

Your Best Health 2017

BETTER CARE LOWER COST

Our 8-page guide to getting the most out of our changing health care system

Health advice often comes down to two messages: Eat better, exercise more. But to achieve your best health in 2017, we recommend a third: Work the system!

When you become a more assertive health consumer, care improves, costs come down and hassles become fewer. To help you achieve all of these, we've gathered the best ways to get today's health care system to work harder for you. We also polled doctors for their most useful advice. And we've taken a deep look at how health care will be changing in the years ahead—and how you will benefit. The goal: better health for you and your family.

DRUG PRICES, INSURANCE, MEDICARE, HOSPITALS AND MORE ...



15 Ways to Take Charge Of Your Care

Break through the bureaucratic maze and become an empowered consumer

BY FRANK LALLI

AT THE DOCTOR'S OFFICE

GO PREPARED TO YOUR PHYSICAL

If you are 50 or older, don't be swayed by claims that annual physicals don't improve health. Get an exam for two reasons: First, you can take advantage of the free preventive screenings most plans offer. Second, your annual checkup helps you build a relationship with your regular doctor. Sooner or later, when you get some bad medical

news, you'll want a doctor who can be your quarterback and coordinate your care.

But go in prepared. Call ahead and describe the services you want or nagging symptoms you have. Then write down your questions for your doctor. Be on guard against doctors pushing extra services or tests. For example,



watch for a doctor asking 25 questions to find something that sounds wrong, so he can then charge you under a medical billing code. Sometimes it's "upcoding"—and that can be illegal. If

you fear you're being upcoded, alert Medicare if you are a beneficiary, or call your insurer.



Frank Lalli is the former editor of *Money*, *George* and *Reader's Digest International* magazines, who had to call upon his best investigative skills for his most important project: affording lifesaving medicine after a critical blood cancer diagnosis. He ended up getting the drug he needed (\$571 per day, retail) for free. That experience inspired Lalli to research the

health care system and write *Your Best Health Care Now: Get Doctor Discounts, Save with Better Health Insurance, Find Affordable Prescriptions*. The book was published in September by Touchstone.



DON'T LET YOUR TIME BE WASTED

Harvard Medical School estimates that people typically wait an hour to get 20 minutes with a doctor. Americans spend 1.1 billion hours a year getting doctor care—time the researchers value at \$52 billion. That's your money being wasted. Try this: The next time the doctor is running late, say that you can only wait until a specific time. Faced with a deadline, chances are the staff will fit you in. Then if you're still waiting at the deadline, do what my wife does: Tell the person at the front desk that your time is as valuable as the doctor's and that you are leaving and never coming back. Then, find another doctor who treats patients with the respect you deserve.

ASK FOR A DISCOUNT

With rising insurance deductibles and out-of-pocket maximums driving up your costs in 2017, it may be time to ask your doctor for lower fees. You are not obligated to use your insurance plan; you are free to pay less in cash. Tell the doctor face-to-face about your financial situation and perhaps show him a pay stub. Many have standing discount policies to cut their fees roughly in half—or

to as little as 10 percent. Or they may simply charge their lower Medicare or Medicaid rates. One of my doctors said some of his patients can't afford him any longer, so he treats them for free. Few doctors are that generous, so be prepared to bargain. When I needed my second back operation, the superb surgeon I wanted asked for \$40,000 in cash. After negotiations, he agreed to do the surgery for \$10,000. Why? Mainly because, like most doctors, he sincerely wants to help people.

GET THE RIGHT SPECIALIST

If you want to see a specialist in 2017, call your insurer for the names of board-certified specialists in your plan's network, then talk it over with your primary doctor. "Board certification is absolutely critical," says John J. Connolly, CEO of Castle Connolly Medical, publisher of *America's Top Doctors*. Beware of self-certification by doctors. "Once a doctor is licensed in any state, he can call himself any kind of specialist he wants," Connolly says. Check a doctor's credentials online through the American Board of Medical Specialties at certificationmatters.org.

