



Marianne Butak, Co-owner Bagel Mainea, Augusta ME

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We are small business owners, employing around 16 people, and working nearly seven days a week ourselves. We’ve owned the business for 9 ½ years.

In March of 2009 my husband, Kevin, suffered a major stroke, which had the potential of leaving him completely paralyzed on his left side. Kevin was in excellent health otherwise, and the stroke indicated a genetic heart defect which causes him to be in constant atrial fibrillation, and his heart threw off a clot which lodged in his brain. After spending a week hospitalized, he is now mostly back to normal, albeit with a serious heart defect which will most likely lead to an early heart failure, and death.

We had been discussing insurance for years. Previously as an employee of The Quaker Oats Company, I was able to provide my family with excellent insurance. Earlier in our career as business owners, we were unable to afford any. We felt that we could probably do something that coming 2009 spring/summer season, when business income was a little higher. **We knew that we would only be able to afford “catastrophic” coverage, but something would be better than nothing!** Kevin had begun looking again for something we could afford. Talking to insurance salesmen can be like talking to used car salesmen, with them attempting to sell things that one doesn’t necessarily even need.

Then, BAM! Life can change so fast, can’t it? The “clot buster” that Kevin was administered alone cost between \$9,000 and \$10,000, for less than a pint. \$40,000 later, we were back at home in Gardiner. For 24 hours. Kevin suffered a mild epileptic seizure, which we *now* know is not uncommon among recovering stroke victims. We got in the car and headed to the hospital emergency room. I got on the phone to them to let them know we had been there a week earlier. I said I was calling so they would be able to admit Kevin immediately. Well, “we can’t do that,” they said, and told me to call an ambulance. So we drove back home, and waited for the ambulance. After an \$750 ambulance ride, he was admitted to the emergency room; along with the folder of his history and the doctors he had seen in the preceding week.

He was there for three days, until one of the doctors who periodically checked in on him said, “You need to go home. It doesn’t make sense to keep a healthy person here.” Had anyone made a call to either his cardiologist or neurologist, they might have shed some light on what

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had happened, and sent him home after seeing him in the emergency room. It was a \$20,000 missed phone call.

We got insurance. After a year, we were able to set him up for a defibrillator implant. \$30,000 said our doctor. The combined bills are over \$75,000. Our insurance rep helped us change our coverage temporarily to help afford the bill. They are refusing to pay the majority of it, even though we significantly increased our monthly premium for a few months to drop our deductible to \$5500. And although we understood we would be able to reset our deductible back to \$15000, they now say we cannot, so we cancelled, as we cannot afford the premiums. We are currently in the process of reinstating some kind of insurance, at the \$15,000 a year level.