Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

07/16/2014 06:53 PM

Health Insurance Plan of Greater New York
individual
other
[redacted]
I was away over seas, And I received the letter yesterday on 7/15/14. My company is not listed above, is Emblem Health, plan is Select Care Silver, ID# is [redacted]. I can't pay bigger premium than I do now. Cost me approximately $300 a month with deductible.My income is not entire$ 26.000.If you raise my income I will forced to cancel.[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

07/18/2014 02:05 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
1. Name of insurer: HIP, an EmblemHealth company 2. Name of plan: Select Care Silver 3. Individual Coverage 4. Health Insurance Oversight System(HIOS) identification numbers [redacted] (dependent coverage to 26 end-of-month), [redacted] (dependent coverage to age 30 end-of-month) and [redacted] (child only)

Rate Increase- HIP by 10.1%

[redacted] to: premiumrateincreases@dfs.ny.gov 07/21/2014 12:25 PM

Please respond to [redacted]

History: This message has been replied to.

Dear Sir or Madam

I recently received a letter stating my Select Gold Insurance with Emblem will increase by 10.1 %, this is absolutely outrageous. I am already paying $922/m, and with the deductibles and other fees, this is coming to $1000+/month. The expense is way too high for my family. I am the sole provider for the family, and I am afraid that I might not keep up with the payment.

Sincerely Yours,

[redacted]

Re: Premium Rate Filings

[redacted] to: PremiumRateIncreases 07/30/2014 11:47 AM

Hi [redacted]

Thank you for getting back to me.

If I'm reading this correctly, you're saying that DFS would approve rates being raised, amongst other factors, because the DFS needs to ensure that the insurer continues being profitable, or in the least, stay afloat?

Why is it the NYS Department of Financial Services responsibility to ensure that an independent company is profitable?

What it seems your saying is that if rates aren't regularly raised, than the company would fail. Is this correct?

Furthermore, why should the actual cost responsibility fall upon the consumer? It seems as though we're continually being penalized for the short comings of the company providing our insurance.

And again, I'd just like to note again, I don't see many advertisements for most insurance agencies. If EmblemHealth wasn't spending hundreds of thousands of dollars on advertising, they would have more money. And considering the new, open marketplace, their opportunities are the same as every other companies. If they have a good service, then it's apparent in the comparison section of the NYS health website.

I'd appreciate it if you could get back to me as soon as possible so I can understand this situation.

Thank you very much.

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

08/02/2014 11:47 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
This plan is one of the NY State of Health Plans that is being so strongly pushed as a healthcare savings for the public. I switched from an employer group plan to this one because the premiums of the previous plan kept rising and rising. I have not gotten a pay raise since 2009 and do not see one coming any time soon. If the plans just got instituted in January of 2014, how is it that a rate increase is justified already? It seems to me that these Health insurance Companies only want to be in an ever-increasing profit-making business. It seems the insurance companies and the governing agents have exempted themselves from the principles underlying 'HEALTHCARE' and are in the 'MONEY-MAKING'. Reasonable, affordable health plans imply that members are still able to send their children to school, provide shelter, clothing etc -- not just work to pay for the high profit-margins for health insurance companies. This is unacceptable and we are strongly opposed to a premium increase of 11.6% or any other percentage. Your profits are high enough as it is.

Emblem Health Rate Increase Request

[redacted] to: PremiumRateIncreases 06/27/2014 07:37 AM

Please respond to [redacted]

History: This message has been replied to.

To Whom it May Concern,

My insurance information is as follows:

1. The name of insurer: HIP, an EmblemHealth company
2. The name plan: Select Care Bronze D (off the network)
3. I have individual coverage
4. My plan's HIOS identification number: [redacted] (dependent coverage to age 26 end-ofmonth), [redacted] (dependent coverage to age 30 end-of-month) or [redacted] (child only)
5. My member ID number is [redacted]

I am writing to protest the proposed rate increase which I understand to be 9.5%. This is a high deductible plan ($6,000 deductible) and the monthly premium is $335. At a cost of about $4,000 per year, I feel that in the spirit of the Affordable Care Act this is already too much for the coverage and the level of service provided by Emblem.

Many doctors will not accept this insurance and the ones that do often complain bitterly about the procedure rate they are forced to accept and consequently try to add services to my bill to supplement their incomes. This plan has no Vision or Dental coverage and with with a $6,000 deductible everything is an out of pocket expense. Moreover, almost all the interaction with the company in on line, it is difficult to speak to a person on the phone, and when I am connected I am often shuffled around (with long hold times in between) to various departments in search of someone with the knowledge to answer my question.

Therefore, aside from the ability to maintain a tax deductible Health Savings Account this plan can only be considered as "safety net" or "catastrophic" insurance as as such is barely worth the $4,000 annual premium. Please DO NOT allow them to raise their rates!

Sincerely,

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/27/2014 11:02 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
The name of the Insurer is HIP, an Emblem Company. The Plan is Selectcare Platinum. Don't let them raise our rates. They are already overpriced, the selection of the doctors is lousy and so is the coverage. As this is a NYS Health Exchange insurer, rate increases need to be extremely few and far between. Thank You.

RATE INCREASE

[redacted] to: PremiumRateIncreases 06/27/2014 11:11 AM

History: This message has been replied to.

My information:
1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: **Select Care Silver**
3. The fact that you have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers [redacted] (dependent coverage to age 26 end-of-month), [redacted] (dependent coverage to age 30 end-of-month) and [redacted] child only)

I have only been a member for just over 2 months and I am already getting a rate increase! I haven't even used the insurance!!! The government made me get insurance which is not affordable to me now! Now you want to increase the burden.

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/27/2014 02:01 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
Health insurance companies should not be allowed to ask for hikes so soon after subscribers have signed up, especially when signing up is mandated as in the affordable health act. Per the AHA we had no choice but to purchase insurance, & while we did have a choice what to buy, the decision was based on price, doctor network & services. Asking for a rate increase so soon is akin to a bait & switch tactic which renders the idea of shopping around to a joke. As long as we are forced to purchase insurance, the companies should be subject to a rate freeze.

My SELECT cARE SILVER PLAN

c br to: premiumRateFilings 06/27/2014 03:51 PM

Cc: PremiumRateIncreases

History: This message has been replied to.

To Whom it May Concern

I FEEL TOTALLY DISENFRANCHISED by the notice of an attempted rate increase. In all honesty I have not been happy with my individual coverage for a few reasons but never tried to break out of it because as far as I am concerned a deal is a deal and to my understanding this coverage is locked in for a minimum of a year.

The fact that I have not tried to break out of the deal and go shopping for a cheaper or better health contract is testament to the fact that my integrity forces me to stick with my agreement.

I am not truly interested in all of the reason for an attempted rate increase but its totally unfair to change it now after 6 months. We all have buyers or shoppers remore at some time in our life but most of us , just deal with it versus trying to pass cost off to another party.

Hey Emblem, I do not have another 8.8%. I guess I need to investigate the cost of being fined for not having Health insurance.

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/28/2014 02:05 PM

Health Insurance Plan of Greater New York
individual
hmo

[redacted]

This request for an 11.6% increase goes totally against the purpose and intent of the Affordable Health Care Act/legislation. On my behalf and for those like my 23 yr. olddaughter, who can not afford an increase, I vehemently oppose this rate increase.

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/28/2014 02:10 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
Requested rate change should not be approved. The coverage is terrible. Also EmblemHealth did not represent their coverages via the NYS Health site accurately. I am looking to replace the existing EmblemHealth coverage with another coverage if possible.

Emblem Health Rate Increase

[redacted] to: premiumrateincreases 06/29/2014 12:30 PM

History: This message has been replied to.

To whom it may concern:

Name of company: Emblemhealth
Name of plan: Select Care Gold
Type of coverage: Individual
HIOS: [redacted]

Is there anything that I can do to prevent the rate increase of **10.1%** on my account? What happens to someone like me in this situation. Are there any steps that I can take to prevent these fees?

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/29/2014 09:44 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
EMBLEM HEALTH SELECT CARE PLATINUM, HIOS ID
[redacted]. The rates should absolutely NOT be increased. They are too high already, given the extremely skimpy "narrow network" coverage. The DFS should focus on inducing HIP to expand its coverage networks to be similar (ie, wide choice of doctors at academic medical centers, meaning offering compensation that is not insulting) to their commercial policies. I don't believe that those who are covered by NY State of Health plans are necessarily more expensive than those who would be covered by large corporate plans. I have read that in every state, more insurers are planning to offer policies through the "Obamacare" websites. If this is true, that is a clear indication that the "Obamacare" plans are very profitable indeed. If these policies were so unprofitable, they would be running the other way, not seeking to pile in. I think the insurers should be required to demonstrate that the individual coverages they offer are so much more expensive than their "priceless" corporate customers. It may be that only a small segment of the "individual" market is very expensive; the rest of us may be more similar to than different from the corporate market in "wellness/sickness" profile.

Objection to HIP/Emblem Health proposed premium increase for Select Care Gold plan

[redacted] to: PremiumRateIncreases 06/30/2014 03:13 PM

History: This message has been replied to.

My name is [redacted], my phone number is [redacted], and my email is [redacted] For the record: (1) the name of my insurer is HIP, an EmblemHealth company, (2) the name of my plan is Select Care Gold, (3) I have individual coverage, and (4) EH asked that my comments include HIOS identification numbers [redacted] and [redacted]

I am writing to object to the proposed 10.1% premium increase in the above-referenced plan. Indeed, in view of my experience with EH I object to awarding them ANY increase until they begin acting like a responsible insurer.

My experience with EH under ACA has been so shockingly awful that I oppose any premium increase at all. Since I have no idea whether others shared my experience, I will describe it at length. My specific objections are as follows:

1. There is almost no inflation in the general economy. In the health care sector, inflation is lower than it was been for the past several decades, and heading lower; certainly it does not approach 10.1%. Part of the premise of EH's cripplingly narrow networks for the ACA plans is that it would be able to strike good bargains with a limited number of suppliers; it should not be permitted to lead the way back to double-digit medical inflation.

