

OCTOBER 2012

## Key Findings from the Kaiser Family Foundation 2012 National Survey of Seniors

SENIORS' KNOWLEDGE AND EXPERIENCE WITH MEDICARE'S  
OPEN ENROLLMENT PERIOD AND CHOOSING A PLAN

As Medicare prepares for the 2013 open enrollment period—the seven-week period from October 15 to December 7 when people on Medicare can review and compare their coverage options, including Part D drug plans and Medicare Advantage plans—this issue brief highlights survey findings from the Kaiser 2012 National Survey of Seniors related to seniors' knowledge and experience with the open enrollment period and choosing a plan. Our survey findings related to seniors' awareness of and experiences during the open enrollment period have implications for future policy discussions with respect to greater involvement of private plans in Medicare.

Today virtually all seniors can choose between the traditional Medicare program or a private Medicare Advantage plan (primarily HMOs and PPOs) for their Medicare benefits. They also have the choice of enrolling in a private plan for Medicare Part D drug coverage. Because plans change from year to year and because individual needs also change, seniors are advised and encouraged by the Centers for Medicare & Medicaid Services (CMS) to review and compare their plan options annually to ensure that their current coverage best meets their needs. Seniors have the opportunity to switch plans each year during the open enrollment period.

This issue brief is the first in a series of releases examining key findings from the Kaiser 2012 National Survey of Seniors. The survey, conducted May 29–July 8, 2012, documents Medicare's role for older Americans today in light of calls for changing the program, by examining seniors' experiences with medical care access and cost, private plan choices, and views of Medicare program reform options. Details about the survey methodology are on page 6.

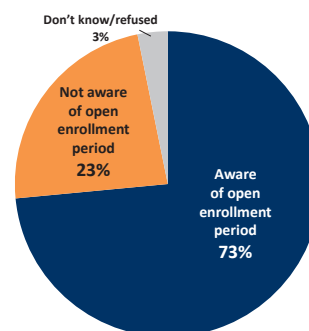
## KEY FINDINGS

- **Most seniors report being aware of Medicare's annual open enrollment period (Exhibit 1) and most say they review and compare their Medicare coverage options during this time on a regular basis (either every year or every few years), but one quarter say they rarely or never engage in these activities. Larger shares of certain relatively vulnerable subgroups of seniors—including those with low incomes, limited educations, functional impairments, and poor health status—say they are unaware of the open enrollment period.**
- **Awareness of the open enrollment period is somewhat greater among seniors currently enrolled in a Medicare private plan, either a Medicare Advantage plan or a Part D drug plan, compared to seniors overall, and a greater share of these seniors say they review and compare plans on an annual basis.**
- **Four in ten seniors (40 percent) say that, in their view, having many private plan choices available makes it "confusing and difficult" to pick the best plan and the same share of seniors (41 percent) say having many plans available to choose from makes it "helpful and provides an opportunity to find the best plan."**

EXHIBIT 1

## Seniors' Awareness of Medicare's Open Enrollment Period

At the end of every year, there is a period of time for people on Medicare to review and compare their Medicare coverage options and make changes to their coverage. This time of the year is called the annual enrollment period. Would you say you are aware of the annual open enrollment period, or not?



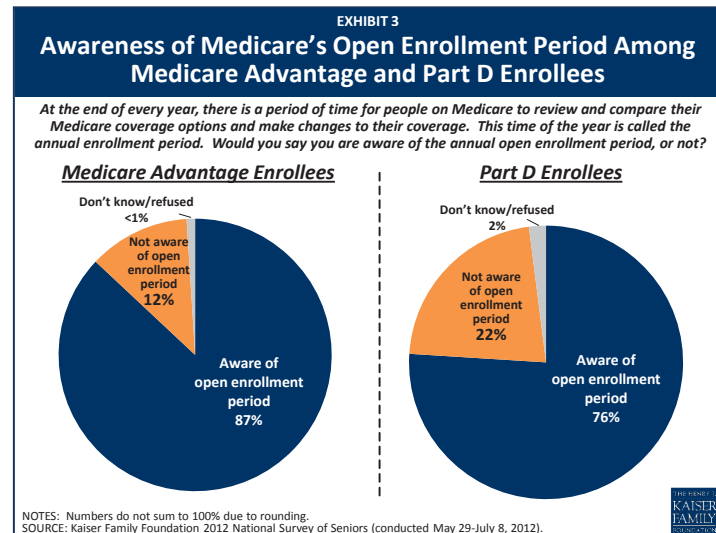
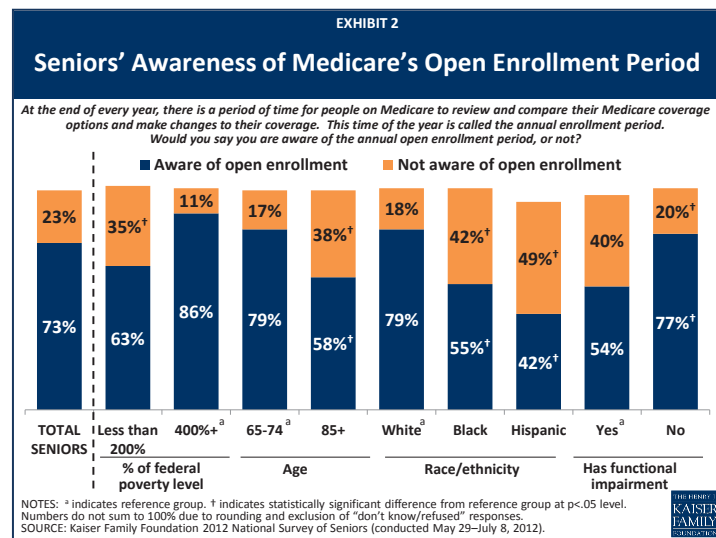
NOTES: Numbers do not sum to 100% due to rounding.  
SOURCE: Kaiser Family Foundation 2012 National Survey of Seniors (conducted May 29–July 8, 2012).

