

Finding your Sweet Spot with Diabetes

ANGELA GINN-MEADOW RN, RD, CDCES

SENIOR EDUCATION COORDINATOR

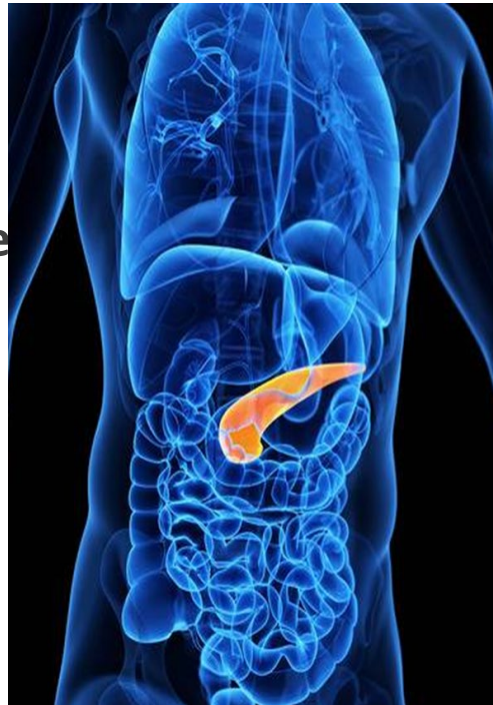
UNIVERSITY OF MARYLAND CENTER FOR DIABETES &
ENDOCRINOLOGY



Types of Diabetes

Type 1 Diabetes

Pancreas makes too little
or no insulin

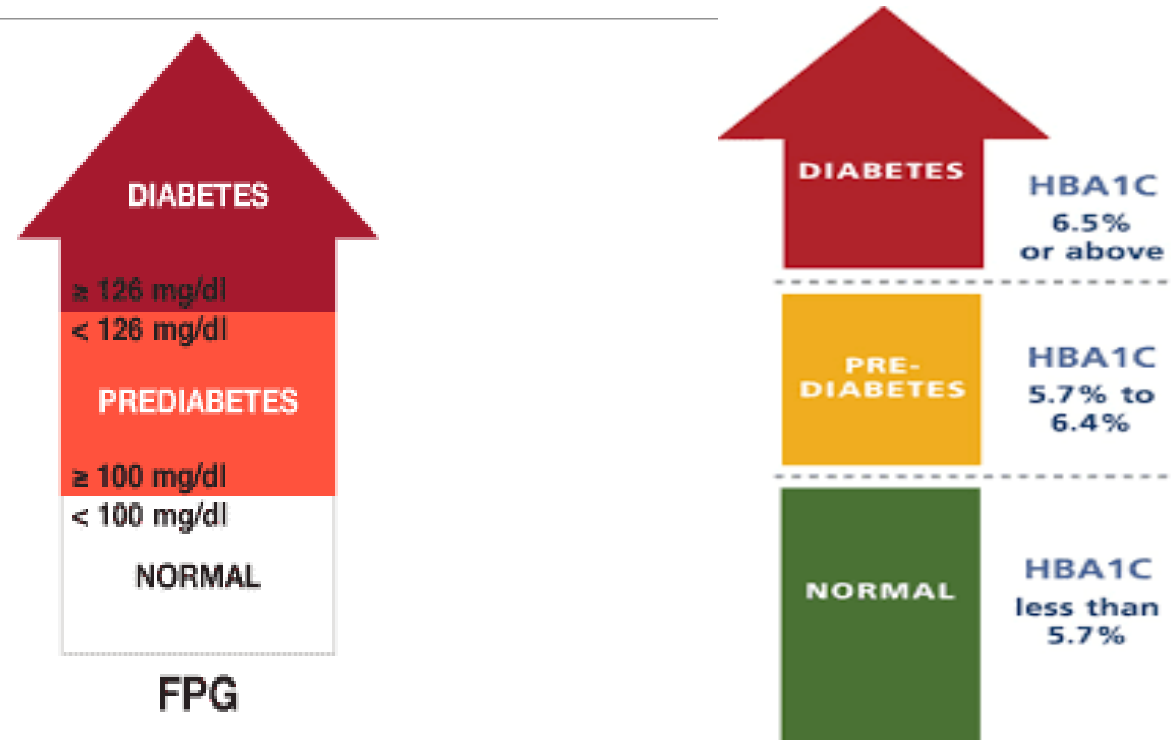


Type 2 Diabetes

Cells do not use insulin
well

Ability of pancreas to
make insulin decreases
over time

Prediabetes or Diabetes

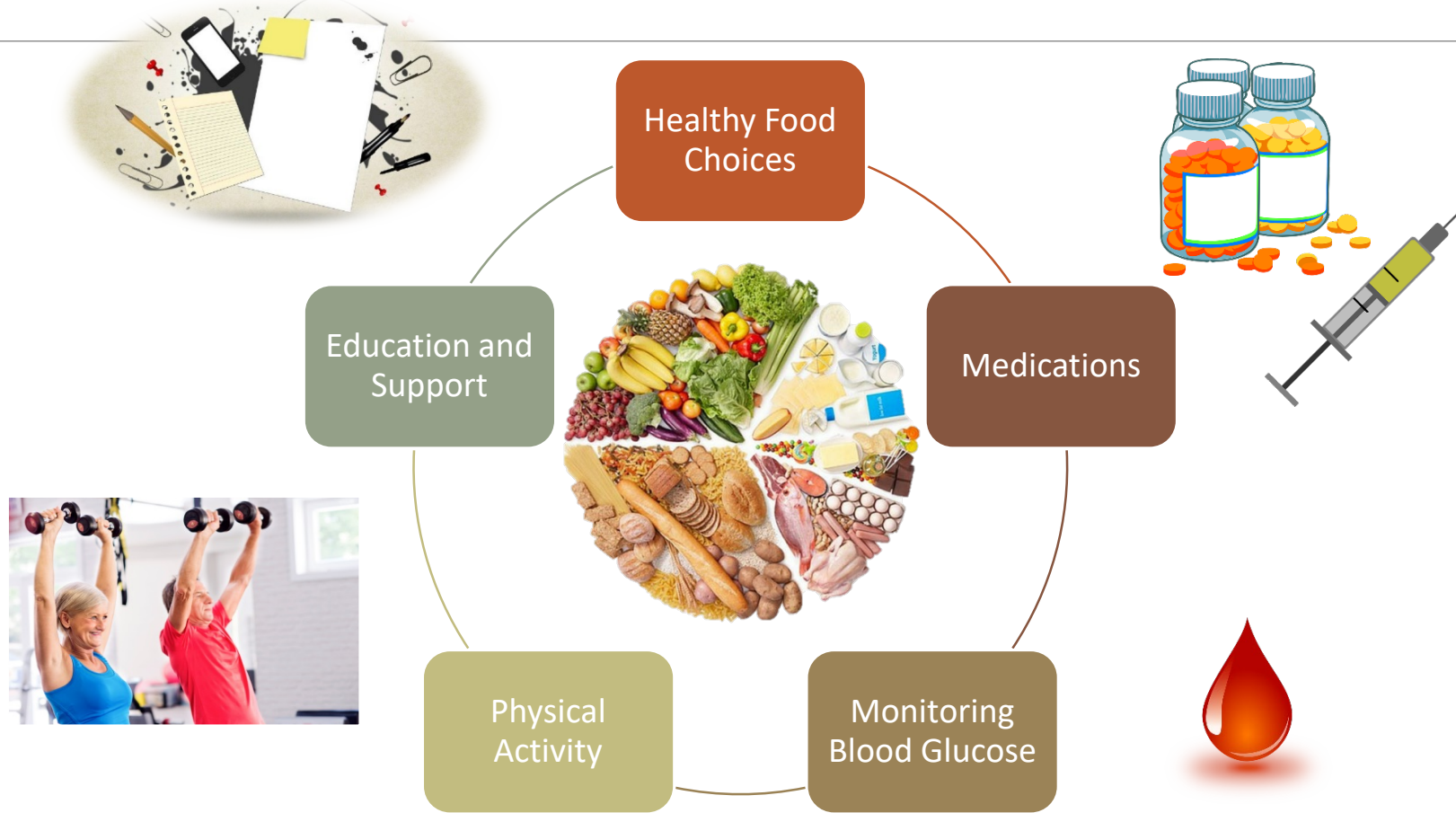


Treatment of Type 2 Diabetes that may change over time...

Always include: Education, healthy eating, Blood Glucose Monitoring, Physical Activity

May include: Oral Medications or Injectables or Insulin

Lifestyle Changes Are Key to Diabetes Care



Monitoring Blood Glucose

Why do you monitor your blood sugar?

- **Help you reach your targets**
- **Detect for low or high blood sugar**
- **Learn how food affects your blood sugar**
- **How activity affects your blood sugar**
- **Help you know the right amount of medication to take**