2. EH has turned out to be an incompetent and inefficient administrator, and I believe that whatever financial distress they may be feeling is due to mismanagement. I signed up for Select Care Gold through the NYS website in 11/2013 and then fell into the Twilight Zone even though EH had been my insurer for the past several years under a different plan. Although I continued to have my bank make timely, automatic premium payments to EH--i.e., the same bank account paying the same insurance company as in prior years--EH did not credit my account. In early February an EH VP sent me a letter terminating my coverage for non-payment. I promptly wrote back saying that I had paid, and enclosing evidence. When I received no response, I wrote again--again, no answer. (I was later told that this VP had left the company--presumably he was fired--and that no one had ever read his mail.) When I then phoned, I suffered the typical crushing EH delay of an hour; when a rep finally answered, she confirmed that they had received my premiums but said she would have to investigate why they had terminated me. She gave me an estimated response time of 48 hours but in fact no one ever called back. I made follow-up calls and received the same runaround. In late February, when I was out of town (and therefore out of network) I had a medical emergency in the form of an apparent appendicitis attack (although it turned out to not be appendicitis). The pain was nearly unbearable, and medical friends advised me to rush to the ER; however, since EH was still denying coverage, I decided to get emergency pre-clearance. This involved two separate phone calls, with an hour-long wait for each, and getting passed from hand to hand among the EH reps. In the end I finally got pre-clearance. I then rushed to the ER, and was hospitalized that night. However, when the hospital contacted EH, it denied coverage, and it is my understanding that to this day, four months later, it still has not paid a penny toward the cost of my care. (EH is being a real stickler

on the details of billing and coding, and since they will not communicate with the hospital they have forced me to pass on their objections the best I can.)

3. Because I copied NYS regulators on my correspondence with EH, EH assigned an ombudsman to my case in late April/early May. By early May I finally succeeded in obtaining an insurance card and a copy of my insurance plan. EH acknowledged coverage and agreed that I could finally get my annual physical, which I usually get in January. I had signed up for Select Care Gold in 11/2013 because my then-current doctors and hospital were in-network; however, by 5/2014 they had mysteriously dropped out of the network, presumably because EH couldn't come to terms with them or otherwise wanted to narrow its network. This meant a disruption in care and a blind search for a new internist. Although EH observed the ACA's 'no co-pay' requirement in connection with my annual physical, in a novel interpretation of the ACA rules it is asking me to pay for the lab tests done at that physical as part of my deductible. This is, I believe, illegal; certainly in past years, when I did have to make a co-pay for my physicals, that was ALL I paid (i.e., I did not also have to pay for the labs as part of my deductible). Again, EH seems to have administrators working overtime on how to pass additional costs onto its customers.

4. EH's lengthy, unexplained delay in confirming my coverage meant that I was effectively uninsured till May (even though I continued paying premiums) and that the follow-up colonoscopy I should have had 6 to 8 weeks after my release from the hospital couldn't be performed until over 3 months later.

EH's behavior in 2014 has been inexcusable. Given the tremendous overhead that's already baked into EH's premiums and the way EH has worked overtime to deny coverage and delay payment, I oppose allowing EH to pass on to its customers whatever increase in costs it might experience in the coming year.

no rate changes

[redacted] to: premiumrateincreases 06/30/2014 04:05 PM

History: This message has been replied to.

On Jan 1, 2014 I started my insurance with HIP, an EmblemHealth company and have Select Care Bonze individual coverage.
I am truly shocked at the unhelpful and horrible service I have received from EmblemHealth. I have never been treated in such an unprofessional, uncaring, random, and duplicative manner. I feel ripped off having to pay my substantial premium month after month for horrible service. I was sent to a welfare mill clinic and to a clinic where the doctor had no idea what a simple rash was. I made an appointment with a doctor for a routine exam and was seen by a midwife. It has taken me three months and counting to get a correct referral for a mammogram. EmblemHealth should not receive one extra penny increase in their rate as their "exchange" with me for my premium is not even "fair exchange". I have spent nearly 20 hours on the phone waiting for a customer service employee to pick up, repeating the same story over and over, and being told there is nothing they can do on one issue after the next. I wait until I can change insurance in Oct!
Don't add to the existing rip off! Don't give them an extra penny!

Proposed Premium Rate Change

[redacted] to: PremiumRateFilings@emblemhealth.com, PremiumRateIncreases@dfs.ny.gov 07/01/2014 04:38 PM

History: This message has been replied to.

To Whom This May Concern,

This email is in regards to the proposed premium rate change of 11.6% by my insurer, HIP, an EmblemHealth company for my individual coverage plan, Select Care Platinum.

After reviewing this proposal and researching other insurance plans, I believe that the requested 11.6% increase is too high. Other health insurance companies are not requesting an increase or have requested a decrease for their premiums. My household can not afford to pay more than it already is paying out of pocket for health insurance. If Emblem requests and receives this increase, my household will definitely purchase new insurance at the date of renewal and will not consider Emblem to be an affordable choice for working families.

[redacted]

[redacted]

potential premium increase

[redacted] to: premiumrateincreases 07/02/2014 02:02 PM

History: This message has been replied to.

To Whom It May Concern:

My name is [redacted], [redacted]. I am currently insured under HIP, an EmblemHealth company with the Select Care Silver plan. I have individual coverage. I was also told to include this information: "HIOS ID Numbers [redacted], and [redacted]."

I wish to bring to your attention the fact that my monthly income since I enrolled in the plan is not indicative of my future earnings. As a part-time employee of the NYC DOE, I will receive my last paycheck in July. I will also not be returning to teach in the fall. Until my future employment situation is certain, I cannot predict my earnings. I most likely will not be able to afford a premium increase, and I may even require a larger tax credit.

I would greatly appreciate any relevant information or guidance pertaining to my situation.

Thank you,

[redacted]

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

07/02/2014 04:16 PM

Health Insurance Plan of Greater New York
individual
ppo
[redacted] came as a complete shock - I've been covered now for less than two months and I'm already receiving a notice for premium rate increase. I work full-time as a freelancer and as it is, all expenses come out my own pocket. The current monthly rate of $469.00 is a stretch financially for me and can not fathom how I will manage the additional $60 per month - or $720 a year - just to maintain my coverage, not including my deductible. I sincerely hope the DFS take's into account that every hard-earned dollar counts and we're all dollar-to-dollar today.

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

07/06/2014 02:44 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
I feel it is unfair to raise the premium any amount. My ins premium before obamacare was less & I was forced to take out another plan w/higher premium. My salary has not gone up & I struggle to pay bills timely. Please do not increase the premium. I feel President Obama should have put a stipulation on ins companies saying there could be no raises in premiums for at least 5 yrs & then only very minute premium raises. Befair to the hard working

Notice of EmblemHealth Proposed PremiumRate Change

[redacted] to: PremiumRateIncreases@dfs.ny.gov, [redacted] 07/07/2014 12:10 PM

Please respond to [redacted]

History: This message has been replied to.

[redacted]

July 7, 2014

NYS Department of Financial Services
Health Bureau . Premium Rate Adjustments
1 State Street
New York, NY 10004
PremiumRateIncreases@dfs.ny.gov

Re: Notice of EmblemHealth Proposed PremiumRate Change

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: **Select Care Silver**
3. The fact that you have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers [redacted] (dependent coverage to age 26 end-of-month), [redacted] (dependent coverage to age 30 end-of-month) and [redacted] (child only)

Dear NYS Department of Financial Services:

I intensely oppose this rate increase and strongly urge you, beg you, to disapprove the requested rate change. I also request that the time for comment be extended by a year and that EmblemHealth be required to email this letter to all subscribers to make submitting comments easier.

A rate increase of this size, of any size, is uncalled for and unwarranted and is nowhere in my budget. I would not be given a raise let alone an 8.8% raise for doing shoddy work in a rude manner, why should they be given one? I have been struck at every interaction at how terrible the customer service is at EmblemHealth. No one who works there seems to know what's going on! I just received this insurance and they are already attempting to force an increase, this is a clear bait and switch tactic.

I was forced to buy this .Health. Insurance and every time I have to interact with Emblem I feel like another bit of my mental health has been stolen. Health Insurance companies as a whole provide NO worthwhile service, they have gutted our pocketbooks and now they

want more. PLEASE, PLEASE, PLEASE, do NOT give it to them! Please send them a message that they do not get to have free reign over our pocketbooks.

Kind regards,

[redacted]

Emblem Health - Request for Increase.pdf

Proposed Premium Rate Increase

[redacted] to: premiumrateincreases 07/07/2014 07:04 PM

Cc: [redacted]s

History: This message has been replied to.

I recently received a letter from my insurance provider, HIP, an Emblem Health Company, stating that they were going to file a request with you (DFS) for an 8.8% increase in my 2015 premium.

PLEASE do not approve this request!

For your information I have a Select Care Silver Plan, individual coverage. (Additionally, in the letter they asked I include the following should I contact DFS: health INsurance Oversight System (HIOS) ID # [redacted] dependent coverage to the age of 26 end of month; [redacted] dependent coverage to age of 30 end of month; and [redacted] child only) I have no idea why this is applicable to my medical insurance coverage situation as I have to children and have no plans to have any. Zero.

Now to the subject of this rate increase. HIP of Greater NY/Emblem says it's necessary due to the rising cost of health care. Costs may be rising, but there should be some consideration for people, like me, who are healthy, make sound, healthy lifestyle decisions, take care of ourselves, very infrequently even see a doctor. I'm not driving up costs by seeking medical care or taking prescription drugs. I have no need so I shouldn't be paying more for something I don't even use. Secondly, I don't have the income to even cover the cost of an increase and finally, as it stands when it comes to service from Emblem, I'm not getting what I pay for as it is. I've spent countless hours trying to find a basic care physician, a gyno and even a dermatologist for basic preventative care visits. The doctors listed with Emblem as taking my insurance often aren't or I can't get in to see them for months. In other cases, doctors say they take the insurance in theory, but because they can't get billing or other computer systems integrated with Emblem, they won't allow me to book an appointment.

Seems to me there's a lot of work to be done to make this health plan more efficient and ultimately less expense instead of resorting to the knee jerk reaction of simply charging the customer more.

Thank you for considering my position on this matter.

