



5 Reasons Saunth (Dry Ginger Powder) Water Should Be Your Go-To Winter Elixir

Winter is at its peak, and all we can think of are ways to keep ourselves healthy. The chilly weather outside makes us shiver and also increases our likelihood of falling sick. Cold, cough, and flu are quite common during this season. Luckily, there are several natural home remedies that you can rely on to prevent these issues. Among the many ingredients in our kitchen arsenal, saunth (dry ginger powder) is one that can be quite beneficial. It

is known to offer numerous health benefits, especially when mixed with warm water. So, if you wish to stay fit and healthy in winter, make sure to incorporate healthy drinks such as saunth water into your diet. Below, we'll share five incredible ways it can transform your health, and why it should be your go-to winter elixir.

Dry Ginger Powder Water | 5 Incredible Health Benefits Of Saunth Water:

1. Rich In Anti-Inflammatory

Properties Eating foods rich in anti-inflammatory properties helps reduce inflammation in the body and promotes overall health. According to our consultant nutritionist Rupali Datta, "Saunth is enriched with anti-inflammatory properties that help treat common colds and coughs." Consuming its water on a regular basis can reduce your frequency of falling sick.

2. Aids In Weight Loss During winter, we tend to eat more than usual. This can lead to the consumption of extra calories, resulting in weight gain. If you're trying to lose weight, drinking saunth water can help

speed up the process. According to the book 'Healing Foods', ginger powder aids in the flow of digestive juices and boosts metabolism. When your metabolism is faster, you naturally burn more calories.

3. Promotes Digestive Health Another reason to consume saunth water is that it's great for your digestive health. Ginger powder contains compounds such as gingerols and shogaols, which aid in the production of digestive juices. Thus, drinking its water can help prevent digestive issues such as bloating, gas, and constipation. Your stomach will thank you!

May Help Relieve Joint

Point The cold weather can make our joints stiff during winter. If you've been experiencing joint pain, a glass of saunth water might be what you need. Nutritionist Rupata Diwekar explains that saunth acts as an analgesic, providing relief from joint pain. In addition to water, you can also mix saunth with milk and consume it at night.

5. May Help Reduce Period Cramps Since dry ginger powder is analgesic in nature, acting as a natural painkiller, it can also provide relief from menstrual cramps. While the result may not be immediate, consuming saunth water regularly can gradually reduce

the pain you experience each month. So, instead of relying on pills, make saunth water your new best friend.

How To Make Saunth Water At Home? Add fresh ginger pieces to a mixer grinder. Grind until you get a smooth powder. Now, add them to a pan filled with 1-2 cups of water. Let it boil for about 4-5 minutes. Once done, transfer to a glass and enjoy!

Tip: you can also add a drizzle of honey for a hint of sweetness. Saunth water offers incredible health benefits. Incorporating it into your diet can help you stay fit and healthy during winter.

Medicare and You: What You Need to Know



If you're nearing 65 or you're already 65 or older, you will need to answer a few basic questions to see if you're eligible for Medicare:

Are you a U.S. citizen or legal resident?

Have you resided in the United States for a minimum of five years?

Have you worked at least 10 years in Medicare-covered employment or contributed the equivalent through self-employment taxes?

If you answered yes to all of these questions, you qualify to enroll in Medicare.

If you have had deductions taken from your paycheck, you'll likely receive a Medicare card in the mail just before becoming eligible. Along with this will be information showing the benefits for both Part A (hospital care) and Part B (medical care). Part B is optional and can be declined. Most people who choose to have Part B must pay a monthly premium to participate.

If you meet the first two requirements, you're still eligible for Medicare benefits. This is known as "voluntary enrollment." People who elect this option must pay monthly premiums for both Medicare Part A and Part B benefits.

Medicare Open Enrollment Is Underway: 3 Key Changes to Know

With the Medicare Open Enrollment Period for 2025 running from October 15 to December 7, consumers should be aware of several major changes in the availability of plans and pricing.

