



## The Pinellas Protector eNewsletter



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### Summer-Time Greetings Dear Clients and Friends

This quarter, we focus on longevity risk and actions that can be taken to potentially

increase one's well being and future longevity. If you want to live a longer life, read on!  
At the conclusion of our first article, we ask for reader feedback on lifestyle factors that could be considered when modeling a population's expected life span.

Before proceeding further, I would like to make a dedication to one faithful reader of this e-letter who is especially important. I speak of Harold Herman, my Dear Ol' Dad who turned 85 years young in April. Dad - you are a great Father, tough as nails, and without any doubt deserve dedication of this quarter's issue. I ask that you forgive my regular feature, [Tips for Your Good Health](#), as I realize that some past issues have raised a furrow in your brow. We'll have to see how this one goes!

Two feature articles are presented this quarter:

\* [\*Expected Longevity - Probability of Living to a Certain Age\*](#)

\* [\*Enrollment Periods for 2017 Medicare and Affordable Care Act \(ACA\) Plans\*](#)

May everyone enjoy a long and healthy Independence Day weekend!

Until next quarter,



Andrew Herman, President  
AH Insurance Services, Inc.

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### Quarterly Quotation

"We hang the petty thieves and appoint the great ones to public office."

- Aesop

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## Expected Longevity - Probability of Living to a Certain Age

*Findings from the New Society of Actuaries Mortality Illustrator --  
and Request for Reader Feedback!*

As I began my actuarial career, I heard of number of amusing jokes about actuaries that I cannot help but recount from time to time. My all-time favorite (with due apologies) goes as follows: An American actuary can tell you how many people are going to die next year, but a Sicilian actuary will tell you who is going to die!

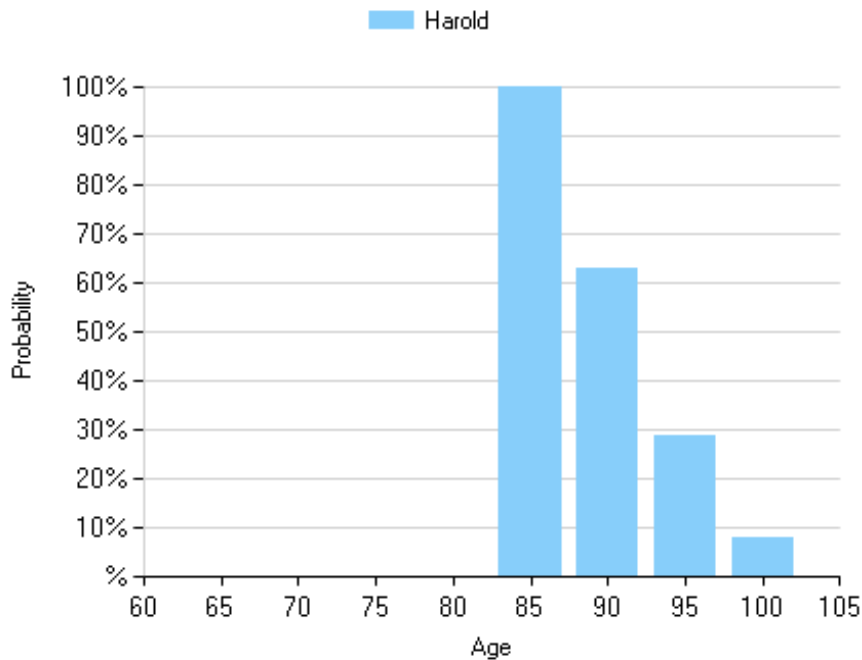
The Society of Actuaries (SOA) must have caught wind that AH Insurance Services Inc., together with a technology Partner, is developing a proprietary longevity calculator along with software to help users make optimal social security planning decisions. I say this, because SOA recently introduced an online resource that calculates the user's probability of living to a certain age (based on the 2010 Social Security Administration's mortality along with an SOA-developed table for future mortality improvement). All is not lost because first, the Social Security Administration already

had a free longevity estimator for the public; and second the AH Insurance Services Inc. system will include probability adjustments for additional lifestyle risk factors beyond smoking (such as being married or living with a partner).