Kind Regards

[redacted]

HIP of Greater NY member [redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

07/08/2014 02:16 PM

Health Insurance Plan of Greater New York
individual
hmo

I have an HIP-EmblemHealth Select Care Gold health insurance plan, and I have been informed that a 10.1% increase in the premium rate has been requested. I hope that that request will not be approved. When I was selecting a health insurance plan, one of the things I was concerned about was whether the primary care doctor whom I've been seeing for over 20 years was in the plan's network. I was told that he was not, but that they were adding doctors to the network all the time and that I should ask him to apply; I was led to believe that he would then be approved (i.e., that his application was all that was needed to have him be added to the network). However, although he has applied, he has not been added to the network. I now gather that many insurers (evidently including mine) are limiting the number of doctors in their networks in order to contain costs. I therefore think that a rate change should not be approved for the plan as it exists. Thank you for your consideration of my concerns.

Complaint Submission RE: 2015 rate increase

[redacted] to: PremiumRateIncreases@dfs.ny.gov 07/09/2014 12:45 AM

Cc: "PremiumRateFilings@emblemhealth.com"

History: This message has been replied to.

To whom it may concern:

1. My insurer is HIP, an EmblemHealth Company

2. My plan is Select Silver Care

3. I have individual coverage

4. HIOS ID #: [redacted]

The proposed rate increase requested by Emblem Health for 2015 completely defeats the purpose of the Affordable Care Act. I am a freelance theatre technician who works a minimum of 45 hours every week, but because I am considered "part-time" I do not qualify for a health care plan through work. For me, Obamacare was a godsend.
It seems ludicrous that Emblem Health is already requesting a rate increase—mere months after our new plans took effect. If the proposal is approved, I will be forced to drop Emblem and seek a new health care provider.

Sincerely,

[redacted]

[redacted]

RA IATSE

[redacted]

----- Forwarded by [redacted] on 06/26/2014 12:26 PM -----

From: [redacted] Insurance Inquiry [redacted]>
To: [redacted]>,
Date: 06/26/2014 11:14 AM
Subject: NYS Department of Financial Services Consumer Assistance Unit Inquiry

Dear [redacted]:

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 Na [redacted]
Email: [redacted]
Address: [redacted]

Your Company/Organiz
Daytime Telephone#: [redacted]
You are a(n): CONSUMER
Type of Insurance question/comment: HEALTH

Your Questions and/or Comments have been recorded as follows:

* *

Hello, I just received a notice from Emblem Health stating that they were appealing to the DFS to raise my premium 10%. My experience so far with Emblem Health (Gold), that I signed up for through the marketplace exchange, has been that it is very expensive and was vastly mis-represented in terms of cost. And

I felt that way BEFORE receiving this notice.
I need to know what I can do (who can I contact, etc) to fight to this increase. As it is I am struggling to pay my medical bills that I couldn't have planned for because Emblem failed to mention many of these fees before I signed up.
ise. Thanks so much for your time,
[redacted]

* *

Sincerely,

New York State Department of Financial Services
Consumer Assistance Unit.
email at: consumers@dfs.ny.gov

----- Forwarded by [redacted] on 07/17/2014 10:42 AM -----

From: '[redacted]>
To: "PremiumRateIncreases@dfs.ny.gov" <PremiumRateIncreases@dfs.ny.gov>,
Cc: [redacted]>
Date: 06/27/2014 08:49 AM
Subject: We do not agree this rate change

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we just begin this Obama care this year, there are no reason you raise the rate within kess than one year

please supply all info and document about why you need raise the rate

PremiumRateIncreases

PremiumRateIncreases@dfs.ny.gov

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***
This email is to notify you that the payment amount due and payment due date for EH Select Care Recurring Premium have been determined for your next recurring payment. Your new payment amount due is $323.24 and your new payment due date is Jul-01-2014.
The next payment will be dicated below:
Reference Number: [redacted]
Confirmation Date (ET): Apr-25-2014 03:05:44 PM
Amount Due: $323.24
Payment Due Date: Jul-01-2014
Payment Amount: $323.24
Next Payment Date: Jul-01-2014
Card Number: [redacted]
If you have questions about this payment or need assistance, please view the payment online at http://www.emblemhealth.com/Members.aspx, or call Customer Service at (800) 447-8255.

Thank you for using the EmblemHealth electronic payment system.

Sent from my
----- Forwarded by [redacted] on 07/17/2014 10:42 AM -----

From: [redacted]
To: <PremiumRateFilings@emblemhealth.com>, <PremiumRateIncreases@dfs.ny.gov>,
Date: 07/15/2014 10:29 AM
Subject: Response - Notice of proposed Premium rate Change

On July 7 I mailed you a letter respond your Notice of Proposed Premium Rate Change and still have not received a response from you. This Notice says that I must respond with 30 days. So I am forwarding an e-mail. I look to hearing from you.

To whom it may concern:

I am writing about a letter I received regarding Notice of Proposed Premium Change. I have the Silver D HMO Plan and my ID number is [redacted] My name is [redacted], birthday [redacted]

I believed that the health care reform "Obamacare" could be beneficial because, for the first time since I have lived in the US, I would be covered by insurance. However, I am shocked that only after six months of being with EmblemHealth my rates are going to increase. I feel that I signed up for a program not knowing that a few months later the rules would change.

I am a self-employed tutor and my income for last year was about $52K and for 2012 it was $54K. I can barely afford the $397 dollars a month premium because after paying for these charges, food, housing, transportation and paying for my aging parent's health insurance and living costs, I am practically left with nothing. If the rate increases I will cancel the plan and continue flying abroad for health care as I have been doing for the past 18 years.

When I signed up for EmblemHealth I was asked a few questions regarding my income and zip code. How could my premium rates be determined from that information? Almost hundred dollars a month is too high a premium for me to keep paying. How can I lower my current rate? If these rates can't be lowered I'd rather pay the penalties and get health care abroad.

I look forward to receiving your comments on this issue.

Sincerely,

[redacted]

Emblem Health Attn: Premium Rate Filings [redacted] **(with a cc to NYS Department of Financial Services)**	[redacted]

To whom it may concern:

I am writing about a letter I received regarding Notice of Proposed Premium Change. I have the Silver D HMO Plan and my ID number is [redacted]

I believed that the health care reform "Obamacare" could be beneficial because, for the first time since I have lived in the US, I would be covered by insurance. However, I am shocked that only after six months of being with EmblemHealth my rates are going to increase. I feel that I signed up for a program not knowing that a few months later the rules would change.

I am a self-employed tutor and my income for last year was about $52K and for 2012 it was $54K. I can barely afford the $397 dollars a month premium because after paying for these charges, food, housing, transportation and paying for my aging parent's health insurance and living costs, I am practically left with nothing. If the rate increases I will cancel the plan and continue flying abroad for health care as I have been doing for the past 18 years.

When I signed up for EmblemHealth I was asked a few questions regarding my income and zip code. How could my premium rates be determined from that information? Almost hundred dollars a month is too high a premium for me to keep paying. How can I lower my current rate? If these rates can't be lowered I'd rather pay the penalties and get health care abroad.

I look forward to receiving your comments on this issue.

RECEIVED
JUL 09 2014
HEALTH BUREAU
N.Y.C. OFFICE

Sincerely,

[redacted]

July 1, 2014

[redacted]

N.Y.S. Dept of Financial Services
Health Bureau - Premium Rate Adjustments

RECEIVED
JUL 08 2014
HEALTH BUREAU
N.Y.C. OFFICE

[redacted]

Dear Sirs!

With regard to your letter requesting a premium increase on my policy keep in mind that I do not have Nor have I listed Dependant children or child to age 26 [redacted] or to age 30. [redacted]

Please respond immediately so that I can monitor my premiums in a timely and accurate manner.

Sincerely,

[redacted]

[redacted]

RECEIVED

JUL 02 2014

HEALTH BUREAU
N.Y.C. OFFICE

NYS Department of Financial Services
Health Bureau—Premium Rate Adjustments

To Whom It May Concern:

Last week, I received a letter from my health insurer, HIP (an EmblemHealth company) that it was seeking a whopping 11.6% premium increase for my individual health plan (Select Care Platinum, HIOS Identification Numbers [redacted] for 2015. I am writing this letter to you to express my strongest possible opposition to this outrageous request.

My current health plan was one of those plans born out of the Affordable Care Act. I thought the intention of the **AFFORDABLE** Care Act was to make health care **AFFORDABLE** for **average** citizens like me. At this rate, the only people these plans will be affordable for will be the rich and super rich.

Although I am entitled to receive Medicaid (based on my low income), I have, to date, refused to accept it. As a result, **I receive not one penny in aid from New York State**—no subsidy, no tax credit, nothing. As is, I am struggling to pay my 2014 monthly premium of $554 per month (excluding additional doctor co-pays). Any premium increase, especially a substantial one, will likely force me onto the Medicaid rolls, with the taxpayers of this state paying for my entire medical coverage.

That day may be coming sooner rather than later. HIP is requesting a nearly 12% increase in my premium for 2015, citing "higher costs." I have just received a substantial rent increase, my utility bills have shot through the roof and my food costs have gone sky high. Where do I go to get an increase in my income for these "higher costs?" Ask an employer for a 12% raise on your salary or go to a bank and ask for 12% interest on your money and see what their response will be. (Mind you, I still need referrals to see specialists within an extremely tight panel of doctors and most of the best hospitals in the city are not even included on my plan.)

In all four years that I have been receiving letters from HIP requesting rate changes (excluding 2014 because of the changeover in plans), HIP has requested not only increases, but double digit increases. I mean **every** year. Is the idea to aim high so if an increase of only, say 9.5% is approved, subscribers will feel like they got a "bargain?" When is enough enough?

I had high hopes for controlling health care costs with the passage of the [redacted]. I still do. I don't mind paying a premium, one that is fair and reasonable. I do mind having to respond to requests for double digit increases (in a tough economy with supposedly no inflation) year after year, particularly with increasingly limited choices.

I respectfully request that your agency please take into consideration the absolutely devastating effect any increase—but especially a large one—will have on subscribers like me. We are already burdened with premiums we can barely afford.

The citizens of this state are counting on your agency to be our advocate. The health insurance companies show us no mercy as they demand yearly monumental premium increases. Please protect us. You are our only hope.

Thank you for your time and consideration.

