

2017/2018

Vintage Times

The Association of Retired Americans

THE CHANGING FACE OF HEALTH INSURANCE

People Who Care
Caring For You!



- What Is To Be Decided In Washington, What It Means To You
- Medicare Changes For 2018
- Your ARA Benefits – Summary Savings Guide

ARA Member Offers - Special Pricing:

- Identity Guard (p. 24)
- Auto & Homeowners Insurance (p. 26)
- Emergency Assistance for Travel (p. 31)



Changes in Health Insurance

Dear ARA Members,

If you follow national news at all, you are well aware of the MANY ideas and plans to change health insurance rules and new types of

insurance products that have been suggested during 2017.

Beyond the political fighting and positioning for future elections, there are real-life issues that will affect many of our members and many other Americans.

As we print this issue of the *Vintage Times*, there are many details that are not yet hammered out. Before the annual enrollment for 2018 health plans that is to open November 1, 2017, there is still much time for changes in insurance policies and changes by insurance companies on what they may offer.

This issue of your *Vintage Times* includes information that is as up-to-date as we are able to provide when this issue is printed. Be aware that some of the details we discuss in this issue could change by the time the dust settles for health insurance for 2018.

Although we do not expect many changes to Medicare in this current round of Washington activity, we encourage you to follow the news closely over the next few months—no matter what your age or health insurance needs.

I also want you to know about the growing number of Special Offers for ARA members. That list now includes: Identity Guard, Auto & Homeowners Insurance, and Emergency Travel Assistance.

Sincerely,

John K. Smith

President & CEO

The Association of Retired Americans (ARA)

Vintage Times 2017/2018
The Association of Retired Americans

**6505 East 82nd St., Suite 130
Indianapolis, IN 46250-5507**

Vintage Times is published periodically for members of the Association of Retired Americans (ARA). Any inquiries or suggestions should be directed to John K. Smith, President of ARA, at 1-800-806-6160.

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www.ARAcares.com**



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The Changing Face of Health Insurance: What It Looks Like Now – from Washington



Confusion – that is the easiest way to explain what has been happening in Washington related to health insurance during the first half of 2017. The movement to repeal or make major changes to the Affordable Care Act (ACA) has had many twists and turns. As of August 2017:

- The House of Representatives had passed a bill.
- The Senate had not been able to agree and pass a bill.
- The President had issued executive orders and had said he will take other action that would significantly change health insurance in our nation.

At this point, there is no certainty that Congress will pass a health care bill this year. There may be a movement to simply fund and stabilize the individual health insurance market, and then deal with the rest next year.

The individual health insurance market (both the government exchange and off-exchange insurance available through insurance agents) is currently described as “unstable,” because premium rates are increasing rapidly and so are the out-of-pocket costs for consumers (deductibles and copayments).

This impacts our members who are not yet eligible for Medicare and who purchase individual health insurance.

- If the federal government continues to fund subsidies, including cost-sharing subsidies on the exchanges, then there is more certainty for insurance companies to price products.

Civics Reminder:

How the Process Works in Washington

- Either the Senate or House votes to approve (or pass) a bill.
- The other house of Congress must pass the same bill OR committees from both the House and Senate work together to reconcile differences of the bills and produce a new bill for both houses to consider.
- Once a bill is passed by BOTH houses of Congress, it goes to the President for signature or veto.
- If signed by the President, the bill becomes law. If vetoed by the President, Congress has an opportunity to override the veto with a two-thirds majority vote.

In the case of changes to the ACA passed in 2010, there are complex procedural rules on what requires a simple majority in the Senate and what requires a 60-vote majority. Many of these rules are related to whether the action changes the budget deficit/surplus.

- Without this continued government funding, insurance companies are expected to increase 2018 individual insurance premiums even more than originally planned. Some have estimated an additional 20% increase would be needed to cover funds that would not be received from the federal government.

One thing is clear: until the Senate passes a health care bill, we will not know what course will be taken. The expected scenario is: Senate passes a bill, House passes same bill (or the Senate and House compromise on a bill that is then passed by both houses), then the bill is signed by the President. That means the main components of a Senate bill are the most likely to be the basis for the final resolution.

Although we don't know what components may change, at this writing, here were a few of the main items that have been proposed in the Senate or by bipartisan Congressional groups. Some or all of these may make it to the final.

- Larger premium differential for older Americans not yet eligible for Medicare.
- Changes to the Essential Health Benefits on which ACA health insurance plans have been built.

- Elimination of the added Social Security tax that was implemented to extend Medicare trust fund.
- Cuts to Medicaid.
- Removal of Individual Mandate (or non-enforcement)
- Changing Employer Mandate to apply only to employers with 500 or more employees.
- Allowing states more flexibility to set up their own markets, using Medicaid and exchange funds.

