Health Care, Why Should I Care?

Health care is important to everyone. Very few people can afford to pay all of their medical expenses themselves. Many people choose to purchase health care insurance to help pay for medical expenses. Some serious health problems require hundreds or thousands of dollars for treatment. A health insurance policy is a written contract with a company that agrees to help pay a certain amount for health related expenses in exchange for monthly payments (premiums). Often this health insurance is paid for by an employer or co-paid by the employer and the employee.

When people cannot afford to pay for health insurance, they may go without necessary care and skip preventative care such as immunizations and regular check-ups. Their income is spent on other more immediate necessities such as food and rent. Because they are uninsured, they usually have no regular doctor, don’t take prescription medications and are more likely to be hospitalized or even die because of health conditions that could have been avoided with proper medical care.

In 2007, about 45 million Americans have no health insurance. Another 38 million have inadequate or not enough health insurance. This means that nearly one-third of Americans face each day not knowing what they will do if they or their families need medical care.

The sick delay care because they fear medical bills. They risk not catching real problems before they become serious. They wait until the last minute to seek help. When an uninsured person needs medical care and cannot pay, the burden of this cost falls upon those who are insured, the hospitals, the doctors, and the government. These billions of dollars of “uncompensated care” increase health insurance costs for everyone.

Who is uninsured? It’s more than just the poor. In fact, persons who are poor are often eligible for excellent health care benefits from Medicaid, a program that covers medical expenses for people with low or limited incomes. Often the uninsured are middle-class working Americans whose employers do not offer health care benefits.
As a result, the employee cannot afford to pay the insurance premiums because of more immediate expenses such as food and shelter. Uninsured people are also people who had been insured, but lost their jobs and health benefits.

* Search for current stories about uninsured people.

So, what do you do if your employer doesn’t offer health care insurance or the insurance is too expensive? What if you’re elderly, have a disability and can’t work, or if you don’t have a job? You may be eligible for some or all of the programs and health care benefits provided by your state and the federal government. Elderly Americans 65 and older are eligible for Medicare, the federal government’s health insurance program. Also eligible for this coverage are the legally blind, people with end-stage kidney disease, and younger people who are disabled and who meet the criteria to collect Social Security Disability Benefits. Medicare consists of Part A which is hospital insurance, and Part B which is medical insurance. Another option available is Medicare+Choice or Medicare Part C, as it is commonly known. Medicare Part C offers expanded benefits for a fee through private health insurance programs. Today Medicare+Choice has been replaced by Medicare Advantage. An additional option to Medicare Advantage is Medigap. Medigap is a health insurance that fills in the “gaps” that aren’t covered by Medicare Part A and B. Medicare Part D is the newest component of the Medicare program. Medicare Part D is a voluntary option that helps pay for prescription drugs.

Medicare doesn’t mean free health care. Your health care expenses depend on several factors:

- the type of Medicare plan you choose
- if you have additional health care coverage through an employer or retirement plan
- number of visits to see your doctor
- length of hospital stays
- prescription medications you require, including the amount of prescriptions and their cost

Some Americans with low or limited incomes are eligible for Medicaid. Medicaid is a health insurance program that is jointly funded by the federal government and individual states and administered by the states. Medicaid benefits are extensive and vary from state to state.