



COUNTING ON MEDICARE:
PERSPECTIVES AND CONCERNS OF AMERICANS
AGES 50 TO 70

FINDINGS FROM *THE COMMONWEALTH FUND*
1999 HEALTH CARE SURVEY OF ADULTS AGES 50 TO 70

Cathy Schoen, Elisabeth Simantov, Lisa Duchon, and Karen Davis

July 2000

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THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF HEALTH INSURANCE

Mission Statement

The Task Force on the Future of Health Insurance is a national, independent, nonpartisan initiative established by The Commonwealth Fund to identify strategies to expand and improve health insurance coverage for America's workers and working families. The Task Force envisions a health insurance system that meets the needs of a 21st century workforce and gives working families access to stable, high-quality, affordable health insurance. The Task Force also seeks to keep the debate on health insurance coverage for the nation's uninsured and underinsured high on the national agenda.

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Overview

Medicare has become an integral part of Americans' retirement years. Since 1965, the program has guaranteed most working men and women basic health insurance benefits once they reach age 65. As the nation enters a new century with 44 million uninsured, policy discussions have turned to whether Medicare could be a source of coverage for those nearing the age of Medicare eligibility—including the 5.6 million adults ages 50 to 64 who currently lack coverage.¹

Understanding how Medicare is viewed by recently eligible individuals and by those nearing the age of eligibility can help inform the debate over Medicare expansion. To learn about their perspectives, The Commonwealth Fund commissioned a survey of 2,000 adults ages 50 to 70. Conducted by Princeton Survey Research Associates in late 1999, the interviews assessed the level of trust in Medicare among men and women ages 50 to 64 and asked those 65 to 70 to compare Medicare with their prior health coverage.² Participants were also asked about coverage for prescription drugs, any gaps in insurance coverage they may have had, concerns about getting access to quality medical care, and problems with meeting health care expenses.

Representing 50 million adults—39 million ages 50 to 64 and 11 million ages 65 to 70—the survey yields four central findings:

- Americans 50 to 70 years old have a high opinion of the Medicare program. Medicare outranks both employer-sponsored and individually purchased private insurance as a trusted source of health coverage. Current Medicare beneficiaries consider becoming eligible a very important event in their lives.

¹ Authors' analysis of March 1999 Current Population Survey.

² Princeton Survey Research Associates conducted *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70* by telephone from August through November 1999. The interviews asked respondents about health and insurance experiences during the preceding 12 months. The appendix describes the survey.

- Medicare beneficiaries as well as adults nearing Medicare eligibility share the same concern over prescription drug coverage. Within both groups, individuals who lack drug benefits often do not get the health care they need or encounter serious financial difficulties in paying for medications. Both groups likewise share the same desire for adding prescription drug coverage to Medicare's basic benefit package.
- Adults ages 50 to 64 are at high risk for experiencing gaps in their health insurance coverage, with negative consequences for their health and financial security.
- Nearly two-thirds of older adults who are not yet eligible for Medicare would be interested in enrolling before age 65 if the option were offered.

More generally, the survey findings highlight the importance of continuous health insurance coverage and adequate financial protection for adults age 50 and older. For those at a stage in life when acute and chronic illnesses are of increasing concern, ready access to medical care—including potentially life-saving prescription medications—is vital to maintaining health and quality of life.

The experiences of uninsured midlife adults point to the pressing need for affordable health coverage options to help those without access to employer-sponsored group insurance. In the opinion of those on the cusp of Medicare eligibility, the Medicare program itself offers a solid base upon which to expand coverage. With men and women in their 50s and 60s more apt to retire than embark on a new career, job-based health insurance may be an unreliable source for continuous, affordable coverage. Private insurance, meanwhile, is probably not a viable option for them—even with subsidized premiums—because of their greater risk of developing health problems.

I. MEDICARE: A TRUSTED SOURCE OF HEALTH COVERAGE

To gauge interest in Medicare as a possible base for future expansion of health coverage, the survey asked participants which source they would trust most to insure adults ages 50 to 64: Medicare, employer-based health plans, or private insurance purchased individually. The study also assessed personal interest in enrolling in Medicare before age 65 and support for a policy offering Medicare to uninsured adults before 65.

Responses to these questions reveal generally positive views of Medicare. Notably, those who are as yet too young for Medicare express strong interest in early participation.

Adults ages 50 to 70 tend to trust Medicare more than other sources of coverage to insure those ages 50 to 64 who are not yet eligible to participate.

- Asked which source they would trust more to insure adults ages 50 to 64—employers, Medicare, or directly purchased private health coverage—one of three (33%) respondents said Medicare, ahead of the other two choices.³
- Medicare ranked first in both the 50-to-64 and 65-to-70 age groups.
- Employer-based group coverage came in second among adults ages 50 to 64, with 28 percent saying they would trust employers the most. Direct coverage through insurance companies was the choice of 23 percent.

Among those likely to be concerned about their health coverage, Medicare is by far the most trusted source.

- Half of respondents with health problems (50%) or low incomes (50%) and half of minority (54% of blacks and 43% of Hispanics) and uninsured (51%) respondents said they would trust Medicare more than other sources of insurance for adults ages 50 to 64.
- Among these vulnerable groups, employers and private insurance ranked a distant second and third, respectively.

³ The survey asked all respondents which they would trust more to provide insurance for people ages 50 to 64: employers, the Medicare program, or direct coverage through private insurance.

- Directly purchased private health insurance received the least support among most of these vulnerable groups. Fewer than one of five said they would trust this source more than Medicare or employers (Table 1).

Though respondents tended to trust their current insurance coverage the most, Medicare still received substantial support from those insured through other sources.

- Adults insured through employers when surveyed were more likely to trust employers over Medicare or direct purchase. Similarly, those who have individually purchased private coverage were more likely to trust this source than employers or Medicare.
- One-quarter (27%) of respondents with employer coverage and one-third (32%) with individual private coverage said they would trust Medicare the most to insure adults their age.

A significant majority of adults ages 50 to 64—especially those at risk for gaps in health coverage—would consider participating in Medicare before age 65 if such an option were available.⁴

- Nearly two-thirds (63%) of adults ages 50 to 64 would be interested in early Medicare enrollment. More than one-third would be “very interested” (36%) in such an opportunity.⁵
- Interest was strongest among those at risk for having gaps in insurance coverage or poor health. A majority of the uninsured (61%), individuals with health problems (54%), and low-income adults (59%) said they would be “very interested” in early enrollment. Including those who said they were “somewhat interested,” eight of 10 adults in these vulnerable groups expressed at least some desire to participate in Medicare before age 65.
- Interest in early Medicare participation extended to those already with health insurance as well as those with higher incomes and better health. Two-thirds of adults with coverage through private insurance said they would consider an early

⁴ Medicare is only available to adults under 65 if they qualify as disabled or with end stage renal disease.

⁵ Question: If Medicare were available to people age 50 to 64, how interested would YOU be in getting Medicare before you turn 65?

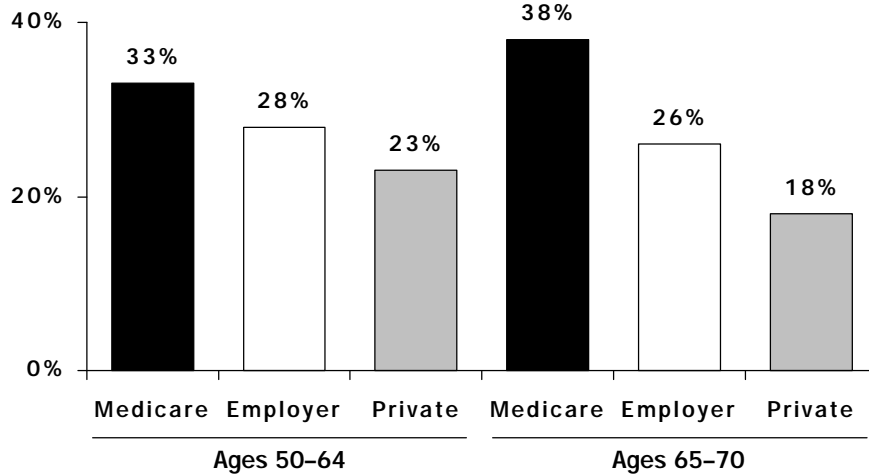
Medicare option, with 37 percent saying they were “very interested.” Likewise, more than half (57%) of those with employer coverage, in excellent health, or with incomes above 250 percent of the federal poverty level (approximately \$28,000 for a couple) expressed interest. And among each of these groups, more than a fourth would be “very interested” (Table 2).

Strong support exists for allowing uninsured adults nearing the Medicare eligibility age to “buy into” Medicare before age 65.

- Nearly seven of 10 (69%) survey respondents ages 50 to 70 would favor allowing uninsured adults in the 50-to-64-age range to buy in to Medicare, even if doing so would require additional government funds. More than one-third (38%) would strongly support such a proposal. Support for extending Medicare coverage to the uninsured was found across age, income, insurance, and health status groups.

Which would you trust more to insure adults ages 50-64?
 Choices: Medicare, Employers, or Direct from Private Insurance

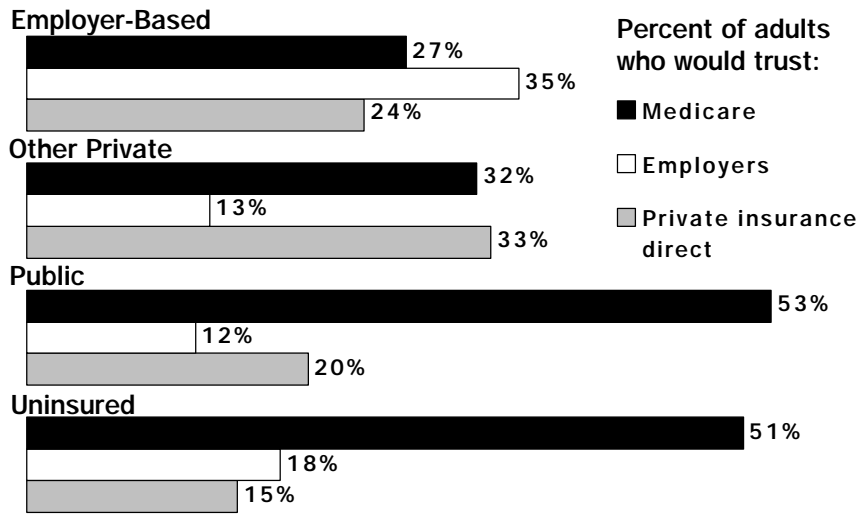
Percent of adults who said they would trust...



Source: The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70. Chart 1

Which would you trust more to insure adults ages 50-64?

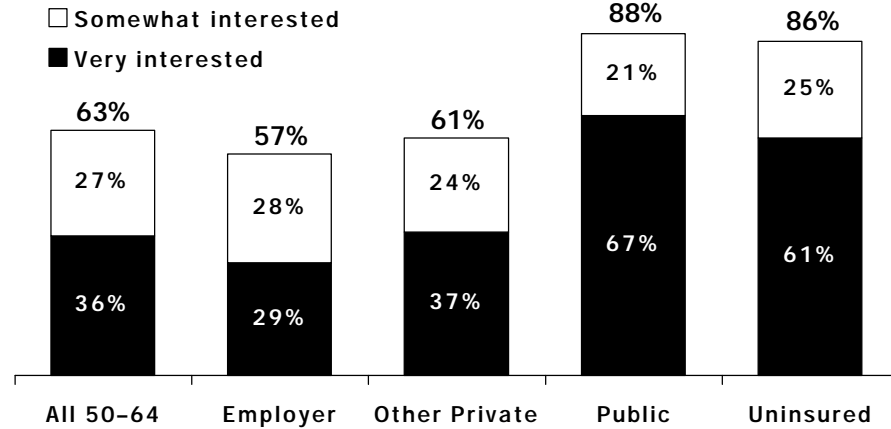
Current insurance group adults ages 50-64



Source: The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70. Chart 2

How interested would you be in getting Medicare before turning 65?

