Fidelis (New York Quality Healthcare Corporation)  
Individual  
2019 Public Comments  

I am asking the NYS Dept. of Financial Services to please consider modifying or better yet, declining Fidelis Care's requested rate change for 2019. I am requesting this action because I am on an individual healthcare plan (Gold plan) for only myself and Fidelis wishes to increase my monthly premium rates by 44% in just one year!!! My current monthly premium is $533.10 and the proposed monthly premium is $769.27. This price hike is simply too high and too much of an increase in just one year. Thank you.  

A 23.3% increase is outlandish. If this goes thru I will drop the policy.  

I would like to comment on the proposed premium increase. I will absolutely drop my coverage at the end of 2018. Besides the fact that hardly ANY providers in my area accept “new” Fidelis patients, other insurers such as MVP and excellus, have all asked for less than 10%. You are asking for almost quadruple that. I literally don’t have the extra money to spend! I am required to pay at a minimum $2315 every month just so that I don’t default on my student loans. The government doesn’t take this into account. I would qualify for Medicaid if they did! That’s how much money I don’t make/have. I can’t even afford to move out of my mothers house and I am almost 60 years old. My employer doesn’t offer me health coverage. I went with Fidelis because it was the least expensive, and with a $4000 deductible you bet I think twice before ever seeking medical care. Even if excellus increases their rate 10%, it will still be cheaper than your 40% increase, and their network is more comprehensive. You’re going to lose many customers. Including me. If I could go back in time to December 2017, I wouldn’t even have chosen Fidelis. Best of luck to both of us.  

I am retired and chose Fidelis Care Platinum for the first time this year - both for benefits of coverage and cost. And today I get a letter indicating my premium for the same coverage next year will incur a 47% increase! Obviously, on a fixed income the $308.06 per month increase is not something I can pay. Very disappointed in this plan and what I’ve been thrown in just one year. Please deny this increase.  

I am extremely surprised by the obscene 39% plus rate increase sought by Fidelis for 2019. I am a sole proprietor seeking to have affordable comprehensive health insurance coverage for my family. I chose Fidelis bronze plan for its choice of doctors and facilities. It costs over $1,100 a month and doesn't pay a dime until I am $8,000 out of pocket. I wasn't even able to contribute to my HSA this year bc this is not an HSA eligible plan. In fact of all the plans on the exchange only a handful are HSA eligible plans. If this increase is apprved this plan will cost over $1,540 a month. THE SAME IS OUTRAGEOUS. Meanwhile Fidelis spens ann inordinate amount of money for radi tv and print adevetisement. These proposed increases will cause people to go without insurance or chose catastrophic plans. I emplore you to deny this proposed increase. Thank you.  

50% rate increase? Are you serious? How about cutting a few executive bonuses.
This proposed rate increase adds further stress in a state that already features some of the highest insurance rates in the United States. It will cause an unsustainable burden on all citizens of the state. It's very likely that NY will lose tax paying citizens as it will simply be too expensive to maintain the cost of living. I, for one, will certainly consider moving out of state - without hesitation - should this increase go into effect. Sincerely,

I have a plan that covers my wife and I; two year old healthy adults. My premium increase would be 43%; from $937.31 to $1,340.41. Somebody has got to do something about this. If our disfunctional federal government is incapable of controlling costs (which they are), then NYS must do so on its own. We need to do a NYS based single payer system.

In the past 3 years that I have been with Fidelis Care New York. My insurance premium payments have increased 2 times. Now they want to increase it again in 2019 double the amount that they increased it in the past 3 years. I find this extremely superfluous, regardless of the 5 considerations they list. In my opinion it is just to line the pockets of the Chief Administrative Officer and other executives of Fidelis Care. After all it is business and they are out to make money. Please deny their request for this increase. Thank you.

I am strongly opposed to this insurance rate increase. My current plan costs $1026 per month for my husband and myself, and the proposal would raise it to 1400 per month, a 40% INCREASE!!! I am unable to work because of [redacted] and my husband is retired. It is outrageous that simple health insurance costs more than any mortgage that I have ever held. Please do NOT allow Fidelis to do this, NO ONE will be able to buy insurance and pay for food, or heat in the winter, or in my case, the many medications my husband and I require each month.

Just received proposed premium rate change for 2019. Every year the rate has gone up to the point now that it will not be affordable. A 47% increase is totally unbelievable. If the proposed changes go thru I will be forced to get a cut rate plane from some other insurer and seriously think about moving to a more affordable state.

The name of my insurer is Fidelis Care. The plan name is Silver. I have individual coverage. My HIOS plan ID # is 25303ny0020001. I received a letter stating that my premium is going to go up by $175.64 a month if approved. I cannot afford that increase at all. My wife is a [redacted] making less than minimum wage and I am on a fixed income, social security. The help from N.Y. State of health is not enough to offset the cost so any increase will force my wife to go without health insurance, her place of employment does not offer health insurance. Please I ask that you consider my situation and not raise my rates, to go without health insurance is a situation that nobody in America should be in. Please respond to [redacted].
My premium went up this year and is now proposed to go up almost $180 per month for 2019. This is absolutely not affordable, especially while also paying for my children’s insurance and the rising cost of healthy food. $584 per month for one person is obscene. We do not qualify for financial assistance due to our income being over the limit, but that in no way indicates that this is affordable. I may be forced to go without insurance.

I am in receipt of a Fidelis Care – Notice of Changes for 2019 dated 5/31/18 regarding Proposed Premium Rate Change for 2019. Specifically the Fidelis Care Bronze Package. The proposed rate increase is an astronomical 24% of the current rate. I adamantly oppose this rate increase. As far as I know, this plan is the least expensive plan available to me thru the marketplace enrollment. I would like to address each of the reasons for the increase as is specified in my letter: 1. The experience actually incurred in 2017 – I can’t argue what you paid out, because I have no way of knowing. I’m pretty sure the bills are overinflated because the amounts always vary for the same item depending on if you are billing an insurance company or if an individual is paying out of pocket. I can argue however, that I personally did not hit my $4,000 out of pocket deductible, so I paid for pretty much everything I was covered for in addition to my monthly premium. I’m a pretty healthy person. 2. An expected decline in 2019 enrollment in individual products across all New York state insurers leading to a less healthy population – So apparently the insurance companies can foresee the future. I’ve had insurance on my own for over 15 years and I am a healthy person. So because you foresee a decline, I have to pay more for the same coverage as before?? 24% more to be exact. If your expected decline turns out not to be true – will I be getting a 24% refund?? 3. Increasing Medical Inflation – Now here lies the problem. The increase in how much the medical costs actually are. Again, the amounts of the costs are overinflated depending on if you are an insurance company or just an individual paying for the same thing. (Or better yet – an increase in salaries of CEO other officers of the medical profession, pharmaceutical companies the insurance companies themselves.) I’ve seen the mansions on the waterfronts in Florida. I have a modest house that I’m trying to pay for, no mansion for sure no yacht – but you’re going to increase my health insurance 24% so that you can visit your “vacation homes” a couple times a year??? I’m sorry but I am trying to pay for 1 house and just have health insurance that I can afford. 4. In certain regions, Fidelis Care will provide a broader network than other health plans consequently incur greater costs – Is this my region?? Is this a benefit to me?? Why am I being charged 24% MORE for something that really has nothing to do with me? In addition, everywhere I go this year, it’s such a process to get things approved by Fidelis so I don’t understand this reason at all. 5. Federal State changes to the calculation of the risk-sharing pool – This is the reason I am sharing this with you Governor Cuomo. Are you going to my employer ask them to give me a 24% increase in my pay so that I can continue to at least keep my head above water? I work do not qualify for any financial assistance so I pay for this insurance on my own. Now that you’ve managed to increase the minimum wage, which people just don’t realize yet but it makes it so they now qualify for very little assistance – how about keeping the health care that us people pay for on our own down instead of this crazy request for a 24% increase. How about working on the medical pharmaceutical costs, which is where the problem starts. So these are the reasons for your request along with my views on each one. I don’t make a ton of money but I make enough on my own to pay for a house, my bills, a car yes even an occasional vacation (I usually stay with friends because it’s cost efficient). Basically medical costs keep increasing (this is the main problem) but a 24% increase is ridiculous. At this rate, your enrollment will continue to decline because people just can’t afford their health insurance bill. I am now seriously thinking about dropping my coverage next year taking my chances. I’ll just put the money aside if something comes up, pay out of pocket. I implore you all to take a good hard look at this rate increase hope that you all realize that us working people just can’t afford a 24% increase. I look forward to a response from each of you.
please-- this rate increase is over $200 a month. I am retired and not yet... I am living in my home and living on my savings. I can understand a 10% increase which would bring my premium from $479.60 which would bring my premium to $527.56... but it will be going to $685.58 which is not doable. Please do not allow this huge increase to go through. I don't know what I (or many others) will do.

Where does Fidelis get off wanting a $900 a month increase for at best mediocre service? When is enough enough? With the proposed increase it would bring my plan to over $2800 a month. That is a lot of money taken out of NY’s economic engine. It would literally be more beneficial for me to put $1500 a month into a savings plan in case of an emergency. I know Obamacare is broken beyond fixing but... is going to push us off the plans. No more penalties next year. This is no longer health insurance, it is robbery. Help you fellow constituents, stop this blood letting.

Unbelievable my policy price went from $483.33 to $697.57 an increase of $214.18 or 44.30%. HOW IS THAT FAIR OR AFFORDABLE!!!!! I have had NO major bills submitted or procedures done.

Fidelis indicates an almost 50% increase in our premium, partly due to an expected decline in 2019 enrollment. If other plans have the same heartless gouging price hikes, you can BET there will be decreased enrollment, and people will die. This is tantamount to murder.

A proposed rate increase of nearly 45% is insane. I realize my comments will mean nothing but at least I feel better making them. What’s fair? A cost of living increase of 5% max. Even social security does not give 5% raises. Come on - this is wrong and you know it. But like I said, my words mean nothing. Do have a nice day.

Just received a letter of proposed rate hike. Current rate 408.61, proposed rate hike 584.25. That’s a lot more than 39%. This is terrible, premiums are outrageous. I already have a 2000.00 deductible, now more money a month. Plus I have many out of pocket expenses with Fidelis. Please review this rate hike and make it fairer. I know premiums go up every year, but this is terrible. Thank you and hopefully these rates are reviewed promptly. Pretty soon, no one will be able to be insured.

I just received notice that Fidelis is requesting an increase of near 50% for my family plan 25303NY0030001. This is an unacceptable amount for a working family to absorb. I do not qualify for any assistance and this will cause an undue hardship on my family. Please consider the working people of NY in your decision.
This is in regards to concerns regarding a rate increase for insurance premiums. The proposed changes will require me to drop my individual health insurance coverage d/t inability to pay the proposed rate of $670.66 a month. I recently left my full time position as a ... to assist raising my son [redacted]. I have no guaranteed income and work [redacted] when my son is in school; yet I make too much to qualify for any subsidies. As a [redacted] I understand the rising cost of healthcare; however, passing the cost onto customers is not the answer. You are requesting a rate hike d/t an expected decline in 2019 enrollment, when the decline is very likely contributed to the rising cost of insurance. This is a no win situation for everyone. I am healthy and take care of my own body with little need for health insurance as it is; however, receive now discount for being proactive regarding my health. I also carrier an individual health insurance coverage for my son with Fidelis. With the proposed rate increases we will pay a total of $946.33. Can you afford that coverage? I urge you to reconsider and detest the proposed rate increases. Thank you for listening.

My comment is very straight forward and simple. Fidelis is proposing around a 20-25% rate increase of around $155 monthly variance. I currently selected one one of the worst and high deductible plans offered simply to control cost for my one income family. I will assume that because of GOP (Trumps) proposed HC plan with respect to not charging people for not having health care is causing a big decline in enrollment and this will continue. If the rates continue to rise 20-25% annually, the decline will be much worse and much quicker bc people cannot afford that. My job pay did not increase 20-25% this year or next therefore it is simply capitalism at work combined with a broken health care system. Just some thoughts.

I just received a letter from Fidelis stating that they are proposing a rate increase for my policy of $165 per month or 23%. Id like to voice my opposition to this proposal. I find it hard to understand how they could be that far off when they set their rate at the beginning of the year. I've never heard of other insurance polices like home or auto changing rates in the middle of the year. Also, being a senior on a fixed income this an unexpected financial burden that is difficult to deal with.

The rate increase is OUTRAGEOUS! A 50% increase is not tolerable. My guess is no executive took a pay cut to try and offset this immoral rate increase. The health care system in the US is BROKEN!

In regards to the Fidelis Care rate increase, I find it way out of reach for the average family to be able to afford. My husband and I both work full time jobs that do not provide health insurance and have to pay 100% out of pocket for ourselves and our [redacted] for coverage. We do not qualify for a tax credit due to our income which is not very high to be able to spend that kind of money every year. Raising our health insurance premium by $5000 per year would completely devastate our family. We are a family that lives within our means and most of our means goes straight to health insurance and we have difficulty providing for our family because we are not considered poverty. Please do not allow a raise in premiums for us so we can continue to provide for our family without going broke.
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Fidelis Care's proposed more than 50% increase to my health insurance premium is unfair and unreasonable. While I felt that the $676.83 is high for the service provided, an increase to $991.70 would make health insurance something I could not afford. Currently, at the $676 per month rate, I am still finding that Fidelis nickels and dimes me for services. For example, under my prior plan with a different company, many routine tests were covered completely. Now, when I go for a free physical, I am billed for various services that are standard parts of a physical and for which I would not expect to be billed separately (nor does the doctor's office give me a choice and inform me in advance that there will be a charge for these services--so I am going into what previously was an included physical into a situation where I can't plan my medical expenses). To increase the premium by over $300 per month will mean that I will get medical care less often, potentially having a negative impact on my health and that of my family. Given that my salary is not increasing by more than 50%, why should a health insurance company get a more than 50% increase? I assume the services offered will be reduced as well to help them improve their bottom line. What about my bottom line????

The proposed rate change I received will bring my premiums from 2051.02 a month to 3004.98, this is nearly a thousand dollars a month! This seems absolutely unreal, considering we can only expect further restrictions and complications rather than any improvements to our benefits. We are a family and self-employed in our family business. We work insanely hard and try to provide for our family while our premiums continue to sky-rocket without any benefit to us. I don't think anyone in our position would consider this rate change anything less that outrageous and I am heartbroken for all the people out there trying to support themselves and their families and having to constantly re-prioritize our finances so we can afford competent medical care for our families above other things that need to be discarded in order to make room for higher premiums, more frustration and shrinking benefits in return.

I am writing about the proposed increase of our insurance policy by Fidelis Care which we received today for 2019 it is shocking to say the least. They are proposing a raise of our monthly premium by $669.44 a month which is disgraceful. An increase in premium each year we expect but an increase of 47% is unacceptable and is profiteering. I am hoping that this will be denied and a much less but fairer increase will be adjudicated. Please take into consideration that the proposed increase is way beyond the means of working people. Thank you.

I'm opposed to the proposed premium rate change. The premium (and deductible) is already too high and not very affordable. The coverage is poor. Despite all of this, they have filed for a rate increase of more than $1,000 year. I saw in their documentation that #2 states an expected decline in 2019 enrollment in individual products across all NYS insurers leading to a less healthy population as one of their reasons for the change. How does this make any sense? People are not enrolling due to lack of affordability. I selected this plan because I am healthy and simply wanted the cheapest plan. A rate change will make it more likely for me select a different provider.
Fidelis (New York Quality Healthcare Corporation)
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Fidelis announced my rate increase for The Exchange plan Gold for family from $1719.08 to $2480.13. I cannot. My premiums are not now paid for and I cannot renew for this already lack of coverage. I will go without insurance like I did in the past but I will look for Union Insurance opportunities or Health Savings Accounts if they are not completely outlawed yet.

Fidelis Care is proposing a 36% rate hike for 2019. This is far above the economic growth rate. Most individuals will only see a +2% increase in their personal incomes annually if they receive a increase at all. Any health insurance premium exceeding a 2% increase is due to cause hardship on families, businesses and result in lost coverage from children to adults. Please take deep consideration on the harmful effects of excessive increases in premiums.

I am a single person who gets my insurance thru the NYS Market Place. I pay for my insurance myself with the help of the credit from the market place. With the increase being proposed of $335 I would not be able to afford my coverage. It is a big burden to have to figure out how to pay almost half my salary for insurance and not pay my other bills or pay my rent and bills and figure out how to pay full price for the five different meds I am on along with my doctor appointments for my conditions. I understand a need for a increase but what is being asked for is unreasonable and unaffordable for most middle class working people. Please do not approve such a large increase.

I have a metal-level plan with Fidelis Care through the NY State of Health. My current premium for a Silver Level plan is $509.94. Fidelis (soon to be Centene’s Health Plan in NYS) has proposed raising my premium to $728.97!!!!! That’s an increase of almost 43%!!! And it's almost as much as I used to pay for my husband and myself TOGETHER. And I still pay out-of-pocket in addition to my co-pays, much more than I used to pay with Oscar. The notice says that my insurance benefits will remain the same. I doubt that! What’s going on here??? This is horrendous!!! I’d like to know the salaries of the executives of these companies. This country and state are being governed by corporations instead of leaders. SHAME!!!!!

I just received a notice from Fidelis Care explaining to me that if their rate increase is approved, I will have a one-third increase in my premium to $991.70!!!! This is ridiculous. I pay my own health care every month. I am a [redacted]: I need health insurance. I cannot afford these ridiculous increases. Has there ever been an occasion when an insurance company's increase was NOT approved? I am really angry and I hope you take the cost of health insurance serious.
The premium increase that Fidelis is seeking is outrageous! My premium is now about $475.00 per month and Fidelis now wants to raise it approximately by another $200. Let me say that the policy does not cover me until I reach my $2,000 deductible which essentially means that Fidelis will not be paying out on my policy unless I incur more than $2,000 in medical fees which only happens if I’m faced with a serious medical emergency or issue. The current policy is a glorified catastrophic health insurance policy. If the rate goes up, I will not be able to afford this policy. It’s a shame that New York can’t come up with a plan that is managed and administered by nonprofit organizations. Why should health care be based on creating profit for shareholders?! New York could take the lead in creating something much better but I’m not sure it can. In the meantime, the American people who pay taxes get nothing in return for their contributions. Our state and federal representatives get their far superior insurance policies that are paid by taxpayers yet it appears to care very little about our right to affordable insurance. Lastly, the doctors in the Fidelis plan are mostly foreign doctors trained oversees and they are not as good as American educated and trained doctors. I hope that the request for increase is denied. Not sure how this company can request an increase especially when the deductible of $2,000 will prevent Fidelis from making any payment on most policies.

We just received notice of the requested premium increase from $1206.38 to 1740.45 per month. This is outrageous and unacceptable. My wife and I are self-employed and do not have the ability to absorb such an increase. We know that Fidelis was acquired by a Centene last year respectfully request that you not allow them to disrupt member coverage with such an increase. We also know that their premium increase request greatly exceeded other insurers in that area (as published in the NY Times last week). Health insurance must not be viewed purely through a 'for-profit' lens. Thanks in advance

I received a letter from Fidelis indicating that it intends to submit a request for a hike in the monthly premium rates. I am extremely upset by this action. It's bad enough that they requested received an approval to raise the rates this year by more than 10%, but now the calculated raise in premium is slightly more than 23%. I don't know of any individual that has been the beneficiary of a 33% raise in their salary over the past two (2) years. This proposed rate of increase is unfair to the middle class and is absolutely detrimental to small businesses; such as mine. They mention five (5) primary considerations for their request. The 1st is the experience actually incurred in 2017 - well what does that mean? Their 2nd is an expected decline in enrollment for 2019, so how is a hike in the rate supposed to help? Especially since the penalty for not having health insurance has been rescinded, what's to stop people from dropping out of the healthcare market place altogether? Their 3rd is medical inflation. Well why aren't the healthcare companies complaining about doctor/hospital charges rather than just passing them off to the consumer? Why isn't anyone denying medical coverage to individuals who aren't citizens, instead of allowing them to free healthcare? Their 4th reason is their claim that they'll be providing a broader network in certain regions. Well what regions are they talking about? Why should an unaffected region's consumers be required to pay for another? Their 5th is the Federal State changes. Well how come, their lobbyists aren't fighting the Federal State governments rather than just pushing off the raises to an already overburdened consumer? Overall, I vehemently oppose this rate increase. It forces individual plan holders into a horrible position of having to choose between paying this new premium (which amounts to almost 6k a year - which is almost the same as what I pay annually in Federal taxes). HOW DOES THAT MAKE ANY SENSE AT ALL? THAT MY HEALTHCARE PAYMENTS ARE EQUAL TO OR GREATER THAN MY PAYMENTS TO THE FEDERAL GOVERNMENT.
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I am self employed and not married. I have to obtain my own individual insurance and it is becoming impossible to maintain the insurance. In addition to the premiums, there are copays, deductibles and co insurance payments. I just received notice that my premium may go from 603 to 870 per month. This is an increase of over 40%. This is not manageable for anyone. No one gets a 40% increase every year. The Department must consider the hardship that such a large increase will cause on a majority of the population. I am over [redacted] years old and must maintain my health to control certain medical conditions. I assume it is cheaper for the company to pay for occasional doctor visits and a few prescriptions than care for a long term illness. I would implore the Department to consider the average citizen in their decision.

I have just received notification from Fidelis, my Healthy NY insurer of 4 years, that they are applying for a +46% increase in my health insurance spiking it from a barely affordable $6,700 a year to over $11,500. My monthly premium will go from $657 to $963. This is for a single man, [redacted] years old. In years past, the increases have been manageable--in 5-8% range. This +46% increase will make my insurance a huge burden but not enough to qualify me for state/federal subsidies. I am requesting that you NOT approve such a steep hike. Thank you.

I have just received notice that Fidelis will be raising my insurance premiums by 50%. I cannot and will not pay it. We're healthy and have no medical issues. It is insane to charge two healthy people $2,100.00 a month for health insurance. Please do not allow this outrageous rate increase. It will leave me without health insurance.

The rate increase requested is absolutely ridiculous! Who can afford to pay such premiums????

I already pay almost $150.00 a month for Health Insurance, if my plan was to go up I would not be able to afford my health insurance. I have student loan debt as well as household bills and any increase in my health insurance will cause me to be without insurance.

Fidelis Care is attempting to increase its rate by almost 50% for 2019. I have no idea why insurance companies are allowed to do such hikes and now with Obamacare I'm penalized if I decide not to have any insurance at all. The government to which I pay a lot of taxes promised that insurance rates are going to be acceptable but every year I pay more and more out of my pocket for less and less services provided. I'm strongly opposed to this hike and I think that government agency such as yours didn't do a good job of stopping these rates from going up in the past. May be this time you finally going to stand up to insurance companies and say 'No'.

Last year, I was on the Silver plan and then Fidelis raised the rate for this year to almost the same as what the Gold plan was around 20% or more. So, I dropped the Silver plan and went with the Bronze plan for this year. Now, for next year, the Bronze plan is going up over 23%, from 870.24 to 1072.68/month! I have not used any health related facilities for years now, yet I keep paying thousands of dollars every year! It's not fair! I won't be choosing any health plan next year, because of this and the fact that it is not required! You have ruined the healthcare system!

I have just been notified that Fidelis has asked for a premium increase from $509.94 to $728.91 for 2019. This insurer, that prides itself on being NY based and is described as ... a faith-based, mission-driven health plan. The plan has a $2000 deductible. The request for increase is unconscionable. This year I have tried to get a [redacted] vaccine, which is recommended for adults over [redacted] The company was obstructive in every way in giving me information on whether the vaccine was covered. Finally, when they admitted it was covered, they also told me that they don't allow the vaccine to be dispensed by a pharmacy. Why? The only reason I can imagine is to deter plan members (customers, since this is a company that doesn't really consider us members or understands that it is company providing an essential service) from getting the vaccine. I am in the process of appealing this. I have this plan in the event something catastrophic happens. I cannot see my doctors of choice; I must pay a full $10 copay on all generic medications even when those medicines cost much less, and I can’t even get the company to tell me whether they’ll pay for a [redacted] shot. A more than $200 monthly premium increase request. They should be ashamed and the state should deny it.

I am highly disappointed that Fidelis Care has decided to raise my monthly rates again. This will be the third year in a row, since I began the policy, that they have increased my monthly premium. The current proposed increase to my monthly rate is $350.13. I find that this increase is excessive and unwarranted. While I have had increased expenses during the period of estimation, 2017, my current year expenses for 2018 are nowhere near as high. As I am on a fixed income, the increase in my rate will cause some serious hardships for me and impact my way of living significantly. Presently, I am requesting that DFS disapprove this rate increase because I do not feel that I should pay more for the decline in enrollment and increased medical inflation. Furthermore, I find it hard to believe that my rates will ever decrease when my costs to the insurance company go down. As I am already paying $752.77 in a monthly premium for a single person, I find that the rates are already steep and do not need to be increased. Thank you for your time.

