

Vintage Times

2016/2017

The Association of Retired Americans

Looking Ahead...

People Who Care
Caring For You!

Already Retired... or Making Plans?

- Estate Planning
- Final Expenses
- Passing on Your Assets

Affordable Care Act – 2017

- How It's Changing
Insurance

Medicare Changes for 2017

Your ARA Benefits – Summary Guide



If You Travel, You Need
Emergency Assistance Plus

NEW SPECIAL OFFER
for ARA Members!



Looking to Your Future

Dear ARA Members,

Whether you are already retired, or planning now for retirement, your future is a topic that is probably on your mind a great deal.

Since none of us know exactly what the future holds for us, we all need to plan for three events:

- **Life**—*and a long one at that!*
- **Death**—*it comes, whether soon, later, quickly or slowly.*
- **Disability**—*probably what you least want to consider.*

This type of planning may not be the way you prefer to spend a day or an afternoon, but you know what is worse? Not planning.

You have spent your life planning your days and weeks, months and years. You've looked out for your children, and you've organized your work and your home life.

Take the time you need to look ahead and plan ahead. It can make a big difference for your family—and for your own peace of mind.

This issue of your *Vintage Times* includes information and helpful tips on a number of retirement and estate planning methods you should consider.

When you look ahead to the future, your todays become even more precious and enjoyable!

One way to look ahead is with Emergency Assistance Plus (EA+). If you travel—in the U.S. or abroad—don't miss this Special Offer to ARA Members. EA+ will get you home and pay for many expenses that your health insurance won't cover. See page 31 for details.

Sincerely,

John K. Smith

President & CEO

The Association of Retired Americans (ARA)

Vintage Times 2016/2017

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ARA Membership Application is on Page 30.
Use it for yourself; give it to a friend, neighbor or family member!

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Estate Planning

Already retired? Planning for retirement? Your needs are the same, and there are a lot of retirement and estate planning vehicles that can help you.

At the ARA, we encourage you to enjoy your days and years ahead by planning for:

Life

We want to make the best of what we have. That means:

- **Budgeting.** Take a realistic look at what you have—or will have—for income. You may want to consult a financial planner.
- **Investing.** Now is not the time to take a lot of risk, but even if you are already retired, there may still be some investments or insurance/annuity plans that may put you in a better financial position.
- **Scheduling your retirement.** If you haven't yet retired, you can't start sooner than today to schedule when you will retire.
- **Planning travel.** Most of us want to see some sights or visit loved ones.
- **Enjoying your hobbies, volunteer work, family and friends.**

Death

Do you have everything in order?

- **Life Insurance/Final Expense Insurance.** Funeral costs and other final expenses can be costly. Planning now will make this time easier for your loved ones.
- **Will.** Assure that your wishes are carried out.
- **Living Will.** Be clear about the type of medical treatment you want.
- **Durable Power of Attorney.** Have someone ready to act on your behalf.
- **Health Care Surrogate.** Appoint the person you choose to make medical decisions if you are unable.

Disability

About 70 percent of individuals over age 65 will require at least some type of long-term care services during their lifetime. [longtermcare.gov/the-basics] That means you need to plan:

- **Home health care.** This is most people's preference. And there's insurance for that!
- **Nursing home/comprehensive care.** There's insurance for this, too. Purchase as soon as possible to get your best rates.
- **Local facilities/individuals that can help you.** Check insurance networks and investigate various types of providers.



Passing on Your Assets

Whether you have a large or small “estate,” you want to be able to pass on as much as possible to your loved ones. Here are some tips. THESE ARE GENERAL GUIDELINES ONLY; YOUR SPECIFIC SITUATION MAY BE DIFFERENT.

NOTE: The estate tax (sometimes called “death tax”) only applies to estates valued at more than \$5.45 million per individual. This is the amount for 2016, and it can change in future years. If you have an estate of this size, you should regularly consult with a financial planning and tax advisor. GOOD NEWS for most of us: our estates are not that large and will not trigger the estate tax.

Generally not taxable to your beneficiaries:

- **Cash, Bank Accounts.** There is no federal income tax on cash inheritances; however, interest or other income generated from inherited cash would be taxable.
- **Life Insurance.** No tax on lump sum distributions. If the death benefit is paid in installments, any interest earned is taxable.
- **Real Estate.** Only a gain on the market value at your death will be taxed. For example, if you have a house with a market value of \$500,000 at the time of your death, if your beneficiaries sell the house for \$500,000 or less, there will be no tax.
- **Investments.** These follow the same rule as real estate: only a gain based on the market value at death will be taxed.
- **Roth IRAs.** No tax because the contributions were made on an after-tax basis.
- **Personal Belongings.** Any major items should be included in your will. You also may want to talk with the executor of your will to provide any additional details of your wishes.

Only a few states (Iowa, Kentucky, Maryland, Nebraska, New Jersey, Pennsylvania and Tennessee) have some kind of inheritance tax. Refer to your state’s Department of Revenue to see what the requirements are for filing inheritance tax.

Taxable to your beneficiaries:

The taxes and distribution rules are different if the spouse is inheriting or if a non-spouse is inheriting. We are reflecting non-spouse guidelines here.

- **Tax-qualified Annuities, Traditional IRAs, 401(k)s, other retirement accounts.** Because these accounts were established with pre-tax contributions, they are taxable when inherited.
 - **Distribution rules.** The IRS has established certain distribution rules, so your beneficiaries should consult a tax advisor BEFORE taking distribution from any inherited retirement account. They may be able to spread out the distribution or roll over the account into an IRA in their own name. There are minimum annual distribution rules, so it is a good idea to inform your beneficiaries of these accounts and that they should check with a tax advisor.
 - **Non-qualified Annuities:** Earnings on these annuities are taxable, and certain distribution rules apply.

How your assets are passed on depends on how the assets are held (solely owned or joint ownership), if you have a surviving spouse and other factors. If you have a trust, your assets pass to the beneficiaries named in the trust.

You generally can avoid probate for your beneficiaries if you name specific beneficiaries and/or have a trust. Be sure you keep your account beneficiaries up-to-date and establish contingent beneficiaries, if you wish. You may want to split each account/asset evenly, or specify certain accounts/assets to go to certain individuals.

