

Will your Social Security check plummet in 2017?



Buckle up for disturbing news: your Social Security check may well go down in 2017 - and that is despite a 0.2% projected **increase** in the **Social Security** benefit.

But this is inside the Beltway, Washington, D.C. reality, so know that many millions of Social Security recipients won't actually pay a scheduled Medicare increase and therefore won't see a decrease in their Social Security benefit. But other millions will.

Confused? And in which camp are you - those who pay or those who don't?

Start with this reality. The minuscule Social Security increase is due to an annual Cost of Living Adjustment (COLA). In 2016, recipients got no increase at all - the third time in four decades. In 2017 a person getting \$1,000 monthly from Social Security will get about a \$2 increase. On the average monthly benefit of \$1,304, count on about \$2.60 more, maybe enough for a small coffee at Starbucks.

As for why some Social Security checks will go down, blame that on a sharp **boost** in Medicare Part B costs. In 2015, Medicare Part B - which covers doctors bills, along with charges by some other providers - amounted to \$104.90 per month. In 2016 that climbed to \$121.80. In 2017 it will hit \$149.

Just about all Medicare recipients pay for Part B. That includes those who sign up for a Medicare **Supplement** plan, also those in Medicare **Advantage**.

Most pay for Medicare automatically, via Social Security deduction. Thus the smaller checks. But only for some.

The big complication: there is a hold harmless law that multiplies the

complexities. It **says** that - usually but not always - you aren't responsible for the Medicare Part B increases. That presumably is a nod to the economic and political reality that many Social Security recipients -- some **33%** according to the Center for Budget and Policy Priorities - rely on Social Security for the vast majority of their retirement income. The "not always" is the kicker here.

That's because, although an estimated 70% of Medicare recipients are exempt from the Part B price hikes, 30% are stuck with the tab and that includes those new to Medicare, those in Medicare but paying out of pocket because they are not also in Social Security and those paying higher monthly Medicare fees because of their incomes.

Paying more? Yes. Part B costs are means tested. If your modified adjusted gross income is \$85,000 to \$107,000 (or \$170,000 to \$214,000 in a joint return), you pay \$170.50 monthly in 2016. That scales up until income exceeds \$214,000 (\$428,000 on a joint return) when you pay \$389.80 for Medicare Part B. Those numbers go up more in 2017.

Is it fair for some to pay much more for Part B than others?

Ash Toumayants, a financial advisor in State College, Penn., said that this system is creating what may be a longterm disparity in treatment. And that disparity may only get worse.

Looking ahead, Toumayants said he doesn't see significant Social Security increases coming down the pike - we seem to be in a low inflation era - but, very probably, Medicare Part B costs will continue to rise. Some will pay those increases, many others won't.

Said Toumayants: "if this goes on for ten years, people will be paying three or four times more for Medicare Part B than

others are paying. That's a problem."

Maybe so, but right now, nobody in power in Washington DC is talking about a solution.

That leaves solutions up to individuals. "You need to make sure you have enough income coming in to keep up with the increasing cost," said Michael Foguth, founder of Foguth Financial Group in Brighton, Mich.

But that can raise its own problem. A nasty gotcha that may arise is pointed out by Christopher Lester, president of Professional Planning Services in Somerset, N.J.: by pulling money from retirement accounts to handle Part B costs some people will find they trigger more income tax payments.

Some may also trigger still higher Medicare Part B charges if their income crosses the means tested threshold.

Word of advice: if you are snagged in a situation where probably you will have to pay the Medicare Part B premium hike, talk with a financial adviser who has Medicare savvy. Probably - multiple experts said - you will still be stuck with paying the premium. But a lot of money may ride on this, over many years, so let an expert tell you if there is safe exit.

Or not.



Action Alert #87 – Line Up Your Friends and Family!

Social Security Fairness

There are three more weeks before Congress recesses for full-time campaigning before

the election. Before they consider any changes in Social Security, they NEED to get rid of the Government Pension Offset and the Windfall Elimination Provision. How do we make more noise about this? There are 4,130 people receiving this email, and we have families and friends. Our children, particularly, should be concerned about how much money we are getting from our investment in Social Security. Time to pull in your cards! With all the election noise, they may be “up to here” with politics, but this is a really specific request: call or write their Member of Congress and tell them to **Repeal the GPO and the WEP!**

Some of you have requested cut and paste statements. Your own is always the best, but here is **a message you and your**

supporters can use:

My Mother (aunt, elderly friend, etc.) has been badly harmed by not receiving all of her (his) Social Security retirement benefits. She (He) is one of more than 2 million Americans who are not able to collect part or, often, ANY of their benefits because of the Government Pension Offset and the Windfall Elimination Provision. For 30 years, these two written laws have affected workers who have earned their Social Security retirement benefits and have also earned even a partial pension from a governmental agency which did not participate in Social Security. They don't get what they paid for! During their lives FICA taxes were paid for them for other work or for spousal dependency, but their benefits are cut and often totally eliminated. These substantial losses penalize even low-income and part time government employees. No one else is means-tested in this manner. Many widows lose ALL survivor benefits.

