Many seniors don’t accept aging stereotypes

By MARLENE CIMONS
The Washington Post

We’ve heard all the cliches about aging: “You’re as young [or old] as you feel.” “Age is just a number.” “You’re not getting older, you’re getting better.” “Seventy is the new 50.” Well-intentioned, perhaps. Offensive, to some. Patronizing, to be sure. But could they be true?

Maybe science has started to catch up with these tired phrases. Researchers have discovered that many people feel good about themselves as they get older.

One study, for example, found that as people get older, they consistently say they feel younger — much younger — than their actual age.

Another study examining the attitudes of the offspring of centenarians concluded that the centenarians’ children — if they, too, were healthy and long-lived — have a strong sense of purpose and meaning to their lives, compared with the general population. Finally, there is evidence that positive attitudes about aging may reduce the risk of dementia, among the most dreaded consequences of aging.

The results are compelling in the context of negative messages about aging from the media, in the workplace and elsewhere, messages that are far more prevalent than positive communications, according to the researchers.

“Children as young as 3 or 4 have already taken in the age stereotypes of their culture,” says Becca Levy, a professor of psychology at Yale whose study found that older adults with positive beliefs about old age were less likely to develop dementia, including those who are genetically disposed. “These age stereotypes are communicated to children through many sources, ranging from stories to social media. Individuals of all ages can benefit from bolstering their positive images of aging.”

William Chopik, an assistant professor of psychology at Michigan State University, agrees. “Negative views about aging are communicated to us early in life, through media, books and movies, and what our friends and family tell us,” Chopik says. “These attitudes are present and pervasive already in childhood, so naturally it’s hard to enact meaningful change to these attitudes - but that’s what we’re trying to do at the moment.”

Chopik’s study, which surveyed more than half a million Americans via the internet, found that as people got older they nevertheless continued to feel younger than their chronological age.

“Sixty-year-olds felt like they were 46,” he says. “Seventy-year-olds felt like they were 53. Eighty-year-olds felt like they were 65. It looks like this is pretty consistent across age groups. People know that they are aging, but they are evaluating themselves and their lives and reporting feeling about 20

See AGING T3
percent younger than their current age.”
He queried people from ages 10 to 89 and found that views change as they grow older. While people in their 70s and 80s reported feeling younger than their chronological years, teenagers and young adults equated turning 50 with hitting old age. This attitude persists into old age, according Chopik. When people turn 70, 80 seems old. When someone turns 80, 90 is old, he says.

“Part of that might arise from not wanting to be considered an older adult,” Chopik says. “As a result, people could be perpetually pushing what is considered an older adult into the future. It could also arise from people feeling good about themselves and their bodies, and coming to the realization that, because of their negative beliefs about what it must feel like to be an older adult that ‘I must not be old.’

The centenarians’ offspring study used data from the New England Centenarian Study, which has followed nearly 4,000 centenarians, and some of their siblings and children, since 1994.

Researchers at the Boston University School of Public Health compared healthy and long-living children of centenarians - average age, 82 - with three groups: Their spouses, their “birth cohort” (a group whose parents, though born at the same time as the centenarians, lived only into their early 70s) and participants in the Health and Retirement Study, a nationally representative study of more than 30,000 individuals older than 50.

Using a survey that measured psychological well-being, they asked respondents to agree or disagree with such statements as: “I enjoy making plans for the future and working to make them a reality” and “My daily activities often seem trivial and unimportant to me.” They found that children of centenarians expressed more purpose in life than any of the other three groups.

“Aging well is not only escaping or delaying disease,” says co-author Paola Sebastiani, a professor of biostatistics at the Boston University School of Public Health. “Feeling good about your life is important and should be considered an important aspect of healthy aging.”

In her dementia research, Levy evaluated 4,765 older people - average age, 72 - who were free of dementia at the start of the study and followed them for four years. The participants answered a series of questions about their beliefs about aging. “We found that those who expressed more-positive age beliefs at baseline were less likely to develop dementia . . . than those who expressed more-negative age beliefs,” Levy said.

This protective effect was found for all participants, including those who carry the E4 variant of the gene APOE, which raises their dementia risk. About a quarter of Americans carry this variant, although only 47 percent of them develop dementia, she said. The reason the remaining 53 percent never develop dementia is unknown.

