



THE BOOMER'S GUIDE TO PLANET RETIREMENT

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QUOTE OF THE MONTH:

"Don't cry because it's over, smile because it happened." — Dr. Seuss

Have another Cinnabon!

I talk a lot about what not to eat. Here is something we can all eat more of: Cinnamon!

Researcher at Rush University and the Jesse Brown VA Medical Center in Chicago, has found that cinnamon significantly improved performance of mice in a maze test and is believed to boost all brain function. The research shows that the effect appears to be due mainly to sodium benzoate, a chemical produced as cinnamon is broken down in the body. Food makers use a synthetic form of it as a preservative. It is also an FDA-approved drug used to treat hyperammonemia — too much ammonia in the blood.

Cinnamon acts as a slow-release form of sodium benzoate. Compounds within cinnamon—including cinnamaldehyde, which gives the spice its distinctive flavor and aroma—are “metabolized into sodium benzoate in the liver. Sodium benzoate then becomes the active compound, which readily enters the brain and stimulates hippocampal plasticity. Those changes in the hippocampus—the brain’s main memory center—appear to be the mechanism by which cinnamon and sodium benzoate exert their benefits.

The researchers also examined brain cells taken from the mice. They found that sodium benzoate enhanced the structural integrity of the dendrites, the tree-like extensions of neurons that enable them to communicate with other brain cells. Of course, this is good news for us Geezers who need all the help we can get to keep sharp. Besides general memory improvement, cinnamon may target Alzheimer’s disease, mild cognitive impairment [a precursor to Alzheimer’s], Parkinson’s disease, and migraine headaches.

The researchers are so convinced that it works, that they are taking a teaspoon full of 3.5 grams of cinnamon powder with honey as a supplement every night! But they warn to only buy cinnamon from Sri Lanka (Ceylon) and not China, which contains a compound called coumarin that may be toxic to the liver in high amounts.

http://www.kurzweilai.net/cinnamon-may-be-the-latest-nootropic?utm_source=KurzweilAI+Weekly+Newsletter&utm_campaign=65d5b97846-UA-946742-1&utm_medium=email&utm_term=0_147a5a48c1-65d5b97846-282020441

Soy Sauce Warning

More need to check the labels of everything you put in your mouth. A chemical compound, “4-methylimidazole,” that the World Health Organization identified as a possible human carcinogen, is used in 11 of 40 soy sauce samples taken by the Hong Kong Consumer Council. California law requires that businesses put a warning on product packaging against consuming more than 29 micrograms of 4-methylimidazole per day. That’s about 2 millilitres – under half a teaspoon – of the soy sauce sample produced by Yu Pin King and 7 millilitres (a little over 1.5 teaspoons) of Tung Chun’s King’s Dark Soy Source in the test.

This chemical is one of many caramel colorings used to darken the color of the foods or beverages, and has nothing to do with the flavor. Researches found “clear evidence of carcinogenic activity in animals” due to the intake of 4-methylimidazole and other colorings. While many soy sauces in the market claimed to be “naturally brewed,” three samples out of 21 such products exceeded the levulinic acid content limit to attach such a label. U.S. Customs requires that all ingredients be on the label.

FYI - the samples found to contain possible human carcinogen

Kwong Cheong Thye (Light Soya Sauce Best)

Yummy House (Premium Soy Sauce)

Konig (Excellent Soy Sauce)

Tung Chun (King’s Dark Soy Sauce)

Tai Hua (Dark Soy Sauce)

Pearl River Bridge (Golden Label Superior Dark Soy Sauce)

Yu Pin King (Premium Dark Soy Sauce)

Pearl River Bridge (Seasoned Soy Sauce For Seafood)

Tung Chun (Seafood Soy Sauce)

Imperial Banquet (Sweet Soy Sauce)

Yummy House (Premium Soy Sauce – Chili)

For the full article - <http://www.scmp.com/news/hong-kong/health-environment/article/2004071/consumer-watchdog-finds-11-out-40-soy-sauce>

Zing Zing Zing Went My Heartstrings

Ah, smiling Judy Garland, holding on to a pole of a trolley in the movie *Meet Me In St. Louis*, is truly a thing of the past. Above-ground public transportation has something new: the Transit Elevated Bus (TEB). The Chinese have inaugurated this massive moving tunnel that runs on electricity and looks like a giant tow-lane-wide catamaran that that cars can pass under in their usual lanes!