AT THE PHARMACY

FIND THE BEST FIT FOR YOU

If you are in a Medicare Part D plan, make sure you fill your prescriptions at a preferred pharmacy. Preferred pharmacies can save you up to 20 percent on drug costs compared with other drugstores in your network. Call your health plan for preferred stores near you. If insured at work, stick to your plan's network pharmacies for the best rates. If you go out of network, you'll get dinged.

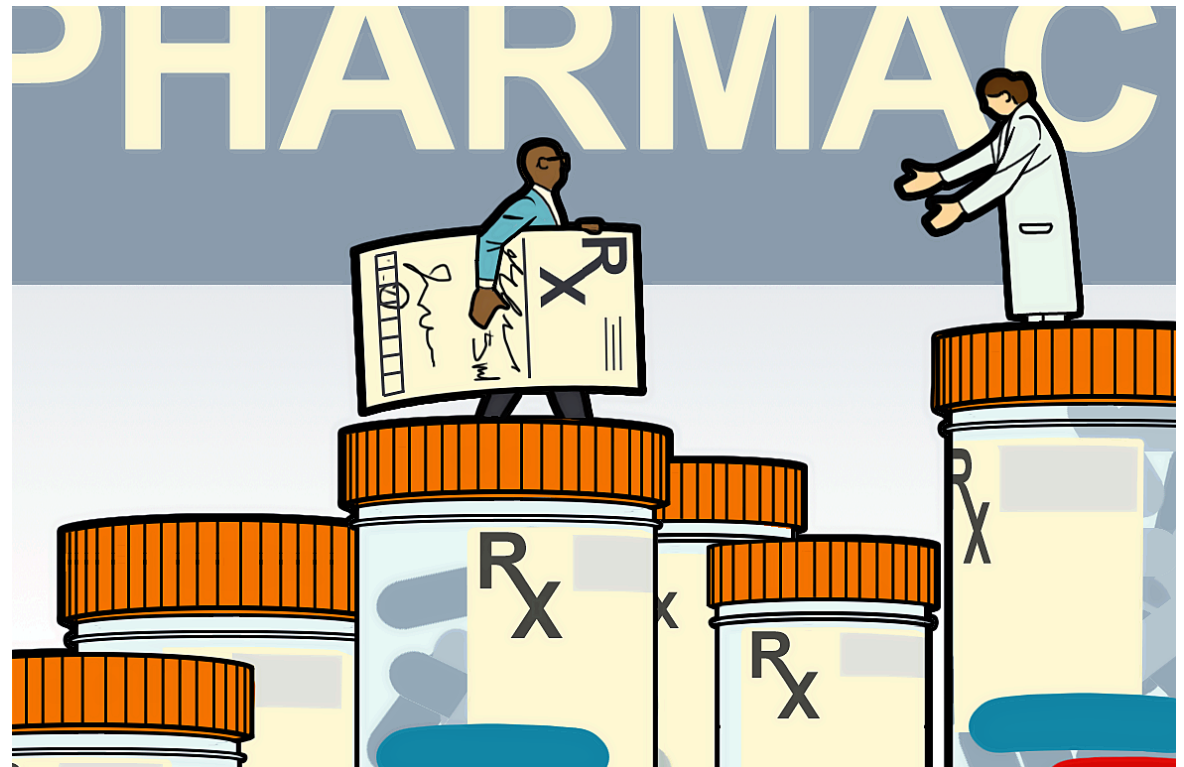
USE 'DEEP DISCOUNTS' WISELY

Big box stores and supermarkets lure customers with deep-discount prices of \$4 or so for popular generics. But be careful. Some chains cover fewer than 100 specific generics. If your doctor writes a script for a different dosage or form, like a gel rather than a pill, you can get whacked.

