

# Sources & Links

Trying to become an informed citizen by “Googling it” is riddled with pitfalls: How can you tell the good sources from the bad? The real from the fake? ConnectTheDotsUSA starts with the most original sources — such as data reports by non-partisan agencies — then adds in secondary sources that are consistent with the original data but present the information in a more engaging way.



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## Health Insurance in the U.S. by Type of Coverage:

### Kaiser Family Foundation:

<http://kff.org/other/state-indicator/total-population/#table>

### U.S. Census Bureau:

<https://www.census.gov/library/publications/2016/demo/p60-257.html>

<https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>

(See Table 1 on pg 4)



## Health Spending in the U.S.:

### Centers for Medicare & Medicaid Services (CMS):

#### U.S. Health Expenditures 2015 Highlights:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>

#### U.S. Health Dollar 2015 — Where It Came From & Where It Went:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/PieChartSourcesExpenditures2015.pdf>

**Employer Health Benefits Survey (Chart Pack):** <http://kff.org/slideshow/2016-employer-health-benefits-chart-pack/>

## Health Comparisons by Country :

### Organisation for Economic Co-operation and Development (OECD):

**Health Spending by Country:** [http://stats.oecd.org/index.aspx?DataSetCode=HEALTH\\_STAT#](http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT#)

**Health at a Glance 2015:** <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

(See Infant Mortality Chart on pg 59 and Life Expectancy on pg 47)

#### 2015 Health Comparison of 13 Countries:

<http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective>

**2015 Comparative Report on Medical and Hospital Prices by Country:** <http://www.ifhp.com/1609217>

**U.S. Pays a Lot More for Top Drugs than Other Countries:** <https://www.bloomberg.com/graphics/2015-drug-prices/>

## Medicare:

### Medicare Trustee's Report 2016:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2016.pdf>

(See Income & Expenses Table on pg 10)

**Medicare 2017 Costs Overview:** <https://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html>

**Part B Premium:** <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>

**Part D Premium:** <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>

**Part D Donut Hole:** <https://www.medicare.gov/part-d/costs/coverage-gap/part-d-coverage-gap.html>

**Medicare Advantage vs Medigap Plans:** <https://www.medicare.gov/Pubs/pdf/11474.pdf>

**Medicare Advantage Fact Sheet:** <http://kff.org/medicare/fact-sheet/medicare-advantage/>

### Medicare Income-Related Premiums for Higher Incomes:

<http://kff.org/medicare/issue-brief/medicares-income-related-premiums-a-data-note/>

**Intro to Medicare Choices (5-minute video):** <https://vimeo.com/199916472>

*Continued on next page...*

# Sources & Links

...Continued from last page

## Medicare-For-All (Single Payer):

**Medicare-For-All Documentary:** <http://fixthehealthcare.com/>

**Medicare-For-All Resources:** <http://www.healthoverprofit.org>

**Savings With Medicare-For-All (HR 676) Calculator:** <http://www.hcfat.org/>

## Affordable Care Act:

**ACA Summary:**

<http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>

**Medicaid Expansion Map:**

<http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/>

**Marketplace Subsidy Calculator:** <http://kff.org/interactive/subsidy-calculator/>

**Quickly Compare Prices on ACA Insurance Plans:**

<https://www.valuepenguin.com/health-insurance>

(Note: You must purchase plan through [www.Healthcare.gov](http://www.Healthcare.gov) or your state-run exchange in order to get tax credits.

However, this site offers a quicker way to anonymously window-shop the plans by zip code/county.)

**Federal Poverty Guidelines Chart:** <http://familiesusa.org/product/federal-poverty-guidelines>

**ACA Enrollment Tracking Data:** <http://acasignups.net/>

## Recommended Books and Articles on Healthcare:

Wendell Potter, *Deadly Spin*, 2011

T.R. Reid, *The Healing of America*, 2010

Steven Brill, *America's Bitter Pill*, 2015

Steven Brill, *Time Magazine Special Report* (3/4/13): "Bitter Pill: Why Medical Bills Are Killing Us"



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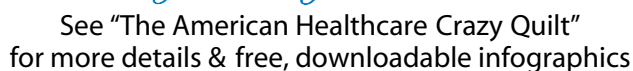
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## Health Insurance Marketplace

- ## Responsibility Mandates

- ## Medicaid Expansion

- Expands eligibility up to 138% of poverty level: 2018 individual income up to \$16,753 and family (of four) income up to \$34,638. Unfortunately, Supreme Court ruled that States can opt out.
- To avoid burdening States, expansion of Medicaid 100% paid by Federal govt 2014–2016. Then financing phases down to 90% by 2020.



