Health Insurance Plan of Greater New York

individualother

July 2, 2015

Acting Deputy Superintendent for Health
New York State Department of Financial Services
One State Street
New York, NY 10004

Re: Requested Rate Changes - HIP/Emblem - Individual On-Exchange

Dear Mr. [Redacted] and Mr. [Redacted],

Health Care for All New York (HCFA NY?) submits the following comments relating to the proposed average rate increase of 13.2% for the individual market filed by the Health Insurance Plan of Greater New York (HIP/Emblem) with the New York State Department of Financial Services (the Department?) for the 2016 plan year. HCFA NY is a statewide coalition of over 170 organizations dedicated to achieving quality, affordable health coverage for all New Yorkers. We strive to bring consumer voices to the policy conversation, ensuring that the concerns of real New Yorkers are heard and reflected. For more information on HCFA NY, visit us on the web at www.hcfany.org. HCFA NY believes that a robust prior approval process is a vital consumer protection. HCFA NY thanks you for the opportunity to submit the following comments regarding HIP/Emblem?'s proposed rate increase. HCFA NY?'s comments are in two sections: the first section describes HCFA NY?'s market-wide concerns; and the second section discusses HCFA NY?'s carrier-specific concerns.

I. Market-wide Issues in New York's Health Insurance Field

A. Morbidity: The 2016 risk pool will likely be the healthiest yet. Ten out of 16 carriers in New York assert that they will either experience an increase in morbidity (Emblem, Empire, United, Independent and Wellcare) or no difference at all (CDPHP, Excellus, Fidelis, HealthNow, and Health Republic) from the prior year. HCFA NY urges the Department to rigorously scrutinize their rates in particular and adjust them to reflect the likely improved health risk in the 2016 individual market. HCFA NY believes that the 2016 individual market risk pool is likely to be healthier than ever before for three important reasons: (1) the least healthy consumers already enrolled in 2014 and 2015; (2) the increased penalty for uninsurance in 2016 will spur the healthiest and youngest New Yorkers to enroll; and (3) any putative pent-up demand has had two full years to work itself out of the system. First, experts agree that the 2016 risk pool will be healthier because the least healthy consumers, who most need health insurance and are the most costly to insure, already enrolled in 2014 and 2015. For example, a New England Journal of Medicine analysis of the Massachusetts enrollment experience reviewed enrollees? age, diagnosis of chronic illness and monthly health spending to determine the impact of the individual mandate. The researchers found that the early enrollees were four years older, 50% more likely to be chronically ill and had 45% higher health care costs than those who joined later. Similar findings about the improved risk in the individual marketplace is outlined in research published by the Society of Actuaries. HCFA NY believes that New York will likewise experience an improvement in the individual market in 2016 as healthier and younger New Yorkers enroll into coverage. Second, in 2016 the penalty for forgoing health coverage will increase from $95 or 1% of income to $695 or 2.5% of income (whichever is larger). For many people, the cost of the penalty will begin to approach the cost of premiums after federal subsidies are applied. This should induce younger and healthier New Yorkers to enroll as was borne out in Massachusetts in 2007. Lastly, pent-up demand for health services for previously uninsured consumers is not a concern for 2016. Some of New York?'s carriers appear to agree. For example, Empire HealthChoice HMO, Inc., the insurance company that projected the largest increase in morbidity (5%), concedes that pent-up demand is no longer an issue. However, few of the filings reviewed by HCFA NY found any negative adjustments for the expected reduced impact of pent-up demand. Rather than simply omitting an upward adjustment for pent-up demand for their 2016 proposed rates, HCFA NY believes
that the Department should work with the carriers to impose a downward adjustment in their 2016 rates in a manner that removes any allocation for pent-up demand in their baseline 2014 morbidity calculations, when pent-up demand was at its peak. HCFANY commends companies such as Oscar, Affinity, and Healthfirst, which project significant decreases in overall morbidity. Their rate submissions appear to integrate the reality that healthier, younger consumers will be enrolling, and that pent-up demand has long been spent. HCFANY urges the Department to consider that these market-wide factors will guarantee that the New York individual market risk pool will likely be its healthiest and ensure that the 2016 premiums are set accordingly.

