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AUG 16 2011
HEALTH BUREAU
N.Y.C. OFFICE

[redacted]

August 13, 2011

HEALTH BUREAU - PREMIUM RATE ADJUSTMENTS
NEW YORK STATE INSURANCE DEPARTMENT
25 BEAVER STREET
NEW YORK, NEW YORK 10004

GENTLEMEN:

I AM WRITING TO YOU REGARDING THE RATE INCREASES AETNA HAS REQUESTED. I AM COVERED UNDER THE AETNA HMO INDIVIDUAL ADVANTAGE PLAN.

IN OCTOBER, 2010 my monthly PREMIUM INCREASED FROM $932.00 to $1261.00, which is OVER A 35% INCREASE.

AS my PREMIUM IS INCREASED IN OCTOBER OF EVERY YEAR, my RATE INCREASE WOULD FALL INTO THE 4th QUARTER, 2012, (22.9% to 23.6%). I HAVE ENCLOSED A COPY OF THE LETTER FROM AETNA.

I AM A [redacted] I CANNOT AFFORD SUCH AN INCREASE. I AM STRUGGLING NOW TO PAY THE CURRENT PREMIUM WHICH IS $1261.00.

THANKING YOU IN ADVANCE FOR YOUR TIME AND I LOOK FORWARD TO HEARING FROM YOU.

VERY TRULY YOURS,

[redacted]

[redacted]

Aetna®

July 21, 2011

[redacted]

[redacted]

[redacted]

New York law requires that we send you notice when we ask the New York State Insurance Department (NYSID) to approve a rate increase. We want to let you know that we filed our proposed 2012 rates with the NYSID.

The following table reflects the range of the rate increase we requested for plans renewing during each of the following quarters for the Aetna HMO Individual Advantage Plans offered by Aetna Health Inc. These rates are intended to be effective upon renewal on or after January 1, 2012.

Renewal Date	Range of Increase	Renewal Date	Range of Increase
1st Quarter, 2012:	12.5% to 13.1%	3rd Quarter, 2012:	19.3% to 20.0%
2nd Quarter, 2012:	15.9% to 16.5%	4th Quarter, 2012:	22.9% to 23.6%

Why Rates Increase

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for the current cost trends in the plan premium. The requested increase is directly related to the rising cost of health care services in New York. Specifically, Aetna's request is based upon:

- increased reimbursement rates paid to our network providers,
- higher pharmacy costs paid to drug companies,
- increased utilization of services by members, and
- the availability and increased use of more complicated high-technology or other expensive health care equipment and procedures.

Additional Information about Aetna's HMO Individual Advantage rate increase request is available on the web at http://www.aetna.com/individuals-families-health-insurance/member-guidelines/stateprocess.html.

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HEALTH BUREAU
N.Y.S. OFFICE

[redacted]

August 15, 2011

Mr. Charles Lovejoy
Health Bureau
New York State Insurance Department
25 Beaver Street New York, NY 10004

Re: AETNA request for premium increase NYS insurance of 8.9% to 19.7 % over the next 4 quarters.

Dear Mr. Lovejoy,
I am covered under the Aetna QPOS Individual Advantage Plan offered by Aetna Health Inc. I tried to enter my comments on-line but Aetna was not listed on your NYS Dept of Insurance website drop down menu list of insurance companies.

I OBJECT to Aetna's proposed rate increases. [redacted] currently unemployed with no other health care insurance coverage. I am not eligible for NY's healthy NY and other lower rate programs because i have worked hard and saved my whole life, doing the responsible thing, saving for a rainy day. I am paying out of my own pocket for insurance covering only myself.

My total cost per year for this individual plan is currently an outrageous $22,984 per year and only one of my doctors accepts the Aetna plan!! The Aetna Premiums are barely manageable for me. I have extremely limited options in NYS for an individual policy.

Aetna's recently retired CEO Ron Williams received over $72 MILLION Dollars in compensation in 2010 alone. --exactly how much is Aetna hurting??? The proposed increases in rates seem to be going straight to compensate grossly overpaid executives. This is just one example of Aetna's fiscal irresponsibility to its insurance customers. This request for increases in premiums ranging from 8.9% to 19.7 % in the next year shows that Aetna is more interested in transferring wealth to their top executives than in serving the health care needs of their policy holders. In this weak economy no one can afford increases in their already astronomical insurance premiums. The economy has wrecked the retirement plans of the middle class. We cannot afford these increases.

