



# Vital!

VITAL INFORMATION FOR A VITAL LIFE®

## Highmark Delaware

### Simplifying Medicare Enrollment



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I recently read an article about 4 rituals that will make you happy. Number one on the list: Gratitude. Studies show that gratitude actually affects your brain at the biological level. Know what the antidepressant Wellbutrin does? Boosts the neurotransmitter dopamine. So does gratitude. Know what Prozac does? Boosts the neurotransmitter serotonin. So does gratitude. Feel like there's nothing to be grateful for? Guess what—doesn't matter. It's not finding gratitude that matters most; it's remembering to look in the first place.

Lately, there's been a lot to be grateful for. I'm grateful we've been lucky enough to be out of the way of hurricanes and earthquakes. I'm grateful that my mother is healthy enough to take memory-making end-of-summer trips with my son and me. Heck, I'm grateful that I'm healthy enough to make those trips. I just went to the memorial of yet another friend (without whose help Vital! might not ever have gotten off the ground—thank you Linda Popper!). That's 2 friends my own age in 6 months, both lost to cancer.

Linda and Dayle didn't have breast cancer, but October is Breast Cancer Awareness Month. New tests to detect the cancer are making news every day. Learn more about them on page 3. Now is the time also to ensure that you have the insurance coverage to pay for your medical costs and prescriptions. Open enrollment for Medicare starts on October 15, and for the health insurance marketplace on November 1. Do NOT let these open enrollment periods pass you by without evaluating the insurance coverage you have. Get details on pages 4 and 5.

Another way to ensure good health? Exercise, of course! If you've ever trained to run a race, you need to put the Marine Corps Marathon on your bucket list. Beyond the personal satisfaction of completing a grueling marathon, it's a whole weekend of fun for the whole family, right down I-95 in Washington, D.C. Find out what it's all about on page 7.

This is the month to savor the last days of daylight savings time. What a nice ritual it could be, then, to end each day thinking about what you're grateful for.

Happy October!

Karyn

TO YOUR HEALTH

## October is Breast Cancer Awareness Month

The American Cancer Society estimates that in the U.S. in 2017:

About 252,710 new cases of invasive breast cancer will be diagnosed in women.

About 63,410 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).

About 40,610 women will die from breast cancer.

That's scary stuff.

### What scientists know

Cancer grows when a cell's DNA is damaged, but why or how that DNA becomes damaged is still unknown. It could be genetic or environmental, or in most cases, a combination of the two. Most patients will never know exactly what caused their cancer, however, there are certain established **risk factors** (keep in mind that 60-70% of people with breast cancer have no connection to these risk factors at all, and other people with risk factors will never develop cancer). These include **lack of physical activity, poor diet, being overweight or obese, drinking alcohol frequently, radiation to the chest and combined hormone replacement therapy (HRT)**.

### Detection

Breast cancer can't be prevented, but you can take three important steps to help detect it earlier: breast self-exam, clinical exam, and mammogram.

Some newer imaging tests are also being studied. They are in the earliest stages of research, though, so will take time to see if any of them are as good as or better than those we use today.

**Optical imaging tests** pass light into the breast then measure the light that returns or passes through the tissue. The technique does not use radiation and does not require breast compression.

**Positron Emission Mammography (PEM)** uses sugar attached to a radioactive particle to detect cancer cells. Working much like a PET scan, a PEM scan may be better able to detect small clusters of cancer cells

within the breast. Right now it's being studied in women with breast cancer or other breast problems to see if it can show which lumps are cancer.

**Electrical impedance imaging (EIT)** scans the breast for electrical conductivity. It's based on the idea that breast cancer cells conduct electricity differently from normal cells. EIT does not use radiation or compress the breasts.

**Molecular breast imaging (MBI)** is a newer nuclear medicine imaging test. It's being studied as a way to follow up breast problems such as a lump or an abnormal mammogram, as well as a test that can be used along with mammograms for women with dense breasts.

About half of all women have dense breast tissue, making it harder to detect abnormalities with mammography alone. On a mammogram, both dense breast tissue and tumors show up as white. MBI makes tumors stand out.

Unlike mammography, MBI uses an injection of nuclear medicine to help doctors visualize tumors. "A nuclear medicine tracer is injected into the bloodstream," explains Debra Somers Copit, MD, director of Breast Imaging for Einstein Healthcare Network. "This tracer gets picked up by cancerous cells. A nuclear medicine camera can detect that activity in the cancer cells, and then it creates an image that we can read."

This technology has been around for years, Dr. Copit says. The tracer used in molecular breast imaging is the same as that used in cardiac stress testing. It just took a while to get to the point where the dose of radiation would be low enough. "The dose is really not just to the breasts, but to the whole body," she says. "But it's eliminated pretty quickly and it's no more radiation than the background radiation you would get if you flew from here to Los Angeles."

The new procedure is recommended every other year, but mammography, as the gold standard, continues to be recommended every year.

