

Executive Order by Mallon for Healthcare Plans to be Set Correctly Throughout United States, 09-24-2026

A primarily important aspect in this U.S. healthcare plans area is that I have to be known and regarded as having my rank and status in and concerning this industry. I worked for many years in this area before receiving any career level advancement, so I have to have my career level advancement and cannot have any negation of it. I do not mind helping out or doing what I can or should be doing, but I do not want any negation or lessening, and my rank, status, tenure, and pay have to remain as is right. I worked professionally in and out of healthcare and insurance for more than 20 years, and currently I am working on this preliminary U.S. Presidential level, which includes issuing Executive Orders, such as this one.

The healthcare plans of this country have to be set as correct throughout the United States. There will continue being the healthcare plans, but they just have to be adjusted to be as they should be for the people of America. Employers and organizations can have their own comparable healthcare plans and can uniquely design them, if wanting to do so, but there will also be the standard plans available to the public and groups if wanting to design them in for their members. There are standard healthcare plans provided by private insurance companies for people under 65 years of age or not on Medicare or Medicaid. For people with a qualifying disability, on Medicare or Medicaid, or over age 65, the standard government and government sponsored plans are Medicare Supplement plans, Medicare Advantage plans, and Dual Care plans. Drugs plans are included in Medicare Advantage plans and Dual Care plans, and those combined prescription drug plans and stand-alone prescription drug plans are as described in the Executive Order by Mallon concerning Drug Plans.

The Medicare Supplement plans, and variations, will continue as the standard letter plans, such as Plan F, Plan G, and Plan N. People new to Medicare will be able to obtain Plan F. Plan F will be the top-end Medicare Supplement plan and will have the highest premium. The premium for Plan F will start at the premium that Plan G is currently, give or take a little to accommodate insurance company differences in rates. Plans below Plan F will be set accordingly at rates lower than the Plan F premium, and again, give or take a little to accommodate insurance company differences in rates. The Medicare Supplement plan is still without drug coverage, so if having a Medicare Supplement plan, a separate stand-

alone Part D, prescription drug plan, will still be needed to add on for more complete coverage.

If going the route of a Medicare Advantage (MAPD) plan, the plan will include healthcare benefits and prescription drug coverage at no additional premium charge. The Medicare Advantage plan must meet the Medicare requirements of including all the Part A and Part B coverage, and the drug coverage portion of the plan must meet the Medicare Part D standards of being creditable coverage. There can be extra or additional benefits included in a Medicare Advantage (MAPD) plan such as dental, vision, and hearing coverage, at little or no additional cost. The MAPD plan will have small copays. Some benefits may have a \$0 copay, such as preventive care or in network primary doctor office visits. A MAPD plan member must live in the service area of the MAPD plan selected, and if moving out of the service area, will have a Special Enrollment period to select a new plan in the new residential service area.

There are particular enrollment periods for enrolling into a MAPD plan. There is an annual enrollment period at the end of each year, October to in December (10/15 to 12/07). A new or different MAPD plan can be selected at that time. There may be other enrollment periods, referred to as a Special Enrollment Period, for if qualifying for that occasion when being able to enroll into a MAPD plan. There is also an Open Enrollment Period from January 1st to March 31, when a person with a MAPD plan can go over to a different MAPD plan or can go back to original Medicare Part A and B and can add on a Part D prescription drug plan and/or a Medicare Supplement plan.

The MAPD plans can be Health Maintenance Organization (HMO) plans or Preferred Provider Organization (PPO) plans. HMO plans usually require staying in network for all healthcare coverage, referrals from a Primary Care Physician (PCP), setting a PCP doctor, and low or no premiums or copays. A PPO usually has slightly higher premiums and copays because of having the added convenience of more flexibility, such as being able to go in or out-of-network for healthcare services. Going out of network can be done but usually costs a little more for a copay or coinsurance. With a PPO, a PCP does not have to be set, and referrals are not needed from a PCP when wanting to go to a specialist.

The MAPD plans will have a protective Maximum Out of Pocket cost, which is the most that a person would pay in a plan year so that if unanticipated healthcare expenditures added up to that amount, the member would pay no more, and the plan would pick up the rest of the costs. Usually, there is a Maximum Out of Pocket cost amount for in network, out of network, and combined in and out of network. The insurance companies set the amount of the Maximum Out of Pocket according to their rates.

The Dual Care plan is a Special Needs plan. This plan is available to a person who has Medicare and Medicaid benefits. This plan is usually more inclusive of healthcare benefits, lower costing or with low costs to no costs according to the healthcare needs and resources of the member. This Dual Care plan combines the benefits of Medicare and Medicaid together so that there is more coverage. Drug coverage is included, and there are usually additional benefits included, such as dental, vision, and hearing.

Dual Care plans are especially designed for if a person has a special needs, such as some particular healthcare condition that can be focused on with this plan. If a person has a chronic condition, this type of plan can provide more specialized coverage. If the member goes to a particular doctor who only accepts Medicaid and not Medicare or who only accepts Medicare and not Medicaid, this Dual Care plan can enable coverage.

The MAPD plans and Dual Care plans are usually subsidized by the U.S. government. The U.S. government pays the insurance companies to provide and administer these plans. These plans are paid for by the U.S. government, and the private insurance companies are paid for providing and running these plans under the U.S. government guidelines. The costs of these types of healthcare plans can add up to an extensive amount of money for the year, so that is why there is heightened scrutiny and overwatching of these plans. These plans have to be good too, for all parties involved, so the plans have to be made sure to serve their purposes and provide their benefits.

Where will the money from the U.S. government come from for these plans? The money will come from the U.S. government's reasonable yearly allocation for these plans. The amount is set for the year, and that amount can be gone up to without any exceeding expectations. For necessarily going beyond the expectations, the God's Miracle Cross global reserve currency is used. The reserve currency is there for in case being needed.

Before the reserve currency is there and available, the healthcare expenditures would add up to the dollars money allocated for the year according to expectations, and whatever would be beyond that, if anything beyond that, would be a debt amount of money. The better way would be the God's Miracle Cross global reserve currency, but that is something new and has to be built up to being able to provide its benefits. However, the United States is the primary country on Earth with the job of building up this global reserve currency for the world. That gives the U.S. government interests and incentives for securing this global reserve currency of God's Miracle Cross crosses and faces as much and as efficiently as is right and possible. All areas, such as including this area of healthcare, would be able to be handled without excessive debt and with reasonable expectation to serve the vital healthcare purposes.

Therefore, there is this Executive ORDER issued for there to be for people under age 65 the standard healthcare plans for preventive care and for in case needed, for people over age 65 and those with a qualifying disability, Medicare and Medicaid healthcare plans of Medicare Supplement, Medicare Advantage Plans, along with Prescription Drug Plans, and Dual Care Plans; for the healthcare plans to be set according to the required guidelines as Medicare and Medicaid have set and including as specified herein, for the God's Miracle Cross global currency to be advanced, secured, and used as a reserve currency for when and if needed, and for my rank, status, tenure, and pay to remain as is right in and concerning the U.S. healthcare insurance industry.

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