Sincerely,

[redacted]

RECEIVED
JUL 07 2014
HEALTH BUREAU
N.Y.C. OFFICE

July 3, 2014

To whom it may concern:

We are so upset to hear about the proposed rate changes. It is difficult enough to afford decent health insurance. Please reconsider the rate changes. Most of us can barely afford to pay what we are paying now!!!

Name of insurer: HIP
Plan: Select Care Basic
I have individual coverage which is super expensive to afford!!!
Plan's HIOS identification number: [redacted]

Thank you for your consideration and attention to this matter.

Sincerely, [redacted]

RECEIVED
JUL 17 2014
HEALTH BUREAU
N.Y.C. OFFICE

July 7, 2014

Attn: Premium Rate Filings

Re: *Notice of Proposed Premium Rate Change*
HIP, an EmblemHealth company
Individual Coverage
ID Number:

Dear Sir/Madam:

This letter is in reference to your June 11, 2014 regarding a premium rate increase by 8.8%.

My income is barely enough to cover my monthly expenses and offset my day-to-day cost of living. I do not have a steady income, and I am unable to find a job in my field right now. I understand that you are under no obligation to accept my request; but I am respectfully asking that my premium *not* be increased so that I can satisfy the monthly premiums within my financial limitations.

As it is, the coverage I currently have forces me to burden my primary care physician's office with referrals when I need to see a specialist. In addition, very few physicians actually accept Emblem Health Select Care Silver; my choices in selecting a doctor are severely limited. It has become very difficult to find doctors who can actually meet my health care needs, and who are willing to accept the insurance I have.

Thank you for your consideration. If you require any additional information, or supporting documentation for my financial status, please contact me at or

Sincerely,

RECEIVED
JUL 17 2014
HEALTH BUREAU
N.Y.C. OFFICE

Dear [redacted]

I am writing to you regarding the letter that I have recieved stating that you are filing a request to NYS Department of Financial Serice to increase my Insurance Policy with Emblem Health 10.1 %.

I do not understand why you would want to increase my policy at such a very high 10.1 %. I was under the impression that President Obama is calling this Insurance program (affordable)!!

Please explain to me how this is affordable when you are looking to increase me at 10.1 %? I am single and I live alone. I will be turning 64 years old in October.

I am asking you to please reconsider your request to increase my policy.

My Policy already has a 600.00 deductable which isn't affordable.

Sincerely [redacted]

July 11, 2014

RECEIVED
JUL 15 2014
HEALTH BUREAU
N.Y.C. OFFICE

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments

Emblem Health
Attn: Premium Rate Filings

[redacted]

[redacted]

Re: Notice of Proposed Premium Rate Change
Emblem Health Select Care Platinum

Hello, most dear kind persons,

I am in receipt of your correspondence dated June 13, 2014 (copy enclosed).

I am writing to you as this time to comment against the proposed premium rate change.

My reasons as to why I am against your proposed premium rate change are:

1. With regards to the Health Insurance Oversight System (HIOS) and the identification numbers shown in your attached document, I do not have dependents covered under my health insurance plan; ergo, by the wordage used in the definition numbers, this proposed premium rate change would not pertain to my specific health insurance coverage. It is only I who is covered under the health care insurance.

2. My insurance coverage with Emblem Health became effective January 1, 2014. My current health status has remained constant for over eight years; thus, my monthly medical care has gone unchanged during the current duration of coverage with Emblem Health Select Care Platinum. To experience a significant increase in the monthly premiums at this infancy stage of our health care relationship, feels prematurely punitive.

3. According to an article recently published by Reuters (New York June 26, 2014) (copy enclosed), the aggregate content of the article reiterates that the United States healthcare companies are making money; that they are seeing profits, and that their profits will continue to increase. *".....health sector earnings reflect rising expectations for the second quarter and beyond."*

It is with the aforementioned reasons that I succinctly feel that for year 2015, I should <u>not</u> see *any* increase in costs for my health care. Further, I would petition for me to see a decrease in my monthly premiums because:

1. **I am in good health. I live in good health; eat well, do not smoke nor take drugs. I exercise daily. I have positive outlook and maintain positive approach on well-being, and**

2. **My monthly medical care remains constant thus meaning that for the last one hundred months (8 ¼ years), I have received the same health care each month. As we know to express some behaviours in numbers, if a particular item remains the same with unchanged constancy, the behaviour of that item does not *increase*. We need to be mindful that costs are expressed by numbers; ergo, if the result of the monthly medical care has remained constant for a very long time, why should the cost for it change? The status of my health as measured in numbers has remained constant, yet my monthly medical insurance premiums might increase by 11.6%. This is a jagged pill to swallow especially since my medical status as measured in numbers remains in constant healthy condition.**

Thank you so much for reading my comment against the proposed premium rate change. In accordance with page 2 of your notice, regarding item number 3, I confirm that I do have INDIVIDUAL coverage. Items 1 and 2 are self-confirmed. And lastly, item 4 does not pertain to me since I do not have dependents.

With kind regard for your warm time, I await your reply,

June 26, 2014

New York State Department of Financial Services
Health Bureau - Premium Rate Adjustments

RECEIVED
JUN 30 2014
HEALTH BUREAU
N.Y.C. OFFICE

Re: Emblem Health Proposed Health Insurance Rate Increase

To Whom It May Concern:

My insurer is: HIP, an EmblemHealth Company

It is an individual coverage plan

Several days ago I received a letter from Emblem Health advising of a proposed rate increase in the amount of approximately 8.8%.

I think this request is outrageous. The "Affordable Health Care Act" is anything but affordable. I earn just over the limit to get a subsidy from NYS for my health insurance so I do not qualify.

We are a family of 4, I work full time, my wife works only part time, and we have a son in college and a daughter in high school.

With the increase in costs of everyday items, milk, bread, meat, gas etc.: it is very hard to keep up.

Although I live just several miles from the NY Connecticut boarder, with all our family doctors in Connecticut my health plan does not allow me to use these doctors since I can only see doctors in NY based on the plan regulations. Therefore if I wish to keep my doctors I have to pay them out of pocket, so much for the insurance.

This increase would bring a huge burden on me and my family **and I urge the DFS not to approve the rate increase.**

Should you require any additional information from me please contact me.

Sincerely,

[redacted]

RECEIVED
JUN 30 2014
HEALTH BUREAU
N.Y.C. OFFICE

NYS Department of Financial Services
Health Bureau- Premium Rate Adjustments
1 State Street
New York, NY 10004

[redacted]
EmblemHealth
[redacted]

To whom it may concern,

This is in response to the notice I received regarding the proposed rate increase of premium payments for my health insurance coverage through Emblem Health.

I initially signed up for health insurance through the government insurance marketplace website and completed the application with regard to my financial information. I am still employed as a seasonal employee with the [redacted]

Would this rate increase affect my monthly premium payment? It is my understanding that I am given a tax benefit and partially subsidized by the government because I am not employed full time. Please advise.

Thank you,

[redacted]

[redacted]

Emblem Health Member

[redacted]

Individual Coverage

June 24, 2013

RECEIVED
JUL 01 2014
HEALTH BUREAU
N.Y.C. OFFICE

To NYS Department of Financial Services:

Up until November 2013, I was a Blue Cross member (a 30+ year association) with reasonably priced insurance premiums; no deductibles and no co-payments. I was content with their services and able to depend upon their professionalism.

Unfortunately, with the introduction of the so-called Affordable Health Care System, my insurance was cancelled; forcing me to seek another insurer.

As "Obama-care" was the only available choice, I signed with a company, Emblem Health, which currently charges me more than twice the premium amount than Blue Cross charged monthly. Should I require any major or minor health treatments or hospital stays, the "roadblocks" of deductibles, co-pays and coinsurance must be confronted, before Emblem becomes a financial participant.

Essentially, Affordable Health Care is not so affordable.

I am ineligible for a subsidy because as an unemployed dependent, I am claimed on a relative's tax returns. (Much of the time, he struggles to help pay my insurance premiums in spite of his own financial hardships.)

I am sixty years old and maintain myself,

healthwise, as sensibly and economically as possible.

The current notice (received 6/23/2014) of a possible raise in Emblem premiums is disconcerting and unjustified, particularly for individual plan holders who are unable to secure subsidies.

Emblem claims that price increases are necessary because of rising costs in providing health care to its members, payment increases for healthcare providers, new treatments and prescription drugs.

I doubt that these provisions will be afforded to me, because first, surmounting the obstacles of deductibles, co-pays and coinsurance, will more than likely prove too sizeable a burden. As stated previously, until these preliminary charges are paid, Emblem will provide no financial support for my medical care.

In short: I may never be able to take full advantage of the Emblem Health Care provision package. Why then should my premiums be elevated?

I sincerely hope that the Department of Financial Services will rein in Emblem Health's zealous pursuit of premium increases both now and in the future; otherwise, I may have to contend with the IRS' "lack of insurance" penalty, which I have so diligently tried to avoid.

Thank you for your attention.

[redacted]

RECEIVED
JUL 01 2014
HEALTH BUREAU
N.Y.C. OFFICE

June 30th, 2014

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments

Dear Sirs,

I have just received a letter from Emblem Health stating that they want to impose a 8.8 rate increase on my premium for the year 2015.

I applied for the Obamacare Marketplace Select Care Silver HMO and already pay over $100.00 a month plus another $215.00 for a limited dental plan. I have individual coverage.

I am single and my income is no more than approximately $17,000 a year. I am on a limited income and I already qualified for the Advanced Premium Tax Credit.

I am very concerned about this proposed increase and dont know how Ill be able to afford this along with rent, utilities and food bills.

It would be greatly appreciated if you could clarify this for me. Will I be sent papers to fill out again to qualify for Obamacare for 2015? I cannot do without medical and dental insurance but if there are increases I dont know what will happen to me and thousands of others.

Thank you so very much for your assistance in this matter.

[redacted]

RECEIVED
JUN 25 2014
HEALTH BUREAU
N.Y.C. OFFICE

To Whom it May Concern

I received notice of an upcoming rate increase to my health insurance from Emblem Health Care / HIP. This is not fair. The laws were changed by President Obama to bring down the cost. I now receive Copays! Emblem has received thousands of new members. This has already brought in millions more to all insurance companies. The whole idea of this change was to lower the cost not raise it, and in such a short time Emblem took in so much money with this change, if they are given and have the new who joined will leave, we will be going back, this will not be fair to me and all others who have insurance. What did the insurance companies do with all the new money? The idea was that everyone would have insurance. What's going to happen now. don't look at what you make consider the low income of many Americans,

Sincerely,

[redacted]

June 23, 2014

EmblemHealth
Attn.:Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

RECEIVED
JUN 25 2014
HEALTH BUREAU
N.Y.C. OFFICE

To Whom It May Concern,

I am responding to the notice that HIP is requesting an increase of my premium rate.