So with that said about longevity estimators, let's use the SOA online resource:

<http://www.longevityillustrator.org/Profile?m=1>

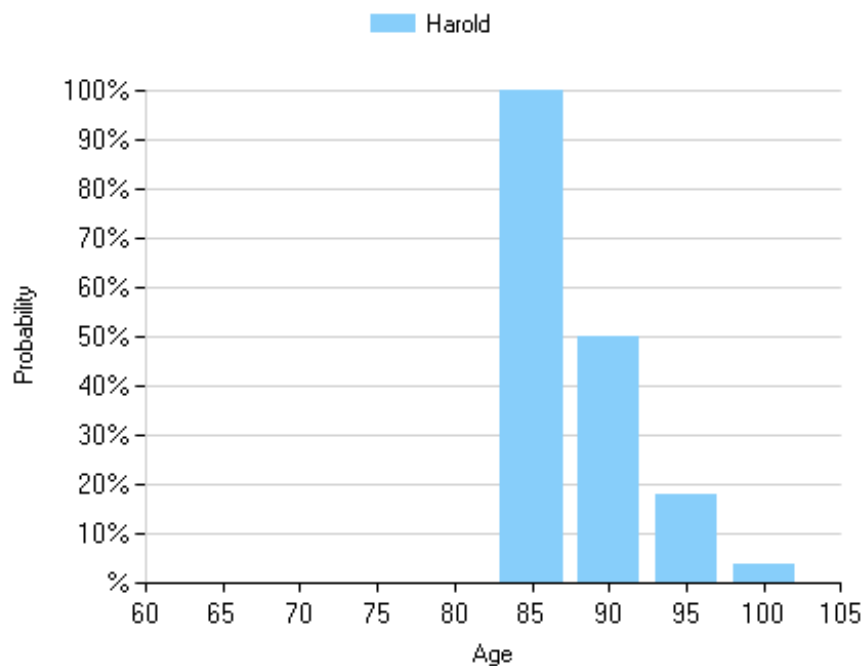
with my Dad as a case study. For review, he is Age 85 and answers "No" to the question "Do You Smoke?" (although he used to smoke). For the "General Health" question, I selected "Excellent." This answer is subjective, and might be debated, but I chose Excellent as it yields the longest estimated life span for my Dear Father:



#### *First Chart - Age 85 Non-Smoker in Excellent Health*

What observations can we make from the SOA Longevity Illustrator results shown above? First, we see the probability that he will live to Age 90 is greater than 60%; and further we see he has a nearly 30% chance of living to Age 95. That is all encouraging, but what about the fact that Dad used to smoke?

SOA does not include a category for prior smokers, but on their input screen it is suggested to run the tool based on both non-smoker and smoker, then average out the results. I re-ran SOA's longevity estimator as if Dad were a current smoker:



*Second Chart - Age 85 Smoker in Excellent Health (sounds funny!)*

Averaging results from the two charts above, we see a slightly greater than 55% probability that he will live beyond Age 90. I like those odds!

Should we consider that my Father's only sibling, my Uncle Al, is alive and turned Age 90 this past April? How about longevity of their parents and grandparents, should that be considered? Family and genes indeed seem relevant, but so far I have not attempted to build family history into my life expectancy calculations.

Here is a list of lifestyle risk factors that I am considering for proper study and implementation in the AH Insurance Services Inc. longevity calculator:

- \* Current Tobacco Use - Mild, Medium, Heavy
- \* Prior Tobacco Use (minimum 12 months tobacco-free) - Yes or No
- \* Health Status - Poor, Average, Excellent
- \* Frequency of Exercise - Inactive, Moderate, Active
- \* Eating Habits - Categories not yet decided
- \* Living with a Spouse/Committed Partner - Yes or No
- \* Caring for a Disabled Partner/Family Member - Yes or No
- \* Caring for a Household Pet - Yes or No
- \* Self-Rating - Do you expect to live a longer-than-average life? Answer Yes or No

Having access to a reliable predictor of future life span comes in handy for many reasons, including deciding on when to start collecting one's Social Security benefits.

We will appreciate your feedback/opinions on which of the above factors you believe

have the most impact on future life span. Based on my technical studies, I have found the predictive impact of the same answer is not always the same for males and females. All comments are welcome - and please point out factors we missed!