B. Administrative costs are oblique and should be decreasing. HCFANY also urges the Department to closely review the carriers’ submission in the area of administrative costs, which swing widely from a high of 23.30% (see, e.g., WellCare (23.30%), Oscar (22.80%), Excellus (19.09%), Health Republic (18.90%), HIP (18.82%), Empire (18.49%), North Shore LIJ (17.65%), United (17.37%)) to a low of 7.89% (see, e.g., HealthNow (9.44%), Fidelis (9.30%), and MetroPlus (7.89%). HCFANY believes that the administrative cost adjustments are of particular concern because the carriers’ descriptions are uniformly opaque as to their nature. The carriers’ rate applications provide little insight into the true nature of administrative cost calculations. While some applications break administrative costs into taxes/fees, profit, commissions, and operating expenses, there is still a substantial “black box” (typically referred to as “other”) that obscures operating expenses. This is significant because ten out of 16 of the carriers project administrative cost adjustments above 15%. In addition, HCFANY believes that administrative costs should be limited overall because the New York State of Health Marketplace significantly eases the administrative burden on insurance companies by assuming significant marketing costs, enrollment functions and subsidy administration. While in the past, a carrier was required to have the infrastructure to market, enroll and assist all of its enrollees, now the New York State of Health has assumed many of these responsibilities. However, the carriers do not appear to integrate these efforts with appropriate downward adjustments. Accordingly, HCFANY urges the Department to closely review any carrier’s administrative cost projection that seeks a double-digit premium rate increase without justifying its double-digit administrative cost adjustment.

C. Medical Loss Ratio requirements should be a floor, not a goal. New York State law mandates that an insurance company’s individual market Medical Loss Ratio (MLR) must be at least 82%; at least 82 cents of every premium dollar should be spent on medical claims. HCFANY believes that the 82% MLR threshold is a statutory minimum and not a goal. Nonprofit insurers (such as Excellus and HIP/Emblem, which both propose MLRs of 82%) are required to be mission-driven and have a particular duty to maximize, not minimize, their MLRs. Notably amongst New York’s carriers, the for-profit newcomer Oscar projects the highest MLR (91%) for 2016. HCFANY urges the Department to closely review the submissions of those carriers which project MLRs of only 82% or slightly above in 2016. HCFANY also urges the Department to review whether carriers are barely meeting the minimum MLR for the individual market, but pricing far more competitively through higher MLRs in the small group market. HCFANY is concerned that such a practice would constitute unfair pricing for individual market members who have the least bargaining power and who have to make the greatest sacrifices to obtain insurance. Historically, it appears that some carriers have treated New York’s individual market consumers as profit centers that help them sustain smaller margins in the group market. HCFANY urges the Department to review any intra-carrier disparities in their proposed MLRs to ascertain if improper cost-shifting is occurring.

D. Medical Trend: The growth rate of medical costs continues to slow. Since the enactment of the Affordable Care Act (ACA), medical costs have grown at a slower rate than in the prior decade. Experts estimate that this decline will be sustained. For example, PricewaterhouseCoopers? Health Research Institute projected a 6.8% medical cost trend for 2015. They now project a decrease to 6.5% for 2016. Similarly, the 2015 Milliman Medical Index estimates a 6.3% medical growth rate for 2015. This downward pressure is attributed to: increased cost-sharing for patients; a shift away from traditional institutional care to telehealth, retail clinics, and community-based care; and new payment methodologies. In New York, there are substantial efforts to further reduce medical trends through a number of far reaching policy initiatives, including: the Medicaid Redesign Team effort (DSRIP and SHIP) health care reforms, as well as public health programs. These initiatives and the move to reformed value-based payments and insurance design will continue to reduce health care costs in New York in the coming years and should be taken into consideration when reviewing the carriers’ submissions. It appears that none of the carriers’ actuarial memoranda described adjustments due to
increases in provider prices. Only one carrier (Empire) indicated an increase due to provider network changes.

