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Medicare for All: What It Would Cost You

The math your healthcare shopping should know either way

Whatever you think of the politics, here's the math for your household.

WHAT IT IS

Medicare for All (M4A) would expand Medicare into a universal single-payer system, funded by taxes instead of private premiums. Real trade-offs: lower premiums and deductibles in exchange for higher taxes, broader access for the uninsured in exchange for likely longer wait times for elective care, simpler administration in exchange for less choice. Whether your household comes out ahead depends on your income, your current healthcare spending, and what you value beyond cost. Here are both sides.

POTENTIAL UPSIDES

Premiums eliminated
For primary medical coverage under most proposals

Deductibles vastly reduced
Or eliminated, depending on the proposal

Universal coverage
No uninsured Americans, no losing coverage if you lose your job

Median EMPLOYER-COVERED household
Often nets $1,000-$3,000/yr savings (NOT private-market)

Self-employed paying full ACA
Often the biggest financial winners

POTENTIAL DOWNSIDES

Non-emergency surgery waits up
Knee, hip, cataract, hernia, gallbladder. UK 7.5M, Canada 27wk

Healthy private-market households
Often LOSE money. Cheap STM/Fixed-Benefit + new tax = net loss

$300K+ households pay more
New taxes typically exceed eliminated premiums

Choice constraints
Some proposals restrict private supplemental coverage

Innovation + access debates
Disputed impact on doctor supply and medical research

THE 3 THINGS PEOPLE GET WRONG

1. **"M4A would mean a tax increase with no offset."**
   Depends entirely on YOUR situation. For a median household paying significant premiums and deductibles today, the new tax is usually offset by eliminated healthcare costs. For a healthy, low-utilization household paying little under current coverage, the new tax may NOT be offset and they often end up worse off. The offset isn't universal.

2. **"Universal coverage means equal access for everyone."**
   Coverage and access are different. UK NHS has 7.5M on waiting lists for non-emergency surgeries (knee, hip, cataracts, hernias, etc.). Canada's median GP-to-treatment wait is 27 weeks. Universal coverage solves the uninsured problem but typically creates new queueing problems for non-emergency care.

3. **"We can compare directly to other countries."**
   Partly. Per-capita spending and life expectancy data exist and matter. But other countries vary widely (Canada single-payer vs Germany multi-payer hybrid vs UK NHS direct-provision), and their outcomes vary too. Cherry-picking the best or worst is misleading; honest comparison requires multiple countries and multiple metrics.

WHERE YOUR HOUSEHOLD WOULD LAND

Likely financial winners: self-employed paying full ACA premiums, employer-coverage households with regular healthcare spending, lower-income with high cost-shares today. **Likely financial losers:** healthy private-market households on cheap STM/Fixed-Benefit (new tax often exceeds what they pay today), $300K+ earners, people who value private supplemental choice. **Trade-offs everyone faces:** longer wait times for non-emergency surgeries (knee, hip, cataract, etc.), less plan choice. Run YOUR numbers AND weigh what matters beyond cost.

Want to know what M4A would actually mean for YOUR household? Call or text Craig, I'll show you the math against your current coverage costs.

Don't go underinsured when you can be Insured AF.