

August 20, 2012

Health Bureau-Premium Rate Adjustments
Department of Financial Services
25 Beaver Street
New York, New York 10004

RECEIVED

AUG 22 2012

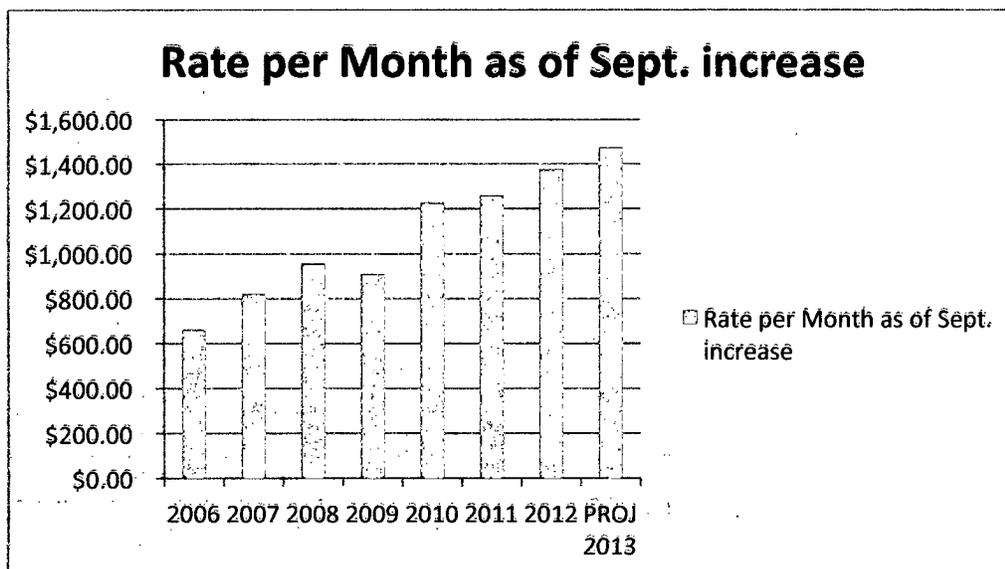
HEALTH BUREAU
REC. OFFICE

To Whom It May Concern:

I received a letter dated August 1, 2012 from AETNA regarding a proposal for a rate increase in the year 2013. My renewal date is September and AETNA is requesting a 7% increase in 2013 for an individual HMO policy, which is totally **unfair**. It is a tremendous expense on a monthly basis for the average person.

The following charts illustrate how much AETNA has increased the insurance rates since 2006.

<i>Year</i>	<i>Rate per Month as of Sept. increase</i>	<i>Percentage increase</i>
2006	\$663.20	20%
2007	\$822.40	24%
2008	\$958.00	16%
2009	\$910.00	-5%
2010	\$1,231.00	35%
2011	\$1,261.00	2%
2012	\$1,378.00	9.3%
PROJ 2013	\$1,474.00	7%



The increase from 2006 at \$663.20 to the projected 2013 rate at \$1474 is a 122% rate increase!

You should find ways to reduce the costs instead of increasing it.

How do you think that a 2013 increase at approximately 7% is affordable for people? If you do not make this insurance coverage affordable, how will people be able to have health insurance coverage, which is a necessity? Please respond to this letter.

A Concerned AETNA Member,



Monsey, New York 10952

Phone - 

[REDACTED]

[REDACTED] New York, NY [REDACTED]

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HEALTH BUREAU
N.Y.C. OFFICE

August 20, 2012

Health Bureau-Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY 10004

Re: Aetna [REDACTED]

To whom it may concern:

This is to let you know that I am protesting the rate increases requested for the Aetna OPOS Individual Advantage Plan offered by Aetna Health Inc.

I am currently paying \$1990 per month or \$23,880.00—an exorbitant amount of money to pay on health insurance, but I do so only because I have no other viable alternative and just barely manage to afford it.