We are providing general information only; this is not legal advice. It is best to speak to an attorney about your overall estate planning goals.

⇒ The decisions are yours! But, we recommend that you also consult a licensed insurance agent to help you with details and determining some of the best solutions for your particular situation.

To locate a licensed insurance agent near you that can assist in many of these areas, call us at 800-806-6160.
Not affiliated with or endorsed by any government agency.

Annuities, Life Insurance & More...

Annuities

An annuity is a contract with an insurance company designed to accept and grow funds from an individual and then pay out a stream of payments to the individual at a later point in time, usually after retirement. Investment earnings in these accounts grow tax-deferred until withdrawal.

Types of annuities:

*Immediate. You begin withdrawals shortly after you deposit funds in the annuity.

*Deferred. You begin withdrawals at some future date in time.

*Accumulation for a set number of years (example: 10-year annuity). Annuity accumulates earnings during a set period of time. While you can make withdrawals, those withdrawals are limited or subject to an additional withdrawal penalty.

*Indexed Annuity. Your annuity fund is set to track with and guarantee earnings consistent with a specific stock or bond index.

*Medicaid-Compliant Annuity. *Although not available in all states*, a properly structured Medicaid-compliant annuity can help married couples that have unequal health positions: one healthy and one less healthy (typically in a nursing home). This structure shields the annuity income of the healthy spouse from the Medicaid qualification testing for the spouse that is in a nursing home. Both federal and state/local regulations need to be considered to determine if this type of annuity is available to you.

Life Insurance

Pays a defined death benefit to beneficiaries upon the death of the insured person. With some policies, part of the death benefit may be paid out to the owner of the policy if the insured is terminally ill.

Types of life insurance:

--Whole life: Guaranteed to remain in force for the insured's entire lifetime, provided required premiums are paid. Premiums are fixed, based on the age of issue, and usually do not increase with age. Policy develops cash value over time.

--Term life: Provides coverage for a set term, such as 10, 15 or 20 years. Coverage ends at the end of the term, unless extended, and the policy has no cash value.

--Final Expense: Generally for people age 65 and older, it is designed to help pay for funeral expenses or pay other debts.



Important Tips:

Don't let your life insurance lapse. It has value!

Certificates of Deposit: If you don't need these funds to live on, consider converting to a single premium life insurance policy. You may double the value through the death benefit.

Ask about your options! Talk with a licensed insurance agent for more details.

Long Term Care Insurance

This type of insurance can cover home care, assisted living, adult daycare, respite care, hospice care, nursing home and Alzheimer's facilities. It is important to purchase this insurance early because once a change of health occurs, you may not qualify or the cost will be much higher.

About 70 percent of individuals over age 65 will require at least some type of long-term care services during their lifetime. [longtermcare.gov/the-basics/] These services are generally not covered by health insurance or Medicare.

--Home Health Care: Care you receive in your home. This may be from nurses, therapists and others that provide services related to activities of daily living.

--Nursing home/comprehensive coverage: Coverage includes costs for nursing home care, both skilled care and custodial, as well as home care.

Be Sure You Have These Important Legal Documents

State laws vary concerning the appropriate documents to cover these situations, and you should be sure to have adequate advice on your own situation.

Will—To set out how you wish your assets to be distributed among family and friends after your departure. Your will can be as general or as specific as you want to make it.

Living Will—Your written expression of how you want to be treated in certain critical medical conditions, such as “life-sustaining treatment” for terminal illness or injury.

Durable Power of Attorney—Authorizes a person you name to act on your behalf in legal or business matters. The power can be limited or general, and, in some cases, it can include authorization on health care matters.

Health Care Surrogate—Appoint a person to make medical decisions in the event you are unable to express your preferences.

Do You Own a Life Insurance Policy?

If you are like most Americans, you've probably owned a life insurance policy at some point in your life. And like most others, you've probably lapsed a policy in the past. If you are over the age of 65 and still have life insurance in force, make sure you know your options before you lapse or surrender your coverage!

What you need to know...

Life insurance is a personal asset that can legally be sold for cash. If you or a loved one own a life insurance policy insuring someone over the age of 65, or someone who has a terminal illness, that policy may be worth significant value in a *regulated secondary market called life settlements*.

What is a Life Settlement?

A Life Settlement is a financial transaction that enables qualified life insurance policy owners to sell their policy to a state licensed financial institution for cash. The sale of a life insurance policy is similar to the sale of a home or car - all rights, title and beneficial interest in the policy are transferred to the buyer who then becomes responsible for all future premium payments and receives the death benefit at maturity. The price paid for the sale of a policy represents the net present value of the future death benefit, which is a discounted percentage based on the future premium expenses, health prognosis of the insured, as well as other risk factors.

These financial institutions act as buyers in a regulated secondary market that developed due to the limited options available to consumers when life insurance coverage is no longer needed or affordable. Life Settlements give policy owners a better choice when previously the only available options were to lapse, cancel or surrender a policy back to the life insurance carrier for a minimal cash value. Now, just like most other personal assets, life insurance policies can be sold for a fair market value.

The life settlement option allows policy owners to use the proceeds of the sale to help pay for medical bills, living expenses or anything else they choose.



Janet

Case Study

Janet's term policy was close to the conversion deadline but she couldn't afford the higher premiums & had no choice but to lapse the \$200,000 in coverage. Her life settlement paid off her mortgage and helped with her health care costs.

Life Settlement Payout
\$89,500



DON'T LET YOUR
POLICY
LAPSE

A life insurance policy
is a personal asset.
You can sell it
for a lump sum
cash settlement.

Are you eligible for a Life Settlement?

Eligibility requirements for a life settlement are based on two criteria:

1. Life Insurance Policy Considerations:

- The life insurance policy must have a face value of \$50,000 or more.
- The policy must be transferrable.
- All types of life insurance policies MAY qualify, if the sale is allowed by the life insurance carrier's original contract (contract language for group policies must be reviewed).
- Non-convertible term policies can be sold under limited circumstances; qualification will depend on the insured's life expectancy vs. the remaining premium schedule. If the premium schedule shows significant annual increases, the insured would likely need to be diagnosed with a terminal condition. NOTE: a term policy's conversion period is not synonymous with its fixed term period. Therefore, please review your policy or call the insurance carrier to confirm whether or not the policy is still within its conversion period.
- Joint Survivorship or 2nd to Die policies can be sold; both insureds must qualify based on their health status, and offers are based on the healthier of the two insureds.