The APOE E4 carriers with positive beliefs about aging had a 2.7 percent risk of developing dementia, compared to a 6.1 percent risk for carriers with negative beliefs, according to the study. (Twenty-six percent of the study participants were carriers.)

“We know . . . that exposing older individuals to negative age stereotypes exacerbates stress, whereas exposing them to positive age stereotypes can act as a buffer against experiencing stress,” Levy says. “It is also known that about half the people with the APOE E4 never develop dementia. Therefore, we thought that it is possible that those who have more-positive age stereotypes - which can reduce stress levels - may have altered genetic expression in later life that reduces the likelihood of developing dementia.”

The results bolster the case “for implementing a public health campaign against ageism and negative age beliefs,” she says. Even “individuals in their 80s and 90s can strengthen their positive images of aging.”

Chopik agrees, pointing out that all too often attitudes about aging arise from anxiety over physical ability, appearance, loneliness or boredom.

“However, many studies of older adults debunk these perceptions,” he says. “Older adults live enriching and very active lives - so these perceptions aren’t rooted entirely in reality.”
Cognitive decline is a condition that is often associated with aging, but even middle-aged people can experience memory loss or cognition issues. The Alzheimer’s Association says that more than five million Americans are living with Alzheimer’s disease and other dementias. By 2050, that number could rise to as high as 16 million people. More than 747,000 Canadians are living with Alzheimer’s or another dementia, says the Canadian Alzheimer’s Association.

Although there is no definitive way to prevent dementia, living a long, vibrant life may be possible by encouraging some healthy habits for the brain. It is never too late or too early to begin health and lifestyle changes.

**EXERCISE**

Becoming more active can improve brain volume, reduce risk for dementia and improve thinking and memory skills. The journal Neurology found that older people who vigorously exercise performed better on cognitive tests than others of the same age, placing them at the equivalent of 10 years younger. Increased blood flow that occurs with physical activity may help generate new neurons in the hippocampus, an area of the brain involved with learning and memory.

The Harvard Medical School says aerobic exercise may help improve brain tissue by improving blood flow and reducing the chances of injury to the brain from cholesterol buildup in blood vessels.

**QUIT SMOKING**

The Alzheimer’s Association indicates that evidence shows smoking increases the risk of cognitive decline. Smoking can impair blood flow to the brain and cause small strokes that may damage blood vessels.

**EAT HEALTHY FOODS**

Foods that are good for the heart and blood vessels also are good for the brain. These include fresh fruits and vegetables, whole grains, fish-based proteins, unsaturated fats, and foods containing omega-3 fatty acids. Neurologists state that, while research on diet and cognitive function is limited, diets, such as Mediterranean and Mediterranean-DASH (Dietary Approaches to Stop Hypertension), may contribute to a lower risk of cognitive issues.

**CONSUME CAFFEINE**

Caffeine may help boost memory performance and brain health. A Journal of Nutrition study found people ages 70 and older who consumed more caffeine scored better on tests of mental function than those who consumed less caffeine. Caffeine may help improve attention span, cognitive function and feelings of well-being. Information from Psychology Today also indicates caffeine may help in the storage of dopamine, which can reduce feelings of depression and anxiety. In addition, compounds in cocoa and coffee beans may improve vascular health and help repair cellular damage due to high antioxidant levels.

**WORK THE BRAIN**

Engaging in mentally stimulating activities can create new brain connections and more backup circuits, states Dr. Joel Salinas, a neurologist at Harvard-affiliated Massachusetts General Hospital. Working the brain through puzzles, reading and participating in social situations can stimulate the release of brain-derived neurotrophic factor (BDNF), a molecule essential for repairing brain cells and creating connections between them.

A good way to combine these lifestyle factors is to take an exercise class with friends, mixing the social, stimulation and exercise recommendations together.

Cognitive decline can come with aging, but through healthy habits, people can reduce their risk of memory loss and dementia.

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How to save more for retirement after age 50

Whether it’s advice from their parents, a response to television ads urging viewers to save for retirement, or their own financial savvy, many of today’s young professionals recognize the importance of saving for retirement from the moment they receive their first paychecks. But men and women over 50 may not have been so practical, and many such professionals may feel a need to save more as their retirements draw ever closer.

