

# UCI

# EMERITAE/I NEWS

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VOL. 3, No. 3

February, 1997

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## CHAIR'S COLUMN

Jerome Tobis, M.D.

Although I have been involved in various roles in the past for this newsletter, this is the first time I am writing this column in my new capacity as Chair of the Emeritae/i Association.

As the chair, I have had the opportunity to attend the latest meeting of CUCEA, the Council of University of California Emeritai Associations, as the UCI campus representative, along with Sheen Kassouf (UCI), who serves as Treasurer of the systemwide organization.

The CUCEA meeting is always a stimulating session. It was hosted this fall at the Davis Campus on October 31, 1996. Several speakers from the President's office spoke and included subjects on health insurance coverage and the financial status of the University pension funds. The UCRS funds continue to grow at a robust rate due to the prudent investment policy of its overseers as well as the favorable record of the stock market. Therefore, the policy of no retiree's contribution is (cont'd on next page)

## RETIREMENT OF A SORT

by Ruth Kluger, Ph.D.

Shortly before I retired, my life took an unexpected turn. After some thirty years as a relatively obscure professor of German at several American universities, I have become a well-known author in the three German-speaking countries. Even my scholarly (cont'd on page 8)

## MEXICO REVISITED

by Helen Meyer

From the Indian south to the mining cities of the north, following the path of the Olmeca, Zapoteca, Misteca, Conquistadores and Padres, hacienda owners, silver- and gold-mine fortune seekers, church architecture, mansion, monastery and convent housed museums, pre-Columbian art and folk art as well as muralists and modern art collections. (cont'd on page 3)

## MEMORY RETRAINING IN ALZHEIMER'S DISEASE

by Stephanie Moore, Psy.D.

Alzheimer's Disease (AD) is unfortunately a progressive disease with gradual loss in cognitive function. Although normal functioning will not return, there are strategies called Memory Retraining that use the patient's remaining strengths to give hope to caregivers. When memory loss is so apparent that AD must be acknowledged, the next step is to be proactive. Traditional techniques to enhance memory do not work with AD patients. However, methods which engineer the environment in structured ways to enhance the patient's life, help the patient remain at home for a longer time. (cont'd on page 2)

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## LTC Terms Explained

by John E. Swett, Ph. D.

### **1996-97 MEMBERSHIP DUES:**

Please mail your check for \$25.00 (payable to UCI Emeritae/i Association) to:

Sheen Kassouf, Treasurer  
UCI Emeritae/i Association  
UCI Dept of Economics  
Social Sciences Plaza  
Irvine, CA 92697

### **CHAIR'S COLUMN**

(from Page 1)

anticipated for the next several years. But a change in this policy is anticipated by the year 2005. The dramatic rise in retirees at the University of California is revealed by these figures: in 1989- 19,000; in 1996 - 33,000. In regard to our health insurance premiums, the university anticipates that the cost for Prudential High Option Insurance will continue to rise dramatically. This will exacerbate because the younger clients who are less prone to need intensive medical care will leave that coverage for less expensive managed care HMO options. 94% of the faculty and retirees are in managed care programs. However, because there are 11,000 emeriti who are still insured by the Prudential High Option program, it will continue to be available indefinitely.

A positive accomplishment for CUCEA has been that the Universitywide committee on Faculty Welfare has accepted two representatives from our organization to be ex-officio members of the committee without voting privileges.

There was a strong plea at the meeting that the Emeritae/i of all campuses complete a new Biobibliography form. The record of continuing academic accomplishment of our membership which is documented in our biobibliographies will be forwarded to President Atkinson. We believe that such a collective document will contribute to recognition of the contribution we can continue to provide for the university and

thereby gain greater leverage for our recommendations and requests.

On another matter, you should know that our office at 4000 Mesa is in close proximity to the new Academic Senate Offices. Our executive committee has approved the proposal that the space be shared with the Retirees Association, for we believe that we have mutual interests with that group and that our collaboration can be mutually beneficial.

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*Jerome Tobis is the Chair of the Emeritae/i Association.*

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### **ALZHEIMER'S DISEASE**

(from Page 1)

Research suggests that Physiological Arousal or Motor Movements can be important reinforcers of memory. It is likely that this process is mediated by the adrenal catecholamine system. In the Memory Retraining class, we use motor movements when trying to learn group members' names. The patient selects a motor movement that perhaps reflects a special interest of theirs, such as jogging, tennis or golf. The other group members then pair that movement with the patient's name. For example, a group member may say someone's name, and at the same time make the specific movement selected by the group member. Such as, "I am Stephanie Moore, who likes to cook." As the patient says "Stephanie Moore" they pretend to stir something in a bowl.

