

SECOND YOU TUBE VIDEO

THIS SECOND, SUPPLEMENTAL VIDEO WILL PROVIDE ADDITIONAL INFORMATION FOR EMPLOYERS, HEALTH CARE PROVIDERS AND GROUP INSURERS REGARDING THIS HEALTH CARE PROPOSAL.

THE MEDICAL CLEARING CORPORATION (MCC)

TO TRANSMIT PAYMENTS FROM EMPLOYERS TO INSURANCE GROUPS, FROM NON-WAGE INDIVIDUALS TO INSURANCE GROUPS, FROM INSURANCE GROUPS TO HEALTH CARE PROVIDERS (*AS WELL AS INFORMATION AND DOCUMENTATION FROM THE HEALTH CARE PROVIDER TO THE GROUP INSURER'S REPRESENTATIVES*), A MEDICAL CLEARING CORPORATION WOULD BE ESTABLISHED.

ALL INDIVIDUALS, EMPLOYERS, HEALTH INSURANCE GROUPS AND HEALTH CARE PROVIDERS WOULD HAVE THEIR OWN, UNIQUE IDENTIFYING NUMBER (*OR ALPHANUMERIC IDENTIFIER*). INDIVIDUALS COULD POSSIBLY USE THEIR SOCIAL SECURITY NUMBERS.

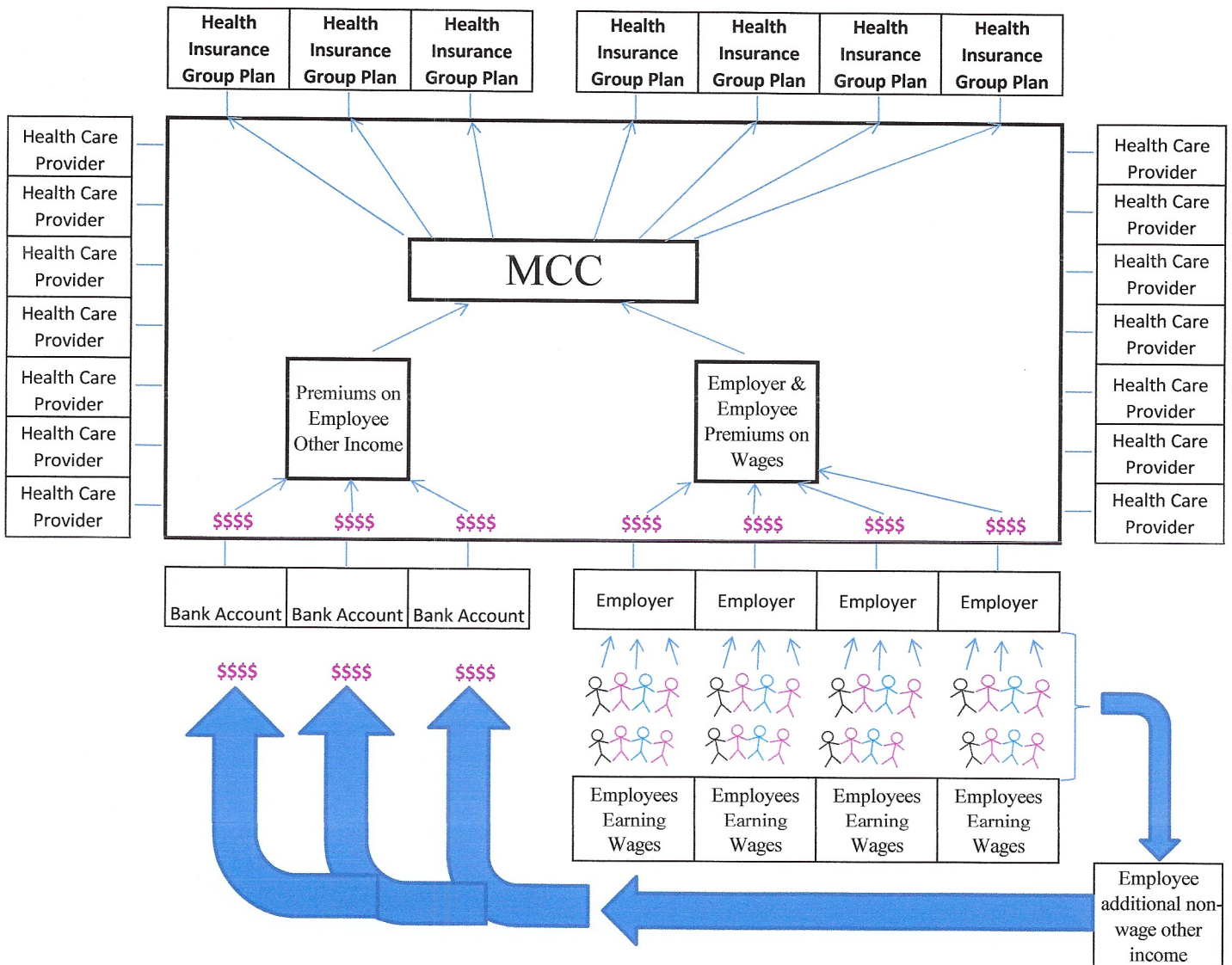
TRANSMISSION OF EMPLOYEE AND EMPLOYER PREMIUMS

