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# Peace of Mind

PRACTICAL TOOLS TO DEAL WITH LIFE EVENTS

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**A Note About Medicaid:** The latest *buzz* about Medicaid is that Medicaid beneficiaries will be systematically assigned to managed care plans administered by private insurance companies starting in March 2015. Contact Andrea Hoxie for more information.

## Helping you make informed decisions about access to health care

Whether for a newborn or a 90+ year old, everyone needs health insurance. And with the Patient Protection & Affordable Care Act, most people living in the United States have access to affordable health insurance. Following the full implementation of the Affordable Care Act last year, approximately 10.3 million Americans gained health care coverage, according to a report in the *New England Journal of Medicine*. The uninsured rate dropped from 21% prior to the first open enrollment period for insurance plans to 16.3% in April. For those

who missed the initial enrollment period, there will be another opportunity during the Open Enrollment Period for coverage effective January 1, 2015. Originally set for October 15, recent news reveals a delay to November 15 to begin the Open Enrollment Period. Because the date is unsure, it is best to check with your agent, starting around October 1, to get updated information. It is best to start early in the enrollment period, whether for first-time enrollment or to make a change in existing coverage.

On the "Medicare" side (for those over 65 or totally disabled for two years or more), the open enrollment period will start October 15. An annual review of one's plan is always a good idea, especially for Medicare Advantage ("MA") plans. There are changes in these plans each year — changes in health care providers, co-pays, maximum out-of-pocket costs, formularies, and additional benefits. Beneficiaries receive a notice of change from their MA plans annually; sometimes they are read, and many times not. It is good to schedule an annual review with an insurance professional, which should be a free, no-obligation service.

A reminder to those who are still working beyond age 65: If you have group insurance through your employer, you probably don't have Medicare Part B. The timing for obtaining Part B is crucial to avoid penalties and lapses in coverage if one is thinking of retirement.



Usually when one thinks of long term care, one thinks it is just for "seniors." Not so! The need for long term care has no age limit! An accident or illness in early adulthood can require help with activities of daily living over long periods of time. This writer once needed long term care for 18 months — at the age of 42! (Okay, that's not so young, but still . . .) Access to long term care coverage has changed over the years. It can be standalone coverage or part of a life insurance policy. Better to think of it now than later. The good news is that the younger one is when acquired, the less expensive it is. Now is always a good time to talk about Long Term Care coverage.

Request a family health portrait or family tree graphic today. Supplies are limited. Either of these will help you plot the medical history of your family and give health care providers and indicator of what could go wrong. This is a proactive means of taking better care now! Contact:

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## “It Runs in the Family”

*Many things influence your overall health and likelihood of developing a disease. Sometimes, it's not clear what causes a disease. Many diseases are thought to be caused by a combination of genetic, lifestyle, and environmental factors. The importance of any particular factor varies from person to person. — National Institutes of Health.*

## BUT NOT ALL ARE “IN THE FAMILY”

The “family bloodline” is not the only thing that causes disease. Lifestyle and environment play a major part in developing disease. Diet, weight, physical activity, tobacco and alcohol use, occupation, and where you live can each increase or decrease disease risk. For example, smoking increases the chance of developing heart disease and cancer. For common diseases like heart disease and cancer, habits like smoking or drinking too much alcohol may be more important in causing disease than genes. With some diseases that run in the family, genes may be part of the cause, but there is no clear pattern of inheritance.

Have you ever wondered why when you visit a doctor, hospital or clinic for the first time, among the “medical history” questions asked are some about your parents and siblings? Just this week I had to reveal that my mother was still living, and ticked off the one prescription she takes, the fact that Dad died of a heart attack at age 62, and the conditions that are a part of my brother and sister’s history.

If you have a disease, does that mean your children and grandchildren will get it, too? Not necessarily. They may have a greater chance of developing the disease than someone without a similar family history. But they are not certain to get the disease. Common health problems that can run in a family include:

- WHAT'S IN YOUR FAMILY?**
- Alzheimer's disease/dementia
  - Arthritis
  - asthma
  - blood clots
  - cancer
  - depression
  - diabetes
  - heart disease
  - high cholesterol
  - high blood pressure
  - pregnancy losses and birth defects
  - stroke.



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