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# Affordable Care Act: Tax Credits

Individuals and families who cannot get qualified health insurance through their employer or through a government program like Medicaid, Medicare, VA or Tricare, will be able to get **private** health insurance on the ACA exchanges (Marketplace) beginning Jan. 1, 2019 (*open enrollment Nov. 1, 2018 to Dec 15, 2018*). Enrollees with income between 100% and 400% of federal poverty level (**FPL**) will also qualify for a sliding scale of refundable and advanceable tax credits to help purchase a **private** health plan.

In **Table 1**, find your household size and closest income as a percentage of FPL. Then follow the column down to **Table 2** to find the approximate **MAXIMUM monthly premium** you pay for the benchmark Silver plan\* on the exchange (this is the max — you could pay less). **The federal govt pays any balance due on that premium. And it may also help with out-of-pocket costs.** Like the earned income and child tax credits, the new ACA tax credits mainly benefit working families and the middle class.

**TABLE 1: Incomes as Percentage of 2018 Federal Poverty Level (FPL)**

HOUSEHOLD SIZE	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
1	\$12,140	\$16,753	\$18,210	\$24,280	\$30,350	\$36,420	\$42,490	\$48,560
2	\$16,460	\$22,715	\$24,690	\$32,920	\$41,150	\$49,380	\$57,610	\$65,840
3	\$20,780	\$28,676	\$31,170	\$41,560	\$51,950	\$62,340	\$72,730	\$83,120
4	\$25,100	\$34,638	\$37,650	\$50,200	\$62,750	\$75,300	\$87,850	\$100,400
5	\$29,420	\$40,600	\$44,130	\$58,840	\$73,550	\$88,260	\$102,970	\$117,680
Each additional person, add	\$4,320	\$5,962	\$6,480	\$8,640	\$10,800	\$12,960	\$15,120	\$17,280

In 32 states + D.C. currently accepting Medicaid expansion, households below 138% of FPL will qualify for Medicaid instead. \$ Amounts for 48 Contiguous States & D.C. (Alaska & Hawaii higher). Annually adjusted for inflation: See **FamiliesUSA.org**

**TABLE 2: Maximum Monthly Premium You Pay For Benchmark Silver Plan\***  
(Federal govt pays any balance of non-smoker premium owed to insurance co.)

HOUSEHOLD SIZE	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
Based on 2018 FPLs above, which will be used for 2019 subsidies. Rounded to nearest dollar here.	Based on Max Annual Premium You Pay as a % of Your Household Income							
	2.08%	3.42%	4.15%	6.54%	8.36%	9.86%	9.86%	9.86%
	1	\$21/mo	\$48/mo	\$63/mo	\$132/mo	\$211/mo	\$299/mo	\$399/mo
	2	\$29/mo	\$65/mo	\$85/mo	\$179/mo	\$287/mo	\$406/mo	\$541/mo
	3	\$36/mo	\$82/mo	\$108/mo	\$227/mo	\$362/mo	\$512/mo	\$683/mo
	4	\$44/mo	\$99/mo	\$130/mo	\$274/mo	\$437/mo	\$619/mo	\$825/mo
5	\$51/mo	\$116/mo	\$153/mo	\$321/mo	\$512/mo	\$725/mo	\$846/mo	\$967/mo

\*You can opt to pay a higher premium for a Gold (80/20) or Platinum (90/10) plan, or a lower premium for a Bronze (60/40) plan. Whatever you choose, the federal tax subsidy will be based on the premium for the second-lowest Silver (70/30) plan (non-smoker). Metal levels explained on other side of sheet. See calculator at **kff.org/interactive/subsidy-calculator**

**100% to 250% FPL also eligible for cost-sharing subsidies to reduce out-of-pocket you pay for deductibles, coinsurance & copays** (must enroll in a Silver plan for cost-sharing subsidies).  
Plus reduction in standard max out-of-pocket annual limit of \$7,900 indiv / \$15,800 family (*excluding premiums*)

# Check Out The Health Insurance Marketplace

Individuals and families who cannot get qualified health insurance through their employer or through a government program like Medicaid, Medicare, VA or Tricare, can apply to purchase private health insurance in the new Affordable Care Act exchanges (Health Insurance Marketplace) and probably get some federal tax credits to help purchase it (see charts on ACA Tax Credits flyer).