JUST AS AN EMPLOYER'S PAYROLL DEPARTMENT (*OR PAYROLL SERVICE*) WITHHOLDS SOCIAL SECURITY AND MEDICARE TAXES FROM AN EMPLOYEE'S PAY AND THEN MATCHES THOSE AMOUNTS BY THE EQUIVALENT EMPLOYER'S CONTRIBUTION AND JUST AS THE EMPLOYEE AND THE EMPLOYER'S TOTALS ARE TRANSMITTED TO THE IRS BY THE SAME PAYROLL DEPARTMENT OR PAYROLL SERVICE, SO WILL THE INSURANCE ASSESSMENT OF 3.95% OF THE EMPLOYEE'S PAY WITHHELD FROM THE EMPLOYEE AND 3.95% OF THAT PAY ADDED BY THE EMPLOYER BE TRANSMITTED TO THE MEDICAL CLEARING CORPORATION (MCC). THE MCC WILL THEN CREDIT THE APPLICABLE GROUP INSURER'S ACCOUNT, ALSO PROVIDING THE EMPLOYER AND EMPLOYEE'S IDENTIFYING NUMBER TO THAT GROUP AND THE AMOUNT OF THE ASSESSMENT.

[SEE THE NEXT PAGE]

FUNCTIONS OF THE MCC

TRANSMISSION OF EMPLOYEE & EMPLOYER PREMIUMS

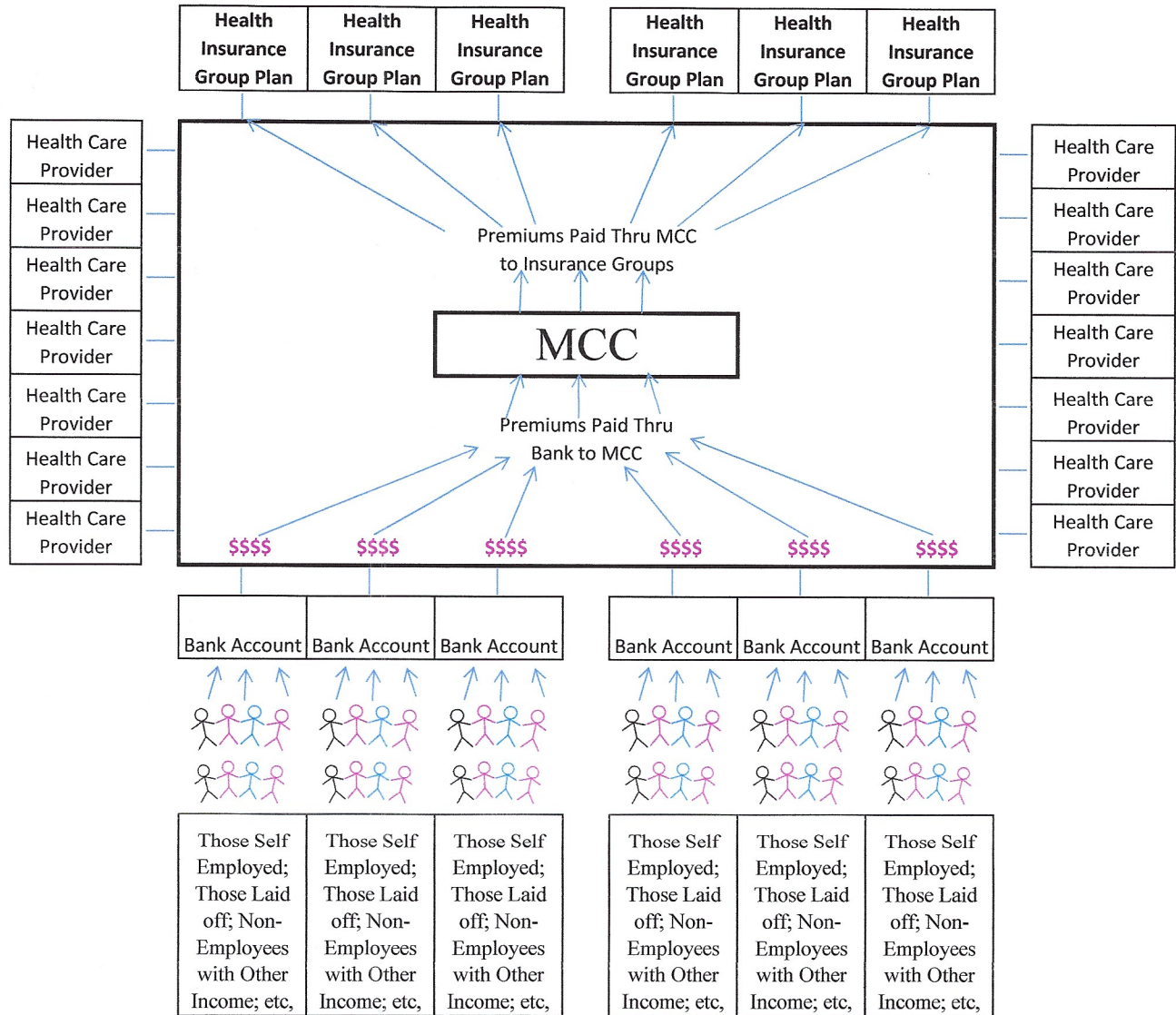


TRANSMISSIONS OF OTHER PREMIUMS TO THE (MCC)

PREMIUMS DETERMINED FROM NON-WAGE INCOME – FROM THOSE THAT ARE NOT EMPLOYEES (*THE WEALTHY, THE SELF EMPLOYED, EARLY RETIREES, REGULAR RETIREES, LAID OFF WORKERS AND FORMER DEPENDENTS OVER 25 YEAR OF AGE AND STILL UNEMPLOYED*) WOULD BE TRANSMITTED THROUGH THE INDIVIDUAL’S BANK OR DIRECTLY TO THE MCC FOR ALLOCATION TO THE APPROPRIATE HEALTH INSURANCE GROUP’S ACCOUNT. IN ADDITION, ANY PREMIUMS DUE FOR OTHER INCOME EARNED BY FULLY WAGED EMPLOYEES WOULD BE FORWARDED DIRECTLY TO THE MCC OR THROUGH THE EMPLOYEE’S BANK TO THE MCC FOR ALLOCATION TO THE APPROPRIATE GROUP INSURER’S ACCOUNT.