2. Insured's Health Status:

In order to qualify, the insured must have a limited life expectancy, typically under 15 years:

- if the insured is under age 65, life threatening health conditions or a terminal diagnosis would be required;
- if the insured is age 65-74, serious health impairments would be needed in order to qualify;
- if the insured is age 75-79, chronic health conditions would likely be needed in order to qualify;
- if the insured is age 80+, qualification is likely but would depend on the future premium costs of the policy.

Is a Life Settlement the right choice for your family?

A life settlement is not for everyone. Before applying, ask yourself these important questions:

- Are you considering lapsing or surrendering your policy?
- Have the premiums become a financial burden?
- Has the insured's health declined since taking out the policy?
- Is your current level of coverage no longer needed?
- Are health care costs, insurance deductibles or living expenses causing a financial strain?
- Would a lump sum payout from a life settlement relieve financial stress on you and your family members?
- Do you need additional funding to supplement your retirement?
- Is the original purpose for taking out the policy no longer relevant?

If you answered Yes to any of these questions, a life settlement may be a valuable financial option for your family.

Paying for Final Expenses

It is not a subject that many of us want to think about or talk about, but it is inevitable. Final expenses after you are gone could be a burden on your family and loved ones during a period when they also will be dealing with grief and many other issues.

If you plan ahead, you can lessen that burden and provide peace of mind for your loved ones and yourself.

There are many things to consider:

- Final medical expenses
- Credit card balances
- Funeral costs
- Burial or cremation costs
- Legal costs
- Miscellaneous family expenses, such as travel to the services

For many, the cost of a funeral/memorial service and burial or cremation is the most urgent. Funeral homes want and expect their fees to be paid immediately or very soon after the service.

When you have a Final Expense Insurance policy, the funeral home has proof that they will be paid, and the process can be much smoother. Alternatively, if your family pays out of pocket, the insurance policy provides them reimbursement fairly quickly. Your loved ones won't have to wait for assets to be accessed or sold.

Costs of final services are often higher than we expect, especially if you or your family have specific wants and needs.

- National median cost of a funeral is about \$7,200, according to the National Funeral Directors Association.
- When all funeral-related costs are included, the typical traditional funeral service costs the average family closer to \$8,000-\$10,000, according to *parting.com*.

Here are some typical average costs, according to *parting.com*:

	Average Cost	Typical Services included in this cost
Funeral Home Costs	\$6,000	Casket; funeral director's fee; embalming and body preparation; funeral ceremony and viewing; transportation, death certificates and other miscellaneous costs
Burial—Cemetery Costs	\$2,000	Grave space and cost to dig grave
Headstone/Grave Marker	\$1,000-\$2,000	Headstone generally higher cost than grave marker





Cremation costs are typically less than traditional burials. The average cost of a direct cremation is \$1,100, according to cremationresource.org. If you also have a traditional funeral/memorial service, the funeral home costs would be similar to the above. If you do not have a viewing, the cost could be minus the casket and embalming.

Plan Your Own Memorial Services

Some people are giving their loved ones detailed instructions on the type of service they would like to have. You

can leave written instructions, an audio discussion or a video. Here are a few topics you may want to include:

- Funeral home/cremation service to use, if you have selected one
- Type of service, including music, flowers, readings, participants
- What to include in your obituary and/or funeral/memorial program
- Any charities you want to designate for donations in your memory

A Few Things to Consider in a Final Expense Insurance Policy

--**Amount of coverage.** If you do some calculations, you can determine the amount of death benefit your loved ones may need for your final expenses. You might even want to check with a few funeral homes in your area to get an idea on average costs.

--**Guaranteed issue or health questions.** Final Expense policies are either available to everyone, no matter what health conditions you may have OR they include a number of health questions to determine your risk and actuarially expected life expectancy. In general, policies that are “underwritten” and ask questions about your health have lower premiums than guaranteed issue policies.

--**Graded benefit.** Most graded benefit policies do not pay the full benefit during the first 2 years of the policy; they return premiums paid plus interest to the beneficiary. These policies are designed for people with serious health issues and, because they are guaranteed issue, they may cost more than policies that are underwritten based on answers to health questions. The advantage is that no one is denied this coverage, premium rates generally do not increase over time, and if you expect to live more than 2 years, these policies provide significant advantages.

We advise you to consult a qualified professional insurance agent to help you review these types of policies and help decide what may be right for you.

**For more information and to locate a licensed insurance agent near you, call 800-806-6160.
Not affiliated with or endorsed by any government agency.**

NEW Benefits for ARA Members



GOOD NEWS!

We have added some important new benefits for ARA members that can help you save money on medical and vision services.

BASIC PLAN – Additional Benefits for All ARA Members:

Doctor Visits—You will now have access to pre-negotiated discounted prices at over 410,000 physicians and 45,000 supplementary provider locations nationwide.

Members access these savings of up to 30% by calling the Concierge Center Monday through Friday, 8:00 A.M. to 6:00 P.M. (Eastern Time). *See new ARA Member Guide for more details.*

Medical Bill Help—A patient advocate can help you understand and negotiate your medical bills that are over \$500.

- This service finds errors on 80% of the bills reviewed, with an average savings of \$3,000.
- Medical bill review is free.
- Negotiation fee is only 30% of total savings.
- Risk-free savings: if you don't save money, there is no fee for the service.

ULTIMATE PLAN—Benefit Changes

VSP vision has been changed to: VSP Vision Savings Pass.

- Discount vision program through private-practice VSP doctors.
- Save 10-50%.
- One rate of \$50 for eye exams, with purchase of prescription glasses.
- 15% savings on contact lens exams.

12 **NOTE:** Pet Medications & Supplies have been removed from the ULTIMATE Plan.

Use Your ARA Benefits and NEVER PAY FULL PRICE AGAIN!!

For over 40 years, the Association of Retired Americans (ARA) has provided quality discounted benefits for members and their families.

In today's ever-changing healthcare marketplace, we are seeing greater savings and broader provider networks which, in turn, allow more flexibility and treatment options.

By using your ARA Member Benefits, you can save money each time you purchase one of the services.