Saving for retirement might seem like a no-brainer, but the National Institute on Retirement Security notes that, in 2017, almost 40 million households in the United States had no retirement savings at all. In addition, the Employee Benefit Research Institute found that Americans have a retirement savings deficit of $4.3 trillion, meaning they have $4.3 trillion less in retirement savings than they should.

Men and women over 50 who have retirement savings deficits may need to go beyond depositing more money in their retirement accounts in order to live comfortably and pay their bills in retirement.

The following are a few simple ways to start saving more for retirement.

- Redirect nonessential expenses into savings. Some retirement accounts, such as IRAs, are governed by deposit limits. But others, such as 401(k) retirement plans, have no such limits. Men and women can examine their spending habits in an effort to find areas where they can cut back on nonessential expenses, such as cable television subscriptions and dining out. Any money saved each month can then be redirected into savings and/or retirement accounts.
- Reconsider your retirement date. Deciding to work past the age of 65 is another way men and women over 50 can save more for retirement. Many professionals now continue working past the age of 65 for a variety of reasons. Some may suspect they’ll grow bored in retirement, while others may keep working out of financial need. Others may simply love their jobs and want to keep going until their passion runs out. Regardless of the reason, working past the age of 65 allows men and women to keep earning and saving for retirement, while also delaying the first withdrawal from their retirement savings accounts.
- Reconsider your current and future living situation. Housing costs are many people’s most considerable expense, and that won’t necessarily change in retirement. Even men and women who have paid off their mortgages may benefit by moving to a region with lower taxes or staying in the same area but downsizing to a smaller home where their taxes and utility bills will be lower. Adults who decide to move to more affordable areas or into smaller, less expensive homes can then redirect the money they are saving into interest-bearing retirement or savings accounts.

Many people begin saving for retirement the moment they cash their first professional paycheck. But even adults over the age of 50 sometimes feel a need to save more as their retirement dates draw closer, and there are many ways to do just that.
Facts you should know about enrolling in Medicare

BY NICOLE TIGGEMANN

Understanding Medicare isn’t as difficult as you might think. It’s a benefit most working Americans can count on. Here are some facts you might not know about the program.

Can I still get Medicare at age 65?

Yes, you’re still eligible for Medicare starting at 65, no matter what year you were born.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you’re eligible for Part A (hospital insurance) at age 65 for free. Part A helps pay for inpatient care in a hospital or skilled nursing facility following a hospital stay. It also pays for some home health care and hospice care. You’re also eligible for Part B (medical insurance) if you choose to get it and pay a monthly premium. Part B helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventative services. If you are receiving Social Security benefits already, you will be automatically enrolled in Medicare Parts A and B at age 65. Because you must pay a premium for Part B, you can choose to turn it down.

However, if you don’t enroll in Part B when you’re first eligible, this means that you may delay enrolling in Part B without having to wait for a general enrollment period and without paying the lifetime penalty for late enrollment. Additional rules and limits apply, so if you think a special enrollment period may apply to you, read our Medicare publication at www.socialsecurity.gov/pubs/, and visit the Centers for Medicare and Medicaid Services at Medicare.gov for more information.

To avoid a tax penalty, you should stop contributing to your Health Savings Account (HSA) at least six months before you apply for Medicare.

If you apply for Medicare, you can’t contribute to your HSA after you enroll in Medicare to help pay for medical expenses like deductibles, premiums, co-insurance, or copayments. If you’d like to continue contributing to your HSA, you shouldn’t apply for Medicare or Social Security benefits.

How Much Does Part B Coverage Cost?

You are responsible for the Part B premium each month. Most people will pay the standard premium amount, which is $134 in 2018 if you sign up for Part B when you’re first eligible. This amount can change every year. You can find up-to-date premium amounts on Medicare.gov.

If you are 65 or older and covered under a group health plan, either from your own or your spouse’s current employment, you may have a special enrollment period during which you can sign up for Medicare Part B. This means that you may delay enrolling in Part B without paying the lifetime penalty for late enrollment.

Understanding Medicare isn’t as difficult as you might think.
New technologies help seniors age in place

Nancy Delano, 80, of Denver has no plans to slow down anytime soon. She still drives to movies, plays and dinners out with friends. A retired elder care nurse who lives alone, she also knows that “when you reach a certain age, emergencies can happen fast.” So, when her son, Tom Rogers, talked to her about installing a remote monitoring system, she didn’t hesitate.