Percent of adults ages 50–64* interested in coming in early, by their current insurance source



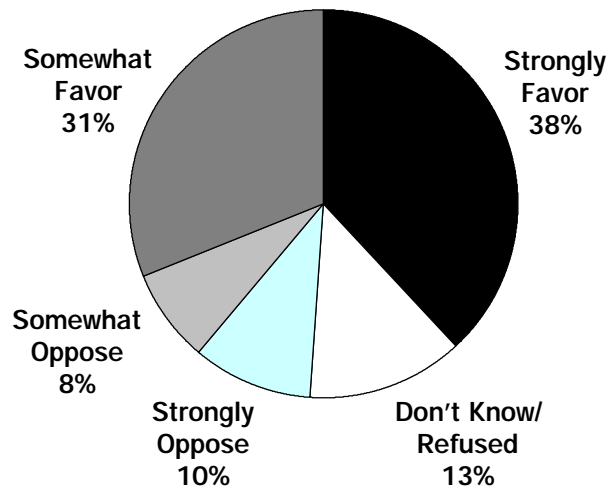
* Not currently on Medicare.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 3

Support for the Proposal to Let Uninsured Adults Ages 50–64 Buy into Medicare at the Full Cost

Adults Ages 50–70



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 4

II. MEDICARE'S VALUE TO BENEFICIARIES

By limiting participation to those ages 50 to 70, the survey focused on Medicare beneficiaries who are likely to be relatively new to the program and who have recent memories of their prior insurance coverage. In total, 571 of the 2,000 adults interviewed were insured by Medicare when surveyed.⁶

To assess current Medicare beneficiaries' perspectives on Medicare, the survey asked this group how important becoming eligible for Medicare was to them, how they rate their insurance coverage overall, and how their insurance with Medicare compares with the coverage they had just prior to eligibility. The study also asked beneficiaries and 50-to-64-year-olds about their confidence in obtaining access to high-quality medical care, their satisfaction with care received, and their worries about health care access in the future.

Responses to these questions indicate that Medicare is highly valued by current enrollees. Beneficiaries said it was very important to them to have become eligible, and they view the Medicare program favorably. Compared with adults ages 50 to 64, those who recently became eligible for Medicare (ages 65–70) are more confident that they will have access to good medical care and more likely to be “very satisfied” with the quality of care received.

Nevertheless, both age groups are concerned about their ability to afford needed medical care in the future.

The vast majority of those with Medicare coverage viewed becoming eligible as very important.

- Seven of 10 Medicare beneficiaries said it was “very important” to them to have become eligible for the program. Another 16 percent said that this event was “somewhat important.”
- Low-income Medicare beneficiaries and those with health problems were especially glad to reach eligibility age: eight of 10 said becoming eligible was “very important” to them.

⁶ In total, 571 adults interviewed reported Medicare coverage, including 127 adults ages 50 to 64.

- Medicare beneficiaries who are in better health and have higher incomes also welcomed Medicare. Half of beneficiaries living above 250 percent of the poverty level and 47 percent of those who rate their health as excellent reported that becoming eligible was “very important;” another quarter saw this event as “somewhat important” (Table 3).

The majority of Medicare beneficiaries give their health coverage a positive rating.

- Considering all their health insurance, including Medicare and any supplemental plans, 79 percent rated their current coverage as “good” to “excellent.”
- Two-thirds (66%) rated Medicare itself as “good” to “excellent;” three of 10 (29%) considered the program to be “very good” or “excellent.”
- One of four Medicare beneficiaries interviewed rated the program as “fair” or “poor.” Adults with health problems were more likely than those in better health to rate the program negatively.

Medicare compares well with prior health insurance.

- Three-fourths of Medicare beneficiaries who were insured before enrolling said that, overall, their coverage with Medicare (including any supplemental plans) is better (21%) or about the same (53%) as the health insurance they had previously.
- The protection Medicare provides against out-of-pocket costs is the same as or somewhat better than that afforded by previous coverage. Of those who had insurance before Medicare, the majority said that their out-of-pocket expenses under Medicare are less (28%) or about the same (39%) as those in the past.
- One of four (25%) beneficiaries surveyed said that they pay more now out-of-pocket than they did before being covered by Medicare. A smaller proportion (16%) reported that their overall coverage with Medicare is worse than what they had previously.

Medicare insures older adults who had no health coverage before becoming eligible, though it provides no guarantee for spouses.

- Among those now on Medicare, 15 percent reported that they had been uninsured just before becoming eligible. One-fifth had spent a time without coverage since age 50 (Table 4).
- Low-income Medicare beneficiaries and beneficiaries in fair or poor health are most likely to have been uninsured immediately prior to Medicare eligibility: one-fourth of respondents in each group said they had been uninsured before Medicare.
- One of six (16%) current Medicare beneficiaries reported that he or she had often been uninsured before Medicare: 8 percent had never or rarely been insured as an adult, while another 8 percent only sometimes had health coverage.
- Medicare does not guarantee coverage for married couples. Among married Medicare beneficiaries of all ages, 18 percent said their spouse was currently uninsured. Among married beneficiaries ages 65 to 70, 17 percent said their spouse was uninsured.
- The transition to Medicare can disrupt coverage for a younger spouse. When married beneficiaries with younger spouses were asked what happened to their wife or husband when they went on Medicare, 10 percent said that the younger spouse lost his or her insurance coverage and 15 percent said their spouse remained uninsured. Only two-thirds (66%) reported that their spouse was able to keep his or her former coverage.

Adults 65 to 70 years old express greater confidence in being able to get high-quality care and greater satisfaction with care received.

- More than half of adults 65 to 70 (53%) said they were “very confident” that they would receive the best care when they need it. In contrast, only 42 percent of adults 50 and older, but not yet eligible for Medicare, expressed such a high level of confidence.
- Lack of insurance, not surprisingly, undermines confidence for those under 65. Only 30 percent of uninsured adults ages 50 to 64 were “very confident” they could get good care when they needed it.

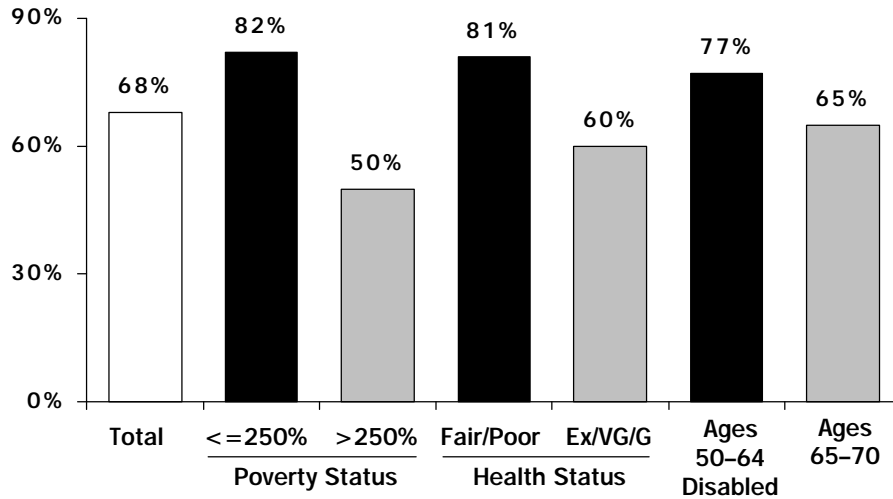
- Survey respondents in the 65-to-70 age group were more likely to be “very satisfied” with the quality of care they currently receive than those ages 50 to 64. More than half of adults 65 to 70 (55%) said they were very satisfied with the care they have been given in the past year, compared with 47 percent of adults ages 50 to 64.
- Among those surveyed, uninsured adults 50 to 64 were most likely to be concerned with the quality of care they received (Table 5).

Medicare beneficiaries and younger adults both worry about future access to health care and out-of-pocket costs.

- Medicare-age adults and individuals ages 50 to 64 both expressed serious concerns about the future. Half (47%) of adults ages 65 to 70 worry that they will not be able to afford the care they need, as do 58 percent of 50-to-64-year-olds. More than half of both age groups worry that health insurance will not be affordable in the future (Table 5).
- Among those surveyed, the uninsured are most concerned about their future access: three-quarters worry about access to basic care and specialists.

Importance of Becoming Eligible for Medicare

Percent of Medicare beneficiaries saying it was "very" important to become eligible



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 5

Medicare Beneficiary Comparison of Insurance Now Compared with Before Medicare* Adults Ages 65-70

	Total	Poverty Level	
		≤250%	>250%
Insurance Coverage Overall			
Better	21%	27%	18%
Same	53	46	58
Worse	16	16	15
Out-of-Pocket Expenses			
Pay less now	28%	33%	24%
Pay about the same	39	34	43
Pay more	25	29	24

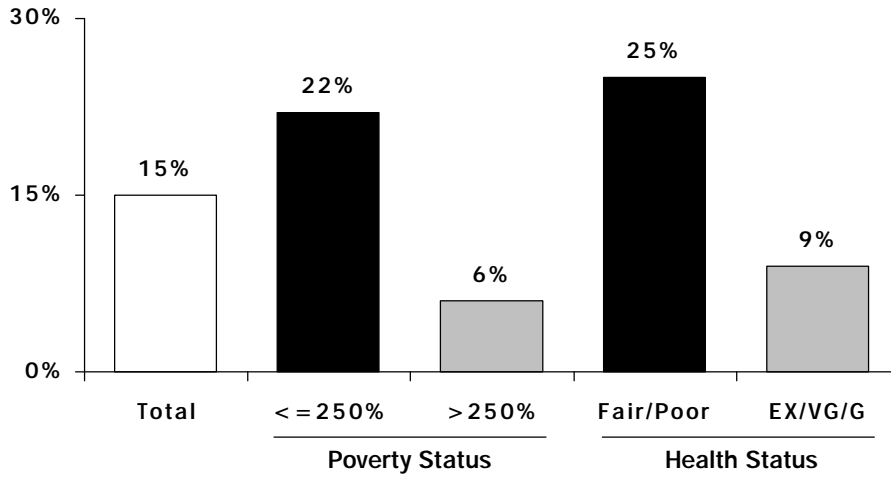
* Had insurance before Medicare.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 6

Percent of Medicare Beneficiaries Uninsured Before Medicare

Percent of adults ages 50–70*



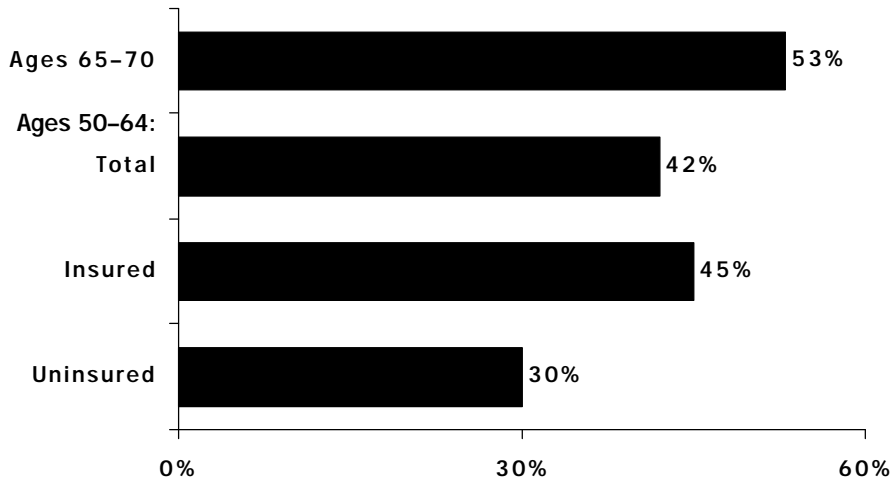
* Currently on Medicare.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 7