Until January 1, 2005, Congress never required that these workers be notified about these unexpected and illogical losses. Trusting the incorrect annual income predicted on the yearly Social Security Administration benefit statements has caused huge extra hardships for retiring teachers, city and county workers, postal employees and police and fire fighters all over this country. This is not the way to attract the quality public servants we need!

The time is now! We must Repeal the Government Pension Offset and the Windfall Elimination Provision (H.R. 973 and S. 1651). In addition, this year, support H.R. 711 (Brady) as a step in the right direction.

Despite your possible discomfort in discussing with others how you have been hurt, please get your friends and family onto our team now. THANK YOU!

Social Security fails to properly explain benefits: Study

You might want to get a second opinion before you decide to claim your Social Security retirement benefits.

The Social Social Administration often fails to give out key details to retirees in face-to-face meetings and online that could cost people tens of thousands of dollars in benefits, according to a new study by the Government Accountability Office.

The report's main finding is that the SSA should do a better job of informing people that they could receive higher

monthly payments if they delayed claiming retirement benefits.

Here are the two most egregious examples in the report:

- ◆ SSA claims specialists did not discuss the advantages to waiting to claim benefits at a later age in eight of 26 in-person interviews that the GAO observed where people could have received a higher monthly benefit if they had waited to claim. SSA requires all its staff to talk to people about the pros and cons of

their filing decisions.

- ◆ In 10 observed interviews, claims specialists offered the opportunity for people to claim up to 6 months of retroactive benefits as a lump sum. While a lump sum may be attractive to retirees, taking it means a permanent reduction in monthly benefits. Specialists explained this trade-off only in one interview that the GAO watched...[Read More](#)



It's a Medicare surprise for senior citizens not paying attention



Seniors, open your mail and read it carefully. What you don't know can hurt you.

A special Medicare provision that allows private health insurance companies to enroll individuals who become eligible for Medicare into their Medicare Advantage coverage is costing surprised patients lots of money, according to news reports. The little known rule, called "[seamless](#)

[conversion](#)," means some health insurance companies are automatically signing members of its non-Medicare insurance plans into their Medicare plans when they reach 65, the age of Medicare eligibility.

Medicare rules require a health insurance company to send a letter explaining the new coverage, which takes effect unless the member opts out within 60 days, according to [Kaiser Health News](#). But many seniors are tossing out these letters. They find out they've been auto enrolled only when they get a bill

from a physician or a hospital.

The Centers for Medicare & Medicaid Services has said it will eventually release a list of insurance companies that have received approval for seamless conversion, but that has yet to happen. CMS has also declined to say how long the practice has been allowed. Cigna, Anthem and other Blue Cross Blue Shield subsidiaries also declined to discuss whether they are automatically enrolling beneficiaries as they turn 65..[Read More](#)

How to talk to aging parents about the future



Establishing a plan will help everyone feel more at ease about the years

ahead. Here are four common concerns you may face with aging parents and tips to manage each conversation.

Plan living arrangements

Multi-level homes and complicated floor plans can make everyday living difficult and dangerous for seniors. However, convincing parents to move into a more manageable home or assisted living community may be tough. Suggest the transition early, while parents are still active, to help them ease into the idea. If they insist on staying put, consider homecare and installing assistive equipment, like handrails.

Focus on the road

Driving can be a sensitive topic because, for many, it's a key part of remaining independent.

Take 90-year-old Vivian Cash who started driving in 1949. While always priding herself on her safe driving -- in fact, she's never had an accident -- she recently pulled into her driveway and stopped too close to a telephone pole,

ultimately needing help moving her car. That was when she decided it was time to stop driving.

"If I'm driving and I had a problem, I could hurt someone or myself. It just isn't worth it," explained Cash.

Of course, not everyone will be willing to hang up their keys, so approach the topic before noticeable problems surface, such as with vision or dexterity, and agree to certain warning signs that might indicate it's time to rethink transportation.

When it is time for parents to stop driving, help them map out ways to get to all their activities.

Update important documents

Most people don't like discussing wills and life insurance. As a result, they're often written and not revisited. However, both need to be updated periodically, especially when major life changes take place, like marriage, death or divorce.

Ensure your parents have a will that's been updated in the past five years. If not, it should be revised to reflect their current wishes. Establish who will be in charge of executing the details, and determine where documents will be stored.

Any updates to wills need to be reflected in life insurance policies, since

beneficiaries take precedence over whatever the will specifies. Consider working with a trusted advisor who offers both life insurance and retirement planning, such as an Erie Family Life insurance agent, to ensure parents and family members are covered for the future every step of the way.

Gather financials

Finances need to be discussed -- from retirement planning, debt consolidation and payment to logistics like where important documents are placed (digital and hard copies). Even if parents don't want to divulge all their information, getting a general sense of the situation will make things easier when decisions need to be made.