The TEB is 66 feet long, 23 feet wide, and 15 feet tall, with a passenger capacity of 300 in each of 4 sections – the equivalent of 40 conventional buses. The engineers who concocted this vehicle says that it has the potential to cut carbon emissions by almost 2,500 tons, as well as substantially reduce China’s notorious traffic congestion. The financial benefit is that the TEB has the same functions as the subway, while its construction is less than one fifth. It will run on trolley-like rails laid along ordinary roads.

This invention was hailed by *Time Magazine* as one of the top 50 inventions of 2010. But here are some concerns:

- **Too low.** The space underneath the TEB is just 2.1 m (6.9 ft) high. That means trucks or cars with luggage or bikes on roof racks could get stuck between the road and the underbelly of the TEB.
- **Too tight.** The TEB-1 tightly confines two lanes of traffic -- with no leeway to swerve or change lanes, especially if the other lane is occupied. The tunnel is also a bit claustrophobic, which could make drivers nervous and more prone to braking.
- **Visibility.** Drivers under the TEB will have difficulty seeing signs and traffic lights ahead.
- **Signaling.** How will drivers know when the TEB is approaching from behind? What if traffic is stuck and they choose the wrong moment to open a car door for whatever reason?
- **Turning.** How will the TEB affect the ability of regular vehicles to turn?
- **Exposed electric tracks.** “It takes at least 1,500 volts—high-voltage electricity—to power the whole bus, which seems dangerous to leave exposed on the streets.
- **Too heavy.** The bus in its final form will have four 15-ton sections, each capable of holding 300 passengers. That means the entire vehicle would weigh over 150 tons at maximum capacity, assuming an average passenger weight 150 lbs. This could cause some mega-pot holes
- **Cost.** With each TEB costing about \$4.5 million, plus the cost of infrastructure (rails, raising some overpasses), may not be worth it.

Electric buses may be a more simple solution.

For the full article on the “car-eating” bus and a photo: <http://qz.com/749066/teb-car-eating-bus-in-china-safety-concerns/>

The Postman Doesn't Ring At All

Why cook, when you can have a drone deliver your food! A drone company named Flirtey completed the first FAA-approved autonomous drone delivery to a customer's residence on July 22, ferrying sandwiches and Slurpees from a 7-Eleven in Reno, Nevada.

The two companies plan to expand drone delivery tests in Reno and expect drone packages to include “everyday essentials” such as batteries and sunscreen in the future. The company also completed the first fully autonomous, FAA-approved urban drone delivery in the U.S. on March 25 to an uninhabited residential setting in Hawthorne, Nevada. The package included bottled water, emergency food, and a first aid kit. In June, Flirtey performed the first drone delivery of stool, blood, and urine samples from land to a medical testing facility on a barge in New Jersey's Delaware Bay. Johns Hopkins University researchers on the barge sent back water purification tablets, insulin and a First Aid kit back to shore.

Meanwhile, hampered by the U.S. FAA's strict new requirement that commercially operated drones must fly within the operator's line of sight at all times, Amazon.com Inc. announced plans on July 25th for a partnership with the UK Government to make the delivery of parcels (up to 5 pounds to customers in 30 minutes or less) using their new “Prime Air” delivery service. Supported by the UK Civil Aviation Authority (CAA), Amazon now has UK permissions to “explore beyond line of sight operations in rural and suburban areas, test sensor performance to make sure the drones can identify and avoid obstacles, and [for] flights where one person operates multiple highly-automated drones.”

