

"Medicare has all sorts of problems. Why would we want to make everyone be a part of it?"

HR 1384, the Medicare for All Act, doesn't just expand the size of the Medicare program. It also improves the program in ways that make it much stronger than it currently is.

- Medicare for All eliminates cost barriers that prevent participants from getting the care they need under current traditional Medicare. Currently, traditional Medicare requires you to pay monthly premiums and deductibles. In addition, Part B typically only covers 80 percent of the cost of care, leaving participants with a 20 percent coinsurance. There is no cost sharing under Medicare for All, meaning there are no costs at the point of service.
- Medicare for All eliminates the need for supplemental or alternative plans, as well as the need to enroll in different parts of Medicare. Medicare is confusing, with Parts A, B, and D all covering different things and requiring different types of cost sharing, inducing many seniors to purchase supplemental plans to cover what Medicare itself doesn't. In addition, Medicare Advantage (Part C) plans, which are marketed to seniors with the promise of more benefits and lower costs, <u>overcharge the government by</u> <u>billions, restrict choice of doctors</u>, and <u>price the neediest seniors out of care</u>. Medicare for All makes supplemental and Advantage plans unnecessary by offering comprehensive benefits and eliminating cost sharing.
- Medicare for All expands the benefits package of Medicare to include all needed care. Dental, vision, and hearing, currently left uncovered by Medicare, are included in Medicare for All, making the program <u>much more robust</u> in its benefits. In addition, Medicare for All includes full coverage for long term care in the home and community, as well as institutional long term care, that many seniors struggle to pay for currently.

Join the Nurses' Campaign to Win Medicare for All! www.medicare4all.org

