

Just received a notice regarding our company's Empire Healthy New York health insurance plan proposed rate increase of 24.9% effective April 1, 2013....this is an outrageous increase. How can they be so far off on the cost of the plan that they warrant a 24.5% increase? I have nothing against a company making a profit but I believe that they should have to make the cost increase curve a little flatter. The business environment isn't exactly booming. This increase is sure to result in employees losing health benefits at many small companies.



11/19/2012 09:51 AM

To: PremiumRateIncreases

I recently received notification that Blue Cross is requesting a 24.9% increase in the Healthy NY premiums. Does anyone realize we have Healthy New York because we can't afford insurance otherwise? An almost 25% increase will be impossible to pay. In addition, and this has bothered me for some time, why doesn't Healthy NY cover Mental Health services? At a time when people have lost income, out of work and in or close to poverty, Mental Health services is the FIRST thing they should be getting. Shame on whomever created this plan and didn't create a provisional rider to purchase Mental Health

member, rates were reasonable enough and affordable, at around \$400 a month for husband/wife with prescription benefits. They progressively got higher, reaching the current \$859.60 monthly premium charge that I can barely pay. If DFS grants Empire the 24.9% increase they are requesting, I will not be able to afford the monthly premium payments. As a family of four earning approximately \$55,000 annually, we are not low income enough to be eligible for Medicaid. If you grant the rate increase request, we will be forced to join the ranks of the millions of uninsured Americans. To boot, we live in Long Beach, NY and are victims of the recent Super-Storm Sandy. Our financial burdens are even greater now, with two totaled cars and a damaged home. Again, I am in vehement protest of Empire HealthChoice HMO, Inc.'s request for a premium rate increase.

11/19/2012 09:51 AM

To: PremiumRateIncreases

How can you allow a 24.9% increase on a health premium designed for low income people? This is the 2nd rate increase in as many years since ObamaCare. A 24.9% increase on a single premium would be \$540 for a person earning not more than \$2300. Where are we suppose to get this money and pay rent, buy transportation and eat? Low income workers did not get a \$100 a month raise. Hence LOW INCOME! Stop this rape by the insurance companies.

11/19/2012 09:51 AM

To: PremiumRateIncreases

These comments relate to Empire HealthChoice HMO. I recently recieved notification of a request for rate increase of 24.9%. When is enough going to be enough. This company compensates for my medical expenses at pennies on the dollar. I consistantly recieve additional bills for in network approved procedures. This is if I can get approval for the simplest of procedures. At almost 500 dollars a month I am typically denied most requests. Instead of" RED TAPING" my health care in denial letters and useless correspondance maybe they need to manage their bloated system and concentrate on peoples Health not their wallets.



11/19/2012 09:51 AM

To: PremiumRateIncreases

A 24.9% increase in rates is intolerable - especially for those of us in Healthy New York programs. This rate increase is unreasonable and would cause many of us to lose our health insurance.



11/19/2012 09:51 AM



To: PremiumRateIncreases

actually my comments are for empire healthchoise HMO but name not listed. empire just got a substantial increase at this point may as well dissolve healthy NY as premiums have gotten ridiculous. and as far as I know doctor fee schedules havent risen in 10 yrs



11/19/2012 09:51 AM

To: PremiumRateIncreases

Empire HealthChoice HMO, Inc. is not included in your dropdown menu; however that is the company which provides my insurance through the Healthy NY plan. My comment concerns the 24.9% increase in premium requested by Empire. For those of us on Social Security it will be difficult to pay the new premium considering the plan has a \$1200 annual deductible which would mean the cost per month would be \$508.80 if you add in \$100/mo average for the deductible. This rate increase appears to be way beyond the actual national increase in medical costs. The COBRA plan I was on was not much more than this cost and covered far more.



11/19/2012 09:51 AM

To: PremiumRateIncreases

I joined the group care Healthy New York HMO, managed by Empire Blue Cross Blue Shield two years ago after being laid off. Since the past two years the premium has been steadily going up. I imagine that many insured prefer to gamble rather than being subjected to extortionist rates. As more insured leave, the premium increases creating a vicious circle. I suspect that a plan that is meant to be for all, sponsored by the State and democratic in its scope should be able to attract many more insured, but it doesn't. TIf the rates were lower and payments more easily managed, people will flock back. However, I suspect this strategy goes contrary to the very philosophy of an insurance company. How can the State allow private gains to interfere with the health of its citizens? It's unconscionable and unjust. I am adamantly against any rate hike.



11/19/2012 09:51 AM

To: PremiumRateIncreases

This is regarding Empire Healthchoice rate change filing Q2 2013. Please, this is reduced income health care. How can they possibly warrant an increase of 24.9%? Our cost of living increases at work have been negative for 5 years, the cost of living has increased, and they have raised premiums several times in the past years, while cutting services. Please look out for the people of NY on this one and deny this increase.