The FAA estimates that the drone deliveries could generate more than \$82 billion for the U.S. economy and create more than 100,000 new jobs over the next 10 years.

Time to buy stock in Flirtey! The start-up company is looking for angel investors: <https://angel.co/flirtey>

For the full article: http://www.kurzweilai.net/flirtey-drone-delivers-reno-7-eleven-slurpies-in-first-commercial-drone-delivery-to-a-residence?utm_source=KurzweilAI+Weekly+Newsletter&utm_campaign=65d5b97846-UA-946742-1&utm_medium=email&utm_term=0_147a5a48c1-65d5b97846-282020441

Kidney Disease

Everybody experiences loss of kidney function as they get older. Kidney disease can sometimes develop very quickly, and when this happens, it is called acute kidney injury. Depending on the cause and severity of the problem, this form of kidney disease can sometimes get better. The more common form of kidney disease that happens slowly, over a long period of time, is called chronic kidney disease (CKD). Chronic kidney disease is a lifetime illness that will not go away.

Chronic kidney disease is a widespread problem, especially in older people. In an early stage of the disease, the kidneys don't do a good job of removing extra water and waste out of the blood. Over time, the problem gets worse, and the kidneys may completely stop working. This is called end-stage renal disease or ESRD. Renal is another word for kidney. When kidney disease gets very bad, it can cause other problems like heart disease, bone disease, arthritis, and nerve damage.

Increased risk for kidney diseases is caused by diabetes, high blood pressure, heart disease, family history, and ethnicity, such as African Americans, Hispanics, and Native Americans. Age is another factor. As you get older, your kidneys may not work as well as when you were younger. Ask your doctor to help you keep track of how well your kidneys are working.

Kidney disease often does not have any symptoms. In fact, you might feel fine right up to the point when your kidneys nearly stop working. Only your doctor can tell if you have kidney disease. There are two kinds of tests your doctor can do to see if you have kidney disease: a blood test and a urine test.

The blood test, called GFR, measures how much blood your kidneys filter each minute. Your doctor uses this information to see how well your kidneys are working. A GFR of over 60 means your kidneys are working fine. A GFR of 60 or lower may mean you have kidney disease. You cannot raise your GFR, but there are things you can do to keep it from getting lower.

The urine test shows if you have a kind of protein, called albumin, in your urine. Protein in your urine can be a sign of kidney damage. It is more common in people who have diabetes. Your doctor may need to do additional tests to confirm whether or not you have kidney disease.

Because most people who have kidney disease also have diabetes, high blood pressure, or both, your doctor might also check to see if you have these problems. The earlier kidney disease is found, the sooner you can start a treatment to keep your kidneys healthier longer.

There is no cure for kidney disease. There are things you can do to help keep your kidneys from getting worse.

If your kidney disease is in an early stage, meaning your kidneys are still working, your doctor may prescribe blood pressure medicine and a diuretic (water pill) to lower your blood pressure and protect kidney function. You may also have to make some lifestyle changes, like eating a special low-salt diet and exercising regularly to keep a healthy weight.

For more info: *Reprinted on May 10, 2016, courtesy of the National Institute on Aging. For more information, please visit nia.nih.gov.*

TAKE WITH A GRAIN OF SALT

Even if you throw your salt shaker away, you may still be taking in a lot of sodium -- especially if you eat processed or prepared foods and restaurant meals. That's why the U.S. Food and Drug Administration (FDA) is working to gradually reduce the amount of sodium added to foods. The FDA has released a draft guidance for industry that would set voluntary goals for reducing sodium levels in processed and prepared foods. The

targets focus on the sodium added to your foods by manufacturers and restaurants before you eat them—not on the salt you add on your own either when cooking or at the table.