Your Blood Sugar Target

Before Meals: 80-130mg/dl

- **2 hrs <180mg/dl**
- **A1c: <7%**

Selecting a Meter

Ask yourself the following questions?

- **What does my insurance pay for?**
 - **Size and Shape**
- **Steps to do a glucose check**
 - **Size of the read out**
 - **Computer download**
 - **Mobile application**

Traditional glucose meters

ACCUCHEK METERS



NANO

AVIVA

COMPACT PLUS

ONE TOUCH METERS



ONE TOUCH MINI

ONE TOUCH ULTRA II

VERIO IQ

VERIO

FREESTYLE METERS



FREEDOM

LITE

INSULINX

PRECISION EXTRA

BAYER METERS



BAYER USB

CONTOUR NEXT EZ

CONTOUR NEXT

BREEZE 2

OTHER COMMON METERS



WALMART RELI-ON



PRODIGY TALKING METER



TRUE RESULT



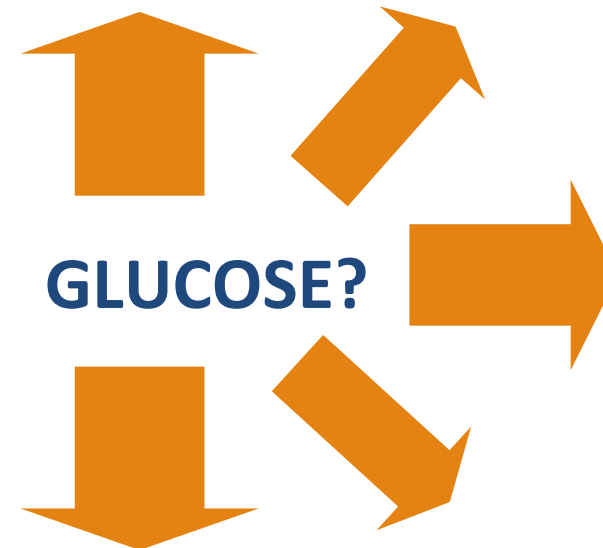
NOVA MAX



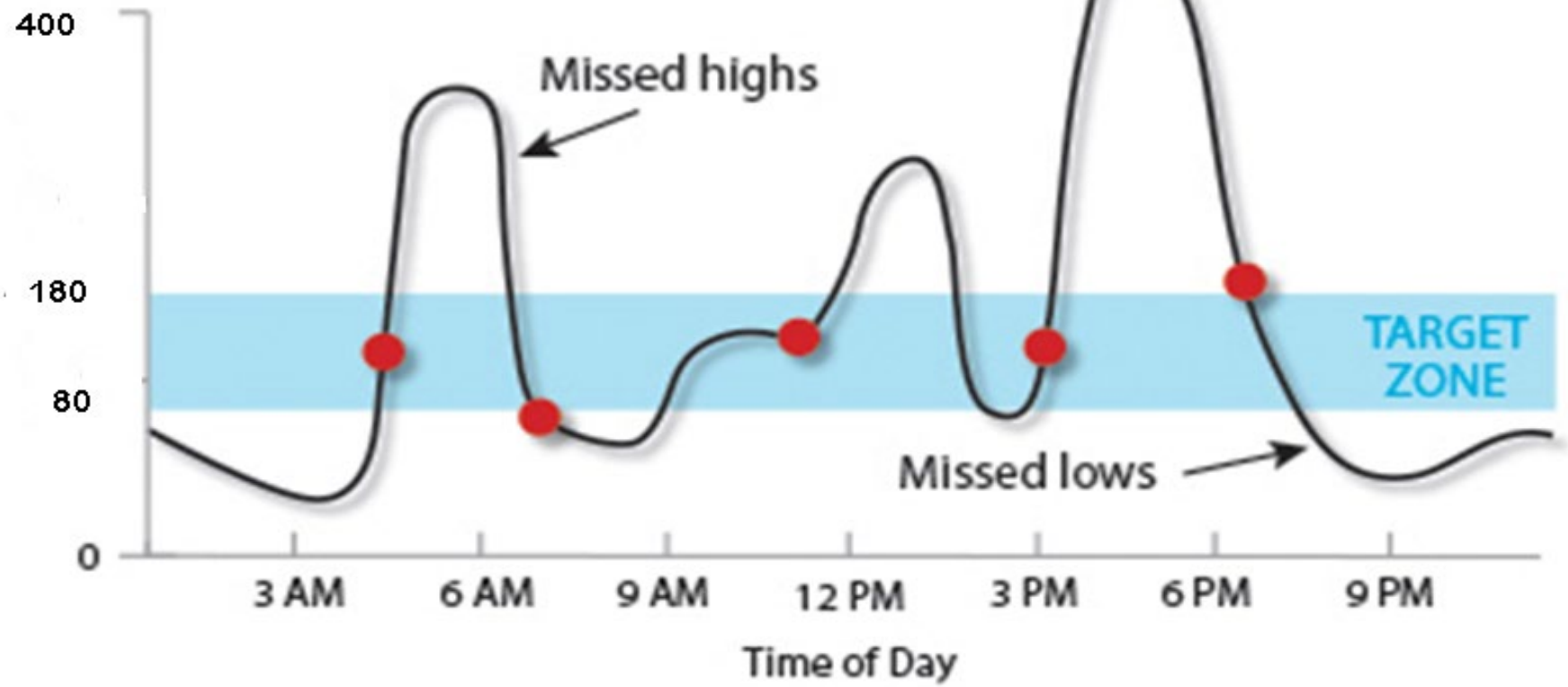
TARGET UP & UP

Self-monitoring of blood glucose (SMBG) limitations

Traditional glucose monitoring looks at only one point in time ... but it doesn't tell you where you've really been, or where you're going.



