

## Road Trip Alone

- **Astrid Gallegher**

I love to drive. But in recent years the PPS changes have curtailed what I could do. I've had someone come with me, who would haul luggage and medical equipment into hotels, move furniture, find outlets and set up the Bi-Pap breathing machine and chargers. All I did was use the toilet and get into bed, never an easy item, and far more difficult since most transfers have become impossible.

I wanted to attend the high school graduation ceremonies of a grandson in Wash. DC. Driving was my only real option. Though I'd driven often in a camper, I'd never driven by myself staying in motels. I learned a lot from this trip

### **Motels:**

The simplest is Motel 6. Their accessible room is a like in every case: a queen bed, big bathroom, easily accessible outlets, regular height bed. However, they are usually gone by 5PM, sometimes earlier. If you know where you will stop, call in the morning to book your room.

Days Inn. Super 8, slightly more expensive than Motel 6, vary a bit in their configuration. Outlets hidden and too much

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furniture. Ask for a single bed as that will get you more space to maneuver.

Quality Inn., Holiday Inn Express, higher end (bigger room, higher bed, more furniture and some free goodies. Ask for one bed. This will be a king. It is a struggle to get into the higher bed.

Marriot and many motels under the Marriot label, besides being more expensive, beds are 3 foot higher and impossible to get into.

There isn't a perfectly accessible motel. Therefore, I suggest bringing a "survival kit:" a small flashlight, a short grabber, a toilet seat extender, a container of Wet Ones, or some similar product, and, most important, a cell phone.

If there are no accessible rooms left, ask the receptionist to call other motels in the area.

### **Weather:**

We Californians aren't used to high humidity, which combined with high heat creates hazards for the disabled. Bathroom tiles become slick as ice. There are floor mats that work in these conditions. Try them out by taking them along.

Some car air conditioners get very cold, uncomfortable for PPSers. Try regulating the temperature with a touch of heat. Turning off the AC leads to very slick pedals, hard to control and dangerous. If this happens, stop and dry off your shoe and the pedals.

### **Clothing:**

I keep my suitcase on the back seat, and take out just what I need for the next day,

so I don't have to haul it in and out. On occasion I do a bit of hand washing at night, roll it in a towel to dry. Mostly it dries in the car the next day.

**Gas:**

Ask any one at a gas station to go in and ask for help for you. No one has ever refused, and often they'll pump the gas.

**Food:**

Take along a few dry snacks: nuts, fruit, and lots of water. I drink McDonalds senior coffee, and eat an Egg McMuffin, and their salads.

**Timing:**

Setting up at night can take 2-3 hours, and 2 in the morning. That leaves at most 10 hours to drive. At 75 years old I no longer drive 75mph, so 500 miles is the upper limit of my endurance. Plus, frequent rest stops make the drive much less tiring.

**Problems:**

This was the first cross country drive where my car performed perfectly. But I have in the past gotten stuck on the road. Make sure you have a car charger for your cell phone. This time the heat and humidity caused me to fall on a bathroom floor. I called 911 on the cell phone. This is where keeping your motel door unlatched or unchained is the safest for you.

If you have questions, call me at **805-549-9283**.  
Or email: [astridjansa@mac.com](mailto:astridjansa@mac.com).

## **New Health Care Law Review**

The remainder of this newsletter will be devoted to the new health care law provisions and requirements. It is a compendium of several articles published in local newspapers or through the AARP. It is not all encompassing as there are many provisions of the law subject to regulatory decisions which have not yet been made but the main features of the law are as follows:

**How will this bill affect me this year (2010)?**

While some provisions will take effect this year, many of the bills features will not be in force until 2014. Insurance companies will no longer be able to place limits on the "life-time" limitations or amounts they will cover. All -plans must cover preventive services and insurers MUST disclose how they use premium dollars. They will no longer be able to drop customers without cause or for specious reasons. By next year (2011) insurers will be REQUIRED to provide rebates if less than 80% of premium dollars is spent on actual care and/improving quality of care.

**How do I sign up for my new insurance?**

While those people who are happy with their current coverage are not required to change insurance, those who do choose or for some reason must enroll in new coverage. While those who are happy with their coverage will not be required to change, those who do choose to enroll in a new health plan will not be required to do so until 2014. By that time, states will have created insurance exchanges in which people who do not have insurance through an employer or the government will be able to shop for policies. The policies through the exchanges may be subsidized for many low income Americans.