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## Marketplace Open Enrollment is November 1 to December 15

Under the Affordable Care Act, a.k.a. Obamacare, you can sign up for health insurance on your state's health insurance exchange or individual marketplace only during an annual open enrollment period, unless you have a qualifying life event. If you're buying health insurance on your own (not through your workplace), you can buy from your state's health insurance marketplace (check Healthcare.gov to find yours), directly from a health insurance company or agent, or online. If you're buying on your own:

**1 Open enrollment runs from Nov. 1 – Dec. 15 for coverage starting January 1.**

For 2018, the federal government cut the open enrollment period from the usual 90 days to a mere 45 days. (Some states, but not Delaware, are extending the time that people have to buy health insurance.) People who qualify for Medicaid can enroll at any time of the year.

CMS unveiled two new policies recently. First, the budget to announce the sign-up period is being cut from \$100 million to \$10 million.

The ad campaign will include no television or radio, just digital media, email and text messages. This means signing up may not be top of mind, so mark your calendar!

Second, organizations with federal contracts to help consumers shop for coverage, known as navigators, will have their budgets cut from \$62.5 million to just \$36.8 million this year, a 39 percent cut.

**2 You must sign up if you don't have health insurance from another source.** That could be through your employer or your spouse's employer or through the government (veterans, Medicare and Medicaid).

**3 During open enrollment you can renew your current individual/family health insurance plan or choose a new health insurance plan** through the marketplace in your state or through private insurance.

If you are currently enrolled in a marketplace health insurance plan, it will automatically renew. However, the plan may make changes to its provider network, copays, co-insurance and drug coverage. Your plan must send you a notice of any changes it will make for 2018.

**4 Take time to read the notice to see what it means for you.** Make certain your doctors and preferred hospital are still in your network. Be aware: you may be able to use out-of-network doctors and hospitals if you're willing to pay more, but in some cases, you might not be covered at all if you go out of network.

Your prescription drug coverage also could change. The plan may no longer cover the drugs you take to manage your chronic conditions, or the tier into which they fall may change. It's important that you check your plan's drug benefits for 2018 before you allow it to renew. Health plans must provide an online link to the list of drugs they will cover (formularies). You may need to find a different plan for your needs.

**5 If you miss open enrollment, you may have to wait for a year to sign up** for coverage unless you qualify for a special enrollment period. Qualifying events include divorce, marriage, birth or adoption of a child, death of a spouse or partner that leaves you without health insurance, your spouse or partner who has you covered loses his/her job and health insurance, you lose your job and with it your health insurance, your hours are cut making you ineligible for your employer's health insurance plan, or you are in an HMO and move outside its coverage area.

**6 Under Obamacare, those without health insurance must pay a penalty at tax time.** In 2017 the penalty is 2.5 percent of your income or \$695 per adult (whichever is more) and up to \$347.50 for each child, with a maximum penalty of \$2,085. For 2018 and beyond, the penalty will remain at 2.5 percent, but the flat and maximum amounts will adjust for inflation. If you owe a penalty, it will be taken from your tax refund.

**7 The marketplace gives you a choice of four levels of individual/family health insurance plans,** depending on how much cost-sharing they require, and all health plans must cover 10 essential benefits.

**8 You may qualify for a premium tax credit based on income and family size.** To qualify, your family income must fall between 100 and 400 percent of the federal poverty level (FPL).

**9 If you suffered a hardship, you may not be required to buy health insurance.** You may qualify for a hardship exemption if you were the victim of domestic violence or suffered from a natural or human-caused disaster such as a fire or flood that damaged your property substantially; if a close family member recently died or you had unexpected expenses related to caring for an elderly, ill or disabled family member; if you have been evicted from your home or suffered bankruptcy; if you found you are ineligible for Medicaid because your state did not expand eligibility under Obamacare, and more.

## Social Security Q&A

### Question:

I served in the military, and I'll receive a military pension when I retire. Will that affect my Social Security benefits?

### Answer:

You can get both Social Security retirement benefits and military retirement at the same time. Generally, we don't reduce your Social Security benefits because of your military benefits. When you're ready to apply for Social Security retirement benefits, go to [www.socialsecurity.gov/applyonline](http://www.socialsecurity.gov/applyonline). This is the fastest and easiest way to apply. For your convenience, you can always save your progress during your application and complete it later. And thank you for your military service!

### Question:

I know that Social Security's full retirement age is gradually rising to 67. But does this mean the "early" retirement age will also be going up by two years, from age 62 to 64?

### Answer:

No. While it is true that under current law the full retirement age is gradually rising from 65 to 67, the "early" retirement age remains at 62. Keep in mind, however, that taking early retirement reduces your benefit amount. For more information about Social Security benefits, visit the website at [www.socialsecurity.gov/r&m1.htm](http://www.socialsecurity.gov/r&m1.htm).

### Question:

Why doesn't my estimate using the *Retirement Estimator* take into account my work as a teacher? I've worked for 20 years for the state and thought it would count.

### Answer:

If you work for a state or local government agency—including a school system, college, or university—your earnings may not be covered by Social Security. If you are covered only by your state or local pension plan and you don't pay Social Security taxes, your earnings won't be shown on your Social Security record. (Your record will show your Medicare wages if you pay into that program.) For information on how your pension from non-covered state or local employment may affect the amount of your Social Security benefit, you can visit [www.socialsecurity.gov/retire2/wep-chart.htm](http://www.socialsecurity.gov/retire2/wep-chart.htm)



## Medicare Open Enrollment is October 15 to December 7

Medicare health and drug plans can make changes each year—things like cost, coverage, and which providers and pharmacies are in their networks. Between October 15 and December 7, all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs. Your plan will send you an "Evidence of Coverage" (EOC) and "Annual Notice of Change" (ANOC); check it to see if your plan is changing, and if it still meets your needs.

