preventive services](#), including 80 percent of one routine physical exam and certain screenings and vaccines.

The Medicare Rights Center is the largest independent source of Medicare information and assistance in the United States. Founded in 1989, Medicare Rights helps older adults and people with disabilities get high-quality, affordable health care.

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