Help your parents create a list of banks, benefits, pension and other accounts, as well as usernames and passwords. Keep this information in a safe place, such as a fire-resistant safe. Know where items like tax files, car titles and the key to the safe are kept.

Aging isn't easy. Address everything now to leave your family at ease for the changes ahead.

Spondylosis: All You Need to Know

Spondylosis is wear-and-tear changes to the spine. Most people show spondylosis in their spine as they get older. These age-related differences in the spine vary from one person to the next and do not usually cause problems.

When spondylosis does cause symptoms, they are usually occasional pain and stiffness.

Spondylosis in the neck is called **cervical spondylosis**. Spondylosis changes can also be seen in other segments of the spine, including the lumbar region, or lower back.

People are more likely to get spondylosis as they age. One article that reviewed the evidence appeared in the journal *Neurosurgery*. It suggested that spondylosis may be seen in 10 percent of

people by the age of 25 years - but in 95 percent by the age of 65. Only some people have problems as a result.

Just about everyone over 70 years of age is likely to show some spondylosis on spine X-rays. Researchers have confirmed that the wear and tear affects almost everyone.

Spinal osteoarthritis is another term used for spondylosis. Osteoarthritis is the type of **arthritis** caused by wear and tear, and can affect any joint in the body.

Contents of this article:

- ◆ **Causes of spondylosis**
- ◆ **Symptoms of spondylosis**
- ◆ **Treatment of spondylosis**

Causes of spondylosis

The spine is the backbone, running from the base of the head to the tailbone. This

part of the skeleton gives the body structure and supports most of its weight. It also carries and protects almost all of the main nerve branches that run from the brain.

The spine has an elegantly curved shape. It is a column made up of bones known as vertebrae. These vertebrae have joints between them to allow the spine to move flexibly.

The bones of vertebrae are separated by softer, rubbery tissues. These cartilage surfaces and discs between the vertebrae give smooth movement and cushion against any impact on the bones. ...**Read More**



It's Not Just For Kids: Medicare EpiPen Spending Up 1,100 Percent



Even as the cost of EpiPens dramatically rose, so too did the number of prescriptions

written for patients in Medicare, sending spending by the program skyrocketing nearly 1,100 percent from 2007 to 2014, a new report shows.

During the same period, the total number of Medicare beneficiaries using EpiPens climbed 164 percent, from nearly 80,000 users in 2007 to more than

211,000 in 2014, according to the analysis by the Kaiser Family Foundation. While the report does not delve into what's behind the increase, factors could include increased awareness among people with allergies, marketing efforts and access to insurance coverage.

The abrupt rise is notable because many people think that life-threatening allergies are less common among the elderly. In addition, epinephrine — the active ingredient in EpiPens — can pose greater risks to older adults. Food and Drug Administration labeling urges caution

when prescribing to this age group.

“That level of increase gives me pause,” said Martha Twaddle, senior medical officer for Illinois at Aspire Health, which provides home-based supportive care for people with serious illness. She did not work on the study. Epinephrine — the active ingredient in EpiPens — can cause side effects including chest pain, rapid increase in blood pressure or irregular heart rhythms, which could be fatal, for people with certain medical conditions, including heart disease...[Read More](#)

The Women's Health Issue No One Talks About

Kieley Parker never imagined she would need an antidepressant. “I always win those stupid sunshine and happiest person awards. People see me as an incredibly joyful person,” she said.

But in fall 2014, Parker left her job as a third-grade teacher and moved to Tulsa, Okla., with her fiancé. Starting over in a new city was an enormous transition. “I couldn't feel joy or even negative emotions like sadness. I couldn't eat — I lost 25 pounds,” Parker recalled. “I was just anxious, which spiraled into depression.”

What's Happening

About 1 out of 5 women in America will experience depression in her lifetime, twice the number of men. Some are depressed throughout the course of their lives; others, like Kieley, become

depressed following a big change.

Over the past decade, people have increasingly treated depression with medication: Starting in 1994, the number of antidepressant prescriptions written by doctors went up 400 percent over a 10-year period. And today, about 15 percent of women take an antidepressant. Among women age 40 to 59, that number is nearly 23 percent, according to the U.S. Centers for Disease Control and Prevention (CDC).

With so many people popping pills, it's easy to wonder: Are they being overprescribed? The answer is complicated. “I suspect we have the right number of people taking antidepressants,” said Dr. Karen Swartz, a psychiatrist at Johns Hopkins University School of Medicine in Baltimore. “The question is

whether we have the right people taking them.”

One answer could be that some women are incorrectly given antidepressants after brief evaluations with primary care physicians even if they're not experiencing clinical depression. (Most prescriptions are written by doctors who do not specialize in mental health care.)

Others who may need medication are never diagnosed because they don't discuss their feelings due to fear of prejudice or lack of access to medical care. And, some women who could benefit from antidepressants may be self-medicating with alcohol instead...[Read More](#)



The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: “Current Hospital Issues in the Medicare Program”

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Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973

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