● Fingersticks Vs  CGM data



Glucose monitoring: episodic vs continuous

	CGM	SMBG
Prevent hypoglycemia	X	
Detect hypoglycemia	X	X
Prevent hyperglycemia	X	
Detect hyperglycemia	X	X
Motivate	X	X
Educate	X	
Determine insulin dose	X	X

Dexcom G6



Simple auto-applicator



An easy-to-use sensor applicator with one button insertion[†].

Acetaminophen blocking



Accurate glucose readings even when taking acetaminophen.**

Indicated for 2 Years and Older



The only provider of CGM systems indicated for children ages 2 years and older.

10-day sensor wear



The slim, water resistant sensor[‡] is discreet and easy to insert.

Zero Finger Sticks

Approved for insulin dosing

2 hour warm-up period

Freestyle Libre

- Worn for 14 days
- Has a 1 hour warm-up period
- Approved for ages 18 and older
- No calibration
- No alarms
- Must scan sensor to see blood sugar
 - Must be scanned every 8 hours
- Only approved to be worn on the back of the arm



What about healthy
eating to stay on target?

Healthy Food Choices Help Keep Blood Glucose on Target

LESS HEALTHY

HIGHER BLOOD SUGARS



MORE HEALTHY

TARGET RANGE BLOOD SUGARS



Try the Plate Method for Portion Control

¼ Plate Protein
meat, fish, poultry



¼ Plate Starch
Brown rice, pasta,
potato, corn, bread

**½ Plate Non-starchy
Vegetables**

Salad, broccoli, green beans,
carrots, peppers, greens, and
more!

TIP: Use a 7-9 inch salad plate to help control portions!

Building Blocks of Good Nutrition



Carbohydrates



Protein



Fat

Most foods are a mixture of these building blocks.

Carbs are in Many Healthy Foods



Vegetables



Grains and Cereals



Milk and Yogurt



Fruits



These are good sources of vitamins, minerals, and other nutrients.

Sugars and Sweets Have Carbs, Too



Sugar and Other
Sweeteners



Sodas and Juices



Candy, Cookies,
Cakes

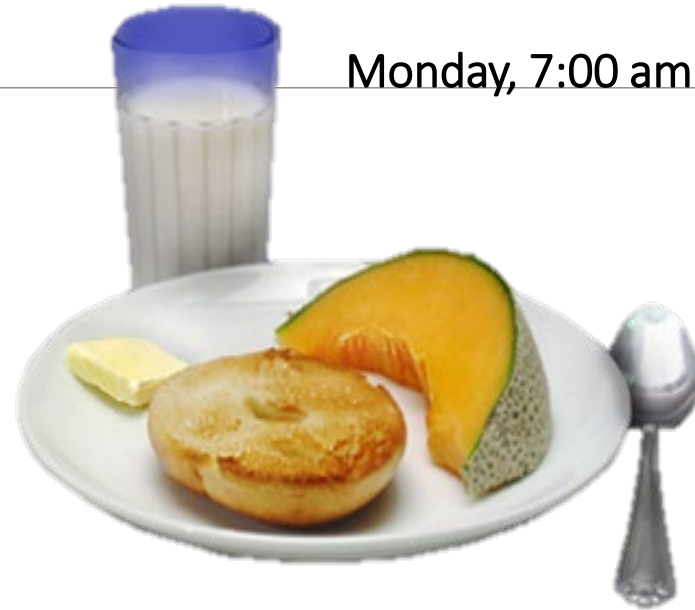


These foods provide mostly “empty” calories and some have lots of fat.

Typical Daily Carb Servings

To LOSE Weight	Carb Servings per Meal
Women	2-3 servings (30-45 grams)
Men	3-4 servings (45-60 grams)
To MAINTAIN Weight	
Women	3-4 servings (45-60 grams)
Men	4-5 servings (60-75 grams)
For ACTIVE People	
Women	4-5 servings (60-75 grams)
Men	4-6 servings (60-90 grams)

Eat Meals at Regular Times



Eat about the same amount of carbs at the same time each day

Eat at least 3 meals daily

To keep blood glucose on target, avoid skipping meals.



Use the Nutrition Facts Label to Help Count Carbs

1. Check the Serving Size and compare with what you usually eat
2. Check the grams (g) of Total Carbohydrate
3. Add together the grams of carbohydrate in all the foods you will eat in a meal
4. Divide your total carbohydrate grams by 15 to find the total number of carb servings

Nutrition Facts	
4 servings per container	
Serving size	1/2 cup (114g)
Amount per serving	
Calories	90
% Daily Value*	
Total Fat: 3g	5%
Saturated Fat: 0g	0%
Cholesterol 0mg	0%
Sodium 300mg	13%
Total Carbohydrate 13g	4%
Dietary Fiber 3g	12%
Sugars 3g	
Protein 3g	
Vitamin A	80%
Vitamin C	60%
Calcium	4%
Iron	4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

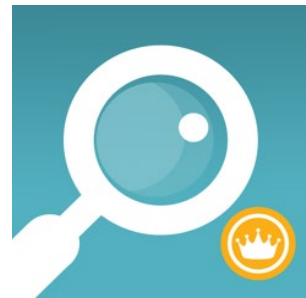
Use CalorieKing to Carb Count Other Foods

App or website

Helpful for foods that don't have labels

Adjust to the portion you will eat

Find restaurants and fast foods too



How many calories in
Apples with Skin, raw

93 Calories

1 × medium [7 oz with refuse, 3" dia] (6.3 oz)

Quantity Serving

Fat	Carbs	Fiber	Protein
0.3 g	24.7 g	4.3 g	0.5 g

The screenshot shows the CalorieKing app interface. At the top right is the CalorieKing logo. Below it, a green header asks "How many calories in Apples with Skin, raw" and features a photo of an apple. An orange bar displays "93 Calories". Below this is a quantity selector showing "1" and a serving size dropdown set to "medium [7 oz with refuse, 3" dia] (6.3 oz)". At the bottom, a table lists nutrients: Fat (0.3 g), Carbs (24.7 g), Fiber (4.3 g), and Protein (0.5 g). The Fat value is circled in red.