For example, GoodRx, a drug-price comparison website, says that the standard immediate-release form of the diabetes drug metformin is inexpensive and even free at the Publix and Meijer supermarket chains. "But if a patient is prescribed the 1,000-milligram extended-release dosage, called Fortamet or Glumetza, he's looking at \$200 to over \$700 for one month—and that's with GoodRx's discounts," says GoodRx editor in chief Elizabeth Davis. Ask for copies of your chains' deep-discount lists of generics to show to your doctor before she writes a prescription.

BEFRIEND YOUR PHARMACIST

It will pay off for years to come. Make a formal appointment to discuss your drugs and exact dosages. She may save you money by suggesting generic options or different dosages or by pointing you to coupons. Walgreens, in



particular, has a formal pharmacist-assistance program.

Informed pharmacists know about assistance programs. One pharmacist got me a grant covering the entire cost of a \$900-a-day cancer drug I needed last year; I never lifted a finger. Local pharmacists also know about the assistance programs in your town or county—and they can help you apply.

HUNT FOR GENERICS

The FDA will approve around 500 new generics next year. Each will have the same active ingredient, quality, safety and strength as its branded original. So keep asking your doctor or pharmacist if they're hearing that a brand-name drug you are taking may soon get a generic option. Here are some brand names (and the current price) that may be available as generics in 2017:

- Heavily advertised Humira (adalimumab) for rheumatoid arthritis, currently around \$4,000

for a standard dose.

- Benicar (olmesartan) for high blood pressure, now about \$250 for 30 pills.

- Zetia (ezetimibe) for cholesterol, around \$300 for 30 pills.

- Two drugs for HIV—Norvir (ritonavir), currently about \$265 for 30 tablets, and Kaletra (liponavir and ritonavir), at about \$900 for 120 pills.

- Relpax (eletriptan) for migraines, now at around \$300 for 6 pills.

- Seroquel XR (quetiapine extended release) for bipolar disorder and schizophrenia, currently about \$600 for 30 pills.

- Tamiflu (oseltamivir) for the flu, now about \$150 for a dose.

FERRET OUT FREEBIES

With more drug plans introducing or increasing deductibles, don't overlook medicines that you can pick up for free. For example, Publix supermarkets in the Southeast are giving away:

- A 90-day supply of amlodipine

for blood pressure.

- A 90-day supply of lisinopril for blood pressure, diabetes, and heart and kidney conditions.

- 14-day supplies of popular antibiotics, including amoxicillin, ampicillin, sulfamethoxazole/trimethoprim (SMZ-TMP), ciprofloxacin and penicillin VK.

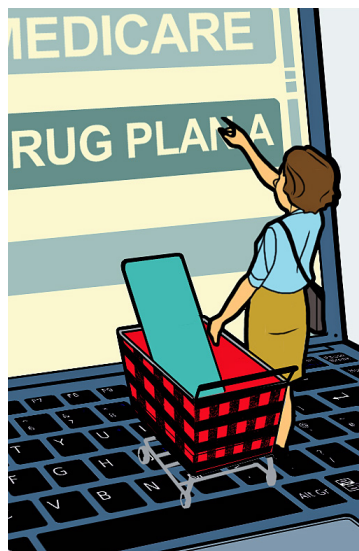
The Midwestern Meijer chain also offers antibiotics for free.

GO TO THE MANUFACTURER

If you need an expensive specialty drug and your insurance company refuses to pay, don't waste time fighting with the carrier. Instead, call the drugmaker. Virtually all drug companies selling wonder drugs that cost \$1,000 to \$20,000 a month have customer-assistance teams ready to supply their drugs to stricken families with household incomes up to \$100,000. Why such generosity? One reason is that the giveaways keep stories of sick people who can't afford their drug prices out of the news.

Cover Story

Your Best Health: 2017



DEALING WITH MEDICARE

SHOP AROUND EVERY YEAR

When the open-enrollment period rolls around next Oct. 15, shop for a better Medicare plan. Studies suggest that only about 10 percent of Medicare beneficiaries bother to look for better health plans or Part D drug plans. Yet around half of them could save money or improve their benefits.

