



IAWW Seniors News

Vol. 10, No. 3

September 2018



Inside this issue:
 Into the Great Unknown
 Director's Corner
 Upcoming Events

Articles on:
 Annual IAWW Family Walk & Picnic
 Field Trip: Kubota Garden
 Medical Breakthroughs: Keep Your Brain Healthy
 10 Fun Facts of Aging

Other:
 Donations
 Humor
 Profile – Parvathi Rao

Photo Credits:
 Mohan Khandekar

Editor:
 Latha Nath
latha.nath@gmail.com

Program Director:
 Dr. Pran Wahi
iawwsenior@hotmail.com

Into the Great Unknown: Retirement Health-Care Costs

Prepared by T. Rowe Price Group, Inc.; Edited to fit the newsletter

Preretirees often are urged to engage in financial planning for their retirement, and a good first step is to get a firm handle on projected living expenses. The trouble is, for many, calculating one of the biggest expenses they may face—their health-care costs—can be something of a wild card. At best, a range of likely costs can only be estimated.

Big medical cost unknowns, of course, stem from unpredictable changes in health and health-care insurance over potentially decades of retirement. As a result, out-of-pocket medical expenses—those not covered by insurance, as well as long-term care expenses—can vary widely among retirees. Although the complexity can be daunting, understanding health insurance and medical expenses can help preretirees make financial plans with greater confidence.

COSTS: Projecting medical costs in retirement starts with Medicare costs, for which eligibility begins at age 65. Potential costs are generally as follows:

- Medicare Part A, for hospital expenses. Free for most.
- Medicare Part B, medical insurance. Premiums vary with income.
- Medicare Part D, for drug expenses. Premiums vary with location and income.
- Medicare Supplemental Insurance (private Medigap policies), for some expenses not covered by Medicare. Premiums vary widely by plan type and other factors.
- Out-of-pocket expenses not covered by any insurance.
- Long-term care expenses.

Even for those in good health, total expenses largely vary as a result of the income-related differences in Medicare Part B premiums. Those with higher incomes—in 2018, individuals with annual incomes above \$85,000—pay higher premiums (Figure 1). While this affects less than 5% of Medicare enrollees, it can be an important consideration.

Figure 1: Annual Standard Medicare Part B Premiums, 2018*
Based on Modified Adjusted Gross Income (MAGI) in 2016.

| Individual MAGI | Married Filing Jointly MAGI | Annual Part B Premium (per Person) |
|---|---|------------------------------------|
| \$85,000 or Less | \$170,000 or Less | \$1,608 |
| Above \$85,000; Up to \$107,000 | Above \$170,000; Up to \$214,000 | 2,250 |
| Above \$107,000; Up to \$133,500 | Above \$214,000; Up to \$267,000 | 3,215 |
| Above \$133,500; Up to \$160,000 | Above \$267,000; Up to \$320,000 | 4,180 |
| Above \$160,000 | Above \$320,000 | 5,143 |

*These rates apply to many people, but rates can be lower for those in the lowest income range whose premiums are deducted from Social Security due to a cap based on cost-of-living adjustments. The average annual premium in that case is \$1,308. Source: Medicare.gov.

Contd. On Page 2

Director's Corner

Pran Wahi



Dear Readers,

To follow our motto "Aging Graciously Together", we strive to provide help and services that contribute to social and cultural interaction, health, security, and general well-being of our aging population for spending their golden years comfortably and gracefully.

During the third Quarter, besides our regular monthly senior lunch, the following events and activities of note took place:

- **The Annual IAWW Family Walk & Picnic:** The event was held on July 21st in Aubrey Davis Park in Mercer Island. It was planned by Senior & Youth Programs and was very well executed. We had a large attendance, estimated to be around 130. Catered food and tea were served. There was good interaction between young and old taking walks together, picnicking and playing Cricket or board games. Everyone had good time.
- **Senior Support Group (SSG) Services:** The group helped several seniors with companionship, home visits, housing and finding Home Care Services. Two instances worth mentioning were (1) applying for housing for a low-income senior who with his wife are staying with an acquaintance on a temporary basis. and (2) helping a low-income senior to apply for citizenship with a waiver for Application.
- **Field Trips:** Seniors Program and Community Program agreed to jointly conduct field trips for seniors. The first field trip under this agreement was on September 7th to Kubota Garden in south Seattle. 42 seniors participated.