Hello. I just received my notice from Fidelis Care that they want to raise my premium by over $200 next year. Currently, I’m paying for my insurance with the help of an APTC, and even then it is tough for me, given the additional costs of copays. Last year I made a little less money so I qualified for an Essential Plan where I was paying far less per month, both in premiums and copays, and received far better coverage than I am now. And they want to charge me even more money when I’m already working so hard to make ends meet? It makes me feel like I’m better off being poor than daring to even try to advance myself. The whole healthcare system is deeply frustrating and stressful, which is quite ironic considering it’s supposed to help me receive the care I need. Anyway. Thank you for reading my comment-turned-rant.
The proposal to increase my premiums by another $100 in 2019 is ridiculous. There has been no effective change to my bronze level insurance in terms of quality of coverage or benefits, yet this is the second $100 increase in premiums in 2 years. I initially signed up for a $315/m plan, and now the new premium is almost double at $515! I have gone to the doctor 1 time! I will not be continuing service with Fidelis in 2019 if they continue with this kind of theft.

Why in the world can these insurance companies, like Fidelis, increase their rates by 23% EVERY year??? I simply can no longer afford to provide health insurance for my family in NY State. This is crazy. Please, please, do not approve the proposed premium rate increase requested by Fidelis Care. I am retired, and don't qualify for any financial assistance. Health insurance premiums are, quite literally, killing my family and I.

I do not think that Fidelis should be granted the rate increase requested, as they have not done their part to negotiate fair and reasonable fees with in-network provider. For example, medicare pays CPT code $244 in County. However, Fidelis has agreed to pay the we visited in County $355.12 for CPT. Fidelis offers an on-line fee estimator, that suggested the fee should be between $140 and $175 - but this estimator was not consistent with the fee schedule that they have negotiated. I believe Fidelis would not need to raise rates if they had done an adequate job in negotiating fees with providers and possibly other large hospital systems. That is what is driving up the cost of health care, and they are asking for the consumers to cover this poor negotiated rate. Further, Fidelis does not disclose their contracted rates with providers. If they did, consumers would have an opportunity to seek care from lower cost providers - thereby reducing health care spend. Unfortunately, they consider the contracted rates confidential and provide no means for consumers to help make smart - cost effective - health care choices. Their position is that the consumer should contact the provider to learn about the individual fee schedule - which is not practical, burdensome to the consumer, and frankly doesn't work. In fact, I called several offices to see if they could share their fee schedules, and not a single receptionist who answered the phone was able to do so. This must come from Fidelis directly, and be included as a filter on their provider search tool to be in any way meaningful to the consumer. Fidelis is not doing their part in helping to reduce healthcare spend. Fidelis does not openly provide fee schedules for in-network contracted physicians - preventing the free market forces which would drive business away from overpriced physicians and toward more appropriately priced care. Further, Fidelis has negotiate contracted rates that are greater than Medicare rates - without disclosing this information to their subscribers - or in any way helping subscribers to seek more economical care. It does not seem fair to put the burden of increased health care costs on the consumer, when Fidelis is not giving the consumer the tools to reduce healthcare spend - and when Fidelis is not negotiating in-network fee schedules as a true fiduciary should be.

I just received a notice there will be a significant rate increase next year by over 200 dollars. Last year I dropped from the Fidelis Gold Plan to the Silver Plan because the rates went up over 100 dollars. Now there is going to be a bigger increase. I either have to give up insurance which I can't due to medical issues or drop to the Bronze Plan and have ridiculously high deductibles. I am at the bottom limit of salary that is not subsidized so I get hit on both ends. I cannot get subsidized and I cannot afford the rates on my salary. Please do not allow this raise increase to happen.
Pursuant to the proposed premium increase, my premium would go from $468.66 per month to $670.21 per month. In addition to my premium, I have to pay co-pays and a deductible of $2,000 per year. I am a single, self-employed, [insert age] year old woman who is struggling to pay my bills as it is. This is the first year I have been exclusively self-employed, and the cost of health insurance has been on the high-end of manageable for me. However, with this rate increase, I would no longer be able to afford health insurance and would fall into the pool of uninsured people in America. Additionally, I would ask you to consider that I reside and work in a very rural part of New York State. I did a great deal of research into health plans and expenses before leaving County employment for my own [insert profession]. The plan I currently have was the ONLY affordable plan available in [insert county] County that provided reasonable coverage. I am exactly the type of person that the health companies want to keep on insurance plans (i.e. [insert age] years old, healthy, etc). If this increase is approved, the sheer cost of maintaining insurance will push me out of the insurance pool altogether. Please do not do that to me.

Hello, I'm currently a Fidelis customer contacting you guys because of the proposed premium rate change in 2019. I hope that you decline this proposed increase because as a recent graduate from college I'm struggling to pay the monthly premium as is on top of the rest of my monthly expenses. I'm positive I'm not the only one in this boat and I'm sure I share their frustration. This will force many of us to look to other providers for health insurance in the upcoming 2019 year. The fact that nothing about my coverage will change in 2019 except the potential price change is unacceptable especially in this economy. I hope that you guys will come to the proper conclusion and turn down this proposed rate increase. My frustration aside, thank you for taking the time to read this comment.

My insurer is proposing an increase of $219 PER MONTH in my premiums. PER MONTH, not per year. $219 EXTRA every darned month. That comes to $8,747 per year. I am a hard-working sole proprietor. I cannot afford this. The $510 I already pay is crazy considering I have a $2000 deductible. What Fidelis is proposing is highway robbery.

Fidelis has applied for a rate increase of nearly 50%, which makes health insurance unaffordable for us as two consultants with our own businesses. The current health insurance environment is punishing those of us without employers subsidizing health insurance costs, as well as those just outside the subsidy range for NYS. Health insurance has become a bigger issue that really should be tackled responsibly and thoughtfully by the government rather than left to individual states.
I received a notice that Fidelis Care is proposing an increase in their Bronze plan from $831.99 to $1025.49. I am imploring you to PLEASE not approve this increase. The cost of health insurance is becoming crazier and crazier with each passing year. My wife and I can barely afford the $831.99 that we pay now. With high rent, the high cost of a subway pass and all the other high expenses of being a NYC resident, an increase such as this in our health insurance is absolutely an unbearable burden. Not to mention that with a Bronze plan, the out-of-pocket costs are already very high between deductibles and co-pays. PLEASE do not allow this increase. If you do, we will have to drop the insurance altogether and possibly be totally uninsured. PLEASE consider the needs of the individual versus a corporation. Thanks for listening.

I am currently enrolled in NYS Exchange ACA gold. I just received a note from Fidelis Care indicating a request for a 44% increase in premiums. This increase is due to the fed tax bill that eliminates the mandate. The increase makes health insurance not affordable. What is NYS doing to offset this increase? It is outrageous!!

I received a notice today June 13, 2018 dated May 31, 2018 of a proposed rate change of my fidelis care plan. My individual plan current premium is $719.66 with a proposed new monthly premium of $1054.38. I am objecting to such a high percentage rate increase. Please do not approve and allow them to do this. I understand that the cost of everything rises but how do you expect people to be able to pay in my case an extra $335 a month, over $4,000 a year on top of an already high premium. Please let me know that my voice has been heard in this matter. Thank You.

I co-own a small business, so the cost of healthcare directly impacts how much additional income I have available to invest in growing my business—which creates jobs for New Yorkers and increases the amount of tax revenue I send to the city and state. Rising healthcare costs, including Fidelis' proposed increase, mean I have less money to spend on my business, and therefore less ability to help generate economic growth. I'm proud to be a New Yorker and to do my part to help our city and state flourish. I urge you to reject Fidelis' proposed rate increase, so that I am able to focus on investing in New York, rather than keeping up with the cost of healthcare.

Good Day I have just received a rate increase notice from Fidelis for 2019. The premium is going from 719.66 a month to 1054.38 a month. A 47% increase, WOW. They are referencing 2017 experience actually incurred, as one of the reasons for this whopping increase. I reviewed my 2017 healthcare usage and I don't believe it warranted such an increase. They also raised my premium last year for 2018 citing 2016 experience but the increase was not nearly as large as the one they are proposing now, maybe about 10%. One last thing to consider is that in May of 2017 my wife who was also on the policy joined Medicare. So if they are looking at that experience as well, I don't think its applicable since I am the only one on my policy at this time. Please help as I was just laid off and funds are scarce. Unemployment benefits are about $1,600 per month so the revised premium will chew up nearly two thirds of the unemployment benefit. Many thanks for your time and effort. June 13, 2018
it's ridiculous that they are trying to make it more expensive for health insurance. As it is people have a hard time purchasing insurance and now they want to make it harder. Not all the time people have money we have other necessities to pay in order to survive.

THE PREMIUM COST FOR HEALTH INSURANCE IS ABSORBING ALMOST ONE HALF OF MY NET WEEKLY PAYCHECK. THE COST IS CURRENTLY NOT AFFORDABLE, AND VERY DIFFICULT TO PAY, WITH THIS NOT THE ONLY EXPENSE THAT EXITS IN ONE'S LIFE. TO THINK THAT A 30% INCREASE IS A POSSIBILITY FOR YEAR 2019, IS MENTALLY EXHAUSTING AND A EXTREME FINANCIAL BURDEN, AND NOT A PREMIUM THAT I CAN AFFORD. I HOPE FOR NO INCREASE IN YEAR 2019, AND HOPE FOR A DECREASE, OR WILL HAVE TO LOOK ELSEWHERE FOR OPTIONS. THANK YOU FOR YOUR CONSIDERATION.

Today I received a notice from my Health Insurance provider, Fidelis of a proposed premium increase for 2019 for my Fidelis Care Silver plan from $1520.18 to $2172.00. This kind of premium increase is absolutely unacceptable. The current premium is already burdensome and is more expensive with fewer and worse benefits than before the Affordable Health Care Act was passed. I strongly urge that this kind of abusive premium increase not be allowed to go forward. How are families and small businesses supposed to cover such outrageous health care costs? Where and when do these fee increases end? I urge that the proposed fee increase not be approved. We absolutely cannot afford a $26,064 annual health insurance bill.

This is unacceptable! Even the line for lower income! The Medicate policy is a system to motivate people don’t want to work anymore! We are paying 1100 per month for health insurance, which is for nothing because we still need pay a lot of extra money to see a doctor, to get medication! And you are telling me you want to rise the premium up to 1500 per month? For those “ low income” people getting full covered services without paying any taxes since they step in US! They can just call an ambulance after finish three burgers just because a little bit of coughing and don’t need to wait in a line in the emergency room if you get to hospital by ambulance. The most important thing is Ambulance is free for them! People like us working for long time and paying high taxes to feed them, but dying for nothing? You have to change the mind and stop thinking about abusing working people to take care of those lazy people! It's really unfair! Everyone has their responsibility to share the burden of society! So rise money for those fake “ low income”, take some money from those people never pay tax for this country! Otherwise who wants to work?
I received a letter from Fidelis Care that they have requested an increase in the rate. My calculations show they are requesting a 30% increase, which I think is an astronomical amount. I am against such an increase and believe that a 10% increase would be more in line. The reason given was because there was an expected decline in 2019 enrollment, which is leading to a less health population. I disagree with this as an individual plan holder. I have a $2,000 deductible, which increases my premium already and half the year is gone and I haven’t even met that deductible yet. The fact that there is increasing medical inflation is totally the fault of this type of health care system - where doctors are charging more because insurance companies are paying less. If Fidelis is going to provide a broader provider network than other health plans which will increase their costs does not make sense. If they provide broader providers, there will be more choices for plan holders, which seems to me that it would actually reduce some of the costs for the insurer and insured. The risk-sharing pool should not be spread across individuals who already have the plans. I disagree with any of the reasons given for the increase. The entire health care system needs to be re-evaluated. There are many people who are on the plan that are cheating the system, which we are all paying for. Please do not approve an increase in rates for the better good of the individuals who are enrolled and paying the full price premium. Thank you.

I cannot fathom that a 44% increase premium request (from $603 to $870) would even be considered by the state. The millions of us that have to buy their own insurance are struggling to make ends meet, insurance and medical costs being the majority of our monthly expenses. Most insurers are requesting outrageous increases so the choice to switch companies doesn’t help. Please do not approve these increases or any such increases above the price of the cost of living increase. Have the companies provided numbers of healthy people who dropped out of maintaining insurance coverage to justify these increases? Please help NYer’s by denying these outrageous requests. Otherwise more and more people will be forced to drop coverage and rely on public assistance for emergencies. Thank you.

I think a proposed increase of $200 for my insurance premium for 2019 is abhorrently ridiculous. I am not expecting an increase in my salary of the additional $2,400 (which is the yearly total amount of the increase of insurance premium costs) and even if I was, I would end up paying more anyway due to a salary increase. That decline in enrollment in individual products is a reason for the proposed increase is extremely stupid. Why should those of us already paying an arm and a leg for health insurance be penalized because of those who did not pay for health insurance? Every year my insurance premium increases and every year, I pay more out of my pocket while being penalized for the actions of other individuals as well as penalized if I should be so lucky to receive an increase in my yearly salary.
Individual
2019 Public Comments

I just received a letter from Fidelis stating they are requesting a 42% increase in premiums for 2019!! I have the silver plan right now and my monthly premium is 959.20. If you actually allow this ridiculous increase to go through, my premium will rise to 1,371.16 (couple). This is unaffordable and an outrage. How do you allow insurance companies to gouge the American people?? I've heard all the nonsense excuses before and I don't need to hear them again. I am years old and semi-retired, my coverage has a whopping 2,000 deductible which means i never go to doctors.I will be forced to drop coverage if you allow this increase or any increase for that matter. I think most people will opt out of this crap insurance entirely which will put Fidelis and other insurance companies out of business. Stand up to these insurance companies and reject their requests.

Fidelis wants to raise my monthly premium from $510 to $729. That is a 45% increase and seems almost criminal for a health care provider to increase health care costs to that extent. I'm shocked at how Fidelis expects hard-working Americans to absorb these rising health care costs when salaries are not rising at this ridiculous rate. Even with my current health care plan, I have to pay exorbitant fees. I received a bill for $550 from my for an extra test I had to do. Health care should not drive Americans to the poorhouse. Hopefully, the New York State Department of Financial Services will not approve this rate change. It's hard enough to afford a $510 monthly fee for basic health care services like a routine. Please, if you approve any rate change, don't make it more than current inflation.

To whom it may concern Dear Sir/Madame I received a letter yesterday stating that there is a possibility that my monthly premium for 2019 will increase from $509.94 to $728.91. Needless to say that i was extremely upset when i read this letter due to the fact that i am bringing net $1,600.00 monthly at home and i am being asked to give almost 2/3 of my salary for my insurance. I don't understand how can a person, with such a low monthly income, is being charged so much and how will i be able to survive with almost $900.00 left from my salary. Affordable health insurance should not be so high. I am not sure what the outcome of this comment/complaint will be and I am not sure if you are the proper authority to solve my issue and maybe see what can be done in my case. I would really appreciate a response and maybe a solution Sincerely,
To whom it may concern  I recently received a letter from Fidelis Care informing me that my health insurance premium was going to increase. Being in business my entire life I can understand that based on certain business conditions that there will be changes to premiums. However, the rate increase for my current plan, which is for myself, spouse and children, was going to increase by 46.5%. 46.5%! I have been out of work for approximately 2 years now and I currently spend $25,744.80 annually. This amount is barely affordable. Now they want to increase my premium to where I will be spending $37,719.24. This becomes an unaffordable plan. I also reviewed Fidelis Care application documents and found that their reasons for this increase were mostly based on assumptions. It appears to me that they are using these assumptions to haphazardly increase the premiums as opposed to analyzing their business plan and managing their business better. I suspect that they are using this corporate change as a way for the new firm to increase their revenue line. I am not sure that one individual comment can have much of an impact but I would hope the DFS sees through this smokescreen and either disapprove this request or suggest a much more reasonable % increase. Thank you for your attention to this matter.

I write to oppose the exorbitant increase for individual coverage sought by Fidelis. I am a one-person S-Corp (I own 10%, my spouse 90% though he is now fully retired). We used to be able to get fairly predictable insurance coverage thanks to small biz pricing. Post-ACA, As our biz is owned by two married people, I am relegated to an unstable individual pool, where Fidelis is now proposing at 44% percent increase in premium, from $603.19 (a not insubstantial amount!) to a preposterous $870.22!!!!!!!!!!!!!!!!!!! Who in NYS is seeing wage/revenue increases that would rationalize such an increase? I didn't vote for the rascal in DC that are looking to destroy our health care system, and it's cruel to punish small business owners! HELP! Coming up with another $3,204 is incomprehensible...

I have had Fidelis for 3 years, and it’s a great plan. Unfortunately, I do make a lot of use of it, as I have multiple problems. Without the current affordability of Fidelis, I would be forced to forgo a lot of treatment, which would in turn lead to a decline in my overall health. But maybe that’s what the state and federal government wants: one less drain on the system once I die!

Fidelis has requested an extraordinary increase for the cost of insurance - more than 30% - from just over 600.00 per month to more than 850.00 per month. None of the justifications supports such an enormous rate increase, but it is especially appalling when taking into consideration the profit and executive pay of this insurer. Please reject this request.
I just received a letter about the proposed 40+% increase in my health insurance for 2019 and I am completely in shock (2018-2019, 2019 $1457). Is the average New York family income on track to increase by 40% in 2019? Has it ever increased year over year by 40%? I don't remember that happening in my lifetime. Last year I went through HELL to even get insurance as my online account had a glitch and wouldn't allow me to complete my application. To say this adds insult to ...insult is just the beginning. I hope the AG's office along with other regulators has some way to stop this outrage. And BTW, the few times I have gone to the doctor this year I have been hit with additional bills as Fidelis doesn't cover anywhere near the average cost of appointments in County. I don't like writing these letters as I feel like a ranting old man (I'm only ), but between needing a new insurance company almost every year, watching premiums rise out of control and seeing the insurance I do have not cover actual costs....I am that ranting fool.

I APPRECIATE THAT AN INCREASE MAY BE NECESSARY HOWEVER TO RAISE RATES 45-50% IS LUDICROUS. WE ARE OBVIOUSLY FORCED TO HAVE INSURANCE BUT WE ARE CAPTIVES OF THE SYSTEM AND YOU ARE MAKING IT IMPOSSIBLE TO PAY FOR IT

I am writing because I have received a notice by mail of a potential change in premium. While I am very aware that costs go up annually the Proposed rate hike is $200. From $466.08 to $666.01 per month. I find it hard to believe that normal influences could have caused such an extreme change in the cost of the coverage. This change will force me to reduce my level of coverage and it will most certainly cause me to seek another provider. My concern is also that those less diligent will not be aware of this gouging and many will be unprepared for a premium hike well over 40%. I am also concerned that the potential for receding assistance will compound this rate hike. Thank you for considering the thoughts of a very concerned voter.

I’m a struggling small business who’s health insurance is increasing for 2 people from $1,439.32 to $2,108.76. That is very expensive! We cannot afford to keep paying for everyone else in this country who gets everything for free. We can barely keep above water please do not approve this increase.

I just received notice of a proposed health insurance premium rate increase of over 40% - this would be impossible for me to pay. As it is, with my 510.monthly premium, my deductible is still $2000, and I rarely, if ever go to the Dr. To have it go up even past $600 would be impossible, but $728.91? I can only call this a travesty. I will have to find another carrier, or drop health insurance altogether. Is this a ploy to do away with the little that is left of Obama Care? Not affordable care, not alright with regular working people. Please do not allow them this increase. Thank you for your time.
I just received notice that Centene, the company that is buying FidelisCare, wants to raise my health care coverage premiums by 47% in 2019. This is obscene and can not possibly be supported by the facts. This is simply a for-profit entity buying a non-profit entity and raising rates to create a profit they deem acceptable for their shareholders. How can NYS allow this to happen? Shouldn't there have been a cap on rate increases before this deal was approved? If this is allowed to occur, you will cause severe economic damage to the former FidelisCare customer base, which I'm sure you know comprises over 40% of the New York ACA Marketplace. I am demanding that this deal either be stopped, or rate increases capped. Furthermore, I want a detailed explanation for this obscene rate request. Mammoth companies with $26BN of equity value shouldn't be allowed to destroy the lives of NYers simply to pad their tens of billions of dollars of existing revenue. I demand a response.

To who it may concern, I have received a proposed rate change from my insurance provider equivalent to a 30% increase in costs. This would constitute a 55% increase in cost of what my premiums were two years ago. This would no longer be a financially viable option. Fidelis lists five reasons for its increase. 1. 2017 experience 2. Expected decline in enrollment 3. Medical inflation 4. Broader provider network than other health plans and subsequent increased costs 5. Changes to the risk pool. With the possible exception of numbers one and five these reasons are ludicrous. Two and three would be direct results of the increase in premium costs. Reason four, if true, needs thorough vetting. If cost increase to the insurance company is so high having such a broad network compared to other providers, I wonder why they would adopt such a business model considering its assumed impact on their profitability. Speaking of profit, I was also made aware that Fidelis has recently been purchased by a subsidiary of Centane. Would it be cynical to assume that increased profitability is the main reason, or at least a substantial reason for the outrageous increase in my premium? That is simply not acceptable. I sincerely thank you for your time in reading.

Proposed rate increase for my Fidelis Care plan is unacceptable. 43 percent increase in 2019 will make health insurance for our family of four unaffordable. 1328.23 now. proposed is 1898.14. Just crazy. Please deny this crazy increase.

I just received my notice about a potential ridiculous increase to my individual 2019 health insurance. I will not pay a extra 50% on my policy as I will look for another health care provider. You are forcing people with a average income no choice but to either reduce their policy making it cheaper or doing without insurance and gamble that I don't get sick. Tell Donald Trump thank you for all of his liars about lowering our insurance!

The increase requested from N Y quality health care corp. is entirely way out of line. The average person, like myself, can not afford these increases. My example is that my premium will increase from $466.00 to $666.00. This will cause people like me to consider not carrying insurance at all. Please don't allow increases of this magnitude to be forced on N Y citizens. Thank you
I received a notification of a very significant increase in my insurance plan's monthly premium. It is increasing over $200/month. My question is, when will these increases end?? I, myself, do cannot create more hours in the work week and cannot create more income for myself. I am a self-employed contractor and as such, need to completely foot the bill for my health care. The high premiums for a plan which already has a significant deductible as well as significant copays is becoming a crippling cost. As it stands already, I do not see any physicians, even if an issue comes up that may benefit from a physician's diagnosis, due to my high deductible. I realize this is my choice, as was the selection of the plan, but in an effort to pay off standard student loans and keep up with the cost of living in a major metropolitan area, I have chosen to neglect my health when possible in order to keep financial obligations low. I know I am not the only individual whom is in this position and although this comment will likely just get lost in a pile of paperwork, I felt the need to voice my concern and opinion. These persistent, large, premium hikes truly makes me wonder, who really benefits from these increases?

I urge the Department to deny the insurance company's request. The proposed increase in premium would make health insurance unaffordable to extremely unaffordable. It is already over $1,700 per month. The proposed increase, if approved, would cause the premium to go up to $2,480.13, which is $30,000 per year!

The propose increase for the Fidelis Care Gold is $251.20. I am outrage that NYS does not do something to control the exorbitant amount of money the Health Care Company are asking consumers to pay when the service is adequate. Every time I go see a Doctor I have a co-pay and a deductible. The last time I had a Payroll increase was 5 years ago. No pay increase is coming this year. How do I find the money to pay for insurance? At least President Trump no longer penalizes me for not having insurance as I may have no other option but to abstain from Health Care until I can get a Medicare Plan. I need as advocate on my side keeping the Health Insurance Companies from receiving a monthly fee and still paying for Doctor's visits. The companies benefited from the Tax Cuts this President gifted them, I did not. Please Help

I am a self employed paying for my own insurance, and I do not qualify for any subsidies. The proposed rate increase would put my health insurance--the cheapest one with available to me with the highest deductible, which I have never once used in all the years I've been forced to buy it--at the same cost as my mortgage. I am not a millionaire. $950 a month for a product I do not want, need or use is RIDICULOUS. Are we to imagine the insurers can't bear to lose a little bit of their astronomical profits? Look, all I want is major medical. I'm a holistic person who does not believe in today's corporate driven health care and constant prescriptions. Let me drop this ridiculous blackmail scheme and just buy the product I actually want. And for the love of the people do not approve this ridiculous rate hike.

