

The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)
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It's Time to Get Your Flu Shot: What You Need to Know During Flu Season

Key Takeaways

- When is it good to get your flu shot? Now is the best time for older adults to get their flu vaccines to protect against the influenza virus, also known as the “flu.”
- Older adults with underlying conditions, including heart disease, diabetes, and lung disease, are at highest risk for developing life-threatening complications from the flu.
- People who have had the COVID-19 vaccine or are planning to be vaccinated against COVID-19 can safely get the flu shot.

Much needed attention continues to focus on the importance of COVID-19 vaccines. Yet another very important vaccine for older adults is the seasonal influenza vaccine or “flu” shot.

The importance of flu shots for older adults

The single best way to reduce your risk from flu and possibly serious complications is to get the flu shot every year. The good news is that flu shot availability is plentiful. Here are some flu facts to help explain why getting your vaccine is so important. The good news is that flu shot availability is plentiful. Here are some flu facts to help explain why getting your vaccine is so important.

What is influenza or flu?

Are influenza (flu) and COVID-19 caused by the same virus? The answer is no. Influenza is a highly contagious respiratory infection caused by the influenza virus. The flu virus is different from the coronavirus, and two different vaccines are required for protection. Individuals who have had the COVID-19 vaccine or are planning to be vaccinated against COVID-19 can safely get the flu shot this year and every year.

Although they are caused by different viruses, there are some similarities between COVID-19 and flu.

Just like COVID-19, flu is easily passed from person to person when someone coughs, talks, or sneezes.

You can also catch the flu virus from recently contaminated surfaces or objects that have the virus on them and then touch your mouth, eyes, or nose.

What are the symptoms of flu?

Some symptoms of flu are similar to the common cold, like sneezing, cough, sore throat, and chest discomfort. However, flu usually starts quicker and symptoms are much more severe than the common cold. Flu symptoms also include fever, body aches, chills, headaches, and feeling tired. People often ask, "Can you get the flu from the flu shot?" No, you cannot. The flu shot is made from inactive (dead) virus that can't cause influenza infection. However, you may get brief, mild side effects from the flu vaccine that can feel almost flu-like.

Why are older adults at higher risk for flu?

While each flu season differs in severity, during most seasons, people 65 years and older bear the greatest burden of disease. The burden from flu in 2020 was low due to COVID-19 protections—staying home, mask wearing, physical distancing, avoiding crowds, and less travel. However, in previous years, CDC estimates that between 70-85% of seasonal flu-related deaths and between 50-70% of seasonal flu-related hospitalizations occurred in older adults.

People 65+ are at higher risk of developing serious complications from flu compared with younger adults. This increased risk is due in part to declines in immune response with age. Because of age-related changes in their immune systems, people 65 years and older may not respond as well to vaccination as younger people.

Although immune responses may be lower in older people, studies have found that flu vaccine has been effective in reducing the risk of doctor visits and hospitalizations due to the flu. In addition, a high dose vaccine and an adjuvanted flu vaccine are available; adjuvanted flu vaccine includes an additive that provide a higher immune response.

Both vaccines have been shown to more effective in older adults in producing a stronger immune response and reducing illness compared to the standard flu vaccine shot. Your doctor or pharmacist will recommend which flu vaccine is best for you.

Why are flu shots needed every year?

If you're concerned about how to prevent catching the flu from someone, getting a flu vaccine is your best bet. CDC recommends that almost everyone 6 months and older get a seasonal flu vaccine every year, ideally by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even into January or later.

Flu vaccines are updated each season to keep up with changing viruses. Also, immunity against the flu virus decreases over a year so annual vaccination is needed to make sure everyone has the best possible protection against flu. Because immunity may decrease more quickly in older people, it is especially important that older adults are not vaccinated too early like in July or August.

As of 2022, federal health officials now recommend a higher dose flu vaccine for people age 65 and older. Known as Fluzone, or Fluzone High-Dose Quadrivalent, studies have shown it triggers a better immune response in older adults than the traditional flu vaccine. But if the Fluzone vaccine isn't available, a traditional flu shot is recommended.

What about the pneumococcal vaccine?

Pneumonia is an example of a serious flu-related complication that can cause death. People who are 65 years and older also should be up to date with pneumococcal vaccine to protect against pneumococcal disease, such as pneumonia, meningitis, and bloodstream infections.

Talk to your doctor to find out which pneumococcal vaccine is recommended for you. If you are not up to date on your pneumococcal vaccine, you can get that vaccine when you get a flu vaccine.

Does Medicare cover vaccines?

Medicare Part B covers both the flu shot and pneumococcal vaccines with no out-of-pocket costs to Medicare beneficiaries.

Get your flu shot now!

If you're wondering, "When will the flu vaccine be available?", the answer is right now. It's important to note that it takes about 2 weeks after the flu shot to develop antibodies or protection against the flu virus, so don't wait. You can search by ZIP code to find flu vaccines near you at [vaccines.gov](https://www.vaccines.gov).

Check flu shot availability in your local area and make an appointment today. That way, you'll be protected when the flu season starts in late fall/early winter.