## Awareness of the open enrollment period

Most seniors (73 percent) say they are aware of Medicare's open enrollment period, while nearly one quarter of seniors (23 percent) say they are unaware (the remainder either don't know or did not answer) (**Exhibit 1; Table 1**). A larger share of some groups of seniors than others report that they are unaware of the open enrollment period (**Exhibit 2**) – this includes:

- **Low-income seniors:** More than one-third (35 percent) of low-income seniors (those with incomes below 200 percent of the federal poverty level, or FPL<sup>1</sup>) report not knowing about the open enrollment period, compared to 11 percent of higher-income seniors (those with incomes greater than 400 percent of the FPL)
- **Black and Hispanic seniors:** More than four in ten black seniors (42 percent) and nearly half of Hispanic seniors (49 percent) say they are unaware of the open enrollment period, compared to 18 percent of white seniors.
- **Seniors with less than a high school education,** nearly half of whom (48 percent) say they are unaware of the open enrollment period, versus less than two in ten seniors with higher education levels.
- **Seniors with functional impairments<sup>2</sup> and those in fair/poor health,** twice the share of whom said they were unaware of the open enrollment period than seniors with no functional impairments and seniors in better health; for example, 40 percent of seniors with functional impairments report not knowing about the open enrollment period versus 20 percent of seniors without functional impairments.

Perhaps not surprisingly, nearly nine in ten seniors (87 percent) who are enrolled in Medicare Advantage plans say they are aware of the open enrollment period (**Exhibit 3**), reflecting greater familiarity among those who have made a choice to enroll in one of Medicare's private health plan alternatives to the traditional program, compared to seniors with other types of supplemental coverage who report significantly lower awareness; nearly six in ten (59 percent) of those with no supplemental coverage and just over half of seniors (52 percent) who receive Medicaid in addition to Medicare say they are aware of the open enrollment period. And just over three-fourths (76 percent) of seniors enrolled in Part D drug plans say they are aware of the open enrollment period.



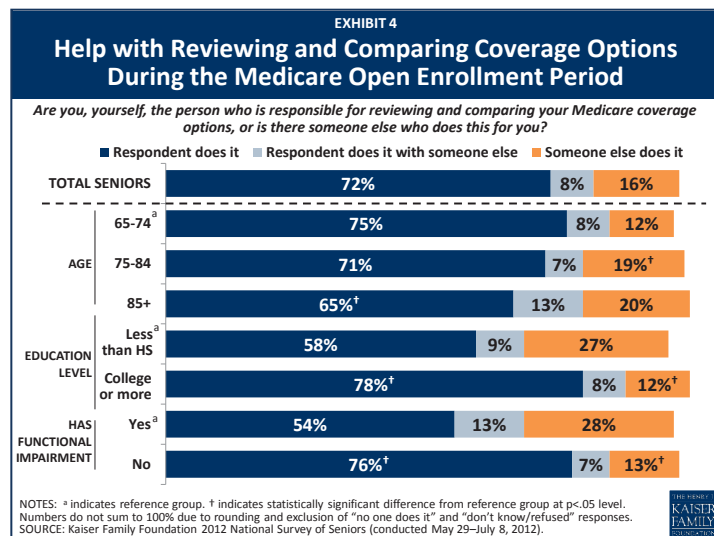
<sup>1</sup> In 2012, the federal poverty level is \$11,170 in annual income for an individual and \$15,130 for a couple; 200 percent of the FPL is \$22,340; 400 percent of the FPL is \$44,680.

