ACAMFA’s Plan for Medicare for All: The Core Elements

1. Private medical insurance policies are not illegal, they are all secondary to Medicare.
   a. All medical services are billed to Medicare first.
   b. Any services not covered by Medicare may be submitted to a private insurance carrier by an individual with other insurance with an explanation of benefits from Medicare.
   c. The provider’s only responsibility is to bill Medicare and ensure that the individual is able to receive an explanation of benefits.
   d. Secondary insurance claims are the responsibility of the individual.

2. Everyone will be eligible for Medicare immediately, if they choose to participate.

3. During the four-year transition to full implementation, there will be gradually more improvements to Medicare to make it more attractive for individuals and businesses to sign up.
   a. Deductibles will be eliminated immediately.
   b. Copayments and coinsurance will be gradually phased out during transition.
   c. New covered services will be added each year.
   d. The tax exemption for premiums for employer-sponsored health insurance will be gradually phased out.

4. During transition, premiums for those newly enrolled in Medicare will be set at a competitive rate compared to employer-sponsored health insurance and will be adjusted for family income. It will not be determined by the marketplace.

5. After transition, premiums for everyone on Medicare will be based on family income, after eliminating the amount above 133% of the federal poverty level.

6. During and after transition employers will contribute 6% of payroll after the first $500,000 to premiums for their employees.

7. Medicaid will be completely incorporated into Medicare. This will:
   a. Reduce administrative costs.
   b. Improve access to care.
   c. Reduce variability of standards across the country.
   d. Eliminate the burden of cost from state budgets, which is now unfairly apportioned.

8. Increased allocation for Medicare’s administrative budget will allow for improved collections and quality improvements.

9. Cost control will come from:
   a. Reduced administrative costs of Medicare compared to private insurance and Medicaid.
   b. Reduced administrative costs of providers due to less red tape.
   c. Improved collections from better processes.
   d. Reduced fraud and overpricing.
   e. Better feedback to providers in single-payer system, allowing for reduction in excessive use.
   f. Reduced use of high-cost care as a result of increased coverage of lower-cost care (e.g., reduced hospitalization due to coverage of long-term care).

10. What this means for you:
    a. Individuals will have NO out-of-pocket costs and premiums will be matched to income.
    b. Businesses will save over $200 billion a year in healthcare costs.
    c. Taxes will NOT go up—the government will save money because of lower spending.
    d. State and local budgets will not be burdened with medical costs so they can focus on other things.
    e. Providers will have lower costs and more sources of income.
    f. Insurance companies will stay in business and make a FAIR profit.
    g. Drug costs will be controlled, but drug companies will make a FAIR profit.
    h. Anyone can keep their current insurance if they want to—it will add on to Medicare.
    i. EVERYONE gets a fair deal.