

*The United States spends \$4.8 trillion per year on healthcare — more than any country on earth — yet ranks last among peer nations in outcomes. AERIA's Public Health Plan (PHP) achieves universal coverage not by spending more, but by eliminating \$400–700 billion in annual administrative waste and negotiating drug prices to OECD median levels.*

## THE PROBLEM — BY THE NUMBERS

<b>\$15,600</b>	<b>\$4.8T</b>	<b>28M</b>	<b>12–18%</b>
U.S. healthcare spending per person (2024)	Total U.S. national health expenditures annually	Americans currently without any health insurance	Private insurance admin overhead (vs. 2–4% in single-payer)

## WHAT THE PHP COVERS

- Primary, urgent & emergency care
- Inpatient & outpatient hospital services
- All medically necessary prescription drugs
- Mental health & substance use disorder treatment (parity with physical health)
- Maternity, neonatal & reproductive care
- Preventive services, chronic disease management, diagnostics
- Rehabilitation, physical therapy & long-term supports
- Preventive and essential dental and basic vision care

## PATIENT PROTECTIONS

- No premiums, deductibles, or copayments for core services
- Emergency care automatically authorized — no prior auth required
- Oncology & time-sensitive decisions: 24-hour response (auto-approve if missed)
- Standard prior authorizations: 72-hour response (auto-approve if missed)
- Ban on balance billing and surprise billing for covered services
- Independent appeals office with specialty-matched reviewers
- AI-based denial systems must be registered, disclosed, and human-reviewed

## HOW IT'S FINANCED

<b>Redirected Federal Appropriations</b>	Existing Medicare, Medicaid, CHIP, VA, ACA appropriations redirected to PHP Fund	
<b>State Maintenance-of-Effort</b>	States contribute 90%+ of their prior Medicaid/CHIP spending	~
<b>Employer Health Contribution</b>	7.5% of covered wages (replaces employer insurance premiums; small biz exempt on first \$2M payroll)	~
<b>Household Income Contribution</b>	4.0% of MAGI above \$19K single / \$38K joint (replaces premiums, deductibles, copays)	~
<b>Admin Savings</b>	Eliminating private insurance overhead (billing depts, prior auth staff, claims adjudication)	\$400M
<b>Drug Price Negotiation</b>	HHS negotiates toward OECD median prices	\$150M
<b>High-Earner Surtax</b>	2.5% additional surtax on MAGI over \$400K single / \$500K joint	~\$75M

## CAPACITY & ACCESS STANDARDS

- 25,000 new medical residency slots (primary care, oncology, psychiatry, EM)
- Cancer diagnosis-to-treatment: within 21 days of confirmed diagnosis
- Non-urgent MRI/CT: within 5 days; urgent imaging within 24 hours
- Every enrolled resident assigned a primary care provider within 30 days
- Physician-to-population target: 4.0 per 1,000 U.S. residents

*Bottom line for families: A household currently spending \$6,200/year on premiums, deductibles, and copays will pay approximately \$1,520/year in Household Income Health Contributions (at median U.S. household income of \$76,000) — a net savings of approximately \$4,680 per year. The PHP eliminates the rest.*