For the fourth quarter, we have the following events planned:

- **Annual Senior Music Talent Show** is planned for Saturday, October 6th from 1-4 pm in Kenmore. Seniors and to be seniors show their talent in music (vocal and instrumental), dance and poetry in front of fellow artists and an appreciative audience.
- **Two trips to Seattle Art Museum** are planned in November to the Art Exhibition from India – Peacock in the Desert. I want to acknowledge and thank Lalita Uppala and Meera Suresh for this initiative.

I hope you enjoy this edition of the newsletter and find the articles useful, entertaining and resourceful for your well-being.

If you have any suggestions, or a personal story to share, contact us at 206-805- 8955 or email at iawwsenior@hotmail.com

Into the Great Unknown: Retirement Health-Care Costs (Contd. From Page 1)

Premiums for Medicare Part D, covering drug expenses, also can vary by location as well as income. The estimated national average annual premium is \$650, and income-related adjustments can be up to \$898 per year. Even with Part D coverage, there typically are additional out-of-pocket expenses, such as copayments and coinsurance.

While 80% of Medicare participants do not opt for Medigap policies, those with the means to purchase them should certainly consider doing so. As the name suggests, these policies fill gaps in Medicare coverage. Annual Medigap premiums average about \$2,400 a year, though they differ by plan type, location, and other factors.

Out-of-pocket expenses in retirement also can vary widely. Counterintuitively, people with additional private insurance, such as a Medigap policy, tend to spend a little more out of pocket than those relying on Medicare alone — perhaps because their health-care needs are greater. Median annual out-of-pocket payments for those age 65 and older (excluding long-term care) were \$741 in 2014, but almost 20% of people spent at least \$2,000.

Contd. On Page 4

Upcoming Events for 2018

| Events | Dates | Location |
|---------------------------------------|--|--|
| Monthly Lunch | 11:30AM – 1:30PM 2 nd Thursday every month | Redmond Senior Center 8703 160 th Ave. NE, Redmond, WA 98052 |
| Weekly Programming for Seniors | 10AM – 2PM Every Thursday | North Bellevue Community Center 4063 148 th Ave. NE, Bellevue, WA 98007 |
| Senior Music Talent show | 1:00 PM – 4:00 PM October 6, 2018 | Northshore Fire District Office, 7220 NE 181st St, Kenmore, WA 98028 |
| Field Trip (2 trips) | November 2, 2018 November 14, 2018 | Seattle Art Museum, 1300 1st Ave, Seattle, WA 98101 |

Annual IAWW Family Walk and Picnic

The Annual Family Walk and Picnic event was held on Saturday July 21st on a warm and sunny day from 10 am to 2:30 pm at the Aubrey Davis Park in Mercer Island. Between 130-135 people – Men, women and children – that attended the event enjoyed a variety of games and delicious food. This event is free for the participants as a gesture Goodwill to the community. The picnic was organized and hosted by the IAWW Seniors Program and Youth Program. Some folks came early around 10 am to do an up to 5-mile walk/stroll while others showed up later to be part of the picnic.

Indian catered food was served from Samosas and chutney for snack; Naan, Dal, Chana Masala, Mixed Vegetable and Raita for lunch to Jalebis for dessert. To top it off, there was chai and cold drinks. Everyone enjoyed the food a lot. There was no food left over. As for the games, we had Carrom, Cricket, Cards and other board games that both the youth and seniors were playing. I played a rousing game of carrom with three other seniors. It was overall a very fun picnic. I look forward to the next year’s walk and picnic.



Field Trip to Kubota Garden

This year, Seniors Program and Community Program agreed to jointly conduct field trips for seniors. The first field trip under this agreement was on September 7th to Kubota Garden in south Seattle. 42 seniors participated who had a comfortable ride from North Bellevue Community Center (NBCC) to destination and back to NBCC. The day was partly cloudy/sunny but actually quite suitable for walking around some 20 acres of the Japanese garden.