You may not need to do anything, but it's wise to re-evaluate your Medicare Advantage (Part C) and/or Part D plan, comparing it against all the other plans, every year. You may find a plan that's a better fit for your needs. You cannot use Open Enrollment to enroll in Part A and/or Part B for the first time.

### During Open Enrollment (OEP):

- Anyone who has or is signing up for Medicare Parts A or B can join or drop a Part D prescription drug plan.
- Anyone with Original Medicare (Parts A & B) can switch to a Medicare Advantage plan.
- Anyone with Medicare Advantage can drop it and switch back to Original Medicare.
- Anyone with Medicare Advantage can switch to a new Medicare Advantage plan.
- Anyone with a Part D prescription drug plan can switch to a new Part D prescription drug plan.

### Why re-evaluate?

Each year, insurance companies can make changes to Medicare plans that can impact how much you pay out-of-pocket (monthly premiums, deductibles, drug costs, and provider or pharmacy networks—the doctors,

hospitals, or pharmacies that negotiate prices with insurance companies). They can also make changes to your plan's formulary (list of covered drugs and which tier they fall into). Given these yearly changes, it's a good idea to re-evaluate your plan each year to make sure it still meets your needs. Other reasons why?

**1 Switch to better prescription drug coverage.** Use OEP to switch your drug coverage or add drug coverage for the first time; you may be able to save on crucial medications. You can also ensure that your drug plan still covers the drugs you need.

**2 Save money and keep your doctor in-network.** Switching your Medicare Advantage or Part D plan can potentially save you hundreds of dollars, especially if your current plan's out-of-pocket costs are increasing. Research shows that average consumers can save \$300 or more

annually if they review their Part D coverage. Check that your current doctors, hospital, and pharmacy are "in-network" with whatever Medicare Advantage or Part D plan you choose. If your insurance company has changed your plan's provider or pharmacy network for next year and your doctor or other resources will no longer be included, use OEP to switch to a plan that will include your current doctors, hospital and/or pharmacy in-network.

**3 Find a higher quality plan. Medicare uses a 5-star ratings system.** Plans with 5 stars are considered high quality; those with fewer than 3 are considered poor quality. Consider using OEP to switch to a higher rated plan if appropriate.

For more information or to compare plans call 1-800-MEDICARE or go to [Medicare.gov](http://Medicare.gov).



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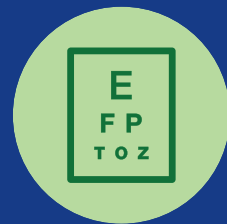


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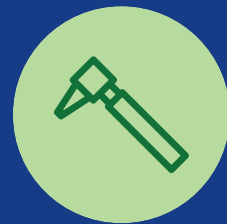
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## THE BUCKET LIST

# The Marine Corps Marathon



PHOTO CREDIT: MARINE CORPS MARATHON

If running a marathon is on your bucket list, look no further than the Marine Corps Marathon. It's close, it's fun, it's supremely well-organized, there are several different races that you can participate in, it's family-oriented, and it's in the nation's capital. What more could you ask?

The MCM is one of the largest marathons in the U.S. and the world, and is the largest marathon in the world that doesn't offer prize money, earning its nickname, "The People's Marathon." Instead, the event is a celebration of every finisher's honor, courage and commitment to training for, and completing, the MCM. The MCM has been voted "Best Marathon in the Mid Atlantic," "Best Marathon for Charities" and "Best Spectator Event."

### The 2017 MCM

This year, the 42nd MCM will be held on October 22. Limited to 30,000 registrants, the event has grown steadily since the original Marine Corps Reserve Marathon welcomed its first participants to the Washington D.C. start line Nov. 7, 1976. Of the total participants back then, 994 were male and 24 were female, making 1,018 finishers (the largest inaugural participation for a marathon at that time).

In 1978, the event officially became the Marine Corps Marathon (MCM). That year also brought the introduction of the Challenge Cup, a competition between the U.S. Marine elite running team and the British Royal Navy/Royal Marines. This event within the event was inspired by the donation by the British Royal Navy/

Royal Marines of an 1897 Victorian silver cup to the MCM, which had been part of the HMS Victory. The cup annually is awarded to the winning team, calculated by averaging the top three male finishers. Female teams from both sides of the Atlantic joined the competition in 1998.

### Famous Finishers

The 19th MCM in 1994 was epic. At age 40, talk show host Oprah Winfrey wore Bib #40 and proudly finished the MCM in 4:29:15. After her successful finish, Oprah said, "It's [Marine Corps Marathon] the best feeling I've ever had. It's better than an Emmy, I tell you." Since that time, many a MCM runner has set their marathon goal, "to beat Oprah."

Who beat Oprah's time? Supreme Court Justice Clarence Thomas and John Edwards, former U.S. Senator, (NC) and VP candidate did. Whose times did Oprah beat? Dr. Jill Biden, Drew Carey, Mike Huckabee, Al Gore, and Ted Koppel, among others!

