



Jane Perkins, left and Dan Lindy provided live music for a volunteer appreciation event at The Hub Thursday, Oct. 11, 2018.



VOLUNTEER APPRECIATION

Volunteers and patrons gathered at The Hub for live music, food and good conversation at the volunteer appreciation party Thursday, Oct. 11, 2018.

MATTHEW GASTON | THE SHERIDAN PRESS

Living in a 17th century house has its tradeoffs

BOSTON (AP) — What does it take to make a 17th century house livable today?

Ask Barbara Kurze, who lives at the James Blake House, which the Boston Landmarks Commission says is the oldest house in Boston.

The five-room, two-level house was built in 1661 by Blake, an English immigrant, in Dorchester, now a neighborhood of Boston. Kurze was offered the chance to become live-in caretaker of the property, owned by the Dorchester Historical Society.

Keeping the house both livable and historically authentic has been a constant struggle over the centuries, Kurze said.

Like many municipalities, Boston has strict rules about making changes to historic buildings.

“There’s always a balance, what to preserve and what modern touches are appropriate,” said Paul Hajian, an architect and professor of architectural design at Massachusetts College of Art and Design. Still, he added, “people in old houses don’t want to live like they’re in the 17th century.”

Kurze, 58, a preservation planner, moved into the Blake House four years ago and brought a renewed ambition to restore the home to splendor. She enlisted the help of Boston-area interior designer Sarah Cole.

Despite significant restoration work over the years, “It was clear when I first saw the house that it was in need of some serious maintenance and repairs,” said Cole, owner of design firm Sarah C. Interiors. “The paint was peeling everywhere and the plaster was crumbling.”

To start, Cole and Kurze needed approvals from the Boston Landmark Commission and the Massachusetts Historical Commission to make interior changes. They received permission to restore the plaster on the walls and ceilings, and add a new layer of paint. They could choose the color of paint so long as it adhered to the commission’s guidelines.



COURTESY PHOTO | TRACEE HERBAUGH/AP

This 2018 photo provided by Tracee Herbaugh shows the exterior of the James Blake House, located in Boston’s Dorchester neighborhood. The house, built in 1661, is listed as the oldest in Boston.

Nothing could be hung on the walls, to prevent damage.

Cole prioritized the house’s unique old charm when it came time for refinements. “If you look at the walls, they aren’t smooth, and our goal was not to make it look new,” she said.

The Blake House’s floors are slightly uneven, and it has low ceilings and drafty, single-pane windows, all common characteristics of buildings from that era.

Indoor plumbing and electricity were installed in the 19th century and have been updated since. There’s heat, but no air conditioning.

Storage has proved problematic for the home’s occupant. The Blake House has only one closet.

Until the early 1900s, most people simply didn’t have as much stuff. There wasn’t the need to store extra clothes, shoes and sporting equipment, as there is today.

Another difference is a lack of overhead lighting. “It can get pretty dark,” Kurze said.

The stairs leading to the second floor are narrow and steep.

“I couldn’t bring most of my furniture because it wouldn’t fit up the stairs,” she said.

After the plaster and paint were finished, Cole began looking for furniture that would fit — both physically and aesthetically.

“We looked for things that came in pieces,” she said. “It was pretty difficult finding nicer furniture that could be assembled but still look right in the space.”

Accessories help give the rooms a modern feel. Cole chose a floor rug with natural, tan and terracotta hues to complement the wooden beams and floors in the living room, for instance.

Look beyond premium costs when choosing a Medicare plan

Making decisions about Medicare coverage has never been easy. Over the years the task has become more complicated as Congress has moved to privatize the system.

Open enrollment, the time for evaluating your coverage and making changes if you can, opens Oct. 15 and runs through Dec. 7 this year. This is the first of two columns that address decisions people about to become eligible for Medicare and those already on the program will have to make.

While some 57 million people are still in traditional Medicare, which remains a social insurance program, the number of beneficiaries in privatized Medicare known as Medicare Advantage has grown steadily. Today one-third of all beneficiaries have joined private plans, many of them responding to sales pitches — sometimes questionable ones — from insurance companies that now regard their Medicare Advantage business as a major profit center.

With a Medicare Advantage plan, generous payments from the federal government to private insurers allow them to provide a person’s Medicare benefits along with some extras like eyeglasses, limited dental care, and gym memberships. The government payments have been so rich they’ve also allowed the plans to entice people to join by offering coverage with no monthly premium or a very low one.

So the first basic choice is whether to select traditional Medicare — and buy a supplement to fill in what Medicare doesn’t pay — or to select a Medicare Advantage plan.

Increasingly, though, some people may not have a choice. More employers who fund part of their retirees’ health insurance are automatically enrolling their workers about to retire in Medicare Advantage plans, and those workers may not understand what they are getting, said Tricia Neuman, a senior vice president of the Kaiser Family Foundation: “Employers may see this as an attractive way to shift some of the risk to employees.”

A few years ago, I met a retiree of a computer firm in California who had developed Parkinson’s disease and was seeking help from the state’s insurance counseling program to switch out of the employer’s retiree Medicare Advantage plan. He was having trouble seeing the specialists he needed to treat his disease.

