

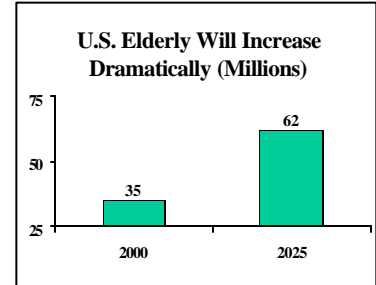
UNITED STATES: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 38 MILLION AMERICANS

- **33.1 million seniors and 4.9 million people with disabilities rely on Medicare .**
 - About 21.7 million Medicare beneficiaries (57 percent) are women.
 - About 4.0 million Medicare beneficiaries (11 percent) are age 85 and older.
 - About 9.1 million Medicare beneficiaries (24 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among U.S. elderly fell from 29 to 11 percent since Medicare was created.**

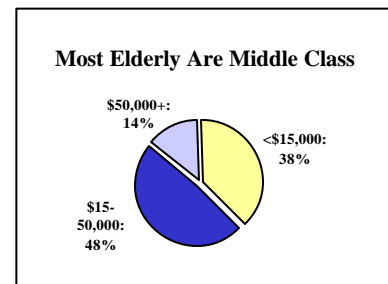
MEDICARE ENROLLMENT WILL SURGE

- **The number of seniors in United States will rise from 34.7 million in 2000 to 62 million in 2025.** The percent of residents in the United States who are elderly will increase from 13 to 19 percent.
- **About 6.1 million people (28%) ages 55 to 65 in the United States, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of U.S. firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have it. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 23.5 million or 61 percent of Medicare beneficiaries nationwide have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 15.6 million elderly in United States are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers depend on over \$200 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in United States. This is critical to:
 - 5,108 hospitals, 801,600 physicians, 14,852 nursing homes, and other health care providers.

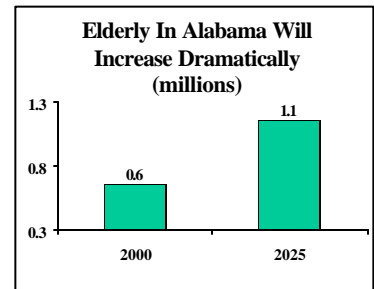
ALABAMA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 669,000 IN ALABAMA

- **551,000 seniors and 118,000 people with disabilities in Alabama rely on Medicare .**
 - About 385,000 Medicare beneficiaries in Alabama (58 percent) are women.
 - About 66,000 Medicare beneficiaries in Alabama (10 percent) are age 85 and older.
 - About 244,000 Medicare beneficiaries in Alabama (36 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Alabama fell from 41 to 13 percent since Medicare was created.**

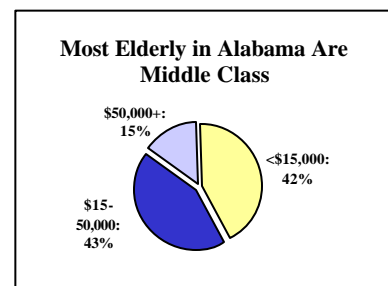
MEDICARE ENROLLMENT WILL SURGE IN ALABAMA

- **The number of seniors in Alabama will rise from 582,000 in 2000 to 1,069,000 in 2025.** The percent of residents in Alabama who are elderly will increase from 13 to 21 percent.
- **About 104,000 people (27%) ages 55 to 65 in Alabama, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



ALABAMA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 19 percent of Alabama firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$124 in Alabama, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Alabama.** No Medicare beneficiaries in Alabama have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 248,000 of all elderly in Alabama are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ALABAMA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Alabama depend on \$4 billion in Medicare spending.** Medicare pays for 22 percent of all personal health care expenditures in Alabama. This is critical to:
 - 110 hospitals, 9,700 physicians, 219 nursing homes, and other providers in Alabama.

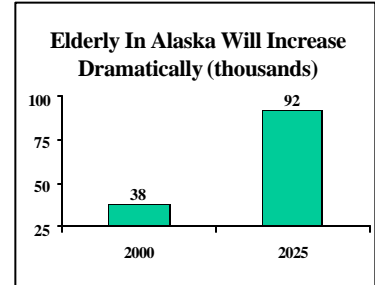
ALASKA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 38,000 IN ALASKA

- **32,000 seniors and 6,000 people with disabilities in Alaska rely on Medicare.**
 - About 20,000 Medicare beneficiaries in Alaska (51 percent) are women.
 - About 2,000 Medicare beneficiaries in Alaska (6 percent) are age 85 and older.
 - About 19,000 Medicare beneficiaries in Alaska (51 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly nationwide fell from 29 to 11 percent since Medicare was created.**

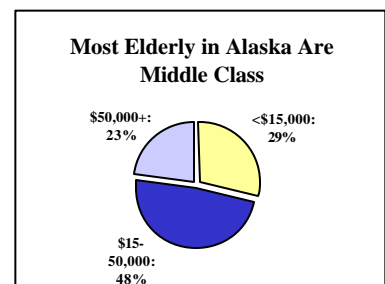
MEDICARE ENROLLMENT WILL SURGE IN ALASKA

- **The number of seniors in Alaska will rise from 38,000 in 2000 to 92,000 in 2025.** The percent of residents in Alaska who are elderly will increase from 6 to 10 percent.
- **About 9,000 people (23%) ages 55 to 65 in Alaska, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



ALASKA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Alaska.** No Medicare beneficiaries in Alaska have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 15,000 of all elderly in Alaska are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ALASKA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Alaska depend on \$160 million in Medicare spending.** Medicare pays for 6 percent of all personal health care expenditures in Alaska. This is critical to:
 - 22 hospitals, 1,400 physicians, 16 nursing homes, and other providers in Alaska.

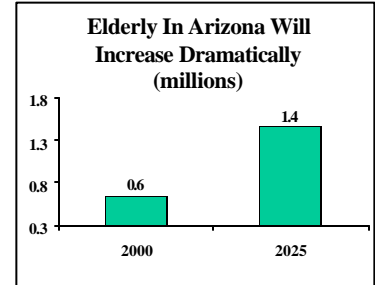
ARIZONA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 651,000 IN ARIZONA

- **573,000 seniors and 78,000 people with disabilities in Arizona rely on Medicare.**
 - About 357,000 Medicare beneficiaries in Arizona (55 percent) are women.
 - About 60,000 Medicare beneficiaries in Arizona (9 percent) are age 85 and older.
 - About 91,000 Medicare beneficiaries in Arizona (14 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Arizona fell from 13 to 10 percent since Medicare was created.**

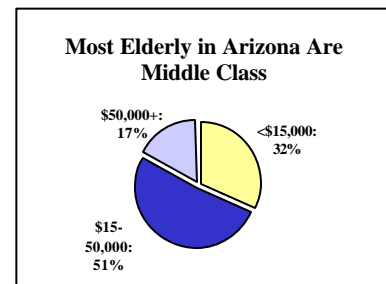
MEDICARE ENROLLMENT WILL SURGE IN ARIZONA

- **The number of seniors in Arizona will rise from 635,000 in 2000 to 1,368,000 in 2025.** The percent of residents in Arizona who are elderly will increase from 13 to 21 percent.
- **About 119,000 people (33%) ages 55 to 65 in Arizona, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



ARIZONA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of Arizona firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 618,329 or 94 percent of Medicare beneficiaries in Arizona have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 287,000 of all elderly in Arizona are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ARIZONA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Arizona depend on \$3 billion in Medicare spending.** Medicare pays for 21 percent of all personal health care expenditures in Arizona. This is critical to:
 - 69 hospitals, 11,100 physicians, 164 nursing homes, and other providers in Arizona.

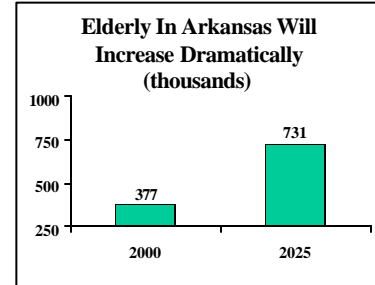
ARKANSAS: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 433,000 IN ARKANSAS

- **357,000 seniors and 76,000 people with disabilities in Arkansas rely on Medicare.**
 - About 243,000 Medicare beneficiaries in Arkansas (56 percent) are women.
 - About 45,000 Medicare beneficiaries in Arkansas (10 percent) are age 85 and older.
 - About 258,000 Medicare beneficiaries in Arkansas (60 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Arkansas fell from 42 to 17 percent since Medicare was created.**

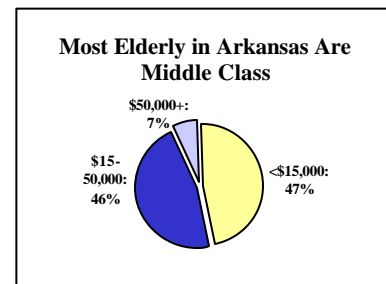
MEDICARE ENROLLMENT WILL SURGE IN ARKANSAS

- **The number of seniors in Arkansas will rise from 377,000 in 2000 to 731,000 in 2025.** The percent of residents in Arkansas who are elderly will increase from 14 to 24 percent.
- **About 88,000 people (39%) ages 55 to 65 in Arkansas, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



ARKANSAS SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 14 percent of Arkansas firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$158 in Arkansas, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Arkansas requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Arkansas.** No Medicare beneficiaries in Arkansas have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 165,000 of all elderly in Arkansas are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ARKANSAS HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Arkansas depend on \$2 billion in Medicare spending.** Medicare pays for 23 percent of all personal health care expenditures in Arkansas. This is critical to:
 - 78 hospitals, 6,900 physicians, 207 nursing homes, and other providers in Arkansas.

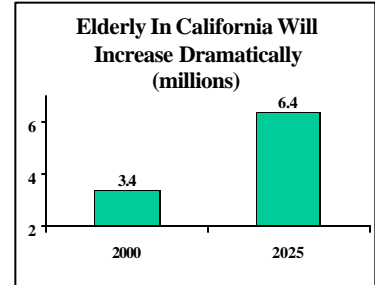
CALIFORNIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 3,783,000 IN CALIFORNIA

- **3,348,000 seniors and 435,000 people with disabilities in California rely on Medicare.**
 - About 2,129,000 Medicare beneficiaries in California (56 percent) are women.
 - About 394,000 Medicare beneficiaries in California (10 percent) are age 85 and older.
 - About 168,000 Medicare beneficiaries in California (4 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in California fell from 20 to 9 percent since Medicare was created.**

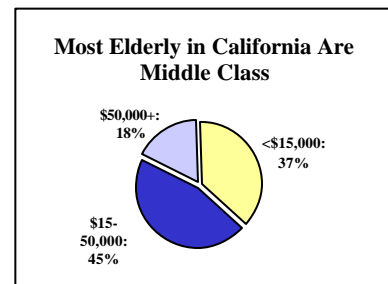
MEDICARE ENROLLMENT WILL SURGE IN CALIFORNIA

- **The number of seniors in California will rise from 3,387,000 in 2000 to 6,424,000 in 2025.** The percent of residents in California who are elderly will increase from 10 to 13 percent.
- **About 768,000 people (32%) ages 55 to 65 in California, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



CALIFORNIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 19 percent of California firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 3,365,276 or 93 percent of Medicare beneficiaries in California have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 1,541,000 of all elderly in California are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



CALIFORNIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in California depend on \$23 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in California. This is critical to:
 - 425 hospitals, 96,600 physicians, 1,319 nursing homes, and other providers in California.

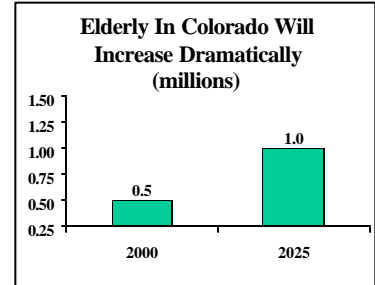
COLORADO: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 451,000 IN COLORADO

- **389,000 seniors and 62,000 people with disabilities in Colorado rely on Medicare.**
 - About 253,000 Medicare beneficiaries in Colorado (56 percent) are women.
 - About 45,000 Medicare beneficiaries in Colorado (10 percent) are age 85 and older.
 - About 83,000 Medicare beneficiaries in Colorado (19 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Colorado fell from 24 to 3 percent since Medicare was created.**

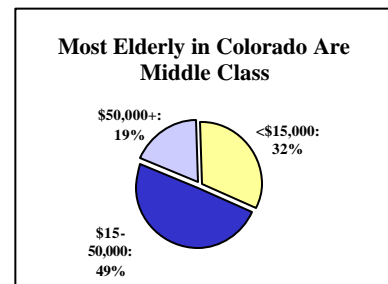
MEDICARE ENROLLMENT WILL SURGE IN COLORADO

- **The number of seniors in Colorado will rise from 452,000 in 2000 to 1,044,000 in 2025.** The percent of residents in Colorado who are elderly will increase from 11 to 20 percent.
- **About 93,000 people (30%) ages 55 to 65 in Colorado, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



COLORADO SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 25 percent of Colorado firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$135 in Colorado, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 387,696 or 83 percent of Medicare beneficiaries in Colorado have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 171,000 of all elderly in Colorado are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



COLORADO HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Colorado depend on \$2 billion in Medicare spending.** Medicare pays for 16 percent of all personal health care expenditures in Colorado. This is critical to:
 - 65 hospitals, 12,600 physicians, 206 nursing homes, and other providers in Colorado.

