Health & Retirement Services of Illinois
Newsletter January 2017

OUR NEWS LETTER

5 tax breaks you can still get for 2016

Maurie Backman, The Motley Fool December 13, 2016

We all want to lower our taxes. Act now, and you might have some money off your 2016 bill.

Though 2016 may be coming to a close, it's not too late to do some last-minute tax planning. Here are a few tax breaks that could shield more of your money from the Internal Revenue Service this year.

1. Retirement plan contributions

Saving independently for retirement can help ensure that you don't run out of money during your senior years. But there are also tax benefits to saving, so if you've yet to max out your retirement plan contributions for 2016, now's the time to ramp up. The money you put into a 401(k) or traditional IRA goes in on a pre-tax basis, which means every dollar you put in this year is a dollar you won't pay taxes on. If you're under 50, you can contribute up to $18,000 in 2016 to a 401(k) and $5,500 to an IRA. If you're 50 or older, you're allowed to put up to $24,000 into a 401(k) and $6,500 into an IRA. But don't wait to increase that 401(k) contribution -- it might take your company a couple of weeks to process your payroll adjustment, so be sure to put in that request right away if you want it to count for this year.

2. Flexible spending benefits

If you used up all of the money in your flexible spending account (FSA) for the year, generally speaking, you can't add more until the following year. But many plans allow participants to make changes for qualifying life events, so if you got married this year or had a baby *after* you made your initial election, you may be eligible to put more money into your FSA. And since FSA dollars go in on a pre-tax basis, the more you contribute, the more you stand to save on taxes. If you're going to add more money to your FSA, just make sure you have enough time and eligible expenses to deplete your balance by the end of your plan year; otherwise you risk forfeiting the remainder.

3. Charitable contributions

Many of us get into the giving spirit around the holidays, so if you're feeling particularly charitable this time of year, it can work to your advantage tax-wise. As long as you itemize deductions on your taxes, you can write off contributions to registered charities you support. All you need to do is retain proof of your donation. If you don't

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HOMEOWNERS MUST CLAIM $4000 REBATE BY 2017

HERE`S ANOTHER HEALTH BENEFIT OF VITAMIN D

have money to give, you can also donate clothing or household goods you no longer need and still take a deduction. Just be sure to get an itemized receipt documenting your donation.

4. Unloading losses to offset gains

If you have investments like stocks or bonds that performed poorly this year, selling them could give you a break on your 2016 taxes. It's a concept known as tax loss harvesting, and it allows you to use your losses to offset investment gains for the year. Not only that, but if your net losses exceed your gains, you can claim up to $3,000 on your taxes against your non-investment income. In fact, you're actually allowed to carry net losses to future tax years, so if you took a big hit in 2016 and came away more than $3,000 in the hole, you might get a tax break not just this year but also down the line.

5. Paying college costs early

While you may not technically need to pay your 2017 tuition bills just yet, doing so in 2016 could result in a tax break if you're eligible for the American Opportunity Tax Credit. Though there are income limits and other restrictions, if you qualify for the credit, you might see up to $2,500 back on your 2016 taxes. Plus, 40% of the credit is refundable, which means you might actually get a check for up to $1,000 if the credit reduces your tax liability to below $0.

With 2016 rapidly winding down, now's your last chance to lower your taxes for the current year. A few smart moves in the coming weeks could put a fair chunk of money back in your pocket when the time comes to file your 2016 taxes.

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Offer from the Motley Fool: The $15,834 Social Security bonus most retirees completely overlook
If you're like most Americans, you're a few years (or more) behind on your retirement savings. But a handful of little-known "Social Security secrets" could help ensure a boost in your retirement income. For example: one easy trick could pay you as much as $15,834 more... each year! Once you learn how to maximize your Social Security benefits, we think you could retire confidently with the peace of mind we're all after. Simply click here to discover how to learn more about these strategies..

Study: ObamaCare repeal would mean tax cut for high earners

BY PETER SULLIVAN - 12/15/16

Repeal of ObamaCare would cut taxes for high-income earners while causing an increase in taxes for some lower-income people due to the loss of tax credits, a new analysis finds.

The analysis from the Tax Policy Center, a joint effort of the Brookings Institution and the Urban Institute, finds that the top 1 percent of earners would get, on average, a $33,000 tax cut, or about 2 percent of after-tax income, from ObamaCare repeal.

Among middle- and low-income people, by contrast, most people would either get a small tax cut or no change in taxes at all.