11/19/2012 09:51 AM

To: PremiumRateIncreases

I have Healthy New York coverage through Empire Blue Cross, which is not included in the drop down menu above. Many people with Healthy NY coverage lost their jobs in the recession. A 24.9% annual rate increase is pretty outrageous, particularly since Empire Blue Cross Blue Shield already passed along a sizable rate increase earlier this year. This is a very, very unfair increase given the state of the economy and current recession.

11/19/2012 09:51 AM

To: PremiumRateIncreases

My monthly payment for Healthy NY coverage is about one fourth of my monthly take home pay. As it is, I don't even have enough each month to cover my remaining expenses for housing, transportation, utilities, and food. Putting food on the table often takes the hit. And now Empire Health Choice HMO wants to raise their rates again. This might be the breaking point in my ability to have health insurance- I make too much to apply for Medicaid and soon not enough to pay for a program that is supposed to help people like me. What to do now?!?

11/19/2012 09:51 AM

To: PremiumRateIncreases

1) This is a comment and complaint about the proposed premium increase by Healthy NY Blue Cross . I was directed to this site by a letter from BCBS offering me the opportunity to comment, but BCBS is not one of the companies offered in the above drop down menu That is my complaint 2) The comment is that BCBS is an immensely profitable company with very richly rewarded executives. Their purpose is to limit price increases. This proposed increase is a sign of failure, yet they continue to reward their executives well . This alone should mean that the proposed increase should be rejected, totally

3) The increase is totally out of line with any other economic indicators, especially inflation, which is almost nonexistent 4) BCBS continues relentlessly to explore other ways in which to extend its coverage, but does little to limit increases. It has a conflict of interest as a for-profit organization. 5) I have spent the morning trying to contact someone regarding the problems with this comment



11/19/2012 09:51 AM

To: PremiumRateIncreases

Dear Department of Financial Services, Empire HealthChoice HMO informed us that our premium will be increased by 24.9%. Our premium was already increased by a similar rate from 2011 and 2012. We believe that this is an unreasonable rate increase. We respectfully ask you to reject such a high rate increase. Regards



11/19/2012 10:50 AM

To: PremiumRateIncreases

I have received a letter stating that effective 4/1/2013 my rate will be going up 25% from the current \$409.42 I am already paying, making the new rate \$511.78. This is absolutely unacceptable. The rate has been steadily increasing since I have been a member, but never by this much in one period. Like most Healthy NY members, I currently do not have a full-time job and are struggling to pay the current rate for this insurance, let alone a 25% increase. On behalf of all struggling Americans who are members, please do not approve this outrageous rate increase, as I fear it will leave us no choice but to discontinue your services and contribute to a decline of our community health. Thank you.

11/20/2012 08:18 AM

To: PremiumRateIncreases

It is with great disappointment that I find Blue Cross, again, needs to raise rates. If they can ALWAYS rely on you to approve increases, they will NEVER learn to fix their problems themselves. Also, I fear that the new Obama health exchanges will look to this policy I have with Health Choice, as an "affordable" model-which started out so, but has become more unaffordable as each year passes. I could accept a higher co-pay, but PLEASE not 25% that raises my insurance \$90 a month! I cannot cut anymore out of my life to be able to pay this- please help me.

11/20/2012 06:13 PM

To: PremiumRateIncreases

Healthy NY is a model program, providing those in need of affordable health insurance--and beset by difficult job- and/or economy-related circumstances--to protect themselves and their families. Having just lost my job, I am now covered by Healthy NY and am grateful for that. The thought of a rate increase at this time, however--before the new federal healthcare law encourages more possible options, and in light of our slow-moving economic recovery--is very painful news. I'm already paying \$700/month for my wife and myself, with a high-deductible plan! How much can Americans be asked to contribute, to subsidize insurers who should be acting more conscientiously on behalf of the very people who keep them in business--their customers! That said, we look to NY State and the DFS to provide us with both protection and relief, when we are struggling to be responsible family-members and consumers. Please help us! [REDACTED]

11/21/2012 11:18 AM

To: PremiumRateIncreases

Hello. I am a member of Empire HealthChoice HMO, Healthy NY. I have received a letter dated 11/8/12 from Empire, alerting me to the fact that they intend to raise my rate 24.9%!!!!!!!!!!!!!! REALLY????????????? How is anyone supposed to pay for that in this economy??? I am recently unemployed, divorced, live alone. I can't find a job, have been looking for over 3 months. Or let me correct that: I could find a job if I wanted to earn \$7.50/hour.... I am [REDACTED] years old. I have worked all my life, am living on meager savings, and now I won't even be able to afford my health insurance. In addition, they have stopped covering my anti-depression medication, effective this month. I already pay \$386/per month and now am expected to add another \$97/per month on top of that!! I would like to know HOW IT IS POSSIBLE THAT A 25% RATE HIKE CAN HAPPEN WITH THIS "LOW-COST" INSURANCE--THE INSURANCE THAT POOR PEOPLE LIKE ME GET???? This is an outrage and just plain sad. Thank you.