Confidence in Access to High-Quality Medical Care

Percent "very confident" that will get best medical care available when needed

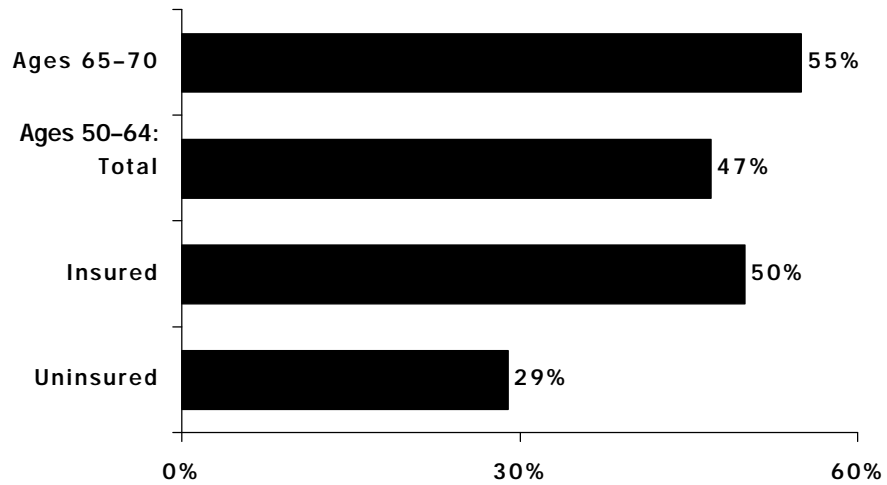


Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 8

Satisfaction with Current Care Quality

Percent "very satisfied" with quality of care received

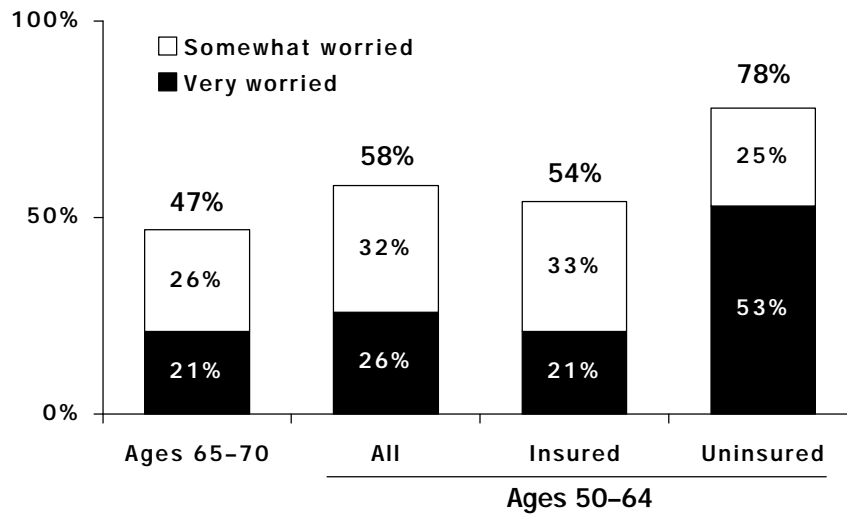


Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 9

Percent of Adults Ages 50-70 Worried They Won't Be Able to Afford Needed Medical Care

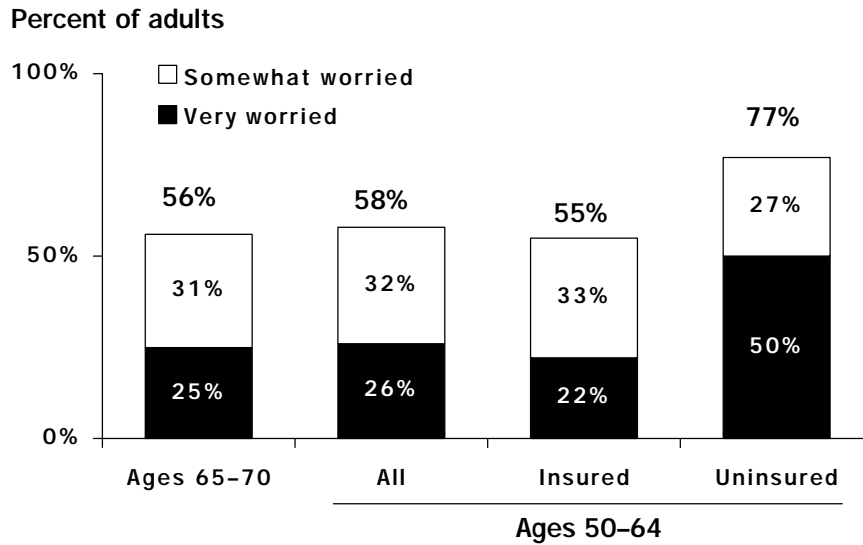
Percent of adults



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

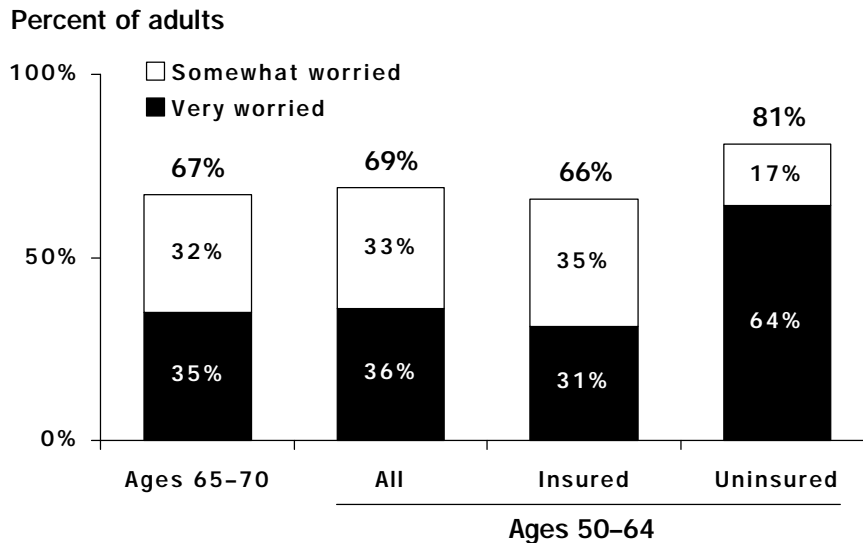
Chart 10

Percent of Adults Ages 50–70 Worried They Won't Be Able to See Right Specialist When Sick



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 11

Percent of Adults Ages 50–70 Worried They Won't Be Able to Afford Health Insurance



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 12

III. HEALTH, PRESCRIPTION DRUG COVERAGE, AND OUT-OF-POCKET COSTS

By age 50, the risk of chronic and serious disease is on the rise and the need for adequate health insurance and ready access to medical care has intensified. Advances in drug therapies make it increasingly likely that prescription medications will continue to play an essential role in treatment and offer better health and quality of life for those living with chronic or serious illness.

Survey findings attest to the necessity of prescription drugs for those age 50 and older. More than seven of 10 adults ages 50 to 70 said they have health conditions requiring regular use of prescription medications. Yet barely half reported being covered for such drugs. Lack of drug benefits leaves adults exposed to high out-of-pocket expenses that can reach catastrophic levels for some.

One of three adults ages 50 to 70 rates his or her health as fair or poor or has a disability that limits everyday activities, including the ability to work. Rates of chronic and acute disease are high.

- Nearly one-quarter (23%) of 50-to-70-year-olds reported their health to be fair or poor. The same proportion said that a disability limited their ability to work or carry out daily activities. Taken together, this means that one of three (31%) are in fair or poor health or living with a limiting disability (Table 6).
- During the past five years, a strikingly high 61 percent of adults 50 to 70 said they received at least one of the five following diagnoses from their physician: heart attack/heart disease, diabetes, arthritis, cancer, or hypertension.
- The likelihood of having at least one of these five health problems rises with age. Nearly three of four (72%) adults ages 65 to 70 reported at least one of the diagnoses, compared with 58 percent of those ages 50 to 64.

The risk of ill health is inversely related to income: the lower the income, the greater the incidence of health problems.

- Adults ages 50 to 70 living at or below 250 percent of the poverty level are three times more likely than higher-income adults to be in fair or poor health or to have a limiting disability. They are 50 percent more likely to report being diagnosed with at least one chronic or acute health condition.

- Half of adults ages 50 to 70 who live at or below 250 percent of poverty rated their health as fair or poor or said they have a disability that limits daily activities.
- Low-income adults are more likely to have been diagnosed with hypertension, heart disease, arthritis, or diabetes.
- Health differentials by income persist through age 70.

Prescription drugs have become an essential component of basic health care for 50-to-70-year-olds.

- Three of four (74%) adults ages 50 to 64 and nearly nine of ten (86%) adults ages 65 to 70 take prescription medications on a regular basis.
- Although they are three times more likely to be living with chronic disease, lower-income adults are about as likely as higher-income adults to say they take medication on a regular basis (Table 7).

Nearly half of adults ages 50 to 70 lack insurance coverage for prescription medications. Coverage is least likely among lower-income adults, despite their greater risk for health problems.

- Only half (54%) of all respondents—55 percent of adults 50 to 64 and 49 percent of adults 65 to 70—reported having an insurance plan or receiving assistance through a government program to help with the cost of prescription drugs.
- Lower-income adults were less likely to have prescription drug coverage. Within both age groups, only two of five adults with incomes at or below 250 percent of poverty reported being insured for drugs. In contrast, three of five adults with higher incomes have prescription coverage.
- Access to prescription drug benefits does not always correspond with health needs. Adults in fair or poor health were less likely than adults in good to excellent health to have drug coverage (45% vs. 57%).

Out-of-pocket expenses for prescription medications often exceed \$100 per month.

- One of six (16%) adults ages 65 to 70 and one of 10 ages 50 to 64 estimate that they themselves spend more than \$100 per month for prescription medications—or more than \$1,200 per year.
- Reflecting their lower rate of drug coverage, low-income adults are at heightened risk for high monthly drug expenditures. One of seven low-income men and women ages 50 to 64 and one of five ages 65 to 70 paid more than \$100 per month out-of-pocket for prescriptions.
- Health problems also increase exposure to prescription costs. Adults 50 to 64 years old in fair or poor health were three times as likely as those in good to excellent health (18% vs. 6%) to be paying over \$100 per month out-of-pocket. Those ages 65 to 70 in fair or poor health were twice as likely as their healthier counterparts (23% vs. 13%) to be spending this amount.

Out-of-pocket expenses for prescription drug costs can expose adults ages 50 to 70 to substantial financial risks relative to their incomes.

- On an annual basis, an estimated 10 percent of men and women ages 50 to 64 and one of five (20%) ages 65 to 70 spend 5 percent or more of their income on prescription medications.⁷
- Lower-income individuals are particularly vulnerable. One of four (26%) low-income adults ages 50 to 64 and more than two of five (42%) ages 65 to 70 spent 5 percent or more of their annual income on prescription medications.
- Drug benefits can help families guard against high expenses: 15 percent of those without drug coverage, compared with 7 percent of those with coverage, spend at least 5 percent of their income on medications.

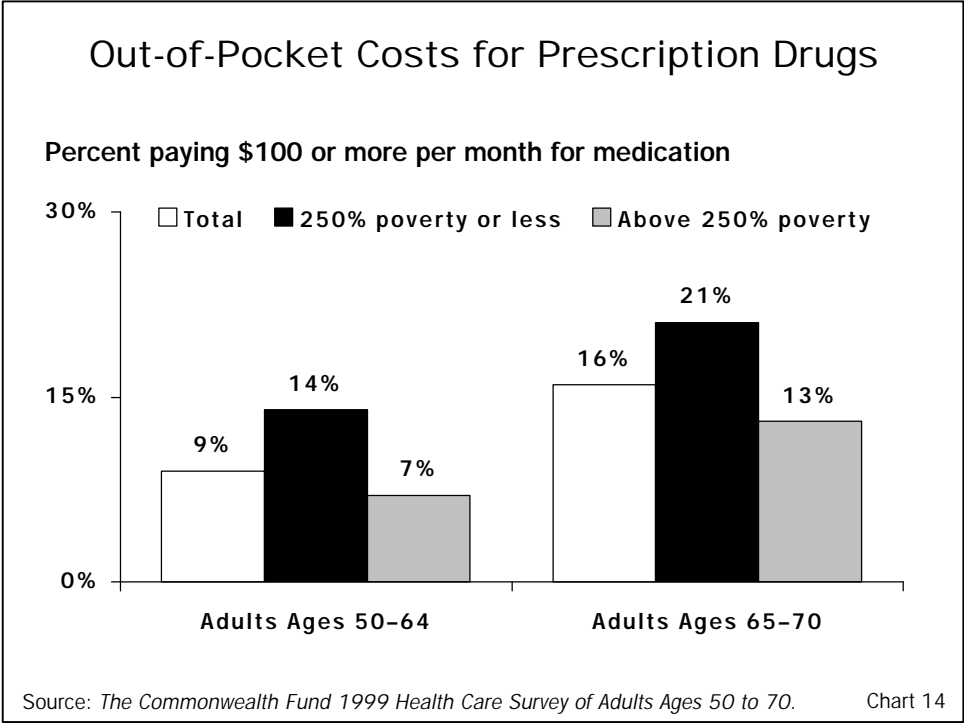
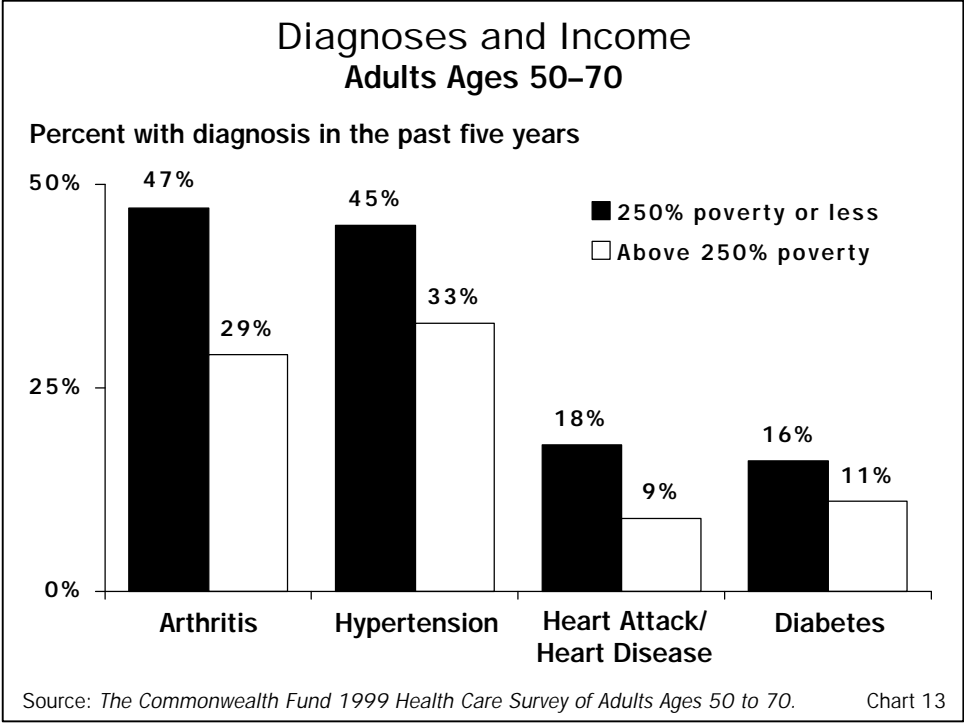
Medical expenses together with insurance premiums can create a catastrophic financial burden for some families, equal to or exceeding 10 percent or more of annual income.