The goal is to help consumers gradually reduce their daily sodium intake to 2,300 milligrams (mg) per day. That's about roughly one teaspoon of salt, the daily consumption amount recommended in federal dietary guidelines. Today, Americans consume an average 3,400 mg per day—almost 50% more than is generally recommended. Processed or prepared foods that are high in sodium include pizza, sandwiches, deli meats, pasta dishes, snacks, salad dressings, soups, and cheese. But don't rely on your taste buds, alone. Foods high in sodium don't always taste salty. While pickles quickly give themselves away, sweet-tasting cereals and pastries also have sodium. In addition, while one serving of a food, like a slice of bread, may not have a lot of sodium, if you eat it several times a day it can add up—and you may be consuming more sodium than you realize. That's putting your health at risk.

The words “sodium” and “salt” are often used interchangeably, but there's a difference. The salt you sprinkle onto your meal or add while cooking is a crystal-like compound (40% sodium and 60% chloride); sodium, a mineral, is one of the elements found in salt. Salt is how sodium is most often consumed. Between personal use and the salt added to processed and prepared foods, at least 95% of the sodium in your diet comes in the form of salt. Sodium (which the body needs a certain amount of to function properly) occurs naturally in many foods, including celery, beets and milk. And as a food ingredient, sodium — whether from salt or other sodium-containing ingredients — has many uses, such as thickening, enhancing flavor, and preserving foods.

The problem: too much sodium in the diet can lead to high blood pressure, a leading cause of heart disease and stroke. Reducing sodium in foods could prevent hundreds of thousands of premature deaths and illnesses over a decade.

According to the Centers for Disease Control and Prevention, the numbers paint a sobering picture.

- 90% of American adults eat more sodium than is recommended.
- Children and adolescents are eating too much sodium too, ranging from 2,900 mg per day for kids 6 to 10 years old, to 3,700 mg for teens age 14 to 18.
 - The recommended upper limits for sodium consumption for children under 14 are lower than the 2,300 mg limit recommended for older teens and adults. The recommended upper limits for children are 2,200 mg per day for ages 9 to 13; 1,900 mg for ages 4 to 8; and 1,500 mg for ages 1 to 3.
 - There's evidence that children who eat higher sodium foods carry that pattern into adulthood.
- One in three Americans has high blood pressure, and in African Americans, that number increases to almost half.

The FDA is taking an approach to adjusting sodium levels that builds on progress already made by the food and restaurant industry. They have published short-term targets to reduce sodium intake from 3,400 to 3,000 mg per day. The long-term draft targets aim to further reduce daily sodium intake to 2,300 mg per day. People generally do not notice small reductions (about 10 to 15%) in sodium and, over time, taste buds get used to larger changes, especially if they are made incrementally. So the FDA's approach allows consumers to gradually become accustomed to the taste of foods that have less sodium. The reductions also apply to restaurants. The U.S. Department of Agriculture's Economic Research Service, almost half of every food dollar is spent on food consumed outside the home. The FDA estimates that the reductions could yield annual

benefits of \$70 billion a year or more in improved health and longevity, as well as in reduced or delayed medical expenses.

You can weigh in! The FDA is seeking public comments before finalizing the targets. Consumers have until August 31, 2016 to comment on issues 1 through 4 listed in section IV of the draft guidance and until October 31, 2016 for comment on issues 5 through 8 (<https://www.federalregister.gov/articles/2016/06/02/2016-12950/voluntary-sodium-reduction-goals-target-mean-and-upper-bound-concentrations-for-sodium-in>).

For more info:

http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm327369.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

ASTRONAUT FOOD

What did the Incas and NASA have in common?

They both faced the problem of long journeys through harsh, forbidding territory. And remarkably, centuries before NASA's quest for ways to feed astronauts in space, the Incas had already found the answer.

Their empire ran up and down the spine of the Andes, with a network of roads, terraced farms and breathtaking mountaintop outposts stretching the same distance as Stockholm to Cairo. They needed nourishing foods that traveled well and could be stored in bulk for a long time. They used chuño!