**[\\*\\* Please click here to send your comments via email \\*\\*](#)**

[Back to Top](#)

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### 2017 Enrollment Period Update



#### **2017 Medicare Plans**

Each year, Medicare's open enrollment period runs from October 15 - December 7.

This annual enrollment period relates to Medicare Advantage ("MA", or Medicare Part C plans) including both health and drug coverage, as well as Stand-alone Medicare Prescription Drug Plans ("PDP", or Medicare Part D plans).

MA and PDP plans work on a calendar year basis and can make changes each year to design elements including monthly premium, plan benefits, and which providers and pharmacies are included "in-network." The annual open enrollment period is when all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs.

If you are enrolled in an MA or PDP plan, it is important to review materials sent each year by your plan including the Evidence of Coverage ("EOC") and Annual Notice of Change ("ANOC"). At times, a health or drug plan is terminated by the plan sponsor; and when an MA plan is terminated, the Medicare beneficiary will automatically return to the Original Medicare program if another MA plan available for new enrollments is not chosen by the beneficiary. It should be noted that Medicare beneficiaries enrolled in a PDP typically receive their medical benefits through the Original Medicare program.

People covered under Original Medicare (rather than by a MA plan) often purchase Medigap coverage, which is a private insurance policy that fills in out-of-pocket payment gaps in the Original Medicare program. Medigap is also known as Medicare Supplement; and these types of policies do NOT change their benefits every year (although the monthly premium amount typically increases each year due to medical cost increases and in many states, outside of Florida, due to aging).

Plan information for 2017 MA and PDP plans will be available to consumers on or about October 1st. Feel free to reach out to us at that time with your questions or concerns about next year's plan offerings.

## **2017 Affordable Care Act (ACA) Health Plans**

Open enrollment for 2017 ACA Health Plans runs from November 1, 2016 to January 31, 2017. At least, that is the schedule as this e-Newsletter goes to print!

As many readers are aware, ACA health plans as implemented by 2010 legislation have not yet proved to be stable in cost; and from that standpoint the ACA faces an uncertain future. America's largest insurers are reporting losses on federally subsidized health insurance policies; and many insurers have chosen to participate in the exchanges marketplaces only marginally, or not at all. Stephen Hemsley, CEO of UnitedHealth Group, announced in April that his health insurance and services conglomerate will pull out of most ACA marketplaces in 2017.

"We cannot broadly serve it on an effective and sustained basis," Hemsley told analysts and investors on an April conference call.

So far, it does not seem that other health insurance companies are rushing to create the void that will be left by UnitedHealth Group.

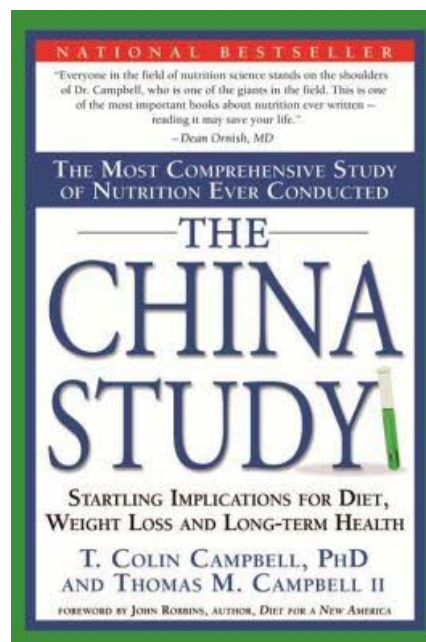
As in Medicare plans, outside of the open enrollment period for ACA you generally can enroll in a new plan only *if you qualify for a Special Enrollment Period*. You can qualify based on a list of defined life events, such as getting married, having a baby, or loss of your job-based health coverage.

It is also important to note that job-based health coverage may have different open enrollment timelines (check with your employer). Finally, you can apply and enroll in Medicaid or the Children's Health Insurance Program (CHIP) any time of year.

[Back to Top](#)

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### **Tips For Your Good Health**



***Health Benefits of Reducing Consumption of Animal Proteins***

Recently I discovered an eye-opening study of nutrition known as "*The China Study*." Written over a decade ago by T. Colin Campbell, PhD and Thomas M. Campbell II MD, the national bestseller advocates for eating plant-based proteins after proving a correlation between intake of animal proteins and increased cancers. This link between animal protein and cancer still is not well-recognized by most American scientists and physicians.