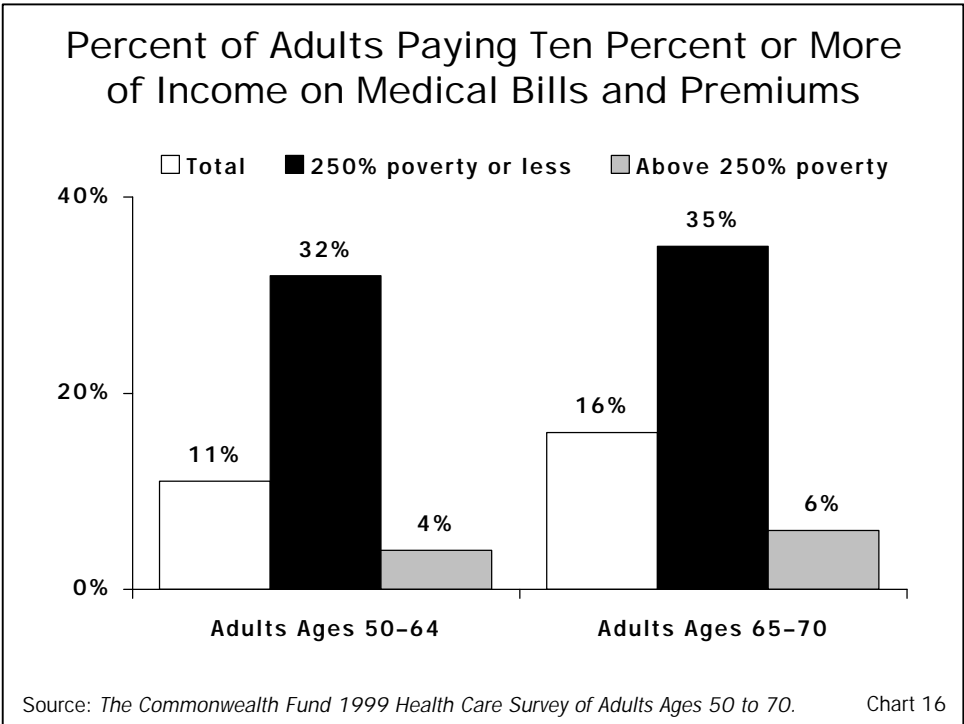
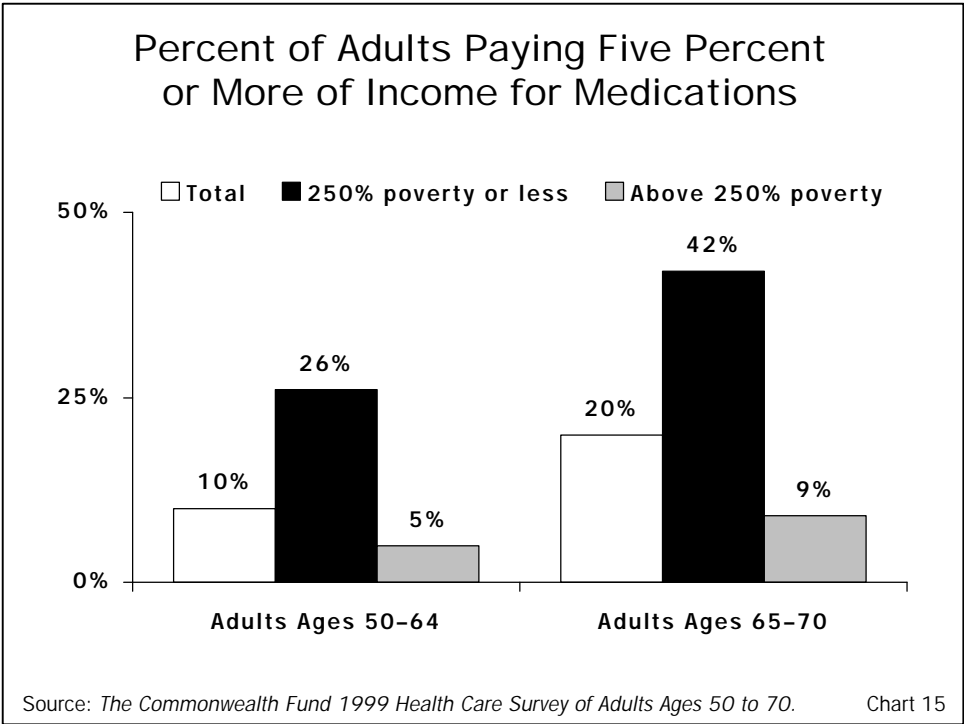
- One of six (17%) respondents in both age groups estimated his or her out-of-pocket medical bills to be \$1,000 or more in the previous year (Table 8).

⁷ These estimates are based on reports of average monthly drug costs.

- Health insurance premiums are a significant expense. Twenty percent of adults ages 50 to 64 reported their share of private insurance premiums to be \$2,000 or more per year, as did 9 percent of adults ages 65 to 70.⁸
- An estimated one-fourth (28%) of all adults ages 50 to 70 spent \$2,500 or more out-of-pocket to pay for premiums and medical and drug bills in the past year, including one of six (17%) who spent \$3,500 or more.
- Health care expenses can sometimes reach catastrophic levels. Including premiums, costs amounted to 10 percent or more of annual income for an estimated one of 10 (11%) adults ages 50 to 64 and one of seven (16%) adults ages 65 to 70.
- High expenses are most common for lower-income adults. One-third of men and women ages 50 to 70 living at or below 250 percent of poverty devoted 10 percent or more of their annual income to health care. Three of 10 spent \$2,500 or more, while 16 percent spent \$3,500 or more.

⁸ Medicare respondents reported only private insurance premiums, not Medicare Part B premiums.





IV. THE CONSEQUENCES OF NOT HAVING PRESCRIPTION DRUG COVERAGE

To find out what the costs and consequences are of being without insurance for prescription medications—or without coverage altogether—the survey asked older adults an array of questions about their access to care and difficulties paying for care. In the analysis that follows, survey participants are grouped according to their age and insurance status: insured with and without drug benefits, and under age 65 and uninsured during the past year.

The findings on accessing care and paying for medical expenses highlight the importance of prescription drug benefits for older workers and retirees. Those without benefits are at triple the risk for going without medical treatment or facing catastrophic medical expenses that make it impossible to maintain their standard of living.

Lack of prescription drug coverage can erect barriers to recommended medical care.

- Insured adults ages 50 to 64 without drug benefits were nearly three times as likely as those with drug benefits not to have a prescription filled because of the cost (16% vs. 6%) and nearly twice as likely to skip recommended medical tests or treatment (13% vs. 6%) (Table 10).
- Medicare beneficiaries without drug benefits (ages 65–70) were three times as likely as those with benefits to go without recommended medications (16% vs. 5%) or treatment due to costs (12% vs. 5%).

Lack of prescription drug coverage, even when otherwise insured, can create financial burdens for Medicare beneficiaries.

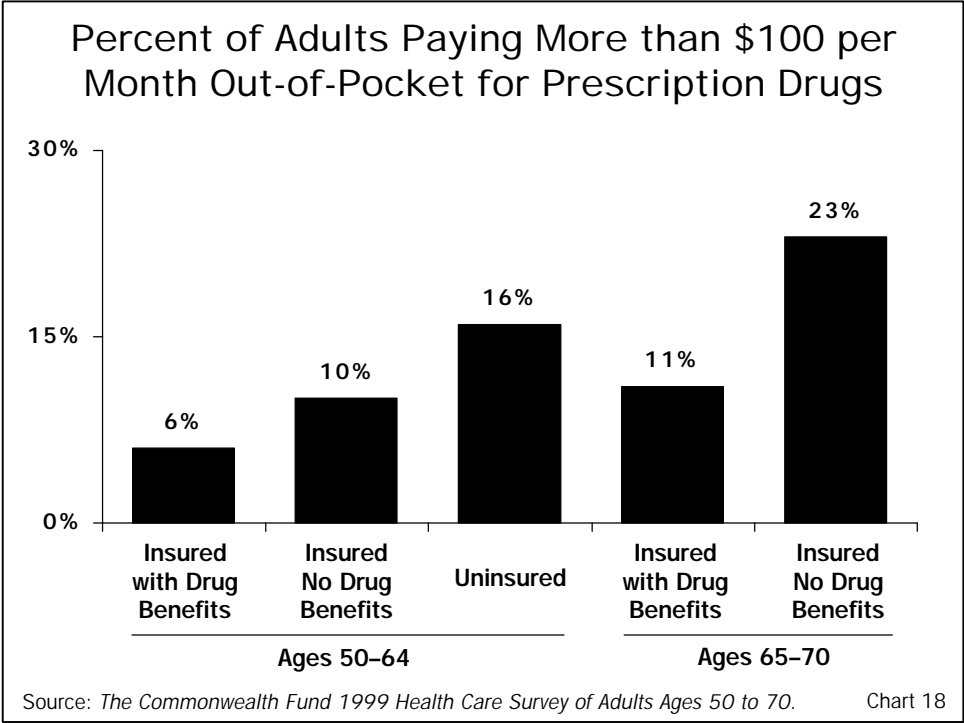
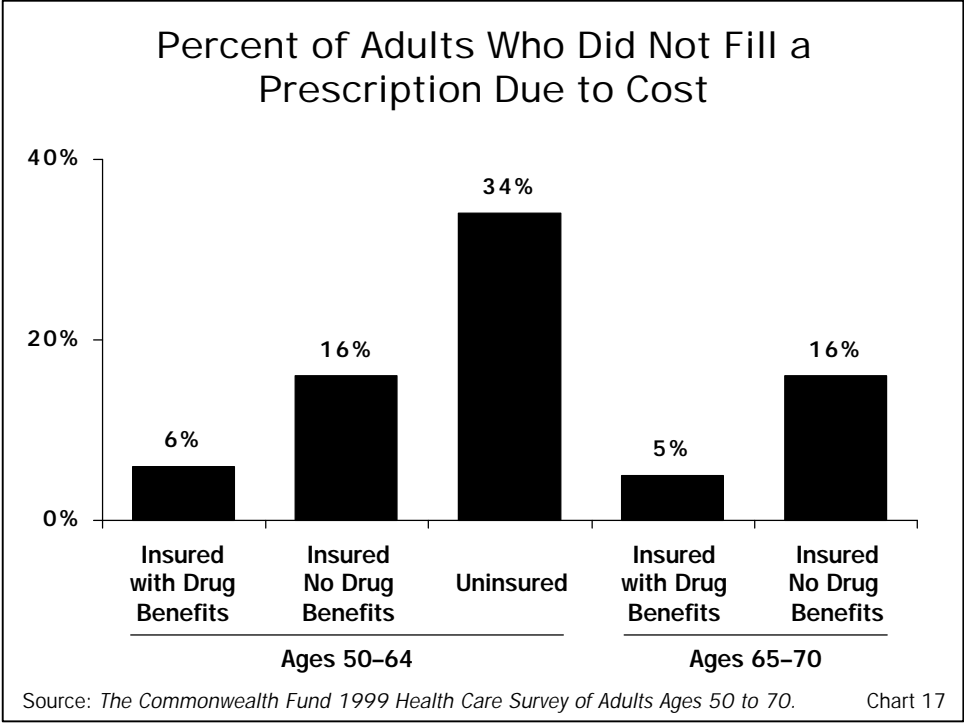
- Insured adults without drug benefits were twice as likely those with benefits to spend more than \$100 per month out-of-pocket on pharmaceuticals. More than one of five (23%) adults ages 65 to 70 without insurance for medications exceeded \$100 in monthly drug expenses, compared with 11 percent of those with drug coverage (Table 9).
- For more than one of four (27%) adults ages 65 to 70 without prescription drug coverage, 5 percent of their income went to paying for medications. Only 14 percent of those with drug coverage spent this much out-of-pocket on medications.