**I cannot afford the plans available to me. How does this bill help me?**

By 2014, the federal government will provide subsidies to help people buy insurance if your income is less than 400% (4 times) the federal poverty level. Those subsidies will be based on your income. The current plan is that by 2014, you will either have to purchase

insurance through one of these exchanges or through your employer. If your employer is small business. A new tax credit could provide that employer with incentive to provide health benefits even if they currently do not.

### **What is to stop my insurer from raising rates between now and 2014?**

States and the federal government MUST create a process for any rate increases beginning this year. While in all cases they may not keep insurers from raising rates, it will significantly discourage them from implementing unreasonable ones. There are instances in the news lately which indicate they are currently doing so. Unreasonable rate increases will probably EXCLUDE those insurers from the insurance exchanges when 2014 comes.

### **I have a pre-existing condition and recently lost my job, along with health benefits. What does this law do for me?**

While you can keep your insurance through your former employer, they are not required to continue to pay a portion of the premiums. Government subsidies are available to pay up to 65% of the premiums for 15 months. Once that term expires, you will need to find another plan on your own through an exchange or another employer. If your pre-existing condition is such, you may need to join a high-risk national pool which will have subsidized premiums. You will need to be unemployed for six months to be eligible for this pool.

### **I have a great insurance policy through my employer and don't want to change. What is this I hear about taxing my plan?**

There is a so-called "Cadillac" plan (high cost coverage provided to some employees by some employers which will take effect in 2018 and will include a cap on tax-free health plans. Entities which provide coverage up and beyond those caps may be taxed.

### **I have Medicare and an additional supplement. Will I be able to keep that insurance coverage?**

Yes. Today about 80% of seniors choose to be insured this way. You may want to make a close comparison between the supplemental plans available to you.

### **I have a Medicare Advantage (HMO or PPO) plan, What will change?**

Your basic Medicare Benefits are guaranteed, Because the Medicare 15% bonus to Medicare Advantage companies will gradually be eliminated, some insurers are saying they will not longer be able to offer Advantage plans. Others say that they will do well with the incentives Medicare now gives for quality. It is possible that some added benefits like vision care maybe eliminated or co-pays increased. You should carefully read your plans description during the renewal period starting November 15th. You may find it advantageous to switch plans or get "straight" Medicare and be able to go to any doctor.

### **I am a low-income adult with no children. Will I qualify for MediCal?**

Yes. The bill expands MediCal to anyone who meets the income eligibility requirements. The states will not receive the subsidies from the federal government until 2014, however.

### **I currently have prescription coverage under Medicare Part D and will soon hit the "donut hole". What will the bill do to help me pay for my prescriptions?**

Seniors must now pay up to 25% of their drug costs to \$2830/year. Then are required to pay 100% until they reach \$4550, when catastrophic coverage kicks in and they pay only 5% for all other prescriptions until the end of the year. In 2010, those who reach this "hole" will get a \$250 rebate from the government. Starting in 2011, Pharmaceutical companies will begin phasing in subsidies and discounts on brand name and generic drugs during that gap. By 2020, it is anticipated that 75% of senior's drug costs up to the catastrophic amount will be eliminated.

## **Insuring your adult Children**

The Healthcare Overhaul Extends Coverage for your Offspring, but there are “caveats”.

### **Does the new Healthcare Law mean I can put my college graduate back on my health plan?**

Not immediately. The law allows children UP TO 26 YEARS OF AGE to remain on their parents’ plan but it does not go into effect until sometime in 2011 Depending on the policy’s renewal date. Many plans will allow that coverage to start in January of 2011.

### **My child graduates in May, what do I do in the meantime?**

You can enroll that child under the COBRA provisions of your plan and pay the entire premium or buy a new individual plan on the open market. Young people can USUALLY find insurance coverage for less than \$100/mo.

### **Does it matter if my child is a dependent under IRS rules?**

Dependent, for purposes of health insurance will not follow the IRS regulations for income tax dependency status. According to some experts, your child could be employed, married and living on his own and still be on your plan The regulations to define this issue will be coming out of Health & Human Services soon. The one caveat is that if your child is employed and his employer provides a health insurance plan at his job, he is expected to cover himself and his own family under his employers plan, not his parents. If the parents plan is better than the child’s plan, he CAN be covered until age 26. Even though he may have access to school insurance, the only requirement relates to his employer paid health insurance.