Getting an annual flu shot is an important way to stay active, healthy, and independent.

For more information, visit:

<https://www.ncoa.org/article/its-time-to-get-your-flu-shot-what-you-need-to-know-during-flu-season>

How Bad Will Flu Season Be This Year?

Experts are bracing for a rough fall and winter, making the flu shot all the more critical

U.S. health officials typically look to the Southern Hemisphere for an indication of what to expect, and Australia is wrapping up its worst flu season in five years. The Australian flu season also arrived significantly earlier than normal, with cases spiking two or three months before their typical peak.

"You can never predict with 100 percent certainty, but all signs predict influenza will be back this year, and data from Australia suggests it will be a strong flu season," says Andrew Pekosz, a virologist and professor of microbiology at the Johns Hopkins University School of Public Health.

In addition, health officials anticipate another surge in COVID-19 cases as school starts, the weather cools and people move inside. Those patients could potentially compete for hospital beds with patients who have complications from the flu.

It's also possible to get the flu and COVID-19 at the same time, and a recent study published in *The Lancet* found that adults who have a dual flu-COVID infection are at greater risk of severe disease and death than patients who have COVID-19 alone or with other viruses.

But there is a way to blunt influenza's expected burden, and that's with a flu shot. The vaccine is especially critical for older adults, who see a natural decline in immune function with age and are at higher risk of developing complications from the flu. Older adults are also at higher risk of COVID-19 complications.

Americans May Be More Susceptible to Flu This Year

The past two flu seasons have been milder than usual, with low numbers of cases and few hospitalizations and deaths. Experts attribute the decline to COVID-19 precautions such as wearing face masks and social distancing. People were also traveling less during the height of the pandemic.

"Now that people are out and about without masks, traveling extensively, and once again having vacations, going to restaurants and religious services, and back to school and to the office, there are more opportunities for the [flu] virus to circulate," says William Schaffner, medical director of the National Foundation for Infectious Diseases and a professor of infectious diseases at the Vanderbilt University Medical Center in Nashville, Tennessee.

Americans also have less natural immunity to influenza because so few people were infected in 2020 and 2021, Pekosz says.

In typical years, "a good percentage of the population gets infected with influenza, and their immunity after infection lasts longer than what we get from vaccination," Pekosz notes. "What we're seeing is a couple of years where we didn't see infection. So, more people may be susceptible to influenza in this coming season."

He says an early season is usually a sign of more susceptible people in a population. That would explain what happened in Australia — and possibly predict an early season here.

Schedule Your Flu Shot

The Centers for Disease Control and Prevention (CDC) recommends getting your flu shot in September or October. "Ideally, everyone should be vaccinated by the end of October," the agency says. (But it's better to get it late than not at all.)



Since an early influenza season is possible this year, some experts say you should aim to get the vaccine earlier, in September instead of October.

“You need to be vaccinated one month before influenza comes, because it takes about a month to get the antibodies you want for protection,” says Adolfo Garcia-Sastre, director of the Global Health and Emerging Pathogens Institute at the Icahn School of Medicine at Mount Sinai in New York City.

“What we have seen in Australia would be the equivalent of [the flu season] starting in October here,” he adds.

If the virus doesn’t follow Australia’s path and peaks in February instead, as it has in other years, your immunity, if you got the shot in September, may be somewhat weakened by then, Garcia-Sastre says. That has prompted discussion among health experts about whether to recommend an influenza booster for high-risk groups, he adds. At this point, however, there is no recommendation for a second shot.

Older Adults Should Get the High-Dose or Adjuvanted Vaccine

All of the approved influenza vaccines this year are quadrivalent, meaning that they contain four different strains of the virus. So far, it looks like the shot is well matched to circulating strains.

“Even in years where there is not a very good match between the vaccine and circulating virus, there is always some protection from the vaccine,” Schaffner says.

Adults 65 and older should get the higher-dose or adjuvanted flu vaccine, the CDC says; both have been shown to evoke a stronger immune response in older adults and can offer greater protection against illness.

“People age 65 and older account for over 85 percent of the hospitalizations and deaths from the flu, so we need all the help we can get,” Schaffner adds.

Influenza caused about 380,000 hospitalizations and 20,000 deaths in the 2019–2020 flu season, according to CDC data. Previous flu seasons have been more severe: In the 2017–2018 season, for example, an estimated 710,000 Americans were hospitalized, and 52,000 Americans died of the disease, according to the CDC.

Still, about one-third of older adults skipped out on the flu vaccine last year, federal data shows.

One Shot in Each Arm?

There’s a new batch of COVID-19 boosters out from Pfizer-BioNTech and Moderna that have been tweaked to better target omicron and its subvariants, and health officials are recommending that all fully vaccinated adults get one this fall. (People 12 and up can get the updated Pfizer vaccine; adults 18 and older can opt for Moderna’s.) And a good time to get the new booster, experts say, is when you go in for your flu shot.

“Get the flu vaccine in one arm and the COVID vaccine in the other,” Schaffner suggests.