Fidelis wants a 40% increase?!! Please do not allow it. Our rate will go from $1206.38 to $1740.45. Takes us back to the bad old days before Obamacare. PLEASE DO NOT LET THEM INCREASE RATES more than $50. It will cause hardship for many many people. Thanks
I RECEIVED A LETTER FROM FIDELIS CARE INFORMING OUR POLICY IS GOING TO BE INCREASED $871.05 MORE PER MONTH! WE ARE CURRENTLY BEING CHARGED $1874.63 A MONTH AND THEY WANT TO RAISE IT TO $2745.68 PER MONTH! WE CAN BARELY AFFORD THE PREMIUM THEY ARE CHARGING US NOW AND IF THEY RAISE IT THAT MUCH WE CERTAINLY CANNOT AFFORD TO PAY THAT MUCH! SOMETHING NEEDS TO BE DONE TO STOP THIS INCREASE. WE CANNOT LOOSE OUR HEALTH INSURANCE MY _______________ AND MY _______________ AND I HAVE A _______________. THIS IS EXTREMELY DISCOURAGING AND WORRISOME TO ME AND MY FAMILIES FUTURE WELL FARE. PLEASE DO NOT APPROVE THIS RATE INCREASE!

I am opposed and out right upset with Fidelis' proposed premium rate change for 2019. Currently my premium charge is 1,261.87 dollars per month and Fidelis' would like to increase that charge to 1,820.54 for 2019. $558.67 INCREASE or 44% change in my monthly premium is absolutely ludicrous! Listed reasons for requesting the rate change do not include Fidelis' profit margins or share holders take. If the State of New York is at all going to entertain this request then I ask for the numbers justifying this significant premium increase. What is the expected decline in enrollment? What is the medical inflation? Why does Fidelis Care incur a greater cost than other providers? Fidelis plainly disagrees with DFS's views of this and even states that to its customers. Please do not increase my premium as well as other hard working middle class citizens in this state. As a self employed individual with a family to support this proposed increase would be a back breaker to our finances. Do not forget that the plan which I have is still a high deductible plan. If Fidelis is willing to not require a high deductible and no co-pays then I would support a 10-12% increase. If not then Fidelis should have to learn how to operate with the current Federal administrations guidelines like the rest of us and not charge more to the individuals looking for security and affordable healthcare coverage.

The request to increase premium for 2019 is absolutely absurd. The cost of premium is already too high for the benefits received. I plan to not re-enroll if cost increase. This notification is highly disappointing.

I am struggling to pay my health insurance now. I can not afford to pay more. My income level has gone down even from last year. I would ask to stay at the same rate if possible.

I am alarmed and appalled at the 42% premium increase that Fidelis Care is requesting. I don't know any one who has received a 42% pay increase in the past year. I know I haven't. I haven't had a pay increase in over 3 years. If this increase is approved, it will prove that insurance is only for the very wealthy or government employees. It will have a catastrophic financial impact on me and may cause me to drop my health insurance all together. Please, think about the health of individuals and not the high salaries of insurance executives. Lives literally depend on your decision. Thank you in advance for taking my comments into consideration. Sincerely,
I just received notice that Fidelis plans on increasing their rates by 46.51% starting in January 2019. My rates would go from $2,145.40 per month ($25,744.80 per year) to $3,143.27 per month ($37,719.24 per year). If anything more than a 5% increase on an already ridiculously expensive health insurance plan I will not be continuing my health insurance coverage. As a Certified Financial Planner I can tell you that this does not make sense financially to pay this much for health insurance even if a person can afford it, which I assure you the average family in New York cannot afford it. If this rate is approved it is my opinion that you will lose almost every single person that does not receive state assistance in paying for their health insurance from the NY health care exchange program. If these insurance companies are not able to manage this perhaps it is time we switch to a state wide medicare program for people of all ages and incomes. Thank you for your consideration.

I am writing in response to the rate increase proposed by Fidelis Care. This is an almost $600.00 increase in premium for us!!! They are essentially going to make impossible for us to keep our health insurance!!!! We are actually a family who uses their health insurance very little!! If Fidelis is concerned about less enrollment, how will a rate increase help!!! More people will have to drop their health insurance because it will be so expensive!!! What a screwed up system!!! People at our income level are forced to go without insurance because we make too much for medicaid and now premiums will be so outrageous that we will not be able to afford them!!!

My husband and I are self-employed and own a small business. I also have [redacted] and need good health insurance. At the moment we can only afford our coverage because of the subsidy. If the rate increases to $1600/month we will not be able to continue our business in NY. This amount is just too high. Please help pass the NY Health Act and solve this problem for all NYers.

Today I received a notice indicating that Fidelis is proposing to increase my monthly premium in 2019 from $676.83 to $991.70 which is a 46% increase. A 46% increase is unaffordable to me - I am unaware of any regulated business that is permitted such an onerous increase. I object to this in the strongest possible terms and request that NYS reject this proposed increase. Thank you.

I am extremely concerned and upset at the prospect of a premium rate increase of nearly 50%. My husband and I don’t qualify for any financial assistance and an out of pocket monthly premium of $1,820.00 will be a financial hardship. It is a disgrace that our President is attempting to dismantle Obamacare.

I am writing to protest Fidelis Care's proposed rate increase from $533.40 to $762.46 on my Silver Level plan. This is an increase of 43% and is outrageous. I ask you to deny this request, or at most, hold them to the level of inflation.
I feel we pay too much for health care and if i have to pay $600 more. then I want fidelis care to pay more as well. but they are keeping the same old thing no changes this is not right. I can see mybe $100 more next year but not $600 that is nuts i pay $1322.81 with the gov help now it would cost me $1938.90. this is over 1/2 of my income. we need your help to save us on health care Thanks so much

I just received a Letter yesterday of Rate Increase from Fidelis Care my health care provider. The letter is dated May 31, 2018 and received on June 13, 2018. First it takes 13 days to get this letter? The USPS is not that slow. On opening the letter it was of Rate Increase for my Health Insurance Premium from $657.76 to $963.40 - a $305.64 increase, that is more then $3600 a year, this is almost a 50% increase. This is Totally Unsupportable and will be a Very High Financial burden on my me and my family. In the last two years it has been already increased by about $100 already now $300 more. This Increase needs to be Denied. How do they expect people to be able to pay this Hugh Increase? I thought that this Insurance was to be Affordable. This is Increase is Not. Again I full support a Denial of this Major Increase.

Fidelis is filing for a 45% increase in premium. NY State of Health Should be affordable. This increase makes it not affordable. I will have to change my insurance again if you allow this increase. Please reject their request. 45% is too much. It is not in line with the CPI. It is outrageous.

Every year Fidelis care increases the rates of monthly premiums. 86 dollars is a large amount to increase and offer nothing more.

We received our Notice of Rate Change for 2019 requesting to increase our monthly premium from $1,315.53 to $1,926.79. We will no longer be able to afford our insurance. Fidelis and the other insurer's will lose thousands of people off their insurances because they won't be able to afford it anymore. We pay for our own insurance out of our savings. What insurance we will be able to afford in the future will surely now have to be subsidized by the government. This is shameful beyond belief. We are so glad that the rich will keep getting richer!

JUST RECEIVED LETTER FROM FIDELIS CARE DATED 31 MAY 2018 notice of changes 2019 stated a 44% increase in rates I find this to be quite unbelievable in todays economy people cannot afford heath insurance now, what do Insurance companies expect normal working class people to do.I understand there are provisions for help with the premiums, but many people do not pass the requirements needed
I do not feel the rate increase that Fidelis has proposed should be approved. It will increase my premium 31% per month (increase of $472 additional expense for me). I certainly do not expect to get an income increase of that rate. It is completely absurd for me to have to pay over $1500 per month for health insurance. Since I was forced to obtain insurance from Healthy NY (because I live in NY) my premiums have increase by over $1,000 per month over the last 3 years. I will not be able to afford health insurance if this rate is approved. Another comment is that I also get charged a NY Surcharge fee on every medical bill that I incur. Absolutely ridiculous that we have to pay tax on our health. Something needs to be done to STOP the medical facilities and the health insurers from putting the patients into poverty or force them to go without medical needs.

I have received, this date, a proposed 2019 rate increase notification from Fidelis Care. The premium has increased 44.22% from $551.30 to $795.13. This is COMPLETELY UNACCEPTABLE. Please adjust the premium increase by no more that 5% of the present premium, a maximum monthly premium of $578.86. I work two jobs to pay my present premium. If you want individuals to be insured it is up to YOU to make it affordable.

I don't understand how a rate increase of $315.00 monthly (a 40% increase over what I am paying today) can be justified. This equates to another $3,780.00 annually. This is ridiculous to ask people to pay for. It's like having another mortgage payment and this is just for an individual plan!

I joined Fidelis Care in 2015 under the affordable care act, paying a monthly premium of $308.15, which was actually higher than the premium I paid before affordable care. Now, just three years later, Fidelis wants to increase my monthly premium to $512.75, an over 66% (!!!) increase, when the cost of living in those three years increased 5.3%. This is absolutely absurd. My coverage already has an onerous deductible and doesn't allow me to use my doctor of choice. I am essentially retired, although I am 5 years away from retirement age and I live on a limited income. I find myself in a position of having to find additional employment just so I can pay for insurance in the event of a medical catastrophe. Living in New York City is almost prohibitively expensive; Fidelis Care seems to want to make it impossible.

Just received a notice from my health insurance provider (Fidelis) concerning proposed 2019 premiums. Our premium will rise from $1200+ per month to $1800 per month for my wife and I. A $600 per month increase. Totally unacceptable. Fix this problem - now.
The comments in this letter are directed to Fidelis Care, the New York State Department of Financial Services Health Bureau – Premium Rate Adjustments and my state and federal government representatives concerning the nearly 44% Fidelis Care insurance premium proposed INCREASE for 2019, i.e., from $533.40 to $762.46 a month for a total of approximately $2750 more a year and just for the premiums! This is simply an outrageous increase request that I very strongly oppose and would ask that New York State refuse. Fidelis Care has been a NOT-FOR-PROFIT insurance carrier that was committed to providing quality health care at affordable prices for individuals and families. Now, it appears to me, with the purchase of Fidelis Care in 2017 by Centene family of health plans, it has moved into the realm of a high profit business at the expense of those of us that must pay these unreasonable increased premiums. According to Centene’s recent annual report, they showed double-digit profits and substantial stockholder increases for 2017 and their last five years while their mission statement emphasizes AFFORDABLE prices. I understand a business needs to make a profit, but how much is enough? Growth in Total Revenue 19% Growth in Adjusted Diluted Earnings Per Share 14% Total Shareholder Return 79% Industry-Leading 5-Year Compounded Total Shareholder Return Annual Growth Rate 38% As a retired person on a fixed income, this 44% increase in a basic, fundamental service is just not fair. Please reject this request for this extremely high rate increase. Sincerely, Fidelis Care Silver Plan Individual Coverage HIOS Plan ID Number is 25303NY0020001

We were notified that the Silver plan for my self-employed husband I will be going from $1066.80/month to $1524.91. The Child Health Plus plan for my youngest will be going from $219.76 to 314.13. And none of this does any good when the total deductible is $1200, isn't covered, doesn't go towards the deductible AND our doctor tell us to take it twice? How are we supposed to pay for these giant hikes AND for all the health care expenses that aren't even covered? Help, please!

Fidelis Care recently sent out a letter discussing their proposed rate changes for 2019; I would personally be looking at a 44% rate increase for my premium ($551.30 to $795.13). The justifications for the proposed rate change are specious, at best (including an expected decline in 2019 enrollment, which, yes, is bound to happen when you do things like TELL PEOPLE YOU ARE GOING TO RAISE PREMIUMS BY 44%). As I am self-employed, I have purchased my insurance through the marketplace for the past 4 years. It has been staggering to see the ways that Fidelis has done whatever they can to disregard the legality of the ACA, from refusing to cover doctors to refusing to cover doctors because I have been seeing different providers in a group practice. I understand that this is not the forum for such issues, and I fully intend to contact the NYS Inspector General. This proposed rate increase is just another in a long list of behaviors that shows Fidelis Care's true motives and intentions. Even if they do not follow through with these rate changes, I am switching insurance providers and will strongly urge all those I am in contact with, including my clients (as I work in healthcare), to stay as far away from Fidelis as possible. Thank you for your consideration in this matter.
I don't agree to raise the premium. The reason is we have to pay premium every month and still we have to pay the deductible in full in order to get insurance to pay. It's like we have to pay 8,000USD to actually benefit by the insurance. And this doesn't make sense at all. Right now the insurance company wants to raise the premium and this act has already left the idea of affordable insurance.

A rate increase for a high deductible plan for 2 people from 793.00 to 1132.00 per month is unconscionable. This company has amassed over Three Billion dollars as a not for profit and now that it is being sold they should get a 42% increase. Obscene is the only word I can think of. You cannot allow this to happen. It will simply make many more people opt to not have insurance. SHAME ON ALL OF THE POLITICIANS IN ALBANY who put you in this position. I strongly urge you to DENY this request and FREEZE all plan prices.

The proposed rate hike will nearly double my already outrageous healthcare premium costs. If approved, I will not be able to afford health insurance. I cannot believe that anyone in their right mind or with an ounce of compassion would consider such an aggressive rate increase as reasonable.

My wife and I currently pay $1505.54 monthly for the Fidelis Platinum plan. We were informed that the premium would increase to $2205.80 for 2019 -- an increase of 47%! This strikes us as an extreme increase not justified by any increase in costs or contraction of the insured pool. Indeed, the increase is such that we will likely have to scale back our coverage or drop out of the pool entirely -- surely not the intended result. Last year's increase was less than $200 for a couple; we would urge DFS to limit the increase to a similar amount. Thank you for your consideration.

I received a notice from Fidelis, seeking a 40%+ rate hike and my monthly premiums will increase from $509 to $728. This is completely unreasonable at a time when core inflation barely goes past 3% and incomes are stagnant. Fidelis' service is adequate, but its claim to have a large network of doctors is not borne out by those of us who have tried to find a specialist, even in a major market like New York City. The listings are doctored (no pun intended) to make it appear they have more specialists than are actually participating or taking on new patients. For the good of NYS consumers, reject this outrageous proposal.
I am strongly against the proposed rate increase by Fidelis Insurance. The proposed increase will raise our family plan monthly premium by 68%!!! We currently pay 1322.81 per month for 2 adults with 4K out of pocket yearly, $10/$35 out of pocket co-pays per doctor visit, $10/35 copays for prescriptions. We are stretched to the max with the current rate structure. Increasing premiums as Fidelis is proposing, will drive my husband and me out of the marketplace forcing us to purchase lesser insurance, pay more out of pocket and frankly, increase the likelihood that we will not visit the doctors as often as we should due to the out of pocket costs. Please please please...do not authorize the proposed increased. A small increase is expected but 68%?? Seriously??

Current rate $533.40. Proposed rate for 2019 $762.46. Hope someone does the math and realizes that all of us that have never been uninsured previously can’t afford to absorb 30 % yearly increases to subsidize a failing system. Prior to affordable health care my highest yearly increase was 12 percent and I had more comprehensive insurance I could actually use. Hoping we see a common sense solution before it implodes.

Dear DFS, Fidelis Care, which is yet another new insurance company for me from the Marketplace, is asking for an OUTRAGEOUS 43% increase, meaning the barely affordable $479.60 could go as high as $685.58. HA HA HA. This is a joke. The entire health care and especially insurance industry for NY and especially Long Island residents, is a joke. I realize this is a game of asking for far more than you will hopefully approve - but it’s an insult. This year was a healthy year for me so thus far I am barely using my insurance and therefore the super high deductible will never be met. In addition, I had to change almost every Doctor I had, because is not part of Fidelis Care. Not for lack of trying, I wrote to the CEO and for whatever reason it couldn’t happen. So like most Long Islanders we must find a Doctor in the monopoly of - another corporate machine destined to put profits over patients. This I know based on friends in the industry, who say the cuts to quality are astounding in our local hospitals. For example replacing seasoned Emergency Room Doctors with PA’s. Glad my husband had his before my hospital was taken over by a profit monster. But back to the insurance costs. I can’t wait, more years till Medicare, which based on our current corrupt regime, is looking to diminish and demolish, so baring that, I can’t wait to be out of this constant anxiety ridden search for affordable insurance! Thank you for allowing us to comment and have one infinitesimal bit of say in a vast array of powerlessness for we the patients, we the people. Doubt it will do much good but thanks anyway.
Sincerely,
Fidelis is projecting a rate increase for my plan from $959.20 to $1,371.16 or 43%. Past increases were nowhere near such ridiculous amounts. The 2015 increase over 2014 was only 5.5%; the 2016 increase over 2015 was only 4.1%; the 2017 increase over 2016 was only 12.8%; and the 2018 increase over 2017 was only 7.5%. All manageable increases. Presumably they made money in each of these years (or they would have exited the market). Now, based upon some fear mongering predictions relating to the elimination of the individual mandate, they estimate that Fidelis will loss 37% of its membership base and its medical costs will skyrocket by 23%. I find both these assumptions ludicrous. However, by way of a self-fulfilling prophecy, Fidelis may very well lose 37% of its membership, not because of the elimination of the individual mandate, but because of a price increase of 43%. What Fidelis is claiming is that in excess of 1/3 of the ACA market in New York is composed of irresponsible individuals willing to take a chance on a catastrophic illness occurring. I find this unbelievable. Fidelis Care is fear mongering; and DFS should disapprove the requested rate increase in its entirety and send Fidelis back to the proverbial drawing board utilizing less outlandish assumptions. Any alleged loss of membership should be performed by an analysis of its own membership base supported by outreach to its membership about the importance of the individual mandate to the members decision to obtain coverage. I know for me; the individual mandate was never a concern for me since I always had health insurance even before the ACA and the associated individual mandate. Unfortunately for my wife and I, despite the promise that President Obama made to me, even though I had a very good health plan through Emblem Health under a group plan, I could not keep my group plan. I could not keep my group plan because, even though Obama Care generally allowed group policies of two (2); it does not allow group policies of two (2) when the group of two is composed of a husband and wife. Perhaps President Obama was encouraging people in our situation to get divorced. I also object to the planned sale of Fidelis Care to Centene without strict promises by Centene as current and future rate increases.

I am grateful that insurance is available for those who don't have it provided through employment. But it is already very expensive each month, between the deductible and the monthly premium. It's very difficult for me to keep up with my medical bills, and I already have bills going to collections. Now it is proposed to increase by $230; that is not feasible for me. I simply can't afford it. I believe this premium rate change should be rejected.

I just received notification regarding a proposed premium rate change for 2019 from $603.19 to $870.22/month. For 2016 this insurance cost $499.83/month, in 2017 it was increased approximately 7% to $536.95 and in 2018 it was increased approximately 12% to $603.19/month. I fail to understand how an additional increase of approximately 44.5% is necessary. I implore you, please do not approve this increase.

I just received a notice that Fidelis is asking to raise my rate from $603.19 to $807.22, a rate that will make it nearly impossible for me now to afford health care. I sincerely believe that this is far too high a rate hike for most people including myself. At a time when health care is more and more confusing, to hit citizens with his high a rate hike is totally unfair. I'm nearly and would have to seriously consider giving up health insurance. Please say no!
A 47% increase is extortion and completely unaffordable. This should be denied out of hand. All evidence for the need for the increase should be scrutinized with suspicion. A 47% increase reeks of a sabotage of the entire system. This must not be permitted.

I received a notice that Fideliscare has proposed a rate increase of $600/month for next year. I am self employed and am a small business. The reason stated was they anticipate decreased enrollment for next year. As a small business, this is an Obamacare plan that I pay full fare on as I make too much money for a subsidy. Under ACA, I cannot talk to the insurance company directly, I cannot negotiate, I cannot get the plan I want. I am stuck in this Obamacare nightmare. This is an increase of $7200/year - for what? To protect Fideliscare’s profit line? How is this MY problem??? I can't go to my clients and demand a rate increase because I anticipate fewer projects next year - they will simply find someone else to do the work. You cannot allow this obscene rate increase. I cannot afford it. This is called and it MUST stop with you. Thank you.

The proposed rate increase for 2019 is totally unacceptable. I have been a member since 2016 (premium was $374.89 per month). The proposed 2019 premium of $666.01 would mean a 77.7% rate increase over that period. From 2018 to 2019 the increase would be 43%. Totally unacceptable.

Fidelis Care is asking to raise the monthly premium for Silver plan from $466.08 to $666.01, a 43% increase in premium. One of the main reasons is that they expect a decline in 2019 enrollment. With this level of increase, it is not surprising that enrollment will decrease... substantially. In 2018, this insurance was barely affordable. In 2019, it will not be affordable at nearly $8,000 per year. Let me submit the proposition that the decrease in expected enrollment is not due to other factors, but directly correlated with the substantial increase in cost of the insurance. If I was in your position, then I would want to see Fidelis’ economic assessment of price vs. demand. I would also want to see similar assessment from other insurance companies requesting a substantial price increase for comparison. Thanks for protecting consumers.

To whom this may concern: I am taken aback that a premium for an individual would rise a whopping (and untenable) 46.5% from $752.77 per month to $1102.90 per month, particularly for a plan that offers NO out of network services at all. This is ludicrous. Please do not approve this draconian increase. Thank you.
Fidelis (New York Quality Healthcare Corporation)
Individual
2019 Public Comments

I received notification regarding the proposed rate increase for 2019. I find this increase on my premium from $1505.54 per month to $2205.08 a severe financial strain. How can an increase of almost 50% be justified? A small increase is almost expected, but this is beyond the pale. My husband and I have a small business and finding insurance is a struggle every year. This increase takes health care out of reach. We are hard working, educated people. I have a degree and my husband is a PhD. We live and have a home in County. If we can't afford insurance, who can? I implore you to consider this increase carefully. If health care costs have increased so much maybe it is time for the industry itself to take a hit not the consumer!! Thank you.

Have just received notice that my premium will increase by almost 50% next year. I am retired, and cannot afford that amt. Therefore, I will likely go without insurance, or have to purchase a sub par policy. This is inexcusable, unacceptable, and unfeasible. My premium will jump from $661 to $969! No thanks.

You are effectively making it impossible for people who are already limited in their finances to cover themselves with health insurance. The current rate is already hefty for a person making lower-middle class wages. This rate increase may be the result of the government limiting tax breaks, or whatever it is that helps insurance companies maximize their profit, but all parties, the government, and the insurance companies are responsible for this. I will not be able to afford using more than half of my monthly pay check to cover this cost. I make only $50 more than what is needed to receive a stipend. It would be impossible to continue covering all of my bills, while having to pay almost $1000 per month for health insurance. My husband is covered under Medicaid/supplemental and my job does not offer group insurance. At years old, without health insurance, after working my whole life, what am I to do? Please consider maintaining the current rate, though expensive, not impossible to cover myself.

I am totally against any rate increase for Fidelis Care. They want to raise my rate from $408.61 per month to $584.25 per month. My coverage is terrible with a high deductible. If anything the rate should be reduced. It's pretty sad that I am looking forward to turning 65 so I can get on medicare. Your help in denying this rate increase will be greatly appreciated by all Americans that our on a fixed income. I have workrd all my life and retired at 65 so I could enjoy the rest of my years but this health insurance is out of hand. Thanks for the help.

The rate increase is much too high. I will not be able to afford health insurance with the proposed increase.
I was notified of Fidelis Care's application for a proposed premium rate change. The proposed rate change is a 150% increase which is outrageous and unacceptable. If the rate change is approved, my husband and I will have no choice but to cancel our insurance. At this point, our premium is not affordable and poses a hardship on us. We do not qualify for any subsidies and feel that there are no affordable health care options for middle income individuals. Our health care system continues to fail its citizens and by raising premiums, will further exacerbate the issue.

As of January 2019, I will be paying 1792.44 for healthcare for myself and my son. I was notified of this increase last week. The increase is 896.22. That is an obscene increase. It is unfair and unrealistic. How can you expect people to absorb an increase like that. To approve increases of that magnitude is crazy. Do you think an average person can afford increases of over 7 percent on a premium of 1200.42 dollars. THIS IS UNACCEPTABLE!

My premium as of January 2019 will be 1054.38, an increase of 334.72. This is absurd. How can an individual afford this type of an increase. Your office needs to re-evaluate and decline the increase. Individuals CANNOT afford this ridiculousness. Do something about it!

A 50% premium rate hike is unconscionable. After leaving a group plan and terminating my COBRA rights for this plan, I am appalled that such a significant premium increase is being sought after my first year of coverage. There is clearly no consumer protection for the public trying to reasonable health coverage. I object strenuously to this requested rate increase for mediocre coverage.