Those without adequate insurance often cannot afford to pay their medical bills, sometimes forcing significant changes in a family's way of life.

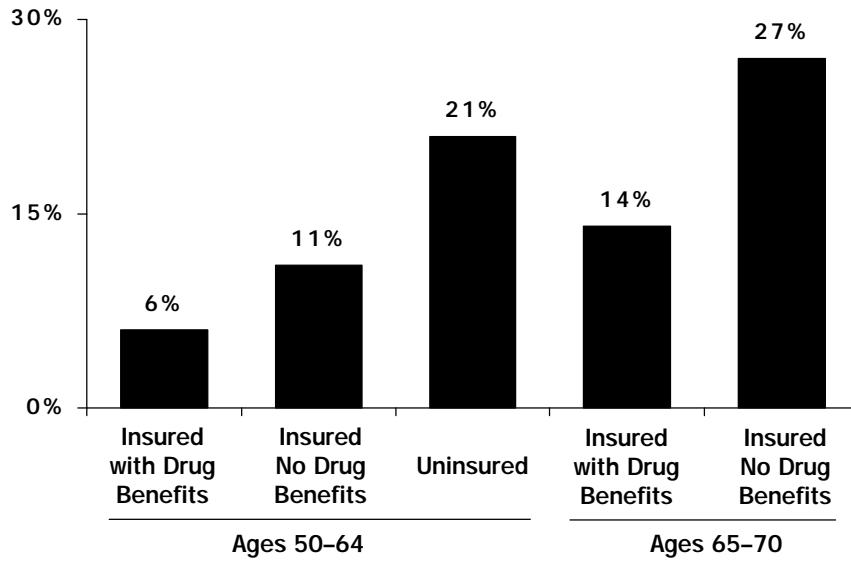
- One of five (21%) insured adults ages 50 to 64 not covered for prescription drugs had a problem paying medical bills in the past year, compared with 9 percent of adults who were covered.
- Those without the protection of drug coverage were twice as likely (9% vs. 5%) to have had bills problems so severe that paying for them required a significant change in their family's standard of living.
- Cost consequences can be even more severe for Medicare enrollees. Survey respondents 65 to 70 years old without drug benefits were three times as likely as those with drug benefits to have a problem paying medical bills (19% vs. 6%) and to have to adjust their living standards to pay for health care expenses (12% vs. 4%).

A majority of 50-to-70-year-olds strongly supports adding prescription drug coverage to Medicare.

- The survey asked all adults whether they favor or oppose the proposal to expand Medicare to cover prescription drugs. Not surprisingly, a strong majority of those ages 50 to 70 support a drug benefit. More than eight of 10 (82%) either "strongly support" (62%) or "somewhat support" (20%) such a policy—even if it added costs to the Medicare program.
- The proposal to cover drugs for Medicare beneficiaries elicited strong support regardless of age, gender, marital status, education, income, and insurance status.

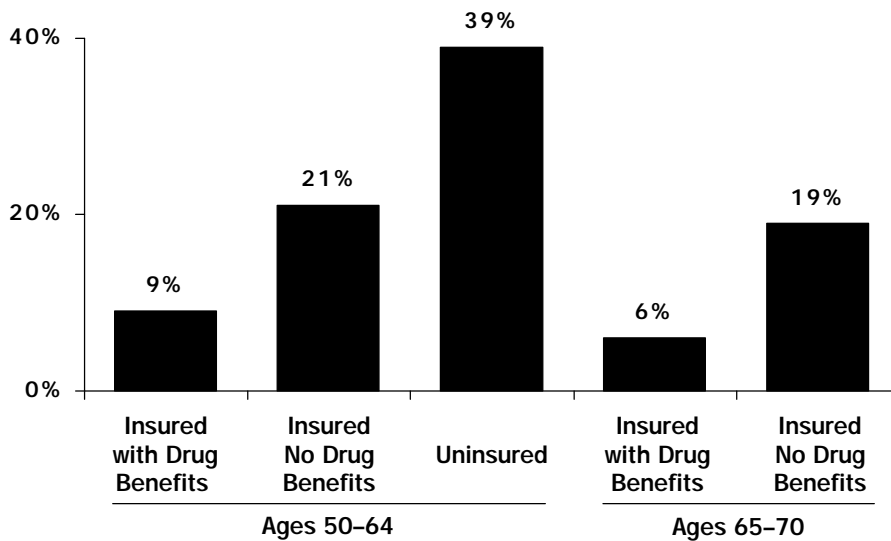


Percent of Adults Paying Five Percent or More of Income for Medications



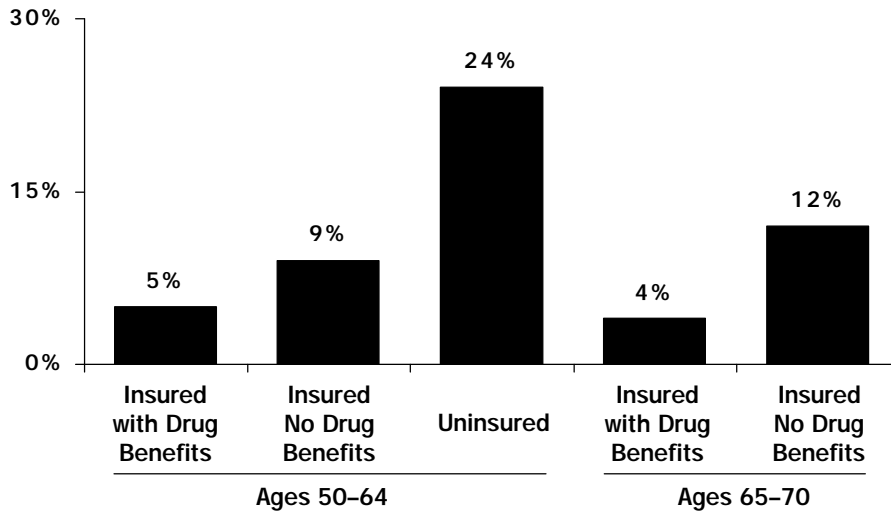
Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 19

Percent of Adults Unable to Pay Medical Bills During the Year



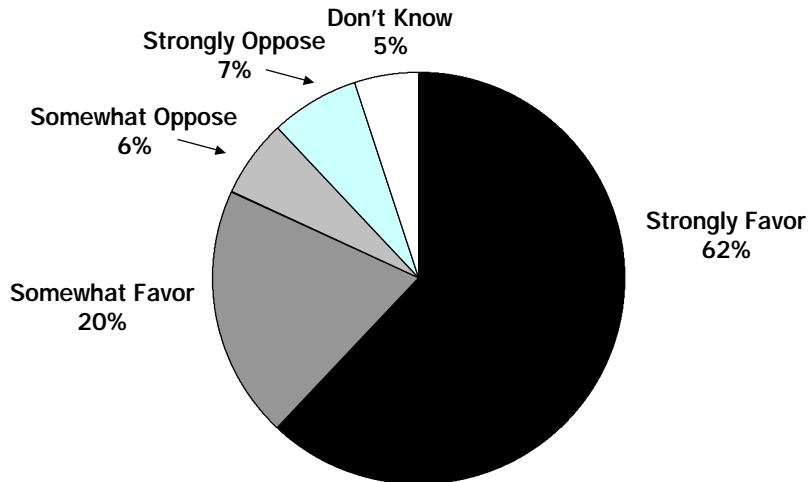
Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 20

Percent of Adults Who Had to Change Their Way of Life Significantly to Pay Medical Bills



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 21

Support for Adding Prescription Drug Coverage to Medicare Adults Ages 50-70



Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.* Chart 22

V. INSURANCE INSTABILITY AMONG ADULTS AGES 50 TO 64

The strong interest in early Medicare enrollment found among those ages 50 to 64 likely reflects underlying concerns about the security of their current insurance arrangements. Survey findings show surprisingly high uninsured rates among those who are as yet too young for Medicare.

Adults ages 50 to 64 are vulnerable to losing health insurance, often for lengthy spells.

- One of seven (15%) 50-to-64-year-olds was uninsured during 1999.
- Two-thirds (67%) went without insurance for one year or longer; half (53%) were uninsured for more than three years.
- Cost was the main reason why these men and women lacked coverage: three-quarters cited cost, including the lack of affordable health benefits through their job. Half (50%) said that insurance was too expensive. One-quarter (23%) said that they lost their job or changed jobs, or that their employer did not provide health insurance. Six percent were uninsured because of their poor health (Table 11).

Nearly one of eight men and women ages 50 to 64 said that they have been uninsured throughout most of their adult lives.

- Including those who are currently uninsured, one of five (21%) has had a time uninsured since age 50.
- For one of eight (15%), being without health coverage appears to be the “norm.” Seven percent said they have rarely or never been insured during their adult years, and another 8 percent said they have only sometimes been insured.

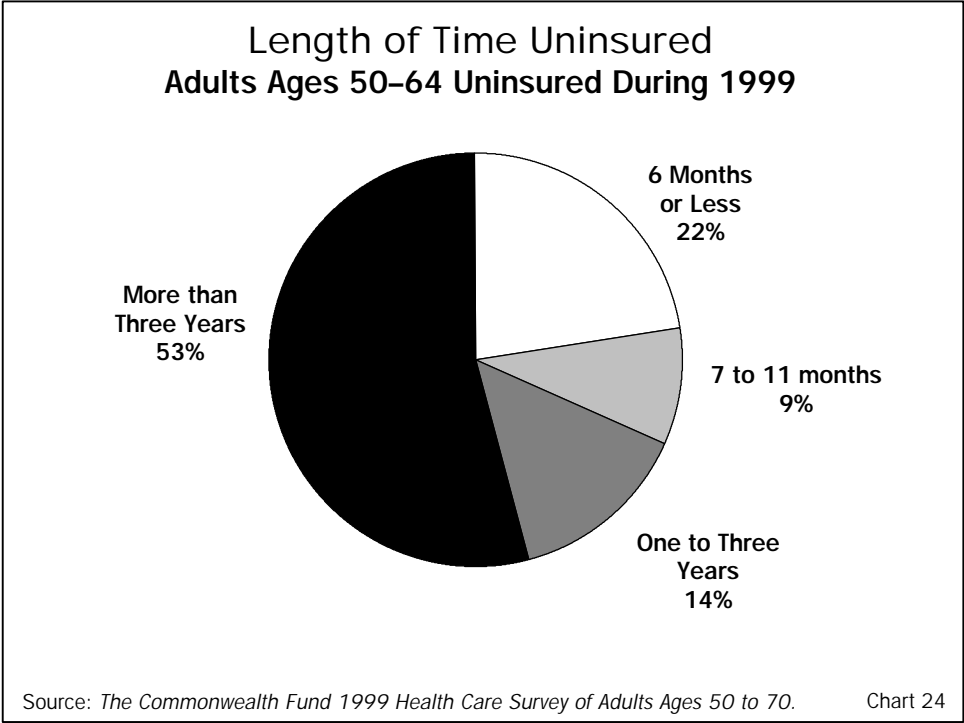
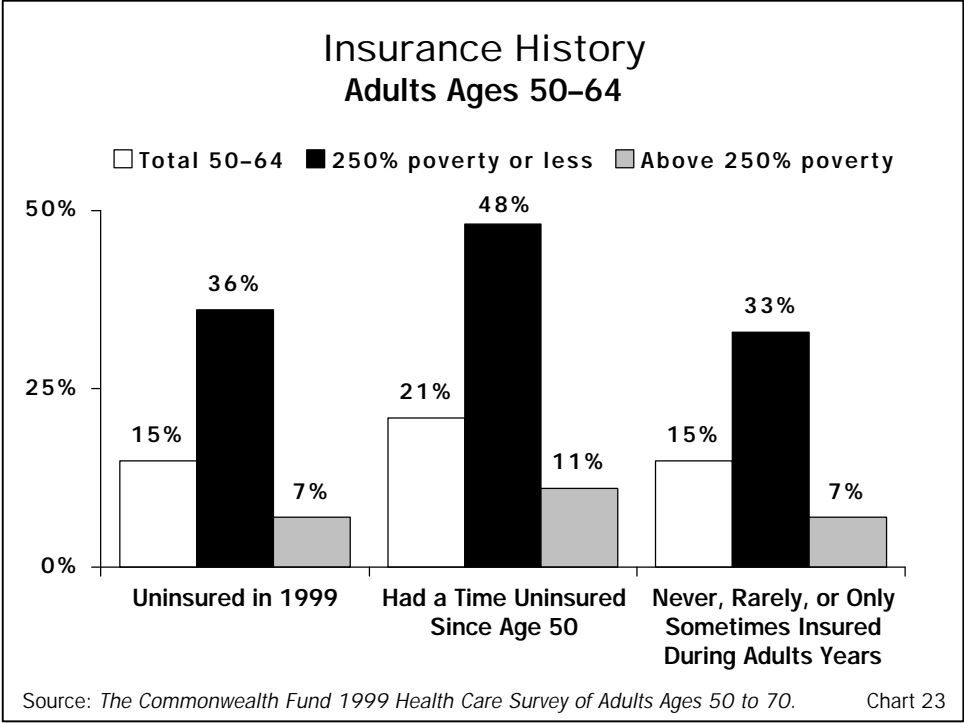
Low-income Americans ages 50 to 64 are especially at risk for experiencing spells without insurance. They are much more likely than higher-income Americans to have been chronically uninsured throughout their adult lives.