But a small percentage of people would be hit with a significant tax increase, largely due to the loss of ObamaCare's tax credits or subsidies that help people afford health insurance.

"Repealing the Affordable Care Act would cut taxes significantly for the highest income one percent of US households," the study finds. "At the same time, it would raise taxes on average for low- and moderate-income households."

ObamaCare repeal provides a substantial tax cut for high-income people by doing away with two taxes on high-income earners that were enacted to help pay for the law's expansion of coverage. Those are a 0.9 percent payroll surtax and a 3.8 percent investment income tax for people making over $200,000 a year.

Some taxes abolished by ObamaCare repeal would be particularly unpopular. The "Cadillac Tax" on high-cost healthcare plans has drawn opposition from both parties in Congress who worry that it causes employers to shift health costs onto workers by making plans less generous.

Many experts have praised the tax, though, as helping to fight rising healthcare costs by incentivizing the system to become more efficient.

Republicans are planning to delay the repeal of some ObamaCare provisions, like the tax credits to help people afford coverage, to buy time to enact a replacement. But repeal of the taxes on high earners could be immediate.

Some groups getting left behind in advance care planning

HEALTH NEWS By Kathryn Doyle

(Reuters Health) - More than a quarter of older U.S. Medicare beneficiaries have not done any advanced care planning, and Latinos, African Americans and people with low incomes are least likely to have made end-of-life arrangements, according to a new research letter.

“We expected to see that older adults in worse health more frequently discussed of end-of-life plans and preferences,” said Krista Lyn Harrison, a geriatrics researcher, Division of Geriatrics, School of Medicine, University of California, San Francisco. “Instead, we saw either no difference or less frequent discussions in these populations,” she said.

“In the case of older adults with dementia, they or their proxies reported discussing advance care planning less frequently than those without dementia,” Harrison told Reuters Health by email.

The researchers used data from the long-term National Health and Aging Trends Study of community-dwelling Medicare beneficiaries aged 65 years and older who responded to the 2015 main survey and a supplemental module in 2012.

Participants answered questions about whether or not they had discussed with anyone what medical treatment they desired if they became seriously ill in the future, whether they had legal arrangements for a proxy to make decisions about medical care and whether they had written instructions about desired medical treatment in the form of an advance directive.

They also reported their age, sex, race, education level, income level, self-rated health, number of chronic health conditions, disability in activities of daily living and if they had a dementia diagnosis.

About 2,000 Medicare beneficiaries completed the surveys and 1,156 reported having had an end of life discussion, 997 had a legal proxy for health decisions, and 1,027 had an advance directive.

Almost 30 percent of people had none of the three advance-care elements, while almost 40 percent had all three, according to the results in JAMA Internal Medicine, October 31.

Men, African Americans, Latinos, those with lower levels of educational attainment and lower annual income were less likely than others to have two or more of the three advance care planning elements. Older Spanish-speaking Latinos were the least likely to have taken these steps, with 19 percent saying they had had an end of life discussion, 20 percent had a legal proxy and 17 percent had an advance directive. In comparison, rates for non-Hispanic whites in the same categories were 66 percent, 54 percent and 59 percent, respectively.

It’s not clear what drives these disparities, Harrison said.

“Our worry is that these differences may occur because clinicians are not proactively engaging older adults and their loved ones in culturally-appropriate discussions about their end-of-life plans and preferences until too late,” she said. “In the case of dementia, often dementia is not recognized as a terminal illness and thus discussions are not begun early enough,” she said.

“Race-based differences might be caused by cultural differences in willingness to engage in these discussions, or differences in access to clinicians who are able to have these discussions in the language and culture most comfortable to the older adult and their loved ones,” Harrison said.

Insurers, Hospitals Clash Over Help Paying Obamacare Premiums

By **Phil Galewitz**

Mercedes Nimmer, who lives outside Madison, Wis., gets help paying for her Obamacare insurance premiums from HealthConnect, a program run by the local United Way organization. (Phil Galewitz/KHN)

MADISON, Wis. — Having health insurance is vital for 21-year-old Mercedes Nimmer, who takes several expensive prescription drugs to manage multiple sclerosis. So Nimmer was thrilled to get health insurance last year through the Affordable Care Act's marketplace and qualify for a federal subsidy to substantially lower her cost.

Yet, the government assistance still left her with a $33 monthly premium, a hefty amount for Nimmer, who makes $11,000 a year as a part-time supply clerk.