I have been sent notice that my insurance rate in 2019 will go from $719.66 to $1054.38 a month. That is a 47% increase in my cost which is unacceptable. Medical costs have not increased by 47%. If this is approved I will cancel my insurance altogether and use the $719.66 I spend on paying my health-related bills. This is a joke and this whole healthcare exchange is a total failure.

The proposed increase of nearly 50% is unconscionable, regardless of the reasoning. We’re already squeezed tight with student loans and outstanding medical bills. We can not afford this at all.

I just received the proposed increase. This is absurd, its states that its for the inflation, this is a nearly a 1/3 of an increase since when is our economy inflation has increase this high.I Object to this increase 100%.
Fidelis (New York Quality Healthcare Corporation)
Individual
2019 Public Comments

I was shocked to learn that my insurance might go up 25% next year. Based on the amount I’d pay after APTC, it'd actually be a 36% increase. I had to choose one of the lower tiers in order to afford any form of health insurance, and I don't understand how I'm expected to afford such dramatic rate increases every year. As is, my insurance basically only covers one check up a year, and I have to ask the doctors not to do anything that won't fall under that category. The extra expense per month just isn't affordable, even after subsidies.

I am opposed to the rate increase proposed by Fidelis Care. How can one individual afford an increase from 719.66 to 1054.38? It is an unfair practice that insurance companies can drain pockets from hard-working individuals. I will be forced to go without healthcare and I don't understand why these companies cannot cut expenses to protect the consumer. They obviously are taking advantage of the patient's need for health care. This is highway robbery. I am furious over this, but I will not stand for this. I will be writing to the NY State agencies over this matter and organizing a campaign.

I am against the proposed premium rate increase for 2019. As it is, my plan has an extraordinarily high deductible. Once that deductible is reached, the benefits provided are still stingy. I keep the plan because I am required by law and to protect myself from an unforeseen catastrophic emergency. I get very little value as it is. If the proposed increase is approved, I will definitely switch to a different carrier. Sincerely yours,

I oppose Fidelis' premium increase. Fidelis is proposing almost a $300 a month increase which would make my monthly premium $80 less than my monthly mortgage payment which is ludicrous. If this outrageous increase is approved I will need to decrease the level/quality of insurance coverage I have just to afford health insurance. For many years I was with another insurance company who annually would increase premiums by 10's of dollars which I found acceptable. The increase Fidelis proposes is not only greedy it is inhumane. I sincerely hope you will consider that these premiums are expensive as is and an almost $300 increase will put many citizens at risk of not being able to afford health insurance coverage that serves them. Thank you for this opportunity to voice my concerns.

The proposed increase is way too high of a percentage. I understand costs rise but this will make insurance unaffordable. My premium would become my largest monthly payment more than my mortgage or my taxes. I will have to drop out which I don't think is good for either party involved.

Fidelis Care is seeking to increase my current monthly premium by 44%. While it may be expected for some adjustment in rates, this proposed increase is unacceptable. Almost doubling my monthly rates to $818 for one individual is a hardship at best and moving toward prohibitive. I urge you NOT to accept this proposal by Fidelis Care. Thank you very much for your time and consideration.
June 19, 2018

Via email PremiumRateIncreases@dfs.ny.gov
& first class mail
NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
One Commerce Plaza
Albany NY 12257

Re:
Proposed Premium Rate Adjustments
Fidelis Care / Gold Plan
Individual Plan / Plan ID #25303NY0030001

Dear NYS Department Of Financial Services:

Fidelis Care is seeking to increase my current monthly premium by 44%. While it may be expected for some adjustment in rates, this proposed increase is unacceptable.

Almost doubling my monthly rates to $818 for one individual is a hardship at best and moving toward prohibitive.

I urge you not to accept this proposal by Fidelis Care.

Thank you very much for your time and consideration.
This has to be a joke. My healthcare costs have risen from $600 a month 4 years ago to my current premium with Fidelis of $1206 which I struggle to pay. If my business put up may prices like this I would be out of business. One of the reasons given was expected decline in 2019 enrollment. Go figure. At these prices I will not be able to afford coverage. Hope someone sees sense and denies this rate increase totally.

The whole reason I am on only a BRONZE level of service is because that’s all I can afford. If you raise my monthly premium by an estimated (approx) 25% (approx $80/month) then I will not be able to afford it and will have to drop my coverage. I weep for the future, and the greed and inefficiency and systemic billing abuse that takes place to make all coverage so expensive. Please keep the increase as low as possible for folks in the bargain basement plans already...we can't afford anything else.
June 19, 2018  NYS Department of Financial Services Health Bureau – Premium Rate Adjustments  One Commerce Plaza Albany, NY 12257  Re: Fidelis Care 2019 Health Care Premium Proposed Rate Increases  NYS Department of Finance Services Representative:  I am writing to you in regards to the letter I received from my current Health Care Insurer, Fidelis Care, dated May 31, 2018. In this letter they informed me of a proposed rate change in my premium from $433.99 (current 2018 premium) to $620.59 (proposed rate change for 2019). THIS IS A PROPOSED 42.99% INCREASE in my premium for 2019. Below is my current information on my plan:  Insurer Name – Fidelis Care  Name of Plan – Fidelis Care Silver  Type of Plan – Individual  HIOS Plan ID Number – 25303NY0020001  In this letter they also informed me that Fidelis Care Coverage will be offered by New York Quality Health Care Corporation, a subsidiary of Centene. As my research discovered, Fidelis Care was operating as a nonprofit group, while Centene is a for profit group. Something is wrong when health care becomes a profitable business! I do have to have health insurance, but a 42.99% rate increase for my premium is unacceptable. My husband is retired and his primary insurer is Medicare with a supplemental Medigap policy and a part D plan. We live on Social Security and an investment supplement, which was all part of our retirement plan. In that plan, you expect your costs to increase 4% a year, so this proposed increase is outrageous. I am not eligible for Medicare yet, so I have to purchase insurance from the NYS of Health Exchange. My insurance premium is based on our total family income and two individuals living in our household even though he pays his premiums for his insurance. It seems that the whole healthcare system has become a moneymaker for those who see it as an opportunity to make money instead of providing care. I hope you are investigating the government money provided to these insurers to ensure it is going directly to providing health insurance and not to commercials, beautiful buildings, and tons of advertisements to make them more profitable. As with any business, you have to keep your expenses down to make a profit if that is your goal. I would like some information on how these insurers can justify such increases. Can you tell me where I can obtain this information? Hopefully, you will deny double digit increases to all insurers, which only contributes to their bottom line and not to the health of NYS residents. Sincerely, 

I received a letter stating Fidelis is proposing an almost $300/mo increase on my health insurance premium starting in 2019. If this is approved, I will no longer be able to afford my health insurance through this insurer and will either cancel my Fidelis insurance and find a more affordable insurer or I will no longer be able to carry health insurance at all until the premiums are reduced.

I was notified of an EXCESSIVE premium increase, from 1439.32 to $2108.76 /month for 2019 !!! Please, do not approve this, its already extremely expensive, this is not reasonable.

If you are seriously going to consider raising my monthly premium to $2205.80 a month, from $1505.54 I will simply cancel my insurance. I cannot afford insurance that is more than my monthly mortgage. This insurance cost is becoming prohibitive.
June 19, 2018  NYS Department of Financial Services  To Whom It May Concern, I
would like to comment on the letter I received this week regarding the proposed premium rate change of my health
insurance. I am a widow, years old, who has had the same job at a small business for the last 22 years. I earn about
$24,000 a year, plus receive a small pension and survivor benefit from Social Security. I do not live above my means - I
can't. The expenses of living leave me little to spend on “luxury items” such as eating out, going to a movie or taking a
vacation. It seems this year everything has gone up - car insurance (I drive a 14 year old car that is starting to need more
costly repairs), groceries, cable, electric, rent... plus in addition I am paying off a college loan and trying to pay off a
credit card which I haven’t used in about 5 years. Also, this year, the “Advanced Tax Credit” that offset my health
insurance premiums hit me hard when I had to pay it back in April. I cannot afford another increase. The jump from
$169.27 in 2016, to $250.95 in 2017, and then again to $287.40 for 2018 FOR THE SAME COVERAGE is a hardship for me
(these are my monthly payments). Now I see I’m being charged $230.00 more a month in 2019. Although I get a break
on my monthly premium with the tax credit (which I have to pay back); I never meet my $4,000.00 deductible, which
means I must pay for all the tests and office visits in addition to my co-pays. I in 2010, and am on daily
meds which thankfully on the policy I have, are not part of my deductible. (Monthly costs for these without insurance is
over $1,200.00). If I didn’t need the meds I’d choose a cheaper policy or forgo insurance altogether, since I’m paying for
it all anyway. I don’t qualify for any kind of assistance. My $371.84 weekly paycheck has to suffice. I understand the
reasons given in the letter I received as to why the premiums are going up. But why must the increase because of
higher operating expenses come from the “working poor”? Can the organization itself, or the stockholders share some
of this burden? I’m sure they can better afford it. When this insurance was first introduced, it was called “affordable”.
For Whom? I have worked since I was 16, minus a few years I was home raising children. I have faithfully paid my taxes
every year. At this point in time, I’m at a loss on what to do. I am so discouraged. There’s not much more I can give up
just to afford to live. Can you suggest any options? Thanks for your time. Sincerely,

Fidelis Care Silver Individual Coverage HIOS Plan ID: 25303NY0020001

The proposed increase of about $75 for my plan and for the reasons given are unacceptable. The purchaser of Fidelis
obviously found the books attractive prior to making the purchase, and I feel they should spend a year (2019) assessing
who their customers are and what the actual additional expenses may be before jacking my insurance costs. If
enrollees are declining it’s likely that they’re feeding of my tax dollars using a government supplement of some sort, and
their choice to be a member of an increasingly large less healthy population is not one I feel I should be financially
punished for. I choose to be healthy, and I choose to abstain from as much medical treatment as possible, yet I’m
punished because other people poor choices are too easily accommodated. The $4,411.80 I contributed to this
insurance pool was MORE THAN ENOUGH to cover my benefit claims this year....... I already over pay! Medical inflation
is also trickle down from our government - I certainly hope that whomever is reading this is astute enough to know this
without a lengthy, detailed explanation. Thanks -

The rate increase that the insurer is request of 44.2% (my premiums will increase from $631/month to #910/month)
effective January 1 is outrageous. Costs are not increasing this much. Even with the Trump Administration's goal to kill
the ACA, it is unlikely that this sort of increase is warranted. I am retired, years from being eligible for medicare. I am
not eligible for any subsidies, so the full effect of this increase will fall on my shoulders.
I request that you Do Not approve the rate increase for Fidelis Care. All the reasons stated for the increase can’t justify already very high premiums I pay. The current premiums don’t even cover many services, co-payments are extremely high, and I WILL NOT be able to afford any further increases in premiums. In addition, the service is terrible, and certainly not worth the amount I am paying. Clearly, Fidelis didn’t take into account their customers for this proposed hike. Please do not approve. Thank you.

A request for a 47% rate increase from $1353.67 to $1983.40 (for only 2 people!) is absurd for the average person to afford. For young families it's even more. It's a second mortgage! Immigrants get free healthcare, while taxes and healthcare increases strangle voting, taxpaying Americans. Any increase is not acceptable. Instead look at ridiculous hospital costs. A 1 hour outpatient hospital procedure was billed for $29,000! They received approx. $2800 only, which is only for the hospital, not Doctor or anesthesia. Focusing on hospital billing would ease cost of insurance companies, unless both are lobbying together for approved rate increases. I am sure no appointed official would approve any rate increase, as if it was their own bill they had to pay.

I strongly oppose the requests for rate increases by health insurance providers in New York State, including the exorbitant increase requested by my provider, Fidelis. Currently I pay $204 a month for my insurance plan with Fidelis. This is with a $300 subsidy from the State. This is the first time in my life I have had to pay a premium and I can barely afford it. If my income were to go up by just $1,000 for the entire year, GROSS, I would probably lose the subsidy. At the current rate that would mean a premium of $504 dollars a month - a quarter of my monthly net income. Now Fidelis is requesting a rate increase of nearly 50%! Then I would be paying a third of my monthly net income for health insurance if I did not have the subsidy. Office visits and specialists on Fidelis are subject to the deducible. Recently I had to see a sports medicine specialist because of a injury that is causing me pain. I called both Fidelis and the provider repeatedly before making the appointment to find out how much it would cost and NOBODY WOULD TELL ME ANYTHING. Finally I got a quote of $275 from the provider. The actual cost turned out to be $500!! I would not have gone, had I known. That provider did nothing more than refer me for an MRI, for which I got a quote from Fidelis of almost $600. I’m not going to bother. These high premiums and deductibles are going to result in higher medical care costs because nobody is going to seek timely care when there is no cost transparency and these bills are too high. Basically, the Marketplace is failing working people and making it very hard to afford coverage and medical expenses. If the State approves these rate increase requests, then the State should provide bigger subsidies to a broader range of incomes.

I think it is outrageous to raise my premium $251.20 especially since I have no illnesses and not on any medications. This rate change is unacceptable and I can't believe it is even legal. I guess I will not be able to afford Healthy New York insurance in 2019 if the insurance company gets away with this.
My current income is $25,000 a year before taxes; I can’t possibly afford another $250.00 a month in an added increase on my health insurance. I make $12.00 an hour, and to add insult to injury I was being fined for not having Health Insurance, and now I will be fined for having it. Please do not force me to cancel my Health Insurance. Thank You,

I received a notice of a rate increase for 2019, it’s a $230 increase, if this happens I will drop this plan and company faster than Snoop Dog drops it like it’s hot.

The requested increase is shocking, exorbitant and unaffordable. For us the increase would be 43% to a total of $15,464.40 per year for silver coverage (still with a substantial $4000 family deductible which we have not yet exceeded). We are relatively healthy, semi-retired, and in our early 50’s, but do not qualify for ACA subsidies and are years from Medicare eligibility. This increase is likely to force us to abandon health insurance and hope for the best.

The proposed 40% premium increase in unconscionable. The company must think the NYS commissioners are either stupid or completely in their back pocket. Last year the premium was increased by roughly 20% and now this. I only used them once to get a physical and they initially denied a routine annual physical as well. This company represents the extreme form of corporate greed. Most doctors don’t accept it. Seems like they sold out to Centene and proposed a massive increase because now they have smarter lawyers, more money for hired experts to manipulate the data to their advantage. There is No justification for this increase.

I write in reference to the proposed premium rate increase for my Fidelis Insurance plan. A plan premium increase of over $200.00 PER MONTH for Single individual plan is completely unacceptable. This is an EXCESSIVE increase that will make it impossible for me to afford health care next year. In addition, my plan premium increased last year too. This increase is way above the inflation rate and burdens the individual with premiums that are unreasonable and financially burdensome and excessive. I respectfully request that this rate increase is denied.

The rate increase Fidelis has requested -- $509.94 to $728.91 -- represents a more than 40 percent increase year over year. The current annual inflation rate is two percent. Even considering the other factors cited in Fidelis' proposed rate for 2019, the price hike demanded far exceeds what seems warranted. It also exceeds what the average individual can or should -- be expected to pay, given other cost-of-living demands. I have a silver plan now. Should the rate hike go through as proposed, I will be forced to consider another plan that provides even less coverage, leaving me even more at risk for out-of-pocket costs. Therefore, I ask that the approved rate increase be significantly lower than what Fidelis has proposed.
I am shocked that the proposed premium increase from $603.19 to $870.22. How can this be? Over 40% increase. Please do not let this happen. Thank you.
The name of my insurer is Fidelis Care.

The plan name is Silver.

I have individual coverage.

My HIOS plan ID # is 25303ny0020001.

I received a letter stating that my premium is going to go up by $175.64 a month if approved.

I cannot afford that increase at all. My wife is a waitress making less than minimum wage and I am on a fixed income, social security. The help from N.Y. State of health is not enough to offset the cost so any increase will force my wife to go without health insurance, her place of employment does not offer health insurance. Please I ask that you consider my situation and not raise my rates, to go without health insurance is a situation that nobody in America should be in.

Please respond to
To whom it may concern:

I have received a letter from my health insurance company stating that my rate has increased to 697.51 in 2019! This is an increase of 214.17.

The company states that I should get an Advance Premium Tax Credit (APTC). However, the original credit is equal to the increase. In effect, i will be paying what the first payment was without any credit at all!

This also does not include any deductible amounts that must be paid.

I feel that i must decide whether I want health coverage and no money OR money for essentials and no health coverage.

Please do not let this be approved. Health care should not be a luxury.

Fidelis
Individual
25303NY0030001

RECEIVED
HEALTH BUREAU
JUN 13 2018
ALBANY, NEW YORK
June 9, 2018

New York State Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

Fidelis Care
95-25 Queens Boulevard
Rego Park, New York 11374

Name of Insurer: Fidelis Care
NY State Health - Platinum Plan
Fidelis Care Platinum 25303NY0040001
Individual Coverage under ACA
Current Monthly Premium: $676.83
Proposed Monthly Premium: $991.70

I object strenuously to the proposed 2019 premium monthly rate that Fidelis Care is demanding. Just because Centene is buying out the plan from Fidelis does not give them the right to increase my premium by 46%. That increase is outrageously unaffordable.

The point of the NY Health Plan was to give people who otherwise wouldn’t have health insurance affordable alternatives. When I lost my job, I could not get one that paid my health insurance so I turned to the NY Health Plan in 2018. I am digging into my retirement funds to pay the monthly premiums and now they want to raise them up 46%. Are they an insurance company or a loan shark?

Insurance companies have become much too greedy and NY State should not reward them by increasing premiums by that much. When was the last time any of us got a 46% raise (or any raise for that matter).

Please find cheaper partners for New York State’s Health Plan. Have you looked into linking up with USAA or Tricare?

Since Washington is set on destroying the Affordable Care Act, we need New York State to stay strong and help its residents.
RECEIVED
HEALTH BUREAU
JUN 14 2018
ALBANY, NEW YORK

NYS DEPARTMENT OF FINANCIAL SERVICES
HEALTH BUREAU - PREMIUM RATE ADJUSTMENTS
ONE COLUMBUS PLAÇA
ALBANY, NY 12257

DEAR BUREAU:

MY HIOS PLAN ID#: 25303NY669169. FIDELIS CARE IS PROPOSING A 23% INCREASE EFFECTIVE JAN. 1, 2019 TO MY HEALTH INSURANCE PREMIUM TO $512.75/MONTH FROM THE CURRENT $415.99/MONTH 2018 PREMIUM PRIOR TO THE APPLICATION OF THE APTC FEDERAL SUBSIDY. THE REASONS THAT FIDELIS CARE GIVES TO JUSTIFY THE INCREASE DO NOT CONCERN ME WHEN THE FACT THAT I CANNOT AFFORD TO PAY STARES RIGHT AT MY FACE FROM THE MAY 31, 2018 LETTER THEY SENT ME NOTIFYING ME OF THEIR PROPOSAL. I EXPRESS MY DISAPPROVAL TO YOUR OFFICE THROUGH POSTAL MAIL BACK IN 2016 CONCERNING FIDELIS CARE'S PROPOSED 5% INCREASE FOR 2017. I AM TIRED OF EXPRESSING MY DISAPPROVAL ABOUT THE SAME ISSUE IN 2018. IF YOUR DEPARTMENT APPROVES THEIR PROPOSAL I WILL BE LEFT WITH NO CHOICE BUT TO GO WITHOUT HEALTH INSURANCE FOR 2019. IN ADDITION, PLEASE MAKE SURE NEXT TIME THAT YOUR WEBSITE FOR SUBMITTING CONTENT IS WORKING PROPERLY. I ATTEMPTED

NEXT PAGE
SUBMITTING THESE ABOVE COMMENTS TO NO AVAIL, EVERY TIME I TAPPED I'M NOT A ROBOT WITH A GREEN CHECK MARK, FOLLOWED BY SUBMIT ONLY GAVE ME AN INTERNAL SERVER ERROR MESSAGE STATING THAT AN ERROR OCCURRED WHILE ACCESSING THE REQUESTED RESOURCE. A COUPLE OF TIMES, AFTER I TAPPED SUBMIT IT JUST TOOK ME TO THE TOP OF YOUR SUBMIT COMMENT WEBPAGE WITH ALL THE INFORMATION BOXES ERASED, I GOT NO CONFIRMATION THAT MY COMMENTS WERE SUBMITTED SUCCESSFULLY.

Sincerely,
To Whom it May Concern

Your Notice of Change for 2019, $468.66 - $670.31 is way out of line. I'm on fixed income, I'll have to sell the estate! OR go back to work!

Things like this action of yours makes people snap and that why so many shootings!

$201.55 increase way out of line you need to learn subtraction!

Fidelis CarSilver 85303 NY 00320001

Individual
To the New York State Department of Financial Services,

I received a letter today from Fidelis care informing me that they are requesting to raise my health insurance premium from $382.31 to $471.45. I am writing to you since you seem to have the power to approve this, to not. I can barley afford the plan I have with the assistance I do get. Unless the assistance I receive increases by $90 I have to pay, or go without the coverage, which is the domino effect of rising cost due to the shirking pool of participants. I see Fidelis is getting bought out, I’m sure that doesn’t have anything to do with it.

Don’t let them raise my rates. Us regular people can only shoulder so much. Fidelis has shown growth and profit of the past several years, so why isn’t their success coming down to the customers? please don’t let this go through.

I have the lowest bronze thing I could get, because I can only afford so much. A number I was provided was 25303NY0010001.

Thanks
Concerning: Proposed Premium Rate Change

Dear Sir, Madam,

I have health insurance with Fidelis Care.

I have individual coverage and the plan name is: Fidelis Care Platinum.

I was informed by Fidelis Care about an upcoming premium rate increase by their letter dated 31 May 2018.

This letter brought some devastating news.

The proposed premium rate increase is an incredible 46.5 % !!!!!!!!!

From $ 752.77 to $ 1102.90.

I am a senior citizen living on a fixed income that has not increased over the last 10 years.

Can you explain to me how I can cope with this incredible rate hike?

I strongly protest against this proposed increase.

For me the choice will be between bread on the table and health insurance.

At this rate I can not afford health insurance and that will leave me no other option than to go to the emergency room as well for anything medical.
I do hope that you will exercise your influence to stop this nonsense and to allow this company a very moderate increase instead of robbing the bank as they suggest.

Yours faithfully,
June 11, 2018

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

Gentlemen:

I am a carrier of Fidelis Care Gold and have been for two years. My name is [REDACTED] I have individual coverage Plan ID Number 25303NY0030001. I am only [REDACTED] yrs. old and was a [REDACTED] for 38 years. Now that I have retired I have to carry insurance on my own until I reach Medicare age (65).

My rate is $483.33, and you are planning to raise it to $697.51. That is really an outrageous increase. My wife worked through one of the [REDACTED] and understands increases year to year, but this is not right. You work all your life, pay your bills to retire, and you hardly can afford to live with increases of this amount. We as the older population have kept this country going by holding down jobs and doing our part. This is just one of the things including utilities that continue to increase, and we are living on a fixed income.

I would ask that you reconsider this large increase to think of our people. I certainly will be looking elsewhere for coverage if you allow such an increase.

Sincerely yours,
[REDACTED]

cc: Fidelis Care

RECEIVED
HEALTH BUREAU
JUN 15 2018
ALBANY, NEW YORK
RE: Fidelis
Bronze
Individual
HIOS ID: 25303NY0010001

June 13, 2018

RECEIVED
HEALTH BUREAU

JUN 15 2018
ALBANY, NEW YORK

Dear [Name]

I currently pay 415.99 per month and Fidelis Corporation, Thomas Brown, Chief Administrative Officer has asked for a 23% increase to 512.75.

To the best of my knowledge Mr. Brown is an employee of Fidelis Corporation and does not pay his own health costs. In that regard he mirrors all the government workers who receive health care benefits.

I oppose the increase as I struggle to pay premiums without government assistance. It is crushing to grant premium increases. The current deductible is 4,000 dollars.

Thank you,
N.Y.S. Dept. of Financial Services
Health Bureau - Premium Rate Adj.

I am very upset about the proposed rate increase to my Fidelis Care Silver 25303 NY 0020001 Health Plan. This year I pay $466.08 per month about $5,592 per year and the increase would go to $666.01 per month about $7,992 per year. That is a $200.00 increase in one year. It is a struggle now for me to pay my premium now! I make I am a day $15.00 an hour last year I got $27.00 in tax credit but guess what when I did my taxes they took it back right out of my refund! For the $5,592 per year do you know what I get for that one visit physical to my primary doctor and one visit to my doctor per year thats it!!! I never meet my deductible so I pay for any other visits - for example sick calls. So not only am I paying over 5,000 per year add any other doctor expenses on top
of that. This is a terrible way to treat everyday working people. I pay a lot of money for very little in return. I will not be able to afford this increase. I guess I should quit my job and get medicare insurance is that what you want people to do? My pay does not increase $200.00 per month where do you expect people to get the money? I am very upset about this whole situation. Regular people who work hard are punished for trying to make ends meet and pay their bills.

