FAIR Health® Consumer | *for* Older Adults

Toolkit *for* Healthy Aging.

FAIRHealthOlderAdults.org

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Welcome to the FAIR Health for Older Adults Toolkit

FAIR Health for Older Adults (FAIRHealthOlderAdults.org) is a free website designed to provide older adults and the people who support them with the clinical, financial and educational information they need to plan for a treatment, procedure or ongoing condition.

Use this companion toolkit for easy access to the website's checklists, articles and resources, listed below.

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Resources for Older Adults and Family

Explore other tools and features on FAIR Health Consumer (fairhealthconsumer.org), FAIR Health's free, national, award-winning consumer website that houses FAIR Health for Older Adults:

FH® Medical Cost Lookup Tool
Estimate your costs for medical care in your area, including for different care settings like telehealth, urgent care and hospital inpatient facilities.
fairhealthconsumer.org/medical

FH® Dental Cost Lookup Tool
Estimate your dental care costs in your area.
fairhealthconsumer.org/dental

FH® Total Treatment Cost Tool
Estimate the total cost involved in caring for a chronic illness for a year, caring for an acute illness or undergoing a complex procedure.
fairhealthconsumer.org/medical

FH® Insurance Basics Articles
Learn about various healthcare and health insurance topics.
fairhealthconsumer.org/insurance-basics/home

Shoppable Services Lookup Tool
Estimate costs for more than 300 services that can be scheduled in advance, including elective procedures.
fairhealthconsumer.org/shoppable-services

Body Part Procedure Locator
Use a map of the human body to help you find medical procedures and their estimated costs in certain geographical locations.
fairhealthconsumer.org/medical

Resources
Find external organizations and resources that can help you use the healthcare system and assist you with your healthcare concerns.
fairhealthconsumer.org/resources/costs

Quality Section
Learn about what to consider when you compare and select healthcare providers.
fairhealthconsumer.org/quality

Glossary
Access a list of commonly used healthcare and health insurance terms.
fairhealthconsumer.org/glossary

If you have any questions about FAIR Health for Older Adults, contact our customer service team: 855-566-5871, Monday through Friday, 9 am to 6 pm ET, or email us at consumer@fairhealth.org.

If you have any medical questions, please contact your doctor.

FAIR Health for Older Adults. Healthy Decisions for Healthy Aging.

The decision aids are not meant to be medical advice, diagnosis or treatment. They are meant to offer information to help you take part in shared decision making with health professionals. The clinical options in the decision aids should be discussed with your health professional, as each patient's condition will vary.

Shared Decision-Making Checklist
For Patients

We often rely on our healthcare providers to tell us what care we need. But to get the best care, you and your provider (and, if you have one, a family caregiver or care partner) make decisions together. This process is called shared decision making. Your provider shares medical expertise, and you share what you want out of your care. Then you make a decision together.

If your healthcare team hasn't spoken about shared decision making, you can still engage in the process. Refer to this checklist to start the shared decision-making conversation. Bring this with you to appointments. Additional copies of this checklist may be downloaded and printed from FAIRHealthOlderAdults.org

Before Your Appointment/Discussion: Think about What Matters to You and Write It Down

- ☐ What would you like to ask and know about your condition and treatment options?
- ☐ What matters most to you in life? What are your goals for treatment — for example, to manage symptoms or to be able to do things you are currently unable to do? Think about your goals for treatment, what matters to you. A nurse, social worker or primary care provider may also be able to help you discuss your goals and wishes.
- ☐ Is cost an important part of your decision?
- ☐ Refer to helpful resources.

During Your Appointment/Discussion: Ask Questions, Express Your Goals and What Matters

(Take notes you can refer to later.)

- ☐ I would like to make this decision together with you based on my goals and what matters most to me and on your expertise.

What I would like most from life is

_____

_____

What matters most to me is

_____

_____

What I am most afraid of is

_____

_____

Are there decision tools we can use to make this decision together?

_____

_____

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Shared Decision-Making Checklist **For Patients** (Continued)

How can I learn more about my condition and my options?

_____

_____

- ☐ What are my options for treatment?
- ☐ What are the benefits of the options?
- ☐ What are the risks to me if I choose this option?
- ☐ What if I prefer not to do anything?
- ☐ Is there any new information about treating my condition that I should know about?
- ☐ What are the costs related to each option?
- ☐ With whom can I speak to learn more about treatments and how I can pay for them?
- ☐ For my specific goals and condition, what would be the best options?
- ☐ For specific treatment options, do I have to follow certain rules?
- ☐ Are there organizations that can provide support services if I need them?
- ☐ I don't understand. Can you explain this to me a different way?
- ☐ I'd like a second opinion. Can you provide a referral?
- ☐ Can I contact you with questions?
- ☐ Can you give this information to me in writing?
- ☐ What are the next steps?
- ☐ Which other providers, if any, should I see next for continuing my care?

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Return to TOC

Healthcare Navigation Checklist
For Patients

Finding healthcare information and care best suited to your needs can be a complex process. Take time to write down and ask questions at each step of the way. You can download and print more copies of this checklist as a starting point. Bring this with you to appointments. Additional copies of this checklist may be downloaded and printed from FAIRHealthOlderAdults.org

Choosing a Healthcare Provider

(Take notes you can refer to later.)