We also engage the patient in Problem-Solving specific areas in their daily life using motor movements. For the patient who has trouble remembering if they have taken a pill, they are to take a pill and immediately tap on the sink. If the patient wants to remember to close the garage door, they can push the button, and then clap their hands, turn around, or find another fun motor movement to use.

Patients become anxious when they forget the date and their schedule for the day. By having a

Calendar constructed specifically for the patient in a strategic place, they can check the date and schedule as needed. This reduces anxiety and improves autonomy and self-efficiency. The calendar should be in plain view, such as in the kitchen. One can use a spiral notebook, and assign one page for each day of the week. At the top of the page the caregiver or patient depending on ability, prints the day and date. The schedule for the day is listed under the date. At the bottom of the page is a phrase, "Sign your name," and space for the patient to sign, after all tasks are completed and checked off. Through classical conditioning the patient becomes routinely used to checking the calendar. If they become anxious about the daily routine, the caregiver gently walks the patient over to the calendar and allows them to solve the problem by looking at it.

Because the AD patient is losing his or her internal memory guide, many caregivers initiate making an album with the patient's life history. This External Memory Guide begins with a picture and title of the birth of the patient. With each historical moment, pictures and phrases recreate the patient's life history. Under a baby picture the name and birth date of the patient are listed. Pictures of siblings, grammar school, high school, marriage, children, grandchildren are included. Dates of anniversaries, graduation, the patient in uniform, working, gardening or on vacation are additional important life events. The patient is encouraged to look through the album often.

The Significant Event Technique engineers the patient's environment to enhance memory. Patients and caregivers often remember where they were when John Kennedy was shot, when Pearl Harbor was bombed or when the Challenger blew up. These are memories tinged with emotion. Those AD patients that cannot remember what they had for breakfast often remember emotional events. Patients and their caregivers are given the assignment to plan significant events. The event must be novel, unusual and/or unique to the patient. It cannot be something the patient has already done. Some recent examples have been a trip to Oak

Glen to pick apples, a picnic with exotic fruits never eaten before, and a trip up the tram in Palm Springs. After the couple *plan* the event, they *participate in* the event, and then they *discuss* it afterwards. Significant events may also be added to the historical album. Studies have shown that even moderately impaired AD patients remember these events.

The last technique we use is the Spaced Retrieval Technique. While playing a game or talking, the patient is told to remember the name of a person in their group or in a photograph. The examiner distracts the patient for 20 seconds (*spaces the retrieval*) and then restates the question, "What is the name of this person?" If the patient responds correctly, the examiner doubles the interval between task and retrieval to 40 seconds, distracts the patient, and then restates the question. With a successful answer, the time interval is increased. If the patient answers incorrectly, the examiner reverts back to the previous time that the patient had responded correctly to the question. Using a form of classical conditioning, one can see that this technique requires a little cognitive effort on the part of the patient. If the patient can successfully remember a name for approximately five minutes within a training session, long-term retention of the information is considered possible.

While no cure for AD is available, these Memory Retraining techniques hold out hope to caregivers and patients. As always the goal is to maintain the person's quality of life, and enhance that of everyone concerned about their welfare.

*Stephanie Moore is a Clinical Neuropsychologist in Geriatric Medicine.*

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## **MEXICO REVISITED** **(from Page 1)**

A group of UCI-connected emeriti, spouses, Town and Gown members and friends wanted all of the above and in two-weeks time, thank you! A national search for such a tour produced

no results so we planned our own. It's a bit like putting a puzzle together to meld everyone's wish list with the days of the week and times of day when the opportunities are available, and it takes a lot of time. There is something to the mañana attitude that pervades negotiations back and forth with Mexico, so allow at least six months for group arrangements.