**www.HealthCare.gov**

**Spanish: www.CuidadoDeSalud.gov**

or call the 24/7 help line

**1-800-318-2596**

Find local in-person help at  
**LocalHelp.HealthCare.gov**

**2019**

**Open Enrollment:**

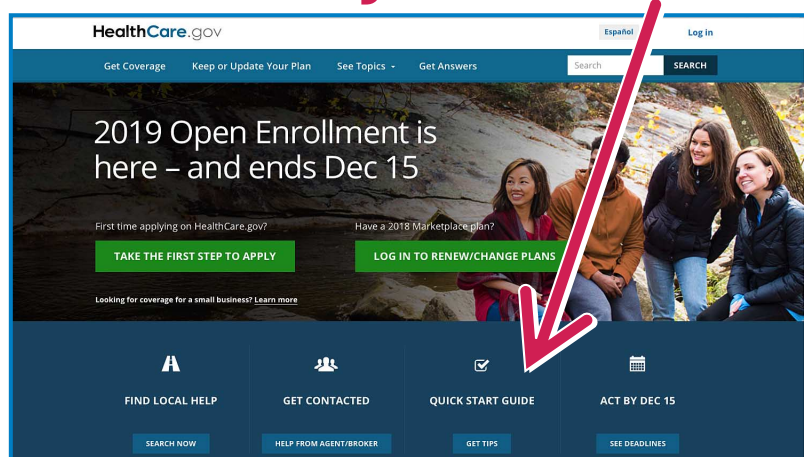
**Nov 1, 2018**

**to Dec 15, 2018**

**Coverage Begins**

**Jan 1, 2019**

## Easy Window Shopping



During open enrollment, you can easily and anonymously shop and compare all insurance plans and premiums available in your area based on your specific age and family configuration. When you enter in your estimated 2019 income, you'll see any tax credits, discounted premium prices, and any cost-sharing subsidies reflected in lower deductibles and copays.

Click on "Details" to get a plan summary and links to a provider directory and list of covered drugs. Usually, when you see a dollar amount (\$), that service is not subject to the deductible — you pay that \$ copay. Percentages (%) mean you pay the total bill until you meet your annual deductible, then you pay that %.

**VERY IMPORTANT!** To receive ACA tax credits, you **MUST** buy your plan at HealthCare.gov or an official state exchange. If your state has its own exchange, HealthCare.gov will link you.

## Marketplace Plans: The Metal Levels

Plan Type	Plan Pays % of Total Covered Expenses (on Avg) = Actuarial Value	Consumer Pays for Deductibles, Copays & Coinsurance (on Average)
Platinum	90%	10%
Gold	80%	20%
Silver	70%	30%
Bronze	60%	40%

**Higher Premiums  
& Lower Consumer  
Cost-Sharing**



**Lower Premiums  
& Higher Consumer  
Cost-Sharing**

**Max out-of-pocket  
annual limit of \$7,900/  
individual & \$15,800/  
family** (excluding  
premiums). Lower for  
households < 250% FPL  
buying a Silver plan.

100% to 250% FPL also  
eligible for cost-sharing  
subsidies to reduce out-  
of-pocket costs. Must  
enroll in Silver plan for  
cost-sharing subsidies.

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# Modified Adjusted Gross Income under the Affordable Care Act

July 2014

Under the Affordable Care Act, eligibility for income-based Medicaid<sup>1</sup> and subsidized health insurance through the Marketplaces is calculated using a household's Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code<sup>2</sup> and federal Medicaid regulations<sup>3</sup> is shown below. For most individuals who apply for health coverage under the Affordable Care Act, MAGI is equal to Adjusted Gross Income. This document summarizes relevant federal regulations; it is not personalized tax or legal advice. Consult the Health Insurance Marketplace for your state, your local Medicaid agency, or a legal or tax advisor for assistance in determining your MAGI.

## Modified Adjusted Gross Income (MAGI) =

### Adjusted Gross Income (AGI)

Line 4 on a  
Form 1040EZ

Line 21 on a  
Form 1040A

Line 37 on a  
Form 1040

#### Include:

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits<sup>4</sup>
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Alimony received
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable refunds, credits, or offsets of state and local income taxes
- Other income

#### Deduct:

- Certain self-employed expenses<sup>5</sup>
- Student loan interest deduction
- IRA deduction (traditional IRAs)
- Moving expenses
- Penalty on early withdrawal of savings
- Health savings account deduction
- Alimony paid
- Domestic production activities deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

*Note: Check the IRS website for detailed requirements for the income and deduction categories above. Do not include Veterans' disability payments, workers' compensation or child support received. Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.*



### Add back certain income

- Non-taxable Social Security benefits<sup>4</sup> (Line 20a minus 20b on a Form 1040)
- Tax-exempt interest (Line on 8b on a Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (Form 2555)



### For Medicaid eligibility Exclude from income

- Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received

<sup>1</sup> Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled.