- ☐ If you don't have a primary care provider (PCP), or would like to switch PCPs, call your insurance provider to see which PCPs are in your plan's network.
- ☐ Ask your PCP to refer you to a provider who's in network.
- ☐ Before making an appointment, ask if the provider takes your plan and is taking new patients.
- ☐ If you're having a surgery or procedure, ask your doctor whether all the providers who provide your care also are in your network.
- ☐ If a provider is out of network, ask if his or her charge is higher than what your insurer will pay and how much of the costs your plan will cover.
- ☐ Does the healthcare provider have the qualities you value (e.g., speaks your language, wait time, listens to your concerns)?
- ☐ Check the provider's location, education, training, board certifications and hospital affiliations.
- ☐ Does the provider take part in any programs that report quality measures?

Refer to the Healthcare Quality section on FAIR Health Consumer for more information.

Negotiating Costs

- ☐ Use FAIR Health's medical and dental cost lookup tools to estimate the cost of your medical or dental service.
- ☐ Compare the estimated cost to what your provider is charging.
- ☐ Speak with your provider about your payment options.

After Receiving Your Bill

- ☐ Review your bill closely.
- ☐ Use FAIR Health's cost lookup tools to check differences between FAIR Health's estimated costs and the prices you were charged by your provider.
- ☐ Call your provider's billing office and talk about the difference between their charge and the FAIR Health cost estimates.
- ☐ Ask if the provider can match the estimates from the FAIR Health website.
- ☐ If you need to dispute your bill, enlist the support of organizations that can help you with the process, such as the **Patient Advocate Foundation**. (patientadvocate.org)

The decision aids are not meant to be medical advice, diagnosis or treatment. They are meant to offer information to help you take part in shared decision making with health professionals. The clinical options in the decision aids should be discussed with your health professional, as each patient's condition will vary.

Shared Decision-Making Checklist
For Family Caregivers and Care Partners

Patients often rely on healthcare providers to tell them what care they need. But for our relatives and friends (care receivers) to get the best care, especially if they have cognitive difficulty or serious illness, they, their healthcare team and you can make decisions together. This is called shared decision making. Your provider shares medical knowledge, and you (and the person you care for) share what you want out of the care. Then you make a decision together. If your care receiver's healthcare team hasn't spoken about shared decision making, you can still take part in the process.

Use this checklist to start the shared decision-making conversation. Bring it with you to appointments. Additional copies of this checklist may be downloaded and printed from FAIRHealthOlderAdults.org

Before the Appointment: Think about What Matters and Write It Down

- ☐ What matters most to your care receiver in life? What are their goals for treatment? Do they want to manage symptoms or to be able to do things they can't do now?
- ☐ What would you like to know about your care receiver's health problem and treatment options? A clinician (like a nurse or primary care provider) also may be able to help you and your care receiver discuss your goals and wishes.
- ☐ Will costs affect your decision?
- ☐ Check out the recommended resources below.

During the Appointment/Discussion: Ask Questions, Express Your Care Receiver's Goals and What Matters to Them (Take notes you can refer to later.)

- ☐ I'd like to make this decision with you based on my care receiver's goals and what matters most to my care receiver and on your knowledge.

What my care receiver would like most from life is

What matters most to my care receiver is

What my care receiver is most afraid of is

Are there decision tools we can use to make this decision together?

How can I learn more about their condition and options?

The decision aids are not meant to be medical advice, diagnosis or treatment. They are meant to offer information to help you take part in shared decision making with health professionals. The clinical options in the decision aids should be discussed with your health professional, as each patient's condition will vary.

- ☐ What are my care receiver's options for treatment?
- ☐ What are the benefits of the options?
- ☐ What are the risks to my care receiver if we choose this option? What if my care receiver prefers not to do anything?
- ☐ What are the costs for each option? With whom can I speak to learn more about treatments and how to pay for them?
- ☐ For my care receiver's goals and health problem, what would be the best options? For treatment options, does my care receiver have to follow certain rules?
- ☐ Is there any new information about treating their condition that my care receiver should know about?
- ☐ What support is on hand for people with the same health problem(s) as my care receiver? I don't understand. Can you explain this to me a different way?
- ☐ I'd like a second opinion. Can you provide a referral?
- ☐ If I have any questions, can I call or email you? Can you give this information to me in writing?
- ☐ What are next steps? Which other providers, if any, should my care receiver see next for continuing their care?

After the Appointment

- ☐ Keep the notes in a handy place so you can look at them later. If you're not clear on next steps, ask!
- ☐ If you need more time to make a decision with your care receiver, let the healthcare team know.
- ☐ If you'd like a second opinion for your care receiver, schedule a consult with another provider.

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Healthcare Navigation Checklist
For Family Caregivers and Care Partners

Finding the right care and making informed decisions for a family member or friend can be hard. Take the time to write down and ask questions at each step of the way.

You can download and print more copies of this checklist as a starting point. Bring this with you to appointments. Additional copies of this checklist may be downloaded and printed from FAIRHealthOlderAdults.org

Choosing a Healthcare Provider

(Take notes you can refer to later.)

- ☐ If your family member or friend doesn't have a primary care provider (PCP), or would like to switch providers, call their insurance provider to see which PCPs are in their plan's network.
- ☐ Ask your care receiver's PCP to refer them to a provider who's in network.
- ☐ Before making an appointment, ask if the provider takes your care receiver's plan and is taking new patients.
- ☐ If your care receiver is having a surgery or procedure, ask their doctor whether all the providers who provide their care are also in their network.
- ☐ If your care receiver's provider is out of network, ask if his or her charge is higher than what their insurer will pay and how much of the costs their plan will cover.
- ☐ Does the healthcare provider have the qualities your care receiver values (e.g., speaks their language, wait time, listens to their concerns)?
- ☐ Check the provider's location, education, training, board certifications and hospital affiliations.
- ☐ Does the provider take part in any programs that report quality measures?