In addition, shopping is no longer bothersome. Just go to Medicare.gov/find-a-plan. If you are a member of Part D, punch in your prescriptions and the best plans that are available for you will pop up. If you are interested in Medicare Advantage options, just answer a few easy questions. You'll see a list of plans with star ratings for quality and columns that show whether you will be restricted to network doctors or allowed to pick any doctors—plus your estimated total annual cost, not just your premium.

Medicare.gov/find-a-plan could point you to a better plan—and it could save you a pile of money.

AT THE HOSPITAL

NEGOTIATE YOUR STAY

If you expect a hospital visit in 2017 for elective surgery or treatment for a chronic condition, negotiate your bill now. Don't call the hospital's billing office; they are trained to collect your money. Instead, sit down with the hospital's ombudsman. Arrive with pay stubs and tax returns and work out a plan you can afford. Shop among competing hospitals. One official told me: "The new bargaining philosophy here is, every dollar we don't collect is going across town to our competitor."

SCRUTINIZE YOUR BILLS

Don't panic if you get hit with a big surprise hospital bill. First ask for a detailed bill; some hospitals send only summaries. Then look



for obvious mistakes. Studies report that at least half of all hospital bills contain significant errors. For instance, patients in an operating room can be billed anywhere from \$60 to \$200 per minute, depending on the procedure, so you need to confirm that you're paying the right rate. Also, hospitals often mistakenly charge two or three times for the same item. So you might get billed for a "surgical kit and tray" in the operating room and then

charged for a "knife or other instruments." That's double billing.

You should get any honest mistakes dropped with one call to billing. If the situation drags on, you could hire a health care advocate—a fast-growing cottage industry. To find an advocate near you, check the Alliance of Claims Assistance Professionals at claims.org. Top advocates include: Patty Stone at Stone Ortenberg Support in Menlo Park, Calif. (stoneortsupport.com, 650-323-0216); Pat Palmer at Medical Billing Advocates of America in Roanoke, Va. (billadvocates.com, 855-203-7058); and Katalin Goencz at MedbillsAssist in Stamford, Conn. (medbillsassist.com, 203-569-7610). The advocate will want roughly \$100 an hour—or one-third of the discount collected for you. Advocates say they usually find enough errors to cut a big bill by 10 to 50 percent.

DEALING WITH INSURANCE

CONSIDER OBAMACARE

If you're not yet eligible for Medicare but don't get health insurance through your employer, be sure to take advantage of the new features of the Affordable Care Act. Under Obamacare open enrollment, a large number of customers will be able to shop for new standardized "Simple Choice" plans that offer two huge pluses: They cover basic services without a deductible, and they make apples-to-apples comparisons among plans, at the bronze, silver and gold levels. In addition, copayments will be comparatively low for basic services, rather than having to meet a deductible before the insurer shells out a penny.

A standardized silver plan, for instance, will include copayments for primary care visits (\$30), specialists (\$65), generic drugs (\$15) and non-preferred brand-name drugs (\$100). But consumers could have to pay up to 40 percent of the cost of expensive specialty drugs, includ-

ing those for cancer, multiple sclerosis and rheumatoid arthritis.

GET THE BEST VALUE

Never shop for a health plan based on the premium alone. Trust me, if you pick a no- or low-premium plan, the insurance company has built in ways to cover the loss of your upfront money by jacking up your deductions or cutting potentially critical services and networks. Instead, get the plan's actuarial value (AV) from your company's HR department or the carrier. That's the percent of your estimated total medical costs that the carrier's expert expects the company to cover; you pay the rest.

The average employer-provided plan has an AV of 83, meaning the insurer plans to cover 83 percent of your costs. Beware of plans with AVs lower than 70. They can be Swiss cheese plans—full of nasty holes. On the other hand, expect to pay high premiums for plans with 90 AVs. But high AV plans may be worth considering if you have serious health issues.