Tools for Learning Portion Control

Measure portions until you can “eyeball” serving sizes

Scale



Measuring Cups and Spoons



“Handy” Portion Guide



A fist or cupped hand = 1 cup

1 cup = 1½-2 servings of fruit juice
1 oz. of cold cereal
2 oz. of cooked cereal, rice or pasta
8 oz. of milk or yogurt

A thumb = 1 oz. of cheese

Consuming low-fat cheese helps you meet the required servings from the milk, yogurt and cheese group.
1½ oz. of low-fat cheese counts as 8 oz. of milk or yogurt.



Handful = 1-2 oz. of snack food

Snacking can add up.
Remember, 1 handful equals 1 oz. of nuts and small candies.
For chips and pretzels, 2 handfuls equal 1 oz.

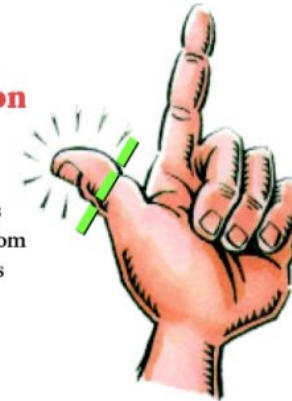


Palm = 3 oz. of meat

Choose lean poultry, fish, shellfish and beef. One palm size portion equals 3 oz. for an adult and 1½-2 oz. for a child under 5.

Thumb tip = 1 teaspoon

Keep high-fat foods, such as peanut butter and mayonnaise, at a minimum. One teaspoon is equal to the end of your thumb, from the knuckle up. Three teaspoons equals 1 tablespoon.



1 tennis ball = ½ cup of fruit and vegetables

Healthy diets include a variety of colorful fruits and vegetables every day.

Aim for Foods High in Fiber



Eating more fiber can help you:

- Feel more satisfied after eating
- Lower blood cholesterol
- Keep blood glucose on target
- Help you go to the bathroom more regularly
- Reduce your risk for colon cancer

Women

25 grams/day

Men

38 grams/day

Choose Foods Lower in Fat

INSTEAD OF THIS:

TRY THIS:



Be a Smart Grocery Shopper



Before shopping, make a list based on your meal plan

Shop when you are relaxed and not hungry

Check labels and serving sizes before buying



Focus on outer aisles to shop for produce, lean meats, fish, poultry, and low-fat dairy products.

Healthy Menu Options

CHOOSE

INSTEAD OF

Baked, broiled or grilled poultry, fish, or lean meat



Fried, buttered, sautéed, marbled, or breaded meats

Tomato sauces

Cream or butter sauces (ex. alfredo)

Leafy green salad with vinaigrette



Caesar, potato, or pasta salad

Brown rice or baked potato



French fries, mashed potatoes

Broth or veggie soups

Creamy soups

Fruit-based dessert or sherbet



Cake or pie

Water, coffee, tea, diet beverage or nonfat milk



Soda, lemonade, sweet tea, mixed coffee beverages, alcoholic drinks

Healthier Choices in Fast Food Restaurants



Egg and Cheese English Muffin + Small Coffee, skim milk, Splenda + Water

355 calories, 38 g carb, 15 g fat, 16 g protein



Grilled Chicken Sandwich + Small Fruit Bowl + Water

360 calories, 56 g carb, 6 g fat, 30 g protein



Cup Turkey Chili + ½ Fuji Apple Salad with Chicken + Sparkling Water

460 calories, 38 g carb, 23 g fat, 25 g protein

Ideas for Healthy Snacks

For a Sweet Tooth:



Sugar-Free Popsicle or Jello



Non-Fat Greek Yogurt



Fresh Fruit Cup

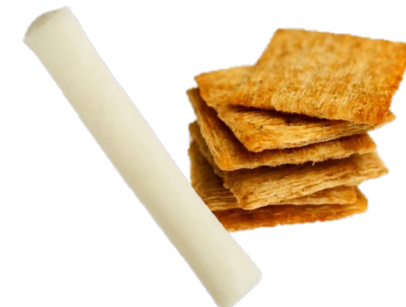
For Crunchy Cravings:



Veggies & Low-Fat Dip



Light Popcorn, 3 cups



Low-Fat Cheese Stick and Whole Grain Crackers

Good News About Physical Activity

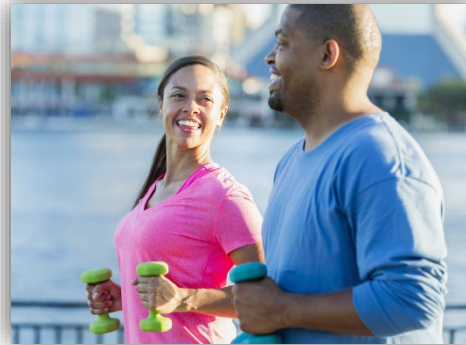
Regular physical activity can help you:

Lose weight

Lower risk for heart disease

**Reduce need for medication,
possibly**

**Reduce symptoms of
depression and anxiety**



Gain energy

Increase well-being

Improve sleep quality

**Increase strength, mobility,
and stamina**

Physical Activity: Keep it Fun



Choose activities you enjoy

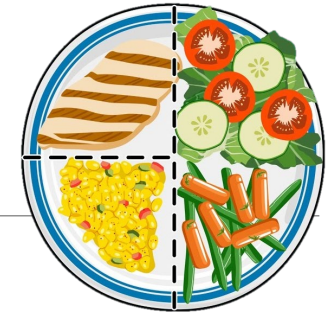


Enjoy activity with a partner



Add variety to your daily routine

Review



Follow the **healthy plate** for 3 meals per day

Choose **healthier carbs** like vegetables, fruits, low-fat dairy, beans, and whole grains

Keep **carb intake consistent** – know how many **carb choices** to target for each meal. This will help you keep your blood glucose in range.

Remember your “handy” **portions** and use measuring cups at home

Stick to the outside of the **grocery store** for fresh veggies, fruit, seafood, lean meats, eggs, low-fat dairy, and whole grain bread

When **dining out**, make healthy swaps, be mindful of portions, and skip the extras

Make **water** your drink of choice

Aim for 150 minutes of **aerobic activity** per week and move more throughout the day

Together, healthier eating and increased physical activity can help you achieve good blood glucose control!

Resources for Diabetes

American Diabetes Association www.diabetes.org

JDRF www.jdrf.org

Association of Diabetes Care & Education Specialists www.diabeteseducator.org

Academy of Nutrition and Dietetics www.eatright.org

Beyondtype2.org

Beyondtype1.org

<https://www.cdc.gov/diabetes/professional-info/index.html>

Diabetes is a Journey...

Diabetes can be controlled!

You can thrive when living with diabetes!

You are not alone!

Type 2 Diabetes can be prevented!