Chuño (pronounced CHOON-yoh) is essentially freeze-dried potatoes, developed by a culture that had none of today's food-processing technology. Villagers in the altiplano, the high tablelands of Bolivia and Peru, still make it the way the Incas did, using the warm days and frosty nights of June to repeatedly freeze and thaw the potatoes, and stomping them with their bare feet to remove the skins and liquids. Chuño can be stored and eaten for a decade after it has shrunken and dried.

Chuño, largely unknown outside the Andes, takes a little getting used to. Newcomers who try it often remark that it tastes nothing like a potato, likening its, um, unusual flavor to Styrofoam or chalk. What about the smell? Chuño's aroma has been compared to dirty socks. It does win some style points for its earthy appearance, akin to truffles.

The descendants of the Incas still prize chuño, which is often served spiced with ají, an Andean chile. When money runs short to buy canned foods, or there are no llamas available to turn into jerky, or the harvest from their farms and gardens disappoints, Andean families can always rely on chuño.

For the full article: <http://www.nytimes.com/2016/08/11/world/what-in-the-world/andes-incas-chuno.html? r=0>

Indoor Plants Offset Air Pollution

In addition to having cancer-causing formaldehyde and other volatile organic compounds (VOCs) emissions from building materials, paint, carpets, modern furniture that has glue (veneers, composites), vinyl, dry-cleaned clothing, cleaning supplies, automobile fuel seeping in from the garage, printer ink, perfumes, cosmetics, nail polish, acetone, room fresheners and all of the things that are supposed to make our pursuit of happiness easier. The Environmental Protection Agency (EPA) says that concentrations of VOCs are typically two to five times higher indoors than outdoors! In large enough doses, many of them can cause nausea, headaches, dizziness, skin problems, breathing problems and memory impairment. Low doses of exposure to some VOCs over long periods of time have been shown to cause liver and nervous system damage and perhaps even cancer.

The recommended maximum doses for each type of VOC varies, and more research needs to be done. But there is substantial research already on the effects of working in nail salons — the Occupational Safety and Health Administration (OSHA) website includes a laundry list of possible health problems associated with salon work: <https://www.osha.gov/SLTC/nailsalons/chemicalhazards.html>

So, what to do beside air out our houses every day and use an air purifier indoors?

A researcher at the University of Rochester looked at potted plants to save us from our indoor pollution! According to this research, common house plants are effective at removing VOCs from the air. In 12 hours, an unassuming bromeliad (a tropical plant with long, swordlike leaves and spiky red flowers) removed at least 80% of six different compounds from the air inside a sealed 76-liter container (roughly the size of a sedan's gas tank). A dracaena, with its long, strap-like leaves, was exceptionally good at gobbling up acetone — it removed 94 percent of the gas from the air. Spider plants were lightning fast — the minute one was placed inside the container, the concentration of VOCs immediately began to go down.

Okay, so the experiment isn't exactly the same as protecting ourselves from all of the air in our homes, but plants can do some good for the air we breathe and also can beautify our surroundings. As the researchers noted, "Each of us breathes over 3,000 gallons of air each day, and even though you could go days without food and hours without water, you would last only a few minutes without air."

For the full article: <https://www.washingtonpost.com/news/speaking-of-science/wp/2016/08/24/a-surprising-simple-solution-to-bad-indoor-air-quality-potted-plants/>

Social Security's Security

In compliance with a Presidential executive order to improve the security of consumer financial transactions and protect the public's personal information, the Social Security Administration (SSA) started requiring on July 30th that all beneficiaries signing into their accounts on the SSA website have a "multifactor authentication." In addition to the security questions, having to change your password every 6 months, etc., beneficiaries were to be sent a one-time code sent via text message to their cell phones that they would have to enter in order to log in. That deadline has been pushed back, but it is still a good idea to add security to your SSA online information. To do this, go to www.socialsecurity.gov/myaccount. If you don't have a log-in, it is recommended that you

create an account. SSA is moving towards a paperless system, and your employment records, credits earned, etc. will be available online.