<sup>2</sup> To assess whether respondents had health-related limitations in their basic activities of daily living (ADL) or instrumental activities of daily living (IADL), we asked respondents whether, because of any impairment or health problem, they need help from other people with personal care needs (such as eating, dressing, or getting around the house), and with routine needs (such as doing household chores, managing medications, keeping track of finances, shopping, or driving).

These differences in seniors' reported levels of awareness about the Medicare open enrollment period could be a concern to the extent that seniors who are less aware of the open enrollment period might benefit from the opportunity to evaluate their coverage options—whether comparing traditional Medicare to Medicare Advantage plan options or comparing their Part D drug plan options—and determine whether they might face lower costs or obtain better coverage by making a change in their coverage.

### Help with reviewing and comparing coverage options

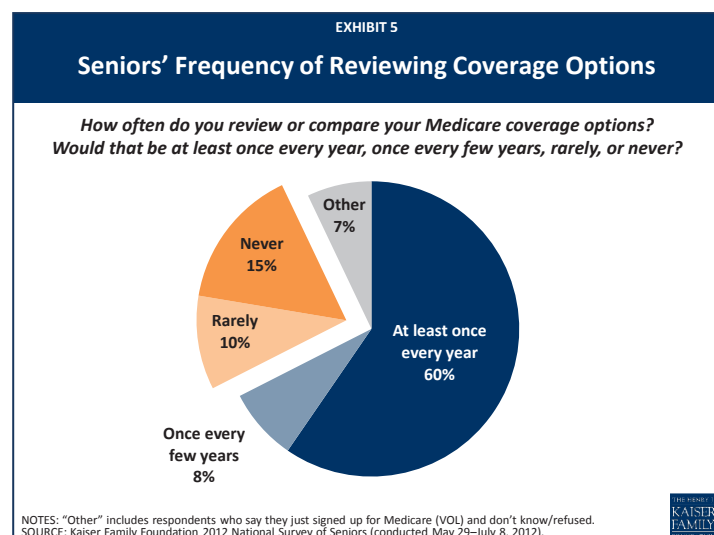
More than seven in ten seniors (72 percent) say they are responsible for reviewing and comparing their Medicare coverage options on their own, while 24 percent say they do this with help from someone else (8 percent) or someone else does this for them (16 percent) (**Exhibit 4, Table 1**). Some groups are more likely than others to rely on someone else doing this for them, including seniors with functional impairments (28 percent, versus 13 percent of those without), older seniors (19 percent of those ages 75-84 compared to 12 percent of seniors ages 65-74), and seniors with less than a high school education (27 percent, versus 12 percent of seniors with a college education). To some degree, these differences may reflect differing levels of cognition among seniors, some of whom may be better equipped than others with the skills needed to compare Medicare coverage options, including navigating CMS's Medicare Plan finder website and using comparative information to inform their plan choices.



### Frequency of reviewing and comparing coverage options

In terms of how frequently seniors review and compare their Medicare coverage options, we asked whether seniors did this every year, every few years, rarely, or never. Six in ten seniors (60 percent) report that they (or someone else on their behalf) review and compare their Medicare coverage options annually, as CMS recommends (**Exhibit 5, Table 2**). However, one-third of seniors (33 percent) say that they do not review and compare their Medicare coverage options on an annual basis, including 8 percent who say they do this once every few years and one-fourth who say they never (15 percent) or rarely (10 percent) undertake these activities. While seniors might have reasons for not comparing plans on an annual basis, our finding does not seem to be primarily attributable to lack of awareness about the annual open enrollment period, as 66 percent of those who rarely or never compare plans say they are aware of the open enrollment period.

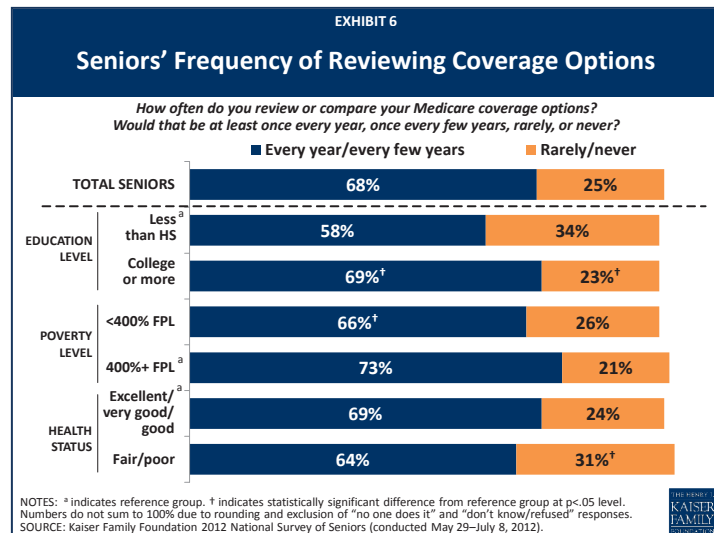
The fact that one in four seniors do not review their Medicare coverage options routinely could be a concern to the extent that this could mean they do not learn about important