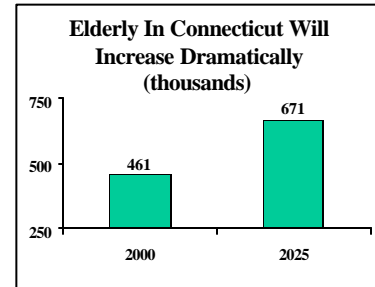
CONNECTICUT: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 510,000 IN CONNECTICUT

- **456,000 seniors and 54,000 people with disabilities in Connecticut rely on Medicare .**
 - About 297,000 Medicare beneficiaries in Connecticut (58 percent) are women.
 - About 60,000 Medicare beneficiaries in Connecticut (12 percent) are age 85 and older.
 - About 16,000 Medicare beneficiaries in Connecticut (3 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Connecticut fell from 14 to 4 percent since Medicare was created.**

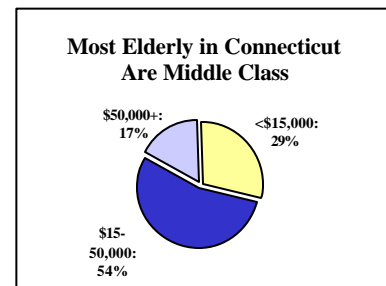
MEDICARE ENROLLMENT WILL SURGE IN CONNECTICUT

- **The number of seniors in Connecticut will rise from 461,000 in 2000 to 671,000 in 2025.** The percent of residents in Connecticut who are elderly will increase from 14 to 18 percent.
- **About 80,000 people (26%) ages 55 to 65 in Connecticut, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



CONNECTICUT SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 24 percent of Connecticut firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$207 in Connecticut, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Connecticut requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 559,603 or 97 percent of Medicare beneficiaries in Connecticut have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 235,000 of all elderly in Connecticut are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



CONNECTICUT HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Connecticut depend on \$3 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Connecticut. This is critical to:
 - 33 hospitals, 11,900 physicians, 251 nursing homes, and other providers in Connecticut.

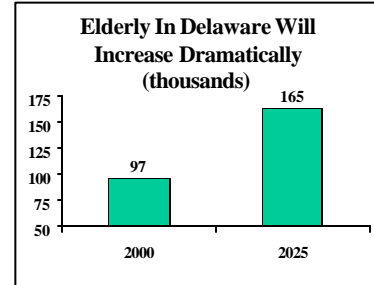
DELAWARE: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 108,000 IN DELAWARE

- **95,000 seniors and 13,000 people with disabilities in Delaware rely on Medicare .**
 - About 61,000 Medicare beneficiaries in Delaware (57 percent) are women.
 - About 10,000 Medicare beneficiaries in Delaware (9 percent) are age 85 and older.
 - About 30,000 Medicare beneficiaries in Delaware (27 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Delaware fell from 30 to 9 percent since Medicare was created.**

MEDICARE ENROLLMENT WILL SURGE IN DELAWARE

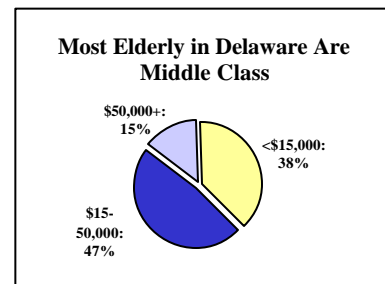
- **The number of seniors in Delaware will rise from 97,000 in 2000 to 165,000 in 2025.** The percent of residents in Delaware who are elderly will increase from 13 to 19 percent.



- **About 11,000 people (17%) ages 55 to 65 in Delaware, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.

DELAWARE SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$120 in Delaware, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Delaware.** About 65,492 or 60 percent of Medicare beneficiaries in Delaware have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 46,000 of all elderly in Delaware are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



DELAWARE HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Delaware depend on \$405 million in Medicare spending.** Medicare pays for 17 percent of all personal health care expenditures in Delaware. This is critical to:
 - 6 hospitals, 2,300 physicians, 39 nursing homes, and other providers in Delaware.

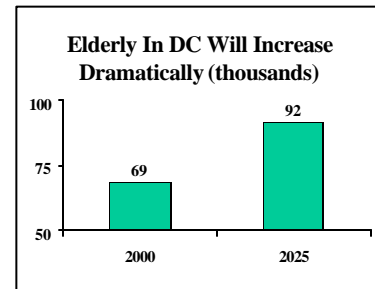
DISTRICT OF COLUMBIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 76,000 IN DISTRICT OF COLUMBIA

- **67,000 seniors and 9,000 people with disabilities in District of Columbia rely on Medicare .**
 - About 46,000 Medicare beneficiaries in District of Columbia (60 percent) are women.
 - About 10,000 Medicare beneficiaries in District of Columbia (14 percent) are age 85 and older.
 - About - Medicare beneficiaries in District of Columbia (- percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in DC fell from 27 to 18 percent since Medicare was created.**

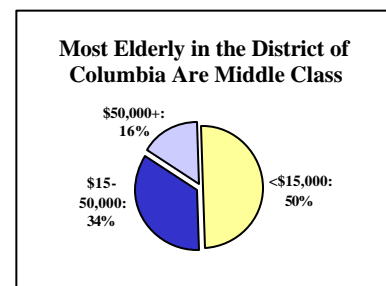
MEDICARE ENROLLMENT WILL SURGE IN DC

- **The number of seniors in District of Columbia will rise from 69,000 in 2000 to 92,000 in 2025.** The percent of residents in District of Columbia who are elderly will increase from 13 to 14 percent.
- **About 10,000 people (25%) ages 55 to 65 in District of Columbia, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



DISTRICT OF COLUMBIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 71,448 or 100 percent of Medicare beneficiaries in District of Columbia have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 25,000 of all elderly in District of Columbia are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



DISTRICT OF COLUMBIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in District of Columbia depend on \$1 billion in Medicare spending.** Medicare pays for 14 percent of all personal health care expenditures in District of Columbia. This is critical to:
 - 10 hospitals, 4,200 physicians, 21 nursing homes, and other providers in District of Columbia.

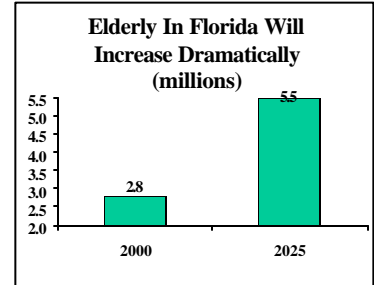
FLORIDA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 2,761,000 IN FLORIDA

- **2,477,000 seniors and 284,000 people with disabilities in Florida rely on Medicare .**
 - About 1,538,000 Medicare beneficiaries in Florida (56 percent) are women.
 - About 295,000 Medicare beneficiaries in Florida (11 percent) are age 85 and older.
 - About 219,000 Medicare beneficiaries in Florida (8 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Florida fell from 30 to 9 percent since Medicare was created.**

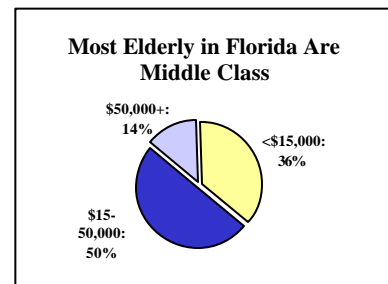
MEDICARE ENROLLMENT WILL SURGE IN FLORIDA

- **The number of seniors in Florida will rise from 2,755,000 in 2000 to 5,453,000 in 2025.** The percent of residents in Florida who are elderly will increase from 18 to 26 percent.
- **About 426,000 people (33%) ages 55 to 65 in Florida, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



FLORIDA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of Florida firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$167 in Florida, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Florida prohibits attained-age rating. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 2,380,337 or 82 percent of Medicare beneficiaries in Florida have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 1,294,000 of all elderly in Florida are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



FLORIDA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Florida depend on \$18 billion in Medicare spending.** Medicare pays for 28 percent of all personal health care expenditures in Florida. This is critical to:
 - 203 hospitals, 41,500 physicians, 719 nursing homes, and other providers in Florida.

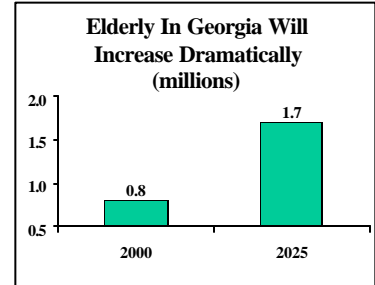
GEORGIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 885,000 IN GEORGIA

- **730,000 seniors and 155,000 people with disabilities in Georgia rely on Medicare .**
 - About 514,000 Medicare beneficiaries in Georgia (58 percent) are women.
 - About 83,000 Medicare beneficiaries in Georgia (9 percent) are age 85 and older.
 - About 350,000 Medicare beneficiaries in Georgia (40 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Georgia fell from 43 to 11 percent since Medicare was created.**

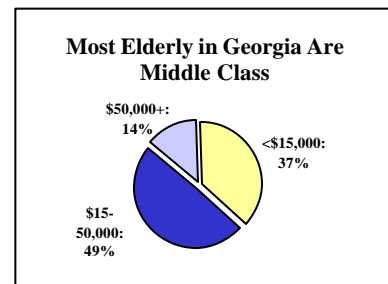
MEDICARE ENROLLMENT WILL SURGE IN GEORGIA

- **The number of seniors in Georgia will rise from 779,000 in 2000 to 1,668,000 in 2025.** The percent of residents in Georgia who are elderly will increase from 10 to 17 percent.
- **About 158,000 people (30%) ages 55 to 65 in Georgia, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



GEORGIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 24 percent of Georgia firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$215 in Georgia, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Georgia prohibits attained-age rating. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Georgia.** About 312,886 or 37 percent of Medicare beneficiaries in Georgia have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 368,000 of all elderly in Georgia are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



GEORGIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Georgia depend on \$4 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Georgia. This is critical to:
 - 161 hospitals, 18,500 physicians, 315 nursing homes, and other providers in Georgia.

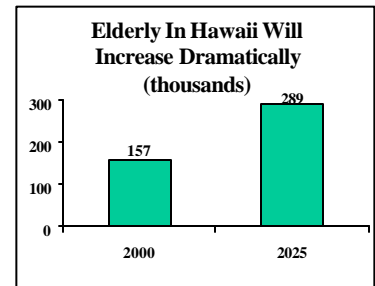
HAWAII: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 159,000 IN HAWAII

- **146,000 seniors and 13,000 people with disabilities in Hawaii rely on Medicare.**
 - About 86,000 Medicare beneficiaries in Hawaii (54 percent) are women.
 - About 15,000 Medicare beneficiaries in Hawaii (10 percent) are age 85 and older.
 - About 43,000 Medicare beneficiaries in Hawaii (27 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Hawaii fell from 24 to 8 percent since Medicare was created.**

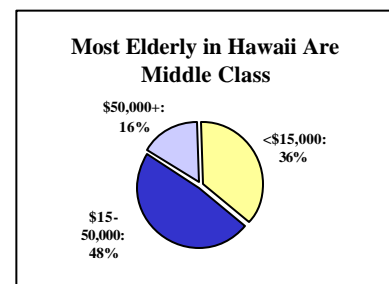
MEDICARE ENROLLMENT WILL SURGE IN HAWAII

- **The number of seniors in Hawaii will rise from 157,000 in 2000 to 289,000 in 2025.** The percent of residents in Hawaii who are elderly will increase from 12 to 16 percent.
- **About 16,000 people (20%) ages 55 to 65 in Hawaii, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



HAWAII SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 29 percent of Hawaii firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 148,794 or 100 percent of Medicare beneficiaries in Hawaii have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 77,000 of all elderly in Hawaii are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



HAWAII HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Hawaii depend on \$1 billion in Medicare spending.** Medicare pays for 14 percent of all personal health care expenditures in Hawaii. This is critical to:
 - 23 hospitals, 3,900 physicians, 38 nursing homes, and other providers in Hawaii.

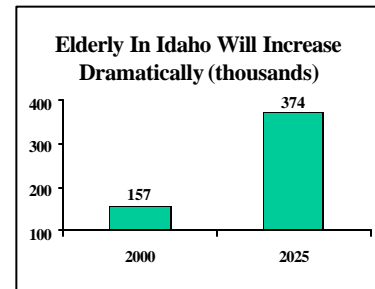
IDAHO: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 159,000 IN IDAHO

- **140,000 seniors and 19,000 people with disabilities in Idaho rely on Medicare.**
 - About 87,000 Medicare beneficiaries in Idaho (55 percent) are women.
 - About 17,000 Medicare beneficiaries in Idaho (11 percent) are age 85 and older.
 - About 105,000 Medicare beneficiaries in Idaho (66 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Idaho fell from 25 to 8 percent since Medicare was created.**

MEDICARE ENROLLMENT WILL SURGE IN IDAHO

- **The number of seniors in Idaho will rise from 157,000 in 2000 to 374,000 in 2025.** The percent of residents in Idaho who are elderly will increase from 12 to 22 percent.