Other service providers (health insurance, prescription drug companies) are using this same system. If you don't have a cell phone that accepts text messages, this is a good reason to get one!

For more info: call SSA at 1-800-772-1213. They can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. Generally, you'll have a shorter wait time if you call during the week after Tuesday. For the hearing impaired, call the TTY number, 1-800-325-0778.

Best Bug Sprays Against Zika

No matter what your age or gender, don't risk getting a mosquito bite! In addition to wearing long-sleeved pants and shirts when outdoors, using an insect repellent is one of the best ways you can protect yourself from Zika and other diseases transmitted by mosquitoes.

Consumer Reports' tests found that "some repellents worked much better than others at protecting against the type of mosquitoes that transmit Zika.

1. What NOT to use

Consumer Reports recommends skipping products made with natural plant oils. Here's why: None lasted for more than 1 hour against *Aedes* mosquitoes, and some failed almost immediately. In addition, those products are not registered by the Environmental Protection Agency, which regulates skin-applied repellents and evaluates them for safety and effectiveness.

2. Use the right repellent

According to the EPA, women who are pregnant or breast feeding can safely use deet, picaridin, lemon eucalyptus, and IR3535 if they are applied properly.

Repellents with 30% deet provide the same protection against mosquitoes as higher percentages for up to 8 hours. But do not use these products on infants younger than two months.

Here are the products recommended by Consumer Reports:

- Sawyer Fisherman's Formula Picaridin
- Repel Lemon Eucalyptus
- Repel Scented Family
- Natrapel 8 Hour
- Off! Deepwoods VIII

See the full list of repellent products tested by going to the Consumer Reports website and clicking on the link to see the products that don't work and those that do: <http://www.clark.com/zika-virus-how-to-protect-with-best-repellents> -

3. Know how to apply repellent

Here are tips from the EPA on how to use insect repellent effectively:

- Apply repellents only to exposed skin or clothing—never put it on under clothing. Use just enough to cover and only for as long as needed; heavy doses don't work better.
- Don't apply mosquito repellents over cuts, wounds, or irritated skin or immediately after shaving.
- When applying to your face, spray first on your hands, then rub in, avoiding your eyes and mouth, and using sparingly around ears.
- Don't let young children apply. Instead, put it on your own hands, then rub it on. Limit use on children's hands, because they often put their hands in their eyes and mouths.
- Don't use near food, and wash hands after application and before eating or drinking.
- At the end of the day, wash treated skin with soap and water, and wash treated clothing in a separate wash before wearing again.

I also highly recommend buying a mosquito trap that attaches to a propane tank. It clears an acre around the equipment and worked very well when I lived in Miami.

MEDICARE UPDATE

When the MOON Hits Your Eye...

Thinking of going to the emergency room or urgent care clinic? You will be reminded that you are an out-patient, and not an in-patient thanks to a new form that you will be required to fill out when you check in. If you can't read it because you don't have your glasses or can't focus, here is a summary of what the form says.

Effective August 6, 2016, all hospitals and critical access hospitals in the U.S. must issue a standardized Medicare Outpatient Observation Notice (MOON) under certain circumstances. The MOON notice was developed to inform beneficiaries (including Medicare health plan enrollees) that they are an outpatient receiving observation services and are not an inpatient. The notice must:

- Provide written and oral notice within 36 hours to patients who are in observation or other outpatient status for more than 24 hours
- Must explain the reason the person is an outpatient and the implications of that status on cost-sharing and eligibility for skilled nursing facility (SNF) care
- Requires a patient or caregiver signature
- Explain that Centers for Medicare and Medicaid Services (CMS) offers no appeal rights

The MOON is mandated by the federal Notice of Observation Treatment and Implication for Care Eligibility Act

(NOTICE Act), passed in August of last year.