changes in their coverage in a timely manner (if they are enrolled in a private plan) or about alternative coverage options that might be better suited to their medical needs or produce lower out-of-pocket costs.

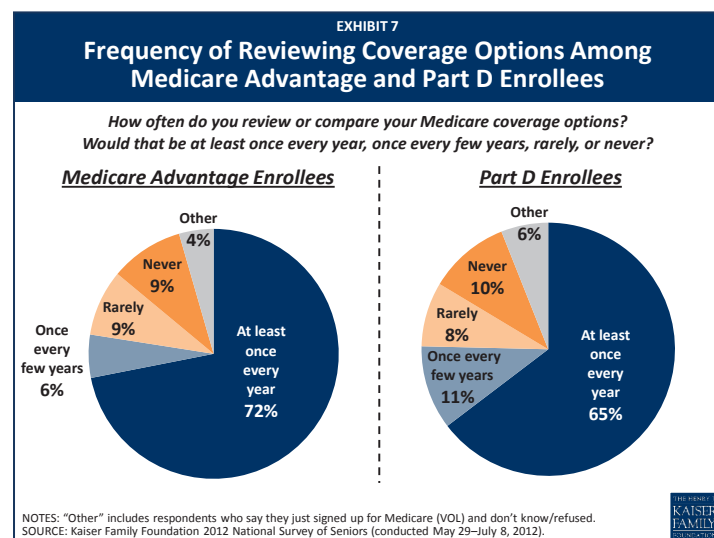
Among demographic subgroups of seniors, there are some notable differences in the frequency with which seniors say they review and compare Medicare coverage options, in particular by education level, income, and health status (**Exhibit 6**):

- **Education level:** Seniors with fewer years of education say they review their coverage options less frequently than do seniors with more years of education. One-third of seniors with less than a high school education (34 percent) say they review their coverage options rarely or never, compared to 23 percent of college graduates.
- **Income:** A smaller share of seniors with lower incomes (below 400 percent of the FPL) than seniors with higher incomes (at or above 400 percent of the FPL) say they review coverage options annually or every few years (66 percent versus 73 percent, respectively).
- **Health status:** Seniors in relatively poor health report reviewing their coverage options less frequently than seniors in better health, with 31 percent of seniors on fair or poor health saying they review their coverage options rarely or never, compared to 24 percent of seniors in excellent, very good, or good health. Seniors in fair or poor health may be among those enrollees for whom changing plans may risk continuity of coverage but also for whom evaluating their current coverage against available options may be most helpful.



Greater familiarity with the open enrollment period among seniors enrolled in Medicare Advantage plans corresponds with a higher likelihood of reviewing and comparing plans annually. More than seven in ten seniors (72 percent) in Medicare Advantage plans report reviewing and comparing their coverage options at least once every year, and another 6 percent say they do this every few years (**Exhibit 7**). Nearly two-thirds of seniors (65 percent) in Part D plans say they review their coverage options annually and another 11 percent report doing this every few years.

Our survey did not ask seniors what they did with the information they obtained in the process of reviewing and comparing coverage options nor whether they switched plans, and if so, how often. Previous research and data from CMS suggests that only a small share of seniors switch plans annually, even when the opportunity exists and even when a lower-cost option is available.<sup>3</sup>



<sup>3</sup> For a review of the literature in this area, see J. Polinski et al, "Medicare Beneficiaries' Knowledge of and Choices Regarding Part D, 2005-Present," *J Am Geriatr Soc.* May 2010; 58(5).