Refer to the Healthcare Quality section on FAIR Health Consumer for more information.

Negotiating Costs

- ☐ Talk to the healthcare provider to ask about the service or procedure your care receiver will receive, the billing code and price.
- ☐ Record the names of the people to whom you spoke and all the codes and prices you discussed. Ask them to send you this information in writing or by email, if possible.
- ☐ Find out the provider's network status and cost of service or procedure (if out of network).
- ☐ Use the FAIR Health Consumer website's medical and dental cost lookup tools to estimate the cost of the medical or dental service.
- ☐ Compare it to what the provider is charging. Speak with the provider about payment options.

After Receiving Your Bill

- ☐ Review your bill closely.
- ☐ Use FAIR Health's cost lookup tools to check differences between FAIR Health's estimated costs and the prices you were charged by your provider.
- ☐ Call your provider's billing office and talk about the difference between their charge and the FAIR Health cost estimates.

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- ☐ Ask if the provider can match the estimates from the FAIR Health website.
- ☐ If you need to dispute your bill, enlist the support of organizations that can help you with the process, such as the **Patient Advocate Foundation**. (patientadvocate.org)

NOTES

The decision aids are not meant to be medical advice, diagnosis or treatment. They are meant to offer information to help you take part in shared decision making with health professionals. The clinical options in the decision aids should be discussed with your health professional, as each patient's condition will vary.

Insurance Basics
Medicare

If you're 65 or older, figuring out how Medicare works and when to sign up can be challenging. This article will cover the basics of what you need to know about Medicare.

What Is Medicare?

Medicare is the US health insurance program for people 65 and older (and for those under 65 with disabilities or certain illnesses). To be eligible, you must be a US citizen or legal resident. Medicare has different elements, covering different issues. When selecting your Medicare coverage, choose the parts that best meet your healthcare needs. (medicare.gov)

Original Medicare (Parts A and B)

Part A is **hospital insurance**. It covers inpatient hospital stays, skilled nursing facility care, hospice care and some home healthcare. If you've worked and paid for Medicare taxes for a certain period of time, you usually don't pay a monthly premium for Part A. This is called **premium-free Medicare**.

Part B is **medical insurance**. It covers certain doctors' services, outpatient care, medical supplies and preventive services. If you have Part B, you'll need to pay a monthly premium. Parts A and B together are known as **Original Medicare**.

How and When to Sign Up for Original Medicare

If you're receiving Social Security benefits, you'll generally get Original Medicare (Parts A and B) automatically once you become eligible. If you have a health plan through your (or your spouse's) employer, you can usually wait and apply for Medicare when you (or your spouse) retire, even after age 65.

If you wish to sign up for Original Medicare around the time you turn 65, your initial enrollment period starts three months before you turn 65 and ends three months after you turn 65.

Medicare Prescription Drug Plan (Part D)

Prescription drugs are not covered under Original Medicare. If you need prescription drug coverage, you'll need to add a separate plan. This is known as a **Medicare prescription drug plan (Part D)**. These plans are offered by private insurance companies.

It is your choice to add Part D to your Medicare plan. However, if you decide not to enroll for Part D when you are first eligible, and you have no other drug coverage (such as drug coverage from an employer), you will probably pay a late enrollment penalty. You may owe the penalty if you go without Part D or other drug coverage for a continuous period of 63 days or more after the end of your initial enrollment period for Part D coverage. (Learn more at ssa.gov/medicare/part-d-extra-help.)

Medicare Advantage (Part C)

Part C can give you coverage for Parts A, B and often Part D in one bundle. Part C plans, known as **Medicare Advantage plans**, are offered by Medicare-approved private companies. They may include extra services not covered by Original Medicare, such as vision, hearing and dental. Common types of Medicare Advantage plans include **Health Maintenance Organization (HMO)** and **Preferred Provider Organization (PPO)** plans.

Medigap

Medigap is **Medicare supplemental insurance**, which can be added to Original Medicare. A Medigap policy can help pay for healthcare costs such as deductibles and copays. Usually, you can't have a Medicare Advantage plan and Medigap at the same time. You can find more information about Medicare Advantage plans and Medigap policies in your area at medicare.gov/plan-compare.

Dual Eligibility for Medicare and Medicaid

If you're eligible for Medicare and Medicaid, you are considered to be **dual eligible**. If you are dual eligible and visit a doctor who accepts Medicare and Medicaid, Medicare will cover the services first. Medicaid will cover most costs that Medicare doesn't pay, such as copays and any deductibles.

Helpful Resources about Medicare

Websites offering helpful resources about Medicare include the Medicare Rights Center (medicarerights.org) and AARP (aarp.org/health/medicare-insurance). The Centers for Medicare & Medicaid Services (CMS) (cms.gov) and the State Health Insurance Assistance Program (shiphelp.org) also offer information about how Medicare works. You also can check out the Social Security Administration (ssa.gov) and the US Department of Health & Human Services websites for more information (hhs.gov/aging).