Get a team to partner with you to manage your diabetes!

Thank you!





Health Insurance Terms and Diabetes Coverage

Consumer Education and Advocacy Unit

Understanding Health Insurance Terms

In order to fully understand the cost of your health insurance, it is important that you know the different costs for which you may be responsible and the terms used to describe them.



Understanding Health Insurance Terms

What **out-of-pocket costs** will I have to pay when I need services?

Depending on your insurance policy, your insurance company may pay most of the cost of your care. But you're responsible for premiums and out-of-pocket costs such as copays, deductibles and coinsurance.



Understanding Health Insurance Terms

What is the **premium** I would pay for this policy?

The premium is the amount you'll pay to have coverage (often monthly).

You need to pay your premium each month or you'll lose your

coverage.



Understanding Health Insurance Terms

What is the deductible?

The deductible is the amount you pay before your insurance company starts paying its share of the costs. Most policies with lower premiums have higher deductibles. You will pay the full cost of most services until you meet your deductible.

Understanding Health Insurance Terms

What is a **copay**?

This is a set dollar amount that you must pay for a particular service. The amount may be different based on the type of service and whether the service is provided by an in-network or out-of-network provider. For example, your plan may require a \$20 copay for an office visit to an in-network provider and a \$40 copay for an office visit for an out-of-network provider. This fee may be in addition to any deductible for which you are responsible under the plan.

Understanding Health Insurance Terms

What is Coinsurance?

This is your share of the costs of a covered health care service. The coinsurance is applied after any deductible is satisfied. Your share is a percentage, such as 20%, of the allowable amount for the service.

Here is how it works:

- Your x-ray costs \$200.
- The insurance company has an allowable amount of \$150.
- Your coinsurance is 20%. Assuming your deductible has already been satisfied, you pay 20% of \$150, which is \$30 and the insurance company pays the remaining \$120.



Understanding Health Insurance Terms

In-Network Providers

These are providers that have a contract with your insurance company. If you receive covered services from an in-network provider, generally you will only need to pay your deductible and any applicable copay or coinsurance. You may not be billed for the balance by the provider.

Out-of-Network Providers

These are providers that do not have a contract with your insurance company. If you receive covered services from an out-of-network provider, the insurance company may not be required to pay any portion of the charges, or your copay or coinsurance may be larger than if the services had been provided by an in-network provider.

Understanding Health Insurance Terms

Out-of-Pocket Maximum

This is the maximum amount that you pay before your insurance company will pay 100% of the allowable amount for covered health care services. Depending upon the terms of your policy or plan, this amount can include deductibles as well as copays and coinsurance. Check with your insurance company to determine what is included in this amount under your policy or plan.

Understanding Health Insurance Terms

Preventive Services

You do not need to meet your deductible before you receive preventive services from an in-network provider. You also do not have to pay a copayment or coinsurance for preventive services you receive from an in-network provider.

Preventive services include screenings and immunizations, as well as other services. For a complete listing of preventive services that are covered without cost to you, check with your insurance company.

Usually, preventive services do not include diagnosis or follow-up visits and services for problems. If you visit your health care provider and discuss a health problem, you may be charged your deductible or coinsurance or copay for the part of the visit dealing with the problem, even if the initial purpose of the visit was preventive.



Understanding Health Insurance Terms

After the health insurer has processed your claim, it will issue an Explanation of Benefits (EOB). The EOB provides details about a health insurance claim, such as what portion was paid to the health care provider and what portion of the payment, if any, is your responsibility. **The EOB is not a bill.** Any portion of the claim not covered by the health insurer, such as a deductible, co-payment, or coinsurance may be billed by the provider and should be paid directly to the provider.



Understanding Health Insurance Terms

Allowable Amount

The maximum amount the insurer will use when deciding what to pay for a covered health care service. This is sometimes referred to as "payment allowance" or "negotiated rate." You may have to pay the difference if your provider charges more than the allowable amount.

Understanding Health Insurance Terms

Balance Billing

If you receive covered services from an out-of-network provider, and the cost of these services is more than the allowable amount, the provider may be permitted to bill you for the difference. In some circumstances, you may be protected from balance billing. For example, if you are treated by a Maryland doctor in an emergency room, the law may protect you. If you have a choice of providers, and you choose an out-of-network provider, you may have to pay the full amount of the provider's bill.



Understanding Health Insurance Terms

If you have questions, call your health insurer:

- If you owe money, ask the health insurer if this payment will be put toward your out-of-pocket maximum or deductible.
- You may need clarification on charges for certain services you received. You can ask the health care provider to explain the services and charges.
- If you think you have been charged in error, ask the health care provider to go over the entire EOB, line by line, to see if a mistake has occurred.

Health Insurance and Diabetes

Health insurance education is important for people with diabetes to help them access the supplies, understand their medications, and help prevent complications.

As you are probably aware, diabetes is primarily a self-managed disease. In order to stay healthy as a person with Type 1 or Type 2 diabetes, you may need supplies like test strips, meters, medications, and insulin.

In the past, obtaining health insurance could be difficult for people with diabetes, however recent reforms have improved access to coverage.



Health Insurance Protection

In the past, obtaining health insurance could be difficult for people with diabetes, however recent reforms have improved access to coverage.



Health Insurance Protections

Coverage for People with Diabetes: Job-based health insurance plans and individual plans are no longer allowed to deny coverage, charge more, or refuse to cover treatments due to a pre-existing condition, such as diabetes.



Health Insurance and Diabetes

In most situations, you cannot be denied coverage or charged more because you have a pre-existing condition, including diabetes. This is true for major medical plans sold inside and outside the Maryland Health Connection. Certain other plans, such as short term health insurance, may still consider pre-existing conditions.

Health Insurance and Diabetes

In addition, health insurance plans must limit how much you pay out-of-pocket for benefits and must provide certain health services aimed at preventing disease at no cost to you. Unlike in the past, plans cannot set a dollar limit on the amount the insurance company will spend on "essential health benefits" either in a given year, or during the entire time you're enrolled in that plan.

Individual/Small Group Plans and Diabetes

The Affordable Care Act requires that individual and small group plans (plans for employers with 50 or fewer employees) that are not grandfathered plans and that began or are renewed on or after January 1, 2014, provide certain benefits. These benefits are called “Essential Health Benefits.”

Diabetes Treatment, Equipment and Supplies

Diabetes equipment includes glucose monitoring equipment under the durable medical equipment coverage for insulin using beneficiaries. Insulin pumps are also included. Diabetes supplies include coverage for insulin syringes and needles and testing strips for glucose monitoring equipment under the prescription coverage for insulin-using beneficiaries.



Prescription Drugs

Health Insurance must permit a 90- day supply for a maintenance drug (except for first prescription of the maintenance drug).



Large Group/Grandfathered Plans and Diabetes

Mandatory Benefits for diabetes treatment may be contained in your contract if you have coverage through a large group (groups of more than 50 employees) health benefit plan, or are in a grandfathered plan.