### Views about the process of comparing plans and the number of plan choices

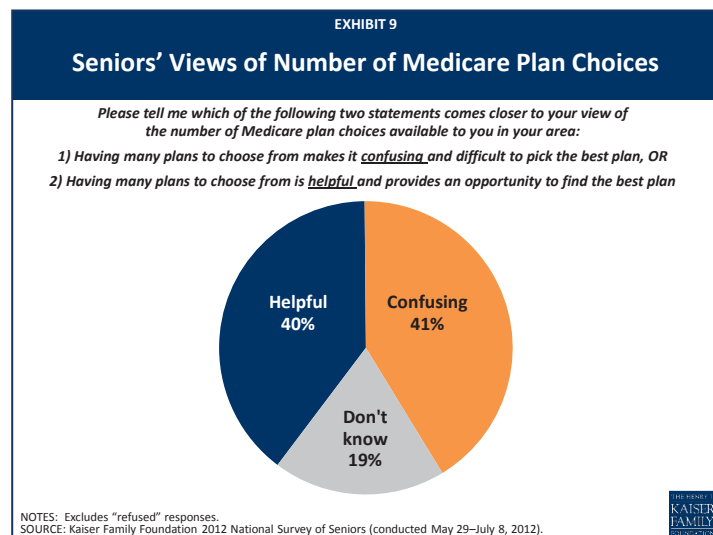
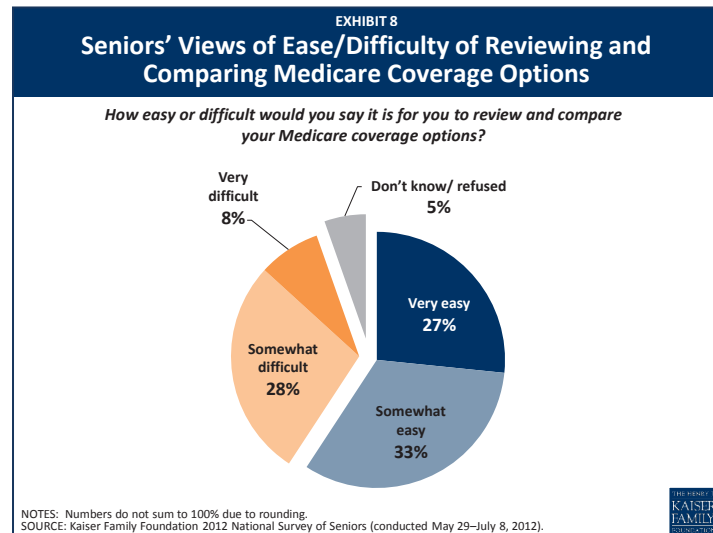
We asked seniors who reported reviewing their Medicare coverage options at least rarely or more often for their view of “how easy or difficult would you say it is for you to review and compare your Medicare coverage options.” Nearly six in ten (59 percent) seniors overall say it is easy to review and compare coverage options, while 35 percent say it is difficult (**Exhibit 8**).

We also asked seniors for their views about the number of Medicare private plan choices available to them, both Part D drug plans and Medicare Advantage health plans—whether “having many plans to choose from makes it confusing and difficult to pick the best plan” or whether “having many plans to choose from is helpful and provides an opportunity to find the best plan.” While the exact number of plans available in each county and state varies widely across the country, all people on Medicare have, on average, at least 25 Part D drug plans and 20 Medicare Advantage plans to choose from in 2012.

Overall, seniors were evenly divided on this issue, with 40 percent saying that in their view having many plans available makes it “confusing and difficult” to pick the best plan and 41 percent saying having many plans available makes it “helpful” (**Exhibit 9, Table 3**). Some groups of seniors are more likely than others say that having a number of private plan choices is helpful in picking the best plan, including those enrolled in Medicare Advantage plans (52 percent say helpful), those with a college education (48 percent), and seniors with no functional impairments (43 percent). However, other groups of seniors are less likely than their counterparts to say that having many plan choices is helpful, including low-income seniors (35 percent say helpful), Hispanic seniors (33 percent), senior women (38 percent), and those with functional impairments (34 percent).

Seniors’ current perceptions and views about the level of difficulty in comparing plans and the number of plans available could be seen as good news in light of concerns expressed by beneficiary advocacy organizations and by seniors themselves in the early years of the Part D program that the drug benefit was too complicated, and that the marketplace would be difficult for seniors to navigate due to the large number of plan available. For example, in late 2005 just prior to implementation of the drug benefit, 73 percent of seniors said that “having many plans to choose from makes it confusing and difficult to pick the best plan,” and only 22 percent said “having many plans to choose from is helpful and provides an opportunity to find the best plan.”<sup>4</sup> It is likely that as the Part D program has matured, these initial concerns and perceptions have been mitigated to some extent by seniors’ greater experience and familiarity with the program.

<sup>4</sup> Kaiser Family Foundation/Harvard School of Public Health, “The Medicare Drug Benefit: Beneficiary Perspectives Just Before Implementation,” November 2005, available at <http://www.kff.org/kaiserpolls/med111005pkg.cfm> (accessed September 16, 2012).