### Why Run the MCM?

- **First Timer** – According to the Marine Corps Marathon website, typically 1/3 of the racers are first timers, so if you're running your first 26.2, you're among good company!
- **Monuments** – If this is your first time heading to Northern Virginia and D.C., the monuments are likely on your list of weekend to-do's, and there is nothing more beautiful than seeing them first thing in the light of the rising sun.
- **Family Friendly** – Hotels are plentiful, transportation isn't difficult, and there are oodles of things to do with your family before and after the race.
- **Miles & Molly** – Two of the cutest and friendliest race mascots around. If you have kids, they're sure to love these two!
- **Marines** – The 2000 volunteers at this race are second to none. They are Marines after all! When you finish, they're there waiting to put a medal around your neck and say congrats ma'am/sir. Be sure to thank them for their service!

### Ready to Run?

Anyone age 14 or older on event day is eligible to participate in the MCM, and a qualifying time isn't necessary. In fact, walking is even an option if you're able to maintain a 14-minute per mile pace and reach the 14th Street bridge in Mile 20 by 1:15 p.m. This is known as "Beat the Bridge." But don't go get your sneakers yet—because interest has grown exponentially, a lottery system was implemented to choose the runners.

If you're not quite ready to go the distance, there's plenty more to keep you occupied, including:

- The **Health & Fitness Expo** with vendors galore.
- The **MCM Kids Run**, a great opportunity for children ages 5-12 to be part of MCM Weekend. The one-mile run is on the Saturday before the MCM, it's not timed and all participants receive a medal, shirt, goodie bag and post-event snacks.

### ● MCM10K

● The **Finish Festival** – the post-event festivities in Rosslyn, VA, accessible immediately after the finish line. Open to spectators and runners, the Finish Festival includes free massages, a beer garden, live entertainment, giveaways, food vendors and more.

● And the **Crystal City Festival**, a fun-filled family festival including games, live music and activities from 9:30 a.m. until 3:30 p.m. that just happens to also be a great spectator location situated on Miles 22 and 23.

With the MCM turning 42, it's far from over the hill. It remains where it's always been, on top of the hill in the shadow of the Marine Corps War Memorial, ready to award those with the courage and commitment to train for and complete this 26.2 mile journey. The MCM remains a repository of inspiration, ambition, desire, stamina, tenacity and resilience.

*Start planning for next year! Find out all you need to know to get in on the fun at [www.marinemarathon.com](http://www.marinemarathon.com).*

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# Highmark

## Your Partner in Good Health

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### History

The mission of Highmark Inc. is to be the leading health and wellness company in the communities we serve. In carrying out this mission, we strive to preserve the tradition and reputation that we've built upon our high ethical standards. In fact, in all we do, we're adamant that we don't lose sight of one basic principle of integrity—"We care not just for the end result but also for how it's obtained."

For over 75 years, Highmark has provided affordable health insurance plans in our region, and our nation. In fact, the history of the company begins during the Great Depression of the 1930s with the genesis of the Blue Cross and Blue Shield movement. It was during that time that Highmark's predecessor companies were established to help Pennsylvania residents pay for health care.

To ensure the availability of funds to pay for hospital and medical services, respectively, a hospital association based in Pittsburgh sponsored the formation of an organization later known as Blue Cross of Western PA (now Highmark Blue Cross Blue Shield). The Pennsylvania Medical Society backed the founding of Pennsylvania Blue Shield (now Highmark Blue Shield) and then in 1996, the two Blue plans were consolidated, forming Highmark Inc. Highmark is now one of the largest health insurers in the U.S.

Blue Cross and Blue Shield were unique organizations from the outset — nonprofit corporations structured along traditional business lines. Without shareholders to satisfy, margins were held in reserve, applied to subsidize the cost of coverage for poor health risks, or reinvested in the business.

### Leading the way

As independent organizations from the mid-1930s to the mid-1990s, Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield introduced several innovations, including a children's health insurance program that became the model for the national CHIP program and a dedicated program for seniors that predated Medicare, which helped to ensure access to health care services for the widest possible cross section of the community.

### Experience the Highmark Difference

It's never too soon to learn how Medicare works

(especially if you're helping a parent or friend to sign up for it). But if you're going to be turning 65 soon or are already there, you'll want to understand when and how to enroll in order to avoid any penalties or gaps in health care coverage.

There are four main parts of Medicare: Parts A, B, C and D. Parts A and B are also known as **Original Medicare**. Part C is known as **Medicare Advantage**, and **Medicare Part D** consists of prescription coverage.

### Signing Up for Medicare at Age 65

You may be automatically signed up for **Medicare Part A and Part B** if you're already getting Social Security benefits when you turn 65. If not, you can sign up through the U.S. **Social Security Administration** anytime during the seven-month period that begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday.

If you don't enroll in **Original Medicare** when you're first eligible, you can sign up between Jan. 1 and March 31 each year. Regardless of when in that date span you sign up, **your coverage will begin July 1**.

If you enroll later, you may have to pay a higher Part B premium for not signing up on time. The increased premiums would last as long as you're on Medicare, so enrolling in Medicare sooner rather than later is best.

If you don't sign up for Medicare because you're employed and still covered by your employer's health plan or covered by your spouse's plan, you can sign up as soon as you know you'll be leaving, or during the eight-month period that begins the month after your employment or coverage ends, whichever happens first. You'll usually be able to avoid a **penalty for late enrollment** in this case.