Nimmer, though, doesn't have to worry about even that expense thanks to a United Way of Dane County program that has provided premium assistance to about 2,000 low-income people since 2014. The program, called HealthConnect, is funded by a 2013 gift of $2 million from UW Health, a large academic hospital system connected to the University of Wisconsin that also runs its own marketplace health plan.

"Oh my gosh, this is a big deal for me to get this help," Nimmer said, noting the insurance is vital to cover her medications. The money she saves from the assistance program goes to help pay for gas to get to work, she said.

HealthConnect is one of several community-based programs across the United States helping thousands of lower-income Americans with their Obamacare marketplace premiums. Similar efforts operate in Texas, Oregon, Washington, North Carolina and South Carolina.

This KHN story also ran in USA Today. It can be republished for free (details).

But premium assistance programs have come under fire from insurers. They argue that it is not fair for hospitals, other health providers and disease advocacy groups financed by providers to try to steer people who could be covered by Medicare or Medicaid into marketplace plans with higher reimbursement rates.

The federal government has banned hospitals from directly subsidizing patients' health insurance premiums. But America's Health Insurance Plans, the industry's lobbying group, wants the Obama administration to prohibit all premium assistance programs that are funded directly or indirectly by hospitals and other providers with a financial interest in the patient's care.

"In many cases these practices are harming patients and undermining the individual market by skewing the risk pool and driving up overall health care costs and premiums," AHIP said in Sept. 22 letter to Andy Slavitt, the acting administrator of the Centers for Medicare & Medicaid Services. The letter notes specific concerns about plans assisting patients requiring kidney dialysis. It says one insurer saw its spending on those patients rise from $1.7 million in 2013 to $36.8 million in 2015 when the number of patients with serious kidney disease rose from 28 to 186.

AHIP officials also said patients could face consequences if the third-party groups stop paying premiums or the government determines patients are receiving a federal subsidy for which they are not eligible.

America's Health Insurance Plans wants the Obama administration to prohibit all premium assistance programs that are funded directly or indirectly by hospitals and other providers.

In response, CMS says it is considering new rules for third-party payment programs.

Nonetheless, insurers are taking action. Aetna, which announced this summer that it was scaling back its marketplace offerings, said that third-party groups steering patients to the individual market had contributed to an unhealthy mix of customers in its marketplace plans.

Blue Shield of California in July filed suit in a state court against CenCal Health, which manages the Medicaid program in Santa Barbara and San Louis Obispo counties. Blue Shield alleges that CenCal was avoiding millions of dollars in medical care claims by enrolling around 40 of its very ill members in Blue Shield's individual health plans and paying the premiums on their behalf. CenCal denied the allegations in lawsuit, saying it paid the patients' monthly Blue Shield insurance premiums so they could afford private insurance. It has since discontinued the practice.

UnitedHealthcare filed a lawsuit in federal court in July against kidney dialysis provider American Renal Associates, accusing it of encouraging patients in Florida and Ohio who were eligible for Medicaid or Medicare to move to the insurer's commercial plans to extract up to 20 times more than the $300 or so that the federal programs pay in reimbursements. American Renal Associates has said the suit is without merit.

The suit alleges that the patients' premiums were paid by the American Kidney Fund, an advocacy group for patients.

AHIP officials note that the fund is supported by dialysis providers who stand to benefit financially from patients gaining marketplace coverage over payments from Medicaid or Medicare.

The nonprofit American Kidney Fund has helped more than 6,400 people with their marketplace premiums. The fund's officials said it's not trying to steer people away from government coverage but trying to help those who otherwise couldn't afford coverage.

"It is critically important to emphasize that people with disabilities in general — and with end-stage renal disease in particular — should not be broadly excluded as a class from the insurance marketplace if they are unable to afford their health insurance premiums," LaVarne Burton, the fund's CEO, said in a statement.

Some patient advocates, like those at HealthConnect in Wisconsin, say third-party payers have an important role in helping low-income customers afford their coverage. UW Health said in a statement that HealthConnect helps all providers, including UW Health, by reducing the number of uninsured patients and potentially helping people seek care earlier in their illness.

The program pays an average of $109 monthly per person in premium assistance. For every dollar spent, HealthConnect generates $2.26 in federal subsidies, said Krystal Webb, a spokeswoman for United Way of Dane County.