We began by choosing to be in the Indian south for the Day of the Dead festivities because they are more colorful and elaborate there, and we knew of a village cemetery where we would be welcome to watch the cleaning and decorating of graves and preparations for the feasting. The city of Oaxaca sponsors children's processions, costume parades, pageants and a street theater tradition with music and ribaldry. Nearby are the ruins of Mitla and Monte Alban; be sure to note the "dancers", stellae depicting medical abnormalities, a theme elaborated in all the museum collections we saw. The dance traditions of the villages of the state of Oaxaca are vividly presented in Guelaguetza performances given in several locations in the city and accompanied by a traditional meal of botanas and mescal, including fried grasshoppers, squash blossom corn soup and other regional specialties. Market days in the zocalos of Oaxaca and folk art villages gave us a close-up view of the roles played by men, women and children from dawn till dark; the basic transportation used (wagons, trucks, heads and backs); and the variety and quality of the handicraft and produce.

Having started at an elevation of 5,000 ft., we moved north over high mountains to Puebla where clear skies and peaceable volcanoes framed our 7,000 ft. views of tiled churches and decorated buildings, of the magnificent mansion housing the Amparo Museum and the most golden of chapels, the Rosario. Several nearby village churches were a visual delight, multi-colored tiled and painted exteriors and unbelievably ornate baroque and rococco interiors, one especially was covered with the heads of angels wearing adult Indian faces. At another, a brass band gathered before mass to herald the occasion. In Cholula, a church

perched high atop a hill which covered a Zapotec pyramid which in turn covered an Olmec pyramid. A tunnel provided access to the original foundations. Enroute to Mexico City to see the new Dolores Olmeda Patino Museum collection of Diego Rivera and Frieda Kahlo paintings, the Anthropological Museum and the historic zocalo, center of Montezuma's empire, we were given a guided tour of an archeological dig at Cacaxtla where brightly colored Mayan murals have been uncovered.

Over the mountains east of Mexico City is Morelia, a gracious city with parks and courtyards, a zocalo lively with music and balloons, a music school and a basilica-form cathedral which houses a renowned organ, the most interesting craft center and workshops we saw in Mexico and the Posada de la Soledad, a colonial inn, replete with a splashing fountain, antique carriages, a courtyard filled with ancient bougainvillea trees and singing birds.

Circling Lake Patzcuaro our road led to villages where straw was fashioned into all sorts of tempting creations and rustic wood hand-carved furniture could be bought or ordered. In one village, copper ore is melted and pounded by bellows and sledge to make the thin plates they fashion into vases, candelabra, bells, etc. in the ancient and labor-intensive way. Preparations were being made to celebrate the Feast Day of Guadalupe and sugar cane was being processed into the sweets and pastries that are a specialty of this area. A huge O'Gorman mural of the history of the Tarascan Indians fills one wall of a church now used as a library, and a former convent houses workshops where weaving is taught.

An out-of-the-way city, Queretaro, provided us with a non-tourist experience in what is called the most charming small colonial city in Mexico. Its many small plazas and winding lanes are framed by houses painted ocher, pale orange and light blue. There are two architectural gems housing hotels and a fine museum in a former convent. King Maximilian was executed here on the Hill of the Bells. San Miguel de Allende was also charming, but full of tourists, ex-patriots

and artistic folk, with many boutiques for shopping and attractive places to eat.

We visited the shrine/church of Atotonilco on a Sunday when the Indians in this isolated area have a market surrounding an unusual church built in 1748 by Indians responding to the unearthly visions of an ascetic priest. The items for sale by and to Indians were scourging whips, crowns of thorns and the few plastic and crockery necessities affordable. The September issue of Artes de Mexico describes this shrine and San Miguel de Allende.

Guanajuato has an upper and lower city and a series of below-ground tunnels which wind through an old water course. Its hilltops have monuments to Christ, to Juarez, Hidalgo, Morelos and Pipila, heroes of the Revolution. In the lower town in the evening, strolling student musicians wander the narrow lantern-lit alleys and little placitas, serenading and offering botas of wine.

The splendid hacienda and gardens of San Gabriel de Bercerra provide a marvelous picture of how a family of four lived in luxurious style with the help of 200 servants.

Our final destination was the northernmost colonial city, at 8,300 ft., Zacatecas, where the Eden mine produced prodigious amounts of gold and silver for Spain. We went deep into the mine where on a surface level there is now a disco. This gem of a city is built of pink stone, the streets are flagstone, the light standards have lanterns, a green alameda divides the long, hilly main street and there are no modern buildings in the area. The cathedral is a marvel of baroque sculpture, with a facade more elaborate than any other in Mexico. Four museums feature Zacatecan modern artists, religious art, a wide-ranging collection of European art and a major collection of masks.