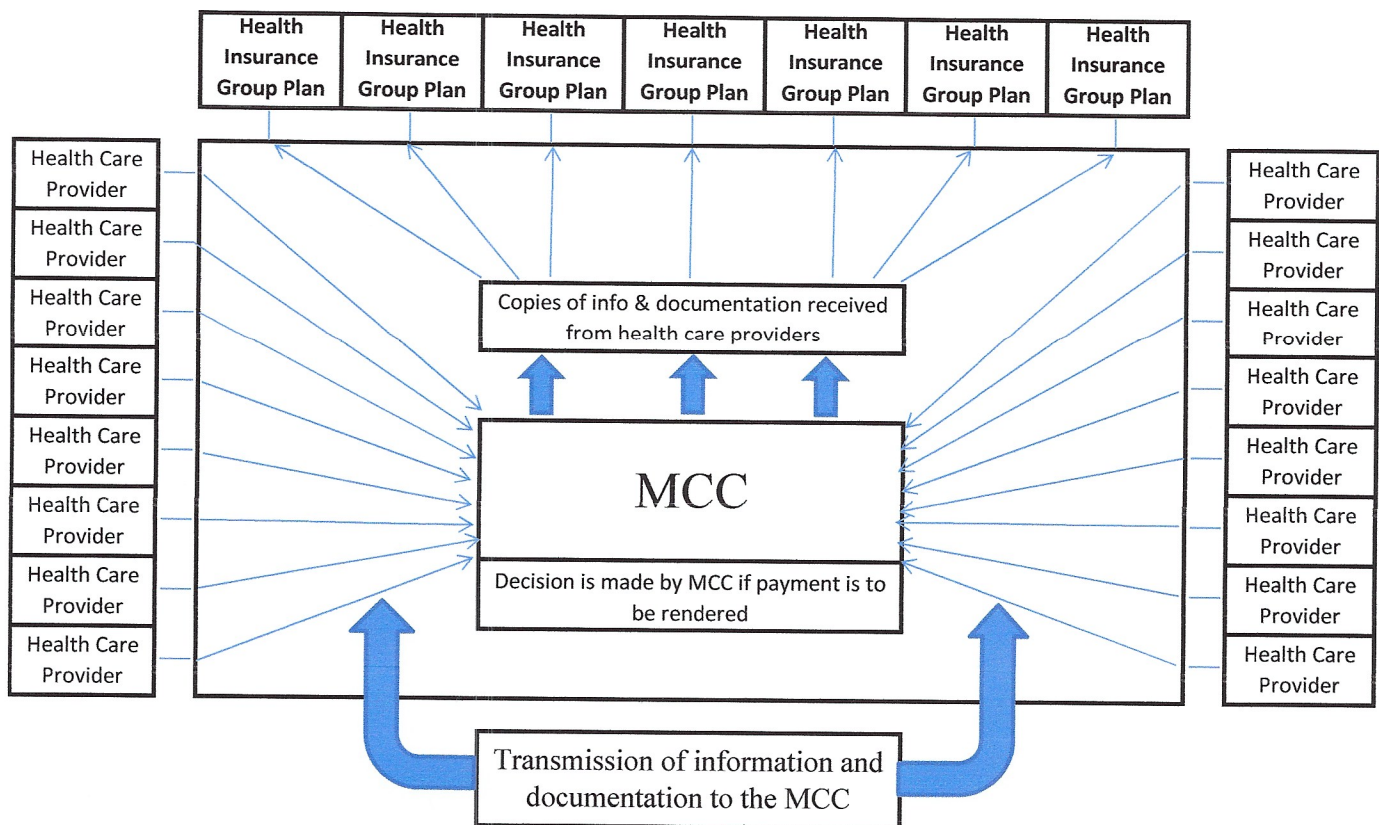
FUNCTIONS OF THE MCC

TRANSMISSION OF PREMIUMS DUE FROM NON-WAGE INCOME OR OTHER STATED PREMIUMS

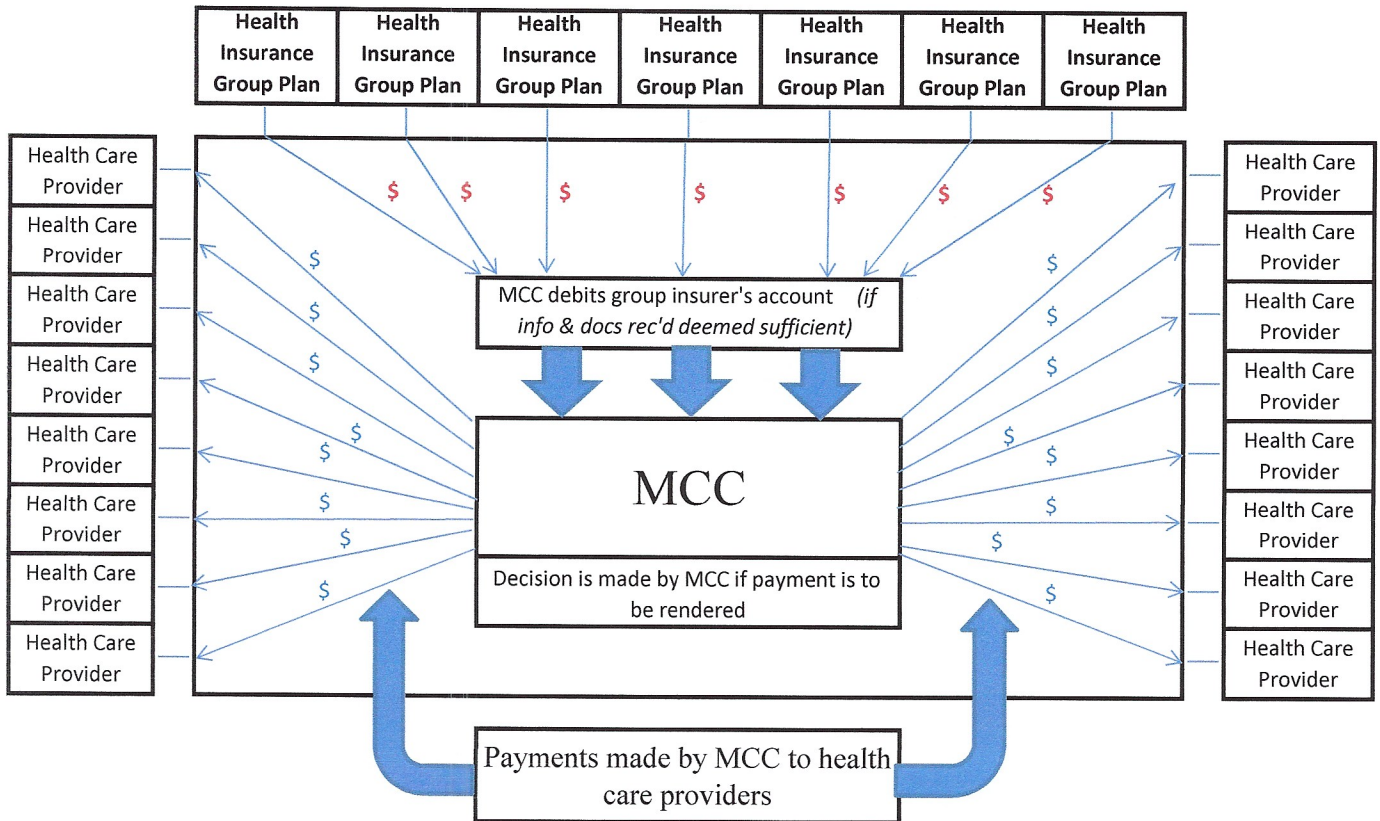


**TRANSMISSION OF INFORMATION & DOCUMENTATION
REGARDING MEDICAL PROCEDURES PERFORMED, DRUGS
PROVIDED AND MEDICAL GOODS AND EQUIPMENT SOLD
TO THE MCC**

THE REQUIRED FORMAT FOR TRANSMISSION AND EXPLANATION FOR EACH MEDICAL SERVICE OR GOOD WILL BE STANDARDIZED SO THAT DECISIONS REGARDING WHETHER PAYMENT IS TO BE MADE TO THE HEALTH CARE PROVIDER CAN BE MADE BY THE MCC. WHEN PROVIDER HAS SUBMITTED THE NECESSARY INFORMATION AND DOCUMENTATION (DESIGNATED BY THE MCC) TO JUSTIFY THE CLAIM, THE MCC WILL DEBIT THE GROUP INSURER'S ACCOUNT AND CREDIT THE PROVIDER'S ACCOUNT. (*SEE NEXT PAGE*) THIS METHOD WILL MAKE THE MCC SYSTEM SIMILAR TO A SINGLE PAYER SYSTEM.



