

# Delivering medically necessary care

## Medicare Advantage vs. Medicare for All

	Medicare Advantage	Medicare for All
<b>Choice of doctor and hospital</b>	✗ Highly restrictive networks, with 1/3 of patients in plans covering less than 30% of physicians in their county, and even lower coverage rates for many types of specialists.	✓ No networks whatsoever, with patients able to freely choose the doctor or hospital that is best for them and their needs.
<b>Comprehensive benefits</b>	✗ Some plans offer severely limited dental, vision, and hearing benefits that cover little more than routine screenings. All plans fail to adequately cover long-term care services and supports.	✓ Covers all medically necessary care, from preventive services to inpatient, outpatient, and specialty care. Plus robust dental, vision, hearing, mental health, reproductive, and long-term care.
<b>Access to care</b>	✗ Many necessary tests, procedures, and medications are subject to stringent prior authorization requirements, and care is often inappropriately denied.	✓ No prior authorization or denial strategies of any kind. If you need a medical service, you will get it.
<b>Out-of-pocket costs</b>	✗ Surprisingly high copays and deductibles await patients who are tempted by low or no monthly premiums.	✓ Absolutely no premiums, copays, or deductibles of any kind. All care is free at the point of use.
<b>Financing</b>	✗ A rigged system of corporations using loopholes and lobbying to siphon billions of taxpayer dollars that go toward profit instead of patient care.	✓ Easily financed by hundreds of billions of dollars in savings from the elimination of administrative waste and corporate profiteering.