I would like to know why I was selected to be reviewed for an increase. I am a single woman, no children, no dependents, and no spouse.

When given the opportunity to purchase my individual health insurance coverage under the Obama Care Affordable Care Act I chose EmblemHealth Select Care Bronze D not only for the reasonable rates but my , is part of the EmblemHealth group and should be noted as my PCP.

If this increase is approved I may be forced to find coverage under another health insurance company.

Sincerely,

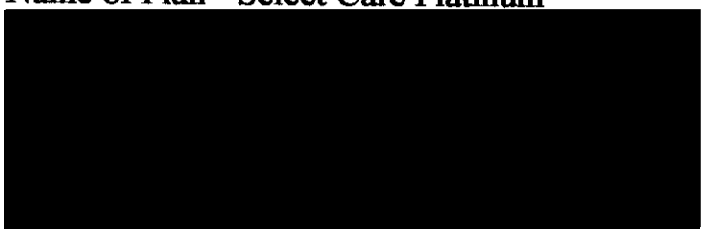
Cc: NYS Dept. of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004

RECEIVED
JUN 25 2014
HEALTH BUREAU
N.Y.C. OFFICE

June 22, 2014

NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
1 State Street
New York, NY 10004

Re: Name of Insurer - HIP, an EmblemHealth company
Name of Plan - Select Care Platinum



Dear Sir or Madam:

I recently received a letter from Emblem Health informing me that my above referenced HIP health insurance plan is filing a request with the Department of Financial Services for an 11.6% rate increase for 2015. My wife and I have individual coverage under this plan which was purchased on the New York Exchange. We do not qualify for premium financial assistance.

The above plan is an Affordable Care Act (ACA) plan sold on the NY State of Health website and became effective on Jan. 1, 2014. Even though barely five months have passed since this plan began, Emblem Health is already seeking an 11.6% increase.

If the ACA is to be successful in New York, rate increases will have to be close to the overall rate of inflation. If the requested rate increase is approved for 2015 and similar increases are approved in succeeding years, premiums would just about double in six years and individual health insurance would quickly become unaffordable for the overwhelming majority of New Yorkers. If premiums are allowed to become too high then more and

more healthy individuals would drop their coverage and pay the ACA penalty with their tax returns. This would set the stage for an uncontrollable spiral of even greater rate increases in future years because a larger percentage of insured individuals will be those who have serious medical issues with high medical costs. Eventually it will be primarily the very wealthy or the very ill who would maintain individual coverage. And of course if people are compelled to drop their coverage because of unaffordable premiums and they sustain a serious illness or injury, New York taxpayers would be forced to pay the price if these uninsured individuals are forced to declare bankruptcy or apply for Medicaid.

The Emblem Health letter states that part of the reason for the requested rate increase is due to increased utilization of medical services by members. Since this is an ACA plan many members may not have been previously insured and may not have visited a doctor or received needed treatments for several years. It would be expected that newly insured members would visit their primary care doctor and obtain needed medical care and services in the months after their coverage became effective. Emblem Health should be required to absorb these initial costs as Emblem Health is benefiting from an increase in subscribers due to the provisions of ACA making it mandatory for people to have health insurance.

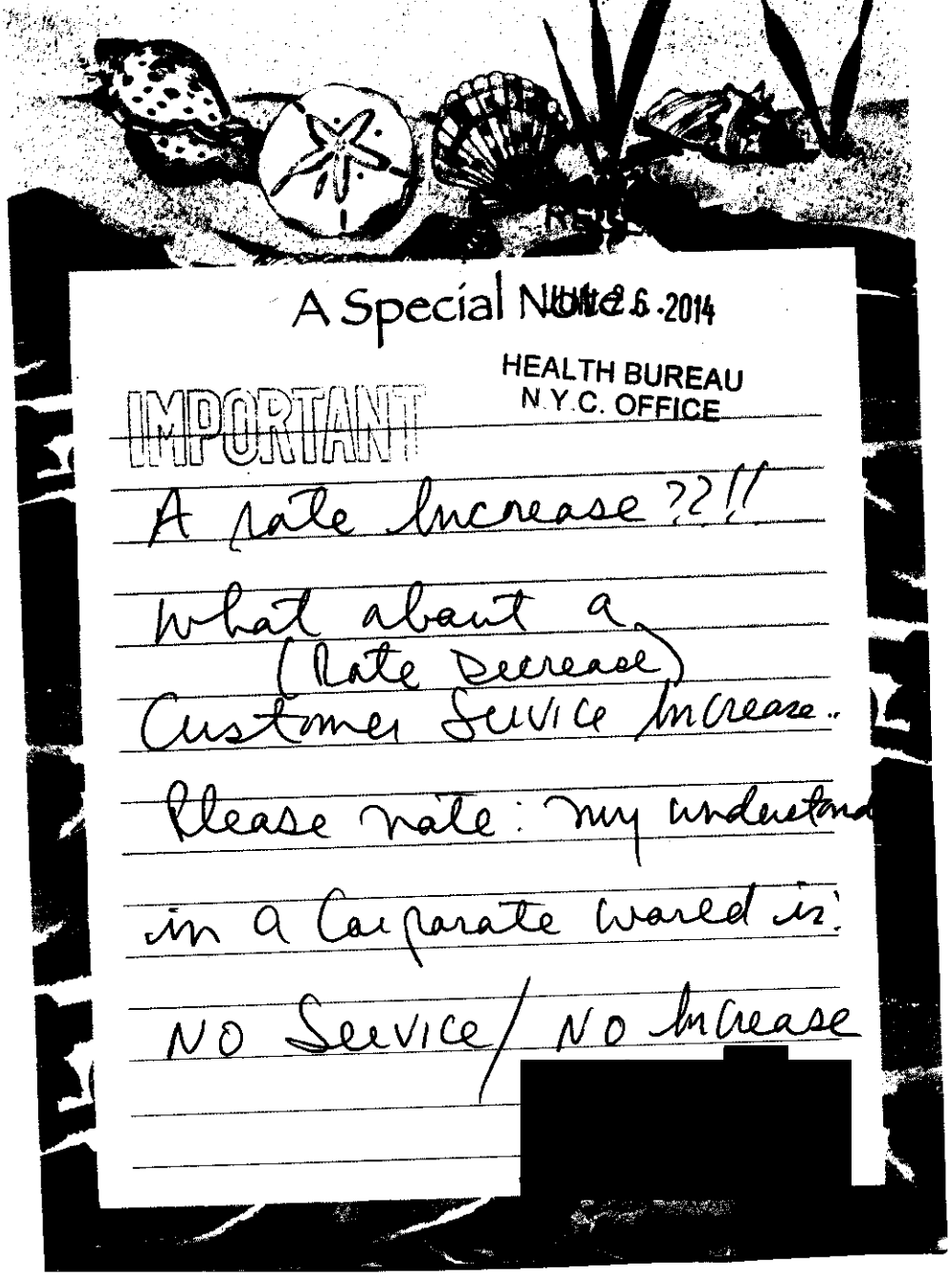
HIP is a not-for-profit corporation and its form 990 is publicly available on sites like guidestar.org. In its 2012 form 990 (the most recent year posted) HIP states that its mission is that HIP is "Committed to providing affordable, quality health coverage.....so members have access to the medical care they need at prices they can afford". It is difficult for me to see how HIP is complying with its mission statement given the exorbitant 11.6% requested rate increase for a plan that just began on Jan. 1, 2014.

Even though HIP is a not-for-profit corporation, according to its 2012 form 990 the total compensation (including deferred compensation) for ten individuals in in excess of one million dollars with three individuals earning over five million, seven million, and eight million dollars respectively. In addition eighteen individuals received total compensation of between half a million to just under one million dollars. In my opinion it appears that the premiums of hard working New Yorkers are financing extremely high compensation for numerous individuals who work for what is supposed to be a non-profit organization.

In the press release issued by former Governor Paterson's office on June 9, 2010, shortly after the signing of the "Prior Approval" law, Governor Paterson stated that "deregulation of health insurance premiums is a failed experiment leading to unjustified premium increases and more people losing their health coverage." Former Governor Paterson also stated that "Health care is a right, not a privilege, and requires sound, balanced regulation to make sure insurance premiums are fair and justified."

Thank you for your consideration and I hope that the Department of Financial Services takes these considerations into account and approves a substantially reduced rate increase close to the overall rate of inflation thereby helping to ensure that the ACA is a success in New York and that individual health insurance will not become unaffordable for numerous New Yorkers.

Very truly yours,



A Special Note

HEALTH BUREAU
N.Y.C. OFFICE

IMPORTANT

A rate Increase ??!!

What about a
(Rate Decrease)
Customer Service Increase..

Please note: my understand
in a Corporate world is:

NO Service / NO Increase

[redacted]

New York State Department of Financial Services
Health Bureau - Premium Rate Adjustments

RECEIVED
JUN 16 2014
HEALTH BUREAU
N.Y.C. OFFICE

June 12, 2014

To Whom It May Concern:

Re: Notice of Proposed Premium Rate Change – Emblem Health Select Care Platinum for 2015

HIP EMBLEM Health Company
Select Care Platinum
Individual Coverage

I have been notified by HIP/EMBLEM Health Exchange plan, HMO insurance company that they are requesting an increase of 11.6% on my monthly premium for 2015.

I object to this increase in the strongest possible terms.

Due to my circumstances, I need a Platinum plan. My current premium for 2014 is $554.22, which is already high enough, and if approved, will increase this by minimum of $66.00. I received no subsidies from the government. Any increase to my premiums is going to add significant hardship.

I thought the concept of all this, is to provide people with affordable health care. And for those, who don't quality for subsidies, we are the group of people that will be hit hardest.

I urge you to restrict the increase., or defer this percentage until 2016, so we can balance out having this product available to us. The cost of existing every day is hard enough, with rent increases in this city, food etc., having this on top, is not going to help me and others in the long run.