White House COVID-19 Response Coordinator Ashish Jha even said, “I really believe this is why God gave us two arms — one for the flu shot and the other one for the COVID shot.”

Health officials acknowledge that Americans feeling “vaccine fatigue” may be tempted to forgo one or both shots, but they warn that doing so could put you at significant risk of hospitalization or death.

“My worry is, we haven’t seen very good uptake of the COVID booster shot, particularly in vulnerable populations,” Pekosz says. “The same population at high risk of severe COVID are the ones at high risk of severe influenza. Now is the time to be cognizant of that and do something about it. We do know that vaccines are the best protection.”

For more information, visit:
<https://www.aarp.org/health/conditions-treatments/info-2022/flu-season.html>

Omicron Boosters: What to Know About the Updated COVID-19 Shots



New bivalent vaccines target both the original coronavirus strain and the latest variants

Roughly a year and a half after their debut, the COVID-19 vaccines have received an update.

The retooled shots from Moderna and Pfizer-BioNTech, which are formulated to better target the omicron variants that are currently circulating, have the all clear from health officials and are now available at many doctor offices, pharmacies and health clinics throughout the U.S.

Here's what you need to know about the latest boosters, including when you can receive one.

Why Do We Need New Boosters?

The COVID-19 vaccines first developed in 2020 have saved millions of lives worldwide — upwards of 20 million, some estimates show — and have helped keep countless individuals out of the hospital. But the virus that the original vaccines and boosters were designed to fight has changed in the last two and a half years, and the latest versions are better at evading the vaccine's defenses. The goal of the updated boosters is to "help restore protection that has waned since previous vaccination" and "to provide broader protection against newer variants," Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky, M.D., explained.

Infection and transmission rates could go down with the introduction of the revised boosters, experts predict. So could hospitalization rates, which the CDC says have increased among older adults since April 2022. Modeling data show that broad uptake of the new booster shots early this fall could prevent more than 100,000 hospitalizations.

"The major goal continues to be prevention of hospitalization and prevention of serious disease," says William Schaffner, M.D., a vaccine expert and professor of medicine at Vanderbilt University School of Medicine.

How Are the New Boosters Different?

The updated boosters are so-called bivalent vaccines, meaning they contain not one, but two sets of instructions (mRNA) that teach the body to produce antibodies to fight off a coronavirus infection.

One mRNA component is from the original strain of the coronavirus. This is "to provide an immune response that is broadly protective against COVID-19," the FDA says. The other is from omicron's BA.4 and BA.5 variants, which are the current threats in the U.S. and around the globe. According to the CDC, BA.5 is responsible for about 90 percent of new COVID-19 cases in the U.S.; BA.4 makes up the rest. And both are expected to continue circulating this fall and winter. This, however, does not mean the updated boosters are a double-dose shot. They contain the same amount of so-called antigen as the original vaccines.

Now that the new boosters are available, the older versions will no longer be used. (Much like how you don't get last year's influenza vaccine for this year's flu season.) However, the primary series of the COVID-19 Pfizer and Moderna vaccines will remain the same for now, meaning the first two shots given to people who have not been vaccinated will only contain mRNA components from the original strain of the coronavirus.

Who is Eligible for the New Boosters?

It doesn't matter how many boosters you have under your belt right now — none, one or two. As long as you've had your primary series, you can get an updated Moderna booster if you are 18 and older and it's been at least two months since your last shot. Pfizer's vaccine is cleared for fully vaccinated people 12 and older along the same timeline.

This doesn't necessarily mean you'll need to get boosted every two months from here on out, though. "What the interval will be is currently not known," Schaffner says, adding that a lot will depend on how often the virus mutates and to what extent.

"If the virus is reasonably stable, maybe we only have to do this on an annual basis. If it starts genetically flip-flopping and doing more, well, we might have to [get boosted] a little more frequently. But it remains to be seen," he says.

Vaccine uptake will likely be high among older adults, who are at high risk for some of the worst complications of COVID-19. A recent University of Michigan poll shows that 61 percent of people over the age of 50 who have already had at least one dose of the COVID-19 vaccine are very likely to go back for an updated booster shot.

Kenneth Koncilja, M.D., a geriatrician at Cleveland Clinic, is recommending that all his patients get the new booster as soon as it's available. The reason? He saw more cases of COVID-19 in his hospital this summer compared to past years. "And I'm worried about the fall and winter," he said, pointing to the time of year when respiratory illnesses pick up. "This really could be a game changer for our public health."

If you just had COVID-19 — and millions did this summer — talk to your doctor about the best time to get your next booster. Reinfection is less likely in the weeks to months after infection, the CDC says, so if you don't have any underlying risks and infection rates aren't particularly high in your area, it may be appropriate to hold off a little longer (about three months) for your booster.

What About Safety and Effectiveness?

The data reviewed by the FDA and CDC included clinical trial results looking at a slightly different COVID-19 bivalent booster: one that included the original coronavirus strain and BA.1, which like BA.4 and BA.5, is a subvariant of omicron. Mouse studies looking at the safety and effectiveness of the BA.4/5 bivalent vaccine were also considered; clinical trial results in humans are forthcoming.