With motion sensors placed throughout the house, Rogers can see if his mom is moving around, if she’s sleeping (or not), if she forgot to lock the door and, based on a sophisticated algorithm that detects behavioral patterns, whether her activity level or eating habits have changed significantly, for instance.

“It gives both of us peace of mind, particularly as she ages and wants to live at home,” said Rogers, who lives near Washington, D.C., hundreds of miles away from her.

At $45-$60 a month (plus an upfront fee of $100 to $200), Alarm.com’s Wellness system is markedly less expensive than options such as hiring a home health aide to check on her or moving her into a retirement community. The average cost of nursing home care exceeds $95,000 a year, while assisted living and in-home care tops $45,000 annually, according to a 2017 Genworth Financial report.

The exorbitant costs of nursing home and assisted living care are driving sales — and innovation — in the technology market, said Dr. Eric Topol, director of the Scripps Translational Science Institute and author of “The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Health Care.”

For many, the technology offers not just the tools they need to continue to live at home, but newfound confidence and connectedness with faraway family and friends.

Topol calls it “monitored independence,” and it is changing how older generations age in America. “People want to be autonomous, irrespective of age,” he said.

That was certainly the case for Carol Smith, 83, who lives in the Carlsbad by the Sea retirement community in Carlsbad, Calif., with her husband, Ray, 84. “I’m in a wheelchair, so I depend on my husband a lot,” she said.

The Smiths were introduced to the Amazon Echo last February through a pilot program for seniors. Carol is now able to control lights and the thermostat with Amazon Echo. She can ask Alexa to remind her to take medications, or even to call for help. “It gives her a great deal of independence,” said her husband, Ray. “If for some reason I have to be away, she’s able to function on her own."

Voice-assistive technologies like the Amazon Echo, Google Home and HomePod are likely to play a bigger role in helping seniors age in place, especially when paired with apps geared specifically for senior living, predicts Majd Alwan, executive director of the LeadingAge Center for Aging Services Technologies (CAST). AskMarvey, for instance, integrates with Amazon Echo via an online portal to allow seniors to immediately connect with family members for a quick check-in or if something more serious is going on. (The Basic app is free; premium versions cost $15 or $20 per month.)

LifePod, to be introduced later this year, takes voice-assisted technology a step further, said Laurie Orlov, founder of Aging in Place Technology Watch. It will allow users to engage with the device, much like Alexa, but will also periodically check in with them independent of a voice prompt, at preprogrammed intervals: Good morning, Nancy. Did you remember to take your medication?

For Mike Willis, 63, of Guelph, Ontario, getting regular medication prompts means the difference between staying healthy and ending up in the hospital — again. Willis takes 27 pills a day, most of them anti-rejection drugs to ensure that his body doesn’t reject the heart transplant he received 2½ years ago after contracting viral myocarditis. To keep it all straight, he uses Medisafe, an app that reminds him when it’s time to take his next dose, whether to take the pills with water or food, and what side effects might be attributable to the medication.

“When my transplant, I was a little confused, so I designated my wife, Linda, as a ‘Med-Friend,’ which meant she got an alert when I didn’t take my medication,” he said. (The app is free; the Premium version, with additional reminder and Medfriend features, costs $4.99 a month.)

Indeed, the ability to designate a loved one as a second set of eyes and ears can be comforting rather than intrusive, as Willis and Delano have discovered. And yet, there’s a fine line between staying healthy and being “monitored independence.”
Sleep loss can affect memory in seniors

Poor sleep can leave people feeling groggy, disoriented, depressed, and not up for facing the day. And now there’s new evidence that insomnia can contribute to memory loss and forgetfulness among the elderly.

A study — the first of its kind — unveiled a new link between lack of sleep and memory loss. Researchers at the University of California, Berkley found that during sleep important brain waves are produced that play key roles in storing memories. These waves transfer the memories from the hippocampus to the prefrontal cortex, a portion of the brain where long-term information is stored. Sleep loss can cause the memories to remain in the hippocampus and not reach the long-term storage area, found researchers. This can contribute to forgetfulness and difficulty remembering simple details, such as names.