- More than one-third (36%) of adults ages 50 to 64 with incomes at or below 250 percent of the poverty level were uninsured in 1999, five times the rate for adults above this threshold (7%).

- Among low-income adults who were uninsured in 1999, nearly three-quarters (72%) had been without insurance for one year or longer, while three of five (58%) had been uninsured for more than three years.
- Fully one-third (33%) of low-income adults ages 50 to 64 said they never, rarely, or only sometimes had insurance coverage since becoming an adult—a rate that is nearly five times that for higher-income adults (7%).

Although marriage can offer a second opportunity to secure health coverage, one of five married adults ages 50 to 64 reported that they were uninsured, their spouse was uninsured, or both they and their spouse were uninsured.

- One of five (21%) married respondents ages 50 to 64 reported that at least one or both partners had no health coverage in 1999. For 4 percent of married couples, both respondent and spouse were uninsured.
- Among low-income married respondents, two of five (41%) reported that either they or their spouse was uninsured—nearly triple the rate found for married couples with higher incomes (15%).
- Gaps in family coverage that leave one spouse uninsured can also be found among Medicare beneficiaries. Sixteen percent, or more than one of six, married adults ages 65 to 70 said their husband or wife was uninsured.



VI. HEALTH AND FINANCIAL INSECURITY FOR THE UNINSURED AGES 50 TO 64

In general, the survey finds that adults ages 50 to 64, if uninsured, are at heightened risk for going without needed medical care or struggling to pay for medical care. Gaps in coverage often expose families to severe financial burdens.

Uninsured adults ages 50 to 64 are more likely than insured adults in this age range to have health problems and low family incomes.

- Reflecting the likelihood that poor health can trigger the loss of a job and health coverage for older workers, uninsured adults ages 50 to 64 are twice as likely as those with insurance to be in fair or poor health (37% vs. 19%). Moreover, they are 50 percent more likely to have a limiting disability (31% vs. 20%) (Table 12).
- Three of five (62%) uninsured adults ages 50 to 64 had incomes at or below 250 percent of the poverty level.
- For many, being uninsured has been a lifetime concern. Half of those uninsured in 1999 said they had only sometimes, rarely, or never been insured in their adult years.
- Most uninsured adults ages 50 to 64 retain some attachment to the workforce—often through a working spouse. Seven of 10 (70%) adults uninsured in 1999 were workers or had a working spouse. Nearly three of five (57%) were employed full-time or were married to a full-time worker.

Lack of health insurance exposes adults ages 50 to 64 to high out-of-pocket costs for prescription medications and other medical bills.

- In general, uninsured adults ages 50 to 64 frequently have high out-of-pocket costs. One of six (16%) said they regularly spend more than \$100 monthly for prescription medications. One-fifth (21%) spent at least 5 percent of their annual income on medication costs alone (Table 13).
- Considering all out-of-pocket costs for medical care, one-third of uninsured adults ages 50 to 64 estimated they spent \$2,500 or more in the past year.

- An estimated one-fifth of uninsured adults spent at least 10 percent of their income on medical expenses in the past year.

Uninsured adults 50 to 64 often go without needed health care because of the cost.

- In the past year, uninsured adults were four times as likely as insured adults to say they did not fill a prescription (36% vs. 10%) or did not follow up on recommended tests or treatment (36% vs. 9%) and five times as likely to have forgone needed medical care when sick (45% vs. 9%) because they could not afford it (Table 14).
- More than half (52%) of uninsured adults reported at least one of these access problems in the previous year, compared with one of six (17%) insured adults.
- Regardless of income, being without insurance raises access barriers. Among low-income uninsured adults, three of five (59%) did not fill a prescription for medication, went without needed medical care, or skipped medical tests or treatments due to costs; the same was true for two of five (41%) higher-income respondents without health insurance.

When the uninsured do get care, they often struggle to pay their medical bills.

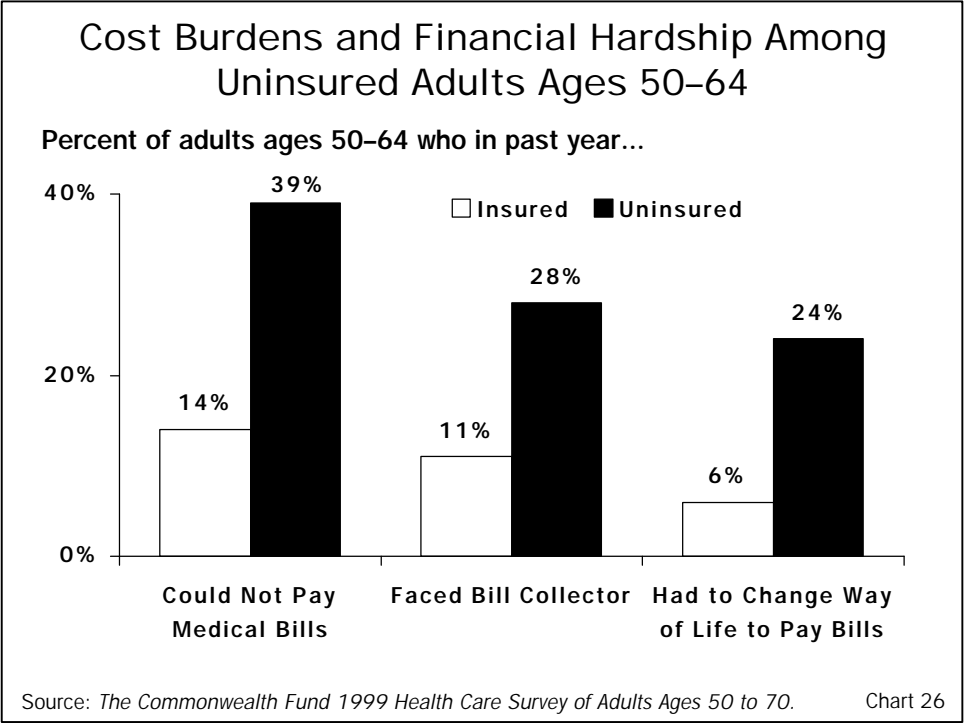
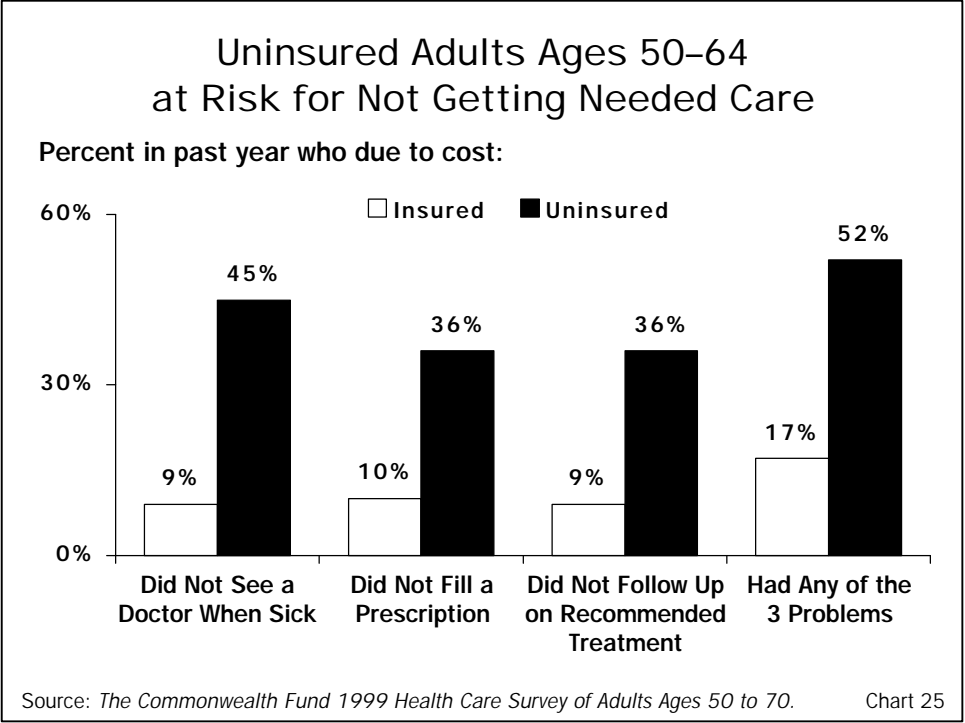
- Two of five (39%) uninsured adults said they had a problem paying for medical bills in the past year.
- The burdens of medical bills can force major changes in family lives. One-quarter (24%) of uninsured adults said they had to change their life significantly to pay for medical bills.
- Three of 10 (28%) uninsured adults were contacted by a collection agency in the past year for unpaid medical bills. Nearly half (46%) of the uninsured either could not pay their bills or were contacted by a collection agency.

Medicare and Medicaid coverage provide a safety net for disabled Americans under age 65.

- Although Medicare is only available to those under 65 with a long-term disability, and Medicaid for adults ages 50 to 64 tends to be limited to the disabled, the two programs combined insure 7 percent of 50-to-64-year-olds participating in the survey.
- Given their low incomes and health problems, were it not for this safety net an additional 7 percent of adults ages 50 to 64 would likely be uninsured.

Many insured adults ages 50 to 64 have health problems that could make it difficult to secure health insurance if they lost their job and access to employer-based coverage.

- One-third (34%) of all insured adults 50 to 64 and three of 10 (29%) of those currently working said that they or their spouse have a health condition that would make it difficult to get health insurance if they lost their current coverage.
- Concerns about health and insurance are particularly acute among low-income adults. More than two-fifths (42%) with insurance said they would have difficulty obtaining insurance if they lost access to their current coverage.



VII. RETIREE HEALTH BENEFITS: A THING OF THE PAST?

When asked about retiree health benefits, a minority of current workers ages 50 to 64 believe their employer will provide coverage if they retire before age 65 or will supplement Medicare at age 65. However, many did not know what to expect.

Only a third of older workers (ages 50–64) think their current employer offers health insurance to early retirees.

- One-third (36%) of workers believe that their current employer offers health insurance to employees who retire before age 65; 38 percent said that their company does not.
- One-fourth (25%) did not know whether the company they work for offers health benefits for early retirees.

An even smaller proportion thinks that their current employer will supplement Medicare benefits once they reach 65.

- Just one of five (22%) working adults think their company offers health insurance coverage to supplement Medicare when they are eligible at age 65.
- Many are uncertain: one-third do not know if their company would pay for Medicare supplemental coverage.

Low-income workers and those with health problems are the least likely to say their employer provides retiree health benefits.

- Low-income workers were half as likely (21%) as higher-income workers (42%) to say their employer offers coverage for employees who retire before age 65.
- Similarly, low-income workers were half as likely (11%) as those with higher incomes (26%) to think their employer would provide supplemental Medicare.
- Only 15 percent of workers in fair or poor health, compared with 24 percent of workers in good to excellent health, believe they will have coverage from their current job to supplement Medicare.

Adults ages 50 to 64 view health insurance as important in their retirement decision.