Your Action Plan: What You Need to Know about Medicare

- ☑ If you qualify for Medicare Parts A and B, find out about costs and how to sign up.
- ☑ If you have Original Medicare, consider signing up for a separate dental plan to cover dental costs.
- ☑ If you need prescription drug coverage, learn about Medicare Part D.
- ☑ If you're interested in Medicare Parts A, B and D in one bundle, consider a Medicare Advantage plan (Part C).
- ☑ If you need health insurance to cover certain costs not paid by Original Medicare, think about signing up for a Medigap policy.
- ☑ If you're eligible for both Medicare and Medicaid, find out about how Medicare and Medicaid work together. (medicare.gov)

Insurance Basics
Chronic Conditions

If you are diagnosed with an ongoing, chronic condition, you need answers to two important questions:

What Care Will You Need to Stay Healthy?

Staying healthy should be your first concern. That's true no matter what chronic health condition — whether it is diabetes, asthma, heart disease, depression or something else. Ask your doctor what you need to do to help you manage the condition, and follow his or her recommendations.

How Much Will It Cost?

A second important concern regarding chronic illness is how much you'll have to pay to keep the condition under control. By definition, chronic conditions last a long time, or resolve for a while only to return later. Every case is different, but following some basic care guidelines can help patients plan for the future.

Follow Healthy Habits

Following your doctor's treatment plan can keep you healthy *and* save you money. For example, many people with chronic conditions need regular medication. Keeping to your doctor's medication schedule can prevent your condition from worsening.

Keep regular follow-up appointments with your healthcare providers, such as doctors or other types of healthcare professionals. That way, they can track your condition and treat any complications before you need to go to the hospital. In general, adopt a healthy lifestyle, including regular exercise, a balanced diet and avoiding smoking. That can help keep you away from the hospital.

Budget Your Costs

Get the most complete picture that you can of your yearly costs. That way, you can build a budget and plan ahead.

You might need doctor visits, tests, medical equipment in your home, or other supplies. Ask your doctor to help you make a list of how many services, tests and medications you'll need each year. Then, budget out how much you will pay. If you are insured, make sure to include costs like:

- **Deductibles:** The amount of money you need to pay before your health plan starts to pay for your care. You might have separate deductibles for medical services and prescription drugs.
- **Co-pays:** The fixed cost you pay for a doctor's visit or test.
- **Co-insurance:** The percentage of the cost you will pay for a medical service. If you don't know how much the service will cost, ask your doctor.

Look for a Health Plan That Covers Your Needs

What health plan is best if you need a lot of medical services and medications? It may not be the one with the lowest premium. Premiums are the regular payments (often monthly) that you make to keep your coverage. Plans with low premiums often have high deductibles. That means you need to spend a lot of money before your plan starts paying its share of the costs. You might also have higher co-pays when you visit the doctor or seek other services. If you visit the doctor often, those co-pays can add up. You might be better off paying a higher premium each month to receive a lower deductible, and spend less on doctors' visits, tests, and medications.

Consider a Flexible Spending Plan

Suppose you do have a high deductible, or, you expect to pay a large sum out of pocket for your condition. Then, consider a flexible spending plan if your employer offers one. These plans allow you to set aside money from your paycheck to pay for healthcare for you and your family.

You can use the money for certain medical and dental expenses, including prescription and over-the-counter medications. You can also use it for medical equipment like crutches, and diagnostic devices like blood test kits.

The money is saved before tax is taken out, so you can stretch your dollars. To decide how much to set aside, use the yearly budget you develop for your condition.

Your employer may offer a Flexible Spending Account (FSA), as part of the employer's health plan. Budgeting in advance is especially important if you have an FSA, because you will lose any money you don't spend by the end of the year. (Your employer can give you a two and a half month "grace period" but is not required to.)

If you have a high-deductible health plan, you may be able to open a Health Savings Account (HSA) through your bank. Unlike an FSA, the money you save in an HSA will "roll over" year to year if you don't spend it, and you can take it with you if you change jobs or stop working.

Ask Your Healthcare Providers How to Save Money

Your doctors and other healthcare providers have experience treating your condition. So, they may know ways to save money without putting your health at risk. For example, your doctor may prescribe a cheaper medication, like a generic drug.

Or, your pharmacist may help you buy a 3-month supply of your medication at once to save money. You may also ask your providers about funding from organizations that focus on your condition.

Stay in Your Plan's Network

If you have a health plan, try to get your care within your network. A network is the group of doctors, hospitals, labs and other healthcare providers that have contracts with your health plan.

In-network care is almost always cheaper than going out of network. If you're having surgery or another procedure, make sure all the providers involved are in your network.

That includes your doctor as well as the surgeon and anesthesiologist. If you need a lab test, ask your doctor to use a lab that is in your network.

If you do choose to go out of network, use FAIR Health's cost lookup tool. (fairhealthconsumer.org/medical) The lookup tool will help estimate how much services cost in your area. You can compare the estimate to local providers' prices and use it to negotiate.

If your condition is rare, or you need care that not many doctors can give, you may need to go out of network to find a provider with the right skills and experience to treat your condition. If you live in certain states like New York, you might be entitled to have your insurer let you go out of network for the in-network price.

Your Action Plan: Managing the Costs of Your Chronic Condition

To keep the costs of your chronic condition under control:

- ☑ Follow healthy habits, including taking your medications as prescribed.
- ☑ Make a budget of your yearly costs, and how you plan to pay for them.
- ☑ Look for a health plan that pays a bigger share of the deductibles and co-pays, even if the premium is higher than other plans.
- ☑ Consider a flexible spending plan, which lets you set aside pretax money from your paycheck to pay for healthcare.
- ☑ Ask your providers, such as pharmacists and doctors, how you can stay healthy while saving money.
- ☑ Try to use providers in your plan's network. Use resources like FAIR Health's cost lookup tool to estimate how much out-of-network care might cost.