After a couple of hours of touring the garden, we had a potluck picnic in a nice grassy area near the entrance of the garden before heading back home. Everyone had a good time and made new acquaintances/friendships.



Into the Great Unknown: Retirement Health-Care Costs (Contd. From Page 2)

ESTIMATED TOTAL: Totaling the cost of coverage and expenses above, the bottom line is that many retirees could easily end up spending between \$5,500 and \$11,000 a year in 2018 dollars on their health care (Figure 2). For a couple, then, that could be from about \$11,000 to about \$22,000 a year.

(Medicare Advantage plans, not included in this discussion, combine Medicare Part B, Medigap, and sometimes Medicare Part D expenses and often can be cheaper.)

Figure 2: Potential Annual Health-Care Costs in Retirement*

Per Person in 2018 Dollars, Excluding Long-Term Care.

| | Lower Earners, Median OOP | Middle of Five Income Ranges, Median OOP | Highest Earners, Top-Quintile OOP |
|---|------------------------------|---|--------------------------------------|
| Medicare Parts B and D Premiums | \$2,250 | \$4,250 | \$6,700 |
| + Out Of Pocket (OOP) | 750 | 750 | 2,000 |
| + Medigap Premium (Estimated Median) | 2,400 | 2,400 | 2,400 |
| = Total Excluding Long-Term Care | 5,400 | 7,400 | 11,100 |

*These are rough estimates with a wide range of possibilities as determined by a variety of factors.

Remember that these are rough estimates with a wide range of possibilities. In preparing for retirement, individuals should consider many factors—among them, where they live, their overall health, their family medical history, their prescription drug requirements, and medical specialists needed. Other estimates of retirement medical expenses from sources other than T. Rowe Price generally are in line with these estimated expenses; although they, too, can differ widely depending on the assumptions employed in their calculations.

Even before considering the potential for wide variances, the magnitude of estimated medical expenses in retirement often comes as a surprise to people after they stop working. Preretirees may find it's easier to focus on their housing, food, and transportation expenses more readily, even though it's possible that their health-care expenses may exceed one or more of those costs. In any case, getting a clearer picture, however generalized, of potential health-care costs can be a big step forward in planning for a financially successful retirement—as it may lead preretirees to save more to cover health-care costs.

Accounts to invest that higher level of savings include individual retirement accounts (IRAs), Roth IRAs, workplace savings plans such as 401(k)s, and, particularly, health savings accounts (HSAs). Available to individuals enrolled in high-deductible health plans, HSAs have been increasingly popular due to their tax benefits. As each of these options is subject to separate sets of tax, distribution, and estate rules, finding the right mix of savings vehicles requires planning as well.

LONG-TERM CARE: All of this is even before taking into account potential long-term care expenses, which have been excluded from the analysis outlined in Figure 2. Long-term care can range across in-home assistance, assisted living environments, and full nursing home care. In general, most of these costs are not covered by Medicare, and Medicaid only comes into play after most of a person's resources are exhausted.

Some may never need long-term care. However, some may require multiple years of extensive and costly nursing care, which is a major financial risk.

Purchasing long-term care insurance is a possible way to shift this potential expense to an insurer, and there is a segment of relatively affluent retirees who theoretically could benefit from that. People at the low end of wealth typically can't justify or afford the expense, and high-net-worth individuals may be able to successfully self-insure - leaving people in the middle as those most likely to consider buying long-term care insurance.

At the same time, long-term care insurance premiums have risen sharply, and many insurers have retreated from the business. So caution is in order before purchasing this insurance. Whether preretirees choose to manage all these financial risks through insurance, an investment portfolio, or some combination, it's important for them to make sure they're armed with knowledge of the health-care expense landscape.

Medical Breakthroughs: Keep Your Brain Healthy

New technologies offer hope for sufferers of MS, memory loss, ALS and more

AARP The Magazine, October 2017

A Fresh Approach to Fighting MS: The first sign of trouble came when Jim Swartwood, now 56, couldn't read the license plate on his pickup truck from 20 feet away. Swartwood, of Big Lake, Minn., saw an eye doctor, then a neurologist. Tests revealed he had 19 lesions on his brain, a sign of multiple sclerosis. More symptoms of this debilitating nerve condition soon came, and the MS drugs he tried didn't do much. In 2013, Swartwood's doctor got him into a clinical trial for a medication called Ocrevus. His symptoms subsided. The dreaded relapses didn't come.