Seniors are frequently plagued with deteriorated sleeping patterns that lead to shallow sleep and more awakenings, says those at the University of California. This can contribute to the prevention of memories being saved by the brain each evening.

This is not the first time sleep and brain health have been measured. A 2008 University of California, Los Angeles study discovered that people with sleep apnea showed tissue loss in brain regions that help store memories.

WebMD says imaging and behavioral studies show the role sleep plays in learning and memory and that lack of sleep can impair a person’s ability to focus and learn efficiently. Combine this with the necessity of sleep to make those brain wave connections for memories to be stored, and the importance of deep sleep is apparent.

Another study, published in the journal Brain, conducted by doctors at Washington University in St. Louis, linked poor sleep with early onset of dementia, especially Alzheimer’s disease. Although poor sleep does not cause Alzheimer’s, it may increase brain amyloid proteins believed to be intrinsic to the disease. When slow-wave deep sleep is disrupted, levels of amyloid can grow and clog the brain. This is corroborated by data published in the journal Neurology. Getting deep sleep is important for reducing these proteins.

The American Academy of Sleep Medicine recognizes the difficulties elderly people may have in regard to sleep. The quality of deep sleep among older adults is often 75 percent lower than it is in younger people. Doctors can be cognizant of how sleep impacts memory and the onset of dementias and discuss insomnia treatment options with their patients.
Unemployment isn’t easy for anyone, regardless of their age. But unemployed men and women over 50 may find it especially difficult to find work.

Whether it’s a byproduct of age-related discrimination or any of a host of additional variables, jobless older workers often struggle to find work. In a 2016 analysis of government figures, the Schwartz Center for Economic Policy Analysis at the New School estimated that the jobless rate for workers 55 and older in August of 2016, six years after the Great Recession, was nearly 9 percent. At the time, the national jobless rate hovered around 5 percent.

Unemployed men and women over 50 who are struggling to find work can consider the following strategies as they look to rejoin the workforce.

1. Revisit your resume. Unemployed men and women over 50 have no doubt updated their resumes to reflect their most recent professional experience. But they may need to trim some of the fat in regard to their work life 10 or more years ago. Today’s hiring managers may only be concerned with recent experience that illustrates skillsets that are relevant to today’s jobs. Men and women over 50 may consider their experience from 20 years ago invaluable, but if that experience does not meet the specific needs of the jobs they’re now seeking, then they should remove it from their resumes so hiring managers can quickly access the more relevant information from their work histories.

2. Embrace 21st century job hunting. Finding a job in the second decade of the 21st century is unlike job hunting in decades prior, and wholly different from how men and women over 50 looked for jobs upon beginning their professional lives. Networking can mean the difference between unemployment and landing a job. Go to job fairs attended by hiring managers and join professional organizations that host events where professionals in your field can gather.

3. Turn your age into a positive. Men and women over 50 should accept the likelihood that their new managers and/or hiring managers will be younger than them. When interviewing for a job, men and women over 50 should make an effort to showcase their enthusiasm about working with and learning from younger colleagues, while also noting their desire to commit long-term to a company. Some hiring managers may surprise older applicants, viewing them as potentially more reliable than younger workers simply looking to gain some experience in a particular industry before moving on to the next opportunity.

4. Make use of your existing downtime. Another strategy unemployed men and women over 50 can try as they look for work is to make better use of their existing downtime. Enrolling in online courses can give prospective employers the impression that applicants over 50 are both tech-savvy and willing to learn new things. Each of those things can help men and women over 50 overcome any unjustified, tech-related stigmas that hiring managers may attach to older job candidates.

Finding work after 50 is not always easy, and job seekers may need to adjust their approach before they can get back in the workforce.
Feeling safe and secure at home is a priority for any homeowner. But safety is of particular concern for aging men and women who are at greater risk of being involved in accidents at home than younger men and women.

Harvard Health Publishing says that accidents at home are among the leading causes of injury and death in the United States. The chances for fatalities increases as one ages, and by age 75 and older, men and women are almost four times as likely to die in a home accident as people a decade younger.

The Home Care Assistance organization says that one million elderly people are admitted to the emergency room for injuries every year. People concerned about the safety of their homes or the homes of their aging loved ones can retrofit such properties to make them safer.