Insurance Basics
FH® Total Treatment Cost

If you have an ongoing illness or need a complicated procedure, it's a good idea to get an FH Total Treatment Cost estimate.

FH® Total Treatment Cost

If you have an ongoing, or chronic, illness, such as type 2 diabetes, or a complicated procedure, such as knee replacement, your treatment will usually require many different medical services. For instance, if you have your knee replaced, you'll need anesthesia, lab tests, imaging and other services.

The total costs of all the services you receive for long-term conditions or complicated procedures are estimated at the FAIR Health website as the FH Total Treatment Cost. For complicated procedures, the period for the total costs runs from the time your symptoms start until all your treatments end. For chronic conditions, the total costs are those of the typical services for the condition over the course of one year. The costs of the various services you need can add up, so it's a good idea to get a total cost estimate for all the services. (Some FH Total Treatment Cost scenarios are for acute conditions, which are over relatively quickly, like COVID-19 with hospitalization.)

Cost Sharing: Know What You May Owe

Out-of-Network/Uninsured and In-Network Costs

The results page for the procedure or condition you choose will show you two main results: out-of-network/uninsured and in-network prices.

The **out-of-network/uninsured price** is an estimate of how much you'll have to pay if you don't have health insurance. It's also what you may have to pay — or a portion of what you may have to pay — if you have insurance but the doctors, hospitals or other providers caring for you don't take your insurance. Some plans will pay something for such care, which is called "out-of-network," but others don't. Check your plan documents or call your member services representative for the out-of-network benefits, if any, associated with your plan.

Out-of-network providers don't have a contracted rate with your health plan. So, you'll probably pay more if you go to them. There might be times, though, when you prefer to go to an out-of-network provider. If you or a loved one is facing a serious illness, you may want more choices than you can get in your network. You could even go out of network by accident. That can happen if you receive care from an out-of-network provider at an in-network facility.

The **in-network price** is an estimate of what the total treatment costs will be if you have health insurance. That includes both your insurer's share of the cost and your share. In-network providers are doctors, hospitals and other providers who have agreed to accept your insurance plan's contracted rate for their services.

Your share of the cost is determined by your health plan's terms and conditions. It may be in the form of a copay, coinsurance or deductible. **Copays** are a set amount for a service, for example, $20 per visit to a primary care doctor. **Coinsurance** is a percentage of the cost, such as 15 percent of the in-network price. A **deductible** is a set amount you have to pay each year before your plan starts paying for your care.

What Services Are Included in FH Total Treatment Cost?

The results page for each condition or procedure will also show you the services that make up your FH Total Treatment Cost. These services are separated into categories, such as anesthesia, doctor's visits, lab tests and surgery.

How Can I Use My FH Total Treatment Cost Estimate?

If you have health insurance, getting a total treatment cost estimate will help you to budget and plan for the costs. It's especially important to get an estimate if you have a high-deductible health plan. That's a plan that won't pay for your care until you've already paid a high amount. Even if you're using in-network doctors, you'll want to know the in-network costs, because you'll have to pay the costs in full until you pay off the deductible.

If you are considering using out-of-network services, an estimate will help you understand the difference between your in-network and out-of-network share of costs. If you decide to go out of network, the estimate will help you to negotiate a price with the out-of-network providers. If you're uninsured, having an estimate will help you to negotiate a price with any healthcare providers for their services and also allow you to understand the potential benefits of coverage.

Why the Estimate Might Be Different from the Amount Billed

Keep in mind that the actual amount you may be asked to pay might be different from the estimate you obtained with the FH Cost Lookup Tool. This can happen for a number of reasons. We base our estimates on care for patients who don't have any complications or additional risk factors. If you have any underlying conditions or other risk factors, or if complications appear during your course of treatment, you may have to pay more than the estimate.

There can be other reasons for differences, too. For instance, different providers may choose to treat your condition in different ways. Individual charges for the services and procedures that they perform can vary as well.

Your Action Plan: Estimating Total Treatment Costs

When choosing a health plan through your employer, the marketplace or a private insurer, remember:

- ☑ Chronic conditions, such as type 2 diabetes, and complicated procedures, like knee replacement, require multiple services. Together, these services can be costly.
- ☑ Use the FAIR Health Medical Cost Lookup Tool (fairhealthconsumer.org/medical) to get an estimate of these costs.
- ☑ If you have health insurance, you can use the estimate to budget for expenses. It's especially important to get an estimate if you have a high-deductible health plan, because you'll have to pay the full costs of care until you meet the deductible.
- ☑ If you're uninsured or plan to use out-of-network providers, you can use the estimate to help you negotiate fees with your providers.

Insurance Basics

Help for Caregivers

Are you caring long-term for a sick or disabled family member or friend? If so, you may sometimes feel alone and overwhelmed. Fortunately, there are resources available:

Connecting with Other Caregivers

Feeling isolated? Speaking to someone might help. You might talk to a friend, family member, therapist or clergy member. Sometimes, the best person to talk to might be another caregiver.

There are many in-person and online support groups you can join. Support groups can give practical advice, or just let you connect with others facing the same challenges.

To find in-person or online groups, call your local Area Agency on Aging (AAA). That agency supports older adults and their caregivers. Contact information for your local AAA is available at eldercare.acl.gov. Your local AAA may also help you find classes and information on how to provide care while keeping yourself healthy, too.

You can also call the AARP Caregiving Support Line (877-333-5885), or visit agingcare.com for a list of support groups.