**TRANSMISSION OF PAYMENT THROUGH THE MCC TO
HEALTH CARE PROVIDER FROM GROUP INSURERS FOR
MEDICAL PROCEDURES PERFORMED, DRUGS AND
MEDICAL GOODS AND EQUIPMENT PROVIDED**



ADVANTAGES FOR HEALTH CARE PROVIDERS

- A **MEDICAL CLEARING CORPORATION (MCC)** WOULD SIMULATE A **SINGLE PAYER SYSTEM** FOR MEDICAL CARE PROVIDERS. THE MCC WILL POSSESS MORE INTERACTIVE AND USER FRIENDLY INFORMATION COLLECTION SOFTWARE, A UNIFORM COLLECTION SYSTEM WITH STANDARDIZED DOCUMENTATION REQUIREMENTS, IMMEDIATE ACCESS TO INSURER PAYMENT POLICIES, THE ABILITY OF THE MCC TO RENDER DECISIONS REGARDING PAYMENT AND DIRECTLY ACCESS HEALTH CARE AND INSURER ACCOUNTS.
- HOSPITAL COSTS WILL BE REDUCED SINCE ALL U.S. CITIZENS AND LEGAL RESIDENTS ENTERING THE HOSPITAL'S DOORS WILL BE INSURED.
- BOTH FEDERAL AND STATE GOVERNMENTS WILL BE COMPLETELY TAKEN OUT OF THE OPERATIONAL PICTURE AFTER A CERTAIN TRANSITIONAL PERIOD.
- IN A NUTSHELL, HEALTH CARE PROVIDERS WILL FIND THE **COLLECTION PROCESS GREATLY SIMPLIFIED AND REALIZE A GREATLY REDUCED REVENUE COLLECTION PERIOD**, RESULTING IN SIGNIFICANT SAVINGS IN COLLECTION TIME AND COSTS.

ADVANTAGES FOR HEALTH CARE INSURERS

IF MEDICARE FOR ALL IS ADOPTED, THERE MAY BE NO MARKET AT ALL FOR HEALTH INSURANCE GROUPS, OR A GREATLY DIMINISHED MARKET.

AND, IN ADDITION TO THE BENEFITS OF POSSIBLE TAX CUTS, LOW COST LOANS, ETC.:

- BECAUSE ALL U.S. CITIZENS AND LEGAL RESIDENTS WILL BELONG TO GROUP HEALTH CARE INSURANCE PLANS, **INSURANCE PREMIUM REVENUES WILL INCREASE DRAMATICALLY.** UNDER THIS PROPOSAL, HEALTH CARE INSURANCE GROUPS **SHOULD RECEIVE** AN ESTIMATED AVERAGE OF **\$6,230 ANNUALLY PER INSURED IN THEIR GROUP.** THAT'S **\$519 PER MONTH** FOR **EVERY MAN WOMAN AND CHILD** INSURED IN THEIR GROUP PLAN (*INCLUDING THOSE IT MUST INSURE IN THE GENERAL POOL*).
- MCCs WILL INCREASE THE EASE (*REDUCING COSTS*) AT WHICH PREMIUMS ARE RECEIVED.