11/21/2012 03:44 PM

To: PremiumRateIncreases

As Healthy NY is a program designed to help New Yorkers who might not otherwise be able pay for health insurance, I find it shocking that Empire would have the option to raise premiums by another %24.9! The price already rose drastically last year. I am a freelancer who pays for my insurance out of pocket (not through an employer). The point of Healthy NY is to make insurance feasible. Raising the price to this degree means that many New Yorkers will not be able to afford to have insurance. I cannot afford to pay \$450 a month for insurance that is not even comprehensive (does not include prescriptions, annual checkups only are covered every 3 years etc). This is absurd!

11/22/2012 08:30 AM



To: PremiumRateIncreases

We are a struggling family trying to make ends meet in Lindenhurst, Long Island, NY. Our combined annual income is \$52,000. Empire has consistently been raising our rates annually. In 2012, Empire raised our rates from about \$700 a month to \$856 per month for a husband and wife policy. I just received notice that they are requesting a 24.9% increase for the coming year. This would be an additional \$215 per month increase. Insurance right now is practically unaffordable to us, these increases would make it almost impossible to pay. Please consider the rate payers circumstances in these tough economic times before granting these insurance companies such an obscene increase in rate fees. On top of a struggling economy, our area is going through a very tough time following the recent hurricane that turned our community upside down. These proposed rate increases would without a doubt hurt not just my family, but many other families in our area and the nation.



11/25/2012 08:02 PM

To: PremiumRateIncreases

I am writing in response to the 24.9% increase Healthy New York wants to implement for monthly health care premiums. I believe that this proposed increase is excessive, as well as grossly unfair to the recipients and financially devastating. The Healthy New York program is supposed to be a program offered to people with low incomes (a maximum allowed salary of roughly \$27,000/year) who cannot get health care anywhere else. Currently, recipients are paying \$409.42/month for the premium (which had been increased nearly 20% just this past April). The proposed 24.9% increase will bring these monthly premiums payments up another \$101.95/month, forcing us to pay \$511.37/month for our health insurance. This brings the total for premiums to \$6,136.44/year, or roughly 23% of the maximum allowable income. For those of us making less than the maximum, it is even more of a burden. For those making roughly \$20,000/year, this equals nearly 31% of the annual income!! I understand costs do go up, but I can't possibly see how these costs are accelerating at such a rate that premiums must be raised 20-25% each and every year?! It seems more appropriate that these increases are regulated and limited to about 10%/year, or at the very least the premiums remain affordable and be kept less than 20% of our income. My fear is that if these huge increases are allowed to continue year after year, while the allowable salary remains constant, within a very short time premium payments will be at such a high percentage of our annual income that there will be no possible way to pay them. I ask you to please remember who the Healthy New York program is designed for - workers with low income who cannot get health care anywhere else. I beg that you consider that these huge yearly increases cannot possibly be justified or necessary. Please remember these 20-25% increases are not just a one time thing, but are now occurring yearly. Please also keep in mind that many of us have also had our prescriptions reformulated, and/or have found out that certain prescriptions are no longer covered under our plan. We are facing cost increases not only with our monthly premiums, but in other areas as well. If there is no regulation of these prices, and no change in the amount of income, these costs will quickly spiral out of control. This will result in the intended recipients be coming financially devastated, unable to pay for health care, and ultimately losing their health care. This cannot be allowed. Please protect us from excessive and unreasonable price increases, and help us keep our health insurance.

11/26/2012 03:36 PM

To: PremiumRateIncreases

I think it is appalling that Empire is requesting an increase of 24.9% on top of the 16% increase it received for this year. For 2011 I believe the increase was only 8%. I find it hard to believe the justification given by Empire as to increased costs and services for the last two years. Healthy NY was designed to provide "comprehensive and affordable health insurance to individuals" but the consistently high premium increases may make it unaffordable for people

like me.



11/26/2012 09:36 PM

To: PremiumRateIncreases

I am very upset with the proposed rate increase of almost 25% for next year. That will add \$80 plus dollars to my monthly premium. With the bad economy, I am trying to stay afloat from month to month. This high rate increase would put a burden on me. Please reconsider and keep the increase to a much lower percentage.



11/28/2012 12:46 PM

To: PremiumRateIncreases

This policy does not include benefits for mental health care or psychotropic drugs. Isn't mental health parity the law? Empire keeps shrinking benefits and raising rates. Last year, psychotropic drugs were covered. I protest!



