

Summary

CARE replaces the U.S. healthcare system's profit-driven insurance model with a cost-based, open-book public infrastructure that ensures universal access, transparent pricing, and long-term systemic efficiency. This document outlines the funding logic, cost-savings mechanisms, implementation structure, and projected outcomes.

I. CURRENT SYSTEM OVERVIEW

- **Total U.S. healthcare spending:** ~\$4.5 trillion/year
 - **Insurance overhead and profiteering:** ~\$800B/year
 - **Average adult healthcare cost (blended premiums, co-pays, taxes):** \$1,006/month
 - **CARE target cost:** ~\$770/month per adult, all-inclusive
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II. KEY STRUCTURAL COSTS

Category	Annualized Cost	Notes
Universal coverage	\$2.2T–\$2.4T	Includes full care for children and dependent adults
Healthcare worker salaries	\$600B+	Includes pay floor increases, bonuses, retention incentives
Infrastructure + PHC	\$80B	Public Health Corps, clinics, rural care expansion
App system + data ops	\$20B	CARE app, tracking, feedback, fraud prevention
Drug & device cost (at cap)	~\$400B	At 10% over cost of production

Total CARE System Cost: ~\$3.2T/year (avg), representing ~\$1.3T in savings vs. status quo

III. FUNDING MODEL

- **Adult contribution:** Flat ~\$770/month via the Healthy You Fund
- **Employer shift:** Redirect current premium payments into worker raises or shared CARE contributions

- **No co-pays, no deductibles, no out-of-pocket billing**
 - **Federal program consolidation:** Medicaid, CHIP, ACA subsidies folded into CARE
 - **R&D redirected from insurer profits into public pharmaceutical development**
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IV. COST-SAVING STRUCTURES

- **Insurance company overhead elimination:** -\ \$300B–\ \$400B/year
 - **Administrative simplification:** -\ \$250B+/year
 - **Pharma cost caps:** -\ \$200B–\ \$300B/year
 - **Hospital price normalization:** -\ \$200B–\ \$400B/year
 - **Litigation replacement with peer-review resolution:** -\ \$50B/year (defensive medicine + lawsuits)
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V. LONG-TERM IMPACT PROJECTIONS (AI-MODELED)

In 5 Years:

- 95%+ of Americans receive care without financial harm
- Healthcare worker burnout and attrition declines
- Rural hospitals stabilized

In 10 Years:

- Preventable chronic disease drops
- Average national life expectancy increases
- System-wide cost per patient begins declining annually

In 20 Years:

- U.S. becomes global leader in non-profit drug innovation
 - “If you're sick, come get help” becomes a national ethos
 - Healthcare becomes America's most trusted institution
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VI. PUBLIC LOGIC FRAMING

CARE is:

- Mathematically grounded
 - Morally anchored
 - Systemically self-regulating
 - Publicly accountable
 - Built for health, not for profit
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VII. OBJECTION HANDLING

Q: Isn't this socialized medicine? A: No. It's national infrastructure. You keep your doctor. The bill disappears.

Q: What if the system gets abused? A: It's designed for transparency. Every claim is traceable. Every abuse triggers audit.

Q: Will innovation suffer? A: No. R&D is directly funded. CARE rewards curing, not coasting.

Q: Won't this cost too much? A: You already pay more. CARE just replaces waste with care.

Q: Is this utopian? A: No. It's what happens when you remove interference and design around reality.
