

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. **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.
6. **Increased** allocation for Medicare's **administrative budget** will allow for improved collections and quality improvements.
7. 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).
8. **What this means for you:**
 - a. Individuals will have NO out-of-pocket costs and premiums will be matched to income.
 - b. Businesses will pay about HALF what they now pay for 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.