There are so many of us, in good health, who have worked our whole lives, anticipated retiring with health care benefits, were laid off just prior to retirement age and now are hit with astronomical insurance premiums draining our retirement funds. New Yorkers deserve reasonable premiums.

I ask that NYS Insurance Department deny these proposed rate increases.

In addition, to further help reduce insurance premium costs, I plead that NYS require/work with Insurance companies to provide/create a high deductible insurance policy (i.e. $5,000 to $10,000) as an option for individual insurance plans. So many people have lost their jobs in this current economy we desperately need help in reducing the cost of health insurance.

To sum up

1. Please deny these rate increases which are unconscionable in this economy and while AETNA top executives are walking away with outrageous pay packages fed by our premiums.

2. Please make available to New Yorkers a high deductible health insurance policy option that will make health care insurance far more affordable for those of us without jobs and have lost our employer sponsored insurance.

Sincerely,

[redacted]

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HEALTH BUREAU
N Y C OFFICE

Health Bureau- Premium Rate Adjustments

New York State Insurance Department

25 Beaver Street

New York, NY 10004

To Whom It May Concern:

I am covered under the Aetna HMO Individual Advantage Plan and recently received a notice that Aetna has applied to you to increase their premium rates beginning January 2012.

While I understand that the cost of medical care continues to go up, I am outraged that Aetna is applying for an increase in premium rates, especially at the range of increase that they are asking. Aetna proposes an increase for those, like me, who renew in the 4th quarter of 2012, of 22.9 % to 23.6%. I find it hard to believe that Aetna needs this amount of increase to remain profitable. I have been paying an individual premium since 2003 and Aetna has increased my premium 20% to 22% every year since then. Now they ask for an even greater increase on an already exorbitant rate. Is an annual increase of 20% really necessary? I am a basically healthy person who uses the insurance for the recommend annual screenings and a few doctor's visits a year, yet my premiums go up every year at an excessive rate. Further, when I asked Aetna about reducing my premiums by increasing a deductible or eliminating my pharmacy coverage I was told that was not allowed.

I believe companies should make a fair profit, but Aetna is taking unfair advantage of private insurance customers. Their proposed rate of increase is ridiculous and I hope you will deny it.

[redacted]

8/15/11

To: NY State Insurance Dept.

[redacted]

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HEALTH BUREAU
N.Y.C. OFFICE

I recently received a notice of rate increase from AETNA. It calls for a minimum increase of 12.5%. This would raise my monthly premium to $1,419. In 2011 the premium went from $1,177 to $1,261. In 2009 from $870 to $1,177 - 35.2%

The increase from 2009 - 2012 would be 63%.

How can that kind of increase possibly be justified or approved?

I would sincerely appreciate (but would be quite surprised) to receive a reply to this letter.

[redacted]

[redacted]

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N.Y.C. OFFICE

August 15, 2011

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

To Whom It May Concern:

I am covered under the Aetna HMO Individual Advantage Plan offered by Aetna Health Inc. I recently received a letter from Aetna advising me that proposed rate increases for 2012 had been filed with the NYSID.

I am totally appalled! My current monthly premium is $1,260 for myself. To increase that amount by even one dollar is unfair. If I were part of a "group" or worked for a corporation, my rates wouldn't be nearly as high. Why are individuals being penalized?

As I'm sure you are well aware, health care insurance is in a sad state. Let's not add to the problem by increasing rates yet again.

Sincerely,

[redacted]

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N.Y.C. OFFICE

8/15/11

To whom it May Concern,

I strongly oppose the rate increase proposed by Aetna Health, Inc. under the Aetna QPOS Individual Advantage Plan. This July I received a $100 increase which means my current ~~payment~~ premium is now $1932 a month and that is just for me. This amount is already way out of line. How many people are paying this outrageous amount? How can people afford these enormous premiums?