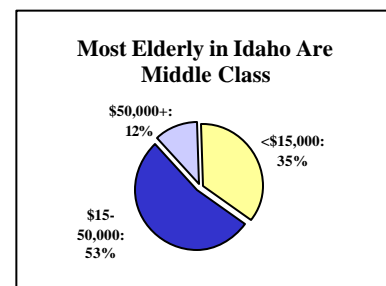


- **About 30,000 people (31%) ages 55 to 65 in Idaho, who are not yet eligible for Medicare, are uninsured or individually insured.**

People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.

IDAHO SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Idaho prohibits attained-age rating. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Idaho.** About 45,058 or 29 percent of Medicare beneficiaries in Idaho have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 72,000 of all elderly in Idaho are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



IDAHO HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Idaho depend on \$1 billion in Medicare spending.** Medicare pays for 17 percent of all personal health care expenditures in Idaho. This is critical to:
 - 43 hospitals, 2,500 physicians, 86 nursing homes, and other providers in Idaho.

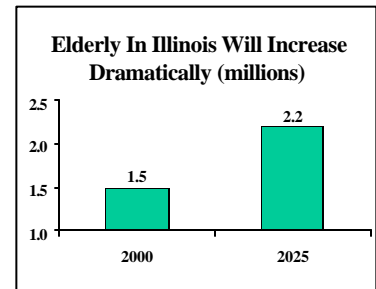
ILLINOIS: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 1,626,000 IN ILLINOIS

- **1,440,000 seniors and 186,000 people with disabilities in Illinois rely on Medicare.**
 - About 946,000 Medicare beneficiaries in Illinois (58 percent) are women.
 - About 185,000 Medicare beneficiaries in Illinois (11 percent) are age 85 and older.
 - About 343,000 Medicare beneficiaries in Illinois (21 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Illinois fell from 27 to 12 percent since Medicare was created.**

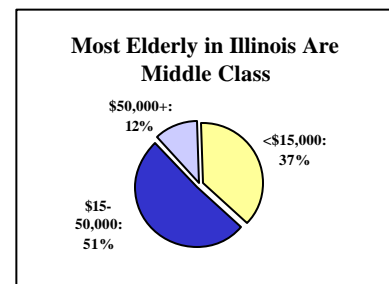
MEDICARE ENROLLMENT WILL SURGE IN ILLINOIS

- **The number of seniors in Illinois will rise from 1,484,000 in 2000 to 2,234,000 in 2025.** The percent of residents in Illinois who are elderly will increase from 12 to 17 percent.
- **About 227,000 people (24%) ages 55 to 65 in Illinois, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



ILLINOIS SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 25 percent of Illinois firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$131 in Illinois, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Illinois.** About 1,031,593 or 63 percent of Medicare beneficiaries in Illinois have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 678,000 of all elderly in Illinois are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ILLINOIS HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Illinois depend on \$8 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Illinois. This is critical to:
 - 198 hospitals, 31,900 physicians, 631 nursing homes, and other providers in Illinois.

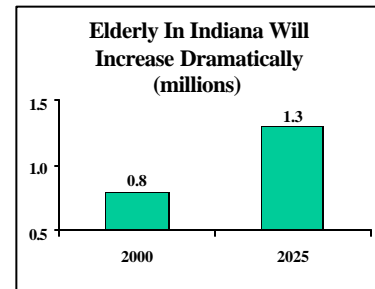
INDIANA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 841,000 IN INDIANA

- **732,000 seniors and 109,000 people with disabilities in Indiana rely on Medicare .**
 - About 486,000 Medicare beneficiaries in Indiana (58 percent) are women.
 - About 86,000 Medicare beneficiaries in Indiana (10 percent) are age 85 and older.
 - About 259,000 Medicare beneficiaries in Indiana (31 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Indiana fell from 28 to 9 percent since Medicare was created.**

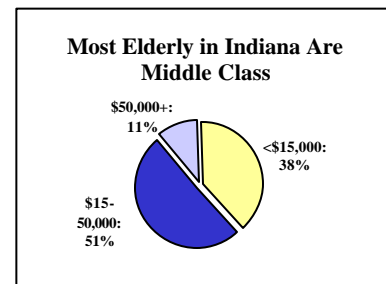
MEDICARE ENROLLMENT WILL SURGE IN INDIANA

- **The number of seniors in Indiana will rise from 763,000 in 2000 to 1,260,000 in 2025.** The percent of residents in Indiana who are elderly will increase from 13 to 19 percent.
- **About 134,000 people (30%) ages 55 to 65 in Indiana, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



INDIANA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 21 percent of Indiana firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Indiana.** About 314,114 or 38 percent of Medicare beneficiaries in Indiana have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 357,000 of all elderly in Indiana are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



INDIANA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Indiana depend on \$4 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Indiana. This is critical to:
 - 115 hospitals, 15,300 physicians, 507 nursing homes, and other providers in Indiana.

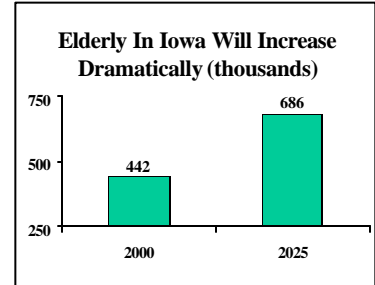
IOWA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 476,000 IN IOWA

- **429,000 seniors and 47,000 people with disabilities in Iowa rely on Medicare .**
 - About 276,000 Medicare beneficiaries in Iowa (58 percent) are women.
 - About 62,000 Medicare beneficiaries in Iowa (13 percent) are age 85 and older.
 - About 300,000 Medicare beneficiaries in Iowa (63 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Iowa fell from 35 to 6 percent since Medicare was created.**

MEDICARE ENROLLMENT WILL SURGE IN IOWA

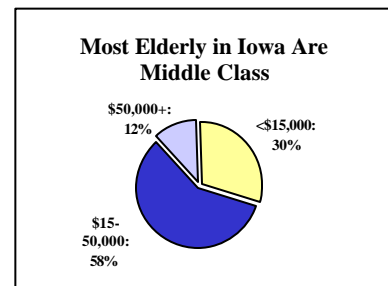
- **The number of seniors in Iowa will rise from 442,000 in 2000 to 686,000 in 2025.** The percent of residents in Iowa who are elderly will increase from 15 to 23 percent.



- **About 86,000 people (34%) ages 55 to 65 in Iowa, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.

IOWA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 17 percent of Iowa firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$114 in Iowa, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Iowa.** No Medicare beneficiaries in Iowa have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 218,000 of all elderly in Iowa are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



IOWA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Iowa depend on \$2 billion in Medicare spending.** Medicare pays for 20 percent of all personal health care expenditures in Iowa. This is critical to:
 - 117 hospitals, 8,500 physicians, 263 nursing homes, and other providers in Iowa.

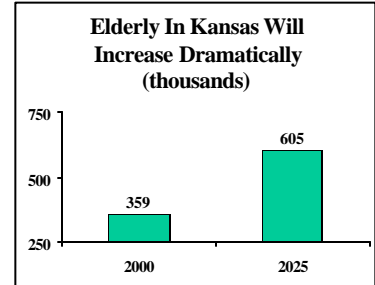
KANSAS: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 389,000 IN KANSAS

- **348,000 seniors and 41,000 people with disabilities in Kansas rely on Medicare.**
 - About 225,000 Medicare beneficiaries in Kansas (58 percent) are women.
 - About 50,000 Medicare beneficiaries in Kansas (13 percent) are age 85 and older.
 - About 203,000 Medicare beneficiaries in Kansas (52 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Kansas fell from 41 to 9 percent since Medicare was created.**

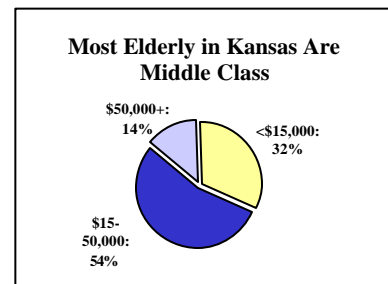
MEDICARE ENROLLMENT WILL SURGE IN KANSAS

- **The number of seniors in Kansas will rise from 359,000 in 2000 to 605,000 in 2025.** The percent of residents in Kansas who are elderly will increase from 13 to 20 percent.
- **About 57,000 people (31%) ages 55 to 65 in Kansas, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



KANSAS SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 21 percent of Kansas firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$126 in Kansas, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Kansas.** About 84,574 or 22 percent of Medicare beneficiaries in Kansas have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 198,000 of all elderly in Kansas are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



KANSAS HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Kansas depend on \$2 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Kansas. This is critical to:
 - 127 hospitals, 6,800 physicians, 285 nursing homes, and other providers in Kansas.

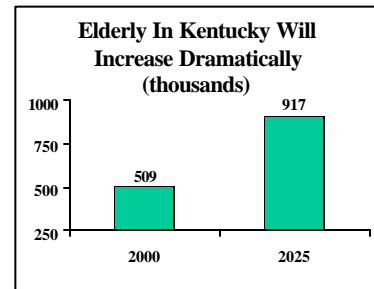
KENTUCKY: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 610,000 IN KENTUCKY

- **487,000 seniors and 123,000 people with disabilities in Kentucky rely on Medicare.**
 - About 339,000 Medicare beneficiaries in Kentucky (56 percent) are women.
 - About 57,000 Medicare beneficiaries in Kentucky (9 percent) are age 85 and older.
 - About 342,000 Medicare beneficiaries in Kentucky (56 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Kentucky fell from 42 to 14 percent since Medicare was created.**

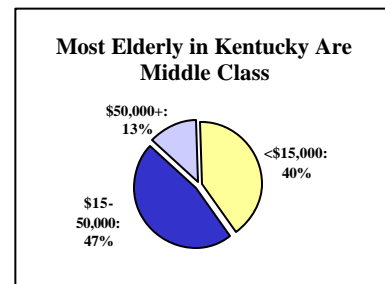
MEDICARE ENROLLMENT WILL SURGE IN KENTUCKY

- **The number of seniors in Kentucky will rise from 509,000 in 2000 to 917,000 in 2025.** The percent of residents in Kentucky who are elderly will increase from 13 to 21 percent.
- **About 76,000 people (23%) ages 55 to 65 in Kentucky, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



KENTUCKY SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of Kentucky firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Kentucky.** About 161,963 or 28 percent of Medicare beneficiaries in Kentucky have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 221,000 of all elderly in Kentucky are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



KENTUCKY HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Kentucky depend on \$3 billion in Medicare spending.** Medicare pays for 21 percent of all personal health care expenditures in Kentucky. This is critical to:
 - 103 hospitals, 9,100 physicians, 318 nursing homes, and other providers in Kentucky.

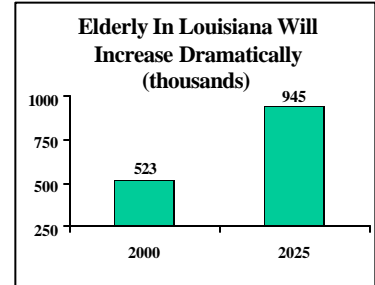
LOUISIANA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 596,000 IN LOUISIANA

- **495,000 seniors and 101,000 people with disabilities in Louisiana rely on Medicare .**
 - About 333,000 Medicare beneficiaries in Louisiana (56 percent) are women.
 - About 63,000 Medicare beneficiaries in Louisiana (11 percent) are age 85 and older.
 - About 162,000 Medicare beneficiaries in Louisiana (27 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Louisiana fell from 35 to 16 percent since Medicare was created.**

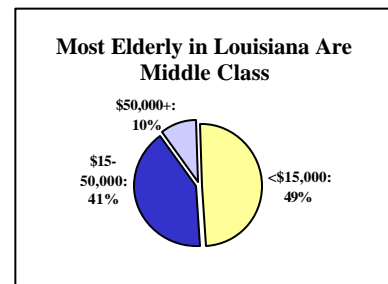
MEDICARE ENROLLMENT WILL SURGE IN LOUISIANA

- **The number of seniors in Louisiana will rise from 523,000 in 2000 to 945,000 in 2025.** The percent of residents in Louisiana who are elderly will increase from 12 to 18 percent.
- **About 111,000 people (30%) ages 55 to 65 in Louisiana, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



LOUISIANA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 24 percent of Louisiana firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Louisiana.** About 332,643 or 52 percent of Medicare beneficiaries in Louisiana have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 205,000 of all elderly in Louisiana are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



LOUISIANA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Louisiana depend on \$4 billion in Medicare spending.** Medicare pays for 21 percent of all personal health care expenditures in Louisiana. This is critical to:
 - 126 hospitals, 13,200 physicians, 220 nursing homes, and other providers in Louisiana.