DENTAL

Your ARA Dental plan is designed to save a minimum of 20% and up to 40% on ALL dental procedures. No waiting period. Nothing is excluded, including cosmetic dentistry, implants, veneers, etc. All specialties are covered and there is no maximum limit. You simply pay the **Pre-Negotiated Discounted Fee** at the time of service.

VISION

Savings of 10% to 50% on regular prices for eyeglasses, contacts, sunglasses, etc. You pay the **Pre-Negotiated Discounted Fee** at the time of service.

HEARING

Discounts of up to 50% on the latest technology. Free annual hearing consultations, and network of over 7,000 locations. Deluxe warranty plan and many other options.

PRESCRIPTIONS

Local and Mail Order pharmacy savings of up to 65% to 70%. Call us and we'll help you find the best deal on that expensive prescription.

LAB TESTS, X-RAYS and IMAGING

Your ARA membership will help you save up to 50% on blood tests and other lab testing with or without a physician's referral. Order tests online to save you both time and money. The Imaging benefit offers savings of up to 75% on MRIs, CTs, and Ultrasounds. These tests do require a doctor's referral.

24/7 DOCTOR

ARA members and their families have around the clock access to talk one-on-one with a physician. The doctors in this network are U.S.-based, licensed and board-certified. They can prescribe medications when appropriate.

TRAVEL & LEISURE

Savings with Worldwide Hotel and Rental Car networks and shopping discounts.

**Please call the ARA National Office with any questions or for help.
1-800-806-6160 M-F 8:00 A.M. - 4:00 P.M. (Eastern time).**

Intro to Your ARA Quick Guide



On the next four pages, we have included a Quick Guide to your ARA Membership Benefits.

The ARA has two membership plans to choose from:

- ARA Basic Plan
- ARA Ultimate Plan

Your Quick Guide provides a brief overview of the features of these plans. For more information, go to www.aracares.com, consult your ARA Member Guide or call ARA at:

1-800-806-6160

REMEMBER: If you are an ARA Basic member now, you can easily upgrade your membership to ARA Ultimate. You'll be able to enjoy even more great benefits and savings with ARA Expanded! Just call us at 1-800-806-6160.

People Who Care Caring For You!

Emergency Assistance Plus (EA+) – Special Offer to ARA Members

If you are sick or injured while traveling, Emergency Assistance Plus (EA+) will get you home! And EA+ provides more than 20 emergency benefits that you don't get with your health insurance or trip insurance.

Consider this example:

Paul and Nora set off on their "dream trip" – a 4,500 mile drive in their RV from their home in North Carolina cross-country to Alaska. After several weeks of leisurely driving, they arrived in Fairbanks, Alaska. Paul started having chest pains, so Nora took Paul to the hospital. The news was not good. The cardiologist told Paul he needed to fly home immediately for treatment – driving home could prove fatal. Paul's response was to hand his EA+ card to the doctor. EA+ immediately arranged flights for Paul and Nora to Atlanta, GA, and a hospital that could do the surgery. While this was going on, EA+ arranged for Paul and Nora's RV to be driven back to their home. Nora estimates that EA+ saved them upwards of \$5,000.00 for the tickets and the safe return of their RV.

**For less than 30 cents a day, you can have this same peace of mind.
And, for only about 5 cents more a day, you can include your immediate family.
This offer truly is too good to pass up. See page 31 for more details.**

ARA Membership Features QUICK GUIDE



NO AGE LIMITS!

Your Family Members Are Included
in Many Membership Features at No Extra Cost.

**Everyday
Savings on:**

- ✓ Health Care
- ✓ Travel
- ✓ Prescriptions
- ✓ Shopping

*ARA BASIC PLAN

*ARA ULTIMATE PLAN

People Who Care Caring For You • 800-806-6160

ARA BASIC Plan Includes:

HEALTHCARE SAVINGS

- **NEW! Doctor Visits**—Savings of up to 30%. Pre-negotiated discounted prices at over 410,000 physicians and 45,000 supplementary provider locations nationwide.
- **NEW! Medical Bill Help**—Patient advocate to help you understand and negotiate your medical bills over \$500.
 - Risk-free savings: Review of bill is free. If you don't save money, there is no fee for the negotiation.
- **24/7 Doctor**
 - Access a medical professional via telephone or video conference from anywhere, anytime.
 - No charge for consultation with nurse.
 - Doctor consult within one hour for \$65 (7 a.m. to 10 p.m. EST); physician can prescribe medication, if appropriate.
- **Vision Discounts**
 - Savings of 10% - 50% on eye exams & eyewear at over 11,000 major chain and independent locations.
 - LASIK Savings of 10% - 50% at LASIK locations worldwide.
- **Dental Discounts**
 - Savings of 20% - 40% typical at over 100,000 dental locations.
- **Hearing Aids**
 - Savings up to 50% on hearing aids, tinnitus treatment, and hearing protection products. 3,000 hearing locations nationwide.
 - Free annual hearing consultation.
 - Free one-year supply of batteries (40 cells per hearing aid purchased).
 - Free hearing test plus save 15% on hearing aids from participating Beltone providers nationwide.
- **Prescription Drug Discounts**
 - Local Pharmacy – Save up to 65% at more than 59,000 participating pharmacies nationwide (*including all major pharmacies*).
 - Mail-order – Savings up to 75%.
- **Diabetic Supplies**
 - Savings of 52% to 75% for ARA members and their families.
- **Lab Tests**
 - Savings up to 50% off usual charges for blood tests and other lab testing at participating certified labs.
- **Diagnostics/Imaging**
 - Savings up to 75% at over 3,500 accredited imaging facilities.
- **Pet Insurance** (*provided through Nationwide Pet Insurance*)
 - Discounts on a policy that covers accidents, emergencies, illness.

All of the above discounts (except Worldwide Mail-order Prescription Drugs and Pet Insurance) provided as part of your EBC eMembership.



Please Note: EBC Card partners are only responsible or liable for the service or materials they provide. This is NOT insurance, but does provide discounts at certain providers for health care services. The member must pay for all health care services but will receive a discount from those providers who have contracted with the program.