Most treatments for MS focus on T cells, a kind of white blood cell. But in 2001, Stephen Hauser, chair of the neurology department at the University of California, San Francisco, teamed up with Genentech to test Ocrevus, which targets a different kind of white blood cell called B cells. Last March the drug was approved by the Food and Drug Administration. It's not a miracle cure, but it slows the disease's progression and reduces relapses.

Swartwood now lifts weights and plays racquetball. "Who knows what will happen tomorrow?" he says. "But I know I will be blessed no matter what." —*David Ferry*

A Scan for Memory Loss? The brains of people with signs of early dementia have smaller-than-normal medial temporal lobes, according to MRI scans done by Canadian researchers. Scans can't currently predict Alzheimer's disease, but in the future, they might allow for preventive treatment. —*Virginia Sole-Smith*

Detecting Early Memory Decline: With just an internet connection and a webcam, consumers can take an eye-tracking test that can detect and monitor memory decline before noticeable symptoms take hold. It's all based on subtle eye movements. An Emory University study from eight years ago found that people with memory impairment will spend equal time looking at new images and pictures they had seen before, contrasted with the average person, who will spend more time looking at the new than the familiar. Neurotrack has developed an inexpensive version of this test that takes just five minutes using a webcam and an internet browser. —*Denny Watkins*

Digital Tremor: Parkinson's disease patients often benefit from an electric current delivered to the brain through implanted electrodes. Abbott's Infinity Deep Brain Stimulation system lets neurologists direct electricity to specific therapeutic targets, which patients control using an iPod Touch. —*Sari Harrar*

Novel Drug For ALS: For the first time in 22 years, a new medication designed to temper ALS — amyotrophic lateral sclerosis — is on the market. Radicava was originally developed to treat strokes. But clinical studies in Japan showed that it slowed the progression of ALS, a devastating degenerative illness. —*David Ferry*

Heal Your Mood Fast: Ketamine is a common anesthetic that's been in use for more than 50 years. In the past decade, scientists have grown excited about its powerful antidepressant properties. Janssen Research and Development's variation on ketamine, called esketamine, has shown in clinical trials that it has a rapid antidepressant effect; it can work in hours, instead of weeks. It is considered potentially useful for people at imminent risk for suicide. —*David Ferry*

Donations to the IAWW Seniors Program (July to September 2018)

IAWW Seniors Program gratefully recognizes all the donors in our community who have contributed in the third quarter of 2018 (July to September). Your financial support is crucial to the success of the program.

Monthly Lunch Program:

\$25 Each or More:

Anonymous; Bandopadhyay, Namita; Shah, Rati

Seniors Program:

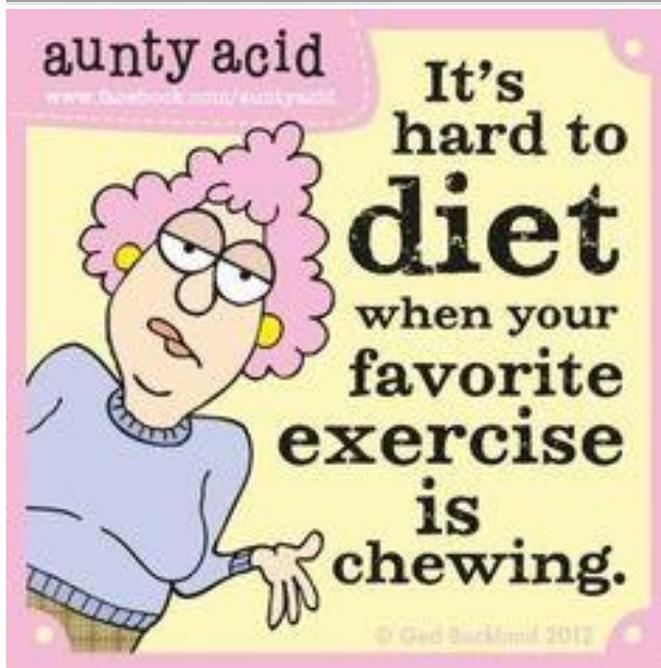
\$500+ - Sehgal, Uma

\$100+ - Jaidka, Sat

Humor

Lawyer: Now that you have been acquitted, will you tell me truly? Did you steal the car?
Client: After hearing you in the court, I am beginning to think I did not.