## Discussion

Taken altogether, these findings have implications for future policy discussions with respect to greater involvement of private plans in Medicare. To the extent that many seniors say they are aware of the open enrollment period and participate annually in the process of comparing plans, shifting Medicare to a new system, one that relied on seniors choosing plans and being responsive to price competition among plans, would not be unfamiliar ground to many of today's seniors. Yet to the extent that lower levels of awareness of the open enrollment period are reported by a larger share of certain relatively vulnerable subgroups of seniors, including those with low incomes, limited educations, functional impairments, and poor health status, this could mean that not all seniors are able to take advantage of the annual opportunity to evaluate their coverage and make changes that could result in lower costs and/or better coverage to meet their needs. And with one-third of seniors overall saying they do not engage annually in the process of comparing plans, this may complicate efforts to increase the role of private plans in Medicare and to enhance competition between plans by encouraging seniors to choose lower-cost plan options.

Moreover, our survey did not assess whether those seniors who say they do review and compare Medicare coverage options act on whatever information they might learn, such as whether they switched plans as a result. Previous research and data from CMS suggests that only a small share of seniors switch plans annually, indicating a fairly high degree of “stickiness” among the senior population, even when the opportunity exists and even when a lower-cost option is available. While the decision to stick with their current plan might be a rational one for many seniors, research has also shown that many beneficiaries are not enrolled in the plan that will save them the most money given their specific needs.<sup>5</sup> Additional research into seniors' behavior with regard to comparing plans and their decision-making around switching plans could help to establish whether more could be done to help seniors—especially those with limited educations and cognitive difficulties—make optimal choices.

*This brief was prepared by Juliette Cubanski and Anthony Damico.  
Jennifer Huang and Zachary Levinson provided assistance preparing charts and tables.*

## METHODOLOGY

The Kaiser 2012 *National Survey of Seniors* was designed and analyzed by researchers at the Kaiser Family Foundation, including Juliette Cubanski, Tricia Neuman, and Anthony Damico, with additional assistance from Mollyann Brodie and Claudia Deane. The survey was conducted May 29-July 8, 2012, among a nationally representative, non-institutionalized sample of 2,031 adults ages 65 and older living in the United States, including Alaska and Hawaii. Computer-assisted telephone interviews conducted by landline (N=1,919) and cell phone (N=112, including 27 who had no landline telephone) were carried out in English and Spanish by Social Science Research Solutions (SSRS). The study was also designed to target low-income seniors and specifically low-income black and Hispanic seniors. The sample was weighted to balance the sample demographics to match census estimates for the national senior (age 65+) non-institutionalized population based on the March supplement of the U.S. Census Bureau's Current Population Survey (CPS). For results based on income categories, we used a regression-based multiple-imputation methodology to impute income for the 22 percent of respondents (N=439) with missing income data. We assigned those respondents to one of five categories based on the 2012 federal poverty guidelines: income less than 100 percent of the federal poverty level (FPL), 100–199 percent of the FPL, 200–299 percent of the FPL, 300–399 percent of the FPL, and 400 percent of the FPL or more.

All statistical tests account for the effect of weighting. The margin of sampling error including the design effect for the full sample is plus or minus 3.1 percentage points. For results based on other subgroups, the margin of sampling error may be higher. Note that sampling error is only one of the many potential sources of error in this or any other survey.

<sup>5</sup> See, for example, J. Gruber, “Choosing a Medicare Part D Plan: Are Medicare Beneficiaries Choosing Low-Cost Plans?” Prepared for the Kaiser Family Foundation, March 2009, available at <http://www.kff.org/medicare/7864.cfm> (accessed September 14, 2012).

**TABLE 1: AWARENESS OF MEDICARE'S OPEN ENROLLMENT PERIOD AND PERSON RESPONSIBLE FOR REVIEWING MEDICARE COVERAGE OPTIONS**

