

The Perceptionism Healthcare Plan

This Plan accommodates employer provided healthcare insurance

- This healthcare plan provides everyone in the United States the same access to the best healthcare in the world.
- Everybody pays for Healthcare with equal Dollars. By providing the funding through a value Added Tax (VAT), the person who consumes \$300,000 a year makes the same relative payment as the person who consumes only \$30,000 a year.
- This plan is not a single payer plan. It is a 200million plus 1 payer plan. Every consumer of Healthcare will pay 10 % to 20% out of pocket (cannot be insured away) at the time of usage, forcing market discipline on the Healthcare System.
- This plan will enhance market discipline by requiring transparency – the honest disclosure of pricing.
- This system will force market discipline on the pharmaceutical industry and those healthcare providers that have a monopoly in their market.
- This plan provides for an orderly transition - relieving employers from the burden of responsibility for Healthcare.
- This plan will free government of the healthcare responsibility and get it out of the corrupting healthcare business.
- This Healthcare plan will assure that everyone will have a Healthcare Savings Account available for healthcare expenditures for their old age when their need is greatest. It increases the sensitivity of the elderly to healthcare costs enhancing market disciplines.

SELF MANAGED MEDICARE FOR EVERYONE

A COMPREHENSIVE HEALTHCARE SYSTEM

What rational makes some eligible for this total care system at the expense of others and not for people under the age of 65? This is not rational. It is the product of a convoluted system of SPECIAL INTEREST that has corrupted our government.

Here is a fact that everyone must recognize. All goods and services are “scarce”. That means that they can never be free like the air we breathe. They will always be rationed by one of three ways. 1. By price and Market Forces. 2 By availability, queue & stand in line. or 3. By quality.

Under this program, an independent Federal Healthcare Trust will be established to hold and manage funds designated for healthcare.

This program enables affordable Market Disciplines, while avoiding queuing and the lowering of quality for persons' healthcare. Medicare will be available to all residents of the United States. Medicare will pay 80% to 90% of all Healthcare costs. 10% to 20% (depending on one's relative income in each market area) must be paid out-of-pocket at the time and place of the purchase of a healthcare product or service. This cash co-pay percentage shall be adjusted incrementally until the total consumption of healthcare equals a percentage of total personal expenditure established by the Congress. This cash co-pay cannot be insured away. All vendors or service providers of healthcare must publish and post the lowest price at which they sell or provide their service. This must include the prices of all prescribed medicines, tests, appliances, or equipment. Penalties for the violation of selling that which is prescribed, at a price below the published and posted price, must be punitive enough to prevent violation. Healthcare providers must have available lists of those charitable institutions that offer aid in their field to special needs persons.

All employers that provide healthcare to employees will pay an amount equal to its health care expenses immediately preceding this program to the independent Federal Healthcare Trust Fund and this will be diminished by 10% of that original amount for each of the following ten years. This will allow for the gradual adjustment by both the corporations' finances and the healthcare budget during this ten year transition period. Because there will be no healthcare insurance, insurance companies providing healthcare insurance may obtain reimbursement from the Federal Healthcare Trust Fund for their operation costs resulting from their discontinuance of operation in their healthcare insurance businesses.

Drug companies that provide drugs subject to Patents must be totally separate entities from companies that provide generic drugs. This will help avoid predatory pricing. All drug providers must sell no drugs in the USA at a higher price than the lowest price that it is sold at any place in the world. This way all countries pay for the development of the drugs, not just the US population.

Healthcare providers that have a monopoly in any market area shall be subject to a Federal Price Control Board. This Board will establish prices based on prices in “price disciplined” markets adjusted for differing costs and costs of living.

So how is the 80 to 90% paid for? Well, everybody consumes healthcare so everybody must pay for healthcare. It becomes part of everyone's consumption as it is paid for by Value Added Tax (Sales Tax) a consumer tax on all consumer goods and services. Some will pay much more than the value of the healthcare they consume, because they are blessed with good health or they are blessed with greater income and therefore greater consumption. The VAT tax rate shall be adjusted at regular intervals to

accommodate the requirements of the Healthcare Trust Fund. No exemption from paying the VAT / Sales tax shall be granted, as any exemption to any participating in the VAT / Sales tax, will open the door to the rankest corruption of government.

For Employers providing Insurance

Recognizing that the entire Medicare portion of healthcare cost is funded by the V.A.T. payments to the Trust Fund, the healthcare provided by the employer can be reimbursed by the Trust Fund. As we know that the nation's healthcare is x % of personal consumption and we know what personal savings rate is, we need only to deduct the personal savings percent from the entire payroll of the insured company and reimburse the company the same percentage of the total healthcare costs paid by the Trust Fund. As long as insurance companies' products serve employees better than the "Self Manage Medicare", insurance companies will thrive.

Federal and State contributions to Medicaid will be drawn down to zero over a period not exceeding ten years.

Increasing the effectiveness of market forces is important to a successful program. This can be achieved by raising the vested interest of each consumer in their own healthcare purchases. This can be achieved as follows: The 1.46% now collected for Medicare as a payroll tax will become instead 1% of the VAT deposited in a Personal Healthcare Savings Account - Trust (PHSA-T) for each individual. These PHSA-T funds shall not be used for any purpose and will not be accessible for Healthcare expenses until age sixty. The individual's PHSA-T. After age 60, an individual shall vest and only disburse their PHSA-T for Healthcare expenditures or unencumbered to testamentary beneficiaries.

Commencing at age sixty-one the 10% to 20% Out-of-pocket cost to the individual will increase .5 percent each year thereafter. This process will place and ever greater "market force" on healthcare cost to an individual, to a point where the welfare of one's heirs is greater in value, than the cost of a specific healthcare to that individual. As part of the implementation period, this .5% annual increase to Out-of-Pocket provision will be waived for persons over forty years of age at the time of enactment, as well as for persons currently receiving Medicare benefits.

This is not a Single Payer. It is a 200 million Payer.