

After A Lifetime of Work, ‘Gap’ Can Leave High Medical Bills

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John Robinson, a 68-year-old retired railroad worker from Somerville, is among the scores of Boston-area seniors who have been forced to make some tough financial choices after seeing his health care costs more than triple after he turned 65.

Robinson said he was among the elderly residents who fell off the so-called senior health care cliff when his medical expenses for high blood pressure, high cholesterol and dental and eye care jumped from \$72 a month to \$367 — a figure that has been eating up a quarter of his monthly \$1,446 pension. Robinson said he and some of his peers found themselves struggling to get by after they turned 65 and found they no longer qualified for certain Medicare and Medicaid programs because of increasing income eligibility levels.

“I was under the false impression that Medicare paid for everything. It doesn’t,” Robinson said. “Through the years, the prices have gone up. ... They’ve continued to



Credit: Nicolaus Czarnecki

TOUGH CHOICES: Retiree John Robinson, 68, of Somerville, has been struggling with medical expenses after falling off the so-called senior health care cliff at age 65

manipulate the system where it has become an issue about money and not about providing people with the health care they need.”

And Robinson isn’t alone. More than 25 million American seniors are economically insecure and struggle to pay for housing and manage their health care bills, while suffering from lack of access to transportation, according to the National Council on Aging. Many baby boomers are dealing with diminished savings after helping to pay off their children’s student loans.

The crisis that Robinson and others are facing comes amid an intense partisan debate over the future of the Affordable Care

Act and as congressional Republicans eye Social Security and Medicare for reforms aimed at controlling costs.

Robinson, who earned his pension after many years working as an Amtrak train attendant, said he’s had a hard time finding a medical plan that will bridge the gap not covered by Medicare.

“If it wasn’t for subsidized housing, I would have to decide between market-rate housing to not be homeless or pay for health care,” he said. “It’s not a decision I ever want to make.”