

The Importance Of The Peanut

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They were once called “ground pea” or “ground nut,” and no one is certain how they were dubbed “peanut.” However, peanuts aren’t nuts. They’re legumes. That’s right, part of the bean family.

According to The Peanut Institute (www.peanut-institute.org), “legumes are edible seeds enclosed in pods.” Legumes are a great source of concentrated protein.

The thing that makes peanuts stand out from their leguminous cousins is that, even though their physical resemblance and nutrition closely match legumes, we use them more like nuts.

Peanuts’ fat, protein and fiber are plant-based. The Peanut Institute says peanuts and peanut butter “are filled with many hard-to-get nutrients” critical to good health.

In a study of 15,000 people consuming peanuts and peanut butter, it was found that “levels of vitamin A, vitamin E, folate, magnesium, zinc, iron, calcium and dietary fiber were higher than those who did not consume peanuts.”

So how can peanuts fit into a healthy diet? “In the right portions,” peanuts, peanut butter and peanut oil can be part of a successful weight loss/management plan.

Since science is discovering that a certain amount of fat is actually necessary for maintaining health, fat found in peanuts can satisfy that dietary requirement. Evidence in several studies shows that “incorporating peanuts and peanut butter into the diet doesn’t lead to weight gain or higher body weight (Mattes, 2008).” Additional details are available at www.peanut-institute.org.

In addition to peanuts and peanut butter, peanut flour and peanut oil can provide important nutrients. Peanut flour is made from “highest quality peanuts that have been roasted and naturally processed to obtain a lower fat peanut flour with a strong roasted flavor.”

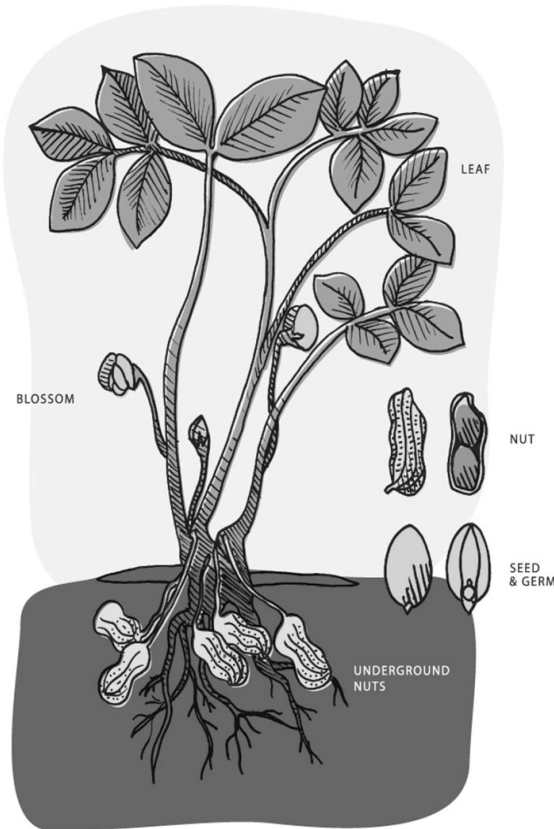
Peanut flour is gluten-free and a vegan alternative that provides plenty of nutrition and protein. Most of the fat is removed from peanut flour, resulting in about 10 to 15 grams of protein per ounce.

Peanut oil can be used for frying. Because it doesn’t absorb the flavor of foods fried in it, peanut oil can be used to cook several different foods.

In Penn State University studies, peanut oil’s effect on “bad” cholesterol levels proved to be similar to olive oil. In that same study, researchers found cardiovascular disease risk was significantly reduced in diets containing peanut oil. The oil is available as refined, gourmet or 100% peanut oil.

The Peanut Institute and other peanut sites offer a wealth of information about this well-known food. Try the American Peanut Council, National Peanut Board, etc.

Here’s a quick way to add peanut butter to your meal plan. Find this and more recipes at www.peanut-institute.org.



COURTESY PHOTO

Peanut Butter Yogurt Parfait

1 SERVING

- 1 cup nonfat vanilla Greek yogurt
- 1 T creamy peanut butter
- 1 T chopped honey roasted peanuts
- 2 T low-fat granola
- 1 small banana, sliced

In small bowl, mix yogurt and peanut butter. In separate bowl, toss peanuts and granola. In tall glass, layer 1/2 cup yogurt, half of banana slices and 1 tablespoon of peanut/granola mixture. Repeat layers. Serve immediately.

Insurance Marketplace Fee Exemptions Available

If you don’t already have health coverage, the Health Insurance Marketplace offers a way to find and buy health coverage. Starting in 2014, every person in the United States must have minimum health coverage or must pay a fee on their federal tax return. This fee is sometimes called the “individual shared responsibility payment.” In some cases, you may be able to get an exemption from the fee. An exemption means you wouldn’t have to pay the fee.