The ‘Patient First’ Revolution And What It Means for You

Changes in how doctors get paid could transform the quantity and quality of your treatment

YOUR OCCASIONAL shortness of breath gets to where you wouldn’t dare climb stairs. You go to your primary care doctor—and you get the attention of a team of health care professionals tailored to your needs and medical history. After a series of shared decisions, your symptoms are quickly diagnosed and treated. Nothing serious, really. Still, the team follows up within days to make sure you are taking your meds and recovering fully. And finally, your medical records are updated online and remain available to you and anyone with whom you’d like to share them.

These sorts of patient-first medical practices—which get paid for working together to keep you healthy, not simply for treating your ailments—are not fantasies; they are helping millions in a growing number of areas.

This new approach, also called value-based medicine or patient-centered care, stands in sharp contrast to most of today’s health care system, in which fees are collected at every step whether you get better or not. Nearly everyone knows the frustrations of getting ping-ponged from one specialist to another and realizing that each is dingy you for his extensive services, labs and tests. Yet these doctors aren’t talking to one another, including your primary physician. Shortness of breath? You could get shuttled to a cardiologist, pulmonologist and oncologist and still not get one straight answer.

More innovative medical organizations are

moving toward a system that pays providers based on the patient’s healthy outcome.

Bellin Health in Green Bay, Wis., is one example of patient-centered care. They call it “triple aim” because it focuses on three goals: improving health, lowering costs and integrating provider services for a better patient experience, says Bellin CEO George Kerwin.

Medical experts have been talking up this movement for more than a decade. Finally, momentum is building, thanks to new urgen-

“Anything that moves us away from fragmented fee-for-service is a very good thing.”

—Donald Berwick, former head of the Centers for Medicare and Medicaid Services

cy from the Centers for Medicare and Medicaid Services (CMS), the agency of the federal government that oversees those programs. It has made a commitment to value-based care, and this new approach is supported by many health care advocates, including AARP.

“Anything that moves us away from fragmented fee-for-service that drives up costs and hinders coordination among providers is a very good thing,” says former CMS head Donald Berwick.

Adds Kerwin: “There’s lots of movement toward value just in my state. Value-based care is spreading rapidly, and I’m enthused.”

VALUE IN THREE VARIATIONS

CMS and private health care players are experimenting with several variations of value-based medicine. Central to the growth of each is the notion of shared savings: If providers succeed in lowering costs while administering good health care, they should share in the rewards.

ACCOUNTABLE CARE ORGANIZATIONS (ACO)

These are groups of doctors, hospitals and other health care providers who “communicate with you and with each other to make sure you get the care you need when you’re sick and the support you need to get and stay healthy,” as CMS puts it. Currently, there are about 400 ACOs in Medicare’s shared-savings program, covering nearly 8 million beneficiaries.

ACOs strive to cut costs by keeping their patients healthy, and responding more quickly and efficiently when they aren’t. The financial incentive: The government pays providers for “what works,” CMS claims. Let’s say that prevailing medical costs are climbing 10 percent a year. If the provider’s costs rise only 8 percent, the government shares the 2 percent difference with the organization. In all, CMS estimates that ACOs have generated more than \$1.29 billion in Medicare savings since 2012, while delivering high-quality and cost-effective care.

BUNDLED PAYMENTS

In this model, the government or insurance company pays a health care provider a single price for a specific set of services. For example, a hospital would get one lump-sum payment for all the costs relat-

Cover Story Your Best Health: 2017

ed to a patient's hip replacement. If a hospital delivers the services with high quality and for less than the agreed-upon price, the hospital gets to share the savings with the payer.

CMS has been experimenting with various forms of bundled payments, for medical services such as orthopedic surgery and spinal surgery, with mixed results. In one CMS trial, participating hospitals saved \$864 per bundle on orthopedic surgery. But spinal surgery costs were \$3,477 higher than comparative providers.