Large Group/Grandfathered Plans and Diabetes

Coverage for:

- all medically appropriate and necessary diabetes equipment
 - diabetic supplies
- diabetes outpatient self-management training and educational services, including medical nutrition therapy necessary for the treatment of insulin-using diabetes
 - noninsulin-using diabetes
- elevated or impaired blood glucose levels induced by pregnancy

Large Group/Grandfathered Plans and Diabetes

A deductible, copayment, or coinsurance requirement on diabetes test strips may not be imposed; however, if an insured or enrollee is covered under a high-deductible health plan, diabetes test strips may be subject to the deductible requirement of the high-deductible health plan.

Large Group/Grandfathered Plans and Diabetes

Carriers are not required to include prescription drug benefits. When benefits are provided under a policy or contract, the required benefits can be found at:

<https://insurance.maryland.gov/Consumer/Documents/publicnew/mandatedbenefits.pdf>



Maryland Medical Assistance (Medicaid) and Diabetes

Diabetes care services are covered under HealthChoice – Maryland’s Medicaid Managed Care program

<https://health.maryland.gov/mmcp/healthchoice/Pages/Home.aspx>

What is covered?

- **Diabetes Care** Special services, medical equipment, and supplies for members with diabetes.
- **Podiatry** Foot care when medically needed. Routine foot care if you have diabetes.
- **Adult Preventive Care Diabetes** Adults aged 40 to 70 years who are overweight or obese



Medicare and Diabetes

Generally, Part B covers the services that may affect people who have diabetes. Part B also covers some preventive services for people who are at risk for diabetes. You must have Part B to get services and supplies it covers. Part D covers diabetes supplies used to inject or inhale insulin. You must be enrolled in a Medicare drug plan to get supplies Part D covers.

Medicare offers a great guide with specific detail about what is covered under Medicare for diabetes treatment at :

<https://www.medicare.gov/Pubs/pdf/11022-Medicare-Diabetes-Coverage.pdf>

Health Insurance and Diabetes

Although most health insurance plans cover most treatments of diabetes, when shopping for health insurance, it is important to ask if the plan covers the supplies, services, and prescription drugs you need. Look at all costs, such as the deductible and co-pays for doctor visits and each prescription drug you need.



Health Insurance and Diabetes

Summary of Benefits and Coverage: You have the right to get a plain language summary (called a Summary of Benefits and Coverage, or SBC) of a health plan's benefits to help them better understand the coverage and compare plans.

BENEFITS



Health Insurance and Diabetes

If you are struggling to pay for insulin and diabetes medication, The American Diabetes Association (ADA) may be able to help.

www.insulinhelp.org

You will need on hand your dosage information, costs, basic contact and residency information, as well as other information. Please visit their webpage or call 1-800-diabetes for more information.



Covid-19 and Diabetes Supply Access

From the American Diabetes Association:

Manufacturers are not reporting that COVID-19 is impacting access to insulin and other supplies:

Leading manufacturers are reporting that COVID-19 is not having an impact on their current manufacturing and distribution capabilities for insulin and other supplies at this time. We are continuing to monitor the situation and will provide updates should anything change.

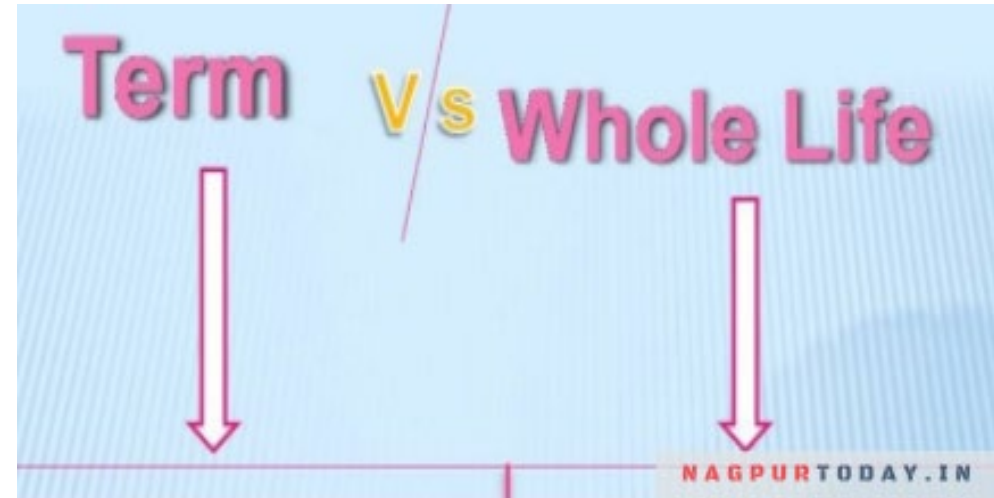


LIFE INSURANCE



LIFE INSURANCE COMPANIES ARE PERMITTED BY LAW TO HAVE GUIDELINES THAT YOU MUST MEET IN ORDER TO PURCHASE A POLICY. THESE ARE REFERRED TO AS UNDERWRITING GUIDELINES. HEALTH CONDITIONS SUCH AS DIABETES MAY BE A REASON FOR AN INSURANCE COMPANY NOT TO OFFER YOU A POLICY, CHARGE HIGHER RATES, OR TO EXCLUDE PAYMENT OF A CLAIM IF YOU DIE WITHIN A SPECIFIC TIME AFTER YOU PURCHASE THE POLICY.

Traditional Life Insurance



Term Insurance

- Covers you for a term of one or more years.
- It pays a death benefit only if you die during that term.
- Generally offers the largest insurance protection for your premium dollar, but generally does not build up cash value to use in the future.
- Has a premium that is fixed for the term. Once the initial term ends, some term policies renew with higher premiums.

Traditional Life Insurance

Permanent Insurance - includes universal life, variable universal life and whole life.

- provides long-term financial protection.
- includes a death benefit and, in some cases, cash savings.
- Because of the saving element, premiums tend to be higher.

Traditional Life Insurance

Both Term and Permanent types of policies will generally require medical underwriting, which individuals that have diabetes may not be able to pass.

Underwriters will look at:

- ✓ **Age**
- ✓ **type of diabetes, and**
- ✓ **whether your diabetes is under control**

when deciding whether you meet the underwriting guidelines and whether they will issue you a policy. The insurers who issue these policies will look to see if you have a pre-existing health condition before they will issue you a policy.



What is a pre-existing condition?

A pre-existing condition is a health condition that manifests itself before you purchase life insurance coverage. Any health condition you get after your life insurance coverage is active (it is important to note that some policies will have a waiting period that applies to some conditions) cannot influence the cost of your premiums and is not considered a pre-existing condition by insurers.



Simplified Issue Life Insurance

Is a whole life insurance policy that offers basic coverage for individuals 45 and older with health conditions.

