

Money & Change Healthcare Plan (Americare)

Identification

1. All drivers licenses in each state would have a chip or magnetic strip to identify legal citizens by photograph, valid social security number, address, blood type, etc. The citizen would be responsible to report any address changes within 60 days to the Department of Motor Vehicles and have the new data added to the card. The data chip in the card would also be updated with the reported net income as reported on their prior year's state income tax. This card would also be the source of identification for voter registration. Any fraudulent use of the card would result in a \$10,000 fine and 30 days in jail.

Payment

2. Citizens pay a fee of no more than 1.25% of their reported net state income tax earnings per year to their family healthcare provider or have it added to their state tax and that amount loaded into the card. The healthcare provider would read the card at each time of use to determine if the patient was current with payment. In addition, the card would store medical data that could be used as an In Case of Emergency (ICE) card for medical personnel. Payments could also be made on a monthly, quarterly, semi-annually or annually basis to the healthcare provider. The amount paid will not be permitted to roll over into the next calendar year. Excess funds are then kept by the healthcare provider to fund overhead costs.

Treatment

3. When the patient visits the doctor and presents the card to the receptionist who will check the validity, he doctor of their choice in the healthcare provider system provides no appointment needed services during regular hours of operation for healthcare i.e.: treatment for colds, flu, blood pressure, diabetes, laceration treatment, minor surgery, etc. This would include wellness exams. House calls would be optional and cost \$50 per visit. Medications would be an

additional expense at the doctor's wholesale cost plus 10%. If using a pharmacy, it would be the wholesale cost (generics) plus 10% with no clawbacks.

Catastrophic Insurance

4. Citizens are given the opportunity to shop for insurance across state lines for catastrophic insurance. This would include severe accident, emergency room treatment, cancer, heart, or other long term care. This data would be kept current in the card. All hospitals must take the catastrophic insurance. This would be an additional cost to the citizen.

Medicaid / Public Assistance

5. Citizens on unemployment public assistance will have 1.25% of their assistance money placed in a Medicaid plan to be used for medical care. This will last for a maximum of 16 months. If not used, the remainder would be placed in a central "pool" of funds to support the program.

Disability

6. Citizens who are on valid disability and cannot work will be placed in Medicaid high risk pool. A 1.25% deduction from their disability funds would be deducted and placed into the Medicaid account. This is to be reviewed every two years or by spot audit.

7. All citizens (including politicians) are given the choices of accepting or opting out of the Americare program. Once opted out, you cannot re-enter for 2 calendar years.

8. Those entering the United States for travel or work visas must have travel insurance. Any non-citizen visiting the United States will get emergency care at hospitals for emergency related medical events and will be billed for services rendered. (Broken Bones, heart attack, suturing, etc.) All non-emergency situations will be referred to an urgent care clinic for cash or credit card payment.