Premium Rate Increases

[redacted] to: PremiumRateFilings, PremiumRateIncreases 06/18/2014 03:23 PM

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: Select Care Silver
3. The fact that you have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

Please do not increase the rates. They're already astronomical and I hardly use health care services. I signed up because it was mandatory to do so, but can hardly afford it (and do not qualify for financial assistance). It would be a massive financial burden for me if you increased rates by 8.8%. If you want to increase it with inflation, sure. But 8.8% is outrageous and lifestyle changing.

Thank you for your consideration.

Requested Rate Increase by Emblem Health

[redacted] to: PremiumRateIncreases 06/18/2014 03:40 PM

Hi,
I am an Emblem Health customer, receiving my insurance through the NY marketplace created by the passage of the ACA. I was very surprised when I got a letter today informing me that Emblem has requested a rate increase of 8.8%. This is no small amount. If the rate increase were tied to inflation or another similar indicator that would be understandable, but the number is too high to pass muster. They need to find ways to decrease administrative costs (I can't imagine what the executive leadership team earns) or they should have done a better job of setting prices when the marketplace first opened. I urge that you deny their request, and force them to find other ways to decrease costs, rather than squeezing more profit out of their customers. If the rate does go through, I will be forced to leave Emblem and find another suitable and cost effective plan. To get people to sign up through offering low rates and turning around the next year and increasing rates seems like a bait and switch. This type of business has no place in healthcare.
Regards,
[redacted]

Health Bureau - Premium Rate Adjustments
[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/18/2014 03:52 PM

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: Select Care Bronze
3. The fact that you have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

To whom it may concern,

I just received a notice that you plan on increasing my health insurance by 9.5% next year. I am disgusted and outraged. I live in NYC where the cost of living is so high it is almost unbearable to live in the first place, now you plan on increasing my healthcare? The cost of living is steadily increasing every year and that DOESN'T mean that my salary is increasing at the same rate. If I could have afforded more health care I would have gotten a better plan. BUT I CAN'T.

On top of my complaints about this proposed increase, your available plans and coverage are mediocre, at best, for Emblem Health. I had a complaint in with the BBB about paying my first bill because I couldn't for 2 months because someone is this system created 2 separate accounts for me. The customer service is horrible and since I have had healthcare for the first couple months, its not even anything that great.

It is more cost effective for me to have no health insurance at all. 2 of my doctors don't even accept any form of insurance at all, so I needed to get a new doctor, and even more of them aren't accepting new patients. THIS IS A MESS. And now you want to charge me even more?

I would rather pay out of pocket $200 dollars each time I want to go to the doctor (which I already have to do with one of my doctors) then give you any more money than I already am giving you per month. I am a healthy 26 year old with no health issues or children. Im sure I can survive without healthcare until someone figures out this mess that you all have created.

I will gladly cancel my health insurance with this carrier, and check other avenues for health insurance, or even check out the ramifications of not having health insurance if this increase is approved. I will also let everyone I know about how Emblem Health has treated me, how their plans work, and how their customer service is. You will also see postings on every website rating my experience with Emblem Health, and trust me it isn't going to be good.

I cant even think straight because I am so upset with this email right now.

Unhappy as ever,
[redacted]

Proposed Rate Increase

[redacted] to: PremiumRateIncreases 06/18/2014 03:55 PM

To Whom This May Concern,

Name of insurer - HIP, EmblemHealth company
Name of plan - Select Care Gold
I have indiivdual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent
coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month)
and 88582NY0270001 (child only)

I am strongly against a raise in my premium already. The Affordable Health Care Act banned my previous policy so I was forced to sign up to a new one. The new plan cost 150% more than my previous one. To say I'm not happy about the switch is an understatement.

This 10% raise in just 6 months is completely unacceptable. I have yet to use this coverage and they want to raise the premium, I am furious.

You must protect consumers and not allow this raise to pass.

Best,

[redacted]

Premium increase notice from HIP , an emblem health company

[redacted] to: PremiumRateIncreases 06/18/2014 05:03 PM

As a customer of HIP, an emblem health company, participating under the affordable healthcare act with no credits or financial need based reductions in premium rate, I have no choice but to view HIP's request for an 8.8% increase as gross negligence by HIP to fully comprehend the additional subscriber base being enrolled under the affordable healthcare act.

Further, the timing of their notice to request such an increase mere months following AHA enrollment deadlines to citizens further shows their inability to accurately project and satisfy the needs of the market and ultimately constitutes deception of the consumers enrolled via the NY state of health site or otherwise under the AHA.

Viewed from a family's perspective, the cost increase to premiums coupled with an inability by consumers to meet the increase (no average family is showing a 9% cost of living increase per year in household income) would result in a substantial degradation in care provided to the insured. Both in terms of expanded premiums and raised deductibles.

HIP's request for this level of premium increase should be rejected by NY DFS.

The name of your insurer: HIP, an EmblemHealth company

The name of your plan: Select Care Silver

The fact that you have individual coverage

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent

coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month)

and 88582NY0240001 (child only)

Proposed Premium Rate Changes

[redacted] to: premiumratefilings, premiumrateincreases 06/18/2014 05:05 PM

1. My insurer: HIP, an EmblemHealth company
2. Name of my plan: Select Care Bronze
3. I have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

To Whom It May Concern,

A premium increase of 9.5%, far higher than the rate of inflation, suggests that the insurance provider is providing better coverage. As it stands, the amount that I am forced to pay for the very limited coverage that I receive is already more than I can afford. Please do not raise the premium as it will only make things harder for people already going through difficult economic times.

[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/18/2014 06:02 PM
Please respond to [redacted]

When considering the rate increase application filed by Emblem health on behalf of HIP, please note the following:
1. Admin cost increases? Insurance is a transaction, especially HIP. Seems like technology advances should be driving these costs down.
2. Medical cost increases? Their rationale (increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members) sounds like something written by rote for the past 20 years.
Why aren't they working with providers to drive down the cost of care per member? Perhaps they should be questioning the amount of treatment that the doctors are billing for? I have asked Congresswoman Maloney's staff to find out if MDs can charge me for being a "medically complex patient" (I am 62 years old, had an aortic valve replacement 2 years ago but am very healthy) and for an upper extremity study (that I don't recall ever getting)so that my MD is charging me $211.68 for my "free annual physical." When I called Emblem health to complain, that said that they pay what the doctor bills, and if I have an issue, it is up to me to work with my MD. He refuses to speak to me, and just keeps billing me. Seems like lots of bad coding practices were "grown" in the days before high deductibles that now need to be corrected . . .

Name of my insurer: HIP, an EmblemHealth company
2. The name of my plan: Select Care Silver
3. I have individual coverage
4. Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

[redacted]

Emblem Health increase

[redacted] to: PremiumRateIncreases 06/18/2014 07:29 PM

Hello,

I'm commenting on Emblem Health's recent request to the DFS to increase their premium rates by 9.5%. I recently signed up with Emblem, and have only made two premium payments so far.

My complaint is a simple one:

These rate increases are happening immediately following mass sign-ups for medical coverage, as required by the Affordable Care Act. It appears that companies like Emblem are cashing in on the volume of their new customers.

Personally, this 9.5% will cost me more than $30 extra per month, starting 2015. Does that sound like a lot of money to you or me? Probably not. Does anybody care about these increases? I don't know. But I do know that I personally care more about the poorer people, where that $30 will make it WAY harder for them to survive than it will for me. What good is the Affordable Health Care Act, if the insurance companies can arbitrarily change the definition of "affordable" any time they want?

Please don't let medical insurance companies take advantage of the new laws and their new customers!

Attached is the letter I received from Emblem.

Thank you,

[redacted]

Proposed Premium Rate Change - EmblemHealth (HIP), SelectCare Gold, Individual Coverage

[redacted] to: PremiumRateIncreases 06/19/2014 02:01 PM

To Whom This May Concern:

That Emblem Health is requesting a 10+% increase in premium for my coverage - less than three months after purchased under the Obamacare mandate and before I have even used it - is both shameful and wreaks of unfair trade practices. I am a "well" individual and supported the ACA, because I find it repulsive that my prior coverage extracted from me/punished me with a premium for the care of others, when that should be born by their employers or the government, in the case of indigents. The proposed 10+% increase would raise my plan premium to over $500, which signals to me an intent to circumvent the intent of the ACA (affordable healthcare) because EmblemHealth knew, should have known, or should have reasonably anticipated in March 2014 (when I purchased the coverage) that "the cost of providing member care, including provider services, prescription drugs and increased use of medical services, was rising."

Accordingly, I object strongly to Emblem Health's proposed premium rate change for 2015 and urge the DFS to deny it.

Respectfully submitted,

[redacted]

Healthy NY HMP (Gold)
[redacted] to: premiumratefilings, PremiumRateIncreases 06/19/2014 03:30 PM

Insurer: Health Insurance Plan of Greater New York (HIP)
Plan name: Health NY HMO (Gold)
Group coverage
HIOS ID Number: 88582NY0880001

The Notice of Premium Rate Changes dated June 13, 2014 proposes to increase our company's premiums by 15.9%. Our company has less than 25 employees and pays 100% of the premiums. Health insurance costs are already are fastest growing expense category. The proposed rate increase takes this consideration to an entirely new level. I strongly urge you to reconsider the rate of increase.

Thank you for your consideration,

[redacted]

rate increase

[redacted] to: Premiumrateincreases 06/21/2014 11:27 AM

Hi my name is Isaac laveaux Jr and my insurer is HIP an Emblem Health company. My plan is select care silver and I have individual coverage. I am writing to email because I don't make a lot at my place of employment that is the reason why I chose this plan. This increase would effect me. I would like more information on why the increase occurred and more details on when it would take effect. Please feel free to contact me by email or by phone at [redacted] or at [redacted] Thank you

HIP Emblem Health Select Care Platinum (Individual Coverage) Rate Increase

[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/21/2014 08:12 PM

To whom it may concern,

It has come to my attention that HIP/EmblemHealth has filed for an 11.6% rate increase to their Select Care Platinum Plan. I presently have Individual Coverage under this plan which I enrolled for several month ago. I have barely gotten started with this plan and they are already pushing to increase their costs. Prior to this insurance I had a prior plan that was a bit more expensive but offered in and out of network care among other more impressive benefits. With the advent of Obama Care this plan was removed. So I opted for Emblem health. Which offers only In Network care with equivalent Deductibles and fees. I was not clear as to why the high end of this In Network plan is close to the same cost but does not offer the same In and out of Network and other benefits. More confusing is why this plan so urgently requires an increase when it is already an inferior product for the cost.

