**Improved Medicare for All**

**The Breakdown:**
- **Everybody in - Nobody out**
  expands Medicare to cover everybody

- **Covers all health needs**
  lifelong coverage of medical, dental, vision & much more

- **Freedom & Flexibility**
  health services remain private with YOUR choice of doctors - no networks

- **Efficiency + Negotiation = Lower Cost**
  slashes bureaucracy and eliminates overcharges to save $

**The Bottom Line:**
95% of people will pay **Less** for healthcare than they do now*


Want Proof? estimate YOUR savings with this calculator: www.hcfat.org/Calculator.html

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**The U.S. spends 2X more on healthcare than nations that cover EVERYONE & have BETTER health**

**Improved Medicare for All**

an efficient system to deliver healthcare to everyone in the U.S. without increasing overall spending

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<table>
<thead>
<tr>
<th>cost per capita</th>
<th>ACA/Obamacare (2016)</th>
<th>Improved Medicare for All (post-transition - 2020)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,469</td>
<td>$9,892</td>
<td>$8,327*</td>
</tr>
<tr>
<td>population covered</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>services</td>
<td>ALL</td>
<td>ALL</td>
</tr>
<tr>
<td>funding</td>
<td>public $</td>
<td>public $</td>
</tr>
<tr>
<td>total cost</td>
<td>no data</td>
<td>$3.2 trillion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2.7 trillion</td>
</tr>
</tbody>
</table>

Source: OECD 2016, House Resolution 676: Expanded and Improved Medicare for All, UN Population estimates - 2017

Calculated based on U.S. population of 325 million (2017 UN population estimates).

*Assumes full implementation of HR676 in 2018 with 2 year transitional expenses satisfied, e.g. increased utilization, Medicaid rate adjustment, retraining and unemployment for displaced workers, and buy-out of private health care facilities - $394 billion (Friedman, 2013, “Funding HR 676...” https://bit.ly/NPQjgb).

* Actual per capita value is likely to be lower than projected due to negotiated prices for pharmaceutical and medical device products.
Q: WHY does the U.S. PAY SO MUCH FOR HEALTHCARE that doesn’t adequately serve our needs?

A: UNNECESSARY COSTS due to PROVIDER MONOPOLIES and PRIVATE INSURANCE COMPANIES:

**PROFIT**
- executive salary & bonus
- marketing
- lobbying
- campaign contributions
- shareholders*

* Don’t be fooled!

“NON-PROFIT” hospital chains and insurers may not have shareholders, but they still have all the other expenses

**BUREAUCRACY**
- having dozens of insurance companies means

  **ENORMOUS ADMINISTRATIVE COSTS**

To cover staffing:
- insurance companies
  - INCREASE PREMIUMS
  - hospitals and clinics
    - INFLATE charges an average of 4X*
  - hospitals also OVERCHARGE to cover uninsured and underinsured patients


**PERSONAL**
- monthly premiums, copays, coinsurance & suprise out-of-pocket fees
- avoiding care because you can’t afford it
- health decisions made by insurance companies ... NOT your health provider
- bankruptcy due to medical issues
- switching providers when networks change
- time spent dealing with billing issues, preauthorization paperwork, or claims for out-of-network providers
- emergency rooms overloaded with patients in need of primary care
- making job decisions based on healthcare coverage

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**Improved **

**Medicare for ALL**

1. Eliminates **UNNECESSARY COSTS**
2. **LOWERS EXPENSES** for equipment, drugs, and medical devices by negotiating bulk pricing
3. Uses the **MONEY WE ALREADY SPEND**

Most of U.S. healthcare spending ALREADY comes from public dollars:

**CURRENT SPENDING**

PUBLIC $

Medicare
Medicaid
ACA
Tricare
Veterans
CHIP
federal employees

HOUSEHOLD $

premiums
copays
deductibles
coinsurance

**Improved Medicare for ALL**

- new public dollars (from payroll and other tax) that replaces what you ALREADY pay for private insurance

95% of households pay LESS*


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**FIND OUT MORE:**

**HEALTHCARE for ALL Y’ALL!**

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