Down the road, CMS expects bundled payments for heart bypass surgery, heart attack treatments and hip-femur fracture treatments to save U.S. taxpayers \$170 million over five years. The next bundled targets: oncology, maternity and diabetes treatment. Bundled savings in these areas could be huge. If oncology providers reduced their costs by only 2 percent, taxpayers eventually could save some \$3 billion a year.

None of these savings will roll in overnight. Because mandatory bundles are just getting

underway, researchers will need three years to judge whether they actually improve quality as well as costs. And many professionals add that it will take five to seven years to see meaningful national progress.

CAPITATION Many experts think CMS's bundled payment experiments are a stepping stone to "capitation," a more radical system in which the insurer pays the provider a patient fee, usually annually. That fee is based on the expected average costs to treat patients across an insured group. But here's the kicker: Once the fee is set, the provider gets paid the same rate for each patient, regardless of how many services that person needs.

Obviously, medical organizations run substantial financial risks with capitation, which is also known as "all-inclusive, population-based payments." Yet many managed care plans already pay doctors based on this system. Experts expect more self-insured employers to turn to it as well, along with Medicare and Medicaid.

MACRA

In addition, beginning next year most doctors with more than 100 Medicare patients will have to document electronically that they are improving their patients' health. CMS estimates that 90 percent of eligible clinicians will be participating in this program, created under the Medicare Access & Chip Reauthorization Act (MACRA).

The data that doctors submit for 2017 will be the basis for changes to their Medicare payments, including bonuses and penalties for future performance. CMS has set aside \$500 million in incentive payments to reward exceptional performers.

THE IMPETUS FOR CHANGE

CMS estimates that around 30 percent of its Medicare payments already are flowing through alternative payment models. And it vows to increase that to more than 50 percent by 2018. CMS should have no trouble accomplishing that goal, since it counts an entire bill as "value-based" even if only a

Best Advice From Top Docs



DAILY LIVING

The everyday lifestyle adjustments most important for greater health:

- 1 Take a daily 30-minute walk*
- 2 Get 7 to 8 hours of sleep each night
- 3 Spend time each day with a friend or loved one
- 4 Reduce your consumption of junk food, such as cookies and chips
- 5 Cut back on refined carbohydrates (white bread, pasta, white rice)



EATING HABITS

Harmful eating habits most important to change to improve your long-term health:

- 1 Drinking soda at most meals and for snacks
- 2 (Tie) Eating several fast-food restaurant meals each week
Eating two or fewer servings of vegetables each day
Bingeing on pizza, hot wings, nachos or other "social foods" a few times per week
- 5 Eating ice cream, cake, doughnuts or other sweets every day



LIFESTYLE CHOICES

Lifestyle habits or patterns most harmful to a person's long-term health:

- 1 Smoking cigarettes
- 2 Not exercising
- 3 Feeling perpetually lonely or socially isolated
- 4 Ignoring health problems or symptoms
- 5 (Tie) Taking painkillers every day
Being angry, worried or stressed more often than feeling happy

small percentage actually reflects spending for the quality of care, rather than the quantity of services.

Experts envision a transformation of the patient's experience as they seek to find quality care at affordable prices. "Because there is virtually no price transparency, consumers lack the tools to make value-based moves now," says the RAND Corporation's senior researcher Cheryl Damberg. She notes, for example, that CMS only offers a passive system for rating hospitals online, based on one to five stars, at medicare.gov. "But consumer tools are going to change dramatically" as value-based programs grow in prominence, Damberg says.

She and other experts say CMS and tech innovators will develop online resources similar to Yelp or TripAdvisor. The websites will feature precise quality measurements, transparent prices and a broad range of patients' written evaluations of their health care experiences, including names and places. That will allow consumers to find specific information about the hospitals, doctors and providers they might want to use and the prices they might pay.