	TOTAL (n=2,031)	Aware of open enrollment period		Person responsible for reviewing coverage options				
		Yes	No	Respondent does it	Respondent does it with help from someone else	Someone else does it	No one does it	
<b>Overall</b>	100%	73%	23%	72%	8%	16%	2%	
<b>Age</b>								
65-74 (ref)	53%	79%	17%	75%	8%	12%	3%	
75-84	34%	70%	† 28%	† 71%	7%	19%	† 2%	
85+	12%	58%	† 38%	† 65%	† 13%	20%	† 1%	
<b>Sex</b>								
Men (ref)	43%	75%	22%	72%	9%	15%	2%	
Women	57%	73%	24%	72%	8%	16%	2%	
<b>FPL</b>								
<200%	37%	63%	35%	† 68%	8%	19%	3%	
200-399%	38%	75%	20%	† 73%	9%	13%	2%	
400%+ (ref)	25%	86%	11%	77%	8%	14%	1%	
<b>Race/ethnicity</b>								
White (ref)	80%	79%	18%	74%	8%	14%	2%	
Black	8%	55%	† 42%	† 73%	5%	19%	2%	
Hispanic	7%	42%	† 49%	† 56%	† 10%	27%	† 3%	
<b>Education</b>								
Less than high school (ref)	17%	47%	48%	58%	9%	27%	4%	
High school/trade school	39%	78%	† 19%	† 73%	9%	14%	† 2%	
Some college	19%	81%	† 16%	† 78%	† 6%	12%	† 2%	
College graduate or more	24%	82%	† 16%	† 78%	† 8%	12%	† 2%	
<b>Metro status</b>								
Urban (ref)	78%	74%	23%	74%	7%	15%	2%	
Rural	21%	73%	23%	67%	12%	† 17%	3%	
<b>Health status</b>								
Excellent/very good/good (ref)	75%	78%	18%	76%	8%	13%	2%	
Fair/poor	25%	59%	† 38%	† 61%	† 10%	24%	† 2%	
<b>Functional impairments</b>								
Yes (ref)	16%	54%	40%	54%	13%	28%	2%	
No	84%	77%	† 20%	† 76%	† 7%	13%	† 2%	
<b>Number of chronic conditions<sup>1</sup></b>								
0 (ref)	9%	73%	22%	74%	6%	16%	2%	
1-2	43%	76%	21%	75%	8%	12%	2%	
3-4	37%	69%	27%	69%	7%	19%	2%	
5+	11%	81%	19%	67%	12%	16%	4%	
<b>Supplemental coverage</b>								
Employer (ref)	27%	77%	19%	74%	8%	12%	3%	
Medicare Advantage	21%	87%	† 12%	† 78%	8%	13%	1%	
Medicaid	7%	52%	† 45%	† 58%	† 3%	27%	† 4%	
Medigap	19%	81%	16%	72%	11%	16%	0%	
None	20%	59%	† 36%	† 74%	8%	14%	2%	
<b>Drug coverage</b>								
Part D (ref)	27%	76%	22%	71%	7%	18%	2%	
Medicare Advantage	21%	87%	† 13%	† 78%	7%	13%	0%	
Other drug coverage	28%	75%	21%	73%	11%	12%	3%	
None	23%	59%	† 36%	† 70%	7%	18%	3%	

NOTES: FPL is federal poverty level. (ref) is reference group. † indicates statistically significant difference from reference group at p<.05 level.

<sup>1</sup> We asked respondents whether a doctor or other health care provider ever told them that they had any of the following conditions: arthritis; asthma, emphysema, or other lung disease; cancer; depression; another type of mental health condition besides depression, such as Alzheimer's disease; diabetes or high levels of sugar in the blood; any heart condition, such as hardening of the arteries, heart failure, or heart attack; high blood pressure, osteoporosis; and a stroke.

SOURCE: Kaiser Family Foundation 2012 National Survey of Seniors, conducted May 29, 2012-July 8, 2012