Below is a copy of the MOON notice so you know what you are signing -- especially if you arrive at the ER without all of your wits about you:

Department of Health & Human Services Centers for Medicare & Medicaid Services OMB Approval No. xxxx-xxxx

Patient Name: Patient ID: Physician: Date: Time:

Medicare Outpatient Observation Notice (MOON)

On *[Date]* at *[Time]*, you began receiving observation services at *[Hospital Name_____]*. You're a hospital outpatient receiving observation services, also called an observation stay. You are not an inpatient.

Observation services:

- _Are given to help your doctor decide if you need to be admitted as an inpatient or discharged;
- _Are given in the emergency department or another area of the hospital; and
- _Usually last 48 hours or less.

How being an outpatient affects what you may have to pay: Being a hospital outpatient affects the amount you may have to pay for your time in the hospital and may affect coverage of services after you leave the hospital.

Medicare Part B covers outpatient hospital services, including observation services when they are medically necessary. Generally, if you have Medicare Part B, you may pay:

- _A copayment for each individual outpatient hospital service that you get; and
- _20 percent of Medicare-approved amount for most doctor services, after the Part B deductible.

Part B copayments may vary by type of service. In most cases, your copayment for a single outpatient hospital service won't be more than your inpatient hospital deductible. However, your total copayment for all outpatient services may be more than the inpatient hospital deductible.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage are determined by your plan. Check with your plan about coverage for outpatient observation services.

If you are a Qualified Medicare Beneficiary through your state Medicaid program you cannot be billed for Part A or Part B deductibles, coinsurances, and copayments.

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs," given to you by the hospital in an outpatient setting (like an emergency department) aren't covered by Part B. "Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow patients to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs in certain circumstances. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, if inpatient hospital services become necessary for you and the hospital admits you as an inpatient based on a doctor's order, generally Medicare Part A will cover inpatient services. Generally, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital. Medicare Part B covers most of your doctor services when you're an inpatient. You may have to pay 20 percent of the Medicare-approved amount for doctor services after paying the Part B deductible.

Patient Name: Patient ID:

How observation services may affect coverage and payment of your care after you leave the hospital:

If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you have a prior qualifying inpatient hospital stay. A qualifying inpatient hospital stay means you've been a hospital inpatient (you're admitted to the hospital as an inpatient after your doctor writes an inpatient admission order) for a medically necessary stay of at least 3 days in a row (not counting your discharge day) within a short time before you enter a SNF.

If you have a Medicaid, Medicare Advantage or other health plan, Medicaid or the plan may have different rules about qualifying for SNF services after you leave the hospital. Check with Medicaid or your plan.

Additional Information:

If you have any questions about your observation services, please ask the hospital staff member providing this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department. In addition, you can call 1-800-MEDICARE(1-800- 633-4227), or TTY: 1-877-486-2048.

If you have a complaint about the quality of care you're getting during your outpatient stay, you may contact the Quality Improvement Organization (QIO) for this hospital.

QIO Name: QIO phone number:

If you have a Medicare Advantage or other health plan, you can make your complaint about quality of care by filing a grievance with your plan. Review your plan materials or contact your plan for information on how to file a grievance. You can also make a complaint about quality of care to the QIO listed above.

Please sign and date here to show you _____ Date/Time

received this notice and understand what it

says. Signature of Patient or Representative

Long-Term Care Insurance

I thought I was so smart back in 2002, when I signed up for the very first Long-Term Care Insurance (LTC) policy offered to me by the Federal Government as one of the few benefits we were given under the new system for Federal employees hired after 1989. In lieu of the former big pension and the salary we would command in the private sector, we were given a 401K (retirement investment account), a group life insurance policy, and this LTC group policy. By signing up when I was 'way younger, I got a LTC policy with benefits that are not even offered any more: daily benefit of \$150 payable to any caregiver (even children) anywhere in the world, with 5% automatic compound interest to protect against inflation, and a really low monthly premium locked in -- supposedly subject to premium increases capped at 25% when the contract was re-negotiated between the Federal Office of Management and Budget (OMB) and the private insurance company.