TRAVEL & LEISURE SAVINGS

- **Hotel Discounts**
 - ARA Worldwide Hotel Program - Average 10-20% savings.
 - Save up to 10% at Choice Hotels, with 5,800 locations worldwide.
- **Vacations and Tours**
 - Discounts on tours to all seven continents.
 - No Worries Travel Protection Plan
- **Car Rental Discounts**
 - Savings up to 25% at participating major car rental companies.



SHOPPING SAVINGS

- **Flower Discounts**
 - Save 15% on floral arrangements or non-floral gifts, including fresh flowers, plants, gourmet & specialty baskets, balloons, confectioneries, home & garden merchandise and much more.
- **Online Shopping—Cash Back**
 - Earn up to 30% cash back on your online purchases from more than 1,100 retailers.



Announcing Our Newest ARA Travel Benefit...



CAR RENTAL DISCOUNTS



Any car, anywhere, any time

www.ara-usa.org/new/travel.asp



ARA ULTIMATE includes ARA BASIC, PLUS:

- **LifeCard Plans Digital Vault**
 - Provide your entire family with secure digital storage of key information and documents through an online portal. Purchase one of 4 plans and save 20% off regular price.
- **Careington POS Dental Discount**
 - Save on most dental procedures at Careington’s large network with a focus on neighborhood dentists.
- **VSP Vision Savings Plan**
 - Discount vision program through private-practice VSP doctors.
 - Save 10-50%.
 - One rate of \$50 for eye exams, with purchase of prescription glasses.
 - 15% savings on contact lens exams.
- **Hearing**
 - Save on hearing aids; 40% discount on hearing exams and batteries. 2 years of free batteries; 1 year of follow-up care. Over 3,800 provider locations.
- **Podiatry Plan**
 - Save 50% on initial exam and 20% on fees for all other services and products at participating podiatric physicians.
- **Diabetic and Other Supplies**
 - Free blood glucose monitor upgrade
 - Save off retail prices: 20% to 30% on durable medical equipment; 20% to 40% on disposable medical supplies; 20% to 25% on nutritional supplements and daily living aids.
- **Vitamin & Nutritional Supplements**
 - Save 10% on all products.



If you have ARA BASIC and would like to upgrade to ARA ULTIMATE, call us today at 800-806-6160!

Disclosures:

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. **THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*** This plan is not a Qualified Health Plan under the Affordable Care Act. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at www.aracares.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Montana and Vermont. This plan is not currently available in Washington. *Medicare statement applies to MD residents when pharmacy discounts are part of plan.

Medicare Changes for 2017



Prescription Drug “donut hole” help – Gradual savings each year on out-of-pocket costs while in the “donut hole” coverage gap in Medicare Prescription Drug plans. The coverage gap is to be closed in 2020. In 2017, those who fall into the coverage gap:

- Will pay 40% on Part D-covered brand-name prescription drugs (45% in 2016) and
- Will pay 51% of the cost of generic drugs (7 percentage points less than in 2016)

Donut Hole Coverage Gap—In 2017, you will reach the donut hole gap later, and the gap will be a little narrower than in 2016.

	2016	2017
Initial Coverage Limit - Coverage Gap (Donut Hole) begins	\$3,310	\$3,700
Coverage Gap ends	\$4,850	\$4,950
<u>Width of Donut Hole Gap</u>	\$1,540	\$1,250

At the time this issue was printed, the Medicare deductibles for 2017 had not been announced. ARA encourages you to consult an independent licensed insurance agent to fill in these figures below and to assist you in selecting your Medicare plan for 2017.

MEDICARE DEDUCTIBLES	2016	2017
Part A Deductibles Per Benefit Period		
Days 1 - 60 of Hospital Stay	\$1,288	\$ <input type="text"/>
Days 61 - 90 of Hospital Stay	\$322 per day	\$ <input type="text"/> per day
Days 91 - 150 of Hospital Stay	\$644 per day	\$ <input type="text"/> per day
Skilled Nursing Facility Coinsurance (Days 21 - 100 Per Benefit Period)	\$161 per day	\$ <input type="text"/> per day
Part B Deductible Per Calendar Year	\$166	\$ <input type="text"/>

DATES TO REMEMBER:

Oct. 15, 2016 – Dec. 7, 2016 – Annual Enrollment Period for Medicare Advantage and Part D Prescription Drug plans to take effect January 1, 2017.

Jan. 1, 2017 – 2017 Coverage and Costs Begin. New coverage begins if you switched. New costs and coverage changes also begin if you stay with your current coverage.

Jan. 1 – Feb. 14, 2017 – Disenrollment Period if you are in a Medicare Advantage Plan. During this period, you can drop a Medicare Advantage plan and return to Original Medicare and enroll in a qualified Prescription Drug plan. If you do this, your new coverage will begin the first day of the month after the plan gets your enrollment form.

For more information and to locate a licensed insurance agent near you, call 800-806-6160.
Not affiliated with or endorsed by any government agency.

Part D – Prescription Drug Plans & The ‘Donut Hole’

- In 2017, the standard annual plan deductible for Part D Prescription Drug plans will increase to \$400, up \$40 from this year.

NOTE: Your deductible will be based on the Part D plan you select. Some Part D plans have lower or \$0 deductibles and co-pay amounts vary.

- **GOOD NEWS:** Beneficiaries will enter the “donut hole” a little later in 2017 than this year.
- The size of the donut hole will decrease by \$290 in 2017.

See page 19 for the beginning and ending points of the donut hole.

- Beneficiaries will pay less for brand-name AND generic drugs while in the donut hole in 2017. See table below.



For the future, the percentage you pay for brand-name and generics while in the donut hole will gradually be reduced every year until 2020, when you will pay 25% for both brand-name and generic drugs:

	You'll Pay this Percentage for Brand-name Drugs in the Coverage Gap	You'll Pay this Percentage for Generic Drugs in the Coverage Gap
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

REMEMBER: You need to enroll in a Part D plan when you first become eligible—to keep from paying a penalty later. Part D plans change every year and your needs also may change. The plan you have this year may not be the right plan for you for 2017.

You can check on Part D plans available in your area at: www.medicare.gov/find-a-plan/questions/home.aspx. Once you have reviewed those, ARA recommends that you discuss your needs with an insurance agent.

For more information and to locate a licensed insurance agent near you, call 800-806-6160.
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Medicare Supplement Plans



Medicare does not pay all your health care expenses. If you choose original Medicare, you also may choose an insurance plan to supplement Medicare (sometimes called “Medigap”) -- to save you thousands of dollars when you need medical care.