11/28/2012 12:59 PM

To: PremiumRateIncreases

Empire BCBS is massively clerically inefficient in processing claims. When it pre-authorizes and pays for surgery, its computers are not programmed to also approve follow-up services, like home infusion services, which are payable only post-operatively. Thus, I had 42 days of home infusion therapy incorrectly denied post-operatively, some dates denied as many as 4x, while Empire claimed they "couldn't" reprogram their computers to recognize prior surgery. I spent so many hours on the phone with them, I felt they should be paying ME (the pt.) an hourly wage to correct their errors. They also had to assign me my personal customer service rep. to correct their own errors.



11/28/2012 01:16 PM

To: PremiumRateIncreases

Empire's method of handling bills for pre-authorized out-of-state surgery is also highly inefficient and unclear to the pt. I had pre-authorized orthopedic surgery in Michigan 6/1/12. Empire should have detailed, in writing, on the pre-auth letter, exactly which associated services, both IP (like transfusions, test to detect cause of low BP, PT) and OP (home infusion therapy, home nursing and PT, pre-op testing, and follow-up visits to surgeon and Infectious Disease MD) would be covered and to what extent. Their failure to do this, and then to insist my NY PCP should have authorized all OP services (rather than the MI surgeon), led to months of haggling and wasted clerical time, when they ultimately wound up paying all my bills anyway!

11/29/2012 10:39 AM

To: PremiumRateIncreases

I am in receipt of a letter stating that Empire HealthChoice HMO is requesting another absurd rate increase. Last year you granted a 23.5% increase and this year we are in jeopardy of another increase of 24.9% on top last years usury rates. Are you people out of your minds? This is Healthy New York created to help people on LOW income to pay for Health Insurance. At present, we are limited to an income of \$3152.00 monthly and are paying \$911.44

monthly for HMO insurance. That's almost 29% of the GROSS income.... and NOW they are requesting an additional 24.9% on top of that. Translated that equals \$1138.39 or 36% of the gross income. How do you people live with yourselves????? You deny annual well check-ups... I have been advised that this well check-up is offered ONCE every THREE years. RIDICULOUS!!! It costs MORE to insure two people (a family) than two individual policies. Presently on the rate sheet, an individual policy costs \$430.75 and for two people it costs \$904.57... MORE THAN DOUBLE the single rate by \$43.07.... WHY????????????? As a concerned NYS citizen I am PLEADING with you to understand that these increases can NOT be sustained.... PLEASE DENY ANY INCREASE!



To: PremiumRateIncreases

On November 8, 2012 I received notice that my health insurance premiums could be increased 24.9 % effective April 2013 should the DFS approve this rate change. My health insurance plan is through HEALTHY NEW YORK. To qualify for Healthy New York a person can not exceed a monthly income of \$2327.00 (\$27,924.00 per year). Should the DFS approve this rate increase that would mean a single person would be paying \$4824.00 per year in health insurance which computes to almost 18% of their qualifying Healthy New York income. This is OUTRAGEOUS AND IS UNCONSCIONABLE.



To: PremiumRateIncreases

12/01/2012 05:06 PM

The requested 24.9% increase is outrageous! This increase would likely cause me to have no health insurance. How can this be affordable insurance for the Healthy New York policy holders?



**Prior Approval Submission**

**NYS Department of Financial Services**

12/02/2012 01:20 PM

To: PremiumRateIncreases

I received a notice from Empire that they are requesting a 25% Rate Increase for HealthyNY members ON TOP of the 25% on last year! I submitted a comment previously about their lack of initiative, seeking cost-saving measures that Don't Comprise patient care, and received confirmation of the comment

being received on 11/21 at 12:38PM. I would like to ADD to those comments. 40% of doctors are MBA?s, I'm told. I was dismissed from jury duty for a malpractice case when I asked whether the doctor had been to more seminars for business or medicine. I understand that medical practices ARE a business. Unfortunately, many of the schemes that Business Consultants seem to promote--I only speak as an astute observer--are insidious, if not quite illegal, like not giving patients prescriptions for simple problems, but referring them to specialists, whose card just happens to be on the doctor?s counter, as the primary care doctor?s most assuredly are on those specialists', or will be recommended by them. I hate to think we're ALL paying for doctors? networking, but it seems the case. The PSA test box wasn't checked off on the testing of my blood work last year, so it had to be redone. I didn't pay an additional copayment, BUT ... I'm guessing that the doctor AND lab got another fee from Empire. I got a bill for an additional copayment for the chest X-Ray I received last year from a radiologist, whom Empire told me billed them for TWO separate visits at separate locations, not one visit at one location. How many people even BOTHER to contest a bill, let