### **Does the law have any long term implications for youths trying to get coverage?**

There have been and will continue to be differences in premium price dependent on the age(s) of the insureds. That will not change. However, after 2014, premiums for one age group over another can be no more than 3 times as much as for any other age group. However, subsidies will also kick in that same year. Starting in September of this year (2010), children will no longer be subject to coverage restrictions because of pre-existing conditions.

## **10 Things You Need to Know About the New Health Plan**

1. It helps 32 million more Americans get insurance.
2. Makes Pre-Existing Medical Conditions a thing of the Past.
3. Guarantees Basic Benefits.
4. Makes Preventive Services Free for most and gradually closes the “doughnut hole”.
5. Sets up a temporary Program in July to help those with preexisting conditions obtain coverage.
6. Provides new Benefits for MOST people who already have coverage and covers children to age 21. Leaves medical Decisions in the hands of you and your doctor, not the insurer
7. Requires MOST people to have insurance coverage by 2014 but offers subsidies
8. Creates state run Exchanges beginning in 2014.
9. Offers IMMEDIATE tax credits to help small businesses buy insurance for their employees.
10. Keeps Medicare financially sound for nearly TEN MORE YEARS and reduces the US DEFICIT by an estimated \$143 BILLION.



## **If You Are Uninsured or Self-Employed**

If you are uninsured or Self-employed or working for a small business not offering a company sponsored plan, and you buy insurance for yourself or your family, or have NO INSURANCE AT ALL, you are among those that the new law helps the MOST.

Millions of Americans currently pay the highest rates for health coverage because they buy it on their own. Many, especially those 50-65, can't buy coverage at ANY price because of pre-existing conditions.

IMMEDIATE HELP is available for those with pre-existing conditions. If you have been uninsured for at least six months, you will be eligible for a temporary high risk program which limits what you will be charged for out-of-pocket costs. This program began last month (July) and ends when the insurance exchanges become available in 2014.

Insurers can't drop your coverage if your premiums have been paid regardless of inadvertent misstatements on application forms and the like. Also starting in 2014, they can't limit what they spend on your care during your life. They also cannot place limits on your annual health costs. ALL PLANS MUST JUSTIFY STEEP PRICE INCREASES.

Beginning 2014, children cannot be denied coverage for pre-existing conditions, and adult children can be covered under your policy until they reach age 26. The date this takes effect may vary so contact your carrier.

Beginning in 2014, you can select a private health plan from a menu of available options through an insurance exchange program run in your state. Your yearly out-of-pocket costs will be limited.

Health plans cannot deny you coverage or make you pay more for your insurance coverage because of your health, past medical problems, or gender starting in 2014. BUT they can raise premiums by up to 50% for people who smoke.

Health plans you buy on your own MUST cover certain preventive services, screenings and vaccinations FREE OF CHARGE. This requirement starts as soon as your current plan's next premium year begins or when you enroll in a new plan.

Starting in 2014, insurers can charge older people no more than three times the amount they charge younger enrollees. Currently, that amount is up to 10 times the amount charged younger adults.

## **For those of you who are happy with your currently Employer Offered Health Insurance**

Those of you who have your health insurance through your employer and are happy with that offering, you will not be required to change. HOWEVER, please keep in mind that the tax benefits are changing what has been in the past a major incentive to employers for providing such programs and that may affect the future of any such plans being offered to you. The premiums may increase, the plans may change, the offerings may be decreased and you will not have any control over those issues. If the plans change so significantly that they are less desirable than some of the new Exchange offerings, you will be able to take advantage of the exchanges even though you may not be able to use the benefit amount that your employer now offers to pay for them (beginning in 2014). That is a discussion you will need to have with the Human Resource Dept. of

your company and with input from your tax advisor.

Remember, you will not be forced into a “government” plan – no such plan is offered under the new law. But you will have some new protections and options and other changes that might affect you, the most important being:

Starting this September (2010), insurance companies can no longer place lifetime limits (or ANNUAL limits beginning in 2014) on what they will pay for your care. From next January (2011) insurance companies will have to spend a large chunk of the money you pay for your coverage on medical care, NOT PROFITS OR OVERHEAD. All new plans MUST provide many preventive services and screenings FOR FREE – but it isn't yet clear or certain whether this change applies to EXISTING employer plans PRIOR to 2014.