Getting Paid for Caregiving

Many caregivers quit their full-time jobs or cut back at work to care for a family member. Understandably, they may wish to be compensated for their work as caregivers.

Medicare pays for some nursing care, but not day-to-day tasks like helping your loved one to bathe or eat. Some options you could explore are:

Medicaid

If the person you are caring for has limited funds, he or she may qualify for Medicaid. Medicaid is a public health insurance program for low-income people. In some states, Medicaid will pay the person needing care to hire a caregiver, and that caregiver can be you. These programs use various names, such as Cash & Counseling or a "participant-directed" program.

Rules are different for each state. For more information, contact your AAA or your local Medicaid office. Or, try Or, try Applied Self-Direction (appliedselfdirection.com).

Help for Veterans

Various programs may help veterans pay their caregivers. For example, primary caregivers of disabled post-9/11 veterans can get a monthly stipend. People caring for veterans of other wars may qualify for the Veterans Administration Aid and Attendance Pension Benefit. For more information, call the VA's Caregiver Support Line at 855-260-3274.

Long-Term Care Insurance

If your loved one has long-term care insurance, the policy may pay for in-home help. Check the policy for details.

Claim Your Loved One as a Dependent

Are you paying more than 50 percent of your family member's expenses? If so, you may be able to claim him or her as a dependent on your taxes. That would give you a tax break. Talk to your accountant or tax preparer to see if you qualify.

Ask Your Loved One to Pay You

If your family member or friend wants to pay you for care, it's important to understand what this means. First, other family members may object to the arrangement. Second, a series of cash gifts might affect your taxes. And, if your loved one later needs to be cared for in a nursing home, cash gifts can impact whether Medicaid will pay for it.

It makes sense to have a formal agreement in place. Speak to a lawyer about how payments or gifts could affect you and your loved one. Have a lawyer prepare a caregiver contract, with details about the care you're giving and the payment amount. Remember, the person being paid will have to declare the income on their taxes, and the care recipient must declare the cost on his or her taxes. Your accountant can help you with these details. The amount paid should be similar to the cost of professional home care services. That way, if a loved one later needs to be cared for in a nursing home, Medicaid may be able to cover those costs.

Taking a Break from Care

Caregivers may qualify for low-cost or free respite care. Respite care means that someone else temporarily takes over caregiving, giving you a rest. Your loved one can stay in a nursing home for a few days, or have a home care worker come to their home.

Respite care may be for a short period, so you can go to the grocery store or to your own doctor's appointment. Or it may be longer, allowing you to take a vacation.

There are resources that can help pay for respite care, including public programs like Medicare and Medicaid. Your local AAA is a good place to look for respite care and resources for paying for such care. You also can find local respite care providers at the Access to Respite Care and Help (ARCH) National Respite Network and Resource Center at archrespite.org.

Finding Professional Help at Home

If you need more than just a break, you can hire part-time or full-time help. A professional home care worker can help with daily tasks like bathing, eating and dressing. Some home care workers also provide basic medical care.

The Family Caregiver Alliance offers tips on the hiring process. You can find a useful guide at caregiver.org/resource/hiring-home-help. It may also help you decide between using a home care agency or hiring a home care worker on your own. A good place to start looking for a home care worker is your local AAA.

You may want help paying for a home care worker. If so, you can try the same strategies listed under "Getting Paid for Caregiving." But, you'll usually have to pay for in-home care services directly.

Finding Nursing Homes and Assisted Living Facilities

Ultimately, you and your loved one may find that it is not safe for her or him to live at home. There are two options for long-term care:

Assisted living facilities: These are designed for people who have difficulty living alone but who are generally healthy and don't need daily nursing care.

Nursing homes (skilled nursing facilities): These are for people who do need daily nursing care, as well as help with daily tasks.

To find an assisted living facility or nursing home, try asking:

- Your local AAA
- A trusted doctor
- Your loved one's hospital social worker or case manager
- You can also use Medicare's Nursing Home Compare website to look at quality scores for facilities near you. (medicare.gov/care-compare)

Paying for a Nursing Home

Medicare will pay for a skilled nursing facility for up to 100 days under certain conditions. The care has to be related to a recent hospital stay of three days or longer. Medicare will not pay for longer-term nursing home care. If your loved one has long-term care insurance, that may cover assisted living or nursing home care. If not, long-term care can be very expensive. If he or she cannot afford care, Medicaid may pay for nursing home care. Otherwise, your loved one will likely have to pay out of pocket for nursing home care until he or she "spends down" enough savings to be eligible for Medicaid coverage. It can be helpful to talk to a lawyer or caseworker about these options.

Your Action Plan: Getting Help as a Caregiver

To help you care for your loved one and yourself:

- ☑ Get to know your local AAA, which you can find through eldercare.acl.gov. They can guide you to support groups, education and training resources, respite care and more.
- ☑ Join caregiver support groups, whether in-person or online, to share experiences and feel less alone.
- ☑ Try to get paid for your services as a caregiver.
- ☑ Use respite care to take a break from care.
- ☑ Hire a home care worker if needed.
- ☑ Consider an assisted living facility or nursing home if that is the best way to care for your loved one.

Insurance Basics
Dental Coverage for Retirees

Getting dental care is at least as important when you're older as when you're younger, and maybe more so. Past dental problems may require additional treatment over time, such as when a filling becomes broken or chipped. Risks for tooth loss as a result of tooth decay and gum disease grow with age, because of many factors. For example, you may have decreased saliva production (dry mouth) from medications taken to treat medical conditions. And, chronic diseases such as diabetes may increase the risk of gum disease. Cognitive or physical limits may make routine brushing and flossing harder, which can get in the way of keeping your teeth healthy.