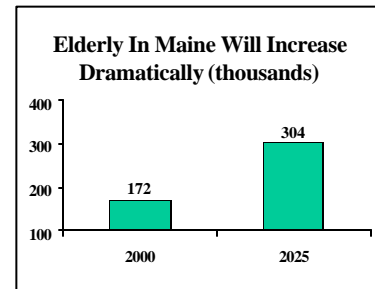
MAINE: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 211,000 IN MAINE

- **178,000 seniors and 33,000 people with disabilities in Maine rely on Medicare .**
 - About 118,000 Medicare beneficiaries in Maine (56 percent) are women.
 - About 22,000 Medicare beneficiaries in Maine (11 percent) are age 85 and older.
 - About 98,000 Medicare beneficiaries in Maine (46 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Maine fell from 25 to 17 percent since Medicare was created.**

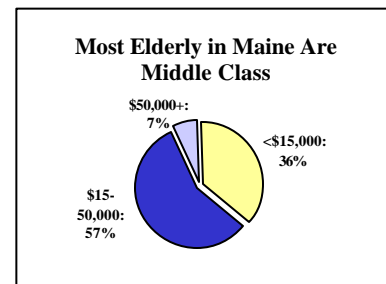
MEDICARE ENROLLMENT WILL SURGE IN MAINE

- **The number of seniors in Maine will rise from 172,000 in 2000 to 304,000 in 2025.** The percent of residents in Maine who are elderly will increase from 14 to 21 percent.
- **About 31,000 people (23%) ages 55 to 65 in Maine , who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MAINE SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of Maine firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$197 in Maine , which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Maine requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Maine .** About 124,069 or 62 percent of Medicare beneficiaries in Maine have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 94,000 of all elderly in Maine are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MAINE HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Maine depend on \$1 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Maine. This is critical to:
 - 39 hospitals, 4,400 physicians, 135 nursing homes, and other providers in Maine.

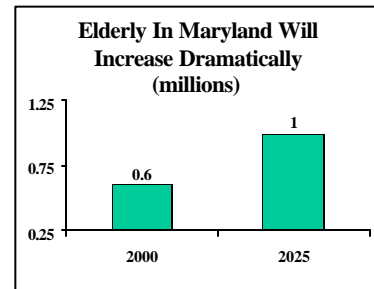
MARYLAND: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 628,000 IN MARYLAND

- **559,000 seniors and 69,000 people with disabilities in Maryland rely on Medicare.**
 - About 364,000 Medicare beneficiaries in Maryland (58 percent) are women.
 - About 63,000 Medicare beneficiaries in Maryland (10 percent) are age 85 and older.
 - About 59,000 Medicare beneficiaries in Maryland (9 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Maryland fell from 20 to 10 percent since Medicare was created.**

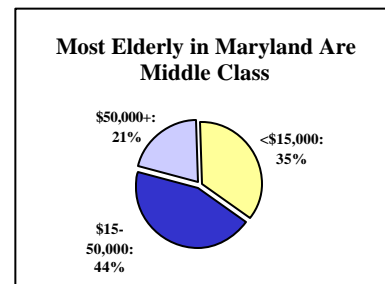
MEDICARE ENROLLMENT WILL SURGE IN MARYLAND

- **The number of seniors in Maryland will rise from 589,000 in 2000 to 1,029,000 in 2025.** The percent of residents in Maryland who are elderly will increase from 11 to 16 percent.
- **About 102,000 people (24%) ages 55 to 65 in Maryland, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MARYLAND SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 23 percent of Maryland firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 530,113 or 81 percent of Medicare beneficiaries in Maryland have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 275,000 of all elderly in Maryland are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MARYLAND HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Maryland depend on \$4 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Maryland. This is critical to:
 - 50 hospitals, 18,600 physicians, 232 nursing homes, and other providers in Maryland.

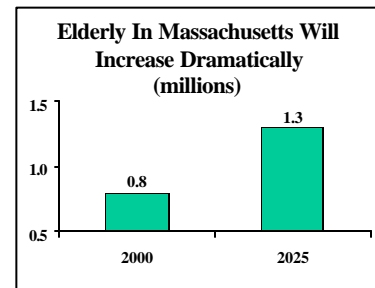
MASSACHUSETTS: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 951,000 IN MASSACHUSETTS

- **827,000 seniors and 124,000 people with disabilities in Massachusetts rely on Medicare .**
 - About 556,000 Medicare beneficiaries in Massachusetts (59 percent) are women.
 - About 112,000 Medicare beneficiaries in Massachusetts (12 percent) are age 85 and older.
 - About 15,000 Medicare beneficiaries in Massachusetts (2 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Massachusetts fell from 19 to 8 percent since Medicare was created.**

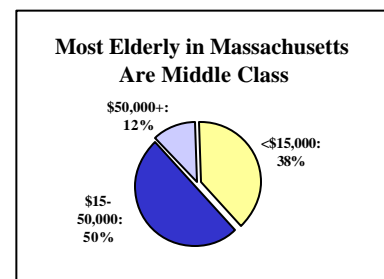
MEDICARE ENROLLMENT WILL SURGE IN MASSACHUSETTS

- **The number of seniors in Massachusetts will rise from 843,000 in 2000 to 1,252,000 in 2025.** The percent of residents in Massachusetts who are elderly will increase from 14 to 18 percent.
- **About 103,000 people (21%) ages 55 to 65 in Massachusetts, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MASSACHUSETTS SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 25 percent of Massachusetts firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Massachusetts requires community-rated premiums.. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 981,848 or 97 percent of Medicare beneficiaries in Massachusetts have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 378,000 of all elderly in Massachusetts are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MASSACHUSETTS HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Massachusetts depend on \$6 billion in Medicare spending.** Medicare pays for 20 percent of all personal health care expenditures in Massachusetts. This is critical to:
 - 85 hospitals, 27,500 physicians, 521 nursing homes, and other providers in Massachusetts.

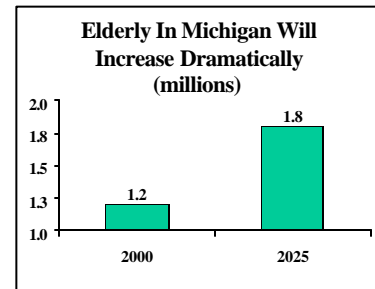
MICHIGAN: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 1,379,000 IN MICHIGAN

- **1,191,000 seniors and 188,000 people with disabilities in Michigan rely on Medicare .**
 - About 785,000 Medicare beneficiaries in Michigan (57 percent) are women.
 - About 136,000 Medicare beneficiaries in Michigan (10 percent) are age 85 and older.
 - About 294,000 Medicare beneficiaries in Michigan (21 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Michigan fell from 25 to 10 percent since Medicare was created.**

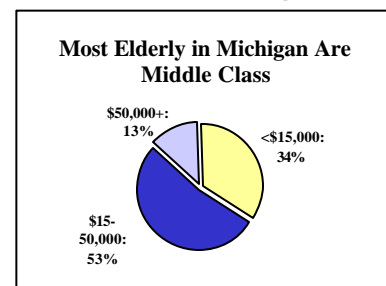
MEDICARE ENROLLMENT WILL SURGE IN MICHIGAN

- **The number of seniors in Michigan will rise from 1,197,000 in 2000 to 1,821,000 in 2025.** The percent of residents in Michigan who are elderly will increase from 12 to 18 percent.
- **About 144,000 people (20%) ages 55 to 65 in Michigan, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MICHIGAN SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 28 percent of Michigan firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$166 in Michigan, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Michigan.** About 745,704 or 54 percent of Medicare beneficiaries in Michigan have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 640,000 of all elderly in Michigan are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MICHIGAN HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Michigan depend on \$8 billion in Medicare spending.** Medicare pays for 20 percent of all personal health care expenditures in Michigan. This is critical to:
 - 163 hospitals, 28,200 physicians, 385 nursing homes, and other providers in Michigan.

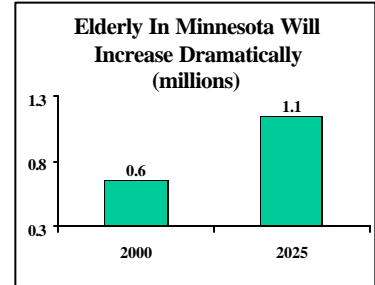
MINNESOTA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 644,000 IN MINNESOTA

- **577,000 seniors and 67,000 people with disabilities in Minnesota rely on Medicare .**
 - About 368,000 Medicare beneficiaries in Minnesota (57 percent) are women.
 - About 81,000 Medicare beneficiaries in Minnesota (13 percent) are age 85 and older.
 - About 258,000 Medicare beneficiaries in Minnesota (40 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Minnesota fell from 32 to 10 percent since Medicare was created.**

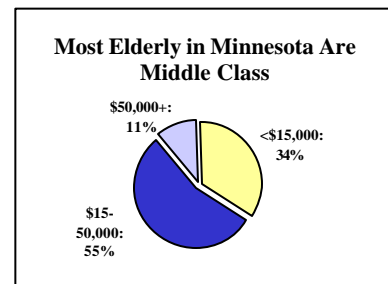
MEDICARE ENROLLMENT WILL SURGE IN MINNESOTA

- **The number of seniors in Minnesota will rise from 596,000 in 2000 to 1,099,000 in 2025.** The percent of residents in Minnesota who are elderly will increase from 12 to 20 percent.
- **About 100,000 people (24%) ages 55 to 65 in Minnesota, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MINNESOTA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 19 percent of Minnesota firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Minnesota requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Minnesota.** No Medicare beneficiaries in Minnesota have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 260,000 of all elderly in Minnesota are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MINNESOTA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Minnesota depend on \$3 billion in Medicare spending.** Medicare pays for 15 percent of all personal health care expenditures in Minnesota. This is critical to:
 - 143 hospitals, 15,400 physicians, 435 nursing homes, and other providers in Minnesota.

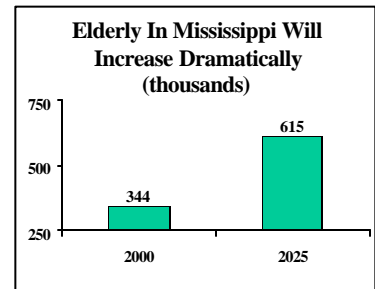
MISSISSIPPI: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 411,000 IN MISSISSIPPI

- **328,000 seniors and 83,000 people with disabilities in Mississippi rely on Medicare .**
 - About 236,000 Medicare beneficiaries in Mississippi (57 percent) are women.
 - About 43,000 Medicare beneficiaries in Mississippi (11 percent) are age 85 and older.
 - About 287,000 Medicare beneficiaries in Mississippi (70 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Mississippi fell from 55 to 20 percent since Medicare was created.**

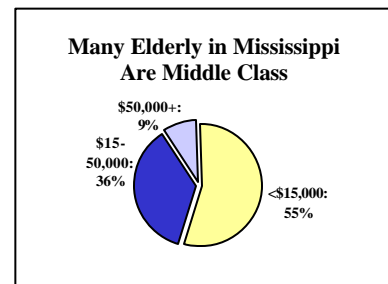
MEDICARE ENROLLMENT WILL SURGE IN MISSISSIPPI

- **The number of seniors in Mississippi will rise from 344,000 in 2000 to 615,000 in 2025.** The percent of residents in Mississippi who are elderly will increase from 12 to 20 percent.
- **About 75,000 people (34%) ages 55 to 65 in Mississippi, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MISSISSIPPI SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 17 percent of Mississippi firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$140 in Mississippi, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Mississippi.** No Medicare beneficiaries in Mississippi have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 112,000 of all elderly in Mississippi are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MISSISSIPPI HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Mississippi depend on \$2 billion in Medicare spending.** Medicare pays for 22 percent of all personal health care expenditures in Mississippi. This is critical to:
 - 101 hospitals, 5,300 physicians, 151 nursing homes, and other providers in Mississippi.

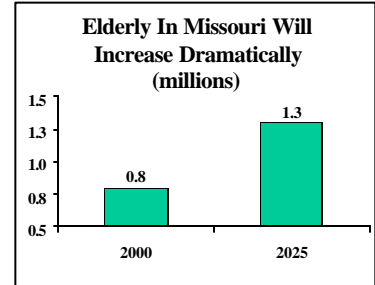
MISSOURI: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 850,000 IN MISSOURI

- **735,000 seniors and 115,000 people with disabilities in Missouri rely on Medicare.**
 - About 489,000 Medicare beneficiaries in Missouri (58 percent) are women.
 - About 97,000 Medicare beneficiaries in Missouri (11 percent) are age 85 and older.
 - About 319,000 Medicare beneficiaries in Missouri (38 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Missouri fell from 30 to 8 percent since Medicare was created.**

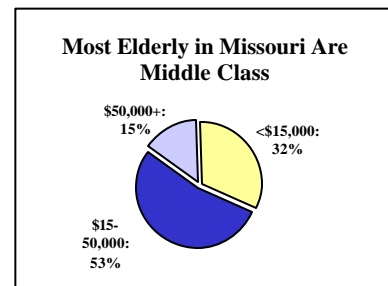
MEDICARE ENROLLMENT WILL SURGE IN MISSOURI

- **The number of seniors in Missouri will rise from 755,000 in 2000 to 1,258,000 in 2025.** The percent of residents in Missouri who are elderly will increase from 14 to 20 percent.
- **About 104,000 people (23%) ages 55 to 65 in Missouri, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MISSOURI SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 18 percent of Missouri firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 in Missouri, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Missouri prohibits attained-age rating. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Missouri.** About 536,078 or 61 percent of Medicare beneficiaries in Missouri have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 390,000 of all elderly in Missouri are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MISSOURI HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Missouri depend on \$5 billion in Medicare spending.** Medicare pays for 22 percent of all personal health care expenditures in Missouri. This is critical to:
 - 121 hospitals, 16,300 physicians, 482 nursing homes, and other providers in Missouri.

