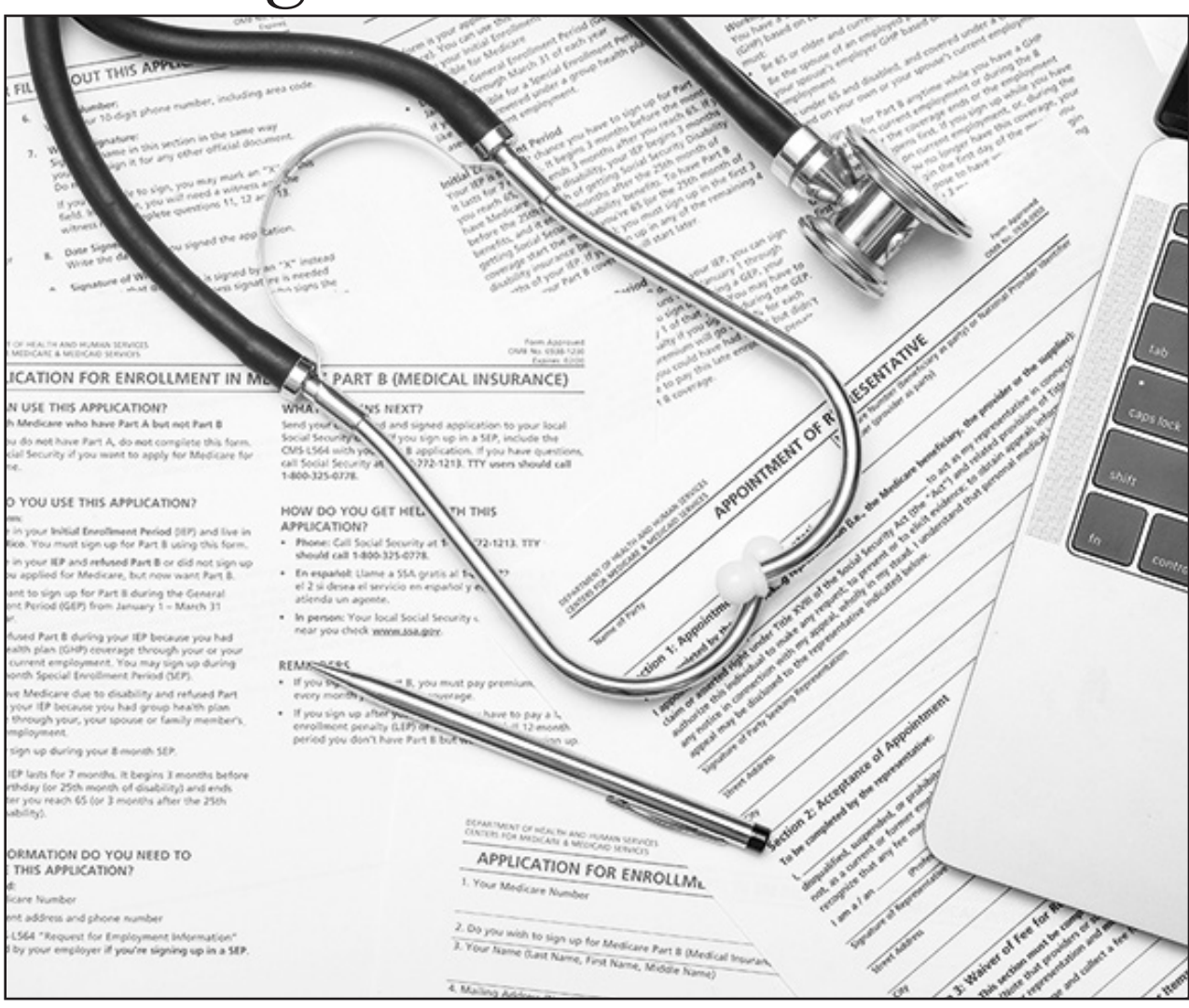
Information Concerning The Basics Of Medicare



Medicare was signed into law by United States President Lyndon B. Johnson in 1965. Since then, scores of seniors have enrolled in the program and benefitted greatly from the assistance Medicare provides.