United Way said it structured HealthConnect to avoid a conflict of interest. Eligible people first buy their policy, which can be any of several silver-level plans on the federal marketplace. After that, they can apply for a HealthConnect subsidy. The program is administered by United Way, and UW Health plays no role in patients' choice of health plan, although its marketplace plan, Unity Health, refers people who may be eligible there.

Despite AHIP's concerns, some health insurers in Dane County say HealthConnect is filling a need, according to interviews with several plans. "We support United Way's HealthConnect efforts as a way to provide affordable insurance options to the residents of Dane County," said a spokesman for Dean Health Plan, one of the larger marketplace plans in the county.

In Texarkana, Texas, Christus St. Michaels Health System donated $200,000 last year to an assistance program serving 138 people with marketplace coverage. The program is run by a local government agency called the Ark-Tex Council of Governments, and Christus has no control over who enrolls or what plan they choose.

"Our mission is to help the poor and this is certainly one of the ways to do that, and it gives people the opportunity to have health coverage when they normally wouldn't," said Mike Hargrave, the hospital's manager of employee assistance and community outreach services. People with incomes between 100 and 150 percent of the federal poverty level (about $11,880 to $17,820 for an individual) are eligible.

Hargrave doesn't deny the hospital could benefit when more people gain insurance, but he notes other hospitals in the region benefit, too.

The insurance industry is also troubled by premium assistance programs funded by anonymous donors since they could be hospitals looking to protect their identity, said AHIP spokeswoman Clare Krusing.

For example, PremiumHealth.org, run by United Way of the Greater Triangle in North Carolina helps more than 850 people with incomes between 100 percent to 175 percent of the federal poverty level in Durham, Orange and Wake Counties.

An anonymous donor provided $1.2 million in funding for the program, said Melanie David-Jones, a senior vice president for United Way. She would not say why the donor wished to remain anonymous.

Noel Pitsenbarger, 48, of Durham, said the program made it possible for him to have health insurance this year by covering the $200-a-month premium for his Blue Cross Blue Shield of North Carolina policy. With insurance, he said, he got a colonoscopy, physical exam and help paying for several medications. And it saved him from having to pay a $1,000 bill after he cut his finger and had to go to the emergency room.

"It's been extremely beneficial," he said.

Study Finds Significant Differences In Plans Sold On Or Off The Exchanges

By Michelle Andrews

Three years after opening their online doors, the health insurance marketplaces remain under intense scrutiny, but individual health plans that are not sold through these exchanges have largely escaped attention. New research sheds some light on what these plans are like and how they fit into the overall individual market.

The analysis by the Robert Wood Johnson Foundation found that the mix of 2016 plans sold outside the exchange by brokers or insurers is very different from those sold on the marketplace. On the marketplace, silver plans, which pay for 70 percent of covered expenses on average, are by far the most popular, comprising about two-thirds of all plans. Bronze plans make up 16 percent and gold and platinum plans 12 percent of marketplace offerings.

Off the marketplace, only about a third of plans available are silver. Another third of plans are bronze offerings that pay for 60 percent of expenses on average, while 25 percent are gold plans that pay for 80 percent of expenses or platinum plans that cover 90 percent.

In addition, more than half of plans sold off the exchange offered some sort of out-of-network coverage, compared with 36 percent of plans sold on the exchange.

Insuring Your Health

KHN contributing columnist Michelle Andrews writes the series **Insuring Your Health**, which explores health care coverage and costs.

To contact Michelle with a question or comment, click here.

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Premiums and deductibles were higher in off-exchange plans, the analysis found. The average monthly silver premium was $314 compared with $279 for marketplace plans, while off-exchange silver plan deductibles were more than $1,200 higher on average, $3,273 versus $2,053.

“Off-exchange plans may offer out-of-network benefits and other features that are more useful to people,” said Katherine Hempstead, who directs the health insurance research work for the foundation.

People who are interested in off-exchange plans might have family members who are being treated for a medical condition and want access to a broader provider network or to out-of-network providers, for example, she said.

Though provider networks may be more extensive off the exchange and coverage details may vary, plans sold on and off the exchange must be similar in many ways. The health law created standards that all individual plans must meet, no matter where they’re sold. They must all cover essential health

benefits, including hospitalization, prescription drugs and doctor visits, for example. They also all have to fit into the four metal coverage tiers that reflect the varying percentages of overall health care expenses they cover.

