

# ElderLaw Advisor

This publication is provided by:

Nale Law Offices • Waterville, Maine 04901 • 873-4304

Visit our website at: [www.nalelaw.com](http://www.nalelaw.com)

Vol. VIX No. 1



Member, National Academy of Elder Law Attorneys

Winter 2011

## KEVIN JENNEY JOINS FIRM

Our invaluable paralegal, Angela Jenney, gave birth to young Kevin on April 30, 2010 and he's been a member of our firm just about since then. Angela converted her office into an office/nursery and brings Kevin into work with her and **what a joy to have!** He gets to meet all of our clients, who all think he is "**just adorable**", and he is so well behaved at our office meetings. We thank Angela and father Derek for sharing him with us.



Born April 30, 2010  
7 lbs. 1.4 oz.

## COMMON MEDICARE QUESTIONS FOR 2011 ENROLLMENT

Annual enrollment is the one time of year Medicare beneficiaries have the opportunity to evaluate all their options and choose the best coverage for their needs. Medicare options can be overwhelming, which is why so many people stay in their existing plans. But not doing anything is a choice – and it may not be the best choice because individual healthcare needs and plan costs change.

### Medicare Annual Enrollment: Common Questions

#### 1. *What are the biggest Medicare plan changes for 2011?*

Some of the biggest changes come from the healthcare reform law, known as the Patient Protection and Affordable Care Act of 2010 (PPACA), and changes affect: *cont. on page 2*

*"I like things to happen, and if they don't happen, I like to make them happen."*

*- Winston Churchill*



JOHN NALE

### NALE LAW OFFICES

*Elder Law – Understanding the Needs of Our Elders*

Nursing Home and Long-Term Care Planning

Trusted Legal Service Since 1977

44 Main Street • Waterville, Maine 04901

873-4304

[info@nalelaw.com](mailto:info@nalelaw.com)

Visit our website at: [www.nalelaw.com](http://www.nalelaw.com)



MARK NALE



## Common Medicare Questions For 2011 Enrollment, *continued from p2*

Medicare Part B, which now will cover preventive care. As a result, people will no longer have to pay deductibles or co-pays for certain preventive services, such as wellness visits.

Prescription drug plans, which now will provide Medicare beneficiaries with a 50% discount for the cost of brand-name prescription drugs and a 7% discount for generic drugs they take while in the prescription drug donut hole. The gap in coverage (or "donut hole") occurs in 2011 after an individual incurs \$2,840 in prescription costs. The person is then responsible for all costs until catastrophic coverage starts, which begins at \$6,448 for combined drug costs.

### 2. *How will my options change for 2011?*

Most people will have fewer plan options, specifically:

About 13% of Medicare Advantage plans have been eliminated. Even so, more than 2,000 plans are available nationwide, and the average beneficiary can choose from about 24 plans in their local area. About 11.8 million people used Medicare Advantage plans in 2010, and insurers predict a 5% increase in people electing Medicare Advantage in 2011, according to the Centers for Medicare & Medicaid Services (CMS).

About 30% of prescription drug plans have been discontinued. However, more than 1,100 plans will be available, and the average beneficiary can choose from 33 plans.

### 3. *How will costs change for 2011?*

The average monthly Plan B premium for first-time enrollees is \$115.40. Most existing beneficiaries will continue to pay a monthly Part B premium of \$96.40 or \$110.50 (if initially enrolled in 2010). Any beneficiaries earning more than \$85,000 as single filers or \$170,000 as joint filers will pay more, from \$161.50 to \$369.10 for high-income earners.

Prescription drug plan premiums are expected to increase by \$1 on average, reaching \$30, the CMS reported.

Medicare Advantage plan premiums are expected to decline 1% based on CMS data. In addition, all Medicare Advantage plans available for 2011 are required to limit out-of-pocket expenses to \$6,700. More than one-half of plans are capping out-of-pocket costs at \$3,400, providing beneficiaries with added protection against unexpected costs.

### 4. *Why would I want to change plans?*

Reasons people change plans include:

You are unhappy with your existing coverage or provider.

Your health has changed.

Your plan is discontinued.

Your current plan has changed and no longer meets your needs. For example, certain prescription medications have been dropped from your coverage.

Comparison shopping can provide significant savings, as with other types of insurance. Add up your total costs for 2010, including premiums, co-pays and deductibles. If you paid more than you expected or your treatment wasn't covered – you should explore other plans that may better meet your needs.

### 5. *What changes can I make during annual enrollment?*

You can:

Move from one Medicare Advantage plan to another.

Move from traditional Medicare to a Medicare Advantage plan or vice versa.

Add a Medicare prescription drug plan if you do not have prescription drug coverage or change Medicare prescription drug plans.