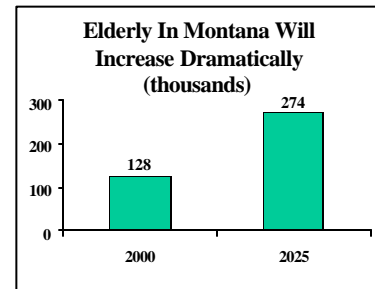
MONTANA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 134,000 IN MONTANA

- **117,000 seniors and 17,000 people with disabilities in Montana rely on Medicare .**
 - About 73,000 Medicare beneficiaries in Montana (54 percent) are women.
 - About 15,000 Medicare beneficiaries in Montana (11 percent) are age 85 and older.
 - About 103,000 Medicare beneficiaries in Montana (77 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Montana fell from 34 to 10 percent since Medicare was created.**

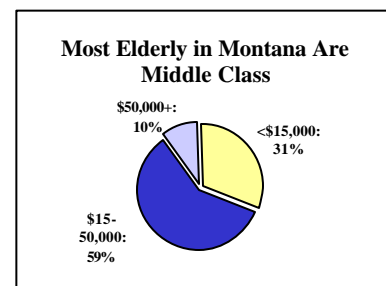
MEDICARE ENROLLMENT WILL SURGE IN MONTANA

- **The number of seniors in Montana will rise from 128,000 in 2000 to 274,000 in 2025.** The percent of residents in Montana who are elderly will increase from 13 to 24 percent.
- **About 23,000 people (34%) ages 55 to 65 in Montana, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



MONTANA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$111 in Montana, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Montana.** No Medicare beneficiaries in Montana have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 62,000 of all elderly in Montana are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



MONTANA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Montana depend on \$1 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Montana. This is critical to:
 - 48 hospitals, 2,600 physicians, 102 nursing homes, and other providers in Montana.

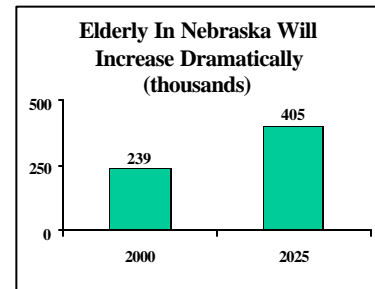
NEBRASKA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 251,000 IN NEBRASKA

- **227,000 seniors and 24,000 people with disabilities in Nebraska rely on Medicare.**
 - About 146,000 Medicare beneficiaries in Nebraska (58 percent) are women.
 - About 33,000 Medicare beneficiaries in Nebraska (13 percent) are age 85 and older.
 - About 149,000 Medicare beneficiaries in Nebraska (59 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Nebraska fell from 28 to 10 percent since Medicare was created.**

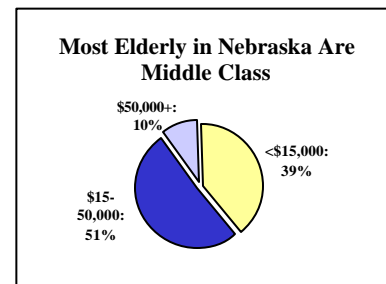
MEDICARE ENROLLMENT WILL SURGE IN NEBRASKA

- **The number of seniors in Nebraska will rise from 239,000 in 2000 to 405,000 in 2025.** The percent of residents in Nebraska who are elderly will increase from 14 to 21 percent.
- **About 47,000 people (37%) ages 55 to 65 in Nebraska, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEBRASKA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of Nebraska firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$111 in Nebraska, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Nebraska.** No Medicare beneficiaries in Nebraska have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 108,000 of all elderly in Nebraska are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEBRASKA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Nebraska depend on \$1 billion in Medicare spending.** Medicare pays for 17 percent of all personal health care expenditures in Nebraska. This is critical to:
 - 91 hospitals, 4,200 physicians, 154 nursing homes, and other providers in Nebraska.

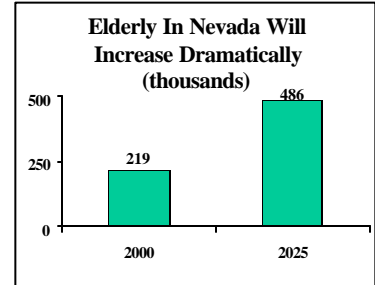
NEVADA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 223,000 IN NEVADA

- **195,000 seniors and 28,000 people with disabilities in Nevada rely on Medicare .**
 - About 117,000 Medicare beneficiaries in Nevada (52 percent) are women.
 - About 15,000 Medicare beneficiaries in Nevada (7 percent) are age 85 and older.
 - About 25,000 Medicare beneficiaries in Nevada (11 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Nevada fell from 50 to 9 percent since Medicare was created.**

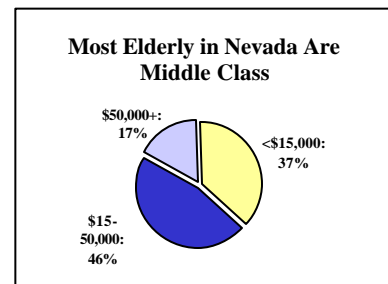
MEDICARE ENROLLMENT WILL SURGE IN NEVADA

- **The number of seniors in Nevada will rise from 219,000 in 2000 to 486,000 in 2025.** The percent of residents in Nevada who are elderly will increase from 12 to 21 percent.
- **About 41,000 people (26%) ages 55 to 65 in Nevada, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEVADA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of Nevada firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$143 in Nevada, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 184,359 or 86 percent of Medicare beneficiaries in Nevada have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 94,000 of all elderly in Nevada are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEVADA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Nevada depend on \$1 billion in Medicare spending.** Medicare pays for 20 percent of all personal health care expenditures in Nevada. This is critical to:
 - 27 hospitals, 3,400 physicians, 43 nursing homes, and other providers in Nevada.

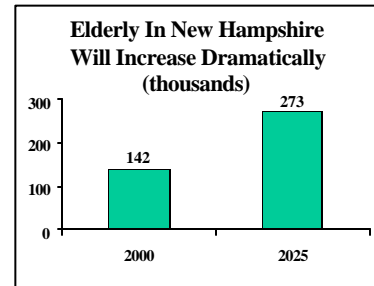
NEW HAMPSHIRE: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 164,000 IN NEW HAMPSHIRE

- **143,000 seniors and 21,000 people with disabilities in New Hampshire rely on Medicare.**
 - About 93,000 Medicare beneficiaries in New Hampshire (57 percent) are women.
 - About 18,000 Medicare beneficiaries in New Hampshire (11 percent) are age 85 and older.
 - About 55,000 Medicare beneficiaries in New Hampshire (34 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in New Hampshire fell from 23 to 9 percent since Medicare was created.**

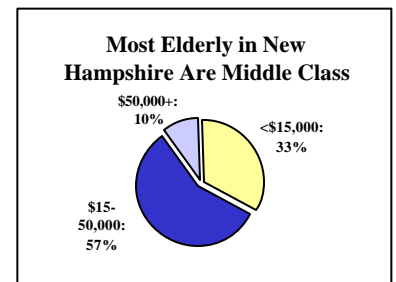
ENROLLMENT WILL SURGE IN NEW HAMPSHIRE

- **The number of seniors in New Hampshire will rise from 142,000 in 2000 to 273,000 in 2025.** The percent of residents in New Hampshire who are elderly will increase from 12 to 19 percent.
- **About 20,000 people (21%) ages 55 to 65 in New Hampshire, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEW HAMPSHIRE SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$105 in New Hampshire, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in New Hampshire.** About 80,957 or 48 percent of Medicare beneficiaries in New Hampshire have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or \$500.
- **About 76,000 of all elderly in New Hampshire are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEW HAMPSHIRE HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in New Hampshire depend on \$1 billion in Medicare spending.** Medicare pays for 14 percent of all personal health care expenditures in New Hampshire. This is critical to:
 - 26 hospitals, 4,200 physicians, 63 nursing homes, and other providers in New Hampshire.

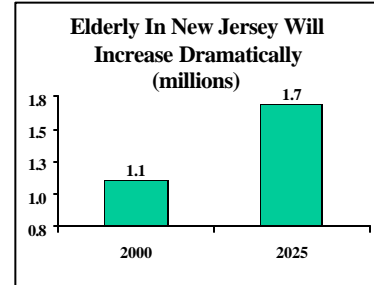
NEW JERSEY: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 1,188,000 IN NEW JERSEY

- **1,064,000 seniors and 124,000 people with disabilities in New Jersey rely on Medicare.**
 - About 696,000 Medicare beneficiaries in New Jersey (59 percent) are women.
 - About 129,000 Medicare beneficiaries in New Jersey (11 percent) are age 85 and older.
 - About - Medicare beneficiaries in New Jersey (- percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in New Jersey fell from 25 to 8 percent since Medicare was created.**

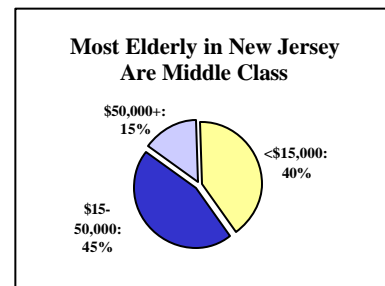
MEDICARE ENROLLMENT WILL SURGE IN NEW JERSEY

- **The number of seniors in New Jersey will rise from 1,090,000 in 2000 to 1,654,000 in 2025.** The percent of residents in New Jersey who are elderly will increase from 13 to 17 percent.
- **About 179,000 people (26%) ages 55 to 65 in New Jersey, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEW JERSEY SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of New Jersey firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 1,255,239 or 100 percent of Medicare beneficiaries in New Jersey have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 424,000 of all elderly in New Jersey are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEW JERSEY HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in New Jersey depend on \$7 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in New Jersey. This is critical to:
 - 88 hospitals, 27,400 physicians, 275 nursing homes, and other providers in New Jersey.

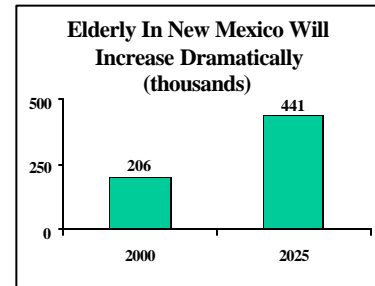
NEW MEXICO: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 225,000 IN NEW MEXICO

- **193,000 seniors and 32,000 people with disabilities in New Mexico rely on Medicare .**
 - About 121,000 Medicare beneficiaries in New Mexico (54 percent) are women.
 - About 21,000 Medicare beneficiaries in New Mexico (10 percent) are age 85 and older.
 - About 104,000 Medicare beneficiaries in New Mexico (46 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in New Mexico fell from 49 to 16 percent since Medicare was created.**

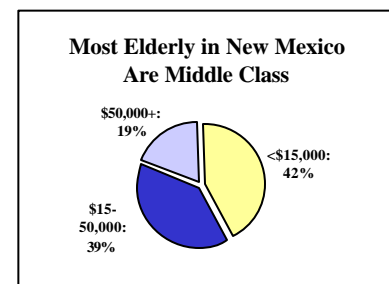
MEDICARE ENROLLMENT WILL SURGE IN NEW MEXICO

- **The number of seniors in New Mexico will rise from 206,000 in 2000 to 441,000 in 2025.** The percent of residents in New Mexico who are elderly will increase from 11 to 17 percent.
- **About 43,000 people (31%) ages 55 to 65 in New Mexico, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEW MEXICO SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 20 percent of New Mexico firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$141 in New Mexico, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in New Mexico.** About 110,771 or 52 percent of Medicare beneficiaries in New Mexico have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or \$500.
- **About 78,000 of all elderly in New Mexico are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEW MEXICO HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in New Mexico depend on \$1 billion in Medicare spending.** Medicare pays for 15 percent of all personal health care expenditures in New Mexico. This is critical to:
 - 42 hospitals, 4,000 physicians, 73 nursing homes, and other providers in New Mexico.