To locate a licensed insurance agent near you that can assist you, call us at 800-806-6160.

Not affiliated with or endorsed by any government agency.

What the Actions in Washington May Mean for You

Whatever happens – or doesn't happen – in Washington for the remainder of 2017 may have an impact on your or your family's health insurance for the future.

Here's a little more detail on the proposed changes listed on the previous page and how they may impact those on Medicare and those not yet on Medicare.

For those on Medicare:

- **Elimination of the added Social Security tax that was implemented to extend Medicare trust fund.**

The ACA added an additional Medicare payroll tax for higher income earners – an additional 0.9 percent tax that began in 2013 on income over \$200,000 for an individual or \$250,000 for married filing jointly.

This added tax was designed to extend the Medicare trust fund solvency. Without this tax, it will be harder for Medicare to continue to pay for services in the future, and it may result in more out-of-pocket costs for Medicare beneficiaries.

- **Cuts to Medicaid.**

Some versions of the Senate bill proposed cuts to Medicaid of \$772 billion over a decade. That would mean that fewer people would get Medicaid in the future. Many nursing home residents rely on Medicaid for payment of their care, and this change could significantly impact many of them.

For those not yet on Medicare:

- **Larger premium differential for older Americans not yet eligible for Medicare.**

The ACA limited the difference in premium for older Americans to three times the cost for younger people. The Senate proposal would change that to five times the younger cost. This would impact you if you are purchasing individual insurance before you are eligible for Medicare.

- **Changes to the Essential Health Benefits on which ACA health insurance plans have been built.**

This proposed change may allow lower cost health insurance plans to be sold, but these lower cost plans may not cover all the medical services that are included in the ACA Essential Health Benefits, so you may have to pay more out-of-pocket, or purchase supplemental coverage.

- **Removal of Individual Mandate (or non-enforcement)**

If fewer healthy people purchase health insurance, because they are not “forced” to by the Individual Mandate, then premium costs will increase for those who do purchase insurance.

For those still working:

- **Changing Employer Mandate to apply only to employers with 500 or more employees.**

It is as yet uncertain whether many employers would stop offering health insurance if they were not subject to the Employer Mandate. Most people work for employers with fewer than 500 employees, so this change could have a significant impact, if employers choose to drop their coverage.

- **Allowing states more flexibility to set up their own markets, using Medicaid and exchange funds.**

This change may mean that employer coverage would not include all of the benefits that it now does, and that could mean higher out-of-pocket costs for you.

It's important to remember that the decision process was still ongoing at the time this magazine was published. There was much to be decided, and even after decisions are made, there will be much to be spelled out in detail.

Why You Still Need a Human Advisor/Agent

There is so much available online these days or through other advanced technology, it is easy to wonder why we still need humans to purchase anything.

It is certainly efficient and less expensive for financial companies and insurance companies to sell their products online or through “robo-advisors.”

However, insurance and financial products are not like clothes or housewares or music. They are complex and sometimes not that easy to understand. They also are not one-size-fits-all and not as easy to repack and return.

People still want to talk to people.

A Gallup poll showed that U.S. consumers preferred personal service from a live professional when they were seeking a financial solution.

Advisors and agents can build trust and long-lasting relationships with their clients. That's important when you are planning out your future and your insurance needs.

Advisors and agents also can provide clearer explanations of how things work. This is an education process that needs to be tailored to your level of understanding and that can continue throughout the application process and well beyond.

So, while technology is a tremendous help in searching and finding information, having that human connection can bring greater assurance and peace of mind that you are making the right purchase for your specific needs.



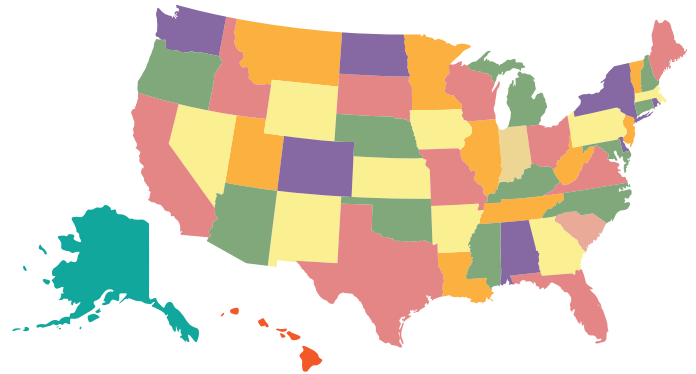
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that can assist you, call us at 800-806-6160.
*Not affiliated with or endorsed by any government agency.***

See How Your State Ranks on Health

The Top 5

The top 5 states for senior health are: Minnesota, Utah, Hawaii, Colorado and New Hampshire.