Counselors told him he had few options. He could easily drop his Medicare Advantage plan and return to traditional Medicare. But he was no longer eligible to buy a Medigap policy, which he sorely needed.

California, like almost every other state, says insurers offering Medigap policies may scrutinize senior applicants’ health status once those seniors have passed their initial eligibility period.

That period is generally the first six months after they sign up for Medicare Part B, which pays for physician services and hospital outpatient care. After that, if you have a preexisting condition, you’re out of luck.

Only New York, Connecticut, Massachusetts, and Maine allow seniors to buy a Medigap policy anytime. A few other states allow seniors to buy them under certain conditions — like losing retiree coverage. Seniors living outside those states, though, could be making an irrevocable decision by choosing a Medicare Advantage plan or allowing themselves to be placed in one automatically.

Yet the allure of no monthly premium or a cheaper premium than a Medigap policy would require draws seniors to Medicare Advantage plans. A cheaper premium or no premium sounds good when you’re well, but what happens when you’re sick? That’s when many seniors find they want to go back to traditional Medicare.

“Premiums are not a good way to choose a plan. It’s important to look beyond the premium,” Neuman advises.

Still, not much is known about how seniors in Medicare Advantage plans fare when they have a really serious illness. But in late September the Office of the Inspector General reported that insurers offering Medicare Advantage plans may be inappropriately denying services to seniors and called on Medicare to step up its oversight of those plans.

The Office of the Inspector General found that Medicare Advantage plans overturned 75 percent of their denials between 2014 and 2016, raising questions about why seniors were denied in the first place.

“The high number of overturned denials raises concerns that some Medicare Advantage beneficiaries and providers were initially denied services and payments that should have been provided,” the report noted. “This is especially concerning because beneficiaries and providers rarely used the appeals process.” Seniors may be denied services but never register any complaints.

As with all insurance, you make a trade-off. Pay less upfront and more when you get sick, or minimize your risk by paying more in premiums to have better coverage when illness strikes. That is the great-unknown seniors must consider.

Traditional Medicare plus a good Medigap can become your best friends if you have a hospitalization for a serious illness as I had when an infection came out of the blue and kept me in the hospital for four months earlier this year. For doctor, hospital, and rehabilitation charges that totaled some \$3.5 million, we paid only about \$2,500 out of pocket.

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FUN AND FOOD BUILD YOUR OWN SALAD
Mondays - Fridays
Entrees and kiosk include sides, dessert and drink.

Salad Bar Available
Mondays - Fridays

No Salad Bar on Saturday or Sunday

*entree only offered for Home Delivered Meals

ENTRÉE CHOICE* or SOUP/SALAD

Tue - Braised Lemon Chicken
Wed - Kielbasa w/Pierogi
Thurs - Braised Pork Chop
Fri - Philly Cheesesteak
Sat - Sweet N Sour Pork
Sun - Beef Tips in Mushroom Sauce
Mon - Roasted Turkey & Pan Drip Gravy

OUR OCTOBER IS JAM-PACKED CHECK US OUT

Tue - Ukulele Jam	1:00 p.m.	Café
Wed - John Petrie Guitar	10:30 a.m.	Café
Thurs - Creaky Yoga	5:30 p.m.	Community Room
Fri - Mini Craft Bazaar	9:00 a.m. to 2:00 p.m.	Tech Nook
Sat - Pink Link Registration	8:00 a.m.	Community Room

Lunch Service Hours: 11:00 a.m. to 1:00 p.m., 365 days a year at 211 Smith Street
Home Delivered Meals (307) 672-6079

Loan Closet, Outreach, and Administration Services, 672-2240. Mondays - Fridays.

Help at Home Services, 675-1978. 232 North Brooks: Mondays - Fridays.

Day Break Adult Care Services, 674-4968. 241 Smith Street: Mondays - Fridays.

SENIOR HAPPENINGS

- A presentation on water fluoridation will take place at 1 p.m. Tuesday at The Hub on Smith. Many oral health officials say fluoridation of community water supplies is the single most effective public health measure to prevent tooth decay. Sherri Hotchkiss and Janet Berry will lead the presentation.
- A mini craft bazaar featuring homemade craft items offered for purchase by local craft women Georgia Vos, Helen Williams and others will take place Friday from 9 a.m. to 2 p.m.

in the lobby of The Hub on Smith.

- The Hub is offering a chance to win two free tickets to the Oct. 25 evening performance of the WYO Performing Arts and Education Center production of “The Addams Family.” Stop by the Grab N Go Monday through Friday to drop your name in the box provided. The drawing will be held Oct 23 at noon. There will be two winners.
- A Black Diamond Trail day trip has been organized for Oct. 22. Nancy Herdt, who is very knowledgeable in the history of the underground coal min-

ing in Sheridan County, will give a live narration on the trip. The Black Diamond Trail, a joint project of the Sheridan Community Land Trust and the Wyoming Historic Preservation Work Group, was dedicated on Sept. 29, 2012.

Lunch is included in the trip. Those interested must sign-up and pre-pay at the front desk by Oct. 22. The cost is a suggested contribution of \$25 for registered seniors and \$30 for others. The trip will take place from 9:30 a.m. to 1:30 p.m.