### If You're 65 and Still Working, Do You Need Medicare?

Many people, for many reasons, decide to delay retirement beyond the age of 65. If you plan to stay in the workforce, depending on where you work, you'll need to understand a few things about Medicare.

- If you work for a company with more than 20

employees, you'll want to enroll in Medicare Part A as soon as you're eligible, three months before your 65th birthday. It's free, and you've earned it. You probably don't want to enroll in Part B until you retire, though, since you'll have to pay the premiums. But when you do retire, remember that you have only eight months from the day you leave work to **enroll in Part B**.

- If you work for a company with fewer than 20 employees, consider enrolling in Parts A and B as soon as you're eligible, three months before your 65th birthday; your small company's insurance plan won't pay for anything that Medicare will cover after the age of 65. In fact, if you decline to enroll in Part A and/or Part B, and your insurance company discovers you've had services that should have been covered by Medicare Part A or Part B, your insurance company will pursue you for a reimbursement of the costs.

- If you get a new job after turning 65, consider whether you should use that as an opportunity to change health plans. If you're married and your retiree plan from the previous employer covers an under-65 spouse, you might want to keep the plan. You can't re-enroll in certain retiree plans once you end your coverage. If you're married, and you lose your new job, your spouse could be without coverage until age 65.

- If you're self-employed and don't have a retiree plan, sign up for Medicare Parts A and B as soon as you can. The costs may be tax deductible as a business expense.

– If your current health insurance plan covers prescription drugs and it's at least as good as what you'd get through **Medicare Part D** (they call this "creditable coverage"), consider delaying getting Part D coverage until you retire. If your current plan is creditable, you won't have to pay any penalty when you enroll in a Part D plan within two months of losing your employer coverage.

Whether you plan to retire at 65 or continue to work, be sure to find out all of the Medicare options that are available to you so that you are covered when you need it.

## LOOKING FOR A MEDICARE PLAN FOR THE FIRST TIME?

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# Home Care

## A Crucial Safety Net

Many seniors are all too familiar with the changes that accompany aging. Once-simple tasks like opening a jar or medicine bottle, climbing the stairs, or buttoning clothing can become more difficult. Sometimes medical issues arise. The most common chronic diseases experienced by seniors—heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes and Alzheimer's disease—increase a person's risk for falls and/or falls with injuries, which in turn might require surgeries, hospitalizations and even short-term rehabilitation.



All of these risks can make living independently at home difficult. And so, while most seniors prefer to remain living in their homes, many need extra help, especially after a medical issue or event. According to the Family Care Alliance's National Center on Caregiving, 80% of the older people in our country who receive caregiving assistance, including many with several functional limitations, live in private homes in the community, not in assisted living facilities. Many of these same people also need help on a daily basis with activities such as dressing, bathing, shopping, and cleaning. Luckily, help comes in form of services that fall under the umbrella of "home care."

"We know that most seniors want to stay in their own home," says Susan Maddox, RN, Home Care Nurse Manager at Saint Francis LIFE, a Program of All-Inclusive Care for the Elderly (PACE) on the Wilmington Riverfront that provides services and supports to help seniors remain living in their homes in the community. "Home care can be the safety net needed to allow this to happen," adds Maddox.

### Skilled Home Care

Some home care services are medically-based, and referred to as "skilled care." Typically these services are provided because a person has been hospitalized due to an injury or illness, diagnosed with a new medical condition, or prescribed a new medication or medical equipment. Skilled home care services must be ordered by a doctor. A care plan is developed for each individual and managed by a nurse in coordination with the individual's primary care doctor and team of healthcare professionals. This care is provided on a short-term basis until the person is considered medically stable.

Skilled home care services might include care of pressure sores or a surgical wound; intravenous or nutrition therapy; injections; or monitoring of a serious illness or unstable health condition. Skilled home care services might also include physical, occupational or speech therapy. Patient and caregiver education is always a part of the care plan. A medical professional might check vitals, watch food and liquid intake, assist with prescription medications, monitor pain and safety, and coordinate care with the patient, doctor and caregivers.

According to the Centers for Medicare and Medicaid Services (CMS), nine out of ten people prefer home health care to placement in a skilled nursing facility for recovery. There are huge benefits to home health care, too. Incorporating skilled home care in a treatment plan can allow for earlier hospital discharge and help with



stabilization while promoting independence and self-sufficiency. It can be as effective as hospital or skilled nursing facility care, be less costly, and help prevent re-hospitalization and hospital-acquired infections.

Saint Francis at Home is a Delaware home care agency offering skilled home care. "Our team of experienced clinicians works closely with physicians to develop the best plan of treatment for each homebound patient. We keep patients and their caregivers informed and involved so healthcare needs are understood and met," says Jule Holt, Director of Saint Francis at Home.

Saint Francis at Home coordinates with physicians to provide nursing, physical, occupational and speech therapy, certified aide services, and medical social services tailored to patients' individual needs in their homes. "Home care can play a significant role in reducing hospital readmissions while also providing patients with high-touch, quality care. We are patient-focused and committed to quality improvement," adds Holt, whose agency has a CMS rating of 4 stars for quality care and 5 stars for patient experience.