ONCE INSURERS THAT ARE UNCOMFORTABLE WITH GIVING UP SOME CONTROL TO THE MCC ON THE PAYMENT TO HEALTH CARE PROVIDERS "RUN THE NUMBERS", THEY WILL REALIZE HOW SUBSTANTIAL THE TOTAL PREMIUMS THEY WILL RECEIVE.¹

¹ HOWEVER, JUST AS THERE IS WITH DEPOSITORY TRUST AND CLEARING CORPORATION (DTCC) IN THE SECURITIES INDUSTRY, THERE WILL BE A ONE DAY DELAY IN THE CHARGE TO THE INSURER'S ACCOUNT (FOR REVIEW BY INSURER PAYMENT PERSONNEL) BEFORE THE INSURER'S ACCOUNT WILL BE CHARGED.

ADVANTAGES FOR HEALTH CARE INSURERS

(CONTINUED)

- SINCE ALL INDIVIDUALS WILL NEED TO SELECT A GROUP INSURER, THOSE INSURERS WILL FIND THEY HAVE A **READY MARKET FOR OTHER INSURANCE PRODUCTS** MARKETING BY THEIR AFFILIATES:
- **WORRIED ABOUT FUTURE LAY-OFFS?** FOR AN EXTRA \$XX PER PAYCHECK WE WILL PAY YOUR HEALTH INSURANCE PREMIUMS FOR THE FIRST SIX (???) MONTHS AFTER YOU GET LAID OFF OR LOSE YOUR JOB.
- **WANT TO RETIRE EARLY?** FOR AN EXTRA \$XXX EACH PAYCHECK YOU MAY RECEIVE A FUTURE PAYMENT OF \$XXX PER MONTH AFTER AGE XX.
- NEED TO **INSURE YOUR AUTO?** WE CAN GIVE YOU A QUOTE AND, IF ACCEPTED, THE PAYMENT WILL BE AUTOMATICALLY DRAWN FROM YOUR PAYCHECK.
- NEED TO **INSURE YOUR APARTMENT** OR ITS CONTENTS?
- ET CETERA, ET CETERA ...

ADVANTAGES FOR FEDERAL & STATE GOVERNMENTS

IF THIS PROPOSAL IS ADOPTED, THE FEDERAL GOVERNMENT WILL BE REQUIRED TO CONTRIBUTE TO EACH HEALTH CARE INSURANCE GROUP **\$3,500 FOR EVERY INSURED** IN THE GROUP. BASED UPON AN ESTIMATED POPULATION OF 325,000,000 THAT WOULD COST THE FEDERAL GOVERNMENT **\$1.14 TRILLION**, WHICH IS LESS THAN THEY ARE PROJECTED TO SPEND IN THE FUTURE AND SIGNIFICANTLY LESS THAN WHAT THEY WILL PAY IF FEDERAL AND STATE GOVERNMENTS ASSUME RESPONSIBILITY FOR INSURING ALL, AS IS BEING SUGGESTED BY A GROWING NUMBER OF PROGRESSIVES AND A LARGE PORTION OF THE MEDICAL PROFESSION.

STATE GOVERNMENTS WOULD BE REQUIRED TO CONTRIBUTE TO GROUP PLANS FOR RESIDENTS OF THEIR RESPECTIVE STATES A **PER CAPITA AMOUNT OF \$700**. THIS WOULD RESULT IN A TOTAL SUBSIDY OF **\$224.1 BILLION**, WHICH IS A FAR CRY FROM WHAT THEY ARE PROJECTED TO PAY IN THE NOT-TO-DISTANT FUTURE.

THE ONLY OTHER COSTS TO BE BORNE BY FEDERAL AND STATE GOVERNMENTS WOULD BE TRANSITIONAL COSTS AND THE COST OF REGULATING HEALTH CARE INSURANCE GROUPS,

ADVANTAGES FOR FEDERAL &
STATE GOVERNMENTS
(CONTINUED)

WHICH HAS TRADITIONALLY BEEN BORNE BY STATE AGENCIES.

AFTER A PERIOD OF TIME, OTHER U.S. DEPARTMENTS RESPONSIBLE FOR THE FUNDING AND OPERATIONAL FUNCTIONS OF MEDICARE AND MEDICAID MAY BE SLOWLY ELIMINATED.