These findings are part of the 2017 America's Health Rankings Senior Report (produced by UnitedHealth Foundation). This report ranks each state based on 26 different measures of how health is determined and 8 measures of health outcomes.



MN



UT



CO



HI



NH

On the plus side, there were a number of overall improvements in health for seniors in general:

- Preventable hospitalizations were 7 percent lower than last year.
- Since the 2013 report:
 - Hospital readmissions dropped 7 percent to 14.8 percent of Medicare patients hospitalized.
 - Hospital deaths decreased 30 percent and the use of hospice care increased 42 percent.
 - ICU use during the last 6 months of life was down 9 percent.
 - Hospitalization for hip fracture decreased 21 percent.

The report also highlights the strengths and challenges for each state.

Minnesota's strengths:

- High percentage of volunteerism
- Low percentage of ICU use and low prevalence of frequent mental health distress

Utah's strengths:

- Low smoking prevalence
- High percentage of volunteerism

Hawaii's strengths:

- Low prevalence of obesity
- Low shortfall of geriatric physicians

Colorado's strengths:

- Low prevalence of obesity
- Low prevalence of physical inactivity

New Hampshire's strengths:

- High percentage of home-delivered meals
- Low percentage of seniors living in poverty

The Bottom 5

The 5 lowest ranked states in this analysis are all in the South: Mississippi (50th), Kentucky (49th), Oklahoma (48th), Louisiana (47th) and Arkansas (46th).



In general, the report showed a number of continuing and growing challenges for senior Americans:

- Premature death rate among seniors was higher in the past year.
- Obesity is a growing problem, reaching a five-year high in 2017. Over 27 percent of adults 65 and older were ranked as obese in 2017.
- Food insecurity (percentage facing the threat of hunger) increased to 15.8 percent of adults 60 and older.
- Community support funding for seniors living in poverty decreased 6 percent (public nutrition, transportation, and other social services).

Mississippi's challenges:

- Physical inactivity
- Seniors living in poverty

Kentucky's challenges:

- Physical inactivity
- High prevalence of smoking

Oklahoma's challenges:

- High prevalence of smoking
- High hip fracture hospitalization rate

Louisiana's challenges:

- Obesity
- Seniors living in poverty

Arkansas' challenges:

- Physical inactivity
- High prevalence of smoking

UnitedHealth Foundation uses data from many sources to compile and analyze this information, including the Centers for Disease Control and Prevention, American Medical Association, FBI, Dartmouth Atlas Project, U.S. Department of Education and the U.S. Census Bureau.

**If you'd like to read more about this analysis and findings,
go to: www.americashealthrankings.org.**

Tips on Using Your Health Insurance

There is a lot written about the high cost of health insurance. The current debates about health care and how the whole system should be set up can be very detailed and confusing.

So what is an individual supposed to do?

There are lots of ways that you can manage your health and health care to save money and keep yourself feeling better. Some of them are common sense and “what Mother always told me,” but they are useful reminders for all of us. And, they can help you lower your out-of-pocket costs.

Get Healthy/Stay Healthy

Wouldn't it be great if you only needed a doctor for an annual physical and you didn't need any health care the rest of the year?

That is not possible for most of us, but we can all strive to reduce our use of health care by staying as healthy as we can. That will cut down on our out-of-pocket costs for deductibles, copayments and services that aren't covered by our health insurance.

- **Eat right** – moderation and variety of types of foods and drink plenty of water.
- **Exercise** – daily, if possible, with a little extra push a few days of the week.
- **Get enough sleep** – How much? WebMD says, “It's not clear yet whether adults 65 years and older need seven to eight hours of sleep.” Sleep needs vary, but at any age, good sleep habits are important. WebMD says these include: sticking to a regular bedtime, having little or no caffeine, and sleeping in a cool, dark, comfortable room.
- **Get your preventive health screenings/annual physical** – Most health insurance plans cover these preventive checks, so don't miss them!

On this page, there isn't room to go into details on all of these, but there are many places you can find out more—and have fun exploring what works best for you. We are all different in how our bodies and minds work, so what is effective for your friend or neighbor might not be what works best for you.

“Shopping” for Doctors and Facilities

You should shop for medical providers in a number of ways:

- **In-network** – If your health insurance includes a medical provider network, try to use an in-network doctor or facility, to keep your costs down.
- **Price** – Even in-network doctors and facilities vary in cost, so don't think you are getting the best price just because you stay “in-network.” Ask about costs, especially for major procedures.
- **Type of facility** – Are you aware how much difference there is in cost between an Emergency Department at a hospital and a convenient care facility? It can be very large, and often you must pay a higher amount for the higher cost type of facility.