### Non-Skilled Home Care

Many people find that as they age, they need assistance with things that are not necessarily medical in nature; these are the people that benefit from

"non-skilled" home care. Someone who can benefit from non-skilled home care might need help with personal care such as eating, bathing, toileting, dressing, ambulation and transferring. They might just need someone to lend a hand with day-to-day activities like chores, laundry, grocery shopping, meal preparation, medication reminders, errands and companionship. These non-medical services are most often long-term supports that reinforce the person's ability to remain living safely at home. The services may be delivered by a home care agency through home health aides, certified nursing assistants or companions. These non-skilled caregivers are often overseen by the home care agency's nurse case managers.

"Activities of daily living are critical to all of us. They're the things that we take for granted day in and day out," says Jim Nacchia, president and owner of Homewatch Caregivers of Delaware. "There are seniors out there that can't do these things and we help them. It makes their lives a whole lot better," says Nacchia, whose company has served Delaware seniors for the past nine years. "We pride ourselves on being a truly family-run business. Our slogan is 'Let our family care for yours,' and we really do."

### Who Pays the Bill

Of course the question on everyone's mind is always who pays for home care. Skilled home care services, or-



dered by a doctor, are covered by Medicare. If a person receives Medicare benefits through a Medicare health plan, he or she should contact the plan to learn about Medicare-covered home health benefits. If a person has a Medicare Supplemental Insurance (Medigap) policy or other health insurance coverage, they should notify their doctor and other health care providers so home care bills are paid correctly.

Non-medical home care is not covered by Medicare because these services are not medically necessary. That means that typically, the costs associated with non-skilled home care are paid out-of-pocket or paid using long-term care insurance. The average cost of non-medical home care services in Delaware is \$20 an hour; most people only use the services for a few hours a day.

### LIFE – The Best of Both Worlds

Many times, seniors need both skilled and non-skilled home care, but each senior's medical and personal care needs are unique. If seniors or caregivers feel that home care services are needed, they should talk with their primary care physician in the community, or the discharging physician or social worker during a hospital or skilled nursing facility stay. Make sure that the person receiving care and/or caregivers are involved in developing the plan of care, aware of the services ordered, and understand the amount and length of care that will be provided.

One local program specifically aimed at helping seniors remain living at home is Saint Francis LIFE, Delaware's only Program of All-Inclusive Care for the Elderly (PACE). Saint Francis LIFE, which stands for Living Independently for Elders, is based on the philosophy that it's better for a senior's well-being to live in their own homes in their own community for as long as medically possible than to move elsewhere. In order to be eligible for LIFE, seniors must be 55 or older, live in New Castle County; be certified by the state as needing long-term care services and supports; and be able to safely live at home with the help of LIFE.

The goal of living safely at home is at the heart of LIFE's person-centered support services for seniors. LIFE's

team of healthcare professionals creates an individualized care plan for each senior based on a medical and social assessment and the senior's personal needs and goals. People participating in LIFE (typically seniors who have health problems that limit their daily activities) receive coordinated primary and specialty care, nursing, prescription medications, social services and dietary assistance. Care plans might also include PT, OT and speech rehabilitation therapies, adult day and recreational services, transportation, and/or skilled and non-skilled home care services as part of the program. LIFE helps seniors live at home.

### The Next Steps

For more information about Saint Francis LIFE or to schedule a meeting with an Enrollment Specialist to learn more about the program, call 302-660-3351 or visit [www.SaintFrancisHealthcare.org/LIFE.aspx](http://www.SaintFrancisHealthcare.org/LIFE.aspx).

For more information about skilled home care services through Saint Francis at Home, call 302-575-8240 or visit <http://www.stfrancishealthcare.org/Services/Home-Care.aspx>.

For more information about non-skilled home care services through Homewatch Caregivers of Delaware, call 302-442-4260, visit [www.homewatchcaregivers.com](http://www.homewatchcaregivers.com) or email [Delaware@homewatchcaregivers.com](mailto:Delaware@homewatchcaregivers.com).

For more information about both skilled and non-skilled home care services and agencies in Delaware, call the Delaware Aging and Resource Center at 800-223-9074 or use the link [www.DelawareADRC.com](http://www.DelawareADRC.com) to access *The GUIDE TO SERVICES For Older Delawareans and Persons with Disabilities*.

Additional sources of information you may also find helpful:

- Center for Medicare and Medicaid Services (CMS), 1-800-MEDICARE.
- Home Care Resources, Eldercare Locator, 800-677-1116.
- Joint Commission on the Accreditation of Healthcare Organizations, 630-792-5000, [www.joint-commission.org](http://www.joint-commission.org).
- National Association for Home Care, 202-547-7424, [www.nahc.org](http://www.nahc.org).

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# Returning Home after a Disaster: Be Healthy and Safe



The 2017 Atlantic hurricane season began on June 1, and already this year has been the most destructive since 2005. Hurricane Harvey, the first major hurricane to make landfall in the contiguous United States since Wilma, produced 51.88 in of rainfall in Texas, the highest-ever rainfall total for any Atlantic tropical cyclone in the United States. Harvey was followed by Irma, Jose and Maria, and we're not out of the woods yet. The hurricane season doesn't end until November 30. The Centers for Disease Control and Prevention want you to be safe in case you experience any type of disaster. They offer the following tips when returning home:

- Do not enter a building if you smell gas. Call 9-1-1. Do not light a match or turn on lights.
  - Wear waterproof boots and gloves to avoid floodwater touching your skin.
  - Wash your hands often with soap and clean water, or use a hand-cleaning gel with alcohol in it.
  - Avoid tetanus and other infections by getting medical attention for a dirty cut or deep puncture wound.
- Clean Your Home and Stop Mold**
- Take out items that have soaked up water and that cannot be cleaned

and dried.