There are 10 standardized Medigap plans, named by letters of the alphabet: A through N. “Standardized” means that each insurance company that offers a Plan C or Plan F, for example, has to provide the same benefits for that plan as every other insurance company. **However, there are differences in cost and service.**

ARA recommends that you consult an independent insurance agent to assist you in selecting a plan that is right for your needs and your budget.

Economical Choices

There are additional options available to the budget-conscious: Medicare Advantage (*see pp. 22 & 23*) and Medicare SELECT.

MEDICARE SELECT is a plan that gives you all the benefits of a traditional Medicare Supplement but costs hundreds of dollars less.

- You have freedom of choice for doctors or specialists. If a hospitalization is planned, you may visit any of the hospitals that are affiliated with the Medicare Select plan you choose.
- Through this special hospital affiliation, your premium is lower and the Part A hospital deductible is waived in any affiliated hospital or for emergency care in any hospital in the country.
- If you buy a MEDICARE SELECT policy, you also have rights to change your mind within 12 months and switch to a standard Medigap policy, if you so choose.

CHOICES VARY BY STATE

Your plan choices vary by state and area. Plans that were available in 2016 may not be available for 2017, or there may be changes in certain features and benefits.

If you're in a Medicare plan, review the Evidence of Coverage (EOC) and Annual Notice of Change (ANOC) your plan sends you each year, usually in September. The EOC gives you details about what the plan covers, how much you pay, and more. The ANOC includes any changes in coverage, costs, or service area effective in January. If you don't receive an EOC or ANOC, contact your plan administrator.

For more information and to locate a licensed insurance agent near you, call 800-806-6160.
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Medicare Advantage – A Great Value.

Growing Numbers Choose These Plans



The number of Medicare beneficiaries choosing Medicare Advantage plans jumped again in 2016 to 17.6 million, from 16.8 million in 2015.

- 31% of the people on Medicare enrolled in Medicare Advantage plans.
- The number enrolled in Medicare Advantage plans has more than tripled since 2004.

Why is Medicare Advantage so popular?

- **MORE BENEFITS** – Many Medicare Advantage plans provide more benefits than the original Medicare plan.
- **LOWER COST** – When you choose one of these plans, you don't need a Medicare Supplement policy and, in most cases, Medicare Advantage will cost you less in premiums.
- **CARE MANAGEMENT** – These plans also can help you coordinate and manage your overall care. Certain Medicare Advantage plans include specialized care for people who need a large amount of health care services.
- **COMBINED WITH RX** – Some Medicare Advantage plans also cover prescription drugs, so you may not need a separate Part D Prescription Drug plan.

Medicare Advantage plans often have networks, and you must use the doctors or hospitals that belong to the plan. **Always be sure to ask if the doctor or facility you plan to use participates in your Medicare Advantage plan before you receive medical service.**

The Medicare Advantage plan you choose affects many things like cost, benefits, doctor choice, convenience and quality. That's why it is helpful to discuss your needs and budget with an independent insurance agent.

Qualifying for Medicare Advantage Plans is very easy. With most plans, the only requirement is that you are enrolled in Parts A and B of Medicare.

More Good News for Medicare Advantage Members

Research shows that Medicare Advantage plans have **significantly lower hospital readmission rates** than traditional Medicare. The government has raised concerns about hospital readmission rates, but most of those concerns have focused on traditional Medicare.

- A study published in the *American Journal of Managed Care* in 2012 reported that **Medicare Advantage readmission rates were 13% to 20% lower.**
- A study published in *Health Affairs* showed that people with diabetes in a Special Needs Plan had 7% more physician office visits, but **9% lower hospital admission rates, 19% fewer hospital days and 28% lower hospital readmission rates, compared to traditional Medicare.**

Your plan choices vary by state and area and may include:

- **Medicare Preferred Provider Organization (PPO)** – You are able to see any doctor or specialist you choose. If they are not in your PPO network, your cost will increase. You usually can see a specialist without a referral.
- **Medicare Health Maintenance Organization (HMO)** – You are able to visit doctors in the HMO network only. In most cases, you will be required to have a referral to visit a specialist.
- **Medicare Private Fee-for-Service (PFFS)** – You are able to see any doctor or specialist, but they must be willing to accept the PFFS's fees, terms and conditions. You do not have to have a referral to see a specialist.
- **Medicare Special Needs (SNP)** – Designed for people with certain chronic diseases or other special health needs. These plans must include Part A, Part B and Part D coverage.
- **Medicare Medical Savings Account (MSA)** – There are two parts to this plan:
 - (1) A high-deductible plan in which coverage won't begin until the annual deductible is met.
 - (2) A savings account plan where Medicare deposits money for you to use for health care costs.

**For more information and to locate a licensed insurance agent near you, call 800-806-6160.
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How the Affordable Care Act (ACA) Impacts You – If You Are Under 65



Although the ACA was passed back in 2010, there are many provisions that were staggered to become effective in later years—and government agencies have delayed or temporarily modified many provisions, to provide more time for employers and individuals to get used to the new rules and regulations.

In 2016, many aspects of the law were put into full force.

Full Implementation of the Employer Mandate

Employers were not fully under the “Employer Mandate” in 2015, but in 2016, all of the delays and modifications have gone away and employers with at least 50 full-time equivalent employees face monetary penalties if they do not offer health insurance to at least 95% of their full-time employees.

The penalties can be steep for employers, and they are expected to increase each year. For 2016:

- **“A” penalty is \$2,160/year times the number of all full-time employee minus 30** (for not offering medical coverage to at least 95 percent of full-time employees and their children *and at least one full-time employee receives a premium tax credit*).
- **“B” penalty is \$3,240/year for employers that DO offer medical coverage to at least 95% of their full-time employees and their children, if any employees receive a premium tax credit. The penalty is calculated for each full-time employee receiving a premium tax credit**, up to a maximum of the “A” penalty (\$2,160 times the number of all full-time employee minus 30). This penalty could be imposed if the employee was not offered “minimum value” coverage, it was not “affordable” or the employee was a full-time employee that was not offered coverage. (*“Minimum value” and “affordable” relate to specific ACA definitions for these terms, not an employee’s own judgment of the value or affordability of the insurance.*)

Increasing Premiums and Out-of-Pocket Costs

The Kaiser Family Foundation analysis of silver plans in major cities in 13 states showed the following average rate increases from 2015 to 2016:

- 4.1 percent – the second lowest cost silver plan before tax credits
- 1.9 percent – the second lowest cost silver after tax credits
- 5.1 percent – the lowest-cost silver plan before tax credits
- 2.9 percent – the lowest-cost silver plan after tax credits

For 2016, the maximum out-of-pocket expenses for deductibles, copays, and coinsurance for in-network coverage is \$6,850 for individual / \$13,700 for family coverage. This is an increase over the 2015 out-of-pocket maximums of \$6,600 for an individual and \$13,200 for family coverage.