My insurance premium was already increased last year 11.25%. The increase was requested because the insurance company claimed that medical fees were going up. Only 1 of my practitioners had raised fees and only 10% and after several years of maintaining the same rate.

For Aetna to request another increase so soon is adding injury to insult for individuals, already overburdened with high premiums. I have detected no change in fees from my doctors in the last year. When medical fees do go up it is usually BECAUSE OF the insurance companies bureaucratic and often erroneous pre-certification and billing procedures that require all medical offices to higher more and more personnel just to deal with the insurance companies.

The ridiculous rates charged by the insurance companies are the reason why many individuals have NO insurance.

Do not permit any premium increases for 2013

Sincerely,

[REDACTED]

Health Bureau- Premium Rate Adjustments
New York State Insurance Department
25 Beaver Street
New York, NY, 10004

[REDACTED]
New York, NY, 10075

August 9, 2012

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HEALTH BUREAU
NYC OFFICE

Dear Sir/Madam,

My [REDACTED] and I have been insured by Aetna since 2000, first under COBRA after the death of my [REDACTED] and, since 2003, under a Point-of-Service plan.

I recently received from Aetna a letter setting forth the rate increases they are requesting for 2013. The letter, which is dated August 1st, states that I have 30 days to respond to their request, or until August 31st. I did not receive the letter in my mail until August 4th. Last year's letter was dated July 21st, postmarked the 23rd, and received before August 1st. I attach a copy of this year's letter.

The letter also stated that I have an opportunity to "submit written comments...on the rate filing application." In spite of my fear of Aetna (they can be vengeful) and of somehow losing my coverage, I will, indeed, comment.

Attached is a history of the monthly and annual premiums I have paid to Aetna since 2000, which includes the actual percent annual rate increases I have suffered. As you can see, these range from a one-time low of 16.98% to a shocking high of 41.48%. Most of the increases have fallen between 19% and 22%.

In 2012, for the first time and because of new State law and, in particular, the Medical Loss Ratio requirement, there was no increase in my premium. I cannot overstate the impact this event, for it was an event, has had on our little family, not the least of which is psychological.

I am currently paying \$3558 a month for coverage for two people, both in good health, one of them only 21 years old. We each have a \$1000 deductible, which we almost never reach.

In the 10 years we have been in the QPOS plan, I have spent almost \$250,000 on premiums. This year, like last, our premium alone is well over \$41,000. This is almost 3 times what I pay on my mortgage.

Aetna's letter suggests that, given my annual renewal date of March 1, my premium will rise a mere 7.0% in 2013, by \$249, to \$3807 a month or \$45,685 over 12 months. As you can see from the attached premium history, just 9 years ago that premium was only \$809.

I find it difficult to believe that, after 8 years of setting their own, obscene increases with no government oversight whatsoever, Aetna so quickly reached the benchmark of spending 82% of my premium dollars on actual medical expenses. It is a pity that the New York State Legislature could not find a way to reduce existing premiums to match the benchmark when they wrote the 2010 law. And a clawback refund to consumers for the abuses of prior years would have been the icing on that cake.

Please deny any increase for 2013.

Thank you for this opportunity to comment.

[REDACTED]
[REDACTED]

PREMIUM HISTORY FOR MY COVERAGE WITH AETNA

<u>CAL YEAR</u>	<u>COVERAGE</u>	<u>MONTHLY</u>	<u>ANNUAL*</u>	<u>\$ INCREASE</u>	<u>% INCREASE</u>
		<u>PREMIUM</u>		<u>OVER PREVIOUS YEAR</u>	
2000	COBRA	\$391	\$4,709		
2001	COBRA	\$468	\$5,620	\$911	19.34%
2002	COBRA	\$476	\$6,858	\$1,238	22.02%
2003	QPOS	\$809	\$9,708	\$2,845	41.48%
2004	QPOS	\$994	\$11,555	\$1,852	19.08%
2005	QPOS	\$1,193	\$14,117	\$2,562	22.17%
2006	QPOS	\$1,431	\$16,696	\$2,579	18.26%
2007	QPOS	\$1,717	\$20,036	\$3,340	20.00%
2008	QPOS	\$2,104	\$24,473	\$4,437	22.15%
2009	QPOS	\$2,588	\$30,088	\$5,615	22.94%
2010	QPOS	\$3,002	\$35,196	\$5,108	16.98%
2011	QPOS	\$3,558	\$41,584	\$6,388	18.15%
2012	QPOS	\$3,558	\$41,584	\$0	0.00%

