



Hi, I'm Dr. John Muney

Would you like to see almost free healthcare for everyone in the United States? I promise you—it can be far better than what we have now or what anyone else has. In this system, *you* would be in charge of your healthcare—not insurance companies, and not the government. You would choose your physician and hospital. You and your doctor would decide what care is best for you.

In this message, I'll talk about our current healthcare system and offer a practical solution. If what you've read so far makes sense to you, I invite you to continue—and, if you agree, please help spread the word.

According to the Centers for Medicare & Medicaid Services (CMS), national healthcare expenditures are projected to reach about \$6 trillion in 2025 that is 20% of GDP. Of that, more than \$3 trillion is spent by the government through Medicare, Medicaid, the VA, federal employee programs, CHIP, and Obamacare. The rest comes from employers and individuals.

We're spending over \$16,000 per person per year—and yet, among industrialized nations, we have some of the worst health outcomes.

I'm a physician with more than 51 years of experience, including 22 years in general and vascular surgery, and 7 years in emergency medicine. I also served as the Senior Executive Vice President of Healthcare Services at a physician-owned HMO in New York City. Under my leadership, I reduced the medical loss ratio from 100% to 50%. In 2005, I opened five medical centers in NYC offering comprehensive primary care, and in 2008, I adopted the Direct Primary Care (DPC) model.

Let me explain the current system. It's a fee-for-service model driven by a third-party payer—insurance companies. The main parties in this system are consumers, providers, and insurers. Unfortunately, none of them are incentivized to reduce costs. In fact, all three contribute to rising expenses.

Consumers pay high premiums and, understandably, expect more services in return. Providers are happy to comply, as more services mean more income—and they don't want to risk losing patients by saying no. Insurance companies, by law, are allowed to keep 20% of the premiums. So, the higher the premiums, the more money they make—for doing the same work.

As long as this dynamic continues, we'll never be able to control healthcare costs.

Let's break down how premiums are spent:

- Insurance companies legally retain 20%.
- About 10% goes to hidden state taxes built into premiums.
- Of the remaining 70%, providers receive payment—but they often have 20–25% administrative costs to manage the complexity of this system.

That means roughly 50% of all healthcare dollars aren't actually spent on healthcare itself. And the 50% that *is* spent on care is arbitrarily priced and plagued by waste, fraud, and abuse. It's hard to imagine a more dysfunctional system—but this is what we've created, and we're paying over \$3 trillion too much for it.

Healthcare in America should be hassle-free, affordable, and high-quality. Instead, it's chaotic, expensive, low quality and unfriendly to consumers. We must think outside the box and start fresh, not repeat the same mistakes over and over.

There are simply too many intermediaries between providers and patients. The solution is to build a new system—one that eliminates as many of these middlemen as possible.

In light of all this, we must create a healthcare system that excludes insurance companies, minimizes administrative costs, and eliminates unnecessary taxes. This is achievable through a system that directly connects consumers and providers—without intermediaries.

I propose a model based on **Direct Primary Care (DPC)** and **Direct Hospital Care**. Under this system, every individual chooses their own primary care physician and hospital. Consumers will have **unlimited access** to direct primary care, where services such as blood work, X-rays, ultrasound, minor surgeries, and women's health care are all provided under one roof.

Direct primary care providers may also contract with other professionals to offer these services. Each provider would receive approximately **\$1,200 per year per patient**. I estimate that consumers would have access to a **network of about 450,000 DPC physicians**—not just the limited "skinny" networks offered by insurance companies.

Importantly, **hospitals must not be allowed to participate in primary care**. Instead, each consumer would also choose a hospital, which would provide services like emergency care, inpatient care, and surgeries. Hospitals will also get payments monthly per enrolled member. Some hospital systems can enroll members in millions. Any other services between PCP and hospital will get paid for fee-for-service as it is in Medicare today. They will be monitored closely to prevent fraud, waste and abuse.

How Would It Be Funded?

As mentioned earlier, the federal and state governments currently spend over **\$3 trillion annually** through Medicare, Medicaid, Obamacare, VA, CHIPS, federal employee programs. Instead of maintaining these fragmented systems, we would create a **new, independent**

healthcare fund, which will monitor the quality of Healthcare and provide payments to providers.

Under this model:

- There will be no more federal and state government programs and private health insurance.

- This new fund would be supported through a dedicated healthcare tax, state contributions corresponding to their population and also medical portions of no-fault and workers compensation. Dedicated healthcare tax will work like social security payments, paid by employees and employers.
- Corresponding reductions in federal and state taxes would be implemented, so taxpayers are not burdened further. I recommend No federal income tax for individuals making less than \$100,000 and for families making less than \$150,000,
- Healthcare spending would be **removed from federal and state budgets.**
- **Individuals and employers would no longer pay for private health insurance.**

The new healthcare entity would spend approximately **\$5,000 per person annually**, totaling **\$1.65 trillion** per year—**far less than the current system.**

Today, we spend over **\$350 billion per year on prescription drugs**, with prices often **10 times higher** than in other countries. If the government allows drug importation, these prices will drop dramatically. Drug spending could fall below **\$100 billion annually.**

Including both drugs and vaccines, **total healthcare spending would be about \$2 trillion per year**, yielding potential **savings of nearly \$4 trillion annually.**

Under this direct model, **individuals and employers would not contribute** to healthcare costs, freeing up substantial capital. This would lead to **real GDP growth**, as businesses lower costs and improve global competitiveness. Employers could lower prices and expand operations more easily.

This transition could be accomplished **in under one year**—without changing our existing healthcare infrastructure. We would finally gain control over future healthcare costs, while encouraging **competition among providers and hospitals based on service price and outcomes.**

This is not universal healthcare; it is a system where consumers and providers are in charge, not government or insurance companies. The Government role will be collecting taxes for Healthcare Fund and monitoring the Fund.

To see how we've already implemented this model, please visit our website: www.amgmedicalgroup.com. Our DPC model is proven, practical, and scalable across the nation.

Thank you for reading—and please, help spread this idea. Together, we can make healthcare work for everyone.

John Muney, MD

CURRENT HEALTHCARE DELIVERY SYSTEM

- Medicare
- Medicaid
- Obamacare
- Veterans Affairs
- CHIPS
- Federal Employee Program
- Employer Healthcare
- Union Healthcare
- NO Fault Medical
- W.C. Medical Part



HEALTH INSURANCE



Cost = 6 Trillion

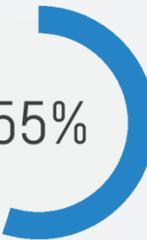


- Health Insurance Company 20%
- State Tax & Fees 10%
- Providers 70 %
- Admin Cost 20- 25%



Actual amount spent on Healthcare

55%



PROPOSAL FOR NEW HEALTHCARE DELIVERY SYSTEM

200 Billion per month



Payroll Tax

State Contribution

Workers Compensation & No Fault



HEALTHCARE FUND



Cost = 1.8 - 2 Trillion



- PCP 400 Billion
- Specialist 400 Billion
- Hospital 700 Billion
- Drugs 100 Billion
- Labs & Imaging 200 Billion
- Admin 100 Billion



BENEFITS OF NEW HEALTHCARE SYSTEM

1. Much better coordinated care
2. Balanced federal budget and reduce cost for states
3. No one will pay for insurance premiums, employers and individuals
4. Eliminate most of out-of-pocket expenses for all coverages, except for Medicaid
5. Inject over \$3 trillion into economy
6. Reduced cost for employers to be more competitive
7. Streamline HR departments
8. Eliminate medical bankruptcies
9. Bipartisan support
10. No more preauthorizations