alone take the TIME and EFFORT to go back and forth from Empire to the radiologist's billing department three times, as I had to do, OR have the skill and tenacity to catch them at their ruse? I needn't tell you that there are an infinite number of such gimmicks and schemes that health insurance related practices and businesses can drum up to turn a buck. NO ONE is minding the store; MUCH easier to just ask for MORE premium to make up for it. I might add that I am also an insurance broker, whom Empire owes \$100K+ and United Healthcare owes \$500K+, both of whom terminated me under false auspices, which I can PROVE, to avoid paying me, and was Never Reported to the insurance department, as required. [REDACTED]

your department have the details, and THEY first kept telling me it wasn't YOUR problem, but a contractual matter between me and the companies. FAILING to FOLLOW YOUR Rules & Regulations is NOT just a contractual matter between the companies and me, but between the companies and YOU. I reported the matter here five years ago, suggesting that companies that cheat their own people will cheat the public, as well. No one was interested. I can only HOPE that it isn't a Trickle-Down matter of Campaign

Contributions discouraging the department from taking Empire and United Healthcare to task. I DO know that a lot of people have been looking the other way for a LONG time.

12/03/2012 11:15 AM

To: PremiumRateIncreases

As someone who has limited health insurance options - due to income, job opportunity, and health history - I am incredibly thankful for Healthy NY. Without a program like this, it would be near impossible for me to remain insured. However, it only takes a glance at the income limits participants meet to see that we are currently being charged over 10% of our gross pay, for a HIGH DEDUCTIBLE policy (our only option). People making less than \$30K a year already pay \$3500 a year in premiums - without seeing a single doctor. It is hard to understand how Empire would need a 24.9% premium increase on its poorest members, when it is already spared from paying the first \$1500 a year of our healthcare costs. I would urge DFS to deny or limit a rate increase unless there is substantial proof that members will see increased benefits for their money.

12/04/2012 02:07 PM

To: PremiumRateIncreases

=

This program is for those with limited income. A 25% rate increase would be a real hardship for subscribers who are already finding it difficult to make ends meet. With all other expenses increasing but incomes NOT increasing, how are consumers to afford the health care that we need? Please consider the hardships the consumers are facing as opposed to the profits the insurance company is making.

12/05/2012 09:48 AM

To: PremiumRateIncreases

My insurance company is requesting a 24.9 %increase effective 4/1/13 which would raise my premiums to about \$450.00 per month. When I started with them in april 2011, I paid 290.00 per month. Last April, they increased their premiums about 18% and now they want an additional 24.9%. I urge you to not

approve such a large increase and allow people with limited wages to afford this insurance. Thank you!

12/05/2012 06:39 PM

To: PremiumRateIncreases

My insurance company is Empire HealthChoice HMO. I am a member of the Healthy New York plan, and I am writing to express my deep concern and stern opposition to Empire's proposed rate increase request of 24.9%. The first sentence on the Healthy New York website states: "Healthy New York Provides affordable health coverage to eligible individuals and sole proprietors."  
[http://www.empireblue.com/wps/portal/ehpmember?content\\_path=member/noapplication/f3/s2/t4/pw\\_ad067434.htm&label=Healthy%20New%20York](http://www.empireblue.com/wps/portal/ehpmember?content_path=member/noapplication/f3/s2/t4/pw_ad067434.htm&label=Healthy%20New%20York) A 24.9% rate hike is NOT "affordable" by anyone's definition. The United States is still trying to drag itself out of the worst recession in many generations. The unemployment rate remains high. The economy remains fragile. As the sole proprietor of a small business, I rely on Healthy New York for my personal health care coverage. My business has been struggling since 2008 and I have spent the last four years simply trying to survive. My Healthy New York premium rates jumped by a staggering \$60/month, or \$720/year, in 2012. Now, Healthy New York is seeking yet another rate increase, this time in the amount of 24.9% -- which, if passed, will mean an additional \$100 a month (\$1200/year) added to my premium in 2013! In only two years, my Health Care premium costs will have jumped by more than 50%! How can Healthy New York ask for this kind of increase when individuals such as myself are still crippled financially? Salaries are NOT rising commensurately -- in fact, in most cases salaries are not rising at all. People don't even get cost of living increases from large companies anymore. I struggle to pay my Healthy New York premiums every month -- but I manage to do it. If the requested increase is granted, I have serious doubts about whether I will be able to maintain my health care coverage. The irony is, I rarely seek medical attention. My annual health care costs have never exceeded what I pay in premiums. They don't even come close. Yet Empire is still asking me to pay almost 25% more every month. I direct you again to the word "affordable" so prominently featured in the first sentence of Empire's Healthy New York website. When I joined Healthy New York many years ago, it was indeed an affordable plan. Now, though, it seems that Healthy New York has abandoned its concern for sole proprietors and other hard-working people. How else to explain a 24.9% rate increase request in this national climate of financial instability and uncertainty? Please do not grant this unconscionable rate increase request. I can't afford to pay so much more, and I know many if not most other members of the plan cannot afford it. We all want to be responsible members of society by having health care coverage, but at the same time we are trying desperately to keep our businesses and families afloat. We do not have an extra 24.9% to spend on health insurance. I can't think of any other company I deal with ever proposing