But some of the biggest changes to Medicare will be seen in Medicare Advantage and Part D prescription drug plans.

Here are three key changes you should know as you consider your Medicare coverage for 2025.

Fewer Medicare Advantage plans available. In 2025 there will be an average of 34 Medicare Advantage plans offered in each county in the United States, reported Forbes, falling from 43 this year.

In addition, 6.6% fewer Medicare Advantage plans with prescription drug coverage will be available next year compared to this year. This includes 5.4% fewer plans offered by UnitedHealth Group, and 2.5% fewer plans by Humana.

On the bright side, the average monthly premium on Medicare Advantage plans will be \$17.00 in 2025, a drop from \$18.23 in 2024, said the Centers for Medicare & Medicaid Services (CMS). This is an average, so some plan premiums may increase.

In addition, benefit options will remain stable, CMS said, including Medicare Advantage supplemental benefit offerings such as hearing, dental, and vision.

However, "a lot of [Medicare Advantage] plans ... are adjusting their core benefits or reducing or eliminating supplemental benefits like gym memberships," said Whitney Stidom, VP of Medicare Operations at eHealth Insurance. Robert Griffith, senior director at L.A. Care Health Plan, said his group is closely monitoring regulatory changes by CMS, including ones "with an emphasis on addressing health equity, encouraging Medicare Advantage plans to incorporate benefits and outreach efforts tailored to vulnerable populations." "These changes, combined with ongoing competition between Medicare Advantage plans in L.A. County, mean beneficiaries are likely to see a broader range of plan choices with expanded supplemental benefits," he told

Healthline.

Some providers won't accept certain Medicare Advantage plans.

Even if your Medicare Advantage plan is still available in 2025, you may find that your health care provider no longer accepts or participates in the plan.

For example, Essentia Health announced that it would no longer accept Medicare Advantage plans from Humana and UnitedHealthcare. Sanford Health, a major medical provider in the Midwest, said it had ended its contract with Humana Medicare Advantage.

In a recent survey by HFMA, about 16% of health systems expect to stop accepting one or more Medicare Advantage plans over the next two years. They cite onerous authorization requirements and high denial rates of these plans.

If you are on a Medicare Advantage plan, your medical care is only fully covered when the provider is in the plan's network. You will pay all or most of the cost for out-of-network care.

During Open Enrollment, check to be sure your doctors, hospitals and other providers are on your plan's list for 2025.

Stidom said it's also important to read the Annual Notice of Change letter sent by your Medicare insurer and to review your options for 2025. Only three in 10 enrollees reviewed their Change letter, a recent survey by eHealth found. "This year, more than any in recent memory, it is important for beneficiaries to review their plan's annual notice of change letter and make sure the benefits their plan offers meets their needs," she told Healthline.

Forbes also reports that in 2025, Medicare Advantage plans will be able to deny coverage of procedures and services recommended by your doctor. When this happens, you either have to skip the treatment or appeal the decision.

Changes to Part D prescription drug plans. There will be about 25% fewer Medicare Part D policies available in 2025, reports CMS. This is the lowest number of policies offered since the start of Part D coverage.

Does Medicaid Cover Wisdom Teeth Removal?

Depending on the circumstances, Medicaid may cover wisdom tooth extraction in many states in the United States. You can discover what dental-specific services this insurance covers by visiting your state's Medicaid website.

Does Medicaid cover wisdom teeth removal?

Yes, depending on the circumstances, Medicaid may cover wisdom tooth extraction for adults and children with Medicaid insurance. Although exact coverage varies by state, in general, Medicaid covers tooth extraction, including wisdom teeth removal, in the following situations:

- a doctor deciding that an extraction is medically necessary
- an emergency situation, like a traumatic injury or unmanageable bleeding
- severe pain
- a need to prevent other significant health risks

tooth extraction coverage availability as a dental care service in your state

Does Medicaid cover wisdom teeth removal?