TABLE 2: FREQUENCY OF REVIEWING MEDICARE COVERAGE OPTIONS

	TOTAL EVERY YEAR OR EVERY FEW YEARS	Every year	Every few years	TOTAL RARELY OR NEVER	Rarely	Never
	YEARS			NEVER		
<b>Overall</b>	68%	60%	8%	25%	10%	15%
<b>Age</b>						
65-74 (ref)	68%	61%	7%	25%	10%	16%
75-84	69%	59%	10%	24%	11%	14%
85+	61%	54%	7%	29%	11%	18%
<b>Sex</b>						
Men (ref)	69%	60%	9%	26%	8%	18%
Women	66%	59%	7%	25%	12%	13%
<b>FPL</b>						
<200%	66%	58%	8%	26%	10%	17%
200-399%	65% †	57% †	8%	27%	13% †	15%
400%+ (ref)	73% ††	65%	8%	21%	7%	14%
<b>Race/ethnicity</b>						
White (ref)	67%	60%	8%	26%	11%	15%
Black	69%	60%	9%	24%	5% †	18%
Hispanic	65%	57%	8%	25%	7% †	18%
<b>Education</b>						
Less than high school (ref)	58%	52%	6%	34%	10%	24%
High school/trade school	71% †	60%	10%	23% †	9%	14% †
Some college	68%	62%	5%	27%	13%	14% †
College graduate or more	69% †	61%	8%	23% †	11%	12% †
<b>Metro status</b>						
Urban (ref)	67%	59%	9%	25%	10%	16%
Rural	68%	64%	4% †	26%	12%	14%
<b>Health status</b>						
Excellent/very good/good (ref)	69%	60%	8%	24%	10%	14%
Fair/poor	64%	57%	6%	31% †	11%	20% †
<b>Functional impairments</b>						
Yes (ref)	66%	58%	9%	25%	11%	14%
No	68%	60%	8%	25%	10%	16%
<b>Number of chronic conditions<sup>1</sup></b>						
0 (ref)	71%	61%	11%	23%	11%	12%
1-2	66%	59%	7%	27%	9%	18%
3-4	68%	60%	8%	24%	11%	13%
5+	69%	59%	10%	25%	11%	14%
<b>Supplemental coverage</b>						
Employer (ref)	64%	57%	7%	29%	13%	16%
Medicare Advantage	77% †	72% †	6%	18% †	9%	9% †
Medicaid	65%	62%	3%	28%	15%	13%
Medigap	76% †	66% †	10%	19% †	8%	11%
None	58%	47% †	11%	34%	11%	23%
<b>Drug coverage</b>						
Part D (ref)	75%	65%	11%	19%	8%	10%
Medicare Advantage	77%	72%	5%	19%	9%	11%
Other drug coverage	62% †	56% †	6%	30% †	13%	17% †
None	56% †	47% †	9%	34% †	10%	24% †

NOTES: FPL is federal poverty level. (ref) is reference group. † indicates statistically significant difference from reference group at p<.05 level.

†† indicates statistically significant difference from all other groups at p<.05 level.

<sup>1</sup> We asked respondents whether a doctor or other health care provider ever told them that they had any of the following conditions: arthritis; asthma, emphysema, or other lung disease; cancer; depression; another type of mental health condition besides depression, such as Alzheimer's disease; diabetes or high levels of sugar in the blood; any heart condition, such as hardening of the arteries, heart failure, or heart attack; high blood pressure, osteoporosis; and a stroke.

SOURCE: Kaiser Family Foundation 2012 National Survey of Seniors, conducted May 29, 2012-July 8, 2012



TABLE 3: VIEWS ON THE NUMBER OF PRIVATE PLAN CHOICES AVAILABLE

	Having many plans to choose from makes it confusing and difficult to pick the best plan	Having many plans to choose from is helpful and provides an opportunity to find the best plan
<b>Overall</b>	40%	41%
<b>Age</b>		
65-74 (ref)	43%	42%
75-84	39%	40%
85+	25% †	43%
<b>Sex</b>		
Men (ref)	37%	46%
Women	42%	38% †
<b>FPL</b>		
<200%	43%	35% †
200-399%	35%	44%
400%+ (ref)	41%	46%
<b>Race/ethnicity</b>		
White (ref)	39%	42%
Black	36%	44%
Hispanic	46%	33% †
<b>Education</b>		
Less than high school (ref)	38%	37%
High school/trade school	42%	38%
Some college	39%	45%
College graduate or more	37%	48% †
<b>Metro status</b>		
Urban (ref)	39%	42%
Rural	42%	41%
<b>Health status</b>		
Excellent/very good/good (ref)	40%	43%
Fair/poor	38%	37%
<b>Functional impairments</b>		
Yes (ref)	42%	34%
No	39%	43% †
<b>Number of chronic conditions<sup>1</sup></b>		
0 (ref)	34%	44%
1-2	38%	45%
3-4	43%	36%
5+	41%	41%
<b>Supplemental coverage</b>		
Employer (ref)	42%	35%
Medicare Advantage	38%	52% †
Medicaid	47%	30%
Medigap	39%	46% †
None	35%	41%
<b>Drug coverage</b>		
Part D (ref)	45%	40%
Medicare Advantage	36%	51% †
Other drug coverage	42%	35%
None	34% †	43%

NOTES: FPL is federal poverty level. (ref) is reference group. † indicates statistically significant difference from reference group at p<.05 level.

<sup>1</sup> We asked respondents whether a doctor or other health care provider ever told them that they had any of the following conditions: arthritis; asthma, emphysema, or other lung disease; cancer; depression; another type of mental health condition besides depression, such as Alzheimer's disease; diabetes or high levels of sugar in the blood; any heart condition, such as hardening of the arteries, heart failure, or heart attack; high blood pressure, osteoporosis; and a stroke.

SOURCE: Kaiser Family Foundation 2012 National Survey of Seniors, conducted May 29, 2012-July 8, 2012

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