**FALLS**

According to The Senior Social Club, which offers care and community services to seniors, falls are the most common accidents affecting seniors. One out of every three seniors aged 65 and older falls at least once a year.

In addition to working with doctors to improve mobility and modify medications that may cause unsteadiness, changes around the home can help. Grab bars placed in bathrooms and high-traffic areas can help seniors get stay more stable when changing from sitting to standing positions.

Potential tripping hazards should be assessed. Area rugs without nonskid backings, clutter on floors, extension cords that extend into walking areas, and uneven flooring pose tripping hazards. Anti-slip coatings can be added to floors to reduce the risk of tripping.

Poorly lit staircases and entryways also can contribute to falls. Consider the installation of motion-activated lighting so that dim areas can be automatically brightened when necessary. A nightlight or LED lights placed near molding can help guide seniors to the bathroom during midnight visits.

**PHYSICAL LIMITATIONS**

Arthritis can impede seniors’ ability to turn on and off appliances, water faucets or handle certain kitchen tools. Kitchen and bathroom modifications can include the installation of ergonomic and user-friendly handles and spigots.

Task lighting can make it easier to prepare meals, and appliances that automatically turn off after a certain period of time can be a safety feature for forgetful individuals.

Reorganize kitchen cabinets to make commonly used items as accessible as possible.

**SMART HOMES**

Friends or family members can have greater control over seniors’ homes by installing smart home systems. This way they can remotely adjust thermostats, control lights, view cameras, engage locks or alarm systems, and much more without having to be at the home. This can seniors allow seniors to maintain their independence while offering peace of mind to their loved ones.

Certain home modifications can reduce seniors’ injury risk.
By NICOLE TIGGEMANN
Tribune News Service

What kind of questions do you and your friends ask about Social Security? When do my benefits arrive? What are Social Security work credits, and do they have anything to do with the way my benefits are figured? Will I be automatically enrolled in Medicare? Read on to find the answers to these questions.

1. Social Security benefits are paid in the month following the month for which they are due.

When you meet all the requirements for eligibility, the benefit check you receive is payment for the prior month’s benefits. For information on the payment of benefits, you can read our pamphlet, What You Need to Know When You Get Retirement or Survivors Benefits at www.socialsecurity.gov/pubs/EN-05-10077.pdf.

To know when checks will be paid, you can save the Schedule of Social Security Benefit Payments to your "Favorites" or print it by visiting www.socialsecurity.gov/pubs/calendar.htm.

2. We don’t pay benefits for the month of death.

Social Security uses the same throughout-the-month rule to determine eligibility for the benefit that is due for the month of death. You must live through the full month to be eligible for the payment. See the pamphlet above in the section titled If a beneficiary dies at www.socialsecurity.gov/pubs/EN-05-10077.pdf for more information about when a check is due.

3. Survivors benefits can replace a percentage of the worker’s earnings for family members.

The eligible family members of a retired or disabled beneficiary may receive a monthly payment of up to 50 percent of beneficiary’s amount. Survivors benefits usually range from about 75 percent to 100 percent of the deceased worker’s amount. Visit our Understanding the Benefits publication for an explanation of the amounts family members receive at www.socialsecurity.gov/pubs/EN-05-10024.pdf.

4. Work credits determine eligibility for benefits, but your lifetime earnings are used to calculate your monthly benefit amount.

Retired workers need 40 work credits to be eligible for benefits, but your work credits alone do not determine how much you will receive each month. When we figure your retirement benefit, we use the average of your highest 35 years of earnings. See Your Retirement Benefit: How It Is Figured at www.socialsecurity.gov/pubs/EN-05-10070.pdf.

5. If you receive retirement benefits before you reach age 65, you will be automatically enrolled in Medicare.

Medicare Part A (hospital insurance) helps pay for inpatient care in a hospital or skilled nursing facility following a hospital stay. It also pays for some home health care and hospice care. Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventative services. When you’re already receiving retirement benefits, we automatically sign you up for Medicare Parts A and B when you turn age 65. You can then decline Part B if you choose, since it requires a monthly premium. If you are not receiving retirement benefits as you approach age 65, you should contact Social Security three months before age 65 to sign up for Medicare Part A and B. Even if you don’t want to retire at 65, you should sign up for Medicare only.

For more details, check out our Medicare page at www.socialsecurity.gov/medicare.
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