My horrible plan is:
Fidelis Care Silver 25303 NY002000
Individual coverage

Sincerely,
June 13, 2018

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

RE: Fidelis Rate Increase Proposal

HIOS Plan ID number 25303NY0040001
HMO individual plan

Dear Sirs:

I received a letter from Fidelis Care with a proposal of premium rate change for 2019. The proposal if approved will increase my current monthly premium from $1,928.27 to $2,826.35, an increase of 47%.

This increase proposal is outrageous and will be unaffordable for me or anyone to pay.

I understand DFS may modify the proposed rate but any increase will be a hardship on most individuals or families who wish to have decent health coverage.

I am appealing to your Department to disapprove this increase proposal and not let people lose their coverage because they can’t afford it.

Thank you for your consideration.

Very truly yours,

Cc: Fidelis Care

RECEIVED
HEALTH BUREAU
JUN 18 2018
ALBANY, NEW YORK
NYS Department of Financial Services
Health Bureau Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

Re Policy:
Fidelis Care Individual Coverage
HIOS ID Number 25303NY0040001

June 14, 2018

To Whom It May Concern:

I am writing to you to urge you to reject ANY increase in my premium for health insurance coverage.

I can barely afford the premiums now and the increase will make my insurance unaffordable.

I had to change plans in 2018 because my health care company went out of business. I purchased this coverage in February 2018. I have not used the coverage even once- I have seen no doctors as of yet. How can I be asked to increase my premiums when I have not even used my coverage? The reasons stated in the letter I received are not valid reasons for this enormous increase.

The proposed rate increase from $676.83 to $991.70 for my current insurance plan (Fidelis Care HIOS ID Number 25303NY0040001) is outrageous.

I urge you to REJECT the request for ANY increase in premium fees. The premium currently charged is more than sufficient.

Thank you for your consideration.

Sincerely,

[Signature]

RECEIVED
HEALTH BUREAU
JUN 18 2018
ALBANY, NEW YORK
To whom it may concern,

I am sending you this copy of a letter I have written to Fidelis Care concerning the notice of the proposed rate hike on my medical insurance plan for 2019. I feel very strongly against the increase. This increased amount will completely dictate whether I can carry my medical insurance. I have [redacted] so for me it is very important to be able to receive my prescriptions but without medical insurance there is no way I will be able to afford them. I have had a premium hike every year of approximately $50.00 per month, that is expected. But a hike of over $300.00 per month is just too much.

Thank you for listening to my concerns on this.

June 14, 2018

Fidelis Care
Thomas Brown
Chief Administrative Officer,

I am writing concerning the notification I just received about the 2019 proposed rate change for my medical insurance premium for Fidelis Care Platinum 25303NY0040001. I have had a rate change every year, that is to be expected, BUT this increase is absolutely outrageous. To jump the monthly premium by $305.64 is just too much. I will no way be able to afford to pay $963.40 per month for health care.

The fact that I will not be able to afford my monthly premium AND then will not be able to afford my medications every month is quite a predicament. I guess time will tell if I die first from lack off treatment for my [redacted] Thank you so very much!!!!!
Dear Senator Schumer,

I have attached a copy of the proposed increase to my Fidelis premium for 2019. The Senate and the Congress must address this issue. I am a single mother of two college kids, and I am barely able to pay the premiums I have now – I am paying bills month to month. When the premiums increase, there is no way that I will be able to pay. I will be forced to cancel the policy for myself and my children. I am sure I am not alone in this, and therefore request that you and other members of my party step in.

Thank you,

Cc Senator Gillibrand

Fidelis
May 31, 2018

Re: Notice of Changes for 2019
Fidelis Care Gold 25303NY0030001

Dear [Redacted]

We are writing to provide you with important information about: 1) a proposed premium rate change for 2019; and 2) a change to your Fidelis Care coverage for 2019.

Fidelis Care is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2019. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

In addition, beginning in 2019, your Fidelis Care Coverage will be offered by New York Quality Health Care Corporation, a subsidiary of Centene. The coverage will be virtually identical to your current coverage with the same benefits and provider network. More details are provided in Section II below.

I. Proposed Premium Rate Change

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select during the open enrollment period for 2019.

Your current monthly premium is $937.21.

If approved, the proposed monthly premium is $1351.72.

If you enrolled through the NY State of Health, the state’s health plan marketplace, and you qualified for financial assistance called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. Your 2019 premium will also be less than
shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

**Why We Are Requesting a Rate Change**

The requested increase is due to five primary considerations:

1. The experience actually incurred in 2017;
2. An expected decline in 2019 enrollment in individual products across all New York state insurers leading to a less healthy population;
3. Increasing medical inflation;
4. In certain regions, Fidelis Care will provide a broader provider network than other health plans and consequently incur greater costs; and
5. Federal and State changes to the calculation of the risk-sharing pool.

DFS' view of these matters may differ.

**30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Fidelis Care for additional information at:

Fidelis Care  
95-25 Queens Boulevard  
Rego Park, New York 11374  
1-888-FIDELIS  
www.fideliscare.org

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

**DFS Website:** www.dfs.ny.gov/healthinsurancepremiums

**United States Postal Service:**

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer  
2. The name of your plan  
3. Whether you have individual or group coverage  
4. Your HIOS Plan ID number, which is 25303NY0030001
June 11, 2018

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

To whom it may concern:

I am writing this letter as I have just received a letter from my health insurance informing me that they are petitioning you for a rate increase. I understand that everything in this world goes up at some time, however, their proposed increase is ridiculous. They are proposing that the premium increase from $1353.67 to $1983.40. Yes, that is not a typing error. It is a 46.5% increase. If I were to do this in my office I would probably be arrested. There simply can not be any justification for this type of increase. If the company lost that much money, then perhaps the CEO and the Board of Directors should be fired as they are idiots. Please look into this matter, and deny them any such request, as I do not know of any middle class family that can pay out such an increase. This would result in an annual increase of $7556.76.

My insurer is Fidelis Care. The name of my plan is Fidelis Care Platinum. I have individual coverage(myself and my wife). My HIOS plan number is 25303NY0040001. Thank you for your attention to this matter.

Sincerely,

[Signature]

RECEIVED
HEALTH BUREAU
JUN 18 2018
ALBANY, NEW YORK
NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 11257

Dear Sir /Madam,

I am writing to protest and disagree with the proposed premium rate change by Fidelis Care.

The proposed increase is from $415.99 to $512.75, an increase of almost 25%!

Needless to say my salary did not increase 25% in the last year. Without exaggeration, healthcare costs are high enough to be a burden and financial worry as it is already.

Name of my insurer: Fidelis Care  
Name of my plan: Fidelis Care Bronze  
Type of plan: Individual  
HIOS ID number: 25303NY0010001

Sincerely,
June 15, 2018

NYS Dept. of Financial Services  
Health Bureau - Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

To whom it may concern:

Regarding a letter I received from my health insurance company Fidelis, marked "Re: Notice of Changes for 2019, Fidelis Care Bronze, Plan Number 25303NY0010001"

I am writing to request additional information as to how this will affect my insurance coverage. I currently have individual insurance with Fidelis (level Bronze) As I am currently going through [obscured] I would not appreciate any kind of changes to my policy.

This health insurance has been unduly been raised for the past three years, and I would not appreciate another premium increase, as it is becoming an unaffordable hardship for me. Please feel free to call me or write me at the mailing address above.

Thank you for your interest.

Yours sincerely,

[signature]

RECEIVED  
HEALTH BUREAU  
JUN 18 2018  
ALBANY, NEW YORK
NYS Department of Financial Services
Health Bureau- Premium Rate Adjustments
One Commerce Plaza
Albany NY
12257

Name of Insurer: Fidelis Care
Plan Name: Fidelis Care Silver
Plan Type: Individual (couple)
HIOS Plan ID: 25303NY0020001

RE: Rate Changes- 2019

I wish to strongly object to the Rate increase of 42.9% that Fidelis Care has requested on my Health coverage plan for 2019. I understand that some form of increase is necessary for 2019 but I find this level of increase to be outrageous.

The reasons given by Fidelis Care for these increases are generic to their entire coverage pool and I find it hard to believe that other participants are facing similar increases. I believe the real reason for this increase is my wife was diagnosed with [REDACTED] earlier this year and we are be penalized for using the services that we are entitled to through the Affordable Health Care act. This is unfair and discriminatory and I am objecting to this increase in the harshest terms.

I am happy to pay the increases that other participants are being asked to pay for in 2019- that would be fair but 42.9% is an unacceptable increase.

Please feel free to contact me directly if you wish to discuss my case directly.

Yours Truly
In reference to proposed rate increase for:
Fidelis Care New York
Fidelis Care Silver
Individual Coverage
H105 Plan ID: # 25303NY0020001

We have just received a notice that our health care coverage may be increased from $932.15 to $1,332.03, a 43% increase! This is totally unacceptable and will quite frankly have us go to either a lower plan (if we can find one) or no coverage at all.

This is truly an example of pigs at the trough. Inflation is under control, and the economy is doing well, and yet you have an obligation to protect consumers.

We encourage you to reject this proposed premium rate change for 2019 and suggest looking at alternatives to lower premiums.

Best Regards
Hello DFS,

Due to the fact that I own a one man business, and therefore am prevented from having my company pay for insurance (an anti-small business crime in my opinion), I have an individual policy with the Fidelis Silver plan. The HIOS number is 25303NY00200001.

They proposed a rate increase from the current $533.40 to $762.46, an increase of over 40%. They list 5 vague reasons for this increase:

1) The experience incurred in 2017, but they don’t give any details about the “experience”. Did they lose money or just not make enough to make them happy?

2) An expected decline in enrollment in 2019. Yes, I am sure if they increase their price over 40%, they will lose plenty of members, probably me but will they lose more than a third of their customers?

3) Increasing medical inflation. Yes, there is medical inflation but the medical inflation rate is about 4%, not 40%.

4) In certain regions, Fidelis will be providing broader coverage and therefore will incur greater costs. If they are offering plans with different coverage, have a different price for that plan but why should it affect my current plan?

5) Federal and State changes to the calculation of risk sharing pool. I admit I could not understand the PDF for the NYS changes to risk calculation, so I can’t comment.

The Silver plan I have comes with a $2000 deductible, so I avoid going to the doctor like the plague. Since I already spend over 10% of my GROSS income (not after NYS and IRS taxes) on this plan and considering my “free physical” costs me about $170, I seek medical advise only in dire cases.

I hope the proposed rate change is some kind of outrageous starting point for negotiations and you will keep my increase to a reasonable rate (10% of less).

Thanks.

[RECEIVED]
HEALTH BUREAU
JUN 21 2018
ALBANY, NEW YORK
-----Original Message----- From: Insurance Inquiry Sent: Friday, June 08, 2018 9:42 AM To: Subject: NYS Department of Financial Services Consumer Assistance Unit Inquiry

Your inquiry submitted to the NYS Department of Financial Services Consumer Assistance Unit has been received and will be reviewed promptly. The information you entered is as follows:

Your Name: Email: Your Company/Organization: Daytime Telephone#: You are a(n): CONSUMER Type of Insurance question/comment: HEALTH Your Questions and/or Comments have been recorded as follows: Why do health insurance costs go up every year without fail? And why do you use obfuscating language in your increase notice. "Modify"! "Change"! oh please! This is a shameful racket and anyone- anyone who plays a part in it should be ashamed of themselves. Wake up and be human!

Sincerely, New York State Department of Financial Services Consumer Assistance Unit. email at: consumers@dfs.ny.gov
My insurance company is Fidelis Care through the market place (Bronze). It is an individual plan and you increasing the rates makes it hard for people to even survive to live. I need medical insurance but I also need a roof over my head. People have to have insurance and there are some people that are just surviving with basic necessities. Medical coverage is very important in life. Without your health, you truly have nothing.

I am writing to express my strong support to the Department of Federal Services to reject Fidelis Care’s outrageous application to raise the premium of their Bronze Medal product from $415.99 to $512.75 in 2019. This is a rate increase of $96.76. This increase is 23%, nearly a quarter of the 2018 premium. Fidelis Care states that the need for a higher premium is based upon reduced enrollment leading to an increased risk pool. However, increasing premiums only creates less interest in the Bronze Medal product as competitive companies offer more affordable plans for consumers. Even if the New York Quality Health Care Corporation wants to accommodate for medical inflation and a broadening of their in-network providers (another reason for their proposal), it does not justify them charging 23% more for identical policy coverage. It may be argued that I would not be affected by this price increase due to my ability to receive an Advanced Premium Tax Credit. However, if the amount of my eligibility for my tax credit remains the same in 2019 as it did in 2018, I would still be paying nearly a hundred dollars more for an identical product. As a hard-working tax-paying American, Fidelis Care’s decision to raise their premiums feels like a punishment to loyal consumers who have remained with Fidelis Care throughout the Affordable Care Act. We want to see the ACA and NY State of Health succeed. I would imagine that the progressive state of New York wants to see that as well. I implore you to reject Fidelis Care’s proposal and negotiate a premium that is more manageable for New Yorkers, like myself, who are just trying to afford reasonable healthcare to maintain basic wellness and quality of life.

Please do not increase my policy. Nothing has changed on my end.

I received a letter that stated that Fidelis was request a rate increase for 2019 in the amount of $243.83 to $795.13 per month, which would be a 44.23% INCREASE!! I thought the government's goal was to have affordable health care for all? This kind if increase would make many drop their health insurance and only increase the number of people that Hospitals would have to treat FREE, which would increase the over all cost of health care. I understand health care costs have increased but 44.23% When was the last time you received a 44.23% pay increase? I hope you take the little guy in consideration when you act on this request. Thank You

Fidelis is looking to increase premiums by over $300/ month. This is becoming increasingly unaffordable. My cousin has the same problem. They even don't approve things my docto calls a no-brainer. Please do not approve steep increases in premiums. We are running out of alternatives and becoming sick with worry.
i realize things go up in price but i think this rate hike is a little rediculius. my personal bill is going from 468.00 to 670.00 a month. thats 1/3 increase in one year. i don't understand. why? something seems very wrong. at that rate in 2 years it will be over 1000.00. something needs to be done about this. thank you

I recently switched health insurance from Blue Cross/Blue Shield through Chautauqua County Schools to Fidelis Care Silver Plan through NY State of Health because I could no longer afford the first insurance which was costing me $7908. per year (no deductible). I am now paying $408.61 premium per month or $4903.32 per year. A savings of just over $3,000. The co-pays are more, the prescriptions are more, and I have a $2,000 deductible. However, since I normally only use preventative care services which are covered, this savings is huge to me. Now, with Fidelis’ proposed rate increase, my monthly premium will be $584.25 ($175.64 more) which is a cost of $7011. per year! This is almost as much as I was paying before I switched and I now have the $2,000 deductible to boot!!!! This is outrageous!!! I would have been better off to have stayed with my old insurance but I am no longer entitled to it!!!!! PLEASE DO NOT approve this rate increase!

I am already having difficulty paying the $510 I pay now. Raising my premium to $730 would give me no other choice but to cancel. I can understand that premiums must go up but it is not fair to raise the price by almost $200 from one year to another. Last year the premium was raised but it was not by much. This increase is absolutely ridiculous.

I beg you to say NO to Fidelis proposed rate change! This is unbearable and unbelievable. I work for a not for profit childcare center for 25 years-a noble profession. We do not make enough money to afford insurance in the first place and now this-IT IS SIMPLY WRONG to do to middle class Americans. I pay over $400 monthly now and it will go up to $795.13. Why do you allow the rich to get richer while we struggle to afford health care? This increase will make people have to choose between rent, food, or health insurance. I will be forced to cancel my insurance as I surely will not be able to afford this increase. We live in the greatest country in the world. Your decisions truly matter-PLEASE DO THE RIGHT THING-Vote NO NO NO for this increase. This is a tragedy. Thank you for your time. VOTE NO!

If the proposed increase takes affect I will be forced to cancel my insurance. At the age of I feel uncomfortable being without insurance. Since inception of the Affordable Care Act I have had this plan, but I have used it little, so I paid in more than my need and yet the plan cost has increased 67%. What is the rewarding in keeping the plan? I am better off saving the money for my retirement, because I can not afford to do both.
I wish to oppose the proposed increase from 735.30 to 906.52 for my Fidelis Care Bronze health insurance plan. Although I can understand the need for some increase, this over 20% increase is too much. I want to be a responsible citizen and provide health insurance for my family, but paying over $10,000 per year is excessive. One of the stated reasons for the increase is the loss of the individual mandate, which allows irresponsible citizens to go without health insurance knowing they can fall back on expensive emergency room care which will ultimately accrue to me through higher costs for medical treatment. But, raising the premium so high will only encourage more people to become irresponsible and go without insurance. You must put an end to this death spiral that hurts people who are trying to do the right thing.

The proposed rate increase will make me unable to pay for my health insurance, period. It is over 30%, over $700 a month and I am a self-employed artist who will have to drop all of my coverage. I do not remember it the plan is and HMO or not. It is Metal=Level

Hi, Hope you're well. I just got a notice that next year's premium is being increased to $512.75. It is simply not possible for me to do it. I will have to find another provider or go without insurance. The increase of my initial premium from $367.04 to $415.99 was already too much for me. I had hoped that my premium would go down, if that is at all possible? Can I revert to $367.04 for next year if I agree to it this early in advance? Again, I will either have to find another provider or go without insurance next year. Thanks,

I received notice of a proposed Fidelis Care premium rate increase monthly of from $551 to $795. I am retired at age with a small pension of $750 per month. My husband at age receives $1750 per month Social Security. Needless to say, we cannot afford such a high increase! Unfortunately, because of long-time family financial holdings, we do not qualify for NY State of Health assistance. We miss out by just a few dollars per year. Please help us by turning down this punishing rate increase. We do not know what to do?

This increase is obscene and borderline unethical. I am an individual trying to best provide for my family and my rate increase is $765 a month, 9,180 a year and 46%!! Estimated premiums that I must pay are $28,900 a year for the same coverage, no better than 2018. Someone must have some common sense and put limitations on these outlandish increases. No business can do this to their customers and expect them to remain able to afford it.
I don't understand how the requested rate increase can possibly be justified by the numbers presented. My notice of increase proposes an impossible dilemma of an increase from an already barely affordable monthly premium of $1439.32 to an increase of $2108.76. That is a 46.5% increase and would bring our yearly premiums for my wife and myself to over $25,300 a year!!!! Why are we being penalized for being self-employed? Why do business get breaks and tax deductions and access to better quality plans than we do. We pay more than anyone - and yet receive less as despite Fidelis's claims in their filing this year my wife could not find a provider for the required [information redacted] (there are none in Fidelis's plan) and was forced to go outside the network and pay a substantial sum that we are still waiting to find out if we will be partially reimbursed for. I must humbly request that this review consider how it is possible to ask anyone to pay a premium of $25,300 year (which would be more like $45,000 in pretax dollars). How is this even remotely reasonable? Fidelis claims the individual market is shrinking - Well I claim they are making it completely unaffordable and forcing people to forego insurance. We do not qualify for a subsidy and this premium request is clearly unsustainable.

This is a significant increase. People haven't received salary raises in years but insurance rates go up all the time. Healthy people keep paying and not getting much in return. How can this be considered affordable any longer?!

I am officially stating my objection to the proposed premium rate change of my Fidelis Silver Plan through the NY State of Health. They are proposing a 43% increase, which is completely outrageous.

This price increase is truly cruel- over 42% for 2019 This after my premium went up 21% in 2018 ! How could this be possible? How will people pay for insurance? The state and city will end up paying for sick people who can't afford health insurance any more. Fidelis is a greedy company obviously.

They want to increase the monthly premium from $132832 to $189814 where did they come off raise in the premium by 40% as it is right now they haven't paid out anything because of the high deductible this is absurd unwarranted and unwelcome what's going to be done about it Their request should be denied denied denied this is not a joke.

Fidelis is requesting an increase of over $300!!! That's over 50% of the current premium!! I am retired. I can't afford this type of increase. I don't qualify for financial aid and am too young for Medicare. This would be impossible for me to afford.
It is unacceptable that we have to endure yet another high increase on our health insurance premiums for the coming year. From it's inception no part of the Affordable Care Act was Affordable for the average American and premiums have gone up every year. Furthermore, we are faced with having fewer choices in insurance companies and sometimes having to face one's doctor ceasing to accept a particular insurance. The health insurance market should be more competitive allowing for more choices for the public which would drive the cost of premiums down. This should be a top priority and our politicians should work very hard at fixing this broken healthcare system.

Fidelis have sent notice of a 44% increase in their premiums for 2019. This is wholly and completely unacceptable and I expect the DFS to do everything in their power to stop it.

I am writing today to get an explanation as to why my Health Insurance is going up so much? I can barely make my required monthly payment and an increase would be a huge burden on my family. As of January 1st I will also have one less person on my policy.

Fidelis has requested an increase to their current health insurance coverage. The current rate will increase from 479.60 to 685.58. The coverage was to be affordable, with the state approving this increased coverage is no longer affordable. Please deny this increase of over 38.6% and keep the affordable coverage as it has been. I do understand a small increase may be necessary but to jump 38% is ludicrous. Please stop Fidelis from making this major increase to the consumers as it is no longer affordable coverage.

Fidelis has asked for an outrageous 25% increase from $415.99 to $513.75. That is practically a $100 increase. TRIPLE DIGIT. I will no longer be able to afford this under any circumstances and will rely on emergency rooms and go without coverage. I am shocked that DFS would even consider such an outrageous increased which will only lead to fewer consumers having insurance. I thought this was supposed to be the AFFORDABLE care act. It is time for New York to do it's part to keep insurance affordable. I suggest a 5-10% increase.

I respectfully request that you decline this premium increase request. The policy is essentially catastrophic coverage, with giant deductibles and only 1/2 coverage beyond that. There is no need for them to have increased coverage and it defeats the point of the coverage, which is to allow an individual to self-insure. Thank you very much for your consideration.
Dear NYS Health, Please Help!!! This rate increase will increase my health insurance cost from $719.66 to $1,054.38 that is a 46% increase in the premium for the health care coverage. In addition to the Health insurance cost I spend another $200 dollars out of my pocket on medications that the insurance company will not pay for because there is a generic version available but the generic will not help me as well. I have [redacted] and I am on medication for which I need to pay $30 co-pay and I have $35 copay when I visit my [redacted]. Life is very expensive as is and this increase of $334.72 a month will make it very difficult for me. Please do not increase the cost of my health insurance. Thank you in advance for your help. [redacted]

I have been self employed since 2011, before which I was a full time student. My wife does not, and has never, received health benefits from any of her jobs since we got married in 2011. Since being a Fidelis member, the company has increased my premium by $100 EVERY YEAR, and now is looking to raise the premium by an additional $200! Fidelis Bronze has always been the LEAST expensive plan offered to us through the NYS Health Marketplace, and I fear that with our premium going up to $1025 (plus copays, a high deductible, etc.), we would need to forgo our insurance and hope for the best. I also see that Fidelis is being bought by another healthcare corporation, which I'm sure is part of the reason why it is trying to drive up the prices of its premiums for next year. I implore you to not allow yet another insurance company to take advantage of the system and charge its insured customers 25% more money for the same low level coverage. Thank you, [redacted]

When this whole Obama Care thing came about, I was told I could keep my current plan. That plan was affordable and offered benefits I could use. It was misleading to suggest I could keep that plan. Since then, my premiums have nearly doubled, and because of the high deductible, my insurance is useless. And now, they propose the largest increase yet. I will not buy that insurance. I just took a huge pay cut with the tax reform. Now you are hitting me with a huge increase in insurance premiums. When do I get a break? I'm not buying it. I'll take my chances.

I received a notice from Fidelis Care that they are requesting a 43% increase in their premium for 2019. This is a $342.63 increase from $796.72 to $1,139.35 per month. My wife has a separate Fidelis Care policy and her policy may also be increasing 43% per month. Together the total of the requested rate increase is over $650/month for our two policies. We just flat out cannot afford that kind of increase, and if approved, we will most likely have to drop my policy which also includes coverage for a minor child. These rate increases are out of control and making health insurance unaffordable. My notice of changes also included information on the purchase of Fidelis Care by Centene. As part of a larger organization, there should be cost savings and economies of scale that can be realized to offset these exorbitant rate increase requests. I am strongly requesting that the DFS disapprove the requested rate change. Respectfully submitted, [redacted]
I work very hard to try and support my family. This was the cheapest plan available and all I could afford. I have not been to the doctor in years since I've been on the plan in part because it costs too much money. Now they want to raise the price making it even more challenging to pay the bills or go to the doctor if ever necessary.

