Florida Blue

Summary of Single Payer Proposals (to replace the ACA platform) - as of May 2018

Plan Name and Link	Medicare for All Act of 2017	Medicare Extra for All
Author	Sen. Bernie Sanders (D-VT)	Center for American Progress (CAP)
Provider Network and Reimbursement Rates	Existing Medicare provider network and payment rates	
Plan Benefits	Comprehensive benefits, including coverage for the ACA's essential health benefits and dental, vision, and hearing services	
Role of Insurers	• Eliminated – only able to offer plans with additional benefits not covered by Medicare for All.	• Allowed to continue selling employer-based plans, as well as offering supplemental benefit plans to individuals during an open enrollment period.
Role of Employers	• Employers would not have the option to offer employer-sponsored plans – they would only be allowed to offer plans with additional benefits not covered by Medicare for All.	• Employers would have the option to sponsor Medicare Extra and employees would have the option to choose Medicare Extra over their existing employer coverage.
Eligibility for Coverage	• Every resident in the United States would be automatically eligible for Medicare for All. Medicare and Medicaid enrollees would be transitioned to Medicare for All, while those enrolled in Veterans Affairs or Indian Health Service plans would remain in that coverage. • The Medicare eligibility age would be lowered from 65 to 55 in the first year, and then gradually lowered over four years so that everyone is covered.	• Everyone in the United States would be automatically eligible for Medicare Extra, and those who are currently covered by federal insurance programs would have the option to enroll in Medicare Extra instead. • Medicare Extra would reform Medicare Advantage and reconstitute the program as Medicare Choice, to be run by private insurers and offer supplemental benefits.
Consumer Costs	• No plan premiums or cost-sharing – deductibles, copayments, or coinsurance. • Annual $200 out-of-pocket limit for prescription drugs.	• Incomes up to 150% FPL: $0 premiums. • Incomes 150-500% FPL: premiums 0-10% of income. • Incomes over 500% FPL: premiums 10% of income. • Cost-sharing would also be based on income.

Program Financing	Existing federal health spending would be redirected into program. Additional sources of funding needed are not specifically defined - proposals for raising this revenue include:
	• 7.5% income-based premium paid by employers.
	• 4% income-based premium paid by households.
	• Progressive marginal income tax rates:
	  • 40% on income between $250,000 - $500,000
	  • 45% on income between $500,000 - $2 million
	  • 50% on income between $2 million - $10 million
	  • 52% on income over $10 million
	• End the tax break for capital gains and dividends on household income above $250,000.
	• Progressive estate tax rates ranging from 45 to 55%.
		Existing federal health spending would be redirected into program. Additional sources of funding needed are not specifically defined - proposals for raising this revenue include:
		• A new surtax on adjusted gross income – including capital gains – and increased Medicare taxes on high-income individuals (singles over $200,000, couples over $250,000).
		• Subject all business income of high-income taxpayers – including S corporation shareholders, limited partners, and members of limited liability companies – to Medicare taxes.
		• Limit the tax benefit for employer-sponsored insurance to 28%.
		• End tax benefits for flexible spending accounts and health savings accounts.
		• New excise taxes on cigarettes (increased by 50 cents/pack and adjusted for inflation) and sugared drinks (1 cent/ounce).

Summary of Public Option Proposals (to supplement the ACA platform) - as of May 2018

Plan Name and Link	State Public Option Act	Medicare X Choice Act of 2017	**Choose Medicare Act**	Healthy America
Authors	Sen. Brian Schatz (D-HI)	Sens. Michael Bennet (D-CO), Tim Kaine (D-VA)	Sens. Jeff Merkley (D-OR), Chris Murphy (D-CT)	Urban Institute
Program Buy-In	Medicaid	Medicare	Medicare	Medicare
Provider Network and Reimbursement Rates	• Medicaid provider network • Medicaid payment rates would be increased to match Medicare rates	• Medicare provider network • Medicare payment rates; rates in rural areas could be increased by up to 25%	• Medicare provider network • Medicare payment rates	• Medicare provider network • Medicare payment rates
Markets Served	Individual	Individual, Small Group	Individual, Small Group, Large Group	Individual
Negotiate Drug Prices	N/A	Yes	Yes	No – suggests expanded use of existing Medicaid drug rebates
Key Provisions of Bill	• Allows states to create a public option by allowing its residents to buy into the Medicaid program. • Would offer health plans via the ACA individual Exchange. • A state would have to opt in to this program in order to establish a Medicaid buy-in public option. The state would be responsible for establishing plan premiums, deductibles, and cost-sharing levels. • Plans must include coverage for the ACA's essential health benefits. • Premiums would be based on ACA rating factors (coverage tier, rating area, age, tobacco use) and cost limits (family premiums shall not exceed 9.5% of household income). • ACA premium tax credits would be available to enrollees to help offset monthly premium costs.	• Creates the Medicare Exchange (Medicare X) health plan as a public option for individuals to buy into the Medicare program. • Would roll out in phases via the ACA individual and SHOP Exchanges. In 2020, it would only be available in counties with only one plan option. By 2023, it would be available nationwide, and by 2024 small employers could offer coverage through the SHOP Exchange. • Plans must include coverage for the ACA's essential health benefits. The program must offer at least one silver and one gold plan, and could offer up to two plans in each metal tier. • Premiums would be set by the Department of Health and Human Services (HHS). • ACA premium tax credits would be available to enrollees to help offset monthly premium costs.	• Creates the Medicare Part E plan as a public option for individuals to buy into the Medicare program. • Would offer health plans via the ACA individual and SHOP Exchanges. • Plans must include coverage for the ACA's essential health benefits at the gold metal level. Coverage for abortions and reproductive services would be mandated by federal law. • Premiums would be set by HHS based on a plan's market, rating area, benefit costs, and admin costs. • Establishes annual out-of-pocket limit for Medicare fee-for-service benefits, starting at $6,700 in 2020. • ACA premium tax credits would be based on gold plan premiums (rather than silver) and available to enrollees with incomes up to 600% FPL (up from 400%). • Cost-sharing would range from 6-20% on incomes up to 400% FPL.	• Creates the Healthy America program, a government-administered public health insurance plan offered alongside private insurance plan options. • Would offer health plans via the ACA individual Exchange. • Would maintain employer sponsored coverage options and related tax benefits. Eliminates ACA "pay or play" penalties and allows employees to obtain financial assistance to purchase plans. • Plans must include coverage for the ACA's essential health benefits. • Would prohibit short-term plans and association health plans. • ACA premium tax credits would be based on gold plan premiums (rather than silver) and premiums would not exceed 8.5% of income. • Cost-sharing assistance would be available for incomes up to 300% FPL.