<sup>2</sup> 26 CFR 1.36B-1(e)(2)

<sup>3</sup> 42 CFR 435.603(e)

<sup>4</sup> "Social Security benefits" includes disability payments (SSDI), but does not include Supplemental Security Income (SSI), which should be excluded.

<sup>5</sup> Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction. Note that the IRS states that "if you purchase coverage in the individual Marketplace and claim the premium tax credit on your tax return, the amount of the premium reimbursed by the credit may not also be deductible."



## Healthcare is a Human Right

**70% of Americans support Medicare-For-All**

June & July 2018 Reuters/Ipsos Poll

- Support "Expanded & Improved Medicare For All Act" (HR 676)
- Learn more at [HealthOverProfit.org](http://HealthOverProfit.org)
- Calculate your savings at [hcfat.org](http://hcfat.org)

# MEDICARE-FOR-ALL

## Saves Lives • Saves Money

- **Universal:** Extends Medicare to every person living in the U.S. Gets young & healthy into same risk pool as older & sicker.
- **Comprehensive:** Inpatient, outpatient, ER, Rx, mental, dental, vision, hearing, rehab, chiropractic, podiatry, devices, prenatal & longterm care.
- **Simple & Cost-Effective:** Say goodbye to maze of predatory, for-profit health insurance, premiums, deductibles, co-pays & medical bills/debt.
- **Freedom & Choice:** Go to any doctor or hospital in the entire U.S. Coverage follows you when you move, change jobs, retire, etc.
- **Good for Business:** Gets insurance burden and cost off backs of businesses. Frees entrepreneurs from job lock.
- **Big Savings for 95% of Americans:** Modest 3% to 6% payroll tax **replaces** all premiums and out-of-pocket costs. Average household with \$57,000 income **SAVES** about \$6,800/year due to lower admin costs & lower prices for drugs, etc.



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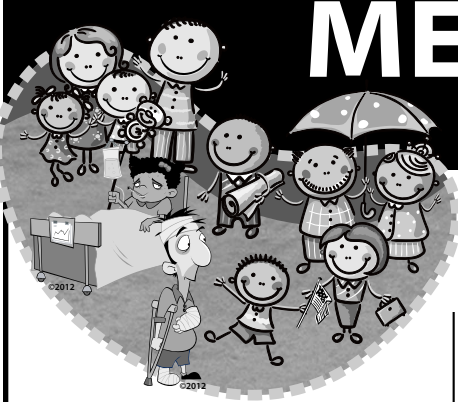
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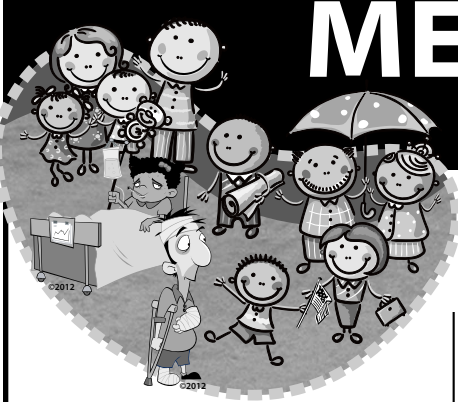
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# Healthcare Systems Around The World

## It's not all "socialized medicine"

All other industrialized democracies when faced with challenges in their healthcare systems have found different ways to cover everybody while spending far less than America does and getting better overall results. We've actually blended together versions of all these "foreign" systems into a costly, confusing, inefficient, patchwork "crazy quilt."\*\*

### Germany: Employer Model

- Non-profit private insurance plans negotiate pricing and pay private doctors and hospitals. Except for a small quarterly co-pay, patients never see a bill.
- Employers and employees share cost of private insurance premiums. If you lose your job, govt unemployment benefits cover the insurance premium.
- Germans can sign up with any of the 180 plans in the country and can change to a different plan almost anytime. The plans cover a much broader range of treatments than in U.S., with little to no waiting.

### Japan: Employer Model

- Similar to German model: Employer and employee share cost of premium to buy private, non-profit insurance. Private doctors, clinics and hospitals, but federal govt negotiates the fee schedule for all.
- Japanese can choose any doctor or hospital in the country (no "out of network"). Little to no waiting on any procedure: Japanese patients refuse to make appointments for routine visits and are usually seen the same day.
- Expansive list of covered treatments and medications, including huge range of Chinese and Western medical services, dental, psychiatric and chiropractic care. Doctors even make house calls.
- Japan uses lots more healthcare than U.S. but spends about half as much. Japanese are the healthiest people.