Dental insurance can help make sure you can afford the dental care you need as you get older. If you're working, you may get dental coverage through your employer. But, once you retire, getting dental coverage may not be as easy.

Starting at age 65, Americans can get health insurance from Medicare, a federal government program. Since most people retire around that age, Medicare is often thought of as health insurance for retirees. (Actually, some people on Medicare keep working, and Medicare also covers disabled people and people with end-stage renal disease.) But, except as described below, Medicare doesn't cover most dental services. So, if retirees want dental insurance, they have to look elsewhere.

Some retirees have dental insurance through a prior employer—retiree dental coverage paid by the employer or an employee fund—though this is not common.

And, it has only been relatively recently that options existed for older Americans to obtain dental coverage as individuals.

Dental Care Covered by Medicare

Medicare covers dental care only when it's deemed medically necessary. Examples include pulling teeth after an injury, or treating fractured jaws. Medicare Part A (hospital insurance) does cover limited dental services if you receive them in a hospital, and if they're necessary to help perform a covered, non-dental procedure or medical service. An example is if you have a facial tumor removed and have dental jaw ridge reconstruction as part of that procedure.

However, Medicare doesn't cover routine dental care such as cleanings, fillings, root canals, implants or dentures. Nor does Medicare cover the follow-up treatment for services covered for medical necessity. For example, Medicare will cover the removal of teeth in preparation for radiation therapy, but not pay any of the costs for replacement of those extracted teeth. If Medicare paid for a tooth to be removed as part of surgery to repair a facial injury you got in a car accident, it will not pay for any other dental care you may need later because you had the tooth removed.

Dental Coverage through Medicare Advantage

Medicare Advantage plans, also known as Part C Medicare, let you get your Medicare benefits through a private health insurer. Medicare Advantage plans often charge a premium in addition to your Medicare Part B premium. They also may have other costs and limits. However, they may offer some advantages to you, based on your circumstances.

For example, some Medicare Advantage plans cover routine dental care. If you're shopping for a Medicare Advantage plan, look for one that does. If you already have one, check to see what dental services may be covered.

Individual Dental Plans

An individual plan gets its name because you buy it as an individual, not as a member of a group. But, these plans offer coverage for your family members as well as yourself.

Individual dental plans are available from a number of sources. In some cases, you may buy one directly from an insurance company. The insurance company may offer you a dental plan as you retire from your employer, or offer you a plan as an individual retiree regardless of where you were employed. Brokers or agents also may offer retiree individual plans. You may also be able to buy an individual dental plan from an association of which you're a member. For example, if you're an AARP member, you can buy dental coverage through AARP.

You may be able to buy a dental plan from the health insurance marketplaces (exchanges) created by the Affordable Care Act. Your state may have its own marketplace. If not, you can use the federal marketplace, healthcare.gov. Some of the medical plans in the state and federal marketplaces include dental benefits for adults. A few of the state-run marketplaces sell stand-alone dental

plans without requiring you to buy a medical plan. If your state has its own marketplace, the state will appear on here: healthcare.gov/marketplace-in-your-state. Check with your state's marketplace for details. If your state does not have a marketplace, you may be able to buy stand-alone dental plans through the federal marketplace. To buy one there, though, you also have to buy a medical plan.

There are no subsidies to help you pay for standalone dental plans on the federal or state exchanges.

For general information on dental plans and how to choose one, see FAIR Health's online guide about Dental Plans. (fairhealthconsumer.org/insurance-basics/dental/dental-plans)

Dental Coverage for Veterans and Their Families

Are you a retired service member or a family member of one? If you are, or if you fall within certain other military-related groups, you can choose to enroll in the TRICARE Retiree Dental Program. If you enroll, you'll pay a monthly premium, which can be deducted from your retirement pay. Exams and cleanings are free, and dental accident coverage is 100 percent. For other covered services, you pay a percentage and the plan pays the rest. There are annual deductibles (an amount you have to pay before the plan starts paying anything) and annual maximums (the most the plan will pay per year). For orthodontic care, there is a lifetime maximum.

Medicaid

Medicaid is a partnership between the federal government and the states. It provides free or low-cost healthcare coverage for low-income Americans, including those who are elderly. State Medicaid programs don't have to provide dental benefits, but are allowed to do so. Many states do provide dental benefits, but the details differ from state to state and from year to year.
To learn more or to apply for Medicaid coverage, visit healthcare.gov/medicaid-chip/getting-medicaid-chip.

Dental Discount Plans

Dental discount plans are not insurance, but a way of getting lower prices for all dental care, including routine dental care. For a yearly fee, you get access to a network of dentists who have agreed to offer discounted rates to members. You pay the full discounted rate for each service. The amount of the savings (discount) varies by the plan.

Learning More about Dental Care Costs

Whether or not you have dental insurance, or a dental discount plan, you can arm yourself with information about dental care costs. Use our FH® Dental Cost Lookup (fairhealthconsumer.org/dental) to find estimated costs for specific dental procedures in your area. This can help if you're uninsured or if you're seeing a dentist who isn't in your dental plan's network. If your dentist charges you more than the FH estimates, you can talk to him or her about lowering prices, or shop for a different dentist. You also can use the estimated costs to budget for dental procedures you know you may need.