Many readers have heard of the "Mediterranean Diet," and there is a clear parallel between health benefits of this diet rich in plant-based foods and the findings made by the Campbell Father-Son team. For background, the Mediterranean Diet is based on traditional foods consumed by people fifty years ago in Greece and Italy; and many researchers have noted that compared to modern Americans, these people had a lower prevalence of killer diseases.

Back to *The China Study*, the authors contend that America's health has been failing as evidenced by prevalence of obesity, diabetes, heart disease and cancer as well as massive use of prescription drugs; and that these issues all come down to three things: breakfast, lunch and dinner. Since what we eat generally is under our own control, one needs only enough motivation and discipline to live healthier once the nutrition facts are fully understood.

This is a story I believe needs to be heard, and I strongly recommend reading the book. Here is a brief overview of important dietary information and findings revealed by the authors:

- \* Protein, fat and carbohydrates - macronutrients - make up most of the weight of food that we consume, aside from water, with the remaining small amount being vitamin and mineral micronutrients.

- \* Proteins, the most sacred of all nutrients, are constructed as long chains of hundreds or thousands of amino acids, of which there are 15-20 kinds depending on how they are counted.

- \* In the human body, proteins wear out and must be replaced by consuming foods that contain protein. Various food proteins are said to be of different quality, depending on how well they provide amino acids needed to replace our body proteins.

- \* About eight amino acids that are needed for making tissue proteins must be provided by our food intake; and proteins designated as "high quality" indicate they have the ability to provide the right kinds and amounts of amino acids to make our new proteins.

- \* An ideal food source providing efficient building blocks for our replacement proteins is human flesh, as its protein has the right amount of needed amino acids; and while our fellow human souls usually are not for dinner we get the next highest quality protein from other animals.

- \* Among animal foods, the proteins of milk and eggs represent the best amino acid matches for our proteins and therefore are deemed to be of high quality.

- \* Plant proteins are considered lower quality because they may be lacking in one or more of the essential amino acids; however as a group plants, in fact, do contain all of them.

- \* Despite accepted notions that animal proteins are superior, measuring quality level of proteins solely by speed or efficiency of one's body growth is misleading. The authors present a mountain of evidence showing that "low quality" plant proteins, which allow for slow but steady synthesis of new proteins, actually are the healthiest for people to consume. In other words, it is an unfortunate leap to equate more protein quality with more health.

\* The massive human study undertaken in China was in part inspired by the findings of an earlier animal study in India, in which researchers had studied two groups of rats that had been administered the cancer causing aflatoxin (a poisonous chemical produced by certain molds and often found in improperly stored commodity products such as corn, cotton seed and peanuts). The first group of "doomed" rats were fed a diet composed of 20% protein, a level near what many Americans consume; while the second group was fed a diet composed of only 5% protein. The researchers discovered that *every single animal* consuming the 20% protein diet had evidence of liver cancer, and every single animal that consumed a 5% diet avoided liver cancer. Given the 100 to 0 score, that study left little doubt that nutrition trumps chemical carcinogens in controlling onset of cancer.

\* In their laboratory animal research program funded by the National Institutes of Health, the American Cancer Society and the American Institute for Cancer Research, the authors found that low-protein diets inhibited the initiation of cancer by aflatoxin regardless of how much of the carcinogen was administered on research animals; and after cancer initiation was completed, low-protein diets also dramatically blocked subsequent cancer growth. Dietary protein proved to be so powerful that the researchers found they could turn on and turn off cancer growth simply by changing the level of protein consumed.

\* Perhaps the most important discovery is that not all proteins have the same effect: casein from cow's milk promotes all stages of the cancer process while plant-based proteins, including wheat and soy, are safe and do not promote cancer even at high levels.

I recall that my dear friend and personal trainer from the Tampa Bay area often advised me in the past to "eat double meat" in order to maximize muscle growth. It seems unlikely that she is familiar with the *The China Study*; but the good news is that greater plant protein intake was closely linked in that study to greater adult height and body weight. It might not sound as catchy, but after reading the book I now plan to *eat double plants!*

**We hope you benefit from reading our Tips For Your Good Health!**

[Back to Top](#)

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