### France: Employer + Health Card

- System of private doctors treating patients who buy insurance from private insurers or a government health plan to cover most of the costs. Most French buy health insurance through the job, with employer and worker sharing the premium cost.
- France's "carte vitale" — a plastic card with a memory chip that encrypts a patient's complete health care record — has eliminated cumbersome, costly paperwork.
- Set fee schedule for each potential treatment is posted on the wall of every doctor's office so patients know the exact total and their small co-pay.
- Complete choice of doctor, specialist, hospital or clinic in the whole country, and the insurance company must pay the bill.



### Canada: Single-Payer

- National health insurance (single-payer) system — public financing system pays private doctors and hospitals — was the model and namesake for Medicare.
- All Canadians have the same access to covered treatments and drugs. Everyone can go anywhere in the country and be treated for the same covered fee.
- Shortage of doctors has led to waits for non-urgent/non-preventive care. But rich and poor wait alike.

### Britain: Socialized-Like

- Healthcare is paid for through the tax system, so British pay no insurance premiums and receive no bills. Hospitals are run by the govt's National Health Service.
- General practitioners, who provide most of the care, are private doctors and are incentivized with pay-for-performance measures to keep patients healthy.
- Urgent and preventive care wait times are similar to U.S., but non-urgent problems can wait up to 4 months.

### Taiwan: Canada + France

- "To find your way in the fog, follow the tracks of the oxcart ahead of you.": Set up entire system in 1995. Adopted Canadian-style single-payer, with funding through a dedicated national insurance premium; and adopted a French-type electronic health records card.
- Plan covers every imaginable form of medical treatment from dental and optical to organ transplants and acupuncture. Free choice of any hospital or doctor.
- Cost control rock star: 2% admin. costs; 6% of GDP.

### Switzerland: Capitalism + Fairness

- Swiss choose from 70 different private insurance plans and use private insurance throughout their lifetime. Premiums still expensive — average \$750/month for family coverage — but not as expensive as in U.S.
- In 1996, to crack down on rampant cherry-picking and claim denials by private insurers, Switzerland banned profiting off the basic benefit package, required insurance companies to accept everyone, and mandated individuals buy insurance to prevent free-riding.

See "The American Healthcare Crazy Quilt" at [www.ConnectTheDotsUSA.com](http://www.ConnectTheDotsUSA.com)

\*Summary of descriptions in *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, T.R. Reid, 2010

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## "Dude, Where's My Job?"

Millions of Americans are unemployed or underemployed. We see the rich getting richer while everyone else is working harder for less money and going more into debt. Let's figure out where our jobs and wages went and, most importantly, how to get them back.



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## "Budgets and Deficits and Debt, Oh My!"

We hear talk of trillions over here and billions over there, of government shutdowns, of cutting \$100 billion from domestic, non-defense, discretionary spending. What the heck is that anyway? You might be thinking "Wait, I might actually like that stuff... is a \$100 billion cut going to hurt?" We'll find the answer and tame the budget beasts.



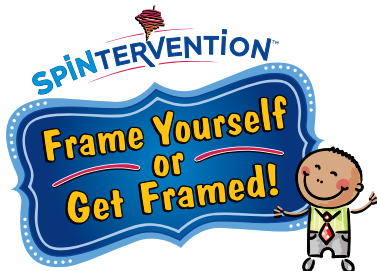
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## "American Healthcare Crazy Quilt"

All other industrialized democracies when faced with challenges in their healthcare systems have found different ways to cover everybody while spending far less than America does and getting better overall results. We've actually blended together versions of all these "foreign" systems into a costly, confusing, inefficient, bureaucratic "crazy quilt." Let's examine the problems in our healthcare system and see how the Affordable Care Act addresses those problems and where it falls short. For the real healthcare solution, check out

**"Medicare-For-All: Saves Lives, Saves Money, So Simple."**



## "SPINtervention: Frame Yourself or Get Framed!"

When we use or negate long-entrenched "conservative" language like "tax relief," "entitlements" and "right-to-work," we've lost the argument before it's even begun. While many Americans may call themselves "conservative," they consistently support progressive values like fairness and justice and policies like Social Security, Medicare, ending the wars, and increasing taxes on the rich. So it's about time we fix what's broken about our political language and change the conversation.

## "Get Out The Vote: Democracy Depends On It!"

If voter turnout is a reflection of the health of a democracy, then America's democracy is severely anemic. When we drill down on the turnout numbers by race, age and income, we start to see why our country is working better for some groups and not so much for others. Democracy is not a spectator sport: You can't win the game if you don't play, or if you sit out every other election. Then we'll take a look at what's driving voter apathy and what's behind the recent wave of voter suppression laws sweeping the country.



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