Total paid for 10 years on QPOS plan: \$245,037

Coverage is for a "Point-of-Service" plan, under which we can see any physician without referral. There is no "Network" involved. I must go out of pocket for everything and then put in for reimbursement.

At its start, this coverage was for a 48 year old woman and an 8 year old child with no pre-existing conditions. It has always been for these 2 people alone.

*For the QPOS plan, because my "anniversary" date is March 1st, monthly payments do not equal 1/12 of the calendar/tax year amount shown.

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August 9, 2012

**HEALTH BUREAU
N.Y.C. OFFICE**

Health Bureau-Premium Rate Adjustments
Department of Financial Services
25 Beaver Street
New York, NY 10004

Dear Department of Financial Services,

I am covered by Aetna HMO Individual Advantage Plan offered by Aetna Health, Inc. I just received a letter from Aetna announcing another rate increase of 7%, raising my monthly premium to approximately \$1,349.27, starting November 1st when my plan is renewed.

In October 2008, my monthly rate was \$834. This is a difference of \$515.27 dollars. That's more than a 61% total increase in four years. From November 2008 to November 2010, the monthly rate was up \$280, a 33% increase in just two years.

I was told that these rate increases are approved by the State of New York. Is that right?

Granted it went up in smaller increments, but in four years my annual cost for health insurance is up over fifty percent:

2008-2009 From \$834 to \$981, approx. annual increase 17.6% increase
2009-2010 From \$981 to \$1,171, approx 19.35% increase
2010-2011 From \$1,171 to \$1,261, approx 7.686% increase
2011-2012 From \$1,261 to \$1,349.27 approx. 7% increase

Are Aetna's costs up 15.25% annually? Are medical costs rising 61% in four years? My girlfriend is a M.D. and neither her salary nor her fees are up 50%. Are 50% more people sick? Are people spending 50% more in health care? I don't think so. What possibly justifies these continued increases?

It's not inflation. What is this extra money paying for? Is Aetna so poorly run that they cannot run their business and future costs within their profit margin?

Each year, Aetna receives billions in payments. My payments help pay for someone else's care now. Isn't that the whole point of insurance? We're sharing risk. In the future someone else's payment will help pay for my care, if I need it. Either insurance is spreading risk amongst a population or it is simply a Ponzi scheme and we should let everyone fend for themselves.

Right now I can't tell what Aetna is doing with all the money they receive annually from their premiums, approx. 33 billion dollars in revenue. How many people will the \$1,059.24 annual

[REDACTED]

increase impact in New York State?

Are all of Aetna's policies going up equally or just individual HMOs? Why are the self-employed discriminated against? Who approves these rate increases?

I am self-employed; I cannot be without health insurance. I earn too much for the Healthy NY programs. There is little competition for Aetna since the other insurance companies charge about the same. There is no consumer pressure on Aetna or other insurance companies to keep rates down since we cannot choose not to be sick or not to buy health insurance. They have guaranteed customer demand and base. And so they can keep increasing rates.

Who can help with this situation? Will the new health law address this problem?

My contact information is listed below. Could you please tell me where I could send additional complaint letters? What else can we do about this on going highway robbery?

Thank you very much for your help with this matter.

Sincerely,

[REDACTED]
[REDACTED]

PS

Pardon me if there are any errors in the math, but the point remains the same: Aetna has immense revenues, they should be able to run their health care insurance within those limits, not simply ask for increases anytime they need more revenue.