FYI — This is the first notification I've received previous to any proposed increases. I did not know till now that there was an agency to voice the cost concerns of a medical insurance customer.

Thank you
H. Alison Fischyang

P.S. If I were to receive the proposed increase next year, my monthly payment could be anywhere from approximately $2,100 to $2,300

How many more people will no longer

To Aetna and Health Bureau - Premium Rate ~~Disagreements~~ :

I am currently covered by the Aetna QPOS Individual Advantage Plan and have serious concerns about your application to New York State Insurance Department for 2012 proposed rate increase.

I have just received another rate increase starting next month. I am now paying 1835 per month for my policy, more than 22,000 per year (and starting in September 1932 per month) To request an increase of another 15.6 to 16.2% within the year bringing my monthly cost increase to 300+ dollars and yearly cost to over 26000 seems outrageous especially when we consider the following:

1. Checking the amount of reimbursement paid to your network providers over the time period, there has been no increase in your payments to them. They still receive the same amount. While health care services in New York may have risen in cost, Aetna is not paying higher rates to my providers. So, though charges may be higher, reimbursement is not.

2. Yes, I have utilized increased services as a result of massive damage caused by a random violent attack I suffered, but I have not been compensated for many of my expenses nor provided with many of the services needed, requested and to which the terms of my policy entitles me ~~to~~.

Examples follow: a small sampling of numerous situations where Aetna has failed to provide or reimburse for needed services:

a. home health aide - my policy provides for 200 hours of paid HH services per calendar year, yet despite more than 4 letters from at least 4 separate physicians stating the importance of providing this signed plan of care from nurses, repeated appeals, this service has been denied for over a year. Criteria met, no service

b. two requests for reimbursement for services rendered were sent by FAX to claims department at the same time. Confirmation from FAX

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process they were received. One claim was reimbursed, the other was not. Calls to Aetna indicated there was no record it was ever received though both bills were sent to the same place at the same time. So, it was faxed once again (confirmation received) and a call to check on whether it had been processed, again I was informed there was still no evidence in the data base of its receipt. Finally, with my insistence and holding on for uncountable minutes I was told it was being processed and now found.

2, I received a reimbursement check from you for services I paid for, delivered 11 months late as the post office had lost it (the envelope torn and encased in plastic). I deposited it since it stated it was good for 1 year. However, it was returned and I was charged since you had stopped payment on the check, before the year was up. After calling Aetna and reporting this I was told I would receive a replacement check within a few weeks. After more than 3 1/2 weeks I called about the check and was told all of bills submitted for reimbursement for the past year had to be reviewed before any replacement check would be issued (this despite my having sent a copy of check with the stop payment and my having been told I would definitely get the replacement and that it had nothing to do with any other bills from the past year. Once again, after waiting, I called and was told after much confusion and a long wait, that I would not be receiving any replacement check, that it was being denied because I'd already been paid. When I again tried to clarify that they had stopped payment before 1 year after the post office lost it, and, therefore, I had not been paid and, in fact, had been charged by the bank, the people at Aetna (3 different individuals) insisted I'd been paid and would not be receiving anything.

This should give you an idea of the kind of services provided. Over the past 3-4 years monthly premiums have risen nearly $1000, approximately $300 per month each year while service has diminished - longer waits for service authorizations, employees who do not have access to needed and requested information, who are not located in the country - don't speak clearly or always understand what you are trying to say, have to get back to you or don't, no way to reach the complaint department, lose or are unable to find materials sent.

3. While you may have the availability of more complicated high technology or other expensive health care equipment and procedures you either do not pay for it or utilize it with respect to your staff. See above.

My requests for written information to submit to Crime Victims have gone unanswered. I have additional comments relevant to this topic, but time to respond has been very limited by the date you requested they be submitted. Though dated in July, the letter was received in August.

I hope you will take these comments into account when making your decision regarding another rate increase.

Thank you,

[redacted]

My name is [redacted] and I'm covered by the Aetna QPOS Individual Advantage Plan. My membership number is [redacted] and my policy number is [redacted] I have been an Aetna member for over ten years now and ever year my policy goes up significantly. Out of pocket per month, I already pay a monthly insurance premium of nearly $2000.00. That's nearly $24,000 a year for insurance alone with a $2000 deductible on top that. Some people barely make that as their yearly salary. Regardless, it's a considerable, if not daunting sum of money, to give away every year for the luxury of health insurance, one I soon won't be able to afford with my monthly premiums and with these continued annual increases. Why should I be penalized for having an individual policy?