Here are some examples from a large national insurance company:

	Average Cost
Convenient care clinic	\$62
Urgent care center	\$152
Hospital emergency department	\$1,757

At the Doctor's Office

Ask questions – and get your questions ready ahead of time. Bring in a list of questions and jot down answers as you talk (or have a companion come with you to assist). If your doctor objects or seems irritated by this...it could be time to find a new doctor!

- Clearly explain any health problems you are having and when they occur.
- If tests are recommended, ask how they work, when the results will be available, how much it costs and if the test is absolutely necessary.
- Ask why the doctor thinks your problem is [fill in the blank].
- Ask if the doctor can provide you printed materials about your condition.
- Ask what other treatments there may be.
- Ask if there are easier/less expensive treatments you can try first.

If medication is being prescribed, ask: what side effects may be, what time should the medication be taken, should it be taken with or without food, are there any foods or drinks to avoid while taking the medicine.

Always ask about costs of tests and treatments. And ask how much your insurance will cover. The doctor may not be able to answer some of the cost questions, but should be able to direct you to someone who can.

At the Pharmacy

To select a pharmacy, have a copy of all the medications you currently take. Call or visit several pharmacies convenient to you, tell them what insurance you have and ask for your price or copay amount on each prescription. Then you can compare your costs.

Once you've selected a pharmacy:

- Try to get to know the pharmacist(s).
- Ask for a list of deep-discount generics that this pharmacy may offer. Get a new list each year. You can show the list to your doctor to help in deciding on your medication.
- Ask if there are coupons that could help you save on your medications.
- Ask if there are ways for you to save money. Sometimes your doctor has to mark the prescription to be able to fill it with a generic version. Sometimes you can save money by purchasing a higher dose tablet and cut the tablet in two (only works for tablets).

It is your decision on what to do about your health, but you need to have information in order to make decisions.

If you need health insurance or are considering changing your current insurance, we advise you to consult a qualified professional insurance agent.

To locate a licensed insurance agent near you, call 800-806-6160.
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BENEFIT UPDATES for ARA Members

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

Good News!

We've made some important updates for ARA members that can help you save money!

BASIC PLAN:

Hearing Benefit Changes – *Hear in America* is our new hearing care services provider. Since 1995, this organization has been helping group members who need hearing correction get the best value and follow-up care possible. **More than just discounts**; all of their operators have training in hearing science and hearing aids to better assist you. And ***your extended family is included***, also!

See page 16 of this issue of the *Vintage Times* for more details and your new ARA Member Guide for instructions on how to use your Hearing benefits.

ULTIMATE PLAN:

New Dental Benefit Fee Schedule – Your Careington POS Dental Discount has a new schedule of sample savings for you.

Description	*Regular Cost	**Plan Cost	Savings \$	Savings %
Adult Cleaning	\$126	\$64	\$62	49%
Child Cleaning	\$89	\$46	\$43	48%
Routine Checkup	\$73	\$33	\$40	55%
Four Bitewing X-rays	\$85	\$43	\$42	49%
Composite (White) Filling	\$201	\$103	\$98	49%
Crown (porcelain fused to noble metal)	\$1,424	\$795	\$629	44%
Complete Upper Denture	\$2,047	\$1,070	\$977	48%
Molar Root Canal	\$1,382	\$753	\$629	46%
Extraction-single tooth	\$240	\$109	\$131	55%

* Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2015 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. ** These fees represent the average of the assigned Careington (PDNP) fees in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. *Prices subject to change.*

IMPORTANT NEW OFFERS for ARA Members!

Special Pricing for you:

- Auto & Homeowners Insurance (See next page and page 26)
- Identity Guard (See next page and page 24)
- Emergency Assistance for Travel (See page 14 and page 31)

Use Your ARA Benefits and NEVER PAY FULL PRICE AGAIN!

By using your ARA Member Benefits, you can save money each time you purchase services for:

DENTAL

VISION

HEARING

PRESCRIPTIONS

LAB TESTS, X-RAYS and IMAGING

24/7 DOCTOR

TRAVEL & LEISURE

AND MORE!



NEW OFFER! Auto & Homeowners Insurance SAVINGS

As an ARA Member, you now have a great opportunity! You may be able to save hundreds of dollars by combining a variety of group discounts!

With just one phone call, see how you can start saving today, including:

- Multi-vehicle savings
- Credit for each year of claim-free driving (in states where available)
- Save up to 20% with a length of membership discount

See page 26 for more details.

Call 1-877-491-5089. Mention your discount code: D0H

NEW OFFER! Identity Guard – Special Discount for ARA Members

Get a 25% discount on this important protection. In today's world, you don't want to be without a way to protect your identity—and that of your children and grandchildren. See pages 24-25 for more details.