Typically, Original Medicare (Part A and Part B) doesn't cover dental procedures, and experts consider wisdom teeth removal a dental procedure.

However, Medicaid may cover wisdom teeth removal for medically necessary reasons, including a:

- need to ensure the safety of another medical treatment, like a heart valve replacement or an organ transplant
- wisdom tooth infection that needs treatment before you receive cancer treatment
- treatment complication from head and neck cancer
- traumatic injury
- previous radiation treatment of your jaw

While Original Medicare doesn't cover dental procedures, many Medicare Advantage (Part C) plans provide dental coverage. Some of these plans may include coverage for wisdom teeth removal.

Medicare supplement insurance (Medigap) plans may help pay for deductibles, copayments, and coinsurance

for approved oral surgery if you have Original Medicare. But Medigap plans don't cover costs for routine dental care.

Where can you find resources to help pay for wisdom teeth removal?

If you need help paying for the cost of wisdom tooth extraction, these resources may help:

Dental practice discount plans: Some dental practices offer discounts on dental care if you join a membership. This membership may involve paying an annual or monthly fee to the practice.

Private dental insurance: Many companies offer private dental insurance, which you can purchase directly from the company. Some companies may also offer dental coverage on the Healthcare Exchange.

Charitable programs: Some charities help individuals and families afford dental care. Although many of these programs are for children, options exist for adults, too.

Frequently asked questions

Does Medicaid pay for wisdom teeth removal in my state?

Since Medicaid benefits vary by state, Medicaid may cover wisdom teeth removal in your state. To determine whether wisdom teeth removal coverage is available, you can search the Medicaid website for your state.

What dental services are covered by Medicaid?

Specific Medicaid benefits vary by state, but Medicaid may cover the following dental services for adults and other dental services:

- exams and cleanings
- fillings
- crowns
- root canals
- dentures
- extractions
- X-rays
- fluoride treatment
- emergency dental care
- deep cleanings/periodontal (scaling and root planing)
- laboratory crowns
- partial dentures

Does Medicare Cover Wegovy for Weight Loss?

Medicare is currently forbidden by law from covering Wegovy for weight loss or weight management.

However, in March of 2024, the FDA approved Wegovy for the use of Wegovy for people with cardiovascular disease who have overweight or obesity. In these situations, Medicare-approved doctors may prescribe Wegovy to reduce the risk of life-threatening cardiovascular events such as heart attack and stroke.

This article reviews the Medicare requirements for a Wegovy prescription and discusses which parts of Medicare cover the cost of this medication if you qualify.

How can you obtain Medicare coverage for Wegovy?

To get Medicare coverage for Wegovy, you'll first need to get Medicare drug coverage. You'll then need to qualify for a Wegovy prescription from a Medicare-approved doctor.

How to get Medicare prescription drug coverage. There are two ways you can get Medicare prescription drug coverage:

You can sign up for Medicare's prescription drug coverage (Part D). Medicare Part D helps pay for medications that are not covered under Medicare Part A (hospital coverage) or Medicare

Part B (medical coverage). You can sign up for a Medicare Advantage (Part C) plan. Medicare Advantage plans are sold by private insurance companies. They cover all the same services as Original Medicare (parts A and B), and most provide prescription drug, dental, vision, and hearing coverage.

You can visit Medicare.gov/plan-compare to get information on Medicare Part D drug coverage and Medicare Advantage plan costs.

If you see a plan you're interested in, you can call the number provided with the plan to get more detailed information about drug coverage and cost.

How to qualify for a Wegovy prescription under Medicare

Medicare Part D provides coverage for Wegovy if a Medicare-approved doctor determines that the medication is necessary to prevent heart attack, stroke, or other heart-related issues in people who have received a diagnosis of cardiovascular disease and who have overweight or obesity.