I've been a loyal Aetna member for over a decade, but I can't stay on much longer if the rates keep going up. It's not fair to me or to any other faithful, individual members who rely on Aetna for health coverage. I ask you to seriously consider my letter of request to forgo the increase.

Truly,

[redacted]

august 17, 2011

Mr. Charles Lovejoy
Health Bureau
NYS Insurance Dept
25 Beaver St
New York NY 10004

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AUG 18 2011
HEALTH BUREAU
N.Y.C OFFICE

Dear Mr Lovejoy:

I am writing to comment on Aetna Insurance's proposed rate filing for 2012.

I am covered under the Aetna QPOS Individual Advantage Plan offered by aetna Health Inc. Aetna has recently filed its proposed 2012 rates with the NYSID. I have been covered under this plan since September 1, 2005, and have seen what I believe to be excessive premiums and increases in premiums since my coverage began.

my monthly premiums have been as follows:

For the 12 months beginning	9/1/08:	$1204/mo.
" " " "	9/1/09:	1529/mo
" " " "	9/1/10:	1835/mo
" " " "	9/1/11:	1932/mo.

given the excessive premiums and increases I have experienced I am writing to request that aetna be denied a rate increase, or be allowed only a minimal increase.

Thank you

August 11, 2011

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HEALTH BUREAU
N.Y.C. OFFICE

FYI

Mr. James J. Wrynn
Superintendent
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

Dear Mr. Wrynn:

I am writing to urge the NYS Insurance Department to **CATEGORICALLY DENY** Aetna's proposed 2012 premium increases for its HMO Individual Advantage Plan members.

As you are likely aware, they have filed for increases ranging from **12.5% – 13.1%** to **22.9% – 23.6%,** depending upon the quarter during which a policy renews.

These are on top of a somewhat reasonable 4.7% actual increase last year. I say "somewhat" since the year previous they had foisted a whopping **35%** increase on me**. For Single Coverage.**

They have attempted to justify this latest round of ludicrous increases claiming higher reimbursement rates and pharmacy costs, increased utilization by participants and increased use of expensive high tech equipment in New York.

Meanwhile:

- Aetna's 2010 **net profit was $1.77 Billion**, **up from $1.28 Billion** for 2009.
- Its Proxy statement shows that Aetna paid its top 5 executives total compensation ranging from **$3.3 to $8.8 Million** for 2010. That excludes the **$20.7 Million** paid to its now retired Chaiman / CEO for that period.
- Its 2011 2nd Quarter net income was up 9%.
- It has boosted its 2011 full-year earnings estimate by $.40 per share – a substantial increase.
- In a recent CNBC interview its CEO said that part of the reason its 2011 results are so promising is that utilization was DOWN as people were shying away from seeking care because of economic concerns. But then went on to say that he was fearful that people were not getting the health care they needed. And that the country does need to get health care costs down. Say what? Gee- do insurance premiums play any part in all of this??????

OK, so the economy is in the toilet, millions are un- or under-employed and there are no prospects for early improvement on any front. Yet with Aetna showing **HUGE ANNUAL PROFITS and PROFIT GROWTH**, this greedy institution has the **nerve to request absurd increases from its self-employed / individually insured members? Clearly, they are not going after their Corporate and Government clients with the same idiocy, knowing full well that they don't stand a chance.**

NOW IS THE TIME FOR REGULATORS – STATE AND FEDERAL -- TO PUT AN END TO THE MADNESS AND THE GREED -- AND TO TELL AETNA (AND OTHER INSURERS) THAT ENOUGH IS ENOUGH. SUCH SPECIAL INTEREST GROUPS HAVE WEILDED FAR TOO GREAT AN INFLUENCE FOR FAR TOO LONG ALREADY.

Respectfully,

A Concerned and Outraged Citizen and Aetna Member

cc:

The Honorable Andrew M. Cuomo