Call 1-800-452-2541.

Please call the ARA National Office with any questions or for help.
1-800-806-6160 M-F 8:00 am - 4:00 pm (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 your health insurance or travel insurance generally will not cover.

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 32 cents a day, you can have this same peace of mind.
And, for only about 8 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**

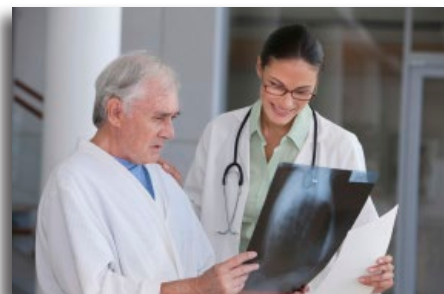
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ARA BASIC Plan Includes:

HEALTHCARE SAVINGS

- **Doctor Visits**—Savings of up to 30%. Pre-negotiated discounted prices at over 410,000 physicians and 45,000 supplementary provider locations nationwide.
- **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.
- **NEW! Hearing Savings**
 - Free annual hearing screening for you and your extended family
 - Up to 70% off manufacturers' suggested prices for full line of high-quality hearing aids
 - Three-year repair warranty with new purchases at no additional charge
 - Three-year clean and check service at no additional charge
 - Three years of batteries included with every hearing aid purchase
- **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.
 -



Collette Shows You the World

Collette has been showing the world to people just like you for nearly 100 years. As a third generation, family-owned company we believe that travel is an essential part of living a healthy and fulfilled life.

In addition to visiting iconic must-see sites around the globe, Collette's 160 tours take travelers off the beaten path to really get to know and appreciate each destination. A partnership between ARA and Collette opens up exclusive offers and member benefits to make your travel dreams come true!

With Collette's No Worries Travel Protection Plan, you can cancel for any reason and receive a full cash refund right up to the day before departure! The world is waiting for you to make your move.

Save up to \$500 per person.

Visit www.aracares.com for more information.

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.
 - One rate of \$50 for eye exams, with purchase of prescription glasses.
 - 15% savings on contact lens exams.
- **Hearing**
 - Hearing aid low price guarantee; 40% discount on hearing exams; 2 years of free batteries; 1 year of follow-up care. Over 3,800 provider locations.
- **Podiatry Plan**
 - 50% discount on provider’s fee for initial exam and 20% discount on provider’s normal fees for all other services and products at participating podiatric physicians.
- **Diabetic and Other Supplies**
 - 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!

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 plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.ara-usa.org. A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5, AR and TN residents will be refunded processing fee). Discount Plan Organization and administrator: **Careington International Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

This plan is not available in Vermont or Washington.

Medicare Changes for 2018



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 2018, those who fall into the coverage gap:

- Will pay 35% on Part D-covered brand-name prescription drugs (40% in 2017) and
- Will pay 44% of the cost of generic drugs (7 percentage points less than in 2017)

Donut Hole Coverage Gap—In 2018, you will reach the donut hole gap later, but the gap will be the same amount as in 2017.

	2017	2018
Initial Coverage Limit - Coverage Gap (Donut Hole) begins	\$3,700	\$3,750
Coverage Gap ends	\$4,950	\$5,000
<u>Width of Donut Hole Gap</u>	\$1,250	\$1,250

At the time this issue was printed, the Medicare deductibles for 2018 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 2018.

MEDICARE DEDUCTIBLES	2017	2018
Part A Deductibles Per Benefit Period		
Days 1 - 60 of Hospital Stay	\$1,316	\$ <input type="text"/>
Days 61 - 90 of Hospital Stay	\$329 per day	\$ <input type="text"/> per day
Days 91 - 150 of Hospital Stay	\$658 per day	\$ <input type="text"/> per day
Skilled Nursing Facility Coinsurance (Days 21 - 100 Per Benefit Period)	\$164.50 per day	\$ <input type="text"/> per day
Part B Deductible Per Calendar Year	\$183	\$ <input type="text"/>

DATES TO REMEMBER:

Oct. 15, 2017 – Dec. 7, 2017 – Annual Enrollment Period for Medicare Advantage and Part D Prescription Drug plans to take effect January 1, 2018.

Jan. 1, 2018 – 2018 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, 2018 – 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 2018, the standard annual plan deductible for Part D Prescription Drug plans will increase to \$405, up \$5 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 2018 than this year.
- The size of the donut hole will be the same as 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 2018. See table below.



Under the Affordable Care Act (ACA) passed in 2010, 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
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 2018.