Medicare has undergone various changes since its inception in 1965, but the essential function of the program, which is intended to make it easier for older adults and people with disabilities to cover the cost of health care, has remained. Despite that consistency, it's still easy for Medicare-eligible individuals and their families to feel overwhelmed when the time comes to enroll in the program. This rundown on the basics of Medicare may be helpful for millions of individuals as they prepare to enroll in this important yet sometimes confusing program.

The parts of Medicare

Medicare is broken down into various categories known as parts: Part A, Part B, Part C, and Part D. Medicare.gov notes that each part helps to cover different costs associated with health care.

· Part A: Part A helps to cover the cost of inpatient care in various medical facilities, including hospitals, skilled nursing facilties, hospice, and home health care.

· Part B: Part B helps to cover services from health care providers, outpatient care and home health care. AARP notes that such services may include diagnostic tests, preventive care and some medical equipment, which Medicare.gov indicates may include wheelchairs, walkers and hospital beds.

· Part C: Part C is also known as Medicare Advantage, which serves as an alternative to Original Medicare. Benefits in Part C are provided through a private, Medicare-approved health plan. Part C may require users to remain in-network and receive prior authorizations for certain drugs or services. Out-of-pocket costs with Part C typically differ from Orignal Medicare, but Part C also tend to offer extra benefits, such as vision and dental care, not offered through Original Medicare.

· Part D: Medicare.gov notes that Part D helps to cover the cost of prescription drugs. Users must join a Medicare drug plan in addition to Original Medicare. Those who choose a Medicare Advantage plan may have their prescription drug costs covered by the plan they choose.

Medicare enrollment

AARP reports that nine in 10 Medicare users are age 65 or older. Medicare.gov indicates that people generally sign up for Medicare when they turn 65, noting the Initial Enrollment Period is a seven-month period that begins three months before a person turns 65 and ends three months after the month a person turns 65.

Additional information regarding enrollment, including special enrollment periods for Part A and Part B, can be found at https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

Do I have to enroll at 65?

AARP notes that it's not necessarily essential that people eligible for Medicare sign up at age 65. Eligible adults who are still working and have health insurance through their employer or adults who are insured through a spouse's employer may not need to sign up for Medicare. However, some employers may require employees 65 and older to sign up for Medicare. Working adults who are eligible or about to become eligible for Medicare are urged to contact their human resources and benefits department to learn about what they need to do related to health care coverage.

Are all health care costs covered by Medicare?

AARP notes that most, but not all, medical costs are covered by Medicare. Enrollees may have to pay monthly premiums, deductibles, copayments, and coinsurance costs. A 2025 poll from the University of Michigan found that one common misconception about Medicare is that it will pay for care if enrollees need to permanently move into a nursing home due to a long-term illness or disability. But AARP notes that is not the case. Special circumstances may be applicable, but long-term care generally must be covered by individuals and/or their families.

Navigating Medicare can be confusing. More information about the program can be found at Medicare.gov.

KSP Will Conduct Safety Checkpoints

The Kentucky State Police (KSP) will be conducting traffic safety checkpoints throughout the Post 2 district, to check motorists for compliance with motor vehicle laws including driving under the influence statutes. KSP utilizes traffic safety checkpoints to promote safety for motorists using the public roadways and to provide a deterrent for those who violate laws contained in the Kentucky Revised Statutes.

The intent of a traffic safety checkpoint is to provide for a high visibility, public safetyservice, focusing on vehicular equipment deficiencies, confirming appropriate registration and insurance of vehicles, and the valid licensing of drivers. Violations of law or other public safety issues that arise shall also be addressed.

Traffic safety checkpoints will allow the Kentucky State Police the opportunity to periodically concentrate its efforts in checking for violations of Kentucky traffic and regulatory laws that will ultimately increase the safety of the citizens within the Commonwealth. Drivers encountering a traffic safety checkpoint are requested to have their operator's license, vehicle registration receipt, and proof of insurance readily accessible. Drivers with this information in hand, those with no violations of law and minimal roadway congestion can reasonably expect to be delayed for only a brief time period.

For a list of KSP Post 2 checkpoint locations, visit the KSP website.

Free Veterans' Breakfast Is November 11

Bailey-Onton Masonic Lodge will host a free breakfast for all veterans on Wednesday, November 11, 2026, at the lodge located at 51 S. Madison St. in Sebree.

Breakfast will be served from 7:00 a.m. to 9:00 a.m.

All veterans are invited and encouraged to attend.