- Fix water leaks. Use fans and dehumidifiers and open doors and windows to remove moisture.
- To remove mold, mix 1 cup of bleach in 1 gallon of water, wash the item with the bleach mixture, scrub rough surfaces with a stiff brush, rinse the item with clean water, then dry it or leave it to dry.
- Check and clean heating, ventilating, and air-conditioning systems before use.
- To clean hard surfaces that do not soak up water and that may have been in contact with floodwater, first wash with soap and clean water. Next disinfect with a mixture of 1 cup of bleach in 5 gallons of water. Then allow to air dry.
- Wear rubber boots, rubber gloves, and goggles when cleaning with bleach. Open windows and doors to get fresh air. Never mix bleach and ammonia. The fumes from the mixture could kill you.

**Protect Yourself from Carbon Monoxide Poisoning**

Do not use generators, pressure washers, charcoal grills, camp stoves, or other fuel-burning devices indoors or in enclosed or partially enclosed areas such as garages, even with doors or windows open. Do not put these devices outside near an open door, window, or air vent. You could be poisoned or killed by carbon monoxide, an odorless, colorless gas from burning fuel such as gasoline, charcoal, or propane. Make sure a battery or electric powered CO detector is functional to alert you to dangerous levels of carbon monoxide in your home.



9	5	6	8	1	7	2	4	3
2	3	4	5	6	9	7	8	1
1	8	7	2	3	4	5	6	9
3	6	9	4	7	8	1	5	2
8	7	2	1	5	6	9	3	4
4	1	5	9	2	3	6	7	8
5	9	8	6	4	2	3	1	7
7	4	1	3	9	5	8	2	6
6	2	3	7	8	1	4	9	5

## Keep Drinking Water and Food Safe

- Listen to public announcements to find out if local tap water is safe for drinking, cooking, cleaning, or bathing. Until the water is safe, use bottled water or boil or disinfect water.
- If a "boil water" advisory is in effect, do not drink tap water or use it to brush your teeth unless water has come to a rolling boil for at least 1 minute or is treated with unscented household chlorine bleach. To treat water, add 1/4 teaspoon (approximately 1.5 mL) bleach to 1 gallon of cloudy water or 1/8 teaspoon (approximately 0.75 mL) bleach to 1 gallon of clear water. Stir well and let it stand for 30 minutes before you use it.
- Do not eat food that smells bad, looks bad, or has touched floodwater. When in doubt, throw food out.

## Prevent Electrical Injuries

- Do not touch fallen electrical wires. They may be live and could hurt or kill you.
- Turn off the electrical power at the main source if there is standing water. Do not turn on power or use an electric tool or appliance while standing in water.

## Avoid Contact with Animals and Insects

- Reduce mosquito bites. Consider avoiding outdoor activities during the evening and early morning, which are peak biting times for many mosquitoes. Use an insect repellent with DEET or Picaridin.
- Stay away from wild or stray animals. Stray dogs may be hurt or afraid and may bite. Call local authorities to handle animals.
- Get rid of dead animals according to local guidelines.

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Crossword By Dave Fisher Answers on page 12

1	2	3	4		5	6	7	8	9		10	11	12	13
14					15						16			
17					18					19				
20					21				22					
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57								58				59		
60					61						62			
63					64						65			

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ACROSS

1. Therefore  
5. Flirts  
10. Devotees  
14. Mentor  
15. Accustom  
16. Dwarf buffalo  
17. Foment  
18. In spite of everything  
20. A rudimentary inner toe  
22. A childhood disease  
23. 18-wheeler  
24. Poverty-stricken  
25. Explained ideologically  
32. Frothy  
33. Foe  
34. Prohibit  
37. Not more  
38. Close-knit group  
39. \_\_\_ fide  
40. Eastern Standard Time  
41. Oddity  
42. A type of tree  
43. Compulsively  
45. Whatever person (archaic)  
49. French for "Summer"  
50. Grump  
53. A hospital common room  
57. Intruder  
59. Diva's solo  
60. Pigeon-\_\_\_  
61. Aroused  
62. Neuter  
63. Makes a mistake  
64. Ceased  
65. Anagram of "Sees"
3. Got bigger  
4. Outthrusts of rock  
5. Shrew  
6. Again  
7. Cup  
8. Baby buggy  
9. Arid  
10. Not true  
11. Anoint (archaic)  
12. Nuzzled  
13. Impudent  
19. Peachy  
21. Easter flower  
25. Small island  
26. Accomplishes  
27. Where the sun rises  
28. Cogwheels  
29. An independent film company  
30. Naughts  
31. An uncle  
34. Portend  
35. A Freudian stage  
36. Not  
38. A baby bear  
39. Drink  
41. One who murmurs lovingly  
42. Large town  
44. Charred  
45. Not black  
46. Show respect towards  
47. Aquatic mammal  
48. Outbuildings  
51. Wings  
52. Not up  
53. Apollo astronaut Slayton  
54. Mining finds  
55. Anagram of "Silo"  
56. Fabricated  
58. Detachable container