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.
Not affiliated with or endorsed by any government agency.**

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 2017 may not be available for 2018, 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

One-Third of Medicare Enrollees Choose These Plans

The number of Medicare beneficiaries choosing Medicare Advantage plans jumped again in 2017 to 19 million, from 17.6 million in 2016.

- 33% of the people on Medicare enrolled in Medicare Advantage plans.
- The number enrolled in Medicare Advantage plans has increased 71% since 2010.
- Enrollment in Medicare Advantage is expected to continue to grow over the next 10 years, increasing to 41 percent of Medicare beneficiaries by 2027, according to the Congressional Budget Office.



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.

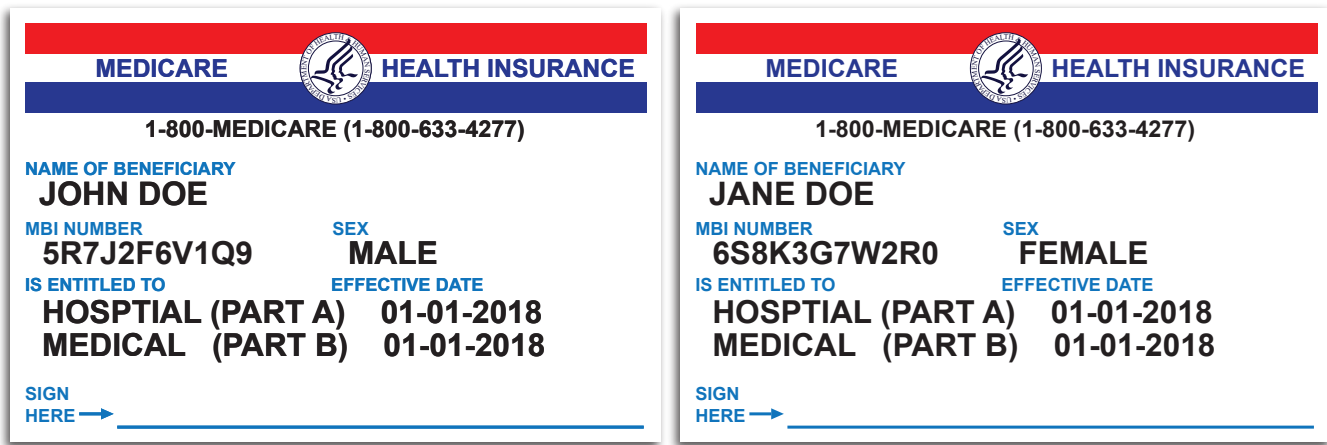
Your plan choices vary by state and area and may include:

- **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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New Medicare ID Cards in 2018



Beginning in April 2018, new Medicare cards—without Social Security numbers—will be sent to people on Medicare.

Congress set a deadline of April 2019 to replace all Medicare cards, so that a new identification number, a Medicare Beneficiary Identifier (MBI), will be used instead of your Social Security number.

Your MBI will be a unique, randomly assigned 11-character code that is a combination of letters and numbers.

Once you receive your new card, there will still be a transition period through the end of 2019, during which you can use either card when you receive medical care.

**Special Discount
for ARA Members!**

Identity Guard—Protecting You From ID Theft & Fraud



Approximately 15 million U.S. residents have their identities used fraudulently each year with financial losses upwards of \$50 billion.

In addition to the actual financial losses, identity theft can mean months or years of agonizing work to restore your identity, your credit and your good name.

And it's not just adults that are vulnerable. Your children and grandchildren also are at risk.

- Of the 25,000-30,000 fraud cases handled by the credit rating agency Experian each year, about 17% were targeted at children.
- Experian expects that 25% of children will experience ID fraud or theft before they turn 18.

That's why the ARA has searched for answer for our members. We've found a great partner in Identity Guard, and we're very pleased to have negotiated Special Pricing for ARA Members.

Services Provided by Identity Guard

There are 3 levels of protection offered by Identity Guard that can include:

- \$1 million identity theft insurance
- Victim recovery services
- "Black Market" monitoring
- Social Security monitoring
- PC keyboard encryption software
- Public record monitoring
- PC antivirus software
- Lost wallet protection
- 3-bureau credit monitoring
- Address change monitoring



For details on what each of the 3 plans provides, go to www.identityguard.com/ARA.

Why Identity Guard?

ARA investigated a number of identity protection services, and we found Identity Guard to be the most experienced, with proven and effective programs and excellent customer service. The preferred pricing for ARA members also makes this service more affordable than other national chains.

In addition:

- Real-time early warning alerts sent to customers within 30 seconds to 3 minutes.
- 47 million people have been protected by Identity Guard over past 20 years.
- U.S.-based specialized service.
- In 2016, Identity Guard averaged more than 4 fraud cases successfully resolved every day.
- Deep scans probe the darkest portions of the web, sourcing 250 billion public and proprietary records and 10,000 data sources.
- Identity Guard has a comprehensive system of privacy, compliance and oversight procedures within its operations.