*continued on page 3*

ElderLaw Advisor is written by John E. Nale, Esq. & Mark J. Nale, Esq. This newsletter is published as a service of Nale Law Offices, 44 Main Street, Waterville, ME 04901. This information is for general informational purposes only and does not constitute legal advice. For more information please consult Nale Law Offices at 873-4304 or visit our website at [www.nalelaw.com](http://www.nalelaw.com).



## Common Medicare Questions For 2011 Enrollment, *continued from p2*

### 6. *If I decide to change plans during annual enrollment, what do I need to do?*

You need to identify and enroll in the new plan before January 1, 2011. You can research the available plans and enroll on your own, or you can use the experienced help of an independent Medicare plan selection service. Because most people have dozens of plans from which to choose, using an objective Medicare specialist who helps identify the best coverage for their needs and assists with Medicare enrollment can make the process much easier.

### 7. *Where can I get more information?*

All Medicare beneficiaries enrolled in a Medicare plan should receive annual enrollment information from their Medicare Advantage or Medicare Part D plan provider. Additionally, Medicare beneficiaries should call their local Area Agency on Aging to meet personally with a Medicare advisor.

## *What Can We Do For You?*

We frequently provide lectures for various groups in central and mid-coast Maine. A few suggested topics include estate planning, long-term care planning, MaineCare benefits, long-term care insurance and reverse mortgages. If your group is interested in any of these topics, please contact us at 207-873-4304 or sign-up at our website at [www.nalelaw.com](http://www.nalelaw.com).

## YOUR AREA AGENCIES ON AGING AT WORK

The Older Americans Act of 1965 created the Administration on Aging as the federal level advocate and coordinator of services for the elderly. **Area Agencies on Aging were created as the local-state agencies charged with advocating for Maine's seniors.** There are five Area Agencies on Aging in Maine serving Aroostook County, Eastern Maine, Central Maine, Western Maine, and Southern Maine.

**Their mission is to improve the quality of life and wellbeing of Maine's 200,000+ seniors**, which includes advocating on behalf of all older persons at the legislative, administrative, and personal levels.

With the help of staff and hundreds of volunteers who gave more than 225,000 volunteer hours of service, the five Area Agencies on Aging, during the last year have:

- provided consultation, advice and support to more than 75,000 seniors;
- responded to over 100,000 contacts regarding Medicare, Social Security, Caregiver Support, and other senior-related matters;
- saved elders hundreds of thousands of dollars by making sure they were taking advantage of the government benefits they were entitled to and helping them obtain appropriate prescription drug coverage and enrolling in Medicare Buy-In Programs;
- helped thousands of seniors remain at home with support provided through home- and community-based services programs; and
- delivered over 1 million Meals on Wheels to more than 7,500 homebound people.

Area Agencies on Aging are a terrific resource for Maine's seniors and their families. Each agency can be easily accessed online. For more information on an Area Agency of Aging in your area, please visit [www.maine4a.org](http://www.maine4a.org).

## NALE LAW OFFICES

44 Main Street  
Waterville, Maine 04901

PRESORT STD  
US POSTAGE  
PAID  
Permit #56  
Waterville, ME

### ELDERLAW ADVISOR DECEMBER ISSUE ARTICLES:

- Kevin Jenney Joins Firm
- Common Medicare Questions  
For 2011 Enrollment
- Your Area Agencies On Aging At Work
- Financial Elder Abuse



*Happy  
Holidays*

*to all of you,  
from all of us,  
at  
Nale Law Offices.*

## FINANCIAL ELDER ABUSE

It is not uncommon for an elderly or disabled person to entrust his/her finances to a third party. For example, an elder may execute a power of attorney as a simple estate planning tool in order to ensure that his or her affairs are properly handled if the elder is unable to act due to illness, injury, incapacity, or other cause. In other cases, an elder who is becoming overwhelmed by day-to-day financial tasks may simply “hand over the checkbook” to a relative or a trusted friend.

**But what happens when the person to whom the elder’s affairs are entrusted misuses that authority?** As the elder population in the United States continues to increase dramatically, the financial exploitation of the elderly has become an increasingly serious problem.

The exploitation may arise in various contexts. **The elder’s assets may be misappropriated by a family member or agent under a power of attorney, or by the guardian or conservator appointed to handle the elder’s affairs.**

Liability may be clouded by issues of family relationships and trust between the victim and the abuser, ambiguities in powers of attorney or other instrument controlling the fiduciary’s authority, and varying levels of competency of the victim.

Adding to the dilemma of financial exploitation is the issue of MaineCare/Medicaid eligibility, and the impact of the exploitation on the victim’s eligibility for necessary public benefits. In particular, when a third party makes improper transfers of the elder’s property without the elder’s knowledge or consent, will those improper transfers negatively affect the elder’s eligibility for MaineCare/Medicaid? If you have questions or concerns about possible elder abuse feel free to call us to get answers to your questions.