Taking Advantage: How Insurers Harm Seniors on Medicare

Insurers like UnitedHealth¹ and Humana² have a history of putting profits ahead of patients. Now, they're taking over Medicare and walking away with billions³ in taxpayer dollars. A groundbreaking new report from Physicians for a National Health Program (pnhp.org/HarmsReport) shows us the consequences: Corporate health insurers are harming millions of American seniors.



Patients in so-called "Medicare Advantage" (MA) plans are forced to deal with:

- Surprise out-of-pocket costs, which can leave seriously ill patients and their families facing thousands of dollars in medical bills
- Narrow networks, with 11.7 million patients in an MA plan excluding >70% of doctors in their county
- **Serious health risks**, with some cancer patients in MA facing up to a 2x higher risk of death because of a lack of access to the best hospitals
- **Delays and denials of care**, so insurers can pad their profits while patients get sicker, often leading to *permanent health consequences and even death*.

Doctors and hospitals also face serious barriers to caring for patients as a result of the administrative and financial burdens placed on them by corporate MA insurers:

- Up to 20.5 million hours wasted filling out authorization forms and fighting with insurers to get necessary care approved
- **Delayed and denied payments**, which can *ruin the finances of hospitals and medical practices*, especially in rural and underserved areas.

Medicare was created to serve the people. Corporate health insurers have shown that they cannot be trusted to carry out that crucial mission. Visit **pnhp.org/HarmsReport** to learn more.