such a dramatic rate increase -- let alone asking for it only one year after having received a previous sizeable increase. Please deny Empire's rate increase request. Instead, encourage the company to honor its stated commitment to providing "affordable health coverage to eligible individuals and sole proprietors." Thank you.

12/05/2012 11:03 PM

To: PremiumRateIncreases

I would like to comment on the proposed 24.9% increase on my medical insurance premium. I feel this increase is way too much and between last years increase and now this proposed increase, health insurance is not going to be affordable anymore. I thought the Healthy New York Plan was supposed to be affordable insurance for people in a lower income bracket. Unfortunately we make too much money to qualify for the Family Health Plus Plan and with this increase, if it goes through, my monthly premium will be over \$1,075.00 per month which is over one third of our monthly income. I would have to choose between having medical insurance or my home. How is that fair? I just don't get how in this economy where everyone is struggling financially, medical insurance can increase that much per month and still be considered affordable. Please do not approve this increase. We need to have medical insurance coverage and do not want to have to choose between medical or our home. Thank you for your time and consideration.

12/07/2012 12:32 AM

To: PremiumRateIncreases

12/7/2012 I am writing about the request by Empire HealthChoice HMO, Inc for approval of a rate increase effective 4/1/2013; request #AWLP-128691341. In 2008, my husband and I were paying \$527.72 monthly, for medical insurance thru Empire HealthChoice HMO (Healthy NY) for the two of us. By 2011, the cost had risen to \$704.96 monthly; an increase of \$177.24 per month. At that point, we had to switch to the family plan, as our oldest child aged out of Child Health Plus?. The total monthly Empire HealthChoice HMO (Healthy NY) cost for the Family Plan was \$1,057.44. This monthly amount was difficult for us as my husband's salary had only increased once by 3% since 2008; while the fee for Empire HealthChoice HMO (Healthy NY) had effectively risen by more than 95%! Last year in 2012, DFS approved a Rate Change for Empire HealthChoice HMO (Healthy NY) which brought up the monthly premium for the Family Plan to \$1,240.55. This increase meant that I could not buy my children the clothes they needed, and many times I had to choose between the health insurance premium and the grocery bill. While I am sure that healthcare costs have gone up since 2008, it is impossible for it to have risen by the percentages of the approved rate changes over the years. My family and I can not afford to pay any more for health insurance or medical expenses than we are already paying. If the premium goes up, I am afraid that I will be forced to leave my family uninsured. Currently, Empire HealthChoice HMO (Healthy NY) is requesting another Rate Change. Please do not approve it.

12/07/2012 01:58 AM

To: PremiumRateIncreases

Hi, We are a small business trying to help our employees by contributing towards their healthcare premiums. This year our premium was raised 25.43 percent, and we had two employees that couldn't afford the insurance due to the increase. These employees must resort to emergency rooms or go without any medical care. We were notified that our rates are going to be increased by 24.9 percent. We can no longer afford these increases and neither can our staff. If this increase goes through, it will cause more hardship for our employees and cause them to drop their insurance and stress our business even further. These rates will consume more than 25% of their pay. PLEASE do not let this increase go through. Thank you



12/07/2012 03:45 PM

To: PremiumRateIncreases

The rate increase proposal by Empire Blue Cross Blue Shield is very high. I am a practicing dentist and if costs keep rising, I will have to shut down my practice. Already there are dozens of dental practices that are being put up for sale because they are losing money. We all know private Medical Doctors are already selling their practices to hospitals. Pretty soon quality healthcare in the United States won't exist. There is no such thing

as keep anything of high quality for a low price. Business does not work that way. Look at Apple Inc., BMW, Luis Vitton, Grand Hyatt, all these businesses are high quality products but at a premium price. I am not sure why people think Healthcare is different. If you think the economy is bad now, wait until all of the health care providers go bankrupt.