When it comes to effectiveness, the bivalent BA.1 boosters generated a stronger immune response than the first-generation vaccines, top infectious disease expert Anthony Fauci, M.D., explained in a Sept. 6 press briefing. "And so, we fully expect that the updated bivalent vaccines containing BA.4/BA.5 sequences will offer better protection against currently circulating strains than the original vaccines," Fauci added.

What's more, no safety concerns were raised from the bivalent studies. Peter Marks, M.D., director of the FDA's Center for Biologics Evaluation and Research, said that the FDA has been planning for the possibility of updated COVID-19 vaccines and worked with experts and manufacturers to make sure the process was safe.

"The FDA has extensive experience with strain changes for annual influenza vaccines. We are confident in the evidence supporting these authorizations," Marks said.

If you're curious about what to expect when it comes to side effects from bivalent boosters, nothing is really different. Among the study participants who received Moderna's bivalent BA.1 vaccine, the most commonly reported side effects were in line with the side effects some people experienced after the previous boosters: pain, redness and swelling at the injection site; fatigue; headache; muscle pain; joint pain; chills; nausea/vomiting and fever.

Pfizer's bivalent BA.1 study yielded similar results, with the most commonly reported side effects being pain, redness and swelling at the injection site; fatigue; headache; muscle pain; chills; joint pain; diarrhea and fever. No adverse events were reported in either study, though experts say they will continue to keep an eye on the rare risk of myocarditis, an inflammation of the heart muscle that can weaken the heart in younger adults.

Where Can I Get an Updated Booster?

The updated boosters are available at many of the same sites that have been administering COVID-19 vaccines and boosters all along — pharmacies, doctor offices, community health centers, etc. You can find the closest location on [vaccines.gov](https://www.vaccines.gov).

Vaccine manufacturers began shipping the updated shots soon after they received the green light from health officials, so the shots should be trickling in. That said, it never hurts to call ahead of time to make sure they're in stock at your preferred location. And just like with the previous COVID-19 boosters and vaccines, these shots are free.

Can I Get It at the Same Time as a Flu Shot?

Yes. And in fact, the timing is perfect, since the ideal window to get the flu shot is in September or October, the CDC says. "I like to say in a kind of a casual way this year, it means you'll have to roll up both sleeves," Schaffner adds.

Like with COVID-19, older adults are at greater risk for complications from the flu, so an influenza vaccine is a great way to reduce the likelihood that you'll end up in the hospital. What's more, this year's flu season is expected to hit harder than the last few, "so getting the flu vaccine will be important," says Priya Sampathkumar, M.D., a critical care and infectious disease specialist at Mayo Clinic.

Contributing Author: by Rachel Nania, AARP, September 6, 2022



Amid rising inflation and a volatile stock market, many retirees are heading back to work. In April, Hiring Lab, the economic research arm of the job board.

Indeed.com, [reported](#) that as of March 2022, 3.2% of workers who were retired a year ago are now employed.



So, before firing off your resume, here are four things to consider:

There are two ways that working longer could have a positive effect on your future Social Security benefits. First, money you earn now may raise the long-term average earnings in your benefit calculation. Second, extra income might make it easier for you to delay claiming Social Security for a few years. That's valuable, because benefits increase 8% per year for every year you delay claiming after your full retirement age, up until age 70.

However, if you start collecting Social Security before reaching your full retirement age, and then return to work, your monthly benefits might be reduced, at least temporarily. Your check will decrease if your earnings exceed the annual earnings limit set by the Social Security Administration (\$19,560 in 2022). If you don't exceed the limit, there is no impact. For every \$2 you earn above the limit, your benefits will be reduced by \$1.

For example, if you earn \$40,560 this year, your benefits will be reduced by \$10,500. The year you reach full retirement age, the earnings limit is higher (\$51,960 for 2022) and your benefits are only reduced by \$1 for every \$3 above that limit. Once you reach full retirement age, the deferrals end and future monthly benefits will be recalculated to compensate for any money withheld previously.

To be clear, the deferral only applies to income from wages and net earnings from self-employment. It does not include pensions, government benefits, or investment income. And it only affects people who have not yet reached full retirement age as determined by the Social Security Administration; that is 66 if you were born between 1943 to 1954. Full retirement age increases gradually for those born between 1955 to 1960. For people born in 1960 or later, the full retirement age is 67.

For more information: Consult the Frequently Asked Questions section of the Social Security Administration's website, by visiting <https://faq.ssa.gov/en-us/Topic/article/KA-01921>

Should you keep Medicare coverage if you work for an employer that offers health care insurance? The answer to that question is complicated. There are a lot of "ifs" "ands" and "buts" to consider.



If you, or your spouse, goes to work for a company that offers health insurance, you can take it and remain on Medicare at the same time. One will be considered primary coverage, and the other is secondary. But if you remain on any part of Medicare, you cannot participate in a health savings plan if your employer offers one.