Sebree School Greenhous Accepting Donations

Sebree School Greenhouse is accepting donations of any outside plants and ferns that community members are not going to save over the winter.

The school will be dividing the ferns over the winter and reselling them in the spring.

All plant donations can be dropped off at the school or in front of the school greenhouse.

The school would like to thank everyone in advance for their support.

Promising Advancements In Alzheimer's Disease Treatment



Alzheimer's disease has touched the lives of millions. Tens of millions of people have Alzheimer's disease worldwide, accounting for 60 percent to 70 percent of the total number of people living with dementia globally, according to the World Health Organization. However, when including early, pre-symptomatic stages like prodromal and preclinical phases, estimates indicate 400 million people across the globe are affected by brain changes linked to Alzheimer's, says the National Institutes of Health.

Expanding medications and clinical trials

For decades, medical interventions for Alzheimer's were limited to managing symptoms. Today, the treatment landscape is undergoing a profound transformation. Therapeutic strategies now directly target the biological drivers of the disease, supported by expanded drug offerings, advises Alzheimer's Research UK.

The Alzheimer's Association says that analysis of global clinical trials points to positive results of a growing body of medications. There are now 158 novel agents currently being evaluated across 192 clinical trials. While amyloid-targeting drugs once comprised 33 percent of the clinical studies, that share has dropped to 20 percent, as therapies targeting neuroinflammation and tau protein tangles have increased.

The Alzheimer's Association also says approximately 35 percent of drugs currently in development are repurposed therapies previously approved for other conditions. This helps speed up the pathway of important medications for clinical availability.

Earlier diagnoses

Disease-modifying medications show the highest efficacy when administered during early stages. That means that early detection of Alzheimer's disease is critical. The Alzheimer's Impact Movement says high-accuracy blood tests prescribed in primary care settings can enable clinicians to screen for amyloid pathology using a simple blood draw.

Targeting genes

Researchers supported by the NIH are exploring gene therapy approaches to reduce amyloid accumulation early on and quiet brain inflammation. These include delivering protective APOE-e2 gene variants.

GLP-1s, shingles vaccines and promising findings

Observational and real-world studies show that taking GLP-1 medications for type 2 diabetes or obesity is associated with a lower risk of developing Alzheimer's and cognitive decline, according to the Cleveland Clinic. Similarly, major published studies show that adults over age 65 who receive the two-dose shingles vaccine have significantly reduced risk of Alzheimer's and vascular dementia compared to unvaccinated individuals. Both of these treatments can reduce brain inflammation associated with dementia development.

Lifestyle changes

Medications and other therapies are just the tip of the iceberg. Non-pharmacological interventions also are successful at reducing Alzheimer's disease prevalence. Findings published in the Journal of the American Medical Association demonstrate that targeted exercise, dietary changes and cognitive training significantly preserves brain function. This can yield memory performance equivalent to being one or two years younger.

Alzheimer's disease research continues, and various developments in prevention and treatment are going beyond symptom management.

PUBLIC NOTICE

WEBSTER COUNTY EMERGENCY PLANNING COMMITTEE

Pursuant to Section 324, Title III of the 1986 Federal Superfund Amendments and Reauthorization Act (SARA) of 1986, 42 U.S.C. 11001 et seq., the following information is provided in compliance with the Community Right-to-Know requirements of the SARA Law, and the open meetings and open records provisions of KRS 61.800, 61.805, 61.810, 61.823, 61.826, and 61.835. Members of the public may contact the Webster County Emergency Planning Committee by writing Rocky Williams, Chairman of the Webster County Emergency Planning Committee, PO Box 307, Dixon Kentucky 42409, or contacted by telephone at (270) 639-5012 or (270) 639-8000. The Webster County Emergency Planning Committee conducts meetings at the Webster County EMA Building or at other locations, in accordance with the Kentucky Open Meetings Law. Members of the public may request to be notified of regular or special meetings as provided in KRS 61.820. Records of the Planning Committee, including the county emergency response plan, material safety data sheets, and inventory forms, or any follow-up emergency notices as may subsequently be issued, are open for inspection, and members of the public who wish to review these records may do so during working hours, five days a week, at the Webster County EMA Building as required by the Kentucky Open Records Law. The local 24-hour telephone number for purposes of emergency notification, as required by the SARA Law, is 911.