12/08/2012 04:33 PM

To: PremiumRateIncreases

This serves to oppose the egregious, approximately 25% premium hike sought by Empire Blue Cross for its Healthy New York plans. Such a rate hike request is clearly not in the public interest, contradicts the premise of the Affordable Care Act and is steeped in fraud and deceit ? all while offering absolutely no improvement in benefits or services, or closing gaping loopholes that deny plan members coverage for basic healthcare needs. Absolutely NO legitimate rate hike request can be considered unless it distinguishes between ?high-deductible? plan members versus those considered grandfathered ? as the detriments to plan usage are exponential for ?high-deductible? members. The premium hike request is highly deceptive, because it fails to distinguish between ?grandfathered? Healthy NY members who pay only a \$20 copay to see doctors, and \$10 or \$20 for prescription medication, versus those who came on the Empire Blue Cross plan this year ? or switched providers selling the plan, as I did ? and are thus not considered ?grandfathered,? but rather, are forced to accept what is referred to as the ?high-deductible? plan. On the ?high deductible? plan, members must first pay \$1,200 out of pocket, plus high monthly premiums, BEFORE they can have the benefit of the aforementioned \$20 copay for doctor visits and \$10 or \$20 copay for

prescription medicine. The net result: Blue Cross and the other companies marketing the "high-deductible" plan have been allowed to create a severe economic barrier that makes it difficult to impossible for many plan members - most struggling economically with incomes of \$25,000 or well less per year - to either see doctors or obtain medication! Since this "high-deductible" version of Healthy NY was the only option given plan members joining (or switching carriers within) the plan this year, members certainly can't be faulted for needing health insurance and thereby signing up for the only plan to which many had access. But, in real terms, since a doctor visit costing those on the grandfathered plan \$20 could easily cost those on the "high-deductible" plan upwards of \$200-\$300 up front at a minimum, even at the insurer's so-called "discounted rate," many "high-deductible" members will not be able to afford seeing a doctor...thus preventing them from obtaining necessary healthcare. The same economic barrier exists for "high-deductible" plan members with respect to obtaining necessary medication. For example, the monthly Nexium I need will cost over \$300 up front this month on the "high-deductible" plan, but only \$20 if I had the grandfathered plan. While the base premium may be a little higher for grandfathered customers, it is spread out over the entire year, and again, allows immediate access to in-network doctors and approved medications for only the nominal co-pays, removing any economic deterrent from plan usage. Hence, it is unconscionable - and outright fraudulent - for Empire Blue Cross, Oxford-United Healthcare, or any of the other companies selling Healthy NY insurance to make any case for raising member premiums based on an alleged profit/loss statement without differentiating between plan member usage - and resultant profit/loss for the insurers - of members in the two groups. When I requested such profit/loss statements from my Empire Blue Cross representative, she indicated that Blue Cross had conveniently never bothered to delineate its profit/loss accounting for New York State regulators on the basis of the (2) disparate plan groups - which is unacceptable. There's no question that grandfathered Healthy NY members with instant access to doctor visits and Rx medicines each month for only a co-pay are costing Blue Cross (and the other insurance players) a lot more money than the "high-deductible" customers who have a gargantuan economic barrier of \$1200 to shell out before any "treatment for only a co-pay" can be obtained. Thus, Blue Cross cannot make any legitimate case to raise premiums on its "high-deductible" customers until and unless it can show - in real dollars - what we are costing the company in terms of plan usage, versus the profits being realized by the company for members in our category. As a matter of record, Blue Cross has outrageously and deceptively asked for its nearly 25% premium rate hike without delineating between "high-deductible" plan members, and grandfathered/instant access to "treatment for copay" members. New York State's DFS has already allowed Blue Cross and the other Healthy NY sellers to force "high-deductible" plan members to accept a prohibitive economic barrier to obtaining healthcare treatment, as noted. If the DFS is to do its job protecting consumers, then it must refuse to consider any request by Blue Cross to hike premiums on "high-deductible" customers, unless and until Blue Cross places sunshine upon - and releases detailed P&L statement showing - its specific plan usage costs (for doctor and medication expenses) for, and premium payments received from, "high-deductible" plan members. In real dollars, punishing the "high-deductible" customers with such an unwarranted premium hike would not only keep the gargantuan \$1200 barrier to HMO healthcare intact-but also jack premiums approximately \$95 per month, to a charge approximating \$471 a month...all without any scrutiny of this particular plan's usage costs to and profits enjoyed by the insurer. The fact Empire Blue Cross has not shown its balance sheet on the "high-deductible" customers does not pass the smell test, and necessitates an immediate nixing of the insurer's request to raise any premiums on such plan members! Empire Blue Cross and the other Healthy NY sellers must also be forced to close gaping loopholes to basic healthcare before any premium hike can be considered. In the undersigned's previous seeking of help with the DFS and its predecessor, the NYS Insurance Department, in the wake of non-payment by Empire Blue Cross and/or the even more miserable Oxford United Healthcare for basic healthcare services on Healthy NY plans, the response has always been the same: to turn a blind eye and protect the insurance companies. As a consumer calling or writing for assistance, I was routinely told, "Call your state legislators; they control what the benefits are." Then, upon calling state legislators, such as State Sen. David Carlucci in Rockland County, who have their top-notch health insurance policies fully paid by the public, I've received a similar brick wall, with absolutely no concern about the gaping, non-coverage loopholes allowed the underwriters of this plan. Unless remediation is applied such that these coverage loopholes no longer exist, it is unconscionable for there to be any consideration of a premium hike. Reviewing a brief list of only those loopholes that the undersigned has encountered: ---At the eye doctor, only eye injury or disease is covered-absolutely no yearly check-up, glaucoma test, vision test or anything considered routine. That's absurd in itself. But there's another catch: even eye disease and injury treatment is barely covered, because eye doctors must - in treating eye problems - check vision, check for glaucoma, check eye pressure, etc. Hence, the regulator has allowed Blue Cross and the other Healthy NY insurers a loophole that allows them to not pay ophthalmologist MD's - even in-network and with referral - for the work they do. My eye doctor, seeing me for eye disease treatment, was paid less than \$40 by Empire, and less than