For the most part, they do not concretely demonstrate in their actuarial memoranda that the medical trend projections reflect increased value for providers or consumers. According to PricewaterhouseCoopers, E. The ?3 R?s? of risk adjustment, reinsurance and risk corridor programs should reduce uncertainty and premiums for insurers and consumers. Finally, New York has adopted the federal government?s risk adjustment and reinsurance programs to assure stable prices for consumers and small employers and to address unanticipated financial risks born by the carriers. HCFANY?s review of the 2016 individual market filings reveals that every company is projecting a gain from the reinsurance program in 2015. This is likely because of the reduction in payout threshold from $70,000 to $45,000, and in line with CMS?s recently-issued report on the success of the reinsurance program in 2014. The calculations for 2016 premium rates should take into account that the reinsurance threshold set for $90,000 in 2016 may well be lowered again. The ?Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2014 Benefit Year? issued this week by CMS demonstrates that the risk adjustment program is also working as expected. Carriers that attracted higher-cost risk pools in 2014 received risk adjustment payments appropriately. This vitiates carriers? assertions that expensive populations, such as those with Hepatitis C or HIV/AIDS, will negatively impact their financial wellbeing in 2016. The carriers that we have reviewed do not include the risk corridor program in their actuarial memoranda. This program is intended to soften extraordinary losses due to unforeseen risk, and as such should lower premium rates. Moreover, The U.S. Department of Health and Human Services (HHS) will reimburse insurers who qualify even if they are not able to collect payments from other insurers who earned more than anticipated. The Department?s review of rates should take all of the ?3 R?s? into account when establishing the 2016 carrier rates.

F. Increasing lack of transparency in carrier rate applications. HCFANY?s review of the carrier?s 2016 rate application reveals a concerning trend towards opacity in the carriers? actuarial memoranda. Despite the requirement of public filing of rate applications, many of the proposed rate filings are anything but transparent. Many carriers use generalized platitudes and hidden assumptions instead of providing detailed explanations of the individual factors that drive rate increases. A marked lack of disclosure is especially evident in two areas: medical trend and administrative costs. For example, HIP/Emblem seeks an 18.2% upward adjustment for administration, of which 12% is attributable to ?other.? The entirety of its justification is as follows: ?Other Administrative expenses: This is expected to be 12.00%.? United?s Actuarial Memorandum devotes three sentences in explanation of its 17.37% administration adjustment. Excellus follows suit by simply claiming that its ?operating expenses? are 9.9% of premium. And Health Republic simply provides no narrative at all for its $46.22 per member per month ?Administrative Expense Load.? Similarly, the carriers? explanations of their medical trend assumptions provide little or no evidence for their upward adjustments. For example, Healthfirst explains its 6.5% medical trend projection is based on ?our review of our historical trends as well as projected industry trends for New York commercial business based upon the S&P Healthcare Claims Indices.? No further detail is provided. United simply asserts its annual trend is 8.8% and states that this ?breaks down into the following components: 3.8% unit costs, 3.9% utilization, and 0.8% trend leveraging.? Again, no detail is provided about their unit costs or utilization. These administrative cost claims and medical trend assumptions constitute millions of dollars of New York?s consumers? precious premium dollars.

HCFANY recognizes the need for carriers to make adjustments for legitimate administrative expenses and reasonable medical trend assumptions. However, as described above, many carriers failed to provide even minimal explanations for their requests. HCFANY urges the Department to scrutinize the carriers? respective actuarial memoranda closely and provide feedback about the transparency of their assumptions. Moving forward, HCFANY urges the Department to establish uniform standards and expectations for carrier actuarial memoranda. Each carrier filing must be considered in the context of the above mentioned environmental factors. Our specific concerns about the Empire?s rate application are described below. II. Specific Issues in HIP/Emblem?s Rate Application A. Morbidity HIP/Emblem is one of just four carriers predicting an increase in overall population morbidity for plan year 2016. HIP/Emblem predicts a 3.4% increase in morbidity and attributes this increase entirely to the removal of the Basic Health Program (BHP) population from their pool of insured individuals. While HCFANY agrees that the removal of the BHP may have a slight impact on individual market premiums, we
urge the Department to consider countervailing factors that will likely substantially improve the overall morbidity in 2016. These factors are discussed in detail above (see section I B, supra) and indicate that market-wide morbidity should decrease in the New York State risk pool due to: more healthy enrollees; fewer new sick enrollees; the escalation of the individual penalty; and an end to pent-up demand issues. HCFANY believes that the argument supporting decreased Marketplace morbidity holds true for HIP/Emblem?s consumer population as well. Accordingly, HCFANY respectfully urges the Department to closely review any increase for HIP/Emblem on the basis of increased population morbidity. B. Administrative Costs HCFANY is concerned about HIP/Emblem?s stated 18.82% rate adjustment for administrative costs. HIP/Emblem?s Actuarial Memorandum offers little explanation for the need to increase premiums to accommodate heightened administrative costs. In its rate increase application for plan year 2015, HIP/Emblem requested, and received the Department?s approval for, an administrative expenses rate adjustment of 12.95%, which is 6% higher than its proposed adjustment. Considering that