Kid A to Kid B: Does your grandmother read the Bible?
Kid B: Sure, day and night.
Kid A: why does she read it so much?
Kid B: I think she is cramming for her finals.



A mother invited several people to dinner. At the table, she asked her 5-year old daughter. "Would you say the blessing?"
Daughter: I don't know what to say.
Mother: Just say what you hear me say.
The daughter bowed her head and said, "Lord, why on earth did I invite all these people to dinner?"

A woman was sipping on a glass of wine, while sitting on the patio with her husband, and she says, "I love you so much; I don't know how I could ever live without you."
Her husband asks, "Is that you, or the wine talking?"
She replies, "It's me talking to the wine."

In a Laundromat:
Did I read that sign right?
"TOILET OUT OF ORDER. PLEASE USE FLOOR BELOW."

Did I read that sign right? "TOILET OUT OF ORDER. PLEASE USE FLOOR BELOW".

In a Laundromat: AUTOMATIC WASHING MACHINES: PLEASE REMOVE ALL YOUR CLOTHES WHEN THE LIGHT GOES OUT.

In an office: AFTER TEA BREAK, STAFF SHOULD EMPTY THE TEAPOT AND STAND UPSIDE DOWN ON THE DRAINING BOARD.

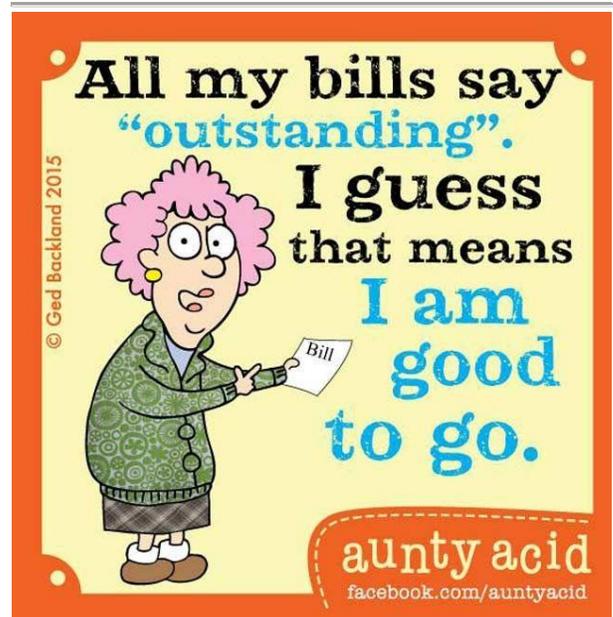
On a repair shop door: WE CAN REPAIR ANYTHING. (PLEASE KNOCK HARD ON THE DOOR – THE BELL DOESN'T WORK)

Seen during a conference: FOR ANYONE WHO HAS CHILDREN AND DOESN'T KNOW IT, THERE IS A DAY CARE ON THE 1ST FLOOR.

Notice in a farmer's field: THE FARMER ALLOWS WALKERS TO CROSS THE FIELD FOR FREE, BUT THE BULL CHARGES.

Outside a second-hand shop: WE EXCHANGE ANYTHING – BICYCLES, WASHING MACHINES ETC. WHY NOT BRING YOUR WIFE ALONG AND GET A WONDERFUL BARGAIN?

Spotted in a safari park: ELEPHANTS, PLEASE STAY IN YOUR CAR.



Volunteer Profile



Name: Parvathi Rao

Husband: Dr. Bhujanga H. Rao (Deceased)

Daughter: Gayathri

Grandchildren: Toshin, Arkin

Parvathi Rao says she is in a fix when faced with the question, "When did you come to the U.S?". The reason being, she first arrived in the U.S in 1968 as a student of Public Health Nutrition at Columbia University, New York. She completed her studies and returned to India. However, it became the beginning of several stints that brought her back to the U.S for education as well as jobs with her physician husband.