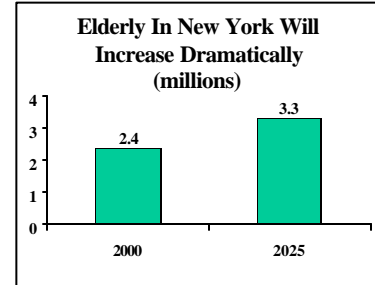
NEW YORK: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 2,666,000 IN NEW YORK

- **2,320,000 seniors and 346,000 people with disabilities in New York rely on Medicare .**
 - About 1,555,000 Medicare beneficiaries in New York (58 percent) are women.
 - About 310,000 Medicare beneficiaries in New York (12 percent) are age 85 and older.
 - About 235,000 Medicare beneficiaries in New York (9 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in New York fell from 23 to 15 percent since Medicare was created.**

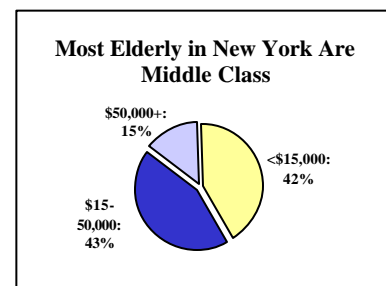
MEDICARE ENROLLMENT WILL SURGE IN NEW YORK

- **The number of seniors in New York will rise from 2,358,000 in 2000 to 3,263,000 in 2025.** The percent of residents in New York who are elderly will increase from 13 to 17 percent.
- **About 386,000 people (24%) ages 55 to 65 in New York, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NEW YORK SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 24 percent of New York firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$159 in New York, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. New York requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 2,154,414 or 80 percent of Medicare beneficiaries in New York have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 1,028,000 of all elderly in New York are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NEW YORK HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in New York depend on \$17 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in New York. This is critical to:
 - 223 hospitals, 73,800 physicians, 662 nursing homes, and other providers in New York.

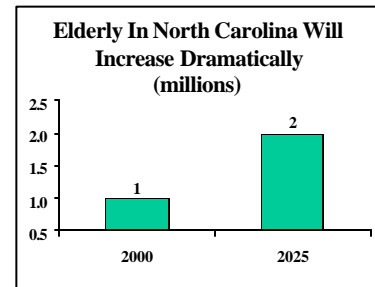
NORTH CAROLINA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 1,095,000 IN NORTH CAROLINA

- **917,000 seniors and 178,000 people with disabilities in North Carolina rely on Medicare .**
 - About 636,000 Medicare beneficiaries in North Carolina (58 percent) are women.
 - About 100,000 Medicare beneficiaries in North Carolina (9 percent) are age 85 and older.
 - About 437,000 Medicare beneficiaries in North Carolina (40 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in NC fell from 37 to 11 percent since Medicare was created.**

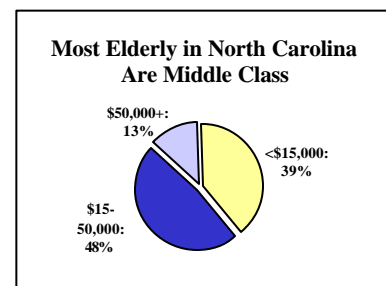
MEDICARE ENROLLMENT WILL SURGE IN NC

- **The number of seniors in North Carolina will rise from 991,000 in 2000 to 2,004,000 in 2025.** The percent of residents in North Carolina who are elderly will increase from 13 to 21 percent.
- **About 200,000 people (31%) ages 55 to 65 in North Carolina, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NORTH CAROLINA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of North Carolina firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$125 in North Carolina, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in North Carolina.** No Medicare beneficiaries in North Carolina have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 428,000 of all elderly in North Carolina are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



NORTH CAROLINA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in North Carolina depend on \$5 billion in Medicare spending.** Medicare pays for 20 percent of all personal health care expenditures in North Carolina. This is critical to:
 - 130 hospitals, 17,600 physicians, 399 nursing homes, and other providers in North Carolina.

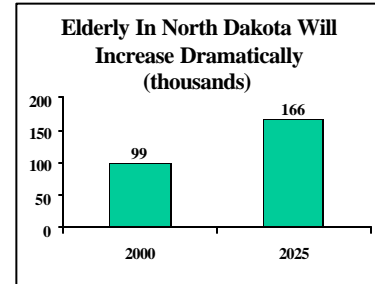
NORTH DAKOTA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 103,000 IN NORTH DAKOTA

- **93,000 seniors and 10,000 people with disabilities in North Dakota rely on Medicare.**
 - About 58,000 Medicare beneficiaries in North Dakota (56 percent) are women.
 - About 14,000 Medicare beneficiaries in North Dakota (14 percent) are age 85 and older.
 - About 69,000 Medicare beneficiaries in North Dakota (67 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in North Dakota fell from 12 to 14 percent since Medicare was created.**

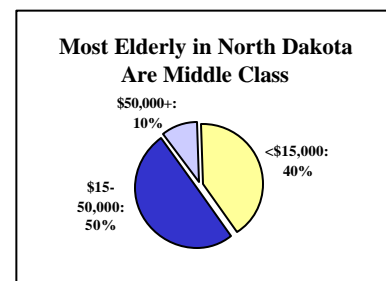
MEDICARE ENROLLMENT WILL SURGE IN NORTH DAKOTA

- **The number of seniors in North Dakota will rise from 99,000 in 2000 to 166,000 in 2025.** The percent of residents in North Dakota who are elderly will increase from 15 to 23 percent.
- **About 20,000 people (39%) ages 55 to 65 in North Dakota, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



NORTH DAKOTA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$122 in North Dakota, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in North Dakota.** No Medicare beneficiaries in North Dakota have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 43,000 of all elderly in North Dakota are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



ND HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in North Dakota depend on \$480 million in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in North Dakota. This helps:
 - 47 hospitals, 2,200 physicians, 88 nursing homes, and other providers in North Dakota.

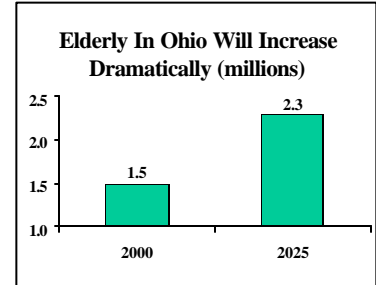
OHIO: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 1,689,000 IN OHIO

- **1,476,000 seniors and 213,000 people with disabilities in Ohio rely on Medicare .**
 - About 973,000 Medicare beneficiaries in Ohio (58 percent) are women.
 - About 170,000 Medicare beneficiaries in Ohio (10 percent) are age 85 and older.
 - About 325,000 Medicare beneficiaries in Ohio (19 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Ohio fell from 25 to 9 percent since Medicare was created.**

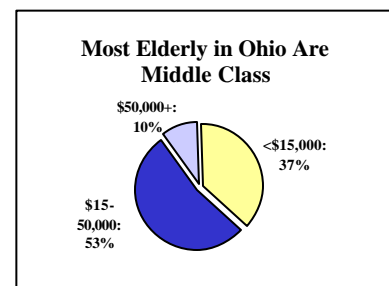
MEDICARE ENROLLMENT WILL SURGE IN OHIO

- **The number of seniors in Ohio will rise from 1,525,000 in 2000 to 2,305,000 in 2025.** The percent of residents in Ohio who are elderly will increase from 13 to 20 percent.
- **About 191,000 people (21%) ages 55 to 65 in Ohio, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



OHIO SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 28 percent of Ohio firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$131 in Ohio, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 1,537,564 or 83 percent of Medicare beneficiaries in Ohio have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 766,000 of all elderly in Ohio are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



OHIO HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Ohio depend on \$9 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Ohio. This is critical to:
 - 176 hospitals, 31,900 physicians, 856 nursing homes, and other providers in Ohio.

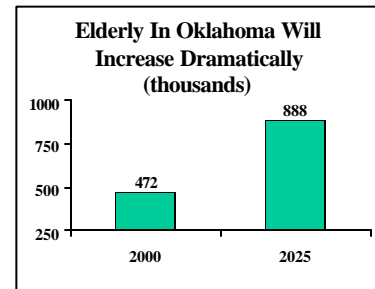
OKLAHOMA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 500,000 IN OKLAHOMA

- **435,000 seniors and 65,000 people with disabilities in Oklahoma rely on Medicare .**
 - About 285,000 Medicare beneficiaries in Oklahoma (57 percent) are women.
 - About 56,000 Medicare beneficiaries in Oklahoma (11 percent) are age 85 and older.
 - About 236,000 Medicare beneficiaries in Oklahoma (47 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Oklahoma fell from 44 to 10 percent since Medicare was created.**

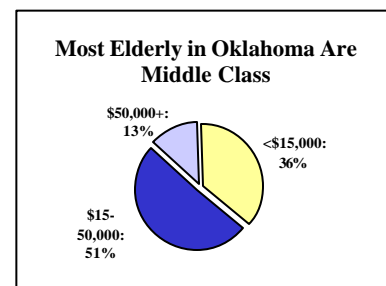
MEDICARE ENROLLMENT WILL SURGE IN OKLAHOMA

- **The number of seniors in Oklahoma will rise from 472,000 in 2000 to 888,000 in 2025.** The percent of residents in Oklahoma who are elderly will increase from 14 to 22 percent.
- **About 85,000 people (28%) ages 55 to 65 in Oklahoma, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



OKLAHOMA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of Oklahoma firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$112 in Oklahoma, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 377,159 or 75 percent of Medicare beneficiaries in Oklahoma have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 225,000 of all elderly in Oklahoma are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



OKLAHOMA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Oklahoma depend on \$2 billion in Medicare spending.** Medicare pays for 21 percent of all personal health care expenditures in Oklahoma. This is critical to:
 - 123 hospitals, 7,300 physicians, 220 nursing homes, and other providers in Oklahoma.

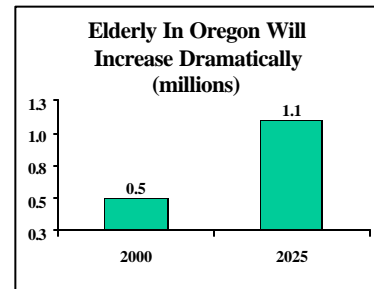
OREGON: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 481,000 IN OREGON

- **428,000 seniors and 53,000 people with disabilities in Oregon rely on Medicare .**
 - About 269,000 Medicare beneficiaries in Oregon (56 percent) are women.
 - About 53,000 Medicare beneficiaries in Oregon (11 percent) are age 85 and older.
 - About 171,000 Medicare beneficiaries in Oregon (36 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Oregon fell from 31 to 10 percent since Medicare was created.**

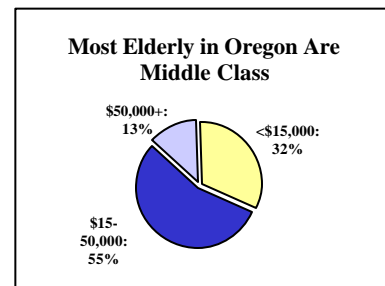
MEDICARE ENROLLMENT WILL SURGE IN OREGON

- **The number of seniors in Oregon will rise from 471,000 in 2000 to 1,054,000 in 2025.** The percent of residents in Oregon who are elderly will increase from 14 to 24 percent.
- **About 93,000 people (31%) ages 55 to 65 in Oregon, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



OREGON SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 21 percent of Oregon firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$119 in Oregon, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Oregon.** About 256,842 or 53 percent of Medicare beneficiaries in Oregon have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 212,000 of all elderly in Oregon are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



OREGON HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Oregon depend on \$2 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Oregon. This is critical to:
 - 62 hospitals, 9,400 physicians, 130 nursing homes, and other providers in Oregon.

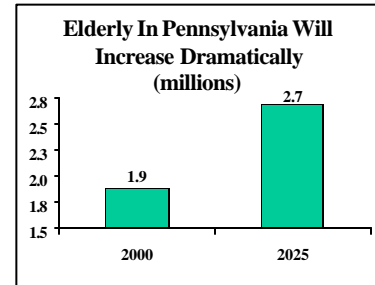
PENNSYLVANIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 2,089,000 IN PENNSYLVANIA

- **1,874,000 seniors and 215,000 people with disabilities in Pennsylvania rely on Medicare.**
 - About 1,219,000 Medicare beneficiaries in Pennsylvania (58 percent) are women.
 - About 224,000 Medicare beneficiaries in Pennsylvania (11 percent) are age 85 and older.
 - About 342,000 Medicare beneficiaries in Pennsylvania (16 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Pennsylvania fell from 23 to 8 percent since Medicare was created.**

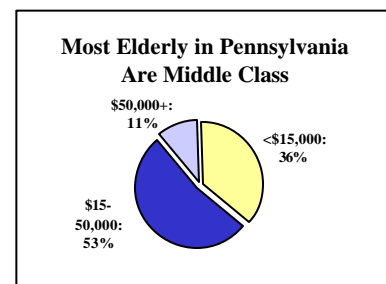
MEDICARE ENROLLMENT WILL SURGE IN PENNSYLVANIA

- **The number of seniors in Pennsylvania will rise from 1,899,000 in 2000 to 2,659,000 in 2025.** The percent of residents in Pennsylvania who are elderly will increase from 16 to 21 percent.
- **About 277,000 people (25%) ages 55 to 65 in Pennsylvania, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



PENNSYLVANIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of Pennsylvania firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$142 in Pennsylvania, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 1,918,911 or 81 percent of Medicare beneficiaries in Pennsylvania have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 881,000 of all elderly in Pennsylvania are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



PENNSYLVANIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Pennsylvania depend on \$13 billion in Medicare spending.** Medicare pays for 24 percent of all personal health care expenditures in Pennsylvania. This is critical to:
 - 203 hospitals, 50,100 physicians, 769 nursing homes, and other providers in Pennsylvania.