Even Higher Premiums for 2017...

The predictions are that premium rates will sharply increase for 2017. If you've followed the news on insurance companies, you know that many of them lost money on Marketplace insurance plans during the past two years, and some insurance companies have pulled out of the market in certain states.

These factors have caused insurance companies to file for much higher premium rates for 2017. (At the time this magazine was printed, the actual premium rates had not been announced.)

Narrow Networks – To help keep premium costs affordable, many plans have moved to more limited networks of doctors and hospitals. If the medical providers you want to use are in the narrow network, that's great news because you will probably save money. However, if the providers you want to use are not in the network for the plan you are considering, you will need to change providers or find a plan that does include those providers.

If You Have Employer Coverage

- Be sure you know if at least one of the plans offered by your employer is “minimum value” and “affordable” to you, as defined by the ACA. You can find out more information about this from an insurance agent or at www.healthcare.gov.
- Check the cost to you and the cost for family coverage, if you need that. Some employers are pretty generous in their contributions for employee coverage but may pay little or nothing towards the family portion of the premium.
 - If you have to foot most or all of the premium for family coverage, you should look at what is available to you in the private market or on the Public Marketplace. Even if you aren't eligible for a tax subsidy, you may find less expensive plans that you wish to purchase, instead of the family plan through your employer.

If You Don't Have Employer Coverage, or You Are Not Working

You can search for coverage yourself, but the ARA recommends that you contact a professional insurance agent for more expert assistance. There are different types of plans available, and you may not find all of the possibilities available to you if you try to go it alone.

Enrollment for 2017

Open Enrollment for 2017 plans on the Public Marketplace is **Nov. 1, 2016 – Jan. 31, 2017**

NOTE: In most states, for coverage effective Jan. 1, 2017, you must enroll by Dec. 15, 2016.

Most insurance companies that offer individual health insurance use the same enrollment period.

If you experience certain qualifying life events, such as marriage or birth of a baby, you may be eligible for a Special Enrollment Period for a limited amount of time following the life event.

If you need assistance with your health insurance, ARA can help you locate a licensed insurance agent near you. Call us at 800-806-6160. Not affiliated with or endorsed by any government agency.

Under Age 65

Your Individual Mandate... and Increasing Penalty

The Individual Mandate officially began January 1, 2014.

This year and every year going forward, when you file your tax return, you need to show if you had Minimum Essential Coverage. Otherwise, you can be assessed a penalty.



What Is Minimum Essential Coverage?

Healthcare.gov defines Minimum Essential Coverage as including any of the following:

- Any Marketplace plan, or any individual insurance plan you already have
- Any employer plan (including COBRA), with or without “grandfathered” status. This includes retiree plans
- Medicare
- Medicaid
- CHIP, TRICARE, Veterans health care programs, VA Civilian Health and Medical Program
- Peace Corps Volunteer plans

Penalties Will Increase

For 2016, the penalty was \$695 per adult or 2.5% of family income over the tax threshold, whichever is greater.

The penalty will increase in 2017, with an adjustment for inflation. At the time this magazine was printed, the amount had not been announced by the government.

PENALTY			
YEAR	ADULT	CHILD	FAMILY MAX.
2016	\$695	\$347.50	\$2,085
(OR 2.5% of Family Income, whichever is Greater)			
2017 & Beyond	All penalty amounts are adjusted for inflation		



As you can see, depending on your income, the penalty can be significant.

REMEMBER...if you pay the penalty:

- That’s money out of your pocket.
- You still don’t have health insurance.
- You are still responsible for 100% of the cost of your medical care.

Marketplace-Exchange or Independent Agent?

The Health Insurance Marketplace (Exchange) is an online “store” for purchasing health insurance. Should you buy on the Marketplace or from an independent insurance agent? Here are some differences, to help you make your choice.

	Independent Agent	Marketplace
Choice of insurance plans	A wider choice of plans.	Some insurance companies have removed their insurance plans from the Marketplace for 2017 in some states. Other insurance companies have limited the number of plans they are offering.
Choice of doctors and hospitals	A wider choice of plans. Many plans outside of the Marketplace have a wider choice of doctors and hospitals.	Many plans are HMOs or PPOs with limited networks. You'll have fewer choices of medical providers, and if you go outside the plan's network, you'll pay more out-of-pocket. You may pay the entire cost if outside the network.
Insurance knowledge	Independent agents have years of training and experience. If you have relied on an agent in the past, you may be more comfortable with this choice.	The Marketplace has "navigators" to help answer some questions, but these people have limited training and do not have years of experience.
Ease of application	An independent agent will help you with the application. Particularly for people who do not feel "expert" on the computer, having an agent can put you at ease and help you make the right choices for you.	The application process is many pages online. There have been technical glitches in the past and there may be again. There may be portions that are confusing to you. The Marketplace "navigators" can help you, but their level of knowledge is unknown.
Ability to ask questions	With an independent agent, you will be able to ask as many questions as you want--before, during and after you select a plan and apply.	The "navigators" can help, but if you make more than one call, you may get a different person, with a different level of knowledge. Also, if you start over with another "navigator", you likely will need to explain again what your concerns and needs are.

**For more information and to locate a licensed insurance agent near you, call 800-806-6160.
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If You Are Over 65



Not that much has changed in health plans for those of us over age 65.

Most people enroll in Medicare to begin at age 65, unless they are continuing to work.

If you continue to work and your employer offers a health plan, you can continue with your employer health plan, if you choose.

