

Restructuring/Increasing Medicare Cost Sharing: The Impact on Beneficiaries

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Joe Baker

President

Restructuring/Increasing Cost Sharing

- Must not shift added costs to beneficiaries
- Must be conscious of winners and losers
- Must consider broader context—widespread economic insecurity

People with Medicare

- ❖ 51 million people with Medicare
- ❖ Half live on annual incomes of \$22,500 or less and have less than \$77,500 in personal savings
- Medicare households spend an average of <u>15%</u> of income on health care vs. <u>5%</u> among non-Medicare
- Spending on premiums rising: <u>26%</u> of average Social Security benefit in 2010 vs. <u>7%</u> in 1980

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Proposed Medicare Changes

Common proposals:

- Consolidated deductible: Part A and B
- Uniform coinsurance
- Varying coinsurance and copayments
- Add a catastrophic cap
- Income-relating premiums, deductibles or caps
- Surcharge on first-dollar supplemental coverage
- Prohibit first-dollar supplemental coverage

Proposed Medicare Changes

The beneficiary perspective:

- Significant cost shifting to most beneficiaries
- * Reduces both needed and unneeded care
- Inadequate low-income protections
- Most harm for poorer and sicker

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Seldom-Heard Proposals

Strengthening low-income protections

- Medicare Savings Programs and Extra Help
- Assistance with premiums and copayments
- Full protection up to 100% FPL

❖ Public supplement, like Medicare Essential/Part E

- · Combines Part A, B and D
- Financed through beneficiary premiums
- · Preserves beneficiary choice

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