With the passing of her husband she moved permanently to the US in 2001 to live with her only child Gayathri who was beginning her career as a physician. Parvathi retired as the Principal of Home Science College in Goa and briefly worked as Adjunct Faculty at Bastyr University in Kenmore, WA. She however found caring for her grandchildren Toshin and Arkin more fulfilling and gave up the job to be a full-time grandma!

As the grandchildren grew to school going age, Parvathi became interested in volunteering at the Redmond Senior Center where she had been attending programs. She began helping out at the ticket window along with her friend Usha Moonka.

When the Senior Support Group (SSG) was established Parvathi was particularly drawn to the principles and philosophy of the organization. They seemed to echo her own ideals of supporting aging friends and family and she quickly became a member.

She was delighted when she was also offered the position of an official volunteer at the front desk for the Redmond Senior Center. It gave her the opportunity to interact more with other seniors that she sees regularly. Parvathi is happy greeting the senior members, helping with queries and birthday celebrations. She especially enjoys volunteering at the Annual Senior Health Fair and attending health talks.

Her most gratifying moment was receiving a message from a senior appreciating the volunteers doing a wonderful job!

When not volunteering Parvathi enjoys movies, gardening and cooking for her friends and family.

Quotes:

A winner is a dreamer who never gave up. - Nelson Mandela

The world is a book and those who do not travel read only one page. Unknown

The happiest people don't have the best of everything, they just make the best of everything. - Unknown

If you can't change your mind, you can't change anything. - Unknown

10 Fun Facts About Aging

Published by Tara C, Moves for Seniors Blog

There's a cultural phenomenon that surrounds the concept of aging. Most choose to perceive and experience aging negatively, when in fact, there are myriad reasons why aging should be seen as an ultimately positive thing. Don't believe us? Here are 10 facts about aging that might change your mind.

1. As our first of 10 fun facts about aging, let's start off simple. Since 1960, life expectancy has increased by three and a half years.
2. Your creative capacity doesn't shrivel away in the slightest. Take the German philosopher Immanuel Kant for example. He published what are arguably some of his greatest works between ages 60 and 80.
3. It's never too late to start a successful business, either. Did you know that Harlan David Sanders – better known by the familiar moniker Colonel Sanders – founded Kentucky Fried Chicken at the age of 65.
4. On top of that, as of 2009, there are at least 6.5 million elderly citizens ages 65 or older working labor jobs. That number is projected to reach 11.1 million by 2018.
5. That might be the right way to go, considering working past retirement can help you achieve longevity.
6. Really though, the key to longevity is in your lifestyle. This report argues that only 30% of the characteristics associated with aging are determined by genetics. The other 70% is determined by the way you choose to live your life.
7. So, choose to be happy! Actually, a 2008 Gallup poll showed that more people report feeling happier as they get older than vice versa. Specifically, this starts happening after age 50. So, this shouldn't be too much of a challenge.
8. Now for some real fun. Studies show that as you age, your body sweats less.
9. And so much for getting soft! Researchers have suggested that the older you get, the more competitive you become.
10. Finally, it's not all about exercise. What you're doing right now is actually healthy for you. This study shows that exercise in combination with computer use can prevent memory loss.

About IAWW Seniors Program

The IAWW Seniors Program, a non-profit organization, was started in 1997 as part of the India Association of Western Washington (IAWW). This is the only program serving the Asian Indian seniors in the State of Washington. Its participants are retired, or of retirement age (or younger who have aging relatives and friends), and are interested in the activities and events relevant to the seniors.

Our Mission

"To provide and facilitate civic, recreational, cultural and educational services and opportunities for cultural integration to the elders of the community."

To learn more about the program, to participate, to volunteer or to donate,

Please contact:

Dr. Pran Wahi

Phone: (206) 805-8955

India Association of Western Washington (Seniors Program)

3639 Martin Luther King Jr. Way S,

Seattle, WA 98144

E-mail:

iawwsenior@hotmail.com

Website:

www.iaww.org