- **FINALLY, THIS PROPOSAL, IF ACCEPTED, WOULD ALSO ENABLE THE FEDERAL AND STATE GOVERNMENTS TO AVOID THE FINANCIAL SHORTFALLS IN AVAILABILITY OF HEALTH CARE FUNDS WHICH ARE PROJECTED TO OCCUR IN THE NOT-TO-DISTANT FUTURE.**

FUNDING – HOW IT WILL ALL WORK

IF THIS PROPOSAL IS ADOPTED FUNDING FOR THIS PROPOSAL WILL COME FROM THE FOLLOWING SOURCES -

ASSESSMENTS FROM:

WAGES, EMPLOYEE AND

EMPLOYER CONTRIBUTIONS - 25.75%

INCOME FROM OTHER SOURCES - 3.35%

ESTIMATED PREMIUMS PAID

FOR DEPENDENTS - 3.49%

TOTAL ASSESSMENTS FROM

NON-GOVERNMENTAL FUNDING - 32.59%

FEDERAL & STATE

GOVERNMENT SUBSIDIES -

FEDERAL GOVERNMENT

(*\$3,500 PER CAPITA*) 56.18%

STATE GOVERNMENTS

(*\$700 PER CAPITA*) 11.23%

TOTAL FROM GOVERNMENTAL

FUNDING 67.41%

TOTALS FROM ALL FUNDING

100.00%

FUNDING – HOW IT WILL ALL WORK

(continued)

**THE ANNUAL PREMIUM PROVIDED
FOR EVERY MAN, WOMAN AND
CHILD IN EACH INSURANCE GROUP**

\$ 6,230

**THE MONTHLY PREMIUM PROVIDED
FOR EVERY MAN, WOMAN AND
CHILD IN EACH INSURANCE GROUP**

\$ 519

A FINAL NOTE

WILL EVERYONE BE PLEASED WITH THE EFFECTS OF THIS PROPOSAL? DEFINITELY NOT! BUT, AT THIS POINT IN TIME, WHAT ARE OUR ALTERNATIVES? THE PROPOSAL WILL "HURT" THE LEAST; REMOVE OUR GOVERNMENTS, BOTH FEDERAL AND STATE, FROM THE HEALTH CARE FUNDING CRISIS WHICH LOOMS IN OUR NOT SO DISTANT FUTURE; AND PROVIDE HEALTH CARE FOR ALL.

WILL THERE BE ABUSES UNDER A NON-GOVERNMENTAL HEALTH CARE INSURANCE SYSTEM? DEFINITELY! BUT COMPARED TO WHAT WE HAVE NOW; COMPARED TO WHAT WILL RESULT IF NOTHING IS DONE; OR COMPARED TO THE ABUSES AND GROSS INEFFICIENCIES THAT WOULD RESULT IF A NATIONAL HEALTH CARE PLAN WERE ADOPTED AND OPERATED BY FEDERAL AND STATE GOVERNMENTS; POTENTIAL ABUSES UNDER THIS PROPOSED PLAN WOULD PALE IN COMPARISON.

IT IS IMPORTANT TO ALSO NOTE THAT IT IS NOT NECESSARY THAT THIS PROPOSED PLAN BE ADOPTED IMMEDIATELY ON A NATIONWIDE BASIS. INITIALLY, A SELECT GROUP OF INSURERS, HEALTH CARE PROVIDERS, EMPLOYERS AND EMPLOYEES, AS WELL AS OTHER INSURED MAY BE GIVEN INCENTIVES TO ENTER THE PROGRAM. OR, AS AN ALTERNATIVE, A SELECTED GROUP, REGION

A FINAL NOTE

(continued)

OR STATE(S) MIGHT ADOPT THE PLAN ON A TRIAL BASIS. THEN, AFTER A PERIOD OF TIME, THE RESULTS OF PLAN ACTIVITY MIGHT BE ANALYZED AND TWEEEKED TO CORRECT ANY ABUSES AND OPERATIONAL DIFFICULTIES ENCOUNTERED.

For further, more detailed information, see "A Written Document Explaining All the Specifics of the Plan in Greater Detail"