



07/16/2011 12:00 PM

To premiumrateincreases@ins.state.ny.us

cc

Subject Consumer Rights - HIP Emblem Health Increases

To Whom It May Concern:

I would like to know what my consumer rights are in reference to the proposed increase being asked for by HIP Select PPO and Emblem Health Plans, for the 2012 year. Currently, I am paying \$1230 a month as a small business and cannot afford a proposed 27.4 to 32.4 increase.



07/16/2011 12:11 PM

To premiumrateincreases@ins.state.ny.us

cc

Subject Select PPO Rate Increase

I am writing to find out why my insurance company is requesting a 17.1-22.1% increase for my 2012 premium for HIP Select PPO. The premiums have increased steadily at an alarming rate and this is another big jump. I am outraged. What is the justification for this request? The price just keeps going up and up and up.



07/19/2011 09:16 AM

To

cc

Subject Comments on HIP Insurance Company Health Insurance Rates Filings

I am writing *again* this year, asking you to consider the impact of the rate increase on consumers who are already struggling to deal with the increased costs of just about everything in our lives. My insurance premium has increased just under \$200 in the past two years. This year's increase will

add another \$50+ to my monthly premium, bringing the cost of my monthly premium to nearly \$670--for just myself! This policy does not cover the cost of office visits and if you add in that cost I am spending a large amount of money for my health! I am a two time cancer survivor and fear not having coverage, good coverage. This is the only major health coverage that I can get in my area. There is no competition for my business. They only thing that stands between me and rising costs is this agency. Please tell them enough is enough.



07/19/2011 11:37 AM

To

cc

Subject Comments on HIP Insurance Company Health Insurance Rates Filings

Note

GHI/Emblem health is not an option in your listing and it is that insurance company I am entering these comments about.

I hereby request an appointment to speak at the public hearing for the rate increase requested by GHI in their GHI Direct Pay Value Plan.

Once again GHI/EmblemHealth is requesting an OUTRAGEOUS Premium increase in the individual plan as stated above of 9.8%. There is NO JUSTIFICATION at over 300% the rate of inflation that AN INCREASE OF THIS MAGNITUDE SHOULD BE ALLOWED. Further after last year's approval of a 23.87% increase there should in fact be NO Increase this year.

Every year over the past six with the exception of one year in which there was not an increase. Each other year is very near or over a double-digit increase which has resulted in over a 75% total increase in the premium, with a static or decrease in services provider for that premium

Very minimal package improvements occurred last year, none this year and yet the premium cost equated to an additional \$111.00 dollars per month last year and now because of a percentage increase there will be another \$61.47 increase or over an additional \$700.00 a year for no improvement in care, no additional value-add incentives or in the selection of providers which results in additional potential thousands of dollars in additional cost I must absorb should I need surgery in having to use an out-of network provider because they have no in-network providers for neurosurgical as an example.

Once again I request the opportunity to speak to the regulators about this increase during the public hearing.

Finally GHI does not need or deserve any increase until such time that they can demonstrate that the service offered justify over \$8000.00 a year in cost for the individual policy holder as there is NO JUSTIFICATION that they have sustained such a cost increase from their providers or in administrative costs of doing business that makes any logical common sense.

Sincerely,



08/01/2011 07:26 PM

To PremiumRateIncreases@ins.state.ny.us

cc

Subject HIP proposed rate change

August 1, 2011

NY State Insurance Dept
25 Beaver Street
NY, NY 10004

To Whom it May Concern:

Dejavu! HIP wants yet another 17-22% rate increase (individual) and an absurd 34-39% increase for spousal coverage??!! **I urge you to *only* allow this increase if HIP and EmblemHealth can demonstrate that there are *several* competitors that can still offer those in my age group (55) coverage at the current cost with equivalent benefits.** Otherwise, the vast number of self-employeds like myself, who get coverage through groups/ associations (as well as many others), will immediately join the ranks of the uninsured. And, if HIP rates increase this much, the State/tax payers will buckle under the strain of paying for millions of uninsured!

There is NO justification for this ridiculous request—**Industry experts say 3% is the average increase.** Last year, Emblem's increase was 22%, 17% the year before, AND Emblem **cancels and replaces policies 2x a year so you NEVER meet your deductible.** Do not fall the trick of HIP claiming they got no rate increases, when HIP just played its flipping game of dropping policies, then replacing them with ones for \$100 more per month last April.

This is the **second time within 12 months** that HIP has asked for an exorbitant rate increase! HIP/GHI and EmblemHealth have been trying to kill NY's last *barely* affordable health insurance for years with its "Conversion," and this is just a different tactic: Price everyone out of being able to afford health care. Even though as many more young people are added to plans, costs should go DOWN: more payers/fewer claims.

In the meantime, HIP has:

Doubled the salary of its CEO to \$4.79 million (last year) and if state regulators approve the nonprofit insurer's conversion to a for-profit public company, he could get a package worth \$20 million. How can his salary double if HIP is not already very profitable?

Increased its rates by \$70-\$100 a month each year for the past 4 years (17% one year, 20% the next) through plan swaps. **Yearly we're told our plan is not offered; here is a new one for almost \$100 a month more with a much larger deductible. No justification, no oversight.**

Changed plans when most of us are nearing our \$2,000 to \$5,000 deductibles, so in effect, we never reach it. In fact, one year HIP did this twice. Since deductibles also reset in January, resetting the deductible this often meant no one went beyond it unless he/she had brain surgery.

Paid pennies on the dollar to physicians and labs, so **there are no increasing costs for HIP here.** For a \$475 claim, they paid \$38, but I paid \$30. For a \$490 mammogram, *not* including radiology, they paid \$37.79. I would love to pay \$37 for a \$500 mammogram and keep the rest that I pay HIP just for HIP to get that deal, but since individuals cannot negotiate this deal with hospitals, we are essentially left paying

protection money. Rather, paying CEO salaries.

There are NO options for those millions of us at our breaking point— **Please do not allow this proposed increase, which** will leave millions unable to pay premiums and force tax payers to pick up their care. Please put an end to the destruction of the middle class, most of which just took a huge income deductions and rent hikes.

Sincerely,