To add a flourish to our journey into the past of Mexico, we chose to stay in a most unusual 5 Star hotel, built into a former bull ring and adjacent to the park-like residence of a former

governor and the high arches of the dramatically lighted aqueduct.

The only flight out of Zacatecas to LAX requires a 3:00 a.m. wake-up call, to get to a nearby airport by 4:40 for a departure at 5:30 which then heads south for one hour to Leon before turning to arrive in LA by 8:15 a.m.!!

YOU MAY WANT TO START YOUR TRIP IN ZACATECAS. (Itinerary available upon request.)

*Helen Meyer is the spouse of Prof Henry Cord Meyer.*

<b>Conjunctions:</b>	<b>Verbal-Visual</b>
<b>Relations</b> (Edited by Laurie Edson, San Diego State University Press, 1996.) is the title of a volume of essays in honor of Renee Riese Hubert, Professor Emerita, Comparative Literature and French.	

## LTC Terms Explained

John E. Swett, Ph. D.

The following definitions will help you to read the spreadsheet found on the final page of this newsletter. Note that before making any final decision on purchasing insurance, you should personally consult a licensed insurance agent.

**Age:** The older you are, the more expensive the premiums. In order to normalize as closely as possible the annual premium payment an arbitrary age of 65 was chosen. You must compare companies for your age group. Company "A" may be significantly *less* expensive than company "B" for someone 65 buying a policy, but significantly *more* expensive than "B" if one buys a policy at age 73.

**Elimination Period:** Consider this to be the deductible. If you chose a 90-day period, you are obliged to pay the cost of 3 months of (cont'd.)

nursing home care before the insurance company begins its payments to cover your care costs. This period varies widely among companies. The shorter the period the more expensive the coverage.

**Comprehensive Coverage:** This means that the plan you purchase will cover home care, assisted living and nursing home care, and/or flexible options. All companies differ in how flexible they are. Some offer little or no flexibility (AARP, TIAA-CREF).

**Benefit Duration:** The ultimate gamble is to guess how many years of care you will need to purchase. Some companies offer a wide choice of options from a minimum of 1 year of coverage on the low end, to lifetime coverage on the high end. Some offer few or no options. The longer the period of coverage you choose the more expensive the annual premiums will be. Roughly a third of us will require long-term care. For those who require it, the average stay in a nursing home for men is roughly two years and for women four years. If you want to be worry-free about this, buy lifetime coverage.

**Benefit Trigger:** This is a definition in the industry as to what constitutes the condition (or conditions) present in your health status to warrant monthly payments from the insurance company to cover your care expenses. It is important to read the fine print on this. All companies will cover care needed for someone with "serious" cognitive impairment (Alzheimer's). You will need to know what "serious" means. Another is how many of the Activities of Daily Living (ADL's) you are unable to do. There are currently 7 recognized ADL's (bathing, eating, dressing, toileting, transferring, continence, and ambulation). In 1997, ambulation will be dropped from the list so that there will be only 6. Some companies eliminate continence as well so that they recognize only 5 ADL's. When you look closely at this you find that some companies are less generous than others, i.e., the trigger threshold for benefit payments is higher; you will need to be more disabled for some companies than others.

**Maximum Benefit per Day:** All companies have limits to the amount of coverage that will be paid for each day of care. Some companies offer you a choice of up to as much as \$300/day. Obviously, the greater the coverage desired the more expensive the premiums will be. Location of your care facility is important to consider. Nursing home care in California is more expensive than some place in the midwest or south, for example. Note also that some companies have little flexibility in choices for the maximum daily benefit and may not pay for, or pay only half of, assisted living or home care costs.

**Maximum Monthly Benefit:** This is basically determined by the maximum daily benefit.

**Maximum Total Benefit:** This amount is the monthly maximum coverage times the number of months of coverage you purchase. It has strict limits with some companies and almost anything that you are willing to afford with others. Note - with benefits presented as equal as possible in the accompanying table, the annual premiums per person set forth in the bottom 2 lines for \$100 per day and \$120/day differ by more than 2-fold depending on the company. The old truth that you tend to get what you pay for applies here as it does in most other cases. It is very important to realize that you need to do careful comparison shopping to tailor the coverage you buy to fit your particular needs and wishes. Avoid paying more than you need to obtain satisfactory coverage.