However, things get trickier if you want to maintain Medicare Part A (which is free for most people) but drop the parts of Medicare which you pay for, such as Medicare Part B (outpatient coverage) Part D (prescription drug plans) Medicare Advantage and Medigap.

For starters, coverage rules are different for small businesses (fewer than 20 employees). If you're over age 65, Medicare is considered your primary coverage and your private insurance only pays for services that Medicare doesn't. That could leave you with significant gaps in your coverage.

Even if you work for a larger employer, who offers you cost-effective insurance, you'll need to avoid running afoul of the rules governing re-enrollment, preexisting conditions etc. when you are ready to re-enroll in Medicare coverage later. So, before you drop any part of your Medicare coverage, speak with a Medicare broker and your HR department to fully understand the impacts of your decision.

One other issue: If you earn enough, you may be liable for a premium surcharge on your Medicare Part B and Part D premiums. This could be substantial. In 2022, the average Part B premium is \$170.10 per month, but higher earners pay up to \$578.30 per month. You won't be hit with the increase immediately, since the government uses your tax return from two years prior to determine the cost of premiums.

To avoid any nasty surprises down the road, consult [Medicare.gov](https://www.medicare.gov) to see what surcharges, if any, you could be liable for.

3. Pensions

Returning to work after retirement can affect your pension. Each plan has its own set of rules and restrictions, so make sure you check with your HR Department or pension plan provider to ensure you understand any potential issues.

Some plans allow you to collect a full pension at retirement age, others suspend pension payments and still others place limits on your earnings and hours. Most pensions are not affected if you go to work for a new employer, but here again, there are some exceptions.



4. Taxes

Finally, a return to work might bump you into a higher tax bracket, which could increase the tax bite on your investment income, required minimum distributions and other types of income. In most cases, the additional income will outweigh the tax pain, but it's wise to do a cost-benefit analysis.



Contributing Author: [Nancy Collamer, M.S.](#), is a semi-retirement coach, speaker and author of **Second-Act Careers: 50+ Ways to Profit From Your Passions During Semi-Retirement.**



Medicare Open Enrollment

When is the Medicare Open Enrollment Period?

Every year, Medicare's open enrollment period is **October 15 - December 7**.

What is the Medicare Open Enrollment Period?

Medicare health and drug plans can make changes each year—things like cost, coverage, and what providers and pharmacies are in their networks. October 15 to December 7 is when all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs.

How Do People Know If They Need to Change Plans?

People in a Medicare health or prescription drug plan should always review the materials their plans send them, like the "Evidence of Coverage" (EOC) and "Annual Notice of Change" (ANOC). If their plans are changing, they should make sure their plans will still meet their needs for the following year. If they're satisfied that their current plans will meet their needs for next year and it's still being offered, they don't need to do anything.

When Can People Get Information About Next Year's Medicare Plans?

Information for next year's plans will be available beginning in October.

Where Can People Find Medicare Plan Information or Compare Plans?

1-800-MEDICARE or Medicare.gov.

The Centers for Medicare and Medicaid Services (CMS) has Medicare outreach and media materials for English-speaking, Spanish-speaking, and other audiences that can help you to help others with Medicare open enrollment.

Medicare Open Enrollment 2023: What You Need to Know

UPCOMING EVENT

Key Takeaways

- Medicare's annual Open Enrollment runs Oct. 15-Dec. 7, 2022.
- In these tight economic times, it's more important than ever for people with Medicare to review their plans and make sure they have the right coverage.
- Learn more about what's new for Medicare in 2023 and how to best support beneficiaries by joining our Oct. 11 fireside chat.

With inflation hitting pocketbooks nationwide, it's more important than ever for people with Medicare to review their plans to make sure they're getting the most value and right coverage for their unique needs.

Join our fireside chat to be better prepared to help during the upcoming Medicare annual Open Enrollment period, which runs Oct. 15 through Dec. 7, 2022.

Among the topics you'll hear about:

- What's new to Medicare this year?
- How should people weigh the plan and coverage options?
- How will the Inflation Reduction Act affect Medicare in 2023?

To attend, register here:

https://connect.ncoa.org/products/fireside-chat-what-you-need-to-know-for-medicare-annual-enrollment-2023#tab-product_tab_overview



Get help with your Medicare costs

GETTING STARTED



Programs that can help save you money

Call for more information

It's important to call your State Medical Assistance (Medicaid) office or fill out an application if you think you could qualify for savings, even if your income or resources are higher than the amounts listed in this brochure. Visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone), select your state, then select "Other insurance programs" to get the phone number for your state's Medicaid office. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

The only way to know if you qualify is to apply

Call your State Medical Assistance (Medicaid) office to find out if you qualify.

Where can I get more information?

- Visit [Medicare.gov](https://www.Medicare.gov) to view or print Medicare publications and find helpful phone numbers and websites.
- Call 1-800-MEDICARE (1-800-633-4227) and ask about getting help paying for your Medicare premiums. TTY users can call 1-877-486-2048.
- Call your State Medical Assistance (Medicaid) office. To get their phone number, visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone), select your state, then select "Other insurance programs," or call 1-800-MEDICARE.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

This product was produced at U.S. taxpayer expense.