Medicare Part D provides coverage because Wegovy is a self-administered medication. Original Medicare (parts A and B) does not cover Wegovy because Medicare Part B covers only doctor-administered drugs.

If I Need Orthotics, Will Medicare Cover It?

Orthotics is the science of using devices like braces and splints to treat injuries, conditions, and irregularities of limbs and joints. Although the devices used in orthotics are often known as "orthotics," they're actually called orthoses.

Medicare covers medically necessary orthotic treatment, fittings, and orthoses.

Read on to learn who can prescribe orthotic treatment, which parts of Medicare cover it, and how to qualify for this coverage.

Does Medicare cover custom orthotic treatment?

Medicare covers orthotic devices for people with diabetes and severe diabetes-related foot disease. It also covers medically necessary ankle-foot orthoses and knee-ankle foot orthoses.

Medicare will cover these orthotic devices and fittings once per calendar year.

Orthotic devices Medicare covers include:

- custom-molded shoes and inserts (one pair per year)
- extra-depth shoes (one pair per year)
- inserts for custom-molded shoes (two pairs per year)
- inserts for extra-depth shoes (three pairs per year)
- shoe modifications instead of inserts

Which parts of Medicare cover orthotics?

Depending on the circumstance, Original Medicare (Part A and Part B), Medicare Advantage (Part C), and

Medigap may each cover part of the costs of orthotic care.

Medicare Part A

If orthotic services are provided as part of a hospital or Skilled Nursing Facility (SNF) admission, Medicare Part A may cover them.

They may be covered if the following conditions are met:

- The orthosis is provided to a beneficiary before an inpatient hospital admission or an SNF stay covered by Part A.
- The medical necessity for the orthosis begins during the hospital or SNF stay, such as after knee, ankle, or foot surgery.

The orthosis is provided to a beneficiary during an inpatient hospital or a Part A-covered SNF stay prior to the day of discharge.

The beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.

Medicare Part B

Medicare Part B covers outpatient medical care. For orthotics, Part B covers braces, including ankle-foot orthoses and knee-ankle-foot orthoses, when medically necessary and if a Medicare-enrolled doctor or other healthcare professional orders them.

Medicare Advantage (Part C)

Medicare Advantage (Part C) plans must cover at least as much as Original Medicare. All plans would cover the same as Medicare Part B, but some may cover more than



Part B.

Medigap

Depending on the Medigap plan, it may cover out-of-pocket costs like deductibles, copayments, and coinsurance for orthotic care.

Find the best Medicare Advantage plan for your needs

Get downloadable timelines, step-by-step instructions, and more expert guidance on Medicare open enrollment with our 4-day series.

How much do custom orthotics cost with Medicare?

It's important to be sure that your doctor and the suppliers who provide your orthoses participate in Medicare. They must accept Medicare assignment for you to receive your full Medicare benefits.

If you choose a provider that does not accept Medicare assignment, they may charge you what they choose, and you'll be responsible for paying that full amount.

Medicare Part A

If the cost of orthotics is paid by Part A, you may be responsible for the following charges related to your hospital or SNF stay:

Part A deductible

Part A deductible, which is \$1,632 in 2024, for each inpatient hospital benefit period, before Original Medicare starts to pay.

Per day inpatient stay costs (hospital)

Additional costs you may need to pay vary depending on how long you're admitted to a hospital or SNF. These fees are for all services you receive and include the following:

- days 1 to 60: Part A deductible
- days 61 to 90: \$408 each day
- days 91 to 150: \$816 each day while using their 60 lifetime reserve days
- after day 150: you'll pay all costs
- Per day inpatient stay costs (SNF)
- days 1 to 20: the Part A deductible

Your privacy is important to us

Enrollment

Here's what you need to know if you're approaching eligibility and want to enroll in Medicare.

Medicare Part A

Medicare Part A covers inpatient services such as hospitalizations and treatments. You can sign up for this program as early as three months before your 65th birthday and up to three months after that birthday.