**Rates Guaranteed?:** No, they are not. Again, this differs among companies. What this means is that premium payments are not guaranteed to remain constant. As a general rule, companies try to keep their premium rates as constant as possible over the longest time, but costs will inevitably escalate due to inflation. To protect themselves insurance companies may increase their premiums accordingly. Most companies guarantee fixed rates for 3-to-5 years. Ask the companies to demonstrate how often they have increased premium rates. Because long-term care is a relatively new insurance business,

most companies will not have been in the business long enough to have any significant track record on this issue.

**Spouse Discount:** Some insurance companies offer a discount of 10-20% in premium payments if both husband and wife purchase policies at the same time. This is an attractive cost-saving feature for many, but some companies do not offer such discounts.

**Inflation Protection:** One of the worries of retirees is to outlive their wealth. Inflation is among the great thieves of that wealth. Almost all LTC insurance companies have options available to purchase inflation protection at 3% or 5% per year, simple or compounded interest. The greater the inflation protection the higher the premiums. How much to get is obviously a gamble but not to get any is probably the worst gamble of all.

**Respite Care:** Extended LTC places strain on those providing the care. This provision provides payment for 15-30 days to hire another care giver to temporarily replace (because of illness, emergency, vacation, etc.) the regular care giver. This is particularly important in home care settings. Some companies do not offer this feature.

**Care Training:** In the home care setting family members are commonly called upon to provide part or all of the care and need to be trained to give the proper kind of care. This feature, not available from all the LTC insurance companies, provides funds to hire personnel to train family members to become effective care providers.

**Spouse Paid-Up:** This is an unusual feature not provided by most LTC insurers. If both spouses are protected by LTC policies, the premiums of one spouse are waived after 5 years of payments, in one example, or after 10 years of payments in two cases. It is a feature found in companies that tend to have somewhat higher premium rates. This would make sense for those who have a good prospect for reaching very old age, but since crystal balls have never

been known to work at all, the feature may be more of a come-on for the higher-stakes rollers.

**Alzheimer's:** All LTC companies recognize this condition as a trigger for awarding benefits.

**Psychoneuroses:** None of the companies listed will cover incapacitation due to mental illness such as schizophrenia, depression, personality disorders, etc.

**Prior Hospitalization Required:** Long-term care does *not* require that recipients of LTC insurance benefits must first be a patient in a hospital.

**Assisted Living:** You can consider this a facility that is like a "half-way" house between home care and formal nursing home care. Your condition may be such that you do not need 24 hours a day nursing home care and yet are unable to function properly in the home care environment. It costs less than nursing home care. Not all policies provide for this feature; some will reimburse only half the costs, others may cover all costs. Those policies offering this feature cost a bit more.

**Bed Reservation:** If you are in a nursing home and become so ill that you need hospitalization, your room and bed may be taken by someone else during your absence. When you return from the hospital, you may find yourself in a different room and bed than you had before. This provision "reserves" your bed for a specific number of days per year so that when (or if) you return from the hospital you will find yourself in familiar surroundings, assuming your memory circuits haven't gone south by then. Some of the "bargain-rate" policies do not have provisions for this feature.

**Home Care:** this is viewed as a desirable alternative to true nursing home care. Almost everyone would prefer to be in one's own home than in the unfamiliar, regimented confines of a nursing home. Some individuals may have needs that can be taken care of just as well in the home setting as in an institutional one. Note that some LTC policies do not provide for this

option. Others may only reimburse half of the home care costs; still others offer 100% coverage of home care as they would for nursing home care. At some point it may be necessary for the individual to leave the home setting for the more intensive or specialized care offered in an institutional environment. This option offers considerable flexibility in the type of care available.

**Equipment:** This option provides for special equipment or home remodeling to accommodate special needs. For example, following a stroke, a person may become partly paralyzed and yet lucid enough to live at home with special aids (ramps, motorized wheelchair, support railings in bathrooms, etc.). This option is highly variable among the companies. It is available with the more expensive policies.

**Hospice Care:** At some point near the end hospice care is often desirable. Most LTC policies cover the cost of this need, but be aware that a few do not pay for this service.

**Premium Waiver:** When one's health condition deteriorates to the point where 2 or 3 of the ADLs are lost, the threshold for commencing LTC benefits will be reached. Coverage begins but you continue to pay premiums for 60, 90 or 180 days, depending on the policy you purchased. It's like a deductible. At the end of this time, premiums are then waived. You will no longer be required to pay premiums if you remain in the LTC setting. It is obviously more expensive to have the premium waiver earlier than latter.