Your Action Plan: Getting Dental Insurance If You're Retired

- ☑ If you have a dental plan, read through your plan documents, ask your employer, or call your plan to make sure you know what's covered;
- ☑ Look for a Medicare Advantage plan (also called Part C Medicare) that includes dental benefits;
- ☑ Shop for an individual dental plan from a broker, agent, insurance company, an association such as AARP or your state or federal health insurance marketplace;
- ☑ Consider the TRICARE Retiree Dental Program if you're a retired service member or a family member of one;
- ☑ Consider Medicaid if your income is low and if your state Medicaid agency provides dental benefits;
- ☑ Consider a dental discount plan, which gets you lower prices for dental care even though it's not insurance; and
- ☑ Use the FH Dental Cost Lookup to get useful information about dental care costs.

Resources
For Older Adults and Family

Living with Disabilities and Chronic and Mental Health Conditions

Living with Disabilities

The ALS Association supports amyotrophic lateral sclerosis (ALS) research and helps people with ALS through a network of chapters. The association also coordinates multidisciplinary care. (als.org)

Brain Injury Association of America seeks to make the lives of those affected by brain injuries better. (biausa.org)

The Epilepsy Foundation offers community services, public education and seizure first aid training. The foundation supports patients on a federal and advocacy level. It also funds new treatments and therapies. (epilepsy.com)

The Muscular Dystrophy Association seeks to make the lives of people with muscular dystrophy better through research, care and support. (mda.org)

YAI (formerly the Young Adult Institute) offers services to people with intellectual and/or developmental disabilities. (yai.org)

Administration for Community Living offers a list of supports to help older adults and their caregivers find care and services. (acl.gov)

USAGov offers facts on supportive services and how to find help for costs and disability benefits. (usa.gov)

Healthcare Costs

The US Department of Health & Human Services offers a web page about federal health coverage for older adults and low-income people. (hhs.gov)

The Center for Medicare Advocacy helps older adults and people with disabilities access Medicare coverage. (medicareadvocacy.org)

The Medicare Rights Center offers Medicare information and counseling. (medicarerights.org)

The National Council on Aging (NCOA) seeks to help make the lives of older adults better. Its website offers tools for older adults:

- **The Age Well Planner** offers support, tools and expert help. (ncoa.org)
- **The Benefits Checkup** connects you to benefit programs in your area. (benefitscheckup.org)
- **The Eldercare Locator** offers facts on health coverage, home and community-based services, housing and transportation. (eldercare.acl.gov/home)
- **NCOA** also offers a section for older adults with articles on many topics. (ncoa.org/older-adults)

Benefits.Gov is a government resource that will help you find healthcare, medical and financial assistance. (benefits.gov)

Dental Coverage

- **Dental Lifeline Network** offers dental care and education to low-income people, people aged 65 and older, and people with disabilities. (dentallifeline.org)

Mental and Behavioral Health Resources

The National Alliance for Mental Illness offers peer-led family support groups, providing nonjudgmental safe spaces and empowering people. (nami.org)

National Coalition on Mental Health and Aging (NCMHA) offers facts about mental health and aging. (ncmha.org)

The National Institute of Mental Health website has a section on mental health for older adults. (nimh.nih.gov/health/topics/older-adults-and-mental-health)

Substance Abuse and Mental Health Services Administration (SAMHSA) offers facts, toolkits and resources on mental health services for older adults, caregivers/care partners and doctors. (samhsa.gov)

Caregiving Support and Services

Mental Health America seeks to help people living with mental illness and supports overall mental health for all. It offers information about caregiving basics, how to cope with caregiver stress, crisis planning and more. (mhanational.org)

Resources **For Older Adults and Family** (Continued)

The Caregiver Action Network offers a Family Caregiver Toolbox to help caregivers deal with depression, find respite care and manage different aspects of caregiving. It also offers education, peer support and resources to family caregivers of adults with chronic conditions, disabilities, diseases and age-related conditions. (caregiveraction.org)

Family Caregiver Alliance offers different services, education programs and support to caregivers of adults with physical and cognitive impairments, such as Parkinson's disease, stroke and Alzheimer's and other types of dementia. (caregiver.org)

Community Resource Finder is a resource created by AARP (formerly the American Association of Retired Persons) and the Alzheimer's Association. It lists Alzheimer's and dementia resources, community programs, medical services and long-term care options in your area. (communityresourcefinder.org)

The Family Caregiving section of the AARP website offers facts and resources that can help caregivers use the healthcare system. (aarp.org/caregiving/local/info-2019/national-resources-for-caregivers.html)

The National Family Caregiver Support Program is offered by the Administration for Community Living. It gives grants to states and territories to fund supports that help family and informal caregivers care for older adults in their homes for as long as possible. (acl.gov/programs/support-caregivers/national-family-caregiver-support-program)

The Eldercare Workforce Alliance offers information and resources to caregivers and older adults to help them locate providers with gerontology and geriatric training and other services. (eldercareworkforce.org)

About FAIR Health

FAIR Health is a national, independent nonprofit dedicated to healthcare cost transparency. We offer free, national consumer tools to help you understand and plan for your healthcare in such areas as medical and dental costs, insurance coverage and shared decision making.

With generous funding from The John A. Hartford Foundation, FAIR Health created FAIR Health for Older Adults (FAIRHealthOlderAdults.org) a free, online resource designed to provide older adults and their support network with tools and resources to help in navigating the healthcare system.

Visit **FAIRHealthOlderAdults.org**

If you have any questions about FAIR Health for Older Adults, contact our customer service team: 855-566-5871, Monday through Friday, 9 am to 6 pm ET, or email us at consumer@fairhealth.org.