[Medicare.gov](https://www.Medicare.gov)

CMS Product No. 10126
Revised March 2022

CENTERS FOR MEDICARE & MEDICAID SERVICES

State programs can save you money

LET'S GET STARTED

You can get help from your state to pay your Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments if you meet certain conditions.

There are 4 kinds of Medicare Savings Programs:

1. Qualified Medicare Beneficiary (QMB)
2. Specified Low-Income Medicare Beneficiary (SLMB)
3. Qualifying Individual (QI)
4. Qualified Disabled & Working Individuals (QDWI)

If you qualify for a QMB, SLMB, or QI program, you automatically qualify to get Extra Help paying for Medicare drug coverage.

3 important questions

If you answer "yes" to all of these questions, visit [Medicare.gov](https://www.Medicare.gov) or call your State Medical Assistance (Medicaid) office to see if you qualify for a Medicare Savings Program in your state:

1. **Do you have, or are you eligible for Part A?** If you aren't sure, look on your red, white, and blue Medicare card, or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.
2. **Is your income for 2022 at or below the income limits listed below?** The information in the chart is available at [Medicare.gov/medicare-savings-programs](https://www.Medicare.gov/medicare-savings-programs).

Note: The income and resource limits in this chart may change in 2023.

Medicare Savings Program	Individual monthly income limit*	Married couple monthly income limit*	Helps pay your
QMB	\$1,153	\$1,546	Part A and Part B premiums and other costs (like deductibles, coinsurance, and copayments)
SLMB	\$1,379	\$1,851	Part B premiums only
QI	\$1,549	\$2,080	Part B premiums only
QDWI	\$4,615	\$6,189	Part A premiums only

3. **Do you have limited resources, below the limits above?** The 2022 resource limits for the QMB, SLMB, and QI programs are \$8,400 for one person and \$12,600 for a married couple. Resource limits for the QDWI program are \$4,615 for one person or \$6,189 for a married couple. Countable resources include money in a checking or savings account, stocks, and bonds. When you count your resources, don't include your home, one car, burial plot, up to \$1,500 for burial costs if you've put that money aside, furniture, or other household and personal items.

* If you have income from working, you may qualify for these benefits even if your income is higher than these limits. Many states figure your income and resources differently, so you may qualify in your state even if you think you're above these limits. Limits are slightly higher in Alaska and Hawaii. Some states have higher resource levels or don't count resources. Check with your state to find out more.

1 - 8 0 0 - M E D I C A R E

[Medicare.gov](https://www.Medicare.gov)



HealthyWomen and the National Caucus and Center on Black Aging, Inc. (NCBA) are exploring what people know about HIV and aging, including diagnosis, treatment, testing, stigma, and barriers to care. Changes in treatment options are increasing life expectancy for those with HIV. In 2018, over half (51%) of people in the United States with diagnosed HIV were ages 50 and older.

We've built this survey to identify any gaps in knowledge to build education resources that help others learn about HIV and the most up-to-date information. Names, email addresses and survey responses will all be kept confidential and not shared publicly.

Take the survey by visiting:

<https://www.surveymonkey.com/r/hw-ncba-newsletter>

**HIV
LIVES
MATTER.**



What Does Independent Living Really Mean?

It's a commonly held belief that independent living is only for people who need assistance or care on a daily basis. But if that were the case, "independent living" wouldn't be a particularly accurate description, would it? So, what does it really mean? Who lives in independent living communities, and why did they choose to move there?

What is Independent Living?

If you asked someone 20 years ago to define independent living, you'd probably receive a philosophical type of answer — a personal definition of what it meant to live your own life, no matter how old you were. It's a concept describing the act of making your own, independent decisions to live your best life in the manner you chose.

With the rapid evolution of retirement living options, independent living has taken on a new definition. If you ask most people now, they'd probably say it's a type of community for retirees or older adults. And, for the most part, they'd be right. Independent living is a neighborhood of older adults who enjoy the luxury of not needing to perform landscaping, snow shoveling or other home-owning duties, as well as the added benefits of community activities and trips, classes, hobbies, etc.

In this new landscape of independent living as a retirement environment, residents seek new types of communities where they can continue to make their own decisions and live the life they choose, which means it's not really all that different from the earlier concept of living independently.

Who Lives in Independent Living Communities?

The people who choose an independent living lifestyle want the freedom to make their own decisions and to enjoy their lives without the burden of household chores and home maintenance. They enjoy the convenience of a full-service community, which can mean meals in a restaurant setting, easy access to social activities and other benefits and amenities. They don't need medical care other than routine visits and preventive care. Often, they aren't ready to give up driving, but if they want help with transportation, that can be arranged.

Also, people who still want to live in a space that's just their own. Independent living usually means a studio, apartment or cottage home. These communities vary and some resemble your typical gated-style community that's open to anyone of any age. In fact, you often can't tell the difference just by looking — all you see is a beautiful, well-landscaped neighborhood.