**Payment Type:** With only one exception, payments from LTC companies are made to reimburse part or all of the actual costs of care up to the amount of the maximum daily benefit previously purchased, i.e., if you have paid for \$100/ day coverage and the costs average \$75/day, you will be reimbursed for the latter. In the case of Unum, you will be reimbursed the former, the dollars per day you had contracted for in your policy.

**Rating:** Most insurance companies rely on the A.M. Best rating system to describe their ability to pay. It is advisable to purchase policies that have the highest rating, A, A+ or A++, the latter being the best and the only one I would recommend. PERS is not rated because it is not an insurance company; its ability to pay is an open question and not worth the gamble in my opinion.

**Annual Premium:** The annual premiums shown are based on what one individual, age 65, would pay in premiums each year for a comprehensive 3-year with a 90-day elimination period and 5% simple interest inflation protection to cover \$100 per day and \$120 per day nursing home (or home) care.

**Addendum:** The permutations of all the options available are far greater than I can hope to elucidate in this attempt to define the factors one must consider in choosing LTC coverage. If you are really interested in purchasing this insurance instrument, you will be best served by discussing this matter with a competent insurance agent who represents a variety of companies. I have made a strong effort to understand LTC insurance to the best of my ability but this does not mean that everything I have written above is as accurate as it should be. Truth is never simple even if one has all the facts and details; it seems forever elusive.

(See the spreadsheet on the last page of this newsletter.)

*John Swett is a Professor Emeritus of Anatomy and Neurobiology.*

## RETIREMENT OF A SORT (from Page 1)

articles, some of them written years earlier, mostly in English, for American scholarly magazines, are selling well and are discussed in the media.

The beginning of this strange, though welcome development was my stint as director of EAP in



Gottingen, from 1988-1990. During this period, I met a number of well-meaning Germans of my own generation or younger who seemed intensely concerned with the Holocaust and other Nazi crimes but who, I felt, had only vague and stereotypical notions of what it was like to live through that time. So I began to write my life story up to the age of 21, including my early childhood in Vienna, followed by deportation and survival in various camps, the postwar period in Germany and my early years as an immigrant in the U.S. I wrote in German, with this small audience in mind and even dedicated the book to my friends in Gottingen. The manuscript was rejected by a major publisher with an unnecessarily condescending letter, and accepted by an upstart small new press in Gottingen whose owner I knew personally. It appeared in 1992 in a small edition, and most stores didn't order it. Two or three months after publication the critics discovered weiter leben ("going on living" or "surviving") and put it on their lists of "recommended" books. Then a major television program got wind of it, and the participants of the panel praised it so highly that the next day, literally, the book was sold out and became a bestseller. To cut a long success story short, the book has now, by a conservative estimate, sold about 175,000 copies. It has been translated into several languages (not English, because I plan to do it myself and I am lazy), it has received several literary awards.

Taking advantage of my new-found notoriety, I published two books of essays, most of them of the sort that attracted perhaps 300 readers when they first came out. But now their readers number in the thousands and major daily newspapers review them. Speaking of newspapers, I have developed a journalistic vein I didn't know I had and write reviews and feature stories for German and Swiss papers.

I now spend about half the year in Germany. There are always invitations and engagements, though I turn down most requests to speak about the Holocaust: I feel that I have said what I had to say and don't want to be pigeonholed. I insist that I am a literary scholar and critic and

that I have something to contribute to this field in which I spent my professional life. Incidentally, I am also seen as a flaming feminist, though by MLA standards I just barely reach the watermark of political correctness.

Before EAP, I never had the time or money to spend more than a few weeks every few years in a German-speaking country. So I had a lot of catching up to do, if I wanted to be part of ongoing debates. Among the honors that have come my way and that I enjoy is my membership in the Academy for German Language and Literature. I regularly go to their meetings. And to my great surprise, my home city of Vienna has offered me a free apartment for this coming May and June. I haven't lived there since the age of eleven. I shall go with mixed feelings but a sense that it is proper to return "home" after retirement, if only to make a discovery or two, revise some judgments and leave again.

So I find myself between two cultures more than I ever did. It is a new phase of life, one that I neither planned nor envisaged in my teaching days but that is fulfilling and stimulating.

I definitely plan to write a couple more books before I give up, and I wonder where I ever found the time to prepare for classes, let alone attend department meetings. And, oh yes, I live in Irvine, nowhere else, and have no plans to move!