Since this insurance company is making record profits I think it is unfair to ask for a rate increase. Especially an increase of such magnitude.

I was very upset when I was notified of the rate increase of my two person plan. A 43% increase is completely outrageous, and is now becoming un-affordable. All I have done this year is pay premiums and pay my deductibles. By the end of the year I will have paid out over $3000, plus the premiums, and my insurance company hasn't paid a cent. I don't know how they are loosing money, at least not with me. This increase will create a further exodus from the plan, but I don't believe they should base any portion of the increase before people leaving the plan (unless that is their goal). Why wouldn't they do things to keep people in the plan? Also, if there is a merger or buy-out, make sure the members are not paying for that cost. I see no reason why the members should pay for any of the merger or buyout expenses through their premiums. They can say it is for better health care, or what ever slogan of the day is, but you need to look beyond that and see that it was a profit motivated maneuver, otherwise they would not do it. I always find it interesting that after every merger/buyout of any corporation the users see a significant increase in cost. If they want to cut costs, the first place would be the worthless mailing and post cards I frequently receive. Almost monthly I receive something in the mail that is completely useless, like a thank you for being a member postcard, really? And with every EOB or anything they mail, they waste paper by printing discrimination notice. Send it one a year, post it online. Encourage members to review their EOB online, etc. It's hard enough to find health insurance in New York State, not alone St Lawrence County. The next hardest thing is finding a carrier that my physician accepts, as these carriers don't even try to negotiate with the physicians up here. It's a sad affair and only getting worse. there's a better solution to the problem than increasing rates. Please find it before the system collapses. Obviously, I am opposed to any rate increase, because the prior increase were far in excess of the inflation rate.

I am an individual in NY with other then our have not used health insurance much. i realize the need for increases but this would be over a 40% increase. I do not understand how, as the sole provider for my family is now expected to come out with over $2,000. per month for a lower level plan with high deductibles. I am hoping the state of NY will really investigate this and not approve such a huge increase. Thank you for your attention in this matter.
My coverage is currently $391.24 per month and carries a $4,000 deductible. That's 12 times 391.24 or $4,694.88 plus the $4,000 deductible for a total of $8,694.88. Fidelis is proposing an increase to $482.27 or 23.3%. It would cost, should I actually have a serious health issue, $13,787.24 next year. Fortunately, I'm relatively healthy at this time. Since I make a little too much for ACA assistance but am too young for Medicare, I'm in a real squeeze here. In any case, how can Fidelis justify a 23.3% increase? Will my doctor be 23.3% better at care giving? What workforce in New York is getting 23.3% increases?

I am a self employed and therefore self-insured individual who needs health insurance for my family. An almost 45% rate hike is extremely unreasonable. I understand that the insurance companies will ask for a high increase in the hopes that you will counter offer with something lower, but 45% is immoral. I hope you will understand how difficult it is for an individual to insure their family and only agree to a very small rate increase (under 5%) for the 2019 year. Thank you.

The rate hike requested by Fidelis Care (Plan ID - ) is simply outrageous. A 23% rate hike along with a very high deductible is going to cause financial hardship to myself and many others who certainly have not seen any corresponding increase in their income to cover such an increase. I could understand a rate increase more inline with the rate of inflation but this increase request is not warranted. Fidelis Care must do a better job to cut expenses and operating cost in order to provide affordable health care options. I strongly recommend that you deny this rate increase request.

I object to the proposed premium increase for my plan from $415.99 to $512.75. This is an increase of over 23% in one year, entirely unsustainable. I have a plan that I am barely able to use because there are so few providers that take it, so I’m being asked to pay more for a plan that barely provides any services. It is for catastrophic coverage, but $6,153 per year for an individual plan is unaffordable. Fidelis and other insurers are encouraging people to not get insurance. Then as more people drop out, you will just have to raise costs further. The reasons provided for the increase are also entirely punitive to healthy plan members and more due to poor management. They reason listed first is the experience incurred in 2017 - I did not even use my insurance and cannot be responsible for overall rising costs. In years past, the company was forced to reimburse subscribers because their overhead costs were above the limit relative to payouts. They are not managing efficiently because they are allowed to continually increase rates. The remaining reasons provided have to do with the terrible federal management of healthcare. The administrations undermining of the Affordable Care Act is directly impacting New Yorkers who need reasonable access to healthcare. Please do not penalize New Yorkers for these systemic changes. The state needs to reject these increases and protect our right to healthcare. 2018 prices were already high, and increases beyond inflation reflect poor management of the system and the company.
I object to the proposed rate increase. It negatively impacts those of us who pay high premiums and do not get a subsidy, and is the result of back-handed deals that generated coerced donations. According to the rules for NFP health insurance, profits ought to be returned to those who paid premiums. The proposed rate = me not having health insurance. Self employed middle class can't afford to live in NY!

To Whom It May Concern, My name is [redacted]. The name of our insurer is Fidelis Care. The name of our plan is Fidelis Care Silver 250 Plan. We have individual coverage. Our HIOS Plan ID number is [redacted]. We just received a letter from Fidelis Care, and learned our proposed monthly premiums rate will be increased from $1019.89 to $1457.82 in 2019. Our Adjusted gross income in 2017 is $29,478. Our son will be a [redacted] of the college this Sep.; we will pay partial tuition and boarding fee for him. The increase of insurance monthly premium will be enormous pressure for us, and we can't afford the amount. Please consider our comment. If you have any questions, please contact us at [redacted]. Thank you very much!

The insurance rate as it currently stands, is unattainable. We cannot even afford our current insurance rates, it is almost 1/3 our income. And it doesn't even include our children! This is for 2 people. It is more than our home mortgage. How are we expected to pay the rate as it changes from $1206 to $1740? We won't be able to afford insurance and will have to go to having NO insurance. Please do not continue to raise the rates, it is not affordable!

Please do not allow the increase proposed by Fidelis. I can just about afford my current premium of $415.99/mo for a bare-bones policy. I don't go to the doctor unless I think I am in a dire health situation. I treat my tennis elbow according to friends recommendations and online tips as I cannot afford physical therapy - which would apply to my deductible. The proposed increase to $512.75 is about a 25% INCREASE - which is COMPLETELY UNREASONABLE and unaffordable to me. I will contemplate going without health insurance.

To Whom it may concern, I received notice of the proposed premium rate increase. I am very upset about this proposed increase. Currently I pay $483.33 per month and the proposed change to the premium is $697.51, a $214.18 increase per month. I will be [redacted] years old in August of this year and on a fixed income. I have difficulty paying the current premium and do not see how I would possibly be able to afford the increase. Many have the same problems with paying the high cost of premiums forcing them to either drop their insurance and go without insurance coverage or figure out what else they could drop (medications, food, heat or other living expenses). I am asking my premium not be increased. Sincerely, [redacted]
Fidelis (New York Quality Healthcare Corporation)
Individual
2019 Public Comments

To whom it may concern, I just received a notice in the mail from Fidelis about the proposed 2019 rate HIKE. If this goes into effect, it represents a >40% INCREASE vs 2018....from $1453.34 to $2077.39. My plan is named Fidelis Care Silver individual (family) coverage. First off HOW DARE THEY!!! If any other business raised their prices by 10% or 20% they would immediately lose customers or invite competition. How can they possibly send such an insulting notice to a new user of your services. Was 2018 just a means to draw me in...in hopes that I won’t change our coverage? Second, know that I will be sharing this news across social media channels and to my local Congressman. Companies who insult their consumer base with such egregious rate hikes should be called out in the court of public opinion and with those in the government who should call you to task. Extremely disappointed by this notice and SINCERELY hope that you will not allow for such an action to come into effect. Unless I receive a speedy response ensuring that this hike will not come into effect or replaced with something far smaller...they can count on a further “expected decline in 2019 enrollment” as you noted in your hollow justification.

the rate change is absolutely ridiculous. health insurance is becoming unaffordable. the rates are high and the product being offered is poor quality. my deductible is so high and now my monthly rate will be going up over $200 per month. i have no words other than unaffordable !!

I have received notice from Fidelis Care, soon to be known as New York Quality Health Care Corporation, a subsidiary of Centene, of a proposed rate increase. The increase raises the premium by approximately 43%, from $509.94 to $728.91. This is an absurd increase that places an onerous burden upon policyholders, particularly at this metal level, which offers middling cover for what nowadays passes as a middling price. It will make it very difficult for me, and doubtless thousands of other policyholders, to maintain coverage at this level. Fidelis has provided a rationale to justify its proposed rate increase, which I don't find convincing. I worked for an insurance company as a young man and Fidelis' calculations and certainly its projections are questionable, if not specious. They seem much more like corporate-level attempts to milk profit from a newly acquired subsidiary. Even if they were not, a premium increase of 43% is impossible to justify, and places an impossible burden on current and prospective policyholders throughout New York State. I ask you to consider the financial health of individual New Yorkers and place their needs above the needs of this out-of-state corporation. Very truly yours,

On May 31, 2018 I received a notice from Fidelis Care stating that there has been a proposed premium rate change for my health insurance. Currently my monthly premium is $719.66 which is a total cost of $8635.92 per year. The proposed rate change would bring the premium up to $1054.38 a total cost of $12652.56 per year. That is a monthly rate change of $334.67 and year rate change of a total cost of $4016.64. That is an increase of almost 30%! I am a self employed small business owner that has contributed to my own health care for the last 4 years. I understand that health rate premiums change and cost of living increases, however making at 30% increase for an individual plan is unconscionable and inhumane. I would like some answers as to how this proposal of a 30% increase came about and can be acceptable on any platform. I would like for someone to contact me because raising a premium to the proposed rate could price me out of medical insurance and it completely unacceptable.
Thank you for the opportunity to comment on the request submitted by Fidelis Care for a 2019 health insurance rate increase. I strongly oppose this rate increase on the grounds that this insurance company is already very profitable and in good financial health. The parent company Centene, a publicly traded company, has enjoyed an increase in its stock price over the past 5 years of more than 200%. I cannot imagine a logical justification for the rate increase they are requesting. They site The experience actually incurred in 2017 as one of the reasons for this request. I wish they would provide more details about the 2017 experience they reference, as it must not have been very detrimental to their bottom line as their stock price continues to increase, along with the salary of their top officers ($17,000,000 in 2016 to the top 5 executives). I'm [redacted] years old and in very good health. I have been a customer of Fidelis for 3 years and other than an annual checkup, I have never needed to file a health insurance claim. My wife is also in good health and has only used the insurance for her annual check-up. Please deny their rate increase request.

Just received a notice that my medical insurance premium will increase by 46.5% next year, more than $669/month more. Have not submitted a single claim this year. Why such a large increase, it is indecent and outrageous. My Fidelis ID number is [redacted]

My plan ID number is [redacted]. I got a notice stating that Fidelis is requesting an increase to my premium, from $551 to $795 per month. This is nearly a 50% increase. This will most likely result in me losing my current health insurance. My insurance now cost me about 12% of my monthly income, with NYS contributing $188 a month. I was sick in 2017, am I now going to be penalized for that experience? I think this request for an increase is absurd! I do not know what I will do if 25% of my income will be going to health insurance. sincerely [redacted]

this comment is somewhat emotional, and not fact driven, because I don't know all the facts. I do know that this is the largest proposed premium increase since I started with NYS of health. I also understand that NY Quality Health Care Corp. is planning on purchasing Fidelis. These two changes to my insurance coverage seems to be more than coincidental. This is not acceptable to me, and may price me out of medical coverage. I also understand that the number one reason that people (families) declare bankruptcy is because of medical bills, although I do not know this to be fact. I have worked and paid taxes my entire life, am now [redacted] years old, and feel this is very unjust. I strongly feel this proposed premium increase should not be granted, and would like to see a detailed explanation of why this is being requested. Thank you for your time, [redacted]
I am a member of Fidelis Care Exchange plan. I wish to register my feedback about the proposed increase for 2019. I need my healthcare. My partner who is on disability pays my premiums and copays. I am fighting for disability. I need secure healthcare. I have many medical challenges. If you continue with these increases, we are going to be soon in a position where we can no longer afford something that was meant to be affordable! At the same time as these increases, you are not making any adjustments to the amount of financial help you can provide. We are being outpriced from the healthcare market. We are living of fear on what is being done. We now have to decide to cut back on rent food to pay for healthcare. Please limit this increase. Please come up with some adjustments to help people pay or block such large increases.

The proposed 44.3% increase is unsustainable. Please audit your own profits and needs for increased profits and reconsider this dramatic increase. My business does not have the mandate to increase my pricing by 44.3% and it should not be acceptable for your business to do so. I would go out of business if this is how I operated.

I have read through the reasons why New York Quality Health Care Corporation (who will be offering our Fidelis Care Coverage), a subsidiary of Centene, has requested a rate increase and I feel strongly that this is a poor option. My wife [redacted] and myself, [redacted] have incurred very few medical expenses for 2017. I cannot imagine why the insurance company requires so much money from premiums, when, to be quite frank, my wife and I would pay less money if we paid for our medical care without insurance. We can barely pay the monthly premium for our silver plan (even with the Advanced Premium Tax Credit we received) and annually pay thousands of additional dollars for multiple smaller charges our insurance plan will not cover! We make an effort to live a healthy life-style, including exercise and eating healthy food. This lifestyle requires more effort and is more costly than the alternative of eating cheap food and not exercising-- but it keeps your costs lower. If the goal of the medical insurance industry is to help keep people healthy, such a drastic increase in premiums will place an enormous financial and emotional strain on our family (and likely many others) and have the opposite effect. I hope you carefully consider this decision to increase premiums and keep in mind the unhealthy position into which so many people will be forced should you decide to approve it. Please do not allow this increase. Thank you for your time. Sincerely, [redacted] Fidelis Care Silver Plan: [redacted]
Dear DFS: Fidelis has asked for an approximate 31% increase in premiums (i.e., next year's premium would be $818.49, as opposed to this year's premium, which is $567.29). This increase would bring the premium payments of my spouse (who is also a Fidelis member having the same plan that I have) and I in line with the amount of money we pay each month for our mortgage on a four bedroom house and is therefore simply obscene. It smacks of corporate waste, mismanagement, and greed, especially since Fidelis absorbed many CareConnect refugees when that company went out of business. Fidelis, to their credit, in letters to me and my spouse, has given reasons purportedly justifying its increase, and to be fair, an increase on some level that would keep pace with inflation (perhaps in the neighborhood of 3-5%) would be reasonable. However, when the basis for a THIRTY-ONE PERCENT increase is an EXPECTED decline in 2019 enrollment in individual products . . . leading to a less healthy population, one has to question where the requested increase is indeed being fairly apportioned or distributed among all insureds and whether some insureds (especially those who do not get tax credits and fall into the class of the middle class poor) begin to pay more than others. Furthermore, one has to wonder how much of my premium and that of my spouse is really going to bona fide health insurance expenses and programming as opposed to inflated executive or other corporate compensation. All of these questions, of course, lead to an ultimate one: is DFS finally going to step in this year to stop Fidelis' avarice by severely curtailing its requested increase, or is the agency going to condone it, hurting the people of New York--the people that it is supposed to protect--in the process. Regardless of one's political views, the Affordable Care Act (a/k/a Obamacare) was supposed to make affordable health insurance that was practically not affordable. To a certain extent, it succeeded, but now, possibly because of the Trump administration's emergence, insurance companies believe that they are entitled to charge whatever they very well wish to charge. Fidelis is no exception. It has asked for much more than an inch and has taken much more than a mile. Its request for any increase above five percent (5%)--which is at least within the realm of reason--should be denied with prejudice. Enough is enough. Respectfully submitted,

I currently am enrolled in Fidelis through the NYS of health options. The rate keeps going up each year and this proposed amount for next year is ridiculous! How can you possibly raise the rates over $150/month?!? That is a huge jump in our monthly bill and our coverage is not even good. Something needs to be done about this. The average working class American is going to be unable to afford health coverage! This is a huge chunk of our monthly budget!

I cannot afford the $728.91 rate that Fidelis insurance is proposing. I struggle every month to pay the premium of $439.94 that I pay currently. I am the only bread winner at this time as my husband is disable due to an injury. If this rate is allowed I will be forced to do without health insurance and this is detrimental to me as I have a pre-existing condition. I am asking you to not allow such a tremendous rate increase thereby allowing me and others like me to keep our insurance. Thank you for your time and consideration.
I'm writing to urge you to disapprove of the requested rate increase from Fidelis Silver Level Plan from $466.08 to $666.01. This is a huge rate increase they say is based on the expected decline in 2019 enrollment. I'm telling you right now I will be unable to afford insurance with a rate increase like this. On top of paying more than a BMW car payment for monthly health insurance, if I do get sick I already have a very high deductible and co-payments to make before Fidelis will help pay for my medical care. The majority of the American people can afford a rate increase like this. Please decline this increase in premium costs.

THIS INCREASE IS APPROX 25% AND IS VERY HARD TO AFFORD. I ALSO HAVE A 4000 DOLLAR DEDUCTIBLE WHICH AT THIS TIME EVEN WITH THE CURRENT RATE DOES NOT GIVE ME THE MONEY I NEED TO GO GET PRIMARY CARE TESTS I NEED SUCH AS MAMMOGRAMS ETC. I CANT TAKE CARE OF MYSELF NOW AND ESPECIALLY CAN'T AFFORD SUCH AN INCREASE WITH SUCH A HIGH DEDUCTIBLE!! I WISH I CAN SHOP AROUND INSTEAD OF GOING THRU THE NYS EXCHANGE!!

I received notice from Fidelis Insurance Company that my plan, that I've had for just 2 months since losing my job, will be increasing my premium by nearly 50% effective January 2019. I have worked hard all of my life. I retired from a long career, but did not have enough years at the final educational institution that I worked in to take medical insurance into retirement. Upon retirement, I took a low paying position in a human services field in order to have medical insurance but was laid off due to funding. I can barely afford the payment for my individual plan of $551.30 per month (with a $600 yearly deductible) currently and will certainly not be able to afford this extreme increase. I am aggressively seeking full time employment with medical benefits, but due to my age I am finding that, despite being highly qualified (I have ), I am not meeting with much success. I am in good health and just need to, by law, have medical insurance that I can afford. I find this increase to be too extreme and if approved, will no doubt have to take a very high deductible plan (which basically equates to having no insurance at all). As I stated above, I have worked hard all my life and contributed far more than my fair share to those who cannot afford medical insurance and receive it for free. I never imagined I would be in a position where I cannot afford insurance for myself, yet I am too rich to receive any kind of assistance with the cost of the premium. Please take my circumstances into consideration when making a decision whether to approve the cost increases proposed by Fidelis. Thank you!

I received a letter from Fidelis Care stating that they are proposing my premium be increased almost $200 per month for 2019. In the letter I received, it is stated that an experience incurred in 2017. I do not know what they are talking about. Also, the decline of enrollment should not cause my premium to go up. That is not my doing. As it is now, we have a difficult time paying such high insurance premium prices in addition to having such a high deductible. I do not believe the increase should be approved. Thank you!
Fidelis (New York Quality Healthcare Corporation)
Individual
2019 Public Comments

The rate increase Fidelis is proposing is extremely excessive. If the rate increase is allowed, my plan will increase by an additional $245.79 a month. That is an additional $2,949.48 a year. A rate increase to this degree should not be approved. People are having a hard enough time affording health insurance now.

I am writing to protest the proposed monthly premium increase for my health insurance for 2019. Fidelis is raising my premium by $205. dollars per month! This is unacceptable. This is so drastic. I understand some increase, but it should be reasonable, not this sharp spike. I love Fidelis Care, but as a patient and consumer, I want to express that you can't just raise it this high all of a sudden. Please allow for a more moderate increase. Thank you for your consideration.

Please stop health insurers from this unjustified rate increase. My premium was already highly increased in 2016 and 2017 due to more sick than healthy people, and now Fidelis says they will raise my premium to about 40% because for the same reason! I have an individual plan and I single monthly pay more than $400 with a $2000 deductible. If the raise occurs I will be paying around $600 which is a consequent portion of my salary that did NOT and won't have the same increase. Also, if these insurers keep on increasing at the same rate, wouldn't the premium in couple of years hit $1000 or more? Since naturally and obviously there will be more sick people every year, I am begging the Department of Financial Service to stop health insurers from raising anymore, it's is already unaffordable. I, as a healthy consumer, am already supporting the health insurance market place. Now is the insurers responsibility to find other financial solutions beside digging in the consumer pocket. Thank you.

I received notice that our premiums will be increasing by 50% ! This is unreasonable and will force us to a) change provider AND b) either go off of coverage entirely or drastically reduce our coverage. As small business owners who pay for 100% of their premiums this increase is incredibly burdensome and impossible to afford. I have read the reasoning and understand the negative effects of the current administration's policy toward healthcare that is causing the increases but, even so, 50% increase is immoral and unjust and will crush small businesses. Having lived for many years in 2 European countries, I long for a the US to adopt a sensible healthcare system. It is truly the worst system in any developed country, and non.

I'm a working middle class married woman earning average salary. I think that raising my premium $300, when it was already raised $100 in 2018, is too much. I cannot afford to give away 30% of my annual pay to insurance that still requires me to cover some of my medical bills, like medication and lab. Please take this into consideration. Thank you
I am horrified at the rate increase. Ordinary wage earners who do not have work insurance such as myself suffer potential loss of insurance with a 50% increase such as this. I am disgusted that a company can be allowed to do this and hope that NYS government which is fair and just will not allow this. Many more will be without health insurance if hikes like this go through.

Why is it being proposed that my insurance goes up? I've had it for sixth months, now it's going up by another 200 dollars. I'll be shopping elsewhere if it does that's for sure.

The purposed increase is outrages.. how can someone pay another 600-800$ a month I can barely afford insurance for my family now. There are to many doctors that do not accept this insurance. I understand a small increase a month but not what they purposed .. families struggle to pay bills now no job is going offer a pay increase because insurance goes up.

Are you kidding me? You expect one individual family member to pay 12,000yr for insurance. On my income. Forget it. I will go without insurance.

I feel it is not fair to increase my monthly premium nearly 50%....this will create a significant financial burden for me they want to raise my insurance by 210$ and not even offer me Dental?? that is outrageous. I simply would have to drop my insurance entirely if this happens. I noticed that Fidelis has been bought by another company, and to me this is just a ploy from the new company to make more money. And what happened to AFFORDABLE???? that is 20% of my income going towards health insurance? what about my other bills?
I have a silver-level Fidelis Care health insurance policy, purchased through the New York State of Health. I currently pay a $605.00 monthly premium. I recently received a letter from Fidelis Care notifying me that they propose to raise my monthly premium to $850.00, which is a 41.7% RATE HIKE. Premiums typically go up $50 a month, year-to-year. A 42% increase is outrageous. I will not be able to make this payment. I am self-employed and pay my taxes. I have had health insurance every year of my adult life. I, willingly, pay into the system, have never missed a premium payment, and I pay a lot: $605 is a major financial commitment for me each month. I believe that I should continue to be able to afford my Silver-level Fidelis product, not be priced out completely. (And while I am aware that there are other products out there, I chose Fidelis because it was the only product on the exchange in which my doctors participate.) Please DO NOT APPROVE this precipitous premium price hike, which will completely remove this product from my reach, as it will, I’m sure, for most New Yorkers.

Whatever happened to the Affordable part of this? I now pay $468.66 per month for a silver plan and would have to pay $562.50 per month to cover my annual out of pocket expense if I could afford that. As it is, I’m paying $250 per month toward my back medical bills now, but I just keep getting farther and farther behind. And now the insurance company wants to add more than $200 per month in premiums to raise them to $670.21. Where am I supposed to come up with that? Where are any of us supposed to come up with that? It’s not like medical insurance is the only bill anybody has to pay. Sometimes I just sit and cry because I am unable to keep up with my medical bills, and NOTHING makes me cry. It may be more cost efficient for me to give up my insurance, and just pay that money to the doctors and hospitals. I just don’t know anymore.

IMA who purchases insurance through the health care exchange. I currently pay $709 a month and am facing a premium increase to $1054 per month. This is outrageous. What kind of a country do we live in where an individual worker will be paying over a $1000 for health insurance per month? I have seen nothing but increases with these plans and would like to see no increase this coming year or very minimal. Healthcare should not be a for profit enterprise as we all know and I look forward to a time in the future when common sense and decency will rule and we will all be afforded healthcare as a country.