Signing up in 2002, the premium was around \$150/month. In 2009, at the renegotiation, it was raised to \$289. Now, in 2016, the contract was breached. The company (John Hancock) notified all of us suckers that the premium has gone up 250%. I feel like an idiot both for having thrown money at this for 15 years and for being given an ultimatum to make a choice by August 31st to either reduce my daily benefits, drop the inflation protection, etc., or pay, pay, pay.

The problem is that there is no guarantee that John Hancock won't keep increasing the premium another 250% -- or more -- every 9 years until I drop dead.

So that is the conundrum: either bet against your own health and longevity and pay through the nose for a LTC policy, or drop the policy and benefits and possibly bankrupt yourself and your children if you get sick and need LTC.

Since the Federal Office of Management and Budget endorses the policy for all Federal workers, I have urged a Federal-employee class action lawsuit for breach of contract, fraud, mismanagement, and elder abuse. I am not expecting much...

Paraprosookians

So, we all need to laugh at whatever we are being dealt in life! Thanks to my dear friend Kerry for sending me a list of "Paraprosookians" -- figures of speech in which the latter part of a sentence or phrase is surprising or unexpected.

Possibly some of the more famous paraprosookians are by Winston Churchill:

- "There but for the grace of God — goes God."
- "Clemente Attlee is a modest man, who has much to be modest about."
- "My dear, you are ugly, but tomorrow I shall be sober and you will still be ugly."

Here are some more:

- Where there's a will, I want to be in it.
- The last thing I want to do is hurt you. But it's still on my list.
- Since light travels faster than sound, some people appear bright until you hear them speak.
- If I agreed with you, we'd both be wrong.
- We never really grow up, we only learn how to act in public.
- War does not determine who is right - only who is left.
- Knowledge is knowing a tomato is a fruit. Wisdom is not putting it in a fruit salad.
- To steal ideas from one person is plagiarism. To steal from many is research.
- I didn't say it was your fault, I said I was blaming you.
- In filling out an application, where it says, 'In case of emergency, Notify: I put 'DOCTOR'.
- Women will never be equal to men until they can walk down the street with a bald head and a beer gut, and still think they are sexy.
- You do not need a parachute to skydive. You only need a parachute to skydive twice.
- I used to be indecisive. Now I'm not so sure.
- To be sure of hitting the target, shoot first and call whatever you hit the target.
- Going to church doesn't make you a Christian any more than standing in a garage makes you a car.
- You're never too old to learn something stupid.
- Do not argue with an idiot. He will drag you down to his level and beat you with experience.
- The Evening news is where they begin with 'Good Evening,' and then proceed to tell you why it isn't.

- A bus station is where a bus stops. A train station is where a train stops. On my desk, I have a work station.
- I thought I wanted a career. Turns out I just wanted paychecks.
- Behind every successful man is his woman. Behind the fall of a successful man is usually another woman.
- A clear conscience is the sign of a fuzzy memory.
- Money can't buy happiness, but it sure makes misery easier to live with.
- There's a fine line between cuddling and holding someone down so they can't get away.
- Nostalgia isn't what it used to be.
- Change is inevitable, except from a vending machine.

I looked up other Paraproskians, and found many others both from recent and ancient times:

- "If I could just say a few words... I'd be a better public speaker." —Homer Simpson
- "If I am reading this graph correctly—I'd be very surprised." —Stephen Colbert
- "On his feet he wore...blisters." —Aristotle
- "I've had a perfectly wonderful evening, but this wasn't it." —Groucho Marx
- "I haven't slept for ten days, because that would be too long." —Mitch Hedberg
- "I sleep eight hours a day and at least ten at night." —Bill Hicks
- "I don't belong to an organized political party. I'm a Democrat." —Will Rogers

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