## **Some surprising changes**

- Members of Congress will be required to buy their insurance through the state run insurance exchanges beginning in 2014.
- Illegal Immigrants are PROHIBITED from buying health insurance through the exchanges or for getting subsidies
- Chain Restaurants and Vending Machines must display calorie counts for their foods.
- Tanning Parlor Services now have a 10 % sales tax to help finance Health Care.
- New long-term care Insurance lets you make contributions while you are working in return for future cash benefits for help to remain in your home if you are sick or disabled.
- The government cannot seize your property or use liens to enforce the law or send you to jail.
- Americans are already struggling with a shortage of primary care physicians. While some fear that insuring more people will make it even harder to find a doctor, groups like the American Medical Association say the new law will help improve the situation. How? Medicare will give extra payments to physicians and nurses providing primary care in areas with doctor shortages. Adjusting Medicare payments to reflect regional differences will benefit doctors in 42 states, the AMA says. Medicaid doctors will see pay increases. Paperwork will be simplified to give doctors more time with their patients.
- New measures to attract more doctors, nurses and physician assistants to primary care, include forgiving student loans for those who practice in areas that need medical workers. Community health centers will receive \$11 Billion starting in 2011, allowing them to serve some 20 million new patients.
- More health professionals in Medicare will be paid for the quality of care they provide rather than the number of services they perform or patients they see – a change that is expected to lower costs while improving care and is likely to be adopted by private insurers, too.
- New long-term care Insurance lets you make contributions while you are working in return for future cash benefits for help to remain in your home if you are sick or disabled.
- The government cannot seize your property or use liens to enforce the law or send you to jail.
- Paperwork will be simplified to give doctors more time with their patients.



**Over 20% of the readers of PPS support groups' readers have completed the questionnaires on health insurance companies and provider care of PPS. Our goal is to have PPS in-service training of the doctors who care for us. Health Care Reform rewards quality care. The time for us to act is NOW. We should have a 100% completion of the questionnaires. We are sending them out again. If you haven't sent one in, please do !!!**

## MEDICAL SERVICES FOR LESS

Local health fairs aren't the only way to get FREE or CHEAP MEDICAL SCREENINGS and services. Here are a few others: Inexpensive cholesterol screenings and other blood tests are available at local labs. Find one under "Laboratories" in the Yellow Pages or under "Service Centers" at BloodWorks-USA. Low income and uninsured women can get free or low cost Pap smears and mammograms locally through a Centers for Disease Control and Prevention program at [apps.nccedp/contactlist.asp](http://apps.nccedp/contactlist.asp). If you have a chronic condition such as diabetes or allergies, you could get free medication and treatment by enrolling in a medical study listed at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). To talk to a licensed counselor or psychologist, starting at \$1.60/minute, check out [www.mytherapynet.com](http://www.mytherapynet.com). Online counseling is also available at [eTherapistsOnline.com](http://eTherapistsOnline.com)

### How to contact Rancho Support Group

The Rancho Los Amigos Post-Polio Newsletter is published as a joint venture with the Polio Survivors Association.

For additional information please call Richard at **562-862-4508**

Or email us:

**Rancho PPSG@hotmail.com**

**Website: [ppsupportoc.org](http://ppsupportoc.org)**

Special thanks to Esther Olivas, Mary Swenson, Sandra Godfrey and Lynn Coppel. We mention donations but not the amount, as all donations make our support group possible. Please write checks to Polio Survivors Association and write "Orange County" in the memo section. Please mailcheckstoPriscillaHiers, TreasurerPPSGofOC, 18552CorkStreet, FountainValley, CA, 92708.

### How to contact OC Support Group

Call us for information:

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**Agenda ideas for PPSG of OC?**

Please call Aleta at 949-559-7102 or email

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## Rancho Los Amigos Meeting

**Saturday Sept. 25**

Gadgets,  
Coping Skills,  
& Fellowship

### Future Rancho SG Meetings

**Saturday  
October 23**

Energy information from  
Southern California Edison

### Orange County Meeting

**Indoor Picnic  
with Open Sharing**

If you can please bring a dish to share. If you can't, please come and eat and share your ideas, gadgets, and concerns with other survivors who care and who will listen.

### Future PPSG of OC Meeting

**Sat. October 9**

Dr. Rubinstein

on upper body orthopedics

**Sat. November 13**

Kathleen Shanfield OT on  
how to stay safe at home