With simplified life insurance, you will answer a few questions about your health on an application.

The shorter process gets you almost immediate coverage, but because the health evaluation isn't as comprehensive, insurers generally set a higher premium for a lower coverage amount.

- **Simplified issue life insurance usually does not require a medical exam.**
- **Generally, certain medical conditions, such as a terminal illness or some types of cancer, will disqualify you from obtaining simplified issue life insurance.**



Guaranteed Issue Life Insurance

A small whole life insurance policy with no health qualifications.

What you need to know about guaranteed issue life insurance:

- does not pay death benefits during the first two or three years the policy is in force.
- it does return the policy's premiums plus 10% interest if the insured dies during this period.
- Generally has high costs and only low amounts of coverage available.
- Many guaranteed issue insurance companies have a minimum age between 40 and 50 to apply, and won't sell new coverage to people after age 80.



Important things to know about Guaranteed Issue Life Insurance Policies

Graded Death Benefits

Guaranteed life Insurance companies commonly use graded death benefits to protect themselves from purchases by severely ill people.

- If you pass away within the first two or three years of the policy for any reason other than an accident, your beneficiary could receive only a refund of the premiums you paid, plus interest.
- Interest amounts paid vary by company but can be in the range of 10% to 30%.
- If the death is from an accident, such as a car crash, the policy will pay the full coverage amount to your beneficiaries, even if you bought it recently.



Important things to know about Guaranteed Issue Life Insurance Policies

Cash Value

Some guaranteed issue policies build cash value, which you can access through a policy loan.

Note:

If you don't pay the loan back before you pass away, the payout to your beneficiaries will be reduced by what you owe. In addition, the payout to your beneficiaries is the coverage amount of the policy, not the coverage amount plus cash value.



Key Takeaways

- ✓ Generally, guaranteed issue life insurance is a small whole life insurance policy with no health qualifications.
- ✓ These policies generally pay a cash death benefit of \$2,000 to \$25,000 to the insured's beneficiaries.
- ✓ Many guaranteed issue life insurance policies do not pay death benefits during the first two or three years the policy is in force, but the policy may return the policy's premiums plus 10% interest if the insured dies during this period.
- ✓ Guaranteed issue policies are designed for people with serious health conditions that keep them from buying policies that offer immediate death benefits.



Questions for diabetics applying for life insurance

During your life insurance paramedical exam or phone interview, you'll be asked several general questions about your health history.



Questions for diabetics applying for life insurance

If you have diabetes, insurers may follow up with some the following questions:

- Do you have type 1 or 2 diabetes?
- What is the date of your first diagnosis/onset?
- Do you measure your glucose daily?
- What is your last A1c reading and what is your A1c average for the last year?



Questions for diabetics applying for life insurance

- Are you taking insulin or other medications?
- Do you have any complications with your eyes, kidneys, or feet as a result of diabetes?
- Have you had any amputations?
- Are you on dialysis?

Some of these questions may seem invasive, but for your insurance producer (agent or broker) to give you an accurate quote, it's important to answer honestly. Every insurance company is different, so the questions may vary.





Pre-Need Arrangement

Instead of purchasing a life insurance policy, another option that is available is a pre-need arrangement. These arrangements allow consumers to arrange and fund their funeral and services in advance, or pre-need.

There are two methods of funding pre-need funeral costs in Maryland:

1. Trust-funded pre-need contracts
2. Insurance-funded pre-need contracts



Pre-Need Arrangement

A licensed professional must provide a General Price List to the consumer, and will receive an “Itemized Statement and Pre-Need Arrangement” that needs to be signed by both the purchaser and the seller.



Pre-Need Arrangements

What is a guaranteed pre-need price contract?



This means the funeral home will accept the pre-need contract as payment in full for services and merchandise; however, there are some items from outside vendors the funeral home does not have pricing control over. These cash advance items include:

- obituary notices;
- flowers; or
- pallbearers



*cost may increase for some cash advance items and may have an additional charges at the time of services.

Pre-Need Arrangements

Revocable and Irrevocable Contracts

Maryland law states that a pre-need contract set up as a trust may withdraw money at no charge from the funeral home. This revocable contract allows the buyer to cancel the contract and receive a full refund with interest, or transfer the contract to another funeral home.

An irrevocable contract allows the buyer to protect their assets when qualifying for certain public assistance programs, such as Medical Assistance. Irrevocable contracts can not be canceled, and principle and interest can not be withdrawn. The monies can be transferred to another funeral establishment.



Pre-Need Arrangements

What about burial costs?

A pre-need arrangement for burial space, goods, and services can be entered into with a cemetery and **the buyer may cancel the contract for goods that have not been delivered or services that have been performed if the buyer moves more than 75 miles from the cemetery and gives the seller written notice under oath.** The right to cancel does not include the burial space in the ground or in a mausoleum, but applies only to the goods and services.



Pre-Need Arrangements

If you are considering entering into a contract:

- Don't feel rushed to purchase – comparison shop. Consult with family or professionals such as an attorney or financial planner if you feel you need assistance with your decision.
- If you are told something is required by law, ask to see the law in writing.
- Insist any promise made to you by the seller be in writing.
- Talk to the seller about refunds and cancellations, and get it in writing. **This is required by law.**
- Don't purchase anything you can not afford.
- For more information, contact the Maryland State Board of Morticians and Funeral Directors, or the Office of Cemetery Oversight.**



