

# HOW THEY STACK UP Covered California vs. Medicare for All

## COVERED CALIFORNIA (CA Insurance Exchange)

## MEDICARE FOR ALL (MFA)

|   |  |  |
|---|--|--|
| <b>How many Californians are covered?</b>                     | The expansion of MediCal and private insurance will provide millions of Californians with insurance. <b>However, it is estimated there will be 3–4 million uninsured by 2019.</b>  | <b>Guaranteed healthcare for all.</b> Every Californian receives a single standard of quality care, including immigrants.  |
| <b>Is my health coverage continuous?</b>                      | Complicated administrative structure. Depending on employment status and income, you can be forced to change insurance companies several times a year. Needless paperwork, and you may lose access to your current provider.                                 | <b>Even if you are unemployed, or lose or change your job, your health coverage goes with you.</b>   |
| <b>How is preventive care covered?</b>                        | Prevention must be a covered benefit at no cost. However, exorbitant copayments for follow-up treatments like labs and X-rays are barriers to getting care that keeps Californians healthy.  | By removing financial roadblocks, MFA encourages preventive care that lowers an individual's cost of pain and suffering when problems are neglected, and societal cost in the over-utilization of ERs or the spread of communicable disease.   |
| <b>What are my out-of-pocket costs?</b>                       | <b>Annual out-of-pocket costs could range</b> from \$2,250 for an individual earning just above federal poverty level up to \$13,000 for a family at four times the federal poverty level. High out-of-pocket costs if you don't use an in-network provider. | <b>Uniform benefits.</b> One level of comprehensive care no matter what the size of your wallet.   |
| <b>How are locations of healthcare facilities determined?</b> | Currently, healthcare facilities are built in high-profit areas, mainly high-income locations. This means that access will continue to be poor for the millions living in poor or rural communities.   | One of the causes of racial health disparities is availability of medical services in a particular community. MFA provides health planning so hospitals and clinics are built in communities where they are needed. Access to care in our local communities improves racial disparities and life expectancy.                   |
| <b>Can I choose my own health-care provider?</b>              | Private insurers continue to determine what care is received, and which providers you can go to. Access to specialists only through gatekeepers.   | Patients choose their providers and all providers are assured a fair reimbursement.  |
| <b>How are decisions made in my medical care?</b>             | The Affordable Care Act advances initiatives such as "best practices." This mandates the use of protocols for most treatments. Thus, clinical judgment of health professionals is minimized, which lowers the standard of care patients receive.             | MFA ensures that clinical judgement by educated health professionals in consultation with their patients is the basis for healthcare decisions.  |
| <b>How is administrative overhead reduced?</b>                | Attempts to limit overhead spending by health insurance companies to 15%–20% percent.  | Minimizes administrative waste to public insurance levels, currently 3% overhead for Medicare.<br><b>Every academic study for a single-payer system concludes:</b> <ul style="list-style-type: none"> <li>• Everyone is insured</li> <li>• Lives are saved</li> <li>• Quality is improved</li> <li>• Money is saved</li> </ul> |



**The Campaign for a Healthy California** (CHC) is a coalition of organizations committed to building and broadening a grassroots movement to replace private health insurance with guaranteed healthcare for all Californians.

The Affordable Care Act (ACA) made history in the United States by expanding health insurance to millions of Californians for the first time. However, it left insurance companies in charge of our healthcare system. In addition, even when the ACA is fully implemented in California, between three and four million Californians will remain uninsured.

In 2017 states will be eligible to improve upon the Affordable Care Act, and implement a plan that is truly universal and finally gets costs under control. Through our extensive statewide organizing and legislative work, the CHC is committed to building and broadening a grassroots movement to replace private health insurance with a single payer system that guarantees healthcare for all Californians.

California can set the trend for the country by implementing a just and equitable healthcare system. Through our statewide work and extensive field program, the CHC is committed to building and broadening the movement that can make improved Medicare For All a reality in California.