

[TRACK 6: SURVIVOR STORIES: MEDICARE]

[Social Worker]

When it comes to your health care, the need for good information starts when you choose a health care plan. It used to be that if you were 65, you were eligible for Medicare. Medicare is the federal health insurance program established by Congress in 1965 for seniors and people with disabilities. Medicare is divided into two parts: Part A, which is hospital insurance, and Part B, which is medical insurance. Medicare applications are handled through your local Social Security office. There are several beliefs about Medicare that aren't true. First of all, it is not free. There are annual deductibles, and many things are not covered, such as routine physical exams, hearing aids, dental exams, or long-term care in a nursing home. Recently, Medicare has expanded its choices for health insurance to include MANAGED CARE ORGANIZATIONS. Medicare also expanded to include a Part D prescription drug benefit that pays some of the cost of medications. Because there are many different Part D plans, it's important to choose a plan that covers the medicines you take and to know what your share of the cost will be.

Rita, 65 years old

[Narrator]

Rita had breast cancer years ago -- in her early 40s. She had surgery and never had another problem. She will soon be turning 65 and she needs to enroll in Medicare. Listen to the concerns Rita has.

[Rita]

I thought insurance would be easy when I got to be 65 -- you simply get on Medicare and your problems would be over. So I was surprised to find out that there were more choices to be made. I knew about Medicare Part A and Part B, but I didn't know how complex it had all become.

[Rita]

Because I had a history of cancer almost 25 years ago, I've always been careful about keeping good health insurance. I don't expect my cancer to come back, and I'm in very good health. I'm good about getting my annual physical exam, eating right, and taking care of myself. So, I set out to find the information I needed to make my choice about Medicare. I started with my local Social Security office. When I asked about the different types of Medicare, the explanation didn't seem very clear. But the woman there gave me some good handouts to read.

[Rita]

First of all, one handout explained what the different options were. It said that no matter which Medicare option I chose, I would still be in the Medicare program, and would receive all of the services that original Medicare offers. I was most interested in a MANAGED CARE ORGANIZATION. For a fixed monthly premium, the MANAGED CARE ORGANIZATION provides many different kinds of health-care services, many of which are not provided by regular Medicare, like physical exams and vision and dental care. All of these services were important to me. But I kept thinking, there must be a catch to this or everyone would choose this instead of regular Medicare. So I kept checking further.

[Rita]

I found the catch -- it was choice. The MANAGED CARE ORGANIZATION would not let me go to just any doctor or hospital I chose, unless I needed emergency care. You have to go to a MANAGED CARE ORGANIZATION doctor. They call this being "locked into" the MANAGED CARE ORGANIZATION. If you need to see a specialist, like a cancer doctor, you first have to get a referral from your family doctor, who they call your "primary care doctor." The other problem is that the Medicare MANAGED CARE ORGANIZATIONS can change their benefits every year. Why, they can even drop Medicare coverage completely. Then, you'd have to change to another Medicare program.

[Rita]

After checking out all of my questions, I did decide to select a Medicare MANAGED CARE ORGANIZATION. My family doctor was in the plan, and the fact that right now I don't have any illnesses needing a special doctor made my choice easier. I like how easy it is - very little paperwork or forms to fill out. And I have the right to get out of the MANAGED CARE ORGANIZATION at anytime for any reason. It took some effort, but I feel I got enough information for me to make my choice.

[Narrator]

Once you have found the information you need, you are ready to make some decisions about your plan to live with cancer and its treatment. Let's look again at the example of Jim, whom we met in the "Making Decisions" program. Jim was newly diagnosed with prostate cancer. His own doctor had reviewed treatment options with him: surgery to remove the tumor; radiation treatment to shrink the tumor; or, an approach they call "watchful waiting". Now, Jim needs to make a decision. As always, he asks his wife to help him through the situation. Listen to some of the concerns that Jim has.