Contact Information

Maryland Insurance Administration

Life and Health/Appeals and Grievance

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

410-468-2000 or 1-800-492-6116

www.insurance.maryland.gov

Office of the Attorney General

Health Education and Advocacy Unit

200 St. Paul Place 16th Floor

Baltimore, MD 21202

410-528-1840 or 877-261-8807

www.marylandattorneygeneral.gov/pages/cpd/heau

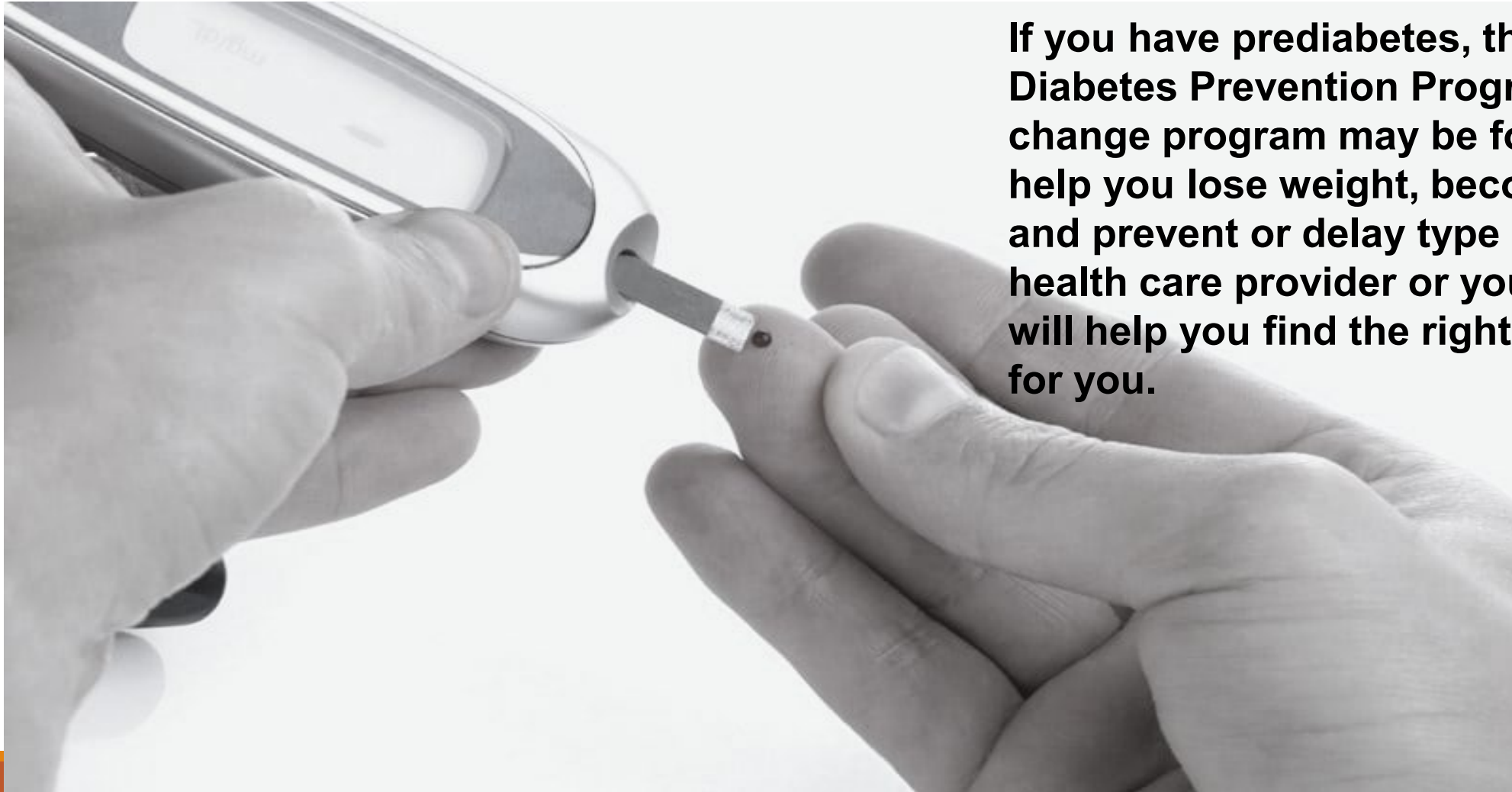


Additonal Resources

Living with Diabetes

HEALTHCHOICE DIABETES PREVENTION PROGRAM

If you have prediabetes, the HealthChoice Diabetes Prevention Program lifestyle change program may be for you. It can help you lose weight, become more active, and prevent or delay type 2 diabetes. Your health care provider or your health plan will help you find the right DPP provider for you.



How does the HealthChoice DPP work?

- A specially trained lifestyle coach will lead and support you and your group members through this year-long program. You can choose what learning style works for you: online, in-person, distance learning or combination sessions.
- Your lifestyle coach will use the Centers for Disease Control and Prevention (CDC) approved lessons and adapt the sessions to match your group's background, interests, and needs.
- Your group members are your support group. They are people with goals and struggles like your own. Your support group will share ideas, cheer each other's success, and help solve problems that can get in the way of your goals.

How do I know if I am eligible for the HealthChoice DPP?

To be eligible, you must meet all the following:

- Be a Maryland Medicaid HealthChoice member
- Be 18 to 64 years old
- Be overweight
- Not be pregnant
- Have never been diagnosed with type 1 or type 2 diabetes
- Have a recent blood test with results in the prediabetes range or have a history of gestational diabetes

National Diabetes Prevention Program (DPP)



A lifestyle change program that provides an environment where individuals can learn, laugh, share stories, try new things, and build new habits—all while lowering their risk of type 2 diabetes and improving their health.

How it works:

The 12-month group-based program consists of six months of weekly sessions, followed by six monthly sessions led by a trained lifestyle coach who facilitates a small group of people with similar goals.

Topics such as:

- Healthy eating - Eating smaller portions, reducing fat in your diet and discovering healthier food options
- Increasing physical activity - Brainstorm strategies on how to get 30 minutes of exercise in at least 5 times a week
- Losing weight - Goal of the program is to help participants lose 7% of their body weight



To register for a National DPP

In Baltimore please contact on of the programs below and they will provide additional information on start dates, times, and locations.

MedStar Franklin Square Medical Center

9000 Franklin Square Dr.
Baltimore, MD 21237
(443) 777-7542

MedStar Good Samaritan Hospital

5601 Loch Raven Blvd.
Baltimore, MD 21239
(443) 444-4793

University of Maryland Medical Center

22 S. Greene St
Baltimore 21201
(410) 328-8402

Saint Agnes Hospital -Maryland Metabolic Institute

900 Caton Avenue, Baltimore, MD 21229
(667) 234-3244

University of Maryland Center for Diabetes & Endocrinology

827 Linden Ave. Second Floor
Baltimore, MD 21201
(410) 328-8402

Brancati Center for the Advancement of Community Care

2024 E. Monument Street, Room B-317
Baltimore, MD 21287
(410) 614-6441

Mercy Medical Center

250 N. Calvert Street
Baltimore, MD 21220
(410)-659-2833



Carroll County FREE VIRTUAL Workshop for Those Living with Diabetes

Beginning October 14th, the Carroll County Bureau of Aging & Disabilities (BOAD) will offer free virtual workshops for Living Healthy, Living Well with Diabetes.

Diabetes Self-Management- is a series of workshops for:

adults of all ages who have been diagnosed with diabetes, pre-diabetes, or who live with someone that does.



Carroll County FREE VIRTUAL Workshop for Those Living with Diabetes

- Living Well workshops are part of an evidence-based self-management program designed to help attendees manage diabetes.
- The program complements the diabetic medical management services people receive from providers.
- Workshops consist of six sessions, held on Thursdays from 6:30pm to 9:00pm.



Carroll County FREE VIRTUAL Workshop for Those Living with Diabetes

These programs are virtual, at no cost to the public. If you lack technology that prevents interested participants from participating in online BOAD and senior center programs, the county can help. **Please contact Leslie Wagner at 410-386-3818 to learn more about a new data-enabled tablet loan program.**

Workshop registration is required with the link found on the Bureau of Aging & Disabilities website at <https://www.carrollcountymd.gov/livinghealthy/>. Interested residents may also call Leslie Wagner at 410-386-3818 or email LivingHealthy@carrollcountymd.gov for more information.