Call center hours:

- M-F 8:00 am – 11:00 pm; Saturday 9:00 am – 6:00 pm (all times Eastern).
- After-hours line for victims of ID theft.
- Calls are returned within one hour.

ARA Member Pricing

Savings for ARA members in all three levels of coverage:

ESSENTIALS	GOLD	TOTAL PROTECTION
INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
ARA: \$7.50 Retail: \$9.99	ARA: \$12.00 Retail: \$17.99	ARA: \$16.00 Retail: \$19.99
INDIVIDUAL + SPOUSE	INDIVIDUAL + SPOUSE	INDIVIDUAL + SPOUSE
ARA: \$15.00 Retail: \$19.99	ARA: \$24.00 Retail: \$35.99	ARA: \$30.00 Retail: \$44.99
INDIVIDUAL + CHILDREN	INDIVIDUAL + CHILDREN	INDIVIDUAL + CHILDREN
ARA: \$11.25 Retail: \$19.99	ARA: \$15.75 Retail: \$27.99	ARA: \$20.00 Retail: \$29.99
FAMILY	FAMILY	FAMILY
ARA: \$18.75 Retail: \$29.99	ARA: \$27.75 Retail: \$45.99	ARA: \$35.00 Retail: \$49.99

Monthly payments made through debit or credit card.

How to Enroll in Identity Guard

To enroll – with a 25% discount as an ARA member:

- Go to www.identityguard.com/ARA
- Select your plan
- Complete the enrollment form

If you have questions, call 1-800-452-2541.

Drive your way to savings.



MetLife Auto & Home® is way out in front when it comes to saving money.

As a valued Association of Retired Americans member, we are pleased to announce that we have worked with MetLife Auto & Home, to help you save on your auto and home insurance.



You could receive hundreds of dollars¹ in savings combined with a variety of group discounts.

See how you can make the most of your membership with just one phone call:

- Qualify for a member discount.
- Save with automatic payment options.
- Take advantage of multi-vehicle savings when you insure more than one vehicle with us.
- Earn a credit for each year of claim-free driving.²
- Enjoy savings of up to 20% with a length of membership discount.

We make it easier by providing you with special savings and outstanding customer service. And since everyone's policies renew at different times during the year, you may apply for auto and home coverage at any time. See how simple it is to switch. To make the most accurate comparisons, please have your current policies with you when you call.

See how much you could start saving today!

Call 1-877-491-5089 and mention your discount code: D0H

¹ Savings are based on our 2017 countrywide research of new call center customers' annual average savings in 2016. Statistics do not reflect sales of the product sold on MetLife Auto & Home MyDirectSM.

² Not available in all states. In New York State, drivers must pay a state-required minimum deductible before using this benefit. Credit can be earned for up to 5 years. Depending on your policy form, the benefit could be up to \$250-\$500.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates, discounts, and policy features vary by state and product, and are available in most states to those who qualify. Met P&C[®], MetCasSM, and MetGenSM are licensed in the state of Minnesota.



Combining Annuity & Long Term Care Insurance

The majority of us will need some type of long term care during our lifetimes...and the costs for that care are increasing.

A combination annuity and long term care policy is a great way to fund long term care (LTC) insurance – with easier access for older individuals or individuals with health conditions.

Advantages of Annuity/LTC Combo

- Benefits can be paid for long term care or as regular annuity payouts. Unused portions of the annuity (minus any long term care payouts) can be passed on to your heirs.
- The long term care maximum benefit amount can be two to three times the annuity account value.
- Distributions that are used to pay for long term care expenses are tax-free. That is based on rules that went into effect in 2010.
- Because this is not a life insurance product, the health underwriting for life insurance is not a factor. Therefore, older people and people with health conditions may have a much easier time purchasing an annuity/LTC combination.



EXAMPLE* – Henry is 60. He purchases a \$50,000 annuity-LTC plan by making a tax-free transfer (1035 exchange) from another annuity he has. He selects a 200 percent LTC coverage maximum, a 5% inflation protection and a 6-year benefit period.

Premium: \$50,000 Initial LTC maximum benefit: \$100,000

If Henry makes no withdrawals over 20 years, at a 3.5% compound interest rate, minus administrative fees and with the inflation protection:

- **His LTC maximum benefit would increase to \$265,000.**

If Henry never needs long-term care:

- **His annuity can be redeemed for its accumulated value when it matures at 20 years, or it can be left to accumulate further interest and the LTC policy will remain in force.**

When Henry dies:

- **His heirs will inherit the greater of the accumulated annuity value, if there have been no withdrawals, or the single premium he initially paid minus the amount of LTC benefits paid.**

**Example is for illustration purposes only. Actual premium and benefit amounts and other factors are determined by the actual policy contract.*

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 1-800-806-6160.
Not affiliated with or endorsed by any government agency.