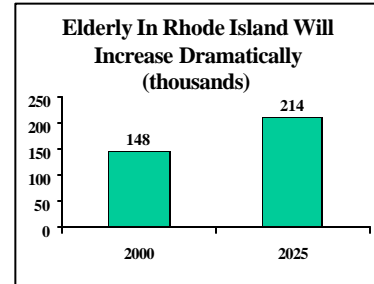
RHODE ISLAND: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 170,000 IN RHODE ISLAND

- **148,000 seniors and 22,000 people with disabilities in Rhode Island rely on Medicare.**
 - About 100,000 Medicare beneficiaries in Rhode Island (59 percent) are women.
 - About 20,000 Medicare beneficiaries in Rhode Island (12 percent) are age 85 and older.
 - About - Medicare beneficiaries in Rhode Island (- percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Rhode Island fell from 14 to 10 percent since Medicare was created.**

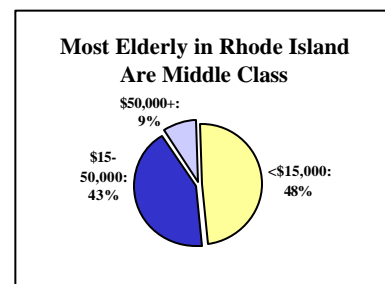
MEDICARE ENROLLMENT WILL SURGE IN RHODE ISLAND

- **The number of seniors in Rhode Island will rise from 148,000 in 2000 to 214,000 in 2025.** The percent of residents in Rhode Island who are elderly will increase from 15 to 19 percent.
- **About 21,000 people (26%) ages 55 to 65 in Rhode Island, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



RHODE ISLAND SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$107 in Rhode Island, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 179,263 or 92 percent of Medicare beneficiaries in Rhode Island have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 68,000 of all elderly in Rhode Island are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



RHODE ISLAND HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Rhode Island depend on \$1 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in Rhode Island. This is critical to:
 - 11 hospitals, 3,300 physicians, 100 nursing homes, and other providers in Rhode Island.

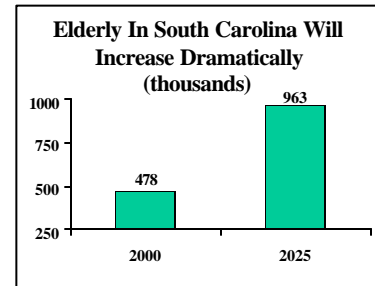
SOUTH CAROLINA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 545,000 IN SOUTH CAROLINA

- **449,000 seniors and 96,000 people with disabilities in South Carolina rely on Medicare .**
 - About 314,000 Medicare beneficiaries in South Carolina (58 percent) are women.
 - About 46,000 Medicare beneficiaries in South Carolina (9 percent) are age 85 and older.
 - About 184,000 Medicare beneficiaries in South Carolina (34 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in South Carolina fell from 29 to 15 percent since Medicare was created.**

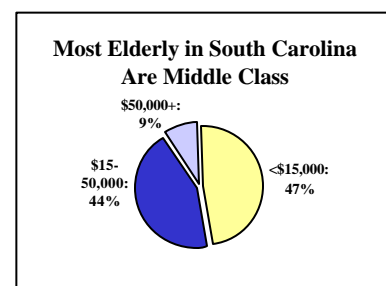
MEDICARE ENROLLMENT WILL SURGE IN S. CAROLINA

- **The number of seniors in South Carolina will rise from 478,000 in 2000 to 963,000 in 2025.** The percent of residents in South Carolina who are elderly will increase from 12 to 21 percent.
- **About 108,000 people (30%) ages 55 to 65 in South Carolina, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



SOUTH CAROLINA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 21 percent of South Carolina firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$142 in South Carolina, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in South Carolina.** No Medicare beneficiaries in South Carolina have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 181,000 of all elderly in South Carolina are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



SC HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in South Carolina depend on \$3 billion in Medicare spending.** Medicare pays for 17 percent of all personal health care expenditures in South Carolina. This is critical to:
 - 62 hospitals, 8,400 physicians, 178 nursing homes, and other providers in South Carolina.

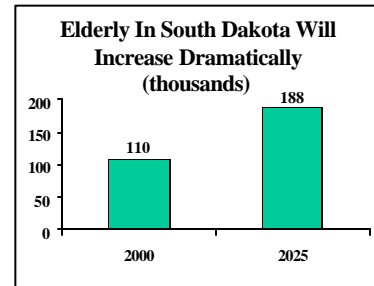
SOUTH DAKOTA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 118,000 IN SOUTH DAKOTA

- **106,000 seniors and 12,000 people with disabilities in South Dakota rely on Medicare .**
 - About 67,000 Medicare beneficiaries in South Dakota (57 percent) are women.
 - About 15,000 Medicare beneficiaries in South Dakota (13 percent) are age 85 and older.
 - About 85,000 Medicare beneficiaries in South Dakota (72 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in South Dakota fell from 14 to 13 percent since Medicare was created.**

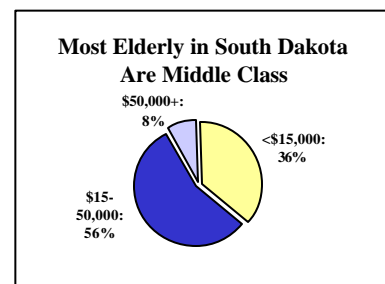
MEDICARE ENROLLMENT WILL SURGE IN SOUTH DAKOTA

- **The number of seniors in South Dakota will rise from 110,000 in 2000 to 188,000 in 2025.** The percent of residents in South Dakota who are elderly will increase from 14 to 22 percent.
- **About 23,000 people (38%) ages 55 to 65 in South Dakota, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



SOUTH DAKOTA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$113 in South Dakota, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in South Dakota.** No Medicare beneficiaries in South Dakota have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 55,000 of all elderly in South Dakota are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



SOUTH DAKOTA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in South Dakota depend on \$1 billion in Medicare spending.** Medicare pays for 19 percent of all personal health care expenditures in South Dakota. This is critical to:
 - 59 hospitals, 2,200 physicians, 83 nursing homes, and other providers in South Dakota.

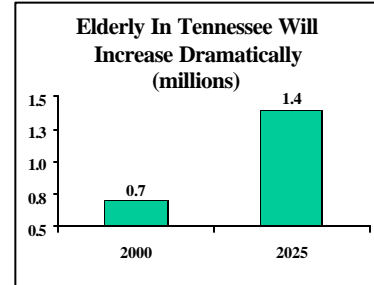
TENNESSEE: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 807,000 IN TENNESSEE

- **669,000 seniors and 138,000 people with disabilities in Tennessee rely on Medicare .**
 - About 465,000 Medicare beneficiaries in Tennessee (58 percent) are women.
 - About 78,000 Medicare beneficiaries in Tennessee (10 percent) are age 85 and older.
 - About 307,000 Medicare beneficiaries in Tennessee (38 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Tennessee fell from 43 to 12 percent since Medicare was created.**

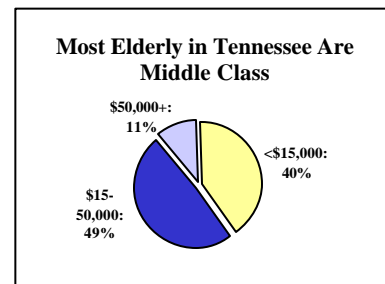
MEDICARE ENROLLMENT WILL SURGE IN TENNESSEE

- **The number of seniors in Tennessee will rise from 707,000 in 2000 to 1,355,000 in 2025.** The percent of residents in Tennessee who are elderly will increase from 12 to 20 percent.
- **About 150,000 people (28%) ages 55 to 65 in Tennessee, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



TENNESSEE SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 24 percent of Tennessee firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Tennessee.** About 106,671 or 14 percent of Medicare beneficiaries in Tennessee have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 296,000 of all elderly in Tennessee are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



TENNESSEE HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Tennessee depend on \$5 billion in Medicare spending.** Medicare pays for 22 percent of all personal health care expenditures in Tennessee. This is critical to:
 - 125 hospitals, 14,800 physicians, 273 nursing homes, and other providers in Tennessee.

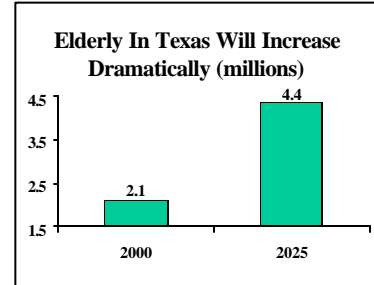
TEXAS: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 2,196,000 IN TEXAS

- **1,924,000 seniors and 272,000 people with disabilities in Texas rely on Medicare .**
 - About 1,243,000 Medicare beneficiaries in Texas (57 percent) are women.
 - About 222,000 Medicare beneficiaries in Texas (10 percent) are age 85 and older.
 - About 509,000 Medicare beneficiaries in Texas (23 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Texas fell from 33 to 13 percent since Medicare was created.**

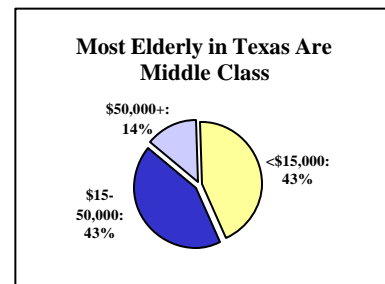
MEDICARE ENROLLMENT WILL SURGE IN TEXAS

- **The number of seniors in Texas will rise from 2,101,000 in 2000 to 4,364,000 in 2025.** The percent of residents in Texas who are elderly will increase from 10 to 16 percent.
- **About 475,000 people (33%) ages 55 to 65 in Texas, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



TEXAS SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 19 percent of Texas firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$124 in Texas, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited.** About 1,533,910 or 69 percent of Medicare beneficiaries in Texas have the option of enrolling in a basic managed care plan that offers prescription drugs. However, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 781,000 of all elderly in Texas are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



TEXAS HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Texas depend on \$15 billion in Medicare spending.** Medicare pays for 18 percent of all personal health care expenditures in Texas. This is critical to:
 - 386 hospitals, 49,000 physicians, 1,105 nursing homes, and other providers in Texas.

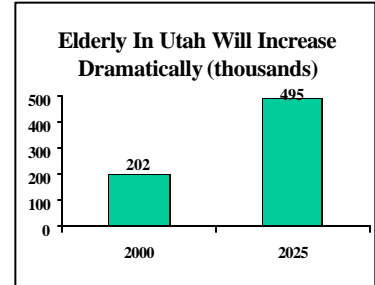
UTAH: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 198,000 IN UTAH

- **176,000 seniors and 22,000 people with disabilities in Utah rely on Medicare .**
 - About 109,000 Medicare beneficiaries in Utah (55 percent) are women.
 - About 20,000 Medicare beneficiaries in Utah (10 percent) are age 85 and older.
 - About 55,000 Medicare beneficiaries in Utah (28 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Utah fell from 29 to 5 percent since Medicare was created.**

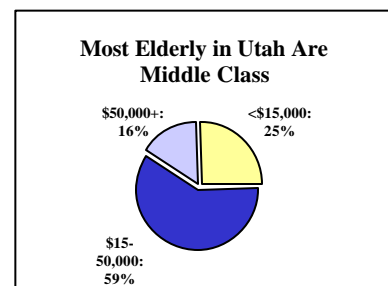
MEDICARE ENROLLMENT WILL SURGE IN UTAH

- **The number of seniors in Utah will rise from 202,000 in 2000 to 495,000 in 2025.** The percent of residents in Utah who are elderly will increase from 9 to 17 percent.
- **About 27,000 people (20%) ages 55 to 65 in Utah, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



UTAH SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 21 percent of Utah firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$113 in Utah, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Utah.** No Medicare beneficiaries in Utah have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 111,000 of all elderly in Utah are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



UTAH HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Utah depend on \$1 billion in Medicare spending.** Medicare pays for 15 percent of all personal health care expenditures in Utah. This is critical to:
 - 41 hospitals, 4,900 physicians, 81 nursing homes, and other providers in Utah.