In some cases, you may be automatically enrolled. If you already receive payments from Social Security or the Railroad Retirement Board, you'll be enrolled in Medicare Parts A and B automatically beginning the month of your 65th birthday. However, your card may come in the mail as early as three months before your birthday.

If you don't receive payments from Social Security or Railroad Retirement, you'll need to sign up for Medicare as soon as you turn 65. It's best to start this process three months before you turn 65. You can enroll online, make an appointment with your local Social Security office, or call the Social Security Administration at 800-772-1213. Each year after enrollment, you'll have an opportunity to review your coverage and make changes.

You can enroll online if you're 65 or will be 65 in three months. You must also meet some additional requirements to apply online. You cannot be currently receiving any Medicare benefits, Social Security retirement, survivors' benefits, or disability benefits.

So, what if you do not enroll during your eligibility period?

First, you'll be assessed a late penalty for each month you aren't signed up.

Second, you won't be eligible to sign up until the next general enrollment period from January 1 through March 31 of each year.

Medicare Part B

Medicare Part B covers services related to everyday, routine doctor care such as outpatient visits. Just like Part A, you're automatically enrolled in Part B at age 65 if you receive Social Security or Railroad Retirement benefits. You will also follow the same steps for signing up for Part B as you will for Part A. However, you aren't required to keep Part B.

If you don't enroll in Part B once your employer healthcare coverage ends, you'll have to wait until the General Enrollment period. Coverage may be delayed until July. You will accrue penalty fees every month that you don't have Part B.

You may elect to drop Part B coverage if you don't want to pay the premiums. If you're enrolled automatically in Parts A and B, you'll receive a Medicare card with instructions for canceling Part B. It's important to carefully read the information on the card before enrolling.

If you don't cancel your Part B coverage, you'll be responsible for paying the premium. If you're still employed and have healthcare coverage, you may not need Part B. However, if you retire or lose your healthcare benefits for outpatient care, you will have just eight months to enroll in Part B without incurring a penalty.

Additional coverage

Medicare Part A and Part B will not cover all of your medical costs. Specific items, such as prescription drugs, premiums, and copayments, are considered out-of-pocket costs. You have the option to buy additional coverage from private insurance companies that fill in these gaps.

There are three different types of private insurance plans: Medicare Part C, Medicare Part D, and Medigap.

Medicare Part C

Medicare Part C, also called Medicare Advantage Plan, replaces Parts A and B. It's offered through private insurers in conjunction with Medicare. Medicare Advantage Plans come in several forms:

- Health Maintenance Organization (HMO)
- Medicare Medical Savings Account (MSA)
- Preferred Provider Organization (PPO)
- Private Fee-for-Service (PFFS)

There are many different options, especially when it comes to Medical Advantage Plans. However, it comes down to several basic items. These plans may charge a higher premium, but offer the same benefits and coverage as traditional Medicare with a few added benefits. These benefits include prescription drug coverage and lower out-of-pocket costs. Medicare Advantage Plans are offered locally and regionally and restrict you to regional providers. Traditional Medicare is accepted nationally and allows you to see any provider that participates with Medicare. You can enroll in Medicare Advantage by signing up during your initial enrollment period for original Medicare or at special times throughout the year. Be aware of these important dates:

General enrollment is from October 15 through December 7 of each year. During this period, you can switch from a traditional Medicare plan to a Medicare Advantage Plan. From January 1 through February 14 of each year, you can dis-enroll from your Medicare Advantage Plan. You have until February 14 to enroll in a Medicare drug plan.

Medicare Part D

This part of Medicare is often referred to as supplemental coverage. It's in addition to Parts A and B. It covers prescriptions and helps you manage and potentially reduce your out-of-pocket expenses related to the cost of prescription drugs.

Medicare Part D enrollment guidelines mirror those of Medicare Advantage Plans.

To join a Medicare Part D drug plan, you need to find an insurer that offers this type of coverage.