In 2014, the yearly fee is 1 percent of your income for the year or \$95 per person in your household, whichever is higher. The payment for uninsured children under 18 is \$47.50 per child. Regardless of the number of people in your household, the most a family would have to pay in 2014 is \$285. You make the payment when you file your 2014 taxes, which are due in April 2015. The fee increases every year. In 2015, it will be 2 percent of income or \$325 per person in your household, whichever is higher. The payment for uninsured children under 18 will be \$162.50 per child. In 2016, it will be 2.5 percent of income or \$695 per person, whichever is higher.

You may not have to pay the fee (qualify for an exemption) if:

- You’re uninsured for less than 3 months of the year.
- The lowest-priced coverage available to you would cost more than 8 percent of your household income.
- You don’t have to file a tax return because your income is too low.
- You’re a member of a federally recognized American Indian tribe or eligible for

services through an Indian Health Services provider.

- You’re a member of a recognized health care sharing ministry.
- You’re a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare.
- You’re incarcerated, and not awaiting the disposition of charges against you.
- You’re not lawfully present in the U.S.

‘Hardship’ Exemption

How you apply — and even if you need to apply — depends on which exemption fits your situation.

For an exemption based on coverage being unaffordable, membership in a health care sharing ministry, membership in a federally recognized tribe, or being incarcerated, you have 2 options to apply:

- Claim these exemptions when you fill out your 2014 federal tax return, which is due by April 15.
- Fill out an exemption application in the Health Insurance Marketplace.

For an exemption based on membership in a recognized religious sect whose members object to insurance, eligibility for services through an Indian health care provider, or one of the “hardship” exemptions:

- Fill out an exemption application in the Health Insurance Marketplace.

For more information, call Lizzy Bolander at 605-487-7634. Visit HealthCare.gov, or call the Health Insurance Marketplace call center at 1-800-318-2596. TTY users should call 1-855-889-4325.

The Affordable Care Act: What Are The Impacts For Seniors?

BROOKINGS — If you are a senior who currently receives Medicare coverage, then you are in compliance with the Affordable Care Act and don’t need to replace your coverage with a new plan, explained Leacey Brown, SDSU Extension Gerontology Field Specialist.

“No matter how you get Medicare, you’ll still have the same benefits and security you have now. If you have Medicare, you’re considered covered,” Brown said.

She added that there will be a few changes made by the Affordable Care Act (ACA) that will impact Medicare beneficiaries, including:

- Prescription drug costs.
- Preventive services costs.
- Medicare fraud, waste, and abuse prevention.

REDUCE PRESCRIPTION DRUG COSTS

“The first change the ACA has for Medicare beneficiaries is to reduce the cost

of prescription drugs,” Brown said.

Brown explained that this change was motivated by the “doughnut hole.”

The “doughnut hole” refers to the Medicare Part D coverage gap. Once a beneficiary and a Medicare Part D provider spends a set amount of dollars on prescription drugs (\$2,850 in 2014), the beneficiary must pay for their prescription medications out of pocket. Once the beneficiary pays \$4,550 out-of-pocket for covered drugs, including those expenses prior to entering the doughnut hole, a person enters catastrophic coverage. At this point, a person will either pay a 5 percent coinsurance or a copay of \$2.55 for covered generic drugs and \$6.35 for covered brand-name drugs (beneficiary pays the greater of the two).

“More than 7.3 million seniors and people with disabilities reached the doughnut hole since 2010. The goal of the ACA is to close the doughnut hole by 2020,” Brown said.

The plan developed to achieve this goal

was initiated in 2010. In that year, people who entered the doughnut hole received a \$250 rebate. In 2011, beneficiaries who enter the doughnut hole received a discount on brand-name drugs and savings on generic drugs. Below is a table showing the percentage of the cost of medication the beneficiary will be expected to pay between now and 2020.

ELIMINATE THE COST OF PREVENTATIVE SERVICES

A second goal of the ACA is to reduce or eliminate the cost of preventive services for all people with health insurance, including Medicare beneficiaries.

“Every Medicare beneficiary is eligible for an annual wellness exam, as well as cancer screenings, immunizations, diet counseling, etc.,” Brown said.

REDUCING FRAUD, WASTE AND ABUSE

A final change provided by the ACA with regards to Medicare involves reducing fraud, waste and abuse, Brown explained.

“The ACA increased sentencing guidelines for health care fraud exceeding \$1 million in losses. Providers and suppliers identified as higher risk for fraud or abuse must undergo greater scrutiny,” she said.

Predictive modeling technology is also being used to combat fraud, waste, and abuse. Finally, the law provides \$350 million over 10 years to enhance anti-fraud efforts. In February 2014, the annual Health Care Fraud and Abuse Control Program report was released, indicating for every dollar spent on health care-related fraud and abuse investigations over the past three years, \$8.10 was recovered.

If you have additional questions regarding how ACA affects you, visit the HealthCare.gov website.

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