Combining Life Insurance & Long Term Care Insurance

Even though we think the need for long term care (LTC) will happen to “someone else, not me,” it’s important to plan for the long term care that most of us will need at some point in our lifetime.

- **About 70 percent of people over age 65 need some type of long term care during their lifetime.** (*National Institute on Aging*)

A life insurance/long term care insurance type of product is a great way to fund long term care insurance AND avoid the “use-it-or-lose-it” dilemma. The idea is that policy benefits will always be paid, in one form or another.



Advantages

- Benefits are paid for long term care or as a death benefit, or both.
- Many policies provide a minimum death benefit, even if the policy’s maximum benefit for long term care was reached.

How Does It Work?

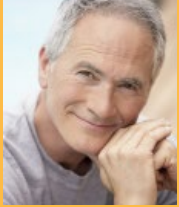
- LTC coverage is linked to a life insurance policy, so the policy can pay LTC benefits as well as a death benefit.
- Depending on the policy, premiums can be paid in one lump-sum or in regular annual or monthly premiums for a set period (such as 5 years or 10 years).
- LTC benefits may be paid through reimbursement of actual expenses or the benefit may be paid on a cash indemnity basis, in which a set monthly benefit is paid and can be used however needed based on the individual.

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.

EXAMPLE* – Don is age 60. He uses money in a CD to buy his life/LTC policy.

Premium: \$50,000 LTC maximum benefit: \$221,000

Minimum death benefit (even if LTC maximum is used):
\$15,000 Death benefit: \$74,000



- **He has a death benefit.**
- **He has a larger LTC benefit.**
- **And, if he never has to use the LTC benefit, the death benefit will be equal or greater than the amount he paid in.**

**Example is for illustration purposes only. Actual premium and benefit amounts and other factors are determined by the actual policy contract.*

**For more information and to locate a licensed insurance agent near you, call 1-800-806-6160.
Not affiliated with or endorsed by any government agency.**

Don't Forget About Final Expenses

By planning ahead, you can lessen the burden on your loved ones after your passing and provide peace of mind now for them and for yourself.

A **Final Expense Insurance** policy can help pay for many costs that may be difficult to handle, including:

- 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.

If you have a Final Expense Insurance policy, the funeral home has proof that it 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 average cost of a traditional funeral is \$8,000 - \$10,000, according to *parting.com*.

Cremation costs are typically less than traditional burials, although you still will have the costs for services and other special requests. The average cost of cremation is \$2,000 to \$4,000 if arranged through a funeral home and from \$1,500 to \$3,000 if arranged directly through a crematory, according to *caring.com*.

A Few Things to Consider in a Final Expense Insurance Policy

- Amount of coverage.
- Guaranteed issue or health questions.
- Graded benefit.

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 1-800-806-6160.
Not affiliated with or endorsed by any government agency.**

WE'LL GET YOU HOME

Any time you have an accident or sudden illness while traveling away from home, ARA Endorsed *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 over a 30% discount off the broad market rate.

ANNUAL RATES:

Worldwide protection for you when you travel away from home	\$114
Protect you and your family (<i>that's only \$30 more!</i>)	\$144

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

WHAT YOU GET WITH EA+*

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

-  **Air Ambulance or Emergency Medical Evacuation** if deemed medically necessary to get you to a more appropriate medical facility quickly if your current facility can't properly treat your medical condition.
-  **Transportation Home** after hospitalization via a one-way airline ticket, coordinated and provided by *EA+*.
-  **Nurse Escort** provided if deemed medically necessary to help ensure you get proper medical care during your trip home.
-  **Return of Deceased Remains** service to bring your body home if you pass away while traveling.
-  **One Round-Trip Economy Class Airline Ticket** to bring a loved one to your bedside if you're traveling alone and become hospitalized.
-  **Vehicle Return** if you can't drive your vehicle back home because your medical condition prohibits it AND your companion can't drive it either.
-  **Return of Traveling Companion, Children or Grandchildren** will be coordinated and provided 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 coordinate and provide 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 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 coordinates and provides for expenses usually not covered by trip insurance.

**This is only an outline of the plan's features. Please read your EA+ Member Guide carefully to understand all the services available to you, as well as any rules and regulations.*

**Visit www.EmergencyAssistancePlus.com/ara
Or Call 1-844-292-4345**



Vintage Times

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Indianapolis, IN 46250

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.

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

No complicated voice-recorded phone systems.

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to Senior Americans**