HEALTH INSURANCE REFORM: A GUIDE FOR SENIORS

Medicare—which has provided health care for Americans age 65 and older fo years—is working, and will be strengthened under new health reform Reform will mean **better benefits** and **lower costs**, and will **preserve solvency for years to come**.

Without reform for all Americans, health care costs will keep rising, and jeopardize Medicare's ability to keep covering costs. Rising costs hit seni too—with the average Part D plus Part B premium consuming an estimated average Social Security benefit in 2010—and 16% by 2025.

The debate on reform has been intense, and often filled with fright wrong—information.

AARP supports the health reform bill and has spoken out strongly agains tactics: "We won't stand idle when opponents of health care reform attemp mislead the American people—and older Americans in particular—about wh system really means," said AARP Executive Vice President Nancy LeaMond.

This guide:

- Explains what's in the reform bill for you
- Clears up some misinformation
- Answers questions frequently asked by older Americans

WHAT'S IN THE REFORM BILL FOR SENIORS?

BETTER PRIMARY CARE

Ensuring you have access to and can spend more time with your primary care doctor, and ma
is better coordinated to ensure you get recommended treatments, particularly for chronic di
about 12 million seniors lack access to a primary care doctor in their community.

LOWER DRUG COSTS

Ending the 'donut hole' for prescription drug coverage, starting with a $250 rebate for those
2010—and phasing out the donut hole completely over time. The reform bill will result in lo
prescription drug costs for seniors, according to the non-partisan Congressional Budget Offic
evidence suggests the "donut hole" coverage gap reduces seniors' use of drugs prescribed by
average of 14%, posing a real health threat to seniors who simply cannot afford the drugs.

FREE PREVENTIVE CARE

You will pay nothing on recommended preventive services that will keep you healthier longe
annual wellness visit. *Right now, one in five women age 50 or over did not have a mammogr*
years, and 38% of adults age 50 or over have never had a colonoscopy – with costs often a fa

PROTECTION OF MEDICARE

Extending the solvency of the Medicare Trust Fund by at least nine years, to help ensure Me
every American as they get older. *Right now, the Medicare Trust Fund is projected to be exh*
years, in 2017, which if not addressed, could cause cuts to services.

TIGHTER OVERSIGHT

Focusing health care dollars on your care and benefits and cracking down on waste, fraud, abuse, and overpayments to enrich private companies. *In the last year alone, improper Medicare payments that were discovered and stopped totaled more than $450 million.*

CLEARING UP MISINFORMATION

"UNDER HEALTH REFORM, A GOVERNMENT PANEL OR BUREAUCRAT WILL TELL ME WHEN TO DIE."

FALSE! Decisions about your health will still be mad
doctor, and your family. There's nothing in health reform
your end of life decision-making. Earlier versions of the bill would
compensated your Medicare doctor for having a conversation wit
planning at your request—but that's no longer part of reform at a

Some scare tactics have focused on "comparative effectiveness research" in the bill to try to cl
panels would decide what care you can get. The bill explicitly prohibits using this research to d
deny any treatment or services. In reality, this research would provide doctors with the best i
what treatments work – in effect, making them smarter and better able to treat you.

"HEALTH CARE REFORM WILL LEAD TO RATIONED CARE."

FALSE! Nothing will stand between you and your doctor, or preve
making the best health care decisions. Reform actually take
company bureaucrats out of the decision making process for
if you're enrolled in Medicare—improves the level of care you get, a
with no government bureaucrats making decisions for you.

FALSE! Under this bill, there is no government takeover of health care. Every American will still be able to choose your own doctor and health insurance plan—and make care decisions with that doctor. The health reform bill builds on the current system of private health insurance. Indeed, according to the nonpartisan Congressional Budget Office, private insurance coverage will expand by 16 million under the reform bill.

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"HEALTH CARE REFORM WILL END MEDICARE."

FALSE! Reform is about strengthening Medicare—a part of ou
system that's working well. For Medicare enrollees, the health
lowers prescription drug costs, makes preventive care free, ensure
keep your doctor, improves the quality of your care, and extends th
solvency by nearly a decade.

FALSE! We can't afford not to fix it. Rising health care costs are hurting our families and businesses now, and driving up the budget deficit. If we do nothing, the cost of health care premiums will eat up

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FREQUENTLY ASKED QUESTIONS

Q. I've heard that the bill pays for providing coverage for millions more Americans by cu billions of dollars. Won't that mean cuts to my benefits and care?

A. The Medicare cost savings in health reform affect insurance companies and health c seniors. Studies show at least 5 percent of Medicare spending currently goes to waste, fraud five percent is all this bill would cut. The savings are achieved by reducing excessive p insurance companies are making off Medicare Advantage; requiring hospitals, doctors, and oth more efficient; calling for more coordinated care; and cracking down on waste, fraud and abu concluded that none of these savings will hurt seniors or cut their benefits.

The reform bill also plows some of the Medicare cost savings right back into Medi improvements in Medicare benefits for seniors (see page 2!).

Q. What if I'm on Medicare Advantage? Will Medicare Advantage plans still be available?

A. Yes, private Medicare Advantage plans will still be available under health care reform. C percent of America's seniors are in Medicare Advantage plans rather than in traditional Me these plans have cost U.S. taxpayers more than traditional Medicare—overpaying private ins by an average of 14%, and in some regions of the country as much as 20%. Those profits enrollees more. In fact, a typical older couple enrolled in traditional Medicare will pay $90 next year to help pay for profits to the Medicare Advantage private insurance companie significantly reduces these overpayments to Medicare Advantage plans.

Many MA plans will continue to offer their services under the new payment system. The pla operate efficiently and provide extra value to their enrollees through care coordination will c Indeed, under the reform bill, high-quality MA plans will be able to earn bonus payments, wh these plans to move toward higher quality and better care for their enrollees. If an MA plan ch market, people will have choices of other MA plans in their community as well as the ch traditional fee-for-service Medicare program to choose from.

The nonpartisan Congressional Budget Office estimates that, under health reform, there will seniors enrolled in Medicare Advantage plans in 2019—not many fewer than the 10.5 millio today.

Q. What if I'm a veteran and get care through the VA? Will my care be cut?

A. Not at all. Veterans' health services have seen historic funding increases under this continues to improve. Nothing in health care reform will hurt or change Veterans' health care

Q. Will there be a shortage of doctors if we're suddenly insuring millions of people who are

A. Health reform expands the number of trained doctors in our country – to ensure that acce a problem. These provisions include providing new scholarships, loans, and loan repayment new doctors and nurses into the profession—especially primary care providers. The bill will training the right kinds of doctors to meet our needs and provide incentives for them to bett