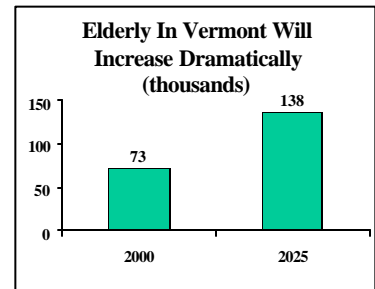
VERMONT: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 86,000 IN VERMONT

- **74,000 seniors and 12,000 people with disabilities in Vermont rely on Medicare .**
 - About 49,000 Medicare beneficiaries in Vermont (57 percent) are women.
 - About 10,000 Medicare beneficiaries in Vermont (11 percent) are age 85 and older.
 - About 64,000 Medicare beneficiaries in Vermont (75 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Vermont fell from 41 to 8 percent since Medicare was created.**

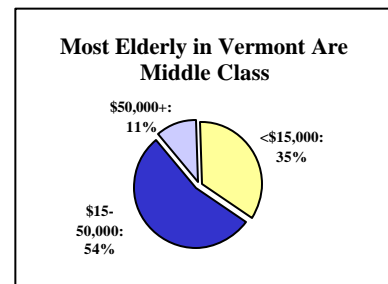
MEDICARE ENROLLMENT WILL SURGE IN VERMONT

- **The number of seniors in Vermont will rise from 73,000 in 2000 to 138,000 in 2025.** The percent of residents in Vermont who are elderly will increase from 12 to 20 percent.
- **About 15,000 people (30%) ages 55 to 65 in Vermont, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



VERMONT SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$155 in Vermont, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Vermont requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Vermont.** No Medicare beneficiaries in Vermont have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 36,000 of all elderly in Vermont are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



VERMONT HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Vermont depend on \$289 million in Medicare spending.** Medicare pays for 16 percent of all personal health care expenditures in Vermont. This is critical to:
 - 14 hospitals, 2,100 physicians, 40 nursing homes, and other providers in Vermont.

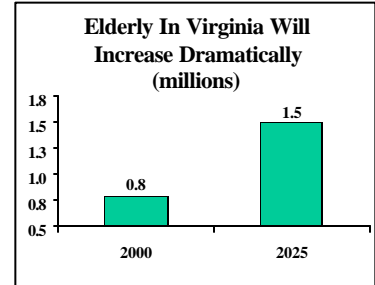
VIRGINIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 864,000 IN VIRGINIA

- **742,000 seniors and 122,000 people with disabilities in Virginia rely on Medicare.**
 - About 495,000 Medicare beneficiaries in Virginia (57 percent) are women.
 - About 82,000 Medicare beneficiaries in Virginia (9 percent) are age 85 and older.
 - About 440,000 Medicare beneficiaries in Virginia (51 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Virginia fell from 29 to 11 percent since Medicare was created.**

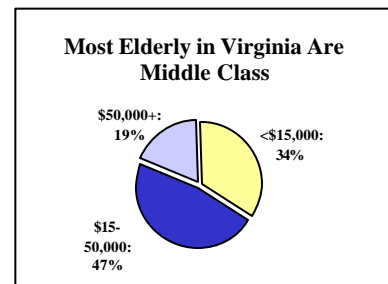
MEDICARE ENROLLMENT WILL SURGE IN VIRGINIA

- **The number of seniors in Virginia will rise from 788,000 in 2000 to 1,515,000 in 2025.** The percent of residents in Virginia who are elderly will increase from 11 to 18 percent.
- **About 136,000 people (21%) ages 55 to 65 in Virginia, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



VIRGINIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 23 percent of Virginia firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$98 in Virginia, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Virginia.** About 244,746 or 30 percent of Medicare beneficiaries in Virginia have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 364,000 of all elderly in Virginia are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



VIRGINIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Virginia depend on \$4 billion in Medicare spending.** Medicare pays for 16 percent of all personal health care expenditures in Virginia. This is critical to:
 - 96 hospitals, 16,800 physicians, 218 nursing homes, and other providers in Virginia.

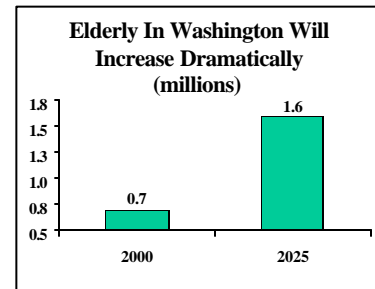
WASHINGTON: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 718,000 IN WASHINGTON

- **632,000 seniors and 86,000 people with disabilities in Washington rely on Medicare.**
 - About 400,000 Medicare beneficiaries in Washington (56 percent) are women.
 - About 77,000 Medicare beneficiaries in Washington (11 percent) are age 85 and older.
 - About 160,000 Medicare beneficiaries in Washington (22 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Washington fell from 28 to 8 percent since Medicare was created.**

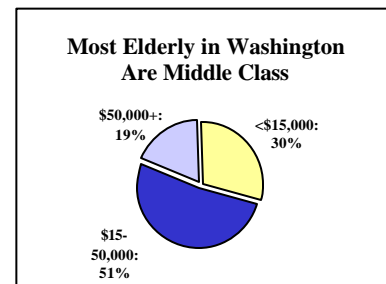
MEDICARE ENROLLMENT WILL SURGE IN WASHINGTON

- **The number of seniors in Washington will rise from 685,000 in 2000 to 1,580,000 in 2025.** The percent of residents in Washington who are elderly will increase from 12 to 20 percent.
- **About 129,000 people (26%) ages 55 to 65 in Washington, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



WASHINGTON SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 17 percent of Washington firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$159 in Washington, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly. Washington requires community-rated premiums. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Washington.** About 434,817 or 59 percent of Medicare beneficiaries in Washington have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 270,000 of all elderly in Washington are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



WASHINGTON HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Washington depend on \$3 billion in Medicare spending.** Medicare pays for 16 percent of all personal health care expenditures in Washington. This is critical to:
 - 89 hospitals, 16,400 physicians, 280 nursing homes, and other providers in Washington.

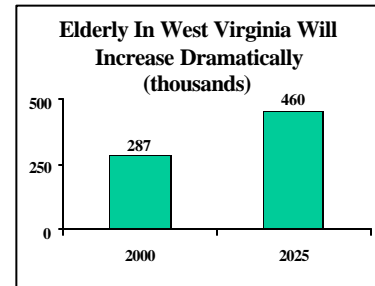
WEST VIRGINIA: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 335,000 IN WEST VIRGINIA

- **272,000 seniors and 63,000 people with disabilities in West Virginia rely on Medicare.**
 - About 183,000 Medicare beneficiaries in West Virginia (55 percent) are women.
 - About 32,000 Medicare beneficiaries in West Virginia (9 percent) are age 85 and older.
 - About 199,000 Medicare beneficiaries in West Virginia (59 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in West Virginia fell from 41 to 16 percent since Medicare was created.**

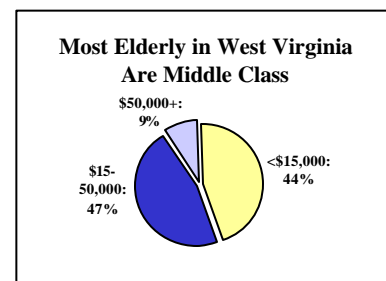
MEDICARE ENROLLMENT WILL SURGE IN WEST VIRGINIA

- **The number of seniors in West Virginia will rise from 287,000 in 2000 to 460,000 in 2025.** The percent of residents in West Virginia who are elderly will increase from 16 to 25 percent.
- **About 53,000 people (30%) ages 55 to 65 in West Virginia, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



WEST VIRGINIA SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 19 percent of West Virginia firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$116 in West Virginia, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in West Virginia.** No Medicare beneficiaries in West Virginia have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 139,000 of all elderly in West Virginia are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



WEST VIRGINIA HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in West Virginia depend on \$2 billion in Medicare spending.** Medicare pays for 21 percent of all personal health care expenditures in West Virginia. This is critical to:
 - 53 hospitals, 4,700 physicians, 101 nursing homes, and other providers in West Virginia.

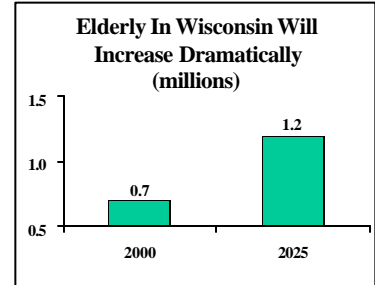
WISCONSIN: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 775,000 IN WISCONSIN

- **689,000 seniors and 86,000 people with disabilities in Wisconsin rely on Medicare .**
 - About 443,000 Medicare beneficiaries in Wisconsin (57 percent) are women.
 - About 91,000 Medicare beneficiaries in Wisconsin (12 percent) are age 85 and older.
 - About 291,000 Medicare beneficiaries in Wisconsin (38 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Wisconsin fell from 28 to 6 percent since Medicare was created.**

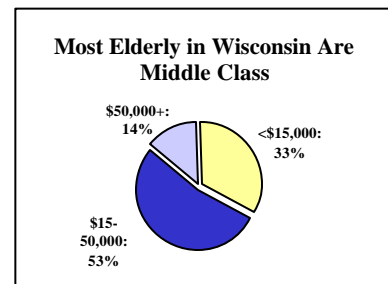
MEDICARE ENROLLMENT WILL SURGE IN WISCONSIN

- **The number of seniors in Wisconsin will rise from 705,000 in 2000 to 1,200,000 in 2025.** The percent of residents in Wisconsin who are elderly will increase from 13 to 21 percent.
- **About 112,000 people (26%) ages 55 to 65 in Wisconsin, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



WISCONSIN SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 23 percent of Wisconsin firms offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$136 nationwide, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Wisconsin.** About 331,034 or 42 percent of Medicare beneficiaries in Wisconsin have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 325,000 of all elderly in Wisconsin are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



WISCONSIN HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Wisconsin depend on \$3 billion in Medicare spending.** Medicare pays for 17 percent of all personal health care expenditures in Wisconsin. This is critical to:
 - 125 hospitals, 16,100 physicians, 361 nursing homes, and other providers in Wisconsin.

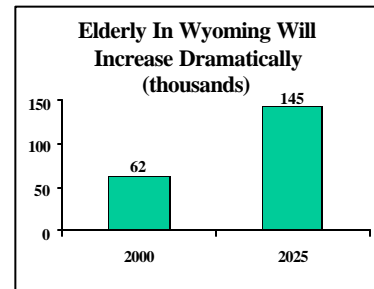
WYOMING: THE NEED FOR MEDICARE REFORM

MEDICARE PROVIDES CRITICAL HEALTH CARE TO 64,000 IN WYOMING

- **56,000 seniors and 8,000 people with disabilities in Wyoming rely on Medicare.**
 - About 34,000 Medicare beneficiaries in Wyoming (54 percent) are women.
 - About 6,000 Medicare beneficiaries in Wyoming (10 percent) are age 85 and older.
 - About 44,000 Medicare beneficiaries in Wyoming (69 percent) live in rural areas, with limited or no options for managed care or prescription drug coverage.
- **Poverty among the elderly in Wyoming fell from 42 to 10 percent since Medicare was created.**

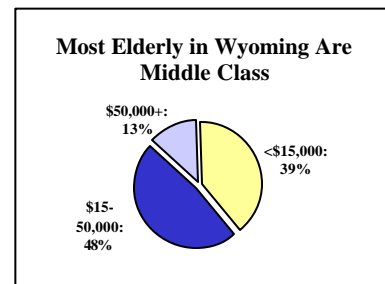
MEDICARE ENROLLMENT WILL SURGE IN WYOMING

- **The number of seniors in Wyoming will rise from 62,000 in 2000 to 145,000 in 2025.** The percent of residents in Wyoming who are elderly will increase from 12 to 21 percent.
- **About 14,000 people (35%) ages 55 to 65 in Wyoming, who are not yet eligible for Medicare, are uninsured or individually insured.** People age 55 to 65 are the fastest growing group of uninsured. The same demographic trend will affect this age group, making this problem even worse in the near future.



WYOMING SENIORS NEED PRESCRIPTION DRUG COVERAGE

- **Only 22 percent of firms nationwide offer retiree health insurance.** Retiree health insurance provides good prescription drug coverage, but only one-quarter of Medicare beneficiaries nationwide have this coverage. This will be lower in the future since 25 percent fewer firms offered retiree health in 1998 than 1994.
- **The monthly premium for Medigap insurance including prescription drugs averages \$123 in Wyoming, which is out of reach for many seniors.** Medigap (supplemental health insurance for beneficiaries) has plans that include prescription drugs, but these plans are typically costly and their premiums increase dramatically with age. Only about 1 in 10 Medicare beneficiaries nationwide purchases Medigap with drug coverage, and the extra cost is about \$90 per month.
- **Access to prescription drug coverage through Medicare managed care is limited in Wyoming.** No Medicare beneficiaries in Wyoming have the option of enrolling in a basic managed care plan that offers prescription drugs. Moreover, nationwide, an increasing number of plans are capping their drug coverage at \$1,000 or even \$500.
- **About 26,000 of all elderly in Wyoming are middle class (\$15-50,000) and would not be eligible for a low-income prescription drug benefit.**



WYOMING HEALTH CARE PROVIDERS RELY ON MEDICARE

- **Health care providers in Wyoming depend on \$218 million in Medicare spending.** Medicare pays for 15 percent of all personal health care expenditures in Wyoming. This is critical to:
 - 25 hospitals, 1,200 physicians, 33 nursing homes, and other providers in Wyoming.