- Nearly two-thirds (64%) of working adults in this age group thought that the availability of health insurance would be a very important factor in making a decision to retire.
- Three of five (63%) retirees ages 50 to 64 and half (53%) of retirees ages 65 to 70 said that health insurance was a very important factor in their decision to retire.

**Retiree Health Benefits
Adults Ages 50–64 Currently Working**

	Total	Poverty Level	
		<=250%	>250%
Employer Provides Benefits for Early Retirees (Pre-Age 65)			
Yes	36%	21%	42%
No	38	50	34
Don't know	25	29	25
Employer Provides Supplement to Medicare at Age 65			
Yes	22	11	26
No	43	52	40
Don't know	34	37	34

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Chart 27

TABLES

Table 1
Trust as Health Insurance Sponsor
Question: Which would you trust more to provide health insurance for people ages 50–64?

	Medicare	Employers	Direct from Private Health Insurance Companies	None of These/ Don't Know
Total	34%	28%	22%	16%
Age				
50–64	33	28	23	15
50–54	28	32	26	14
55–59	35	26	22	17
60–64	38	26	19	16
65–70	38	26	18	18
ADULTS AGES 50–64				
Current Insurance				
Insured	30	30	25	15
Employer-sponsored	27	35	24	14
Public	53	12	20	15
Direct purchase or other	32	13	33	21
Uninsured	51	18	15	17
Income and Poverty Status				
Under \$35,000	48	20	17	16
\$35,000 or more	24	35	27	14
250% poverty or less	50	18	15	17
Above 250% poverty	25	35	26	13
Race/Ethnicity				
White	30	31	25	15
Black	54	22	11	13
Hispanic	43	19	17	21
Work Status				
Working	29	32	24	15
Full time	27	33	24	15
Part time	43	22	21	15
Not working	39	23	22	16
Self-Rated Health Status				
Excellent	24	31	31	13
Very good or good	30	32	23	15
Fair or poor	50	15	17	18
Party Affiliation				
Republican	22	34	30	14
Democrat	44	25	17	14
Independent	30	29	26	17

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 2
 Question: If Medicare were available to people ages 50 to 64,
 how interested would YOU be in getting Medicare insurance before you turn 65?
 Adults ages 50–64 not already on Medicare

	Very Interested	Somewhat Interested	Not Too Interested	Not at All Interested	Other/DK/Refused
Total Ages 50–64	36%	27%	13%	19%	6%
50–54	33	32	14	16	5
55–59	40	24	10	19	7
60–64	37	21	13	24	5
Current Insurance					
Insured	32	27	14	21	6
Employer-sponsored	29	28	15	21	6
Public	67	21	2	10	0
Other	37	24	10	23	5
Uninsured	61	25	5	5	4
Work Status					
Working	36	28	13	17	5
Full time	34	30	13	18	5
Part time	49	19	12	13	6
Not working	36	24	12	21	7
Income and Poverty Status					
Under \$35,000	54	23	6	10	6
\$35,000 or more	27	28	16	24	5
250% poverty or less	59	21	6	8	7
Above 250% poverty	29	28	15	23	5
Race/Ethnicity					
White	32	27	13	21	6
Black	52	27	6	12	3
Hispanic	57	29	8	4	2
Health Status					
Excellent	27	28	15	25	5
Very good or good	34	27	14	19	6
Fair or poor	54	23	5	11	6
Sex and Marital Status					
Men	34	25	13	23	5
Women	38	28	12	15	6
Married	34	27	14	20	5
Not married	42	26	9	16	6
Party Affiliation					
Republican	31	23	17	24	5
Democrat	43	29	10	15	4
Independent	33	28	15	20	5

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 3
Medicare Beneficiaries: Ratings of Current Insurance and Comparisons to Insurance Before Eligible for Medicare

	AGE GROUP		POVERTY STATUS		HEALTH STATUS		
	All on Medicare*	65–70	50–64 Disabled	250% or Less	More than 250%	Fair or Poor	Excellent, Very Good, or Good
Importance of Becoming Eligible for Medicare							
Very important	68%	65%	77%	82%	50%	81%	60%
Somewhat important	16	18	9	10	23	10	19
Not too/not at all important	14	15	13	8	24	8	18
Rating of All Current Insurance							
Excellent	25	26	23	20	31	19	29
Very good	27	29	21	26	26	23	29
Good	27	26	30	29	24	30	24
Fair or poor	17	15	24	20	15	24	14
Don't know	4	5	3	4	4	3	5
Rating of Medicare							
Excellent	11	11	9	11	10	11	11
Very good	18	20	13	17	18	14	20
Good	37	37	38	39	34	36	27
Fair or poor	25	22	31	28	23	31	21
Don't know	10	10	10	6	15	8	11
Comparison of Insurance Now to Before Becoming Eligible for Medicare: (insured before Medicare)							
Overall insurance now is better	21	20	21	27	18	26	18
Overall insurance is worse	16	15	21	16	15	13	17
Overall insurance is about the same	53	55	48	46	58	50	55
Overall pay more now							
Overall pay more now	25	24	30	29	24	24	26
Overall pay less now	28	28	25	33	24	29	27
Out-of-pocket about the same	39	38	42	34	43	42	38

* The survey included 571 adults with Medicare: 444 adults ages 65 to 70 and 127 adults ages 50 to 64. Only one-fourth of those surveyed had only Medicare. The rest had some type of other coverage in addition to Medicare.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 4
Medicare Beneficiaries: Insurance History and Insurance Status of Spouse

	AGE GROUP			POVERTY STATUS		HEALTH STATUS	
	All on Medicare*	65–70	50–64 Disabled	250% or Less	More than 250%	Fair or Poor	Excellent, Very Good, or Good
Coverage Just Before Medicare							
Employer-sponsored	55%	58%	46%	49%	61%	45%	60%
Own purchase	14	17	7	12	15	11	16
Other	14	11	20	14	14	15	13
Uninsured	15	12	22	22	6	25	9
Insurance History							
Had a time uninsured since age 50	22	19	31	33	13	31	17
Only sometimes insured as an adult	8	6	11	8	6	10	6
Rarely or never insured as an adult	8	7	10	14	2	12	6
MARRIED BENEFICIARIES*							
Spouse same insurance	63	66	53	51	71	55	67
Spouse different insurance	18	17	24	17	20	21	17
Spouse is uninsured	18	17	23	32	9	23	15
MARRIED AND DIFFERENT AGES							
What happened to insurance of younger spouse when the older went on Medicare?							
Spouse was already uninsured	15	12	23	21	11	18	14
Spouse lost insurance coverage	10	8	13	11	9	13	8
Spouse kept same coverage	66	71	52	55	75	55	70
Spouse was already on Medicare	2	2	3	4	0	5	1
Other	4	4	6	8	1	6	4

* The survey included 571 adults who said they have Medicare: 444 adults ages 65 to 70 and 127 adults age 50 to 64. Sixty-nine percent of beneficiaries surveyed were currently married.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 5
Confidence in Future Care, Satisfaction with Quality of Care, and Worries

	Total Ages 50-70	Ages 65-70	AGES 50-64		
			All	Insured	Uninsured
How confident are you that you will get the best medical care available when you need it?					
Very confident	45%	53%	42%	45%	30%
Somewhat confident	34	28	35	37	26
Not too confident	13	9	14	13	24
Not at all confident	6	6	7	5	16
Satisfaction with quality of care received in past year					
Very satisfied	48	55	47	50	29
Somewhat satisfied	29	25	30	31	25
Somewhat dissatisfied	7	6	8	8	8
Very dissatisfied	5	4	5	4	10
Not received health care	7	6	7	5	23
WORRIES ABOUT HEALTH CARE FUTURE					
How worried are you that you won't be able to get the type of specialist you will need?					
Very worried	25	21	26	22	50
Somewhat worried	31	29	32	33	27
Not too worried	19	20	19	21	9
Not at all worried	23	30	22	23	13
How worried are you that you won't be able to afford the medical care you will need?					
Very worried	25	21	26	21	53
Somewhat worried	31	26	32	33	25
Not too worried	21	25	20	22	8
Not at all worried	22	27	21	22	13
How worried are you that health insurance will become so expensive you will not be able to afford it?					
Very worried	34	28	36	31	64
Somewhat worried	31	28	33	35	17
Not too worried	15	19	14	15	6
Not at all worried	18	23	16	17	11

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 6
Health Status, by Age and Poverty Status, Adults 50-70

	Total Ages 50-70	AGES 50-64			AGES 65-70		
		Total	250% Poverty or Less	Above 250% Poverty	Total	250% Poverty or Less	Above 250% Poverty
Rates own health as fair or poor	23%	21%	41%	11%	30%	44%	16%
Has limits on daily activities	23	22	43	13	26	40	13
Disability or fair poor health*	31	30	52	19	38	55	23
Physician diagnosed in past five years with:							
Hypertension	37	35	42	31	45	51	42
Heart disease or heart attack	12	10	18	7	19	21	15
Cancer	6	5	4	5	10	9	11
Diabetes	13	12	15	11	15	19	11
Arthritis	35	32	45	26	46	51	43
Has any of the five diagnosed health conditions	61	58	70	54	72	78	67

* Rates own health as fair or poor or has limits on daily activities.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 7
 Prescription Drugs: Coverage and Expenses, by Age and Poverty Status

	Total Ages 50-70	AGES 50-64			AGES 65-70		
		Total	250% Poverty or Less	Above 250% Poverty	Total	250% Poverty or Less	Above 250% Poverty
Takes prescription drugs on regular basis	76%	74%	74%	75%	86%	89%	84%
Has insurance to help pay cost of prescription drugs	54	55	40	62	49	43	58
Monthly out-of-pocket expenditures on medication							
Less than \$25	35	36	32	37	31	25	35
\$26-\$50	16	15	15	17	18	21	17
\$51-\$100	11	11	11	11	14	17	12
More than \$100	10	9	14	7	16	21	13
Annual out-of-pocket expenditures on drugs are 5% or more of income	12	10	26	5	20	42	9
Adults Taking Medication on Regular Basis:							
Monthly out-of-pocket expenditures on medication							
Less than \$25	46	49	44	50	37	27	41
\$26-\$50	21	21	20	22	21	23	21
\$51-\$100	15	15	15	15	16	19	15
More than \$100	14	13	19	10	19	23	15

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 8
Out-of-Pocket Medical Care Expenses: Medical Bills and Premiums by Age and Poverty Status

	Total Ages 50-70	AGES 50-64			AGES 65-70		
		Total	250% Poverty or Less	Above 250% Poverty	Total	250% Poverty or Less	Above 250% Poverty
Out-of-Pocket Medical Expenditures in Past Year							
Less than \$100	29%	29%	30%	27%	31%	24%	37%
\$100-\$499	14	37	35	39	12	37	30
\$500-\$999	11	12	10	14	9	10	8
\$1,000 or more	17	17	21	16	17	22	14
Annual Premium Expenses for Private Insurance*							
Nothing	20	20	18	20	21	14	27
Less than \$500	14	14	14	15	14	19	10
\$500-\$999	16	15	20	16	18	24	15
\$1,000-\$1,999	19	18	17	20	19	23	17
\$2,000 or more	18	20	22	19	9	9	11
Total Annual Health Care Expenses**							
Less than \$500	30	29	41	24	33	35	33
\$500-\$999	14	15	13	17	10	9	10
\$1,000-\$2,499	14	14	8	18	14	14	14
\$2,500-\$3,499	11	12	13	11	10	14	8
\$3,500 or more	17	18	16	20	14	16	15
Out-of-pocket costs for medical bills and premiums are 10% or more of family income							
	12	11	32	4	16	35	6

* Only includes private insurance and employer-based premiums. Excludes premiums paid for Medicare Part B or other public insurance.