I am submitting a request that rates not be permitted to be increased at such a premature time.

Thank you,

Premium Rate Increases

[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/21/2014 10:36 PM

Please respond to jai lo

Dear Sir/Madam/Ms.:

I have EmblemHealth as my insurer in Select Care Silver and would like to comment on the 8.8% rate increase proposal for 2015.

I'm a part time employee at Bryant Library in Roslyn. The library doesn't pay for part time employees' health insurance. Before Obama Care, we had group rate premium and we paid $400 per month. At the end of last year, our plan was discontinued and I chose Select Care Silver which has cost me more ($437) but covers less with high deductibles.

I don't think the premiums should increase so soon and so much and will definitely create more hardship for part time employees. I hope the proposal won't be approved.

Respectfully yours,

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/22/2014 05:04 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
My coverage costs 554/mo. now.I pay out over $7000 a yr.I am low income and am eligible for medicaid but had to pass on that as I have cancer and a bladder condition and want to keep my doctors who dont take that.I cant afford to pay more.I get no subsidy.If you let them have an increase I will have to take Medicaid and be a burden ,I will have to use emergency rooms.11% is too much.dont give it to them.dont set a precedent for future increases.

June 22, 2014, comments re rate increase , Sheila Lewis

[redacted] to: PremiumRateFilings, PremiumRateIncreases 06/22/2014 07:04 AM

June 22, 2014
To Whom It May Concern,
I am an individual member of HIP, an Emblem Health Company. My plan is Select Care Platinum.
It took me several months to find and select this plan, which at $392 a month, seemed the best option.
It then took me a number of months to find and select a primary care physician, based on my own
research, as none of my previous doctors were covered on this plan.
I was appalled to read your very hard to find and cumbersome emails about the proposed rate change,
an increase of 11%. When my private insurer Oxford bumped up my premiums by 18%, I could no longer
afford insurance. I thought these new plans under Healthy NY and Obamacare would finally make
insurance plans a bit more affordable, although a far cry from what I really can afford.
The proposed rate change is a betrayal of trust and the money is again being greedily absorbed not
by patients and doctors, but by the insurance companies, who have co-opted health care in this country.
Although paying close to $400 a month is still steep, it is way better than the rates of over $1,000 and to
$1,700 a month quoted to me.
I urge you to reconsider the very people you serve, hardworking and perhaps middle class and working
class people, who simply can not maintain health by paying up to and over 25% of their income on
insurance premiums, which does not even cover all health care services. 11% is absurd. Thank you.

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/22/2014 09:30 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
I signed up for a plan under the Affordable Care Act.Now they are proposing an 11% increase.That is crazy.Bait and switch.False advertising.If you give them an 11% increase and allow increases in future years the compounding will be a killer and no one would be able to afford it.Do you want more people to go to hospitals.Don't let this happen.

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/22/2014 10:37 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
I have to pay for my own insurance which is hard enough.How much more can I pay?Also HIP says they emphasize preventative care to keep down costs but they made me pay for blood tests on two ocassions-taken by my PCP-because they said it wasn't covered.This was at my annual physical!.I am pre diabetic,low vit. d,and wanted a psa test-and they wouldn't cover it.They don't want to hold down costs so don't let them get a rate increase.11% is unfair-especially since they don't fully cover preventative care.I complained to them 3 times and they rejected my claim.

Insurance Rate Increases ,
[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/22/2014 02:16 PM

Dear NYS Department of Financial Services,

I am writing to you with the hope that you will turn down "Emblem Health's" request for a rate increase for it SELECT CARE BRONZE CARE plan.

First of all, it is an awful plan to begin with that should never have been approved by the State. For example, since we were forced to move from basic Emblem to Emblem Bronze which was created to thwart Obama's Health Care Initiative and protect themselves, my wife has been dropped from at least 3 providers; the nearest OBGYN doctor who accepts this plan is 55 miles from our house in Southold.

What kind of nonsense is this?

I can't find a hematologist who takes the plan.

What kind of nonsense is this?

My name is Harry Katz, we have individual coverage, the plan is currently $1078 a month for my wife and me with almost no services available.

The State of New York has to protect the consumer. We know NY State ranks last in the country with regard to cost of living, but to grant companies like Emblem indiscriminate funding increases when there is plan is terrible to begin with , is outrageous.

Protect us; do not approve the increase.

Thank you.

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/22/2014 08:38 PM

Health Insurance Plan of Greater New York
individual
other
[redacted]
this is outrageous! the whole point of Obamacare was to relieve burned middle class policy holders of oppressive premiums. Now that the government is paying part of the premum the company thinks it can raise rates by 8.8% in one year!!!! Next thing you know they policyholder's portion will be more that he was originally paying. !!! Let the company find ways to reduce costs instead of constantly raising rated. i'm against this!!!!!!!!

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/23/2014 04:32 AM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
They made a business decision to participate in ACA.You can't offer a plan that is offered as affordable and then allow huge increases.It took me over a hundred hours to sign up and find all new doctors.It would be traumatic to have to go through that hell again.Their site erroneously said what doctors were available or taking new patients.It was a total mess.Don't bail them out for their business decisions and poor service.Don't allow any increase

Comments re Request for Rate Change from Small Business Group

[redacted] to: Premiumrateincreases@dfs.ny.gov, premiumratefillings@emblemhealth.com 06/23/2014 10:03 AM

Please respond to [redacted]

To Whom it May Concern:

I run a small business in Brooklyn, NY and have group coverage with Health Insurance Plan of Greater New York (HIP), HMO 40/60 (Gold).
My plans HIOS ID # is 88582NY0840001.

This is email is to aver that should the request for rate increases pass, we will not be able to afford this plan and will likely switch to Health Republic Insurance.

Thanks for your consideration.

Sincerely,

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/23/2014 11:07 AM

Health Insurance Plan of Greater New York
group
hmo
[redacted]
I would like the HIP proposed rate increase of 8.2% to be declined or lessened. The individual cost of the plan ($460.08 per person) is already too high for a small business like mine to afford - the cost for me to provide health insurance to my staff is already too high. Additionally, HIP's reimbursement is very poor, according to all of the providers I have spoken with about it. Many practitioners don't take it for this reason. I don't feel that the quality of coverage is even worth what I am paying currently, much less 8.2% more.

Rate Increase

[redacted] to: premiumrateincreases 06/23/2014 11:53 AM

I am a Emblem Health Select Care Platinum HMO member and I just received a letter notifying us that there will be a possible increase change of 11.6%. The reason I changed to this plan was because I was paying $400 more a month. Mr. Obama promised that we would not have to change our doctors, etc., etc. Well, so far, I have not been able to use my doctors, can't get a mammogram where I have been getting it for years and the price is going up.

I don't know what to do about all of this. I am unemployed and living off my savings. I do not want to go into any Medicaid type of plan because I was happy with my doctors. Another 11.6% this year and then probably more next year will bring me back up to around where I was. I am very unhappy and don't know if changing insurance is the answer but that increase will definitely be a problem for me.

Thank you.

[redacted]

Rate Increase

[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/23/2014 01:19 PM

Please respond to [redacted]

To whom it may concern,
I just received a letter saying that you want to increase my rate to 8.8% more. I would not be able to pay an increase. My income is limited I work for Target 8 hours a week and the crossing guard job is only until this Thursday and then I'm not back at that job until September. I don't know what i will do if this increase goes through because i can not afford it.I have Emblem Health Select Care Silver. I do not have any dependents on this plan. It's just myself. The income I submitted when I applied for this insurance is higher then what I am making this year.
Name of Insurer: HIP , an Emblem Health Company
Name of plan: Select Care Silver
I have individual coverage
Health insurance oversight system Identification Numbers 88582NY0160001
88582NY0230001
88582NY0240001.
I would like to hear back from someone on this matter.
Thank you,
[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/23/2014 04:50 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
I am very glad to have obtained coverage through the NYS online marketplace, since shortly after registering for insurance, I was diagnosed with a serious chronic illness requiring ongoing medication and treatment. Unfortunately, the insurance premiums are extremely expensive already, amounting to an additional rent payment each month. Further increasing the rate would impose a real financial hardship on my family, endangering our ability to afford the proper nutrition (also very expensive) I need to prevent my condition from worsening. I would like to stay as healthy as possible so that I can continue to contribute to the NYS economy, and so that I do not end up costing the insurer even more if my condition worsens and I need additional medical care. The best way to keep my health care costs (to the insurer) low is to keep my premium payment the same or lower, so that I am not forced to allocate funds away from preventative care. Furthermore, it seems to me that the premiums should actually be going down, since 8 million new paying customers signed up for coverage on the ACA.

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/23/2014 07:23 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]
I just choose HIP/Emblem Health from Obama Care Plan. there is no reason for the HIP to seek increase of premium by 11.6% next year? that is too high and too quick and no reason to do that? it seems that they try to set the rate lower initially to attract customers? and once customer sign up! then they just try to rob the customer off? it is similar to robbery.

Fw: Emblem Health Rate Increases

[redacted] o: Premiumrateincreases 06/24/2014 07:43 AM

(Embedded image moved to file: pic07448.gif)

[redacted] New York 10017

----- Forwarded by [redacted] on 06/24/2014 07:42 AM -----

From: [redacted]
To: Premiumrateincreases@dfs.ny.gov
Date: 06/23/2014 04:58 PM
Subject: Emblem Health Rate Increases

To Whom It May Concern:

I am presently a Emblem Heath Member Gold Plan D. I started my membership in October, 2013 . I was forced to change my coverage from HIP to Emblem due to President Obama's Health Plan Strategy. I was not very upset or disgruntled because I was getting the same if not better coverage for less money. I now received a letter in the mail telling me that my plan may be increasing to 7.1% starting in January, 2015. I DO NOT UNDERSTAND THIS INCREASE! The purpose of this change was to lower the price of health care in general. NOW you are raising everyone's insurance AGAIN. WHAT IS THE POINT! Emblem took in billions of $ with the co pays and the new members. The purpose of this change was to get everyone to have insurance so they can afford it.