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*Ruth Kluger is a Professor Emerita of German.*

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### NEW WEB PAGE:

Soon you will be able to keep in touch by finding us on the Internet. More details to follow.

The UCI Emeritae/i Newsletter is published quarterly by the UCI Emeritae/i Association. All contributions to this newsletter will be kindly submitted on a non-returnable diskette, in Microsoft Word, to: UCI Emeritae/i Association, 2000 Mesa Office Bldg, UC Irvine, Irvine, CA 92697-9004. All inquiries may be directed to Charles at Ph: 714-824-6204 or by email: emeriti@uci.edu.

### NEXT EXECUTIVE COMMITTEE MEETING

Monday, March 3, 1997  
UCI Conference Center, Mesa Office Building

Unless otherwise announced, the Executive Committee meets the first Monday of each month at the UC Conference Center in the Mesa Office Building.

All Association members and spouses are encouraged to participate in the monthly meetings.

### UCI EMERITAE/I ASSOCIATION OFFICERS

Chair:	Jerome Tobis
Vice Chair:	David Easton
Treasurer:	Sheen Kassouf
Recording Secretary:	Richard Friedenberg
Corresponding Secretary:	Jack Sklansky
Past Chair:	Louis Gottschalk

### EDITORIAL BOARD

Editors	Renee Hubert Judd Hubert
Editorial Board Chair:	Myron Simon
Ex Officio:	Jerome Tobis Sam McCulloch

### PASSINGS:

Audley Patton, Nov 19, 1996

The Editorial Committee announces with regret the death of Audley Patton on November 19, 1996. We express our condolences to Professor Emerita Mary Key, Department of Linguistics.

The UCI Emeritae/i Association gratefully acknowledges receipt of 1996-97 dues from:

K. Dixon	R. Porter
E. Fleischer	N. Rynn
R. Friedenberg	A. Schneiderman
A. Heiney	M. Simon
S. Kassouf	W. Stanley, Jr.
S. McCulloch	M. Steinhaus
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K. Moldave	J. Swett
D. Mull	J. Tobis
B. O'Loughlin	R. Warner
L. Porter	

The Emeritae/i Association and Retirees Association are proud to present:

**JILL BECK, Ph.D., Dean  
School of the Arts**

**MICHAEL CLARK, Ph.D., Interim Dean  
School of the Humanities**

**THE EMERITAE/I & RETIREES' ASSOCIATIONS' JOINT  
LUNCHEON AND BUSINESS MEETING**

Monday, February 24, 1997, 12 Noon to 2:00 PM  
in  
The Library - University Club

**TOPIC:     *Fresh Approaches to the Arts and  
Humanities at UCI, including Cooperation.***

----- CUT HERE -----

**EMERITAE/I:**     For luncheon reservations, please mail this stub with your \$12.00 check/person (payable to the "UCI Emeritae/i Association") to **Sheen Kassouf, Treasurer of UCI Emeritae/i Association, Economics Dept, Social Sciences Plaza, UCI, Irvine, CA 92697-5100.**

**RETIREE:**     For luncheon reservations, please mail this stub with your \$12.00 check/person (payable to "UCI Retirees' Association") to **Barbara Monsette, Treasurer, UCI Retirees Association, Box 4539, Irvine, CA 92616-4539.**

NAME: \_\_\_\_\_ # of RESERVATIONS: \_\_\_\_\_

MENU: \_\_\_\_\_ Meat \_\_\_\_\_ Vegetarian   Price: \$12.00 per person

*Please remit at least two weeks before the luncheon.*

## 1996 - 97 Membership Dues

Please mail this page with your \$25.00 check per emerita/us to:

UCI Emeritae/i Association  
Sheen Kassouf, Treasurer,  
UCI Economics Department  
Social Sciences Plaza  
Irvine, CA 92697

Has your address or phone changed?