DOWN

1. Quaint outburst  
2. Country bumpkin

SWEET & SALTY PUMPKIN SEED CLUSTERS

It's the time of year again to embrace cooking with our favorite fall flavors—namely pumpkin. Everyone should have the experience of roasting hulled pumpkin seeds at least once in their life. As these are roasting, your kitchen transforms into a cozy realm of autumnal flavor. You can practically hear the crunch of dry leaves and feel the crisp chill of the season! And when you're done, you have a dead-easy, highly addictive little bite, great for snacking or garnishing soups and salads.

Serves 4

INGREDIENTS

- 1 cup pumpkin seeds
- 2 tablespoons honey
- 2 tablespoons sugar
- 1 teaspoon ground cinnamon
- ¼ teaspoon freshly grated nutmeg
- ¼ teaspoon ground ginger
- Pinch of ground cloves
- ½ teaspoon fine sea salt



INSTRUCTIONS:

1. Preheat the oven to 350°F. Line a rimmed baking sheet with parchment paper or a silicone baking mat.
2. In a medium bowl, toss together the pumpkin seeds, honey, sugar, cinnamon, nutmeg, ginger, cloves, and salt until everything is thoroughly combined. Spread the mixture onto the prepared baking sheet and bake for 15 minutes, rotating the pan front to back halfway through the cooking time, for even browning.
3. Let the pumpkin seeds cool completely before breaking into clusters. Package in a sealed jar or bag for gifting. Can be kept for up to 1 week in a sealed container.

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THE FUNNY BONE

A little girl was talking to her teacher about whales. The teacher said it was physically impossible for a whale to swallow a human because even though it was a very large mammal its throat was very small. The little girl stated that Jonah was swallowed by a whale. Irritated, the teacher reiterated that a whale could not swallow a human; it was physically impossible.

The little girl said, "When I get to heaven I will ask Jonah."

The teacher asked, "What if Jonah went to hell?"

The little girl replied, "Then you ask him."



Sudoku Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

	5		8		7		4	
2			5					
		7		3	4			
3						1	5	
8								4
	1	5						8
			6	4		3		
					5			6
	2		7		1		9	

Answers on page 12

(courtesy of KrazyDad.com)



HELP CREATE HOLIDAY MAGIC

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DIVISION OF COMMUNITY RESOURCES



From 10 to 12 Months

Our current Gregorian calendar and its predecessor, the Julian calendar, both have 12 months. The even earlier Roman calendar also had 12 months, but only 10 of the months had names, and January was not the first month of the year. The ancient Romans' year began in March and ended in February. Today, although our calendar system may be quite different from the ancient Romans', they did give us something very important: the months' names. How did they choose names?

**March:** The ancient Romans insisted that all wars cease during the time of celebration between the old and new years. Since March was the first month of the new year in ancient Rome, some historians believe the Romans named March after Mars, the Roman god of war.

**April:** Three theories exist regarding the origin of April's name. Some say April got its name from the Latin word meaning "second" since April was the second month on the ancient calendar. Others claim it comes from "aperire," a Latin word meaning "to open," because it represents the opening of buds and flowers in spring. Still others think April was named after the goddess Aphrodite.

**May:** May was named after Maia, an earth goddess of growing plants.

**June:** Apparently, June has always been a popular month for weddings! The Romans named June after Juno, the queen of the gods and patroness of marriage and weddings.

**July:** July was named after Julius Caesar in 44 B.C. Previously, July was called "Quintilis," which is Latin for "fifth."

**August:** August was named after Augustus Caesar in 8 B.C. Previously, August was called "Sextilia," which was Latin for "sixth."

**September:** September's name comes from septem, Latin for "seven."

**October:** October's name comes from octo, Latin for "eight."

**November:** November's name comes from novem, Latin for "nine."

**December:** December's name come from decem, Latin for "ten."

**February:** Around 690 B.C., Numa Pompilius turned a period of celebration at the end of the year into a month of its own, named after the festival Februa. This is how February got its name.

**January:** Later, Pompilius added another month to the beginning of the year and named it January after Janus, the God of beginnings and endings.

The addition of January and February moved the months September, October, November, and December to later in the year so they no longer correspond with the original meaning of their names.

In 1582, Pope Gregory adjusted the calendar, so most western nations began celebrating the start of the year on January 1. This new calendar became known as the "Gregorian calendar." However, England and the American colonies continued to celebrate the new year on the date of the spring equinox in March. It was not until 1752 that the British and their colonies finally adopted the Gregorian calendar.



# Saint Francis LIFE offers all-inclusive care for seniors living in New Castle County.

Staying independent and being able to continue living at home are important objectives for seniors; however, ensuring their safety and proper care are serious concerns.

LIFE, a Program of All-Inclusive Care for the Elderly (PACE), helps seniors live safely at home with assistance from a team of compassionate healthcare experts.

By providing complete medical, health and social services in a centralized location, as well as in participants' homes, LIFE enables seniors to live independently.

Celebrate vitality. Celebrate independence. Celebrate life.

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