** Estimated based on monthly expenses for prescription medications, overall out-of-pocket medical bills, and premiums.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 9
Health Care Expenses by Prescription Drug Coverage, Adults Ages 50–70

	AGES 50–64			AGES 65–70	
	Insured		Uninsured	Insured	
	With Drug Benefits	Without Drug Benefits		With Drug Benefits	Without Drug Benefits
Respondent/spouse take prescription drugs on regular basis	79%	70%	61%	90%	83%
Monthly out-of-pocket expenditures on prescription medications					
Less than \$25	44	31	20	40	20
\$26–\$50	17	14	12	22	15
\$51–\$100	10	12	11	11	17
More than \$100	5	11	16	11	23
Estimated out-of-pocket expenditures on drugs are 5% or more of family income	6	11	21	14	27
Medical Expenses					
Total out-of-pocket medical expenditures in past year, including prescription drugs					
Less than \$100	29	30	26	34	27
\$100–\$499	40	34	30	32	34
\$500–\$999	12	12	10	11	7
\$1,000 or more	13	18	27	13	21
Insurance Premium Expenses*					
Adult share of annual premium					
Nothing	23	15	N/A	23	19
Less than \$500	15	13	N/A	16	11
\$500–\$999	15	15	N/A	19	16
\$1,000–\$1,999	19	18	N/A	15	25
\$2,000 or more	16	25	N/A	8	12
Estimated Total Annual Medical Bill and Premium Expenses**					
Less than \$500	28	22	44	33	32
\$500–\$999	16	17	10	12	9
\$1,000–\$2,499	17	13	5	19	10
\$2,500–\$3,499	10	13	17	8	13
\$3,500 or more	17	22	15	11	19
Annual health care expenses are 10% or more of family income	8	11	22	11	22

* Includes those with private health insurance. Excludes premiums paid for Medicare part B.

** Estimated based on monthly expenses for prescription medications, overall out-of-pocket medical bills and premiums.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 10
 Prescription Drugs: Health Care Access and Bill Problems by Prescription Coverage

	AGES 50–64			AGES 65–70	
	Insured		Uninsured	Insured	
	With Drug Benefits	Without Drug Benefits		With Drug Benefits	Without Drug Benefits
Access Problems During Year					
Did not fill a prescription due to cost	6%	16%	34%	5%	16%
Skipped medical test/treatment due to cost	6	13	36	5	12
Medical Bill Problem During Year					
Problem paying medical bills	9	21	39	6	19
Had to change way of life significantly to pay medical bills	5	9	24	4	12
Contacted by collection agency	10	13	28	7	10

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 11
Health Insurance History: Adults Ages 50–64 by Poverty and Ethnicity

	AGES 50–64				
	Total 50–64	Poverty Level		Race	
		250% Poverty or Less	Above 250% Poverty	White	Minority
Insured all year	84%	63%	93%	87%	71%
Uninsured in past year	15	36	7	12	28
Uninsured in 1999					
Length of time without insurance					
6 months or less	22	19	33	25	17
7 months to 1 year	9	7	16	11	4
1 to 3 years	14	14	16	16	13
More than 3 years	53	58	34	47	63
Main reason for being uninsured					
Too expensive	50	54	47	51	48
Lost job/employer not offer	23	24	26	27	27
Poor health, can't get	6	5	6	5	9
Don't need	2	3	2	1	4
Other	14	13	14	14	16
Had a time uninsured since age 50	21	48	11	19	33
Lifetime health insurance					
Insured all the time	60	33	70	63	47
Insured most of the time	24	33	22	24	26
Only sometimes insured	8	15	5	8	10
Rarely/never insured	7	18	2	5	16
Married couple: At least one uninsured	21	41	15	20	36
Base: Insured					
Length of time in current plan					
Less than 1 year	8	9	8	8	7
1 to 2 years	9	10	10	9	9
2 to less than 5 years	22	23	22	23	20
5 years or more	61	58	60	59	64
Main reason switched health plans in past five year (insured before)					
Lost/changed jobs	27	32	25	26	36
Employer changed plans	36	25	40	39	14
Better plan/doctor changed plans	23	26	23	22	32
Became eligible for Medicare	1	1	1	1	1
No longer offered/eligible	7	9	6	7	8
Other	4	7	4	4	10
Changed doctor when changed plans					
% Yes	32	40	31	30	47

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 12
Demographic Characteristics by Insurance Status, Adults Ages 50–64

	Ages 50–64	INSURANCE STATUS	
		Uninsured	Insured
Marital Status			
Married	71%	54%	74%
Not married	29	46	25
Education			
Less than high school	16	35	12
High school	38	39	38
Some college	20	15	21
College or more	26	10	28
Race/Ethnicity			
White	78	64	80
Black	9	11	9
Hispanic	8	22	6
Health Status			
Excellent	20	12	21
Very good or good	58	51	60
Fair or poor	21	37	19
Has a limiting disability	22	31	20
Doctor diagnosed past five years:			
Hypertension	35	40	34
Heart attack/heart disease	10	15	9
Cancer	5	4	5
Diabetes	12	16	11
Arthritis	32	38	30
Any of the above chronic conditions	58	62	58
Respondent's Work Status			
Working	62	61	63
Full time	53	46	54
Part time	9	15	8
Not working	38	39	37
Retired	19	9	21
Disabled	8	11	8
Family Work Status			
Worker in the family	75	70	76
No worker in the family	25	30	24
Financial Stress			
In the past year:			
Problem paying for rent or mortgage	14	40	9
Problem paying for food or utility bills	14	42	9

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 13
Health Care Expenses by Insurance Status, Adults Ages 50–64

	Total Ages 50–64	Uninsured	Insured
Prescription Drugs			
Monthly out-of-pocket expenses			
Less than \$25	36	20	39
\$26–\$50	15	12	16
\$51–\$100	11	11	11
More than \$100	9	16	7
Estimated out-of-pocket expenditures on drugs are 5% or more of family income	10	21	8
Medical Bill Expenses			
Out-of-pocket medical expenses in past year			
Less than \$100	29	26	29
\$100–\$499	37	30	38
\$500–\$999	12	10	12
\$1,000 or more	17	27	15
Insurance Premium Expenses:			
Respondents with Private Insurance			
Adult share of annual health care premium			
Nothing	20	N/A	20
Less than \$500	14	N/A	14
\$500–\$999	15	N/A	15
\$1,000–\$1,999	18	N/A	18
\$2,000 or more	20	N/A	20
Estimated Annual Health Care Bills and Premium Expenses*			
Less than \$500	29	44	26
\$500–\$999	15	10	16
\$1,000–\$2,499	14	5	16
\$2,500–\$3,499	12	17	11
\$3,500 or more	18	15	18
Annual health care expenses are 10% or more of family income	11	22	9

* Includes health insurance premiums (for insured only) and medical expenses including prescription drugs.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 14
Access and Medical Bill Experience by Insurance Status, Adults Ages 50–64

	All Ages 50–70	Ages 65–70	AGES 50–64		
			Total 50–64	Insured	Uninsured
Access					
No doctor visits past year	12%	9%	13%	11%	22%
In the past 12 months:					
Not get needed care	9	4	10	8	24
Needed to see a specialist	39	42	39	39	39
Had a problem seeing specialist when needed	12	10	12	10	24
Problems due to cost:					
Did not fill a prescription due to cost	13	12	13	10	36
Skipped medical test/treatment due to cost	12	10	13	9	36
Had a medical problem but did see a doctor due to cost	13	8	15	9	45
Access problem due to costs*	21	17	22	17	52
Medical Bill Problem					
Could not pay medical bills	17	14	17	14	39
Had to change way of life significantly to pay medical bills	9	8	9	6	24
Contacted by collection agency	13	9	14	11	28
Medical bill problem**	22	17	23	19	46
Medical Bill or Access Problem Due to Costs	26	21	28	22	59

* In the past year: did not fill a prescription, or skipped medical tests, treatment, or recommended follow-up, or had a medical problem but did not visit a doctor due to cost.

** Could not pay medical bills or contacted by collection agency in the past year.

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

Table 15
Older Workers Expectations of Retiree Coverage, Adults Ages 50–64

	POVERTY			HEALTH STATUS	
	All Ages 50–64	25% or Less	Above 25%	Fair or Poor	Excellent, Very Good, or Good
Currently Working or Looking for Work					
At what age do you plan to retire?					
Under 65	42%	28%	47%	42%	42%
At 65	25	27	24	19	26
Older than 65	17	18	17	17	17
Don't know	16	26	11	20	15
In making your decision about when to retire how important will the availability of health insurance be?					
Very important	64	73	63	78	62
Somewhat important	17	9	18	8	18
Not too/not at all	17	12	17	8	18
Currently Working					
Does your company offer health insurance to employees who retire before age 65?					
Yes	36	21	42	28	38
No	38	50	34	47	37
Don't know	25	29	25	24	25
Does your company offer health insurance to supplement Medicare for workers 65 and older?					
Yes	22	11	26	15	24
No	43	52	40	55	42
Don't know	34	37	34	31	35

Source: *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70.*

APPENDIX: SURVEY METHODOLOGY

The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70 was conducted by Princeton Research Survey Associates from August through November 1999. The survey consisted of 20-minute telephone interview with a random, national sample of 2,000 adults, ages 50 to 70 living in telephone households in the continental United States. The interviews included 1,523 adults ages 50 to 64 and 477 adults ages 65 to 70.

In the analysis, respondents were classified as insured by Medicare, insured by other sources, or uninsured if they had a time without health coverage in the past year based on a series of insurance questions. The study calculated costs of care relative to income using respondents' reports of annual income, monthly out-of-pocket expenses for prescription medications, annual out-of-pocket costs for medical bills, and premiums paid for health insurance.

The survey asked adults to indicate their annual income, monthly out-of-pocket expenses for prescription medications, annual out-of-pocket costs for medical bills, and premiums paid for health insurance. Using these reports, the study calculated estimated costs burdens as a percent of income.

In the analysis, the final sample was weighted to demographic characteristics of all adults ages 50 to 70 by age, sex, race/ethnicity, education, geographic region, household characteristics, and telephone service interruption based on the March 1999 Current Population Survey. The resulting final sample is representative of the 50 million adults ages 50 to 70 in the continental United States, including 39 million ages 50 to 64 and 11 million ages 65 to 70.

The survey has an overall margin of sampling error of ± 2 percentage points at the 95 percent confidence level. For the sample of adults of Medicare age (65–70) and those ages 50 to 64, the margins of error are ± 5 and ± 3 percentage points, respectively. In comparisons between the two age groups, differences of 5 percent or more are statistically significant. The survey response rate was 57 percent.

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#405 *Counting on Medicare: Perspectives and Concerns of Americans Ages 50 to 70* (July 2000). Cathy Schoen, Elisabeth Simantov, Lisa Duchon, and Karen Davis. Based on *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70*, this report finds that older adults ages 50 to 70 trust Medicare, feel more secure once they are enrolled, and are interested in participating before age 65.

#391 *On Their Own: Young Adults Living Without Health Insurance* (May 2000). Kevin Quinn, Cathy Schoen, and Louisa Buatti. Based on *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* and Task Force analysis of the March 1999 Current Population Survey, this report shows that young adults ages 19–29 are twice as likely to be uninsured as children or older adults.

#370 *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (March 2000). Kevin Quinn, Abt Associates, Inc. Using data from the March 1999 Current Population Survey and *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*, this report examines reasons why nine of the country's 11 million uninsured Hispanics are in working families, and the effect that lack has on the Hispanic community.

#364 *Risks for Midlife Americans: Getting Sick, Becoming Disabled, or Losing a Job and Health Coverage* (January 2000). John Budetti, Cathy Schoen, Elisabeth Simantov, and Janet Shikles. This short report derived from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* highlights the vulnerability of millions of midlife Americans to losing their job-based coverage in the face of heightened risk for chronic disease, disability, or loss of employment.

#363 *A Vote of Confidence: Attitudes Toward Employer-Sponsored Health Insurance* (January 2000). Cathy Schoen, Erin Strumpf, and Karen Davis. This issue brief based on findings from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* reports that most Americans believe employers are the best source of health coverage and that they should continue to serve as the primary source in the future. Almost all of those surveyed also favored the government providing assistance to low-income workers and their families to help them pay for insurance.

#362 *Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. This full-length analysis of the Fund's survey of more than 5,000 working-age Americans finds that half of all respondents would like employers to continue serving as the main source of coverage for the working population. However, sharp disparities exist in the availability of employer-based coverage: one-third of middle- and low-income adults who work full time are uninsured.

#361 *Listening to Workers: Challenges for Employer-Sponsored Coverage in the 21st Century* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. Based on *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*, this short report shows that although most working Americans with employer-sponsored health insurance are satisfied

with their plans, too many middle- and low-income workers cannot afford health coverage or are not offered it.

#347 *Can't Afford to Get Sick: A Reality for Millions of Working Americans* (September 1999). John Budetti, Lisa Duchon, Cathy Schoen, and Janet Shikles. This report from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* finds that millions of working Americans are struggling to get the health care they need because they lack insurance or experience gaps in coverage.

#207 *Uninsured Older Adults: Implications for Changing Medicare Eligibility* (April 1998). Pamela Loprest and Cori Uccello, The Urban Institute. The authors examine the growing number of uninsured Americans between ages 58 and 63 who are not yet eligible for Medicare and may not have access to group or private health insurance. They also assess proposals that could increase this age group's accessibility to health care.