

Fifty Dollars: Who Gets Through the Door?



Built from *The Fifty-Dollar Copay* by Peter Lee, Health Editor

Grades 4–8 · About 45 minutes · ★ everyone · ★★ older readers

Name _____

Date _____

1. Before You Read

★ When a reporter writes about a promise, why might it be a good idea to come back months later and check on it?

★ Think of a rule that says who is allowed to join something, like a team or a club. Can two people who seem the same end up with different answers? How?

2. The Short Version

Read this first. Older readers: read the full article too.

In January, Peter wrote about a promise. By the middle of 2026, Medicare, a big government health plan, would pay for obesity medicine for the first time in its sixty-year history. Patients who qualified would pay a **copay**, their small share of the bill, of just \$50 a month.

In July, Peter went back to check. The coverage is real. Patients who qualify are getting medicine for \$50 that would have cost them more than a thousand dollars a month two years ago. Pharmacists say older patients often ask the price twice, sure the first answer was a mistake.

But Peter says the rest of the story is about the **sorting**: who gets in and who doesn't. To qualify, patients must meet rules about a weight measurement, related health conditions, and which plan they have. Two people with the same weight and the same doctor can get different answers because of paperwork. Clinics that serve wealthier patients have staff who fight "no" answers. Most other clinics don't. And even with coverage, patients still need a doctor, and many doctors are booked for months.

There is also an argument about money. Paying for the medicine costs a lot right away, but savings like fewer heart attacks take about ten years to show up.

Peter's big point: for sixty years, treating this condition was called a "lifestyle choice." The \$50 copay shows the system finally admitting that a disease was a disease.

3. Word Bank

Word	What it means
qualify	to meet the rules needed to get something
benefit	something a health plan agrees to pay for or provide
denial	when a health plan says "no" to paying for something
diagnosis	a doctor's official name for a person's health condition
conceding	admitting that something is true, often after arguing against it for a long time

★ Use **qualify** in a sentence of your own.

4. Check Your Understanding

★ 1. How much is the monthly copay for Medicare patients who qualify?

- ☐ \$5 ☐ \$50 ☐ \$500

★ 2. The rules for who qualifies depend on three things. What are they?

★ 3. Why do pharmacists say older patients often ask the price twice?

★ 4. Peter says "a benefit is an unlock, not a doctor." What still stands in the way after a patient qualifies?

★★ 5. Two patients with the same weight and the same doctor can get different answers. Give two reasons from the article, then explain why patients at clinics that serve wealthier people have an advantage.

5. Peter's Reach Check

Peter has a rule: a cure that doesn't reach people is just a press release. So whenever he sees big news about a medicine, he checks who it actually reaches. Run Peter's Reach Check on this story.

	Your answer
What actually happened? Just the facts: what Medicare now covers, and what patients pay.	
Who did it reach? Who is getting the most out of the new benefit so far?	
What would it take to reach more people? Name two things that would help more patients get through the door.	
What might a headline leave out? Write a short "\$50 medicine" headline, then one important fact it leaves out.	

6. Think Deeper

★ Peter writes, "Patients live on the first clock. Budgets are written on the second." What are the two clocks? Why might they lead to arguments about paying for this medicine?

★★ Peter says the benefit reaching some people more than others "is not a scandal" yet, but it would become one "if it is still true in three years." Why do you think he gives a new benefit some time? What would you want to see change by then?

7. Write Your Report

Write a short report answering this question: **Is the fifty-dollar copay reaching the people it was meant to help?**

- **My answer:**
 - **Reason 1 (from the article):**
 - **Reason 2 (from the article):**
 - **One thing the other side would say:**
 - **My conclusion:**
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For Teachers and Parents: Answer Key

Word bank sentence: Answers vary; check that the student uses qualify to mean meeting the rules needed to get something.

1. \$50.
2. Body-mass index (a weight measurement), related health conditions, and which plan the person has.
3. The price is so much lower than it used to be that they are sure the first answer was a mistake. The same prescriptions would have cost four figures (more than \$1,000) a month two years ago.
4. Getting an appointment. Primary care in much of the country is booked out for months, and starting these medicines responsibly takes visits, monitoring, and follow-up.
5. Reasons: plan type, paperwork, or one diagnosis code. Clinics that serve wealthier patients have staff whose job is to fight coverage denials; most clinics that serve everyone else don't. Strong answers may add Peter's point that the people who find their way through most easily are the ones with "the most practice navigating mazes."

Reach Check (sample answers): What happened: for the first time in its sixty-year history, Medicare now covers obesity medicine, at a \$50 monthly copay, for patients who qualify. Who it reached: patients on the right side of the rules, especially those at clinics with staff who fight denials; Peter says it is reaching "the covered more than the burdened." What it would take: answers may include help with paperwork and denials at every clinic, more doctor appointments, and fair qualifying rules. What a headline leaves out: answers vary; good ones note that not everyone qualifies, that paperwork can change the answer, or that patients still have to wait for a doctor.

Think deeper: Open answers. For the ★ question, the first clock is the cost, which comes right away in year one; the second is the savings (fewer heart attacks, fewer joint replacements, less diabetes), which arrive about a decade later and mostly in a different part of the budget. Strong answers explain that patients need help now, while budget planners see big costs now and savings much later. For the ★★ question, strong answers note Peter's point that every new benefit starts out reaching some people first; it becomes a real problem only if the gap never closes. Good answers name a change, such as the benefit reaching patients at clinics without denial-fighting staff.

Report: Look for a clear answer, two reasons taken from the article (for example: the coverage is live and works for people who qualify; paperwork and plan type can decide who gets in; appointments are booked for months), a fair statement of the other side (for example: patients who qualify are paying \$50 instead of more than \$1,000, and uneven early use is normal for a new benefit), and a conclusion that matches the answer.