Anyone who has reached the age of 65 is a candidate for independent living as defined today. Some aren't even retired yet, but they don't want to worry about chores, cooking or the costs and bother of maintaining a home.

- **There's more time to travel.** One of the advantages of being retired is that you have more time to travel. You also have the freedom to take long-term vacations to other parts of the world. Avid travelers who live in independent living communities have the freedom to spend a month or more in a far-off locale without having to worry about their pipes freezing or their lawns becoming jungles while they're away.
- **It's easier to be a snowbird.** Some older Americans own second homes in warmer climates. Even though they might downsize when they move to independent living, they can choose to keep their beach property or cabin in the woods. Without having to worry about managing their new home, it becomes easier to enjoy their vacation property.
- **There are lots of new people to meet.** One of the disadvantages of aging is that your friends might move far away and your social circle might shrink. Lack of socializing late in life has even been linked to physical and mental health issues. Independent living means proximity to a whole new set of friends your age. It's typical for people in these communities to make long-lasting friends who share the same interests and hobbies. Don't underestimate the value of community. Read about the importance of socialization as we age.
- **It's safer and more secure.** Most arrangements include an emergency call system that residents can use any time for alerts. As far as security goes, these communities are equipped with security measures above and beyond what the typical home might have.
- **It's easier to live a healthy lifestyle.** With daily access to nutritious meals and fitness centers or other recreation options, it's easier to stay healthy. According to the U.S. Department of Health & Human Services, only about one-third of Americans aged 65 to 74 are physically active. And in general, older Americans are more likely to experience health issues when they don't pay attention to nutrition. Want to learn more?

The Financial Side of Independent Living

As we age, it's typical to start needing more help with chores, driving, meal prep and health care. Some people begin to require assistance with getting dressed and other daily chores. When these needs become more acute, a common solution is to move to an assisted living community. That's another level of care than what you get in an independent living arrangement.

Some independent living communities are part of a larger network of communities where residents can move from independent living to assisted living and, if they need it later on, skilled nursing or memory care. There are huge financial benefits when you enter these continued care retirement communities at the lowest level of care, which is independent living. It's often possible to transition from independent living to assisted living with little or no increase in monthly costs — but check first and ask questions if you're considering moving to independent living with future health needs in mind.

If you have additional questions about what these modern communities are like, consider visiting one near you. Most have tours available and may even schedule you for lunch so you can meet the folks who live there.

For more information, visit:

<https://www.nextavenue.org/what-does-independent-living-really-mean/>



Essentials of Aging and Dementia

How to get involved:

We are recruiting black men between the ages of 30-85 that are the primary caregivers for a family member or close friend with Alzheimer's or dementia. To get involved, see the program flyer on page, 20.

Briefing: Key Findings and Opportunities from the Center to Advance Palliative Care (CAPC's) National Scan on Improving Care for Black Patients

Black people living with a serious illness suffer disproportionately compared to their white counterparts. Literature shows that Black patients experience worse pain and symptom management, less effective communication from providers, and an outsized burden on family caregivers.

Over the last year as part of Project Equity, CAPC conducted a literature review and national scan to answer two questions:

- What goes wrong for Black patients with serious illness, and their families?
- What interventions have successfully addressed disparities, and how can they be replicated?

Join Brynn Bowman, MPA, Brittany Chambers, MPH, Kimberly Johnson, MD, and Diane Meier, MD, for this national briefing as they release the key findings from this initiative and reveal:

- An overview of the existing literature
- An exploration of successful equity-focused models and interventions
- Insights on policies that can reduce racial disparities and improve health outcomes
- Implications for policymakers, health care organizations, palliative care professionals

To register for this event, visit:

<https://www.capc.org/events/webinars/briefing-key-findings-and-opportunities-from-capcs-national-scan-on-improving-care-for-black-patients>

Person-Centered Independent Living Survey

PLEASE PARTICIPATE! This survey on the expectations of nursing home care is a unique opportunity to gain perspective from a wide and diverse group of potential future users of long-term care services (nursing home or assisted living). Please take the survey and let the University of Maine researchers know your thoughts on this important topic so that many voices can be heard. The survey is **open to anyone 60 years or over currently living independently**.

The Designation of Excellence (DoE) in Person-Centered Long-Term Care project team is looking for your input. The University of Maine Center on Aging and its research partner, The Cedars of Portland, Maine are looking for older persons aged 60 or over currently living independently (not in a nursing home or assisted living community) to complete a brief survey. If you or someone you know fits that description, please take this survey about your expectations and

preferences about person-centered care should you or a loved one ever need to live in a long-term care setting.

A better understanding of your concerns and integrating your preferences and priorities into the DoE will ensure its relevance for future users and for long-term care providers engaged in strategic planning. The survey is entirely anonymous and should take you about 15-20 minutes. When you click on the link below, you will first review a project flier and an Informed Consent document that outlines how the project team will use the data it collects from survey respondents. Thank you for your participation!