\$30 by Oxford. The previous two eye doctors I had gone to dumped me as a patient as a result! This loophole must be corrected immediately. Annual eye care check-ups, including glaucoma, eye pressure and vision testing must be covered. And these same functions, in the context of treating eye disease (which is supposedly covered), are services for which the insurer must pay its in-network providers. ---At the orthopedic surgeon, a "Cam" boot must be covered, as is this is the basic therapy for healing given to adults who sustain a fractured or broken lower leg or ankle during an office visit. The present loophole that allows Empire and the other Healthy NY sellers not to cover this basic treatment must be immediately corrected before any premium hike can be considered. In my case, the in-network orthopedic surgeon absorbed part of the charge when I broke my ankle, and the balance was sent to a collection agency by the product seller for healthcare that was supposed to be fully covered! ---At the gastroenterologist, in-network providers who perform a colonoscopy and endoscopy on the same day must not be stiffed for payment of the second procedure?another loophole I learned of when the two procedures were performed in one afternoon. The in-network doctor and hospital, deeming both necessary for a serious preexisting condition, could not absorb the cost for the stiffed payment, prompting a collection procedure against me ? and the dropping of me as a patient by a practice I'd gone to for over a decade! This loophole must immediately be rectified before any rate increase request can be considered. ---At the primary care doctor, "annual" check-ups by the patient's in-network primary care doctor must be fully covered. When the undersigned had Oxford-United Healthcare earlier this year for Healthy NY, despite Oxford's marketing department's promise that I was fully covered for an annual check-up, they stiffed my primary care doctor, saying they had a loophole to only cover "annual" check-ups every 3 years! Unless the doctor was willing to put in writing that I was there for sickness or an emergent problem that day, the visit, they said, would not be covered! The doctor, despite spending nearly 2 hours with me, was paid only for taking the blood test by Oxford! When I reported the matter to the DFS, they excused Oxford, although admitted that Oxford should have paid for the colorectal/prostate exam. Switching back to Empire Blue Cross, I notice that Empire implores members to "Get your annual check-up" on the back of their billing invoice envelopes. The suggestion is clearly that such basic healthcare is covered. But the DFS itself, through representative/investigator Carolyn Linen, told me that Healthy NY does not cover "annual" check-ups, if specified as such, but once every 3 years! This amounts to not only deceitful marketing by the insurers selling Healthy NY, but also to a denial of basic healthcare the insurance companies themselves tell members is ESSENTIAL to their health! Any request for a Healthy NY rate hike must find this loophole closed immediately before consideration is given, as all members must have annual physicals included in their plan. I hope the above information is helpful. Healthy NY is New York State's version of so-called "affordable" healthcare, and the plan for those who have no access to an employer group plan. However, it must not be a license for the insurers marketing the plan to take advantage of the consumers who have no other option for health insurance ? by charging exorbitant rates, while providing substandard benefits mired with loopholes that deny coverage of very basic care. In light of the foregoing, Empire Blue Cross must be prohibited from raising its Healthy NY premiums in April on any Healthy NY customers until the above loopholes to coverage cease to exist, and must be denied any consideration for a rate hike to "high-deductible" customers/plan members until and unless it provides its balance sheet of costs/expenses versus premium receipts specific to such plan members. Very truly yours, Healthy NY "High-Deductible" Plan Member

12/10/2012 01:34 PM

To: PremiumRateIncreases

I am commenting in protest on the Empire BCBS Healthy NY application for a rate change increase. Over the past several years my husband and I have been Healthy NY customers and it has become unaffordable from when it was once affordable about 5 years ago. The coverage continues to be cut and declined and the premiums have increased steadily- skyrocketed. Any further rate increase will leave us uninsured, it is already too costly and coverage is scant.