I received a notice from Fidelis Care regarding the proposed rate increase for 2019 for my coverage. My monthly premium would go from $603.19 to $870.22. That’s over a 44% increase which is absolutely offensive! I am sending this message to LOUDLY voice my anger at this proposal and truly hope that the DFS will not allow this to happen. How do these carries expect the population to be able to afford increases like this?
I just received a letter indicating a $488 increase in the already high monthly premium of my health insurance. This is outrageous, incomprehensible, an abuse. If this increase is approved, I will have to let go of my insurance. Apparently in this country it is not enough working hard and making a decent living. You must be rich, if you want good health care. It is evident to me that the interest of these health care insurers is to enrich their companies, not to protect people’s health. This is upside down, simply not right.

Thank you for taking comments regarding this proposed increase. I feel that the percentage of the rate increase exceeds what is realistic for an individual to absorb. It is a 30% increase in cost over the present premium; a total of $220! How can a ‘regular’ person absorb such a cost? This is unconscionable! As you are aware, more and more people are working as contractors and not able to get health insurance through an employer. This is yet again a big company buying out another and the ‘consumer’ has to pay. I find it very hard to believe that this company is not making a sizeable profit already without this change.

I wrote in once before. I am writing to strongly present my objection to this HUGE proposed rate increase. I recently lost my job and I am now commission only position. This rate increase would dramatically effect me and my family. I am considered middle class so financial aid is not an option. Transitioning into a commission only position is tough enough but to have a 40% increase on premiums seems very unfair. I appreciate someone looking at this. Thanks so much.
June 16, 2018

NYS Dept of Financial Services
Health Bureau-Premium Rate Adj.
One Commerce Plaza
Albany, NY 12257

RE FIDELIS CARE PLATINUM

Dear Sir,

Look at what you, the person who's reading this letter pays for your own insurance....before you approve this increase----feel my financial pain!

This policy is for a □ year old, me, single person....currently $676.83.....going to (BECAUSE YOU “WILL” AS ALWAYS APPROVE THE INCREASE!!!!!!!) $991.70 a 46.52% increase.

STOP ! I want a decrease of 46%----approve that...consider this my application to DFS for a decrease. STOP THE MADNESS.

Sincerely,
May 31, 2018

Re: Notice of Changes for 2019
Fidelis Care Platinum

Dear [Redacted]:

We are writing to provide you with important information about: 1) a proposed premium rate change for 2019; and 2) a change to your Fidelis Care coverage for 2019.

Fidelis Care is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2019. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

In addition, beginning in 2019, your Fidelis Care Coverage will be offered by New York Quality Health Care Corporation, a subsidiary of Centene. The coverage will be virtually identical to your current coverage with the same benefits and provider network. More details are provided in Section II below.

I. Proposed Premium Rate Change

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select during the open enrollment period for 2019.

Your current monthly premium is $676.83.

If approved, the proposed monthly premium is $991.7.

If you enrolled through the NY State of Health, the state’s health plan marketplace, and you qualified for financial assistance called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. Your 2019 premium will also be less than
June 19, 2018

Via email PremiumRateIncreases@dfs.ny.gov
& first class mail
NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
One Commerce Plaza
Albany NY 12257

Re:
Proposed Premium Rate Adjustments
Fidelis Care / Gold Plan
Individual Plan / Plan ID # [redacted]

Dear NYS Department Of Financial Services:

Fidelis Care is seeking to increase my current monthly premium by 44%. While it may be expected for some adjustment in rates, this proposed increase is unacceptable.

Almost doubling my monthly rates to $818 for one individual is a hardship at best and moving toward prohibitive.

I urge you not to accept this proposal by Fidelis Care.

Thank you very much for your time and consideration.
June 19th, 2018.

Fidelis Care Gold: [Redacted].

I received your letter regarding the premium rate change for this upcoming year. I now pay $1,206.38 and the new monthly payment will be $1,740.45. This is an increase of $534.07. I think this is unwarranted and absolutely disgraceful. We are a family of [Redacted] and this HUGH increase will have a HUGH effect on our lives. To hike this medical insurance by $534.07 in one go is outrageous. How Mr. Brown has the neck to sign and agree to this is immoral. I have been a great customer and have paid my monthly bills on time every month since I enrolled with Fidelis. I really believe you need to look at this again and reduce this increase to the rate of inflation.
NYS Dept. of Financial Services
Health Bureau-Premium Rate Adjustments
ONE Commerce PLaza, Albany NY 12227

June 14, 2018

Re: [Redacted]

Fidelis Care 5/31/2018 - Notice of change 2019 letter (attached)

1. Proposed Premium Rate change by Fidelis Care (provider):
   a. Member current monthly premium = $567.29
   b. Proposed monthly Premium for 2019 by Fidelis Care = $818.49
      Note: Proposed 44.3% rate increase by provider - Fidelis

2. Proposed Premium Rate change by [Redacted] (member)
   a. Member current monthly premium = $567.29
   b. Proposed monthly Premium for 2019 by [Redacted] = $315.98
      Note: Proposed 44.3% rate decrease by member

3. Proposed member reduced rate decrease is based on the following financial information to date than May 31, 2018:
   a. Initial membership date of member = June 1, 2016
   b. Premium payments made in full than May 31, 2018: 24 months (2 years)
   c. Number of current open claims: None (0)
   d. Number of claims closed June 1, 2016 than May 31, 2018: 25
   e. Premiums Paid by N.Y.S. (APTC) June 1, 2016 than May 31, 2018 = $5,463.00
   f. Premiums Paid by member June 1, 2016 than May 31, 2018 = $7,061.21
   g. Total Premiums Paid by N.Y.S. (APTC) 6/1/16 than 5/31/18 = $12,524.21
   h. Fidelis Care medical care payments for services other than pharmaceutical = $2,053.43
   i. Fidelis Care net O&P for period 6/1/16 than 5/31/18 = $14,465.78
   j. Fidelis Care net P&C for period 6/1/16 than 5/31/18 = $309.00
   k. Amount of potential 2019 rate increase attributable to member = $0.00
   l. Amount of potential 2019 rate increase fair & equitable to member = $0.00
June 14, 2018

Please provide correspondence to this request to the following:

Thank you.

8/14/2018


RECEIVED
HEALTH BUREAU
JUN 22 2018
ALBANY, NEW YORK
Re: Notice of Changes for 2019  
Fidelis Care Gold

Dear [Name],

We are writing to provide you with important information about: 1) a proposed premium rate change for 2019; and 2) a change to your Fidelis Care coverage for 2019.

Fidelis Care is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2019. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

In addition, beginning in 2019, your Fidelis Care Coverage will be offered by New York Quality Health Care Corporation, a subsidiary of Centene. The coverage will be virtually identical to your current coverage with the same benefits and provider network. More details are provided in Section II below.

I. Proposed Premium Rate Change

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select during the open enrollment period for 2019.

Your current monthly premium is $567.29.

If approved, the proposed monthly premium is $818.49.

If you enrolled through the NY State of Health, the state’s health plan marketplace, and you qualified for financial assistance called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. Your 2019 premium will also be less than
Written comments submitted to DFS may be posted on the DFS website without your personal information.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Fidelis Care website: www.fideliscare.org

DFS website: www.dfs.ny.gov/healthinsuranc premiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2019 renewal date.

II. Fidelis Care Will Become Centene's Health Plan in New York State

On July 1, 2018, Fidelis Care will be purchased by New York Quality Health Care Corporation, part of the Centene family of health plans (subject to Attorney General approval). If approved, starting January 1, 2019, your coverage will be issued by New York Quality Health Care Corporation, continuing to do business as Fidelis Care.

Your health insurance coverage in 2018 is not changing. The benefits, programs and services that you receive with Fidelis Care will remain the same, and you will continue to use your Fidelis Care member ID card and member handbook.

Your current subscriber contract for 2018 with Fidelis Care remains in effect through December 31, 2018. You do not have to do anything to remain enrolled through 2018 except to continue to pay your premium. You should continue to send these payments to the same address that you use today to make your payments.

During the Open Enrollment period for 2019 coverage, you can choose to stay with Fidelis Care or select a different health plan. Before the start of Open Enrollment on November 1, 2018, Fidelis Care will provide information that explains your coverage options and describes any changes for 2019. NY State of Health will also send you a renewal notice in the fall of this year with information about how to select your coverage for 2019.
shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

**Why We Are Requesting a Rate Change**

The requested increase is due to five primary considerations:

1. The experience actually incurred in 2017;
2. An expected decline in 2019 enrollment in individual products across all New York state insurers leading to a less healthy population;
3. Increasing medical inflation;
4. In certain regions, Fidelis Care will provide a broader provider network than other health plans and consequently incur greater costs; and
5. Federal and State changes to the calculation of the risk-sharing pool.

DFS’ view of these matters may differ.

**30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Fidelis Care for additional information at:

Fidelis Care  
95-25 Queens Boulevard  
Rego Park, New York 11374  
1-888-FIDELIS  
www.fideliscare.org

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS Website: www.dfs.ny.gov/healthinsurancepremums

United States Postal Service:  
NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer  
2. The name of your plan  
3. Whether you have individual or group coverage  
4. Your HIOS Plan ID number, which is 25303NY0030001
If you want coverage with a health plan other than Fidelis Care in 2019, you will need to choose another qualified health plan in the county where you reside during the open enrollment period. You may call the NY State of Health, contact an agent or broker or contact a health plan directly. However, if you qualify for financial help (including APTC), you can get this help only if you enroll through the NY State of Health.

**If you have questions:**
- Call 1-888-343-3547 (TTY/TDD: 711), Monday through Friday 8:30AM – 5:00PM.
- Visit www.nystateofhealth.ny.gov to learn more about the New York State of Health Marketplace.

**Getting help in other languages**
Spanish (Español): Para obtener asistencia en Español, llame al 1-888-343-3547 (TTY/TDD: 711)

Sincerely,

[Signature]

Thomas Brown
Chief Administrative Officer
NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

To the NYS Department of Financial Services:

I have received a letter from my Health Insurance company, Fidelis, of their intended rate increase for 2019. I am enrolled in the NY State of Health and have an Individual Fidelis Silver Plan. My HIOS plan number is [redacted].

Despite the reasons listed for the proposed increase, I am left angry and distressed. A 43% premium increase from $509.94 to $728.91 is outrageous. They have assured me that my plan benefits would remain the same, which means I would still have a $2000 deductible. I receive no tax credit from the state to help pay for my insurance. I am a [redacted] and my income has not increased by 43% this year. I have always responsibly purchased insurance as it is not given to me by my employer. This rate increase, if honored, will leave me no choice but to seek out some other alternative, be it to purchase simply catastrophic or to go without, which leaves me absolutely panicked.

I don’t understand how such a rate increase can even be proposed. Are there no legal limits to how much they are allowed to gouge us? Are the insurance companies trying to crash the Marketplace? Does NY State of Health care about my health and well-being?
Please address this. Thank you.

Sincerely,
June 19, 2018

NYS department of Financial Services
Health Bureau - Premium Rate Adjustment
One Commerce Plaza
Albany, NY 12257

Insurer: Fidelis Care NY
Plan: Fidelis Care Gold
Coverage: Individual
HIDOS Plan ID: [Redacted]

To Whom It May Concern:

I am writing regarding the proposed rate increase for Fidelis Care NY. I received a letter stating that if they are granted an increase by NYS my premium would go from $630.94 to $910.27!!!!!!!

I cannot believe an increase of almost $300 per month is even a request. You have to understand that the people who are purchasing these plans do not have coverage at work, we are purchasing our own health coverage. It is absolutely insane that you would feel this is okay. How do you expect anyone to be able to afford to purchase health coverage? It is bad enough at $630.94 per month. Most people are barely scraping by as it is and they want another $300 per month! ARE YOU ALL CRAZY!!! I will not be able to afford to have health insurance if this increase goes through.

I beg you to put yourself into the shoes of the people of NY before you grant any such increase. And I mean the people who are out every day working hard to pay all of their bills and feed their families. Not the ones who are living off the people, or the ones who have everything paid for them.

The political infrastructure of NY needs to wake up and see that we cannot afford this anymore. Families are leaving the state because we cannot afford the taxes as well.

I would be so happy if President Trump can do something to fix this whole mess they call affordable care. There is nothing affordable about it.

Maybe take a look at how much money goes to the CEO's of these insurance companies. I bet it is a ridiculous number! Just saying.

Sincerely,

[Redacted]
NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

To Whom It May Concern:

The purpose of this letter is to oppose the proposed rate increases for Fidelis Plans beginning January 2019. The plans which will affect us include Fidelis Bronze for Children (25303NY0050001) and Fidelis Care Bronze (25303NY0010001). We currently have [Redacted].

The main objections I have to this rate increase involve the already exorbitant cost of poor coverage and options for coverage. Our family combined has used the plan ONCE since enrolling a year ago. The coverage is horrible, the customer service abominable, and the providers who accept the insurance are few and of a lesser caliber. We own a small business and did not experience a 23% increase in sales this year to cover the costs of the increases. A 23% increase in each plan rate is outrageous. I cannot justify it at all. Furthermore, since there is only 1 choice for coverage for children this is highly unfair and unethical.

I sincerely hope you reconsider the increase at all. If you are concerned about a “healthy population” as your letter infers, increasing the insurance rate will only drive people away further.

Regards,

[Redacted]

RECEIVED
HEALTH BUREAU
JUN 27 2018
ALBANY, NEW YORK
NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

June 21, 2018

Subject: Proposed Increase to 2019 Medical Insurance Rates

To whom it may concern:

Needless to say that when I received notice of the increase of 44.5% to my health insurance premium, that wasn’t so good for my health. I nearly fell over and then started feeling sick and worried about ever being able to afford the insurance. Please do not tell me that I’m welcome to shop around. It’s getting ever more difficult to find plans that my doctors will take. I’m most concerned about my Primary Care Physician, OBGYN and a couple of others. These doctors know me and I trust them and that didn’t happen overnight like this increase seems to be happening.

This has been a great health year for me until I received the notice. What else in the world can have such a dramatic increase? 44.5% is outrageous. If my rent went up this much I would be homeless. If this increase is approved I may well become homeless or I will not be able to budget for food.

I request that this increase to my plan be denied and that a more reasonable increase of let’s say 10% be instituted instead.

Here are my Insurance Plan details for my individual coverage through NY State of Health:

Please consider my plea for a much reduced increase for 2019.

Thank you for your consideration,
June 25, 2018

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

Dear Sir/Madam:

I am writing in response to a letter I received from Fidelis dated 5/31/18 about my proposed healthcare premium rate change for 2019.

I am very upset about my proposed rate change. I am currently paying $603.19 per month. The proposed 2019 change from Fidelis was to $870.22 per month. This is a whopping 44.27% increase of $267.03 per month.

Here are some facts for you:

1) For some perspective, my rate change from 2017 to 2018 was 12.33% or $66.24 per month.

2) The proposed rate change for Fidelis for 2019 according to the NYS Dept of Financial Services June 1st Press Release was 38.6%, which is the highest of all the insurance companies. The average rate hike among all the insurers was 24.0%.

As high as the Fidelis proposed rate change of 38.6%, ...for whatever reason, per the 5/31/18 letter I received MY proposed increase is 44.27%, which is 5.67% higher than the proposed 38.6% rate on the DFS website. Why am I paying even more than the already extremely high rate proposed to the state?

I understand the rates are going up because the president took away the mandate that everyone needs to have healthcare. But the rate that has been disclosed to me is just insanely high. Please review my situation, and realize this is in fact a complaint and protest over this extremely exorbitant rate hike.

You may contact me at the above address or phone, I am available to discuss this matter further.

Thank you.

CC: Fidelis Care
95-25 Queens Boulevard
Rego Park, New York 11374
May 31, 2018

Re: Notice of Changes for 2019
Fidelis Care Gold

Dear [Name]

We are writing to provide you with important information about: 1) a proposed premium rate change for 2019; and 2) a change to your Fidelis Care coverage for 2019.

Fidelis Care is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2019. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

In addition, beginning in 2019, your Fidelis Care Coverage will be offered by New York Quality Health Care Corporation, a subsidiary of Centene. The coverage will be virtually identical to your current coverage with the same benefits and provider network. More details are provided in Section II below.

I. Proposed Premium Rate Change

Please note that the final approved rate may differ because DFS may modify the proposed rate. In addition, while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select during the open enrollment period for 2019.

Your current monthly premium is $603.19.

If approved, the proposed monthly premium is $870.22.

If you enrolled through the NY State of Health, the state’s health plan marketplace, and you qualified for financial assistance called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. Your 2019 premium will also be less than
PROPOSED 2019 HEALTH INSURANCE PREMIUM RATES FOR INDIVIDUAL AND SMALL GROUP MARKETS

Health insurers in New York have submitted their requested rates for 2019, as set forth in the charts below. These are the rates proposed by health insurers, and have not been approved by DFS.

Financial Services Superintendent Maria T. Vullo said: New York’s insurance market remains robust despite federal actions, with consumers having choices in every county of the State. The average rate requests for the small group market reflect the increased stability of that market in New York State. With respect to the individual market, the single biggest justification offered by insurers for the requested increases is the Trump Administration’s repeal of the individual mandate penalty. The individual mandate, a key component of the Affordable Care Act, helped mitigate against dramatic price increases by ensuring healthier insurance pools. Insurers have attributed approximately half of their requested rate increases to the risks they see resulting from its repeal. Without the federal action, the average requested rate increase would be 12.1%. As DFS reviews all of the submissions, we will continue to ensure that any rate increases are fully and actuarially justified by appropriate medical cost increases and are not inadequate, excessive or unfairly discriminatory, in accordance with New York law.

INDIVIDUAL MARKET

<table>
<thead>
<tr>
<th>Company Name</th>
<th>2019 Requested Rate Change without the Individual Mandate Repeal</th>
<th>Additional Percentage Associated with the Individual Mandate Repeal</th>
<th>Total 2019 Requested Rate Change</th>
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</thead>
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<td>CDPHP*</td>
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<td>5.1%</td>
</tr>
<tr>
<td>Crystal Run Health Plan, LLC</td>
<td>12.0%</td>
<td>3.7%</td>
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<td>Emblem*</td>
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<td>12.0%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Empire Healthchoice Assurance*</td>
<td>19.8%</td>
<td>4.2%</td>
<td>24.0%</td>
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<tr>
<td>Excellus*</td>
<td>1.6%</td>
<td>7.3%</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Fidelis (New York Quality Healthcare Corp)</strong>*</td>
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<td><strong>38.6%</strong></td>
</tr>
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<tr>
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<td>------------------</td>
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<td>MetroPlus*</td>
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</tr>
<tr>
<td>MVP Health Plan*</td>
<td>1.8%</td>
<td>4.7%</td>
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</tr>
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</tr>
<tr>
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<td>17.7%</td>
<td>5.9%</td>
<td>23.6%</td>
</tr>
<tr>
<td><strong>Weighted averages:</strong></td>
<td><strong>12.1%</strong></td>
<td><strong>11.9%</strong></td>
<td><strong>24.0%</strong></td>
</tr>
</tbody>
</table>
June 25, 2018

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

Dear Sir or Madam:

I am writing on behalf of my constituent, [Redacted], who is enrolled in Fidelis Care through the New York State of Health Marketplace. [Redacted] recently received notice of a Proposed Premium Rate Change for 2019 that would increase his monthly premium from $1,134.59 to $1,636.99, an almost 50% increase. [Redacted] is not eligible for subsidies and this dramatic escalation in the price of this health coverage may well place health insurance out of reach for [Redacted].

As a member of the New York State Assembly Insurance Committee, I frequently hear from my constituents with their concerns regarding the exploding cost of health insurance through the Marketplace. While I fully appreciate that costs have increased and that the Federal Government’s determined and persistent efforts to destabilize the health insurance market, negatively impact the risk sharing pool and create uncertainty in markets have had a serious negative impact, the scale of increase is simply untenable for middle class residents. As insurance companies flee the state, residents are left with fewer and fewer choices, and must choose between basic needs, including food, heat and housing. New York State has always been a leader in ensuring that our residents are able to access affordable care for themselves and their families.
I urge the Department of Financial Services and the Insurance Department to critically evaluate these proposed increases, which threaten to leave many thousands of New Yorkers faced with unacceptable choices regarding health care for their families and reject these proposed increases to protect the health and well-being of New Yorkers.
To whom it may concern,

I have been advised by Fidelis Care regarding a proposed premium rate change and a change to my coverage for 2019. I understand that Fidelis Care is filing a request with the NYS Department of Financial Services to approve these changes beginning in 2019.

I've been a member with Fidelis Care since 1/1/18. The reason I chose them for my health coverage is because my premiums went up 27% with Emblem Health (my prior healthcare plan) and it was not economical for me. I had no choice at that point and looked into various other options. Unfortunately, I now have a higher deductible than my previous plan which offered better coverage but currently am paying the same amount as I did with Emblem.

I am currently paying $509.94/ month and may be increased to $728.91. That's a 43% increase broken down into $218.97/ month or $2627.64 yearly. That's absolutely absurd to pay for coverage as a single person who uses his insurance approximately 1-2 times per year for annual checkups. I think this is extremely unfair and completely unethical forcing me to once again look for another healthcare plan.

I don't feel that Fidelis Care requested rate change should be approved especially due to their 5 primary considerations as follows:
1) “the experience actually incurred in 2017”. What does that even mean?
2) “an expected decline in 2019 enrollment in individual products across all NYS insurers leading to a less healthy population”. Is Fidelis Care able to predict the future? Are they able to back it up with facts or is this fiction? How do they know that our population will be less healthy when people are much more health conscious than they were in previous years which is a fact?
3) “increasing medical inflation”. Doesn’t inflation increase every year? Do salaries increase with the rate of inflation? I’m in the healthcare field for 25 years and all I’ve seen is a decrease in reimbursement rates to healthcare providers and an increase in health plan premiums.
4) “in certain regions, Fidelis Care will provide a broader provider network than other health
plans and consequently incur greater costs”. They say “certain regions”. What are the regions they’re referring to? What kind of “broader provider network” are they going to provide? What are the costs associated with that and why is everyone gonna be penalized instead of the “certain regions” they are referring to?

5) “federal and state changes to the calculation of the risk sharing pool”. What are the changes they are referring to? What about the consumers who don’t oppose a risk such as myself?

As you can see, this is a completely unethical tactic on the part of Fidelis Care to raise their consumers 43% in one year. I could always see a rate increase at the rate of inflation but 43% is just trying to maximize profit from their consumers and provide nothing extra for it. In regards for their reasons above, I feel that DFS needs to step up and not allow these insurance companies to take advantage of their consumers. If this continues to happen, there will be more people nationwide not being able to afford healthcare coverage. Maybe other methods need to be taken to generate more revenue like investigating the consumers who aren’t paying into the plan because they’re falsifying their income which in turn is affecting the ethical people.

If DFS favors Fidelis Care, it will be a travesty to force hardworking citizens to pay this absurd 43% increase. I hope you make the correct, ethical decision and elect to take a stand on this matter that these increases will not be tolerated. If you do wish to side with them, it will only force the consumers to enroll in plans with higher deductibles providing the hard working people with less coverage.

Sincerely,

[Name]

Insurer: Fidelis Care
Plan: Fidelis Care Silver/ individual
HIOS Plan ID: 25303NY0020001
I carry individual coverage through the New York State of Health. I do not earn an income. As my husband is self-employed and on Medicare, I do not have access to employer sponsored health care. Because of our modest household income, I am not eligible for any subsidy. For years, I have paid a high premium to carry individual coverage. In the past few years, I have accepted a high deductible policy in order to keep the monthly premium manageable. But as I am healthy, and only purchase an occasional prescription, I recognize no financial benefit from my coverage. I have accepted this as a fair contribution to the averages required to make insurance available to all. I was pleased when Fidelis came on the market, as I naively believed that a moral compass would direct this business venture.

When we learned earlier this year, that Fidelis was being sold to a for-profit entity and that a huge health care fund was to be established with the proceeds of the sale, I was buoyed again, by what I believed to be social justice.

When I received a recent letter about notice of changes for 2019, I presumed it was the standard small increase. **JUST ASKING FOR A 43% PREMIUM RATE INCREASE IS UNCONSCIONABLE!** No other health insurer in NYS is asking for any double digit increase. The justification includes the fact the Fidelis cares for the neediest New Yorkers and that most members receive subsidies. **WELL, I AM APPARENTLY NOT NEEDY, I CANNOT AFFORD A 46% INCREASE** and likely cannot afford to live in New York State. Since I am not poor enough, **my option is to not carry health insurance.** **How does that fit with the moral code?** But apparently, the Bishops Foundation is getting a gift of $2000 per each of the 1.6 million Fidelis members in NYS...and the State of NY took a gift $2 billion! **AND THOSE OF US WHO PAID PREMIUMS IN FULL ARE MAKING THE COERCED “DONATIONS”....Some might call it extortion.**

I understand that not-for-profit health care insurers are expected to return premiums to customers if there is significant profit. When I selected Fidelis Care, I did not agree to make a mandatory charitable contribution to establish a health care fund. I agreed to a business relationship, that happily, benefited some others. If the Archdiocese wants to get out of the health care business, they are free to sell their business, but not with the expectation that those of us paying the premiums sweeten the deal. If there were funds to establish a fund for the health care needs of New Yorkers, some of that money ought to be used to make adjustments for those of us who paid premiums. If the enterprise weren’t so greedy, I would not object....this is pure gouging!