Name:

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Ph:

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Email:

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Fax:

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COMPARISONS OF COMPANIES OFFERING LONG TERM CARE

FACTORS

COMPANIES

	AARP 247-2335	AMER. TRAV. 201-8559	TIME 201-8559	CNA 201-8559	TRANS- AMERICA 201-8559	GE CAPITOL (AMEX) 201-8559	PERS 923-9119	TIAA CREF 223-1200	NY LIFE 224-4582	UNUM 201-8559
1-800 numbers	65	65	65	65	65	65	65	65	65	65
Age	90~	0-100~	0,20,60,100	0-365~	30-365~	0, 50,100~	90~	90~	20,60,90,180	30-365~
Elim. Period, days	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Comprehensive Plan	4	1-5, life	1-4, life	2-5 life	1-5, life	2-4,6, life	3 or life	3, 5, 7	2,3,5, life	2,3,6, life
Benefit Duration/yr	2 of 5	2 of 7	2 of 7	2 of 7	2 of 7	2 of 7	2 of 6	3 of 7	2 of 7	2 of 7
Benefit Trigger	up to \$100	\$50-250	\$50-250	\$50-250	\$50-250	\$50-250	\$120	\$100	\$70-300	\$50-250
Max Monthly Benefit	\$3,000	variable	variable	variable	variable	variable	\$3,600	\$3,000	variable	variable
Max Total Benefit	\$144,000	variable	variable	variable	variable	variable	\$131,400(3)	109,500(3)	variable	variable
Rates Guaranteed?	>5yrs-no	No	>3yrs-no	No	No	No	No	No	>3yrs-no	>3yrs-no
Spouse Discount	20%	10%	10%	10% - 10%	10% - 10%	No	No	No	10% - 10%	10% - 10%
Inflation Protection	Yes @	5%**	5%**	5%**	5%**	5%**	5%**	3 or 5%**?	5%**	5%**
Respite Care/year	No	30 days	21 days	21 days	21 days	21 days	Yes	24 days	50%/21days	15 Days
Care Training	No	\$500	Yes	\$350	Yes	\$500	No	No	\$50/day/1yr	No
Spouse Paid-up	No	>5Years/opt	No	No	>10 years	No	No	No	>10 years	No
Alzheimer's	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychoneuroses	No	No	No	No	No	No	No	No	No	No
Prior Hosp. required	No	No	No	No	No	No	No	No	No	No
Assisted Living	No	100%	Yes	100%	100%	100%	\$60/day(6)	\$50/day	Yes	100%
Bed Reservation/year	No	30 days	21 days	21 days	21 days	21 days	No	No	30 days	31 days
Home Care	No	\$50/100/day	Yes	100%	50 or 100%	100%	\$1800/mo	\$50/day	\$50-300	50-100%
Equipment	No	\$25/mo/1yr	No	\$25/mo/1yr	50X daily	\$5,000	No	No	<\$3000	No
Hospice Care	No	Yes	Yes	Yes	Yes	Yes	No	\$50/day	Yes	Yes
Premium Waiver	>180 days	yes (90)	yes (90)	yes (90)^	yes (60)	yes (90)	yes (90)	yes-once	yes-once	yes (90)^
Payment Type	reimburse	reimburse	reimburse	reimburse	reimburse	reimburse	reimburse	reimburse	reimburse	full
Rating, A.M. Best!	B+	A-	A	A	A+	A+	NA	A++	A++	A++
Annual Premium			2 pools							
\$100/day	\$1,176(4)	\$1,530	not	\$1,224	\$1,470	\$1,460	NA	\$877	\$2,100	\$1,228
\$120/day	NA	\$1,836	comparable	\$1,468	\$1,764	\$1,752	\$1,608	NA	\$2,500	\$1,474

Assumptions: Premiums based on one person, age 65, 3-year coverage, comprehensive, 5% simple inflation protection, 90 day elimination period, 100% home care  
 ! = ratings based on pre-1995 data. Ratings for 1995 or 1996 may differ.

\* = Simple Automatic Increase Benefit

\*\* = Compound Automatic Increase Benefit

+++ = Rated best insurers in CA, Mulligan, T.S., LA Times 8/27/92

~ = benefits also triggered by cognitive impairment or stable, complex medical condition.

? = 2X Cap

@ = Rider purchase every 4 years

^ = premium partly reimbursable

Note: Many of the companies above have multiple plans.

Unum, Time, CNA, Transamerica, ATL, GE Cap., - Peter Evans 1-800-201-8559

NY Life - Richard Kupetsky 1-909-684-5700, ext. 223

Note: Long term care premiums are treated in taxes as medical expenses.

At 61-70 years of age \$2000 can be tax-deducted as medical expense; above 70, \$2500/year.

Benefits may be taxable in 1997 but not if qualified policy is purchased in 1996.

10/30/96 ltcare.wks