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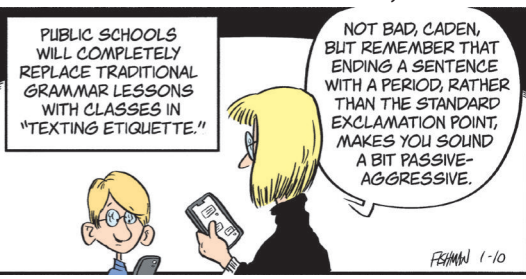
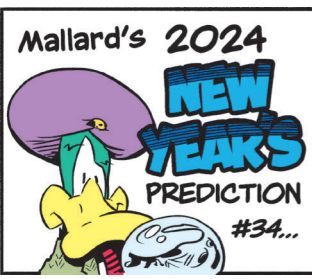
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CONSERVATIVE CORNER

MALLARD FILLMORE

By Loren Fishman



SUNDAY, LOCAL COMMENTARY | MONDAY, TUESDAY, THURSDAY & FRIDAY, POLITICAL OPINION | WEDNESDAY, HEALTH & WELLNESS ADVICE | SATURDAY, POSITIVE LIVING

A VIEW FROM THE VILLAGES HEALTH

Each year, on Jan. 1 through March 31, Medicare Advantage plan members have the opportunity to make changes to their existing plan or disenroll from their current plan and return to original Medicare.



Emilio Noble

COMMENTARY

Known as the Medicare Advantage Open Enrollment Period, this is an important "second chance" for Medicare Advantage enrollees.

Why Is Medicare Open Enrollment Period Important?

Simply put, it allows individuals the ability to ensure they have access to the physicians and health care services they want by determining if they made the right choice regarding their Medicare coverage options. If they feel they didn't, during this time, they can make a switch in plans or to go original Medicare

before being locked into a plan for the rest of the year.

The Medicare Advantage Open Enrollment Period is in addition to the Medicare Annual Enrollment Period, which runs from Oct. 15 to Dec. 7 each year.

Open Enrollment Period is designed to let those currently on a Medicare Advantage plan make changes, such as:

If you are on a Medicare Advantage plan (with or without drug coverage), you can switch to another Medicare Advantage plan (with or without drug coverage).

You can drop your Medicare Advantage plan and return to original Medicare. You'll also be able to join a separate Medicare drug plan.

Why Switch Plans?

Some individuals may realize they made a choice that doesn't provide access to the quality health care services they desire from the providers they want to see. That's why the Medicare Advantage Open Enrollment Period is so important, as it provides that all-important second chance.

This is the time to be sure you made the right choice and to

check that you still have access to your favorite Villages Health physicians and health care teams, or to become our patient.

For instance, The Villages Health only accepts primary care patients with Medicare Advantage plans from UnitedHealthcare, Florida Blue, and Humana. While traditional Medicare supplements are accepted for specialty care services at The Villages Health, they are not for primary care services.

During this period, if you decided to go with original Medicare or a Medicare Advantage plan not accepted by The Villages Health, you can switch to one that we do accept to ensure you have access to the outstanding health care services we are known for.

Some individuals who were our patients may have switched to a non-accepted plan during the Annual Enrollment Period not realizing they can no longer be a patient of The Villages Health and have "buyer's remorse." Open Enrollment Period lets them switch to an accepted plan so they can again become our patient and take advantage of all the wonderful benefits they previously enjoyed.

Others may have selected

Call TVH at (844) TVH-WELL (844-884-9355) or visit thevillageshealth.com for information."

Traditional Medicare and then later learned about all the savings and benefits Medicare Advantage plans offer. As a result, they may elect to enroll in a Medicare Advantage plan during the Open Enrollment Period before being locked in until the Annual Enrollment Period rolls around again in October.

It's also important to note that new movers to the area and those turning 65 can also switch to one of our accepted plans year-round. Moving to a new area provides enrollees an opportunity to switch plans one month before their move up until two months after they move. For those who may have another plan from their original home state, this is the best time to weigh their options.

During the seven-month period that starts three months before the month you turn 65,

including the month you turn 65, and three months after the month you turn 65, you can sign up for a Medicare Advantage plan.

How Do I Learn More?

We understand this can be a confusing time, but we help take the guesswork out of making these important decisions. Adjacent to each of our seven primary care centers and at our specialty care center at The Center for Advanced Healthcare at Brownwood, is a Health Insurance Resource Center. There, licensed benefits consultants are available to assist 8:30 a.m. to 5 p.m. Monday through Friday to answer all your Medicare Advantage questions. Learn more by visiting HI-RC.COM.

We also offer free, no-obligation tours of The Villages Health care centers where one of our knowledgeable new patient specialists are on-hand daily to assist and to answer all your questions. Please call us at (844) TVH-WELL (844-884-9355) or visit thevillageshealth.com today.

Emilio Noble is Vice President of Sales and Marketing for The Villages Health.

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