But sites like those delivering robust trans-

parency will not pop up overnight. Expect to see them in about two years—at the soonest.

THE PITFALLS

To achieve the triple aim, health care organizations must improve their services while saving money. "They have to rebuild the plane while they're flying it," says Michael Fine, M.D., the former director of Rhode Island's Department of Health. "And that's not easy."

Experts say that a large number of the nation's 5,000 hospitals—especially major teaching hospitals—have the resources and information technology (IT) skills to migrate to value-based care, but many don't want to disrupt their profitable fee-for-service businesses.

On the other hand, many physicians groups and other independent providers seem willing to shift to the value model, but they lack the money and the IT knowledge.

In addition, hospital groups that are striving to become successful ACOs are facing a growing risk of being undercut by providers, such as radiologists and surgeon groups, who are stepping out on their own and slashing their fees.

And experts—led by Dartmouth's Elliott Fisher, who invented the term "accountable care organization"—also fear that the pressure to constantly lower prices could lead to overuse of the health care system.

There is also a worry that organizations will simply skimp on services to cut costs. But CMS and others believe they can overcome that problem by imposing precise quality goals for patient outcomes, coupled with meaningful payment penalties. They say that an organization that doesn't perform won't get paid. Sooner or later, it will skimp itself out of business.

Lastly, both bundled payments and per-patient capitation could impede development of new drugs and devices, which cost more than the existing standard of care—at least, in the short run.

These are serious hurdles. But the call for health care reform is large enough that all sides are pressing ahead. "As a society, a health care system that costs twice what other developed countries spend and delivers only modest results is not sustainable," says Michael Abrams of health care industry consultant Numerof & Associates. "We need change."

GET PATIENT-CENTERED CARE NOW

It could take several years for value-based care to become widespread. But there are steps consumers can take now:

SEE IF IT'S IN YOUR COMMUNITY

If there is a value-based organization, like Bellin, in your area, consider signing up. A number of experts also praise these outfits:

- ▶ Geisinger Health System, a physician-led not-for-profit that serves 3 million people in Pennsylvania
- ▶ Intermountain Healthcare, a 37,000-employee not-for-profit that serves Idaho and Utah
- ▶ Coastal Medical, a doctor-

owned primary care organization in Providence, R.I., that provides patient-centered collaborative care to 120,000 people in Rhode Island and Massachusetts

▶ Kaiser Permanente of Oakland, Calif., the country's largest managed care consortium, serving more than 10 million members in eight states and the District of Columbia through 630 offices.

GET INTO AN INTEGRATED NETWORK

If there isn't a full value-based system near you, shop for a system offering integrated access to hospitals and specialists you need. Check on hospitals and board-certified physicians at Leapfrog Group (leapfroggroup.org) or Certification Matters (certificationmatters.org). Some

states have websites that rate medical groups and hospitals for price and quality. "Shopping is always better than playing pin the tail on the donkey," says Suzanne Delbanco, executive director of Catalyst for Payment Reform.

SHOP FOR QUALITY AND PRICE

Don't get seduced by a low price without evaluating the system services, such as a solid provider network, or checking the safety scores of a hospital. At the same time, don't assume that organizations with low prices must be delivering inferior care. Prices vary widely in health care. So does quality. In this environment, health organizations with decent provider networks can often offer both responsible prices and quality care.

HAVE A HARD TALK WITH YOUR DOCTOR

Look your primary physician in the eye and ask: "Are you giving me your full, focused attention and the best collaborative care you can, come what may?" Your doctor should be listening to you and welcoming you and your loved ones (if you have family members who help you) as partners in your care. You should walk away from each visit with a full understanding of what you need, what steps you should take and where to go to get more information to manage your health. Find a board-certified doctor openly committed to making shared decisions with you and providing you with the collaborative referrals that mark the best of value-based care.

Cover Story

Your Best Health: 2017

We surveyed some of the nation's leading health professionals to learn the best ways to stay healthy. Here is their guidance on nutrition, fitness and making smart everyday choices.

"Get into the habit of a brisk daily walk with a friend: The aerobic conditioning gets your heart to pump oxygen and nutrients to your brain; the conversation will further strengthen your neural circuits."

—**GARY W. SMALL, M.D.**, professor of psychiatry and biobehavioral sciences, David Geffen School of Medicine, University of California, Los Angeles

"Pay attention to early **WARNING SIGNS** and keep up with **screening exams.**"

—**ROBERT N. GOLDEN, M.D.**, dean, School of Medicine and Public Health, University of Wisconsin-Madison

"I would argue for **'EAT LESS MEAT AND MORE PLANTS.'**"

—**DAVID L. KATZ, M.D.**, director, Yale-Griffin Prevention Research Center

"A major source of stress on the body is an irregular schedule. Try to eat, sleep and exercise at the same time every day."

—**DAVID B. AGUS, M.D.**, professor of medicine and engineering, University of Southern California

"Engage in a new activity that stimulates you physically, mentally and socially. Ballroom dancing, bowling, biking or birding—just to name a few 'B' possibilities!"

—**REISA SPERLING, M.D.**, director, Center for Alzheimer's Research and Treatment, Brigham and Women's Hospital in Boston

"Everything in moderation, **INCLUDING MODERATION.**"

—**BRUCE LEFF, M.D.**, director, Center for Transformative Geriatric Research, Johns Hopkins University School of Medicine

"Understand that there is **NOT A MAGIC BULLET**, but rather the **accumulation of small decisions and actions** over a lifetime."

—**DARIUSH MOZAFFARIAN, M.D.**, dean, Tufts University Friedman School of Nutrition Science and Policy

"Do everything you can do to avoid being alone. Find an active group to belong to and participate."

—**JOHN J. RATEY, M.D.**, clinical associate professor of psychiatry, Harvard Medical School

AARP Helps You Thrive In the New Year

These resources, tools and benefits can keep you feeling your best

HEALTH WEBSITE

Get the latest news and information about living your healthiest life at 50 and over.

aarp.org/health



AARP HEALTH CARE COSTS CALCULATOR

See how making small changes toward a healthier lifestyle today may lead to fewer medical bills and more savings tomorrow.

aarp.org/healthcostscalculator

AARP HEARING CENTER

Find tools and tips for living well with hearing loss.

aarp.org/hearingresourcecenter

HEALTH VIDEOS

Improve your brain, your mood,

even your fitness with these short videos, including some featuring AARP's new wellness ambassador, Denise Austin.

aarp.org/healthvideos

GLOBAL COUNCIL ON BRAIN HEALTH

Get the latest evidence-based recommendations on lifestyle changes that affect brain health.

aarp.org/globalcouncilbh



HEALTH BOOKS
Find all of AARP's published offerings, from *Medicare for Dummies* to *Managing Your Health to 5 Secrets to Brain Health*.

aarp.org/healthbooks

STAYING SHARP

Measure, track and improve your brain health over time with science-based tools.

stayingsharp.aarp.org



NIH-AARP DIET AND HEALTH STUDY

Explore the latest findings on the relationship between diet and health.

dietandhealth.cancer.gov

CARE-PROVIDER LOCATOR (INCLUDING NURSING FACILITIES)

Use this tool, provided by Caring.com, to find the right care facility for your loved one.

aarp.org/careprovider

CAREGIVING RESOURCE CENTER WEBSITE

Discover tools and tips to ease this daunting journey.

aarp.org/caregivingresourcecenter

MEDICARE INFORMATION

Keep abreast of changes to Medicare that affect your benefits.

aarp.org/medicareinfo



MEMBER BENEFITS GUIDE

Explore the array of benefits available to you as an AARP member—including discounts on eyeglasses and hearing devices, among other products and services.

aarp.org/memberbenefitsguide