To complete the survey, visit:

<https://redcap.um.maine.edu/surveys/?s=FK7NMW7E88>





Founded in 1970, The National Caucus and Center on Black Aging, Inc. (NCBA) is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment

NCBA administers Senior Community Service Employment Program (SCSEP) with funding from the U.S. Department of Labor (DOL) to over 3,500 older adults, age 60+ in North Carolina, Arkansas, Washington, DC, Illinois, Missouri, Michigan, Ohio, Florida, and Mississippi. SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.



Founded in 1970, The National Caucus and Center on Black Aging, Inc. (NCBA) is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities. The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources. **To learn more visit <https://ncba-aging.org/health-and-wellness>**

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC. **To learn more about NCBA Housing Program, visit <https://www.ncba-aged.org/affordable-housing/>**



Samuel J. Simmons NCBA Estates located in Washington, DC

*There's
No place
Like
Home*

NCBA Presents Free Tool Kit and Recorded Webinar for Dispelling Fears and Myths about COVID-19 Vaccines

Rather than a live webinar, we have linked a **recorded webinar** for you to view at your convenience to help in your outreach to older African Americans in your community who are still wary about the Covid-19 vaccines or have trouble accessing services. The webinar runs less than 20 minutes.



practical suggestions and "lessons learned" about organizations seeking to educate their members and facilitate vaccinations, but it also includes a **Tool Kit** with an infographic, tip sheet, a brief informational video that addresses myths and facts about the vaccines, and appointment cards to help recipients keep track.

Here is the link to the Recorded Webinar and the Tool Kit.

We strongly encourage you to download the **informational video in the Tool Kit** for public showings, to email it to members, or to share with other organizations and individuals who are engaged in Covid-19 education. There is no copyright on the video, so feel free to distribute it far and wide.

We would very much appreciate your feedback about this webinar, the Tool Kit and your distribution numbers. Please let us hear from you at **covided@ncba-aging.org**.

NCBA social media



To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970
Twitter@NCBA1970
Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting aging.org. We look forward to hearing from you!



Our Fall Bucket List

- Go to a pumpkin patch
- Go apple picking
- Have a picnic outside
- Plan a movie night
- Host a game night with friends
- Bake an apple pie
- Plan our Halloween Costumes
- Go on a hay ride
- Get lost in a corn maze
- Attend a Fall festival
- Make colorful leaf art
- Go for a hike
- Make a pinecone bird feeder
- Carve a pumpkin

merelylynne.com



ALZHEIMER'S  ASSOCIATION

ESSENTIALS OF AGING AND DEMENTIA

A Virtual Education Series For Caregivers

As members of your dementia caregiver community, we want you to know that you are not alone. The Alzheimer's Association, in partnership with the MedStar Montgomery Center for Successful Aging, is offering this series for anyone who is a current caregiver, a family member of someone living with dementia, or those aging solo.

This five-session series will discuss the basics of aging and dementia, offer caregiver tips and techniques, and cover various resources available to caregivers and how to access them. We will also examine the essentials of legal and financial planning and the latest research updates on Alzheimer's and dementia.

TO REGISTER, PLEASE CLICK ON THE WORD [REGISTER](#) BENEATH EACH PROGRAM OR
CALL 800.272.3900. COURSE DESCRIPTIONS ARE ON PAGE 2.

WHAT IS NORMAL AGING?

Wednesday, September 14 | 6-7:30 p.m. [REGISTER](#)

TRANSFORMATIVE CONVERSATIONS: Compassionate Tips on Challenging Topics

Wednesday, September 21 | 6-7:30 p.m. [REGISTER](#)

ESSENTIALS FOR THE FUTURE

Wednesday, September 28 | 6-7:30 p.m. [REGISTER](#)

COMMUNICATION STRATEGIES AND RESPONDING TO CHALLENGING BEHAVIORS

Part 1 | Wednesday, October 5 | 6-6:45 p.m. [REGISTER](#)

Part 2 | Wednesday, October 5 | 6:45-7:30 p.m. [REGISTER](#)

PULLING IT ALL TOGETHER

Wednesday, October 12 | 6-7:30 p.m. [REGISTER](#)



In partnership



Do you care for someone with memory loss?

A free workshop
may help you!



The Rural Dementia Caregiver Project seeks to help caregivers of people with memory loss learn new skills and improve their health. It is a research study of the University of California, San Francisco

If you join the study, you will receive:

- Access to an 6-week online workshop—any time, day or night
- Workbook to keep—on skills and resources for caregivers
- Support from trained staff and other caregivers
- Up to \$80 in cash for completing 4 surveys

Am I eligible?

You may be eligible if you:

- Are 18 years of age or older
- Able to access the internet
- Provide care for at least 10 hours per week

By “care” we mean assistance with dressing, meals, transportation, medications, appointments, or similar support

Check if you are eligible! caregiverproject.ucsf.edu

For other questions call toll free at 1-833-634-0603

October is **BREAST CANCER AWARENESS MONTH**, an annual campaign to raise awareness about the impact of breast cancer



This year we RISE to ensure every woman has access to the screenings she needs and the support she deserves. When we RISE, we Rally in Screening Everyone.

Are you ready to **RISE**?