Now with this rate increase, people will drop their insurance and the situation will be back to the way it was before. THIS WHOLE THING MAKES NO SENSE!

WHAT HAPPENED TO ALL THE NEW $$$$$ THAT ALL THESE INSURANCE COMPANIES TOOK IN????

I am going to bring this to the attention of the President, My Congressman and Senator! This is not fair to me or anyone else!

I would appreciate a response in return!

THANK YOU!

terrible

[redacted] to: PremiumRateIncreases 06/24/2014 10:03 AM

To whom it may concern:

I currently have individual coverage in the plan of Select Care Silver health insurance through emblem health care. I recently was informed that I would be receiving an increase in my premium. I have to say this is extremely disappointing. I thought the whole point of the Affordable Care Act was to make health care available to everyone. Within a REASONABLE price range. Here we are six months in and already there is a call to increase?? If this trend continues the lower class won't be able to even use their health insurance since the premiums are so high!!! Are we really working in the best interest of the American people?

[redacted] 8858NY0170001 /88582NY0200001/88582NY0210001

[redacted] to: premiumrateincreases 06/24/2014 10:53 AM

Cc: premiumratefilingfilings

Dear Sir or Madam:

I am writing to you concerning the 9.5% rate increase that my insurance company, Emblem Health, is seeking for next year's premium.

I object to the increase. We are currently in a recession or an economy that barely grows. Further, the whole idea of health insurance companies is to engage in cost control. If their sole job is to transfer all the increases to the insured, we would not need them in the first place.

Thank you for your attention in this matter. If you have any question, please do not hesitate to contact me.

Very truly yours,

[redacted]

Attn: Premium Rate Adjustments ---[redacted]
[redacted] to: PremiumRateIncreases@dfs.ny.gov 06/24/2014 11:42 AM

[redacted]
EmblemHealth
Select Care Silver HMO
[redacted]

To whom it may concern,

This is in response to the notice I received regarding the proposed rate increase of premium payments for my health insurance coverage through Emblem Health.

I initially signed up for health insurance through the government insurance marketplace website and completed the application with regard to my financial information. I am still employed as a seasonal employee with the [redacted]

Would this rate increase affect my monthly premium payment? It is my understanding that I am given a tax benefit and partially subsidized by the government because I am not employed full time. Please advise.

Thank you,

[redacted]

[redacted]

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/24/2014 02:01 PM

Health Insurance Plan of Greater New York
individual
hmo
[redacted]

Emblem Health Company (HIP) has requested a rate increase of 8.8% over the stated premium for it's Select Care Silver plan. I signed up for this plan at the end of the Obamacare enrollment period, just a few short months ago. Wasn't it reasonable for me to believe, when I signed up for the plan, that I wouldn't face a rate increase for a while? This is akin to a BAIT AND SWITCH. I signed up for the plan based on a careful analysis of my monthly cost vis a vis the benefits offered and now the whole situation has changed. AND I DON'T GET TO BACK OUT. Due to the terms of Obamacare, I don't get to make another choice now. My freedom of choice has been perverted. Furthermore, the uninsured who signed up for this plan don't exactly work for big companies for big money. I am unemployed. How much money does EmblemCare need to make? No one gets 8.8% pay raises so why should EmblemCare? As usual a big company is profiting off the backs of those who can least afford it. This rate increase also looks bad for Obamacare. What part of this increase represents "Affordable."

Prior Approval Submission
NYS Department of Financial Services
To: PremiumRateIncreases

06/24/2014 04:40 PM

Health Insurance Plan of Greater New York

individual

hmo

[redacted]

Their system has been down for 4 days and wont be fixed for 2-3 more.in the interimi had changed pcps.now i need a referral and their system isnt showing me with the correct pcp so i am in limbo but i need to see a specialist for a problem immediately and i am completely in limbo.i am in insurance hell.please do not let them have a penny increase for what? poor service,system failure?

Outrageous 8.8% increase

[redacted] to: premiumrateincreases, premiumratefilings 06/24/2014 06:18 PM

Cc: [redacted]

EMBLEM HEALTH (HIP)
SELECT CARE SILVER
I HAVE INDIVIDUAL COVERAGE
HIOS NUMBER 88582NY0160001

EMBLEM : [redacted]
NAME: [redacted]

The entire premise of the Affordable Care Act was to BRING COSTS DOWN. And now you propose an increase close to 10% after only six months of the full act in effect, by saying COSTS ARE GOING UP.

So is the Affordable Care Act a failure?

This “Obamacare” policy was not cheap to begin with, but with an extra 8.8% added to it, there is no way I can afford to stay with Emblem on a Silver plan (already a very restrictive, limited HMO with few choices). I will have to either go uninsured, or go with a deplorable Bronze plan with a cheaper company, that would leave me responsible for 50% of all costs (If I can’t afford a $200,000.00 operation, God-forbid, I can’t afford $100,000.00 either)…….and who knows if even THAT will be affordable.

I strongly urge DFS to reject this request, and allow an increase of no more than 5% (if that).

Thank you,

[redacted]

JP19850-2014613-4930578.PDF

[redacted] to: PremiumRateIncreases 06/25/2014 09:39 AM

Cc: PremiumRateFilings

1. The name of your insurer: HIP, an EmblemHealth company

2. The name of your plan: Select Care Silver D

3. The fact that you have individual coverage

4. Health Insurance Oversight System (HIOS) Identification Numbers
88582NY0740001

I signed on to the Affordable Care Act in the assumption that my premiums would remain the same. I certainly never expected an increase of 8.8%, and ask that you disallow this increase.

If this rate increase goes through, I will shop around the NY marketplace for a better premium during the open period at the end of the year.

[redacted]

Premium Rate Filings

[redacted] to: PremiumRateIncreases, PremiumRateFilings

06/25/2014 12:05 PM

Cc: [redacted]

Hi,

I'm [redacted] and I received a letter about a request for a 8.8% rate increase in my health insurance coverage cost from Emblem Health.

Name of insurer: HIP, an EmblemHealth company
Name of Plan: Select Care Silver
I have individual coverage
Health Insurance Oversight System Identification Number 88582NY0230001

It's written that I can send my comments about this request to these emails I have sent to.

My comments are how appalled I am that a rate increase is even being requested, let alone considered. Are any of you paying for your own coverage through this market place?

I live alone. I pay for my own apartment's rent by myself. Therefore, I pay for my own food. I pay for my own utilities. I pay for my own transportation, clothing, cleaning supplies... I pay for everything by myself. Is this even considered?

What I make in income is immediately cut by 33% (taxes) regardless of any increase in cost of living. On top of this 33% cut in my take home, I then have to pay the absurd amount of roughly $5,200 annually to EmblemHealth.

By the way, EmblemHealth is hardly accepted anywhere and my deductible is $2,000. Do any of you realize how hard it is to reach $2,000 by yourself in a year? So, technically I have to pay $7,000 annually simply in order to get a $30 co-pay. And Emblem wants to increase that because of increased rates incurred to them? I give Emblem thousands of dollars and I see NOTHING of that. I get NO help from anyone to pay for it and I get NO benefits of paying into this plan. Sure, I have a relatively cheap Rx plan. But what does that matter when I'm still spending thousands of dollars at the doctor because of my ridiculously high deductible.

Again, do any of you pay for your own insurance not through a business? I'm a contract employee, so I don't have the option to get insurance through my company.

If this rate increase is approved, it further proves the degradation of us as people. It says that none of you care about the people that you're supposedly "helping" with your service. And more importantly it says that you don't care about what happens to us.

Thank you for your time.

[redacted]

Health care increase

[redacted] to: premiumratefilings@emblemhealth.com, premiumrateincreases@dfs.ny.gov 06/25/2014 04:22 PM

Please respond to [redacted]

Required information:
HIP Emblem Health company
Select Care Gold plan
Individual coverage
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month) 88582NY026001 (dependent coverage to age 30 end-of-month) and 88582NY027001 (child only)

To Whom it May Concern:
I'm writing to oppose the premium rate change that Emblem health is requesting for 2015. I've been a Emblem member for the last 4 years, including prior to the New York Health state Market place. Overall I've seen my rate increase every year, always for this same vague reason of "rising cost of providing our member's care" I seems hard to argue this since I can't see their numbers to see if this a even valid.

All I do know is that my rate increases every year for the last 4 years-- and as a individual paying for both myself and husband's health insurance we already pay $948 per month, with a 10.1 percent increase that becomes $1043 per month, which is a significant increase. I was also under the assumption that since more people were coming into the health insurance system prices would become more stabilized and possibly even less expensive. I also am annoyed that many doctors I had seen under Emblem I can no longer see under the new "gold" plan. So I'm paying more for less service.

Lastly, I feel like this email will fall on deaf ears as my attempts in the past have, and the increase will be approved despite my plea to have it declined.

Thanks,
[redacted]

Emblem Healthcare Premium Raises Unconcionable

[redacted] to: PremiumRateIncreases 06/25/2014 07:45 PM

I signed up for the mandated healthcare plan and despite the fact that I live paycheck to paycheck in NYC, I did not qualify for any assistance and pay the full rate for EmblemHealthcare Bronze.

Now, just a few months in, I am receiving a message about an almost 10% rate increases and I'm completely incensed. If the government doesn't figure out a way to reign in profit seeking healthcare companies this experiment will fail and all American citizens who aren't part of an elite class will suffer. I'm staunchly opposed to the rate increase and I hope you see fit to block it.

Sincerely,

[redacted]

Proposed EmblemHealth Rate Increase

[redacted] to: PremiumRateIncreases 06/25/2014 09:09 PM

To Whom This May Concern,

Name of insurer: HIP, EmblemHealth company
Name of plan: Select Care Gold
Do I have converage? I have individual coverage
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (child only)

I am strongly against a raise in my premium already. The Affordable Health Care Act banned my previous policy so I was forced to sign up to a new one. The new plan cost 150% more than my previous one. To say I'm not happy about the switch is an understatement.

This 10% raise in just 6 months is completely unacceptable. I have yet to use this coverage and they want to raise the premium, I am furious.

You must protect consumers and not allow this raise to pass.

Best,

[redacted]