- However, if your employer has fewer than 20 employees---your employer can require you to enroll in Medicare when you turn age 65.
- If you have been contributing to a Health Savings Account (HSA), no additional contributions to your HSA are allowed if you are enrolled in any part of Medicare.

TIP: If you have been contributing to an HSA, the maximum permissible HSA contribution in the year you turn 65 is based on the number of months you are an eligible individual (not enrolled in Medicare). Be sure you set this up correctly with your employer, so you do not have excess HSA contributions that can be subject to a tax and penalty.

REMINDER about Preventive Care Benefits

An important improvement that the ACA did bring was the requirement of coverage for certain preventive care services with no out-of-pocket expense to covered individuals.

You must have these services performed by providers designated by your health plan. See Special Notes on next page. For Medicare beneficiaries, there is no Part B deductible or copayment for the following, if certain coverage criteria apply:

Annual Wellness Visit

Tobacco Use Cessation Counseling

Bone mass measurement screening

Cervical cancer screening, including
Pap smear tests and pelvic exams

**Cholesterol and other cardiovascular
screenings**

Colorectal cancer screening*
(except for barium enemas)

Diabetes screening

**Flu shot, pneumonia shot, and the
hepatitis B shot**

HIV screening for people at increased
risk or who ask for the test

Mammograms

Medical nutrition therapy
to help people manage diabetes or
kidney disease

Prostate cancer screening
(except digital rectal examinations)

See the full list of preventive services at Medicare.gov.

SPECIAL NOTES:

- **Original Medicare:** Doctor or provider who accepts Medicare assignment.
- **Medicare Advantage Members:** In-network medical provider.
- **Employer Group Plans and Individual Health Plans:** Check with your insurance company to find out which ones apply to you, based on age.

**If a screening colonoscopy or screening flexible sigmoidoscopy results in biopsy or removal of a lesion or growth during the same visit, the procedure is considered diagnostic and you may have to pay coinsurance and/or a copayment, but the Part B deductible doesn't apply.*

Tips to Save You Money

When to Collect Social Security Benefits

The best time to collect your Social Security benefits depends on your situation. Here's an example that you may not have considered:

--For married couples, depending on your ages and which of you is the higher earner, it may pay for one of you to collect early. **EXAMPLE:** Wife retires early on a reduced benefit. Husband reaches his "normal retirement age" and files for spousal benefits on his wife's account. When he reaches age 70, he switches to his own, larger retirement amount.

Be sure to consider all your options when you are at or near the time for you or your spouse to be eligible for collecting Social Security. In many cases, your best options are dependent upon you reaching your "normal retirement age."

IRA Required Minimum Distributions

- Age 70 ½ is a magic number, if you have an Individual Retirement Account (IRA). That's the age when you must begin taking an annual distribution from your IRA.
- Fail to take the required withdrawal and the IRS can penalize you 50% of your minimum withdrawal,
- If you have a large IRA, you should seek guidance and consider moving some of your account during your 60s, so that your required distributions do not put you into a higher tax bracket later on.

You have to take your initial required distribution by April 1 of the year following the year you turn 70 ½. **EXAMPLE:** You turn 70 on June 15. You'll be 70 ½ at the end of the year. You can make your initial distribution at 70 ½ or by April 1 of the following year. After that, you must take at least your required distribution by December 31 of each year.

WE'LL GET YOU HOME

Any time you have an accident or sudden illness while traveling away from home, ARA Emergency Assistance Plus provides a crucial safety net that helps pay for emergency medical transportation expenses your health or travel insurance generally will NOT cover. EA+ steps in to provide Medical Evacuation, Medical Assistance, Travel Assistance, and Assistance for Companions.

EA+ is available to ARA members at a 55% discount off the broad market rate.








ANNUAL RATES:

Worldwide protection for you when you travel away from home	\$99
Protect you and your family (<i>that's only \$30 more!</i>)	\$129

For more information, visit: www.EmergencyAssistancePlus.com/ara

WHAT YOU GET WITH EA+*

EA+ provides more than 20 emergency medical assistance benefits while you're traveling away from home. Here are some of the great benefits members have access to.

-  **Medical Evacuation (by air and/or ground)** if needed to move you from a medical facility that can't treat you for your condition to the nearest appropriate medical facility that can.
-  **Transportation after Stabilization** will be arranged and paid for to help you return to your home or to a health care facility nearer to your home if medically necessary.
-  **Nurse Escort** provided if deemed medically necessary to help ensure you get proper medical care during your trip home.
-  **Repatriation Costs** paid to bring your remains home in case of death while traveling.
-  **Emergency Ground Ambulance Transportation** limited to up to \$200.00 if there is a balance remaining after review from your primary insurance carrier.
-  **Vehicle Return Costs** arranged and paid if you and your traveling companion cannot drive your vehicle back to your place of residence due to illness, injury or death.
-  **Return of Traveling Companion, Children or Grandchildren** will be arranged and paid in the event you are hospitalized, evacuated or pass away while away from home.

FAQs

- Q. What if I get hospitalized hundreds of miles from home and neither my traveling companion or I can drive my car or RV back?**
A. EA+ will arrange and pay for it to be driven to your home.
- Q. What if I'm hospitalized following an accident and due to medical necessity have to be transported to a different facility that may be miles away?**
A. EA+ will arrange and pay for the expenses necessary to get you to the closest appropriate medical facility for the help you need.
- Q. How is EA+ different from trip insurance?**
A. EA+ is not trip insurance. Unlike trip insurance, EA+ protects you for a full year on any trip you take away from home. EA+ also helps pay for expenses usually not covered by trip insurance.

**This information is only an outline of the plan's features. The full terms, benefits and conditions of the plan are shown in your Member Benefit Guide. Please read it carefully.*

Visit www.EmergencyAssistancePlus.com/ara

Or Call 1-844-292-4345



You Don't Need to be Retired to Join ARA

We have designed our membership plans for active Americans age 45 plus. Those under age 45 can also join as associate members, enjoying all the features of ARA except voting on Association issues or any specified age-restricted programs.

And, even if you belong to another senior organization, you should belong to ARA.

Our user-friendly approach gives you the personal service you need.

No complicated voice-recorded phone systems.

ARA has endorsed Insurance and Financial products of a number of insurance companies.

Call TODAY to join: 800-806-6160



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to Senior Americans**