If Centene needs a financial cushion to do business in New York, they ought to have used the funds “donated” to the Archdiocese of New York. They ought not to depend upon placing further burdens on tax-paying citizens. If they can’t afford to operate in New York, then, they ought not!

I object strenuously to the proposed premium increase. And now that the true facts are on display, I condemn the back-handed business practices. Shame!
To
NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

June 21st 2018

Re: Notice of Changes for 2019
Fidelis Care Platinum – 25303NY0040001

Dear Sir/ Madam,

As per letter received from Fidelis Care, my insurer, dated May 31st 2018, stating a proposed monthly premium rate change from $676.83 (2018) to $991.70 (2019), I would like to inform you that the monthly premium will be too high to pay.

As it is, it is difficult for me to pay the current monthly premium rate of $387.83 ($676.83 – APTC $289.00), since my social security benefit is $764.00 per month.

Please advise what I should do?

Thanking you in advance,

Sincerely,
June 25, 2018

NYS Department of Financial Services  
Health Bureau - Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

Regarding:

Comment on proposed premium rate change

I would like to express my disapproval to premium rate increase proposed by Fidelis Care for my 2019 insurance.

As an individual who rarely ever uses any benefits of health insurance provided by Fidelis Care (mainly because of ridiculously high deductible) I'm forced into getting to the point, where health insurance will become un-affordable for me at all. I cannot afford 23% hike of premium rate, which will of course be followed by deductible increase, like it happened every single year, ever since I had this insurance.

If approved I will be forced to cancel my policy, because it will become out of my reach.

I would like to bring NYS DoFSS to the reasoning provided by Fidelis Care:

1. They don't specify, what kind of experience incurred in 2017;

2. Less healthy population because of decline in overall enrollment in 2019. Since when does Fidelis Care pay for overall population? They should be concerned of health level of their patrons;

3. They did not specify, what is the annual medical inflation. Is it 23% a year, or less. Noh how it affects their operation;

4. I was not provided with any information of planned broader provider network in my area, so I do not wish to pay more for something that is not going to affect me;

5. They do not specify if Federal and State changes to risk-sharing pool affect their operation in positive or negative way.

As I explained above, I find their reasoning vague and not properly explained. This is not how it's supposed to be delivered to affected parties. If they cannot provide good explanation for proposed changes, I sincerely feel, their request should be denied.

Thank you in advance for considering my comment.

RECEIVED  
HEALTH BUREAU  
JUL 02 2018  
ALBANY, NEW YORK

Best Regards,
NYS Dept of Financial Services

Premium Rate Adjustments

ARE YOU FRICKIN KIDDING ABOUT EVEN LETTING THEM RAISE THE RATE $88.29 PER MONTH????

That is a 19% increase. Cost for year would be $5622/yr. I am a self employed woman that needs health insurance "just in case". Lord knows they don't cover eye exams, dental and have a huge deductible before they pay anything.

Talking about Fidelis Care – the basic program.

No wonder people are just not insured – with rates like this, its worth it to pay the $250 on taxes for not having insurance. OR be qualified as someone who doesn't have the income.

I'm like many people that never go to doctors and yet I currently pay $4562/yr – I cost them nothing!!

You need to deny this great price increase – 19% is TOO MUCH!

Sincerely,
I am writing to complain about the proposed rate increase for 2019. I think the increase is too high and outrageous. I am on a fixed income and do not rec. a yearly pay increase.

When I originally signed up my monthly payment was $424.22 w/my APTC/TAX CRED. In Jan 2018 Fidelis increased my premium to $479.40 w/my APTC/TAX CRED.

Please see what can be done without raising rates.

Sincerely,

[Redacted]

[Stamp]: RECEIVED
HEALTH BUREAU
JUL 02 2018
ALBANY, NEW YORK
To Whom It May Concern,

I am writing this letter in response to recent notification of a proposed rate hike for the insurance I currently have thru Fidelis Care Silver. The proposed hike is asking for another 45% cents PER MONTH! I would not be able to afford this without the assistance I am getting thru MarketPlace NYS of Health. I have been enrolled for the past several years each year it seems like I have to switch Companies and Plans because I can no longer afford the one I am in. Attention to regulating these increases needs to be a priority. The choices each year seem to cost more while offering less. High Deductibles state regulations limit options. Please keep in mind the people this is supposed to "help"

Sincerely,
June 28, 2018

Maria T. Vullo, Superintendent
Troy Oechsner, Deputy Superintendent for Health
John Powell, Assistant Deputy Superintendent for Health
NYS Department of Financial Services
One Commerce Plaza
Albany, NY 12257

RE: Requested Rate Changes – Fidelis – Individual – 131497805

Dear Superintendent Vullo, Deputy Superintendent Oechsner, and Assistant Deputy Superintendent Powell:

Health Care for All New York (HCFANY) is a statewide coalition of over 170 organizations dedicated to achieving quality, affordable health coverage for all New Yorkers. HCFANY believes that the public rate review process is a vital consumer protection and is grateful for the opportunity to submit comments on the rate requests submitted for 2019’s individual plans. The comments below address concerns about the market as a whole before offering specific comments on Fidelis.

I. Market-Wide Comments

A. Action is needed beyond the rate review process to stabilize New York’s individual market.

HCFANY is concerned that New York’s insurance companies have not successfully controlled costs in the individual market. This year, the carriers seek an average 24 percent rate increase for the 2019 individual market plans.¹ This is the fifth year in a row that the requests have been in the double-digits for the individual market (the previous four years of requests and approved rate changes can be seen in the chart below).

<table>
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<tr>
<th>Year</th>
<th>Request (Percent)</th>
<th>Approved (Percent)</th>
<th>Percent Change</th>
</tr>
</thead>
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<tr>
<td>2018</td>
<td>17.7</td>
<td>14.5</td>
<td>-18.1</td>
</tr>
<tr>
<td>2017</td>
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<tr>
<td>2015</td>
<td>12.5</td>
<td>5.7</td>
<td>-54.4</td>
</tr>
</tbody>
</table>

Such large increases cause immense hardships for those New Yorkers who receive little or no financial assistance through the NY State of Health Marketplace. Fortunately, most people (59 percent) in the Marketplace do receive help through tax credits that are based on income and grow as prices increase. As a result, many are insulated from rate increases. However, 41 percent of people who enrolled in qualified health plans last year received no assistance. That means they bear the full brunt of any approved premium increases. HCFANY is concerned that approving rate increases so far above the rate of medical inflation will eventually result in enrollment declines and ultimately, an insurance “death spiral” that would catapult premiums beyond the reach of anyone ineligible for assistance.

HCFANY commends the Department for its past efforts to safeguard consumers by reducing the carriers’ average rate increases substantially and urges it to do so again this year. HCFANY’s recommendations for doing so, based on a close reading of the applications, are below. HCFANY additionally asks that the Department and other state leaders take more forceful action outside of the rate review process to stabilize the individual market. High premiums force New Yorkers to choose between health care and necessities like housing and food. Those choices continue even after someone gains coverage as they make their monthly payments and face increasing cost-sharing. High premiums also contribute to disparities in well-being between white Americans and others. Adults who are black are much more likely to report an inability to afford basic necessities and health care than adults who are white. Adults who are black or Hispanic are more likely to have had medical bills turned over to debt collectors than those who are white.

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4 Ibid.
6 NORC and the West Health Institute, page 8.
7 Ibid.
8 NORC and the West Health Institute, page 6.
The role of private insurance companies is to pool risk for large numbers of enrollees and negotiate and control prices on their behalves. This year, as in the past, the carriers’ applications state that providers are so powerful that this process cannot take place. If this is true, New York should take steps to control prices in the individual market and ensure that people who purchase their own plans have affordable coverage options. Other states have been more successful in keeping prices down in the individual market. For example, Minnesota has implemented a reinsurance program that has resulted in substantial declines in its individual market rates (between 3 and 12 percent). To control prices in the individual market, New York should consider the following strategies:

1. **Provide premium assistance to people who make above 200 percent of the federal poverty level.** Increased premium assistance would stabilize prices by increasing the size of the risk pool. The more enrollees insurers have, the more they can spread the costs of care across individuals. Ideally, premium assistance would be available to everyone based on income. Encouraging greater participation by some groups could particularly help stabilize the individual market without great cost. Young people, for example, have lower incomes and lower health risks than older people. This means they are more likely to gamble against buying health insurance when dealing with tight budgets. Providing assistance to them would attract more people into our individual market who are lower risk. Insurers would be able to lower costs benefitting many in the market, and young people would have financial security in the event of a health emergency.

2. **Create a drug utilization review board for commercial plans in the individual market similar to the review board that exists for Medicaid.** All of the carriers cite increasing pharmacy prices as a reason for premium increases. For example, HealthNow estimated that medical prices would only increase by 3 percent while pharmacy prices would increase by 9.5 percent. Since so many insurance companies report being outmatched by the pharmaceutical industry, the state should consider intervening. New York’s Medicaid program has a Drug Utilization Review Board charged with reviewing clinical information and making recommendations to the Commissioner of Health on drug coverage. The Board’s meetings are public, it includes consumers, and the process for nominating members is transparent. Such a Board could ensure that consumers benefit from any rebates and could negotiate for lower pharmacy costs across the market.

3. **Consider a public option such as an Essential Plan Buy-In Program.** The state should allow more people to participate in the Essential Plan as an affordable alternative to the individual market. The Essential Plan provides comprehensive coverage to people who earn between 138 and 200 percent of the federal poverty level. Participants at the highest

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income level pay only $20 a month; the cost of their care to the state is minimal because most funding comes from the federal government.\textsuperscript{12} New York could allow people with higher incomes to participate in the Essential Plan and offer state subsidies on a sliding scale. At a minimum the state could allow people to pay full-price to participate in the Essential Plan.

Other states have adopted additional measures that may be worth considering, such as the state-based individual coverage mandates recently adopted by New Jersey and Vermont.\textsuperscript{13} Massachusetts has also had an individual mandate in place since 2006.\textsuperscript{14} Alternately, New York could seek a 1332 Waiver to establish a reinsurance program along the lines of Minnesota or Alaska.\textsuperscript{15} Finally, New York should seriously consider stepping in for the plans and controlling costs more directly through a Maryland-style global payment model.\textsuperscript{16} All of these ideas—and more—bear scrutiny in the face of the carriers’ substantial and persistent rate requests and HCFANY urges the Department to establish an Advisory Commission to explore them.

B. \textbf{Within the rate review process, there are several areas in which we respectfully ask DFS to question insurers’ arguments and impose greater standardization in their requests.}

It is evident that federal activity has had a modest impact on New York’s individual market. However, New York State has taken important steps to protect companies from those actions. Those steps included increasing the budget for enrollment assistors in the 2019 budget and opting to maintain the three-month open enrollment period. Additionally, under New York’s strict laws, the carriers face little threat from the federal liberalization of rules governing association health plans.

As a result of the state’s actions and an improved economy, New York’s individual market appears to be stable—not contracting as some carriers claim. The New York State of Heath boasted an overall increase of 4 percent in 2018 enrollment.\textsuperscript{17} Although New York’s individual off-exchange marketplace lost enrollment, that appears mostly to be a self-inflicted wound imposed by the actions of one carrier (Empire) which terminated its entire line of

\begin{itemize}
  \item \textsuperscript{12} Ibid.
  \item \textsuperscript{13} Katie Jennings, “New Jersey will become second state to enact individual health insurance mandate,” \textit{Politico New Jersey}, May 30, 2018, \url{https://www.politico.com/states/new-jersey/story/2018/05/30/new-jersey-becomes-second-state-to-adopt-individual-health-insurance-mandate-442183}.
  \item \textsuperscript{14} Ibid.
\end{itemize}
individual market products, causing disruption and panic amongst its 50,000 members.\(^\text{18}\) In addition, more New Yorkers may be securing job-based coverage as the economy has improved. Despite these two trends, with a few minor exceptions, nearly all the other plans gained members between 2017 and 2018.

These conditions may not be adequately reflected in the 2019 rate requests. Thus, HCFANY urges the Department to carefully review the carriers’ filings in a manner that ensures consistency of rate actions in the following areas: (1) the individual mandate; (2) trend; and (3) administration costs.

1. **Increases due to the loss of the mandate should be reasonable and companies with similar risk profiles should receive similar increases.**

   In 2019, the federal tax penalty for failure to purchase health insurance will be eliminated. The carriers’ applications contained varied estimates of the impact of this change with adjustments ranging from 0 to 23 percent. It is plausible that the variation of estimates is due to a carrier’s claims experience and premium levels (which make the plan more or less likely to be attractive to someone on the fence about buying a plan). However, this explanation for the diversity of estimates is belied by the fact that carriers with apparently similar risk profiles are asking for vastly different increases. For example, Oscar and Fidelis have similar average claims costs, yet Fidelis asks for a 23 percent increase to make up for losing the mandate while Oscar asks for just 7 percent.

   To ensure that all New Yorkers in the individual market are treated fairly and equitably, the Department should consider imposing a cap on the individual adjustment mandate—such as 6 percent, which is the average across all carriers. Those carriers that filed adjustments below 6 percent should be granted the adjustments that they seek (e.g. 0 to 6 percent) and everything above would be reduced to 6 percent.

2. **Medical trend estimates vary too much. The state should require a standardized trend, either for the entire state or for regions.**

   The carriers estimate medical trend between 5.1 and 11.5 percent. While most of the trend requests are within the ranges seen in national estimates (between 4.5 and 8 percent), there are reasons to think that New York’s insurers could do a better job of managing these costs.\(^\text{19}\) For example, many of New York’s plans only offer in-network coverage and those networks are

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\(^{18}\) Empire’s 2017 Rate Filing indicates that it had 54,000 members, while its 2019 filings now indicate that it has just 24,000 enrollees. In the interim, Empire retired its individual market offerings and re-filed a new product that was 47 percent more expensive than its predecessor.

increasingly small.\textsuperscript{20} Most estimates of annual medical trend changes are based on information from the employer market, where networks and benefits are often more expansive. That could be a reason to believe that medical trend should be lower for New York’s narrow network plans.

Additionally, it is unclear why carriers in the same state and even in the same regions of the state should report such variation in medical trend. Each year, HCFANY notes in our rate review comments that the carriers do not provide enough information about how they arrive at their trend estimates. While the applications have improved in some ways over the years (for example, fewer redactions), not enough applications include a breakdown of trend into pharmacy versus medical costs. When they do, the carriers rarely provide a narrative explanation of how they manage costs, other than to argue that provider consolidation means they cannot reduce medical spend.

As an intermediate step, the Department should consider requiring carriers to provide better information about their trend estimates. The most helpful way for carriers to provide this information is through a trend breakdown showing the following: inpatient facility care, outpatient facility care, professional services, pharmacy, and other. This is helpful because it is the way that the Milliman Medical Index is reported, which provides a comparison point.\textsuperscript{21} Some carriers did provide that information, including Excellus, Healthfirst, and Independent Health. Additionally, if all carriers provided this information the public would be able to compare their own insurer’s performance to a statewide or regional average. HCFANY recommends that either Exhibit 18 or 13a be modified to require this information, or that the Department creates a new exhibit that shows a detailed trend breakdown.

More importantly, the Department should consider adopting a standardized medical and pharmacy trend cap for individual market carriers and requiring them to stay under the state limit. This measure could be implemented on a statewide or regional basis.

3. **Administrative costs should be decreasing over time. The Department should consider imposing a cap to guard against extraordinary administrative costs.**

Overall plans are asking for slightly lower administrative costs this year (12.1 percent versus 13.9 percent in their requests for 2018). But plans have had six years of experience operating in this market. New York State invests significant resources into marketing qualified health plans and making it easy for people to enroll and renew. The Department should investigate why administrative costs have not decreased more, and closely question plans whose administrative costs are increasing.

The range of administrative costs in the 2019 requests is also very wide, from 8.2 percent to 17 percent. Companies that spend much more of their premium dollars on administrative costs than peers should explain their performance in a detailed manner. Above-average rate increases from companies that also have above-average administrative costs deserve special scrutiny. The


\textsuperscript{21} Girod et al.
Department should also consider imposing a cap on administrative costs that are far above average.

II. Issues Specific to Fidelis

The following comments are specific to Fidelis’ request for a 38.6 percent rate increase for plan year 2019. Fidelis is one of the largest carriers in the New York market. As of March 2018, it covered approximately one-third of New York’s individual market with 73,000 consumers across eight regions, including Albany, Buffalo, Long Island, Mid-Hudson, New York City, Rochester, Syracuse, and Utica/Watertown. Fidelis offered only standard products in 2018 and was one of the lower priced plans available. As a result, it is the largest carrier in the individual market.

Fidelis’ rate application seems premised upon two unlikely and mutually contradictory assumptions: first, it anticipates increasing its membership by 30 percent to 100,000 in 2019; second, it projects that the loss of the federal mandate will worsen the risk pool to the degree that a 23 percent increase in premiums is needed to address a speculative loss of healthy customers. It nowhere explains the interactions of these two projections. Perhaps the recent state approval of the sale of Fidelis to Centene, which will convert the carrier to a for-profit entity, is the underlying factor that forms the basis of its application. This year’s Fidelis rate filing demonstrates the challenges that consumers may face from this new profit-minded orientation. The company’s request for a 38.6 percent rate increase is by far the highest submitted rate request for 2019 and should be carefully analyzed considering the recent change in ownership.

Because of the large number of consumers affected, HCFANY asks that the Department consider the following points.

A. Fidelis anticipates maintaining enrollment numbers, which should keep risk low.

Fidelis members consist of a healthy risk pool. This is most likely a result of Fidelis’ low premium prices over the past four years. In 2018, its premiums were the second lowest across the state, indicating that they are not paying out as much in medical claims (compared to other plans) as they are taking in from premium payments. It made the second largest contribution in New York to the federal risk adjustment pool (after Oscar).

If the projection in Fidelis’ rate filings is accurate, and it will not only maintain its current enrollees, but enroll many more new members, its risk pool will continue to be exceedingly strong. The Department should only approve a very modest premium increase in lieu of its 38 percent request.

\[23\] Ibid, line 19.
B. Despite this assumption, Fidelis is asking for a very large increase based on the elimination of the Federal Mandate.

Fidelis is attributing 23 percent of its proposed 38 percent increase in premiums to the repeal of the individual mandate tax penalty.\(^{24}\) This request is well above the average ask of 5.8 percent for New York’s carriers and is also out of line with the projections of national experts.\(^{25}\) Its current enrollees will suffer enormous financial hardship if approved.

In its Narrative Summary, Fidelis does not reconcile the palpable contradiction between its very large rate hike related to the repeal of the individual mandate and its assumption that enrollment will increase by nearly a third in the new plan year. Historically, Fidelis has demonstrated that lower premiums attract healthier participants to the marketplace. Using the repeal of the individual mandate penalty to price its plan out of reach of its existing members who had purchased the product based on its relative affordability would be counterproductive.

As described above, HCFANY urges the Department to adopt 6 percent as a ceiling to the portion of the carriers’ rate increases that is attributed to the loss of the mandate.

C. The company’s medical trend projection is higher than the state average and national experts’ projections without adequate explanation.

Perhaps reflecting its new for-profit orientation, Fidelis seeks a medical trend of 8.75 percent.\(^{26}\) In 2016, Fidelis received a medical trend of just 4.7 percent. In 2017, it received a medical trend of 6.3 percent. And in 2018, it sought a medical trend of just 5.7 percent. Fidelis has repeatedly assured the public and state policymakers that its networks and overall operation will remain unchanged. It appears that the only thing that has changed to justify such an uncharacteristically high trend assumption is its conversion to for-profit status. To award a medical trend that is 2 to 3 percent higher than its historical requests—and that is contrary to all its public assurances—is a disservice to its membership and New York State’s policy goal to control health costs in the individual insurance market.

Moreover, Fidelis’ newly inflated request is higher than the average medical trend request from New York’s other individual carriers, which is only 7.3 percent. It is also much higher than the trends reported by two industry benchmarks: the Milliman Medical Index trend estimate of 4.5 percent, and the PricewaterhouseCoopers estimate of 6 percent.\(^{27}\)

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\(^{24}\) Ibid, line 23.

\(^{25}\) These are CDPHP, Empire Health Choice, Excellus, Healthfirst PHSP, HIP/Emblem Health, NYQHC/Fidelis, HealthNow, IHBC, MetroPlus, MVP Health Plan, Oscar, and Unitedhealthcare of New York. The applications cover both on- and off-exchange plans for all but MetroPlus and Oscar, which are only offering on-exchange plans. An additional four plans were offering plans off-exchange only, all with under 150 members. Those four plans were not included in the analysis for HCFANY’s individual rate comments.

\(^{26}\) Ibid, p. 98, Exhibit 13a, table E.

\(^{27}\) PWC, “Medical Cost Trend: Behind the Numbers 2019,” p5; and 2018 Milliman Medical Index p 3.
HCFANY urges the Department to reduce Fidelis’ requested medical trend to a level that is consistent with its public assurances and historical performance.

D. Fidelis takes no downward adjustment for its cost containment and quality improvement efforts.

Fidelis explains in its Narrative Summary that it will be investing in consumer support tools and wellness promotion. Fidelis also claims that it is expanding its network of providers. However, no adjustment for this alleged network expansion is listed in its Exhibit 18. Both factors are mentioned in support of higher rates, but nowhere in its summary does Fidelis account for its past efforts to improve consumer experiences, contain costs, and improve quality.

The Department should closely scrutinize any adjustment for these efforts in the absence of concrete evidence that they will occur.

E. Profit requests are larger than average, and inconsistent.

Apparently reflecting its new-found profit orientation, Fidelis states in its Narrative Summary provided to consumers that it seeks a 3 percent profit. However, elsewhere in the application, Fidelis indicates that it anticipates taking a 2 percent profit. The Department should require that Fidelis ensure that all communication to consumers should be consistent with any formal filing materials and Fidelis should be made to reissue its statement to consumers.

At the very least, this request should be rejected since either a 2 or a 3 percent profit adjustment is higher than the 1.6 percent average request for carriers in the individual market with more than 200 enrollees. Considering the inconsistencies in the application and the higher-than-average request, coupled with the recent sale of Fidelis, HCFANY urges the Department to carefully examine Fidelis’ request for profit.

F. MLR has dropped, and is anticipated to again be lower in 2019.

Reflecting its extraordinarily healthy membership, in 2015 Fidelis reported a medical loss ratio (MLR) of just 78 percent, failing to meet the statutory minimum standard. While its MLR jumped in 2016 to 96 percent, in 2017 it dropped to 88 percent. Fidelis’ Narrative Summary indicates it anticipates that its MLR will drop again in 2019, to 86.7 percent—which is far less than the average projected in New York’s individual market.

The Department should ensure that premium dollars are spent on medical care over Fidelis’ administration and profits and should carefully scrutinize this portion of its application.

29 Ibid, p100.
30 Ibid, Exhibit 18, p109, line 52.
31 Ibid, Exhibit 13a, p98, table D.
32 Ibid, Exhibit 13b, p99.
G. Proceeds from Centene sale could be used to decrease premiums.

The recent sale of Fidelis to Centene resulted in a $3.85 billion transaction.33 New York State will collect a large portion of the proceeds, while some of the proceeds from the sale will go towards the creation of a nonprofit charity. Another portion of the proceeds will go to Fidelis itself.

In its notices and Narrative Summary, Fidelis describes the change in ownership but does not provide any detail about the large purchase price for the not-for-profit organization—perhaps because this information was finalized and released after the filing was completed and submitted.

Regardless of the timing, Fidelis does not explain to its consumers how it intends to use the profit from the pending sale. Now that the figures have been finalized, and it is clear that some amount is being paid directly to Fidelis, the Department should consider imposing a downward premium adjustment for the benefit of its consumers. Fidelis’ members have undoubtedly played an important role in creating such a large and profitable plan. They, too, should benefit from its sale in the form of reduction—not an increase—in premiums.

The requested large increase, considered in light of the recent sale and reported profit-taking, should be examined closely. Any rate increase for Fidelis will impact a very large number of consumers. HCFANY urges the Department to carefully review Fidelis’ application, and to consider substantially reducing this request.

Thank you for your attention to these comments. Please contact us with any questions at adunker@cssny.org or 212-614-5312.

Sincerely,

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