The obvious advantage to buying a plan on the marketplace is that people can receive premium tax credits that make coverage more affordable only if they buy a plan there. About 85 percent of marketplace customers qualify for the subsidies that are available to people with incomes up to 400 percent of the federal poverty level (about $47,000 for one person). The federal government recently reported that an estimated 2.5 million people may eligible for subsidized coverage but are paying full price for coverage off the exchange.

But for people whose income is too high to qualify for subsidies, there's less reason to limit their shopping to the marketplace.

Off-exchange plans make up about a quarter of all individual market offerings, the analysis found. But while it's easy to compare marketplace plans, there's no easy way to do that with plans sold off the marketplace, Hempstead said.

"Right now the off-exchange market is kind of the Wild West in terms of how consumers know what's available," she said.

Community-based programs helping pay ACA premiums

Phil Galewitz, Kaiser Health News

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Banks Have Been Hiding This Government Program that Saves You $4,000/yr on Your Mortgage.

HARP is blessing homeowners with an extra $4,264 each year. Here's how it works.

A forgotten mortgage stimulus program that was passed by Obama to help middle class Americans reduce their monthly payments by as much as $4,264 each year is coming to an end soon.[1]

The government has announced that this program will expire September 2017 and is making a final push urging homeowners to take advantage of this program before Trump repeals it. If lowering your payments, paying off your mortgage faster, and even taking some cash out would help you, it is vital you act now.

URGENT: HARP is set to expire this year, and sadly, most people think it's too good to be true. Remember, there is NO cost to see if you qualify for this amazing government program.

A Stimulus Plan for American Homeowners

If your mortgage is less than $625,000, your chances of qualifying for HARP could be high. The Government wants the banks to cut your rates, which puts more money in your pocket, ultimately boosting the economy.

However, the banks are not happy about this. Here's why:

1. **The program** makes it easier to qualify for lower mortgage rates
2. You have the option to shop lenders other than your current mortgage holder

You think banks like the above? Rest assured, they do not. They would rather make more money by keeping you at the higher rate you financed at years ago. The middle class seems to miss out on everything, and jumping on this benefit is a no-brainer.

SUMMARY: HARP is reducing payments of millions of homeowners in the country. But the program is going to end at the end of 2016, so homeowners should check to see if they qualify if they haven't done so already.

Why Should You Care?

- The average monthly savings is $250. Could you use an extra $250/month?[2]
- On top of the savings, many homeowners could pay off their mortgage faster.
- Homeowners can even take cash out for home improvements, pay off debt, or pay for their children's education.

Where Do I Start?

The service I recommend is **this mortgage reduction site**, which has one of the biggest lender networks in the nation and what’s better is that they work with HARP lenders to provide consumers with a comprehensive set of mortgage options. It takes about five minutes, and the service is 100% free.

All you need to do is apply quickly at **their free website**, then you'll see why myself and every other financial expert I know are revising our mortgages immediately...

Study Reveals Another Health Benefit of Vitamin D

Medical Daily Kelsey Drain

Vitamin D offers a slew of health benefits, many are still being discovered.

Growing up, our bodies require vitamin D in order to absorb calcium and promote bone growth. Humans mostly get this nutrient from sunlight — we produce the vitamin when our skin is exposed to the ultraviolet rays — while supplements also offer the health benefits required throughout life.

A new study published in *Frontiers* has revealed that vitamin D may also improve, or even prevent, metabolic syndrome. Recent research has also linked the supplement to disease prevention, longer lifespan, strong bones, and more.

Metabolic syndrome refers to a group of factors that increases your risk for heart disease and other health problems, like diabetes and stroke, according to the National Heart, Lung, and Blood Institute. The main cause is thought to be a diet high in fat or carbohydrates.

Researchers behind the new study found that vitamin D deficiency is necessary for this syndrome to progress in mice, *Medical XPress* reported.

After studying mice, it's clear that vitamin D supplementation improves metabolic syndrome in these creatures. Moving forward, researchers will see if the effect is the same in humans.

"A sufficient dietary vitamin D supplement can partially but significantly antagonize metabolic syndrome caused by high fat diet in mice," said researcher Stephen Pandol, according to *Medical XPress* . "These are amounts equivalent to the dietary recommendations for humans."

Additionally, they discovered that an insufficient supply of vitamin D aggravates the imbalance in gut flora. An overabundance of bad gut bacteria can lead to constipation or chronic diarrhea, intestinal gas and chronic bad breath.

Another recent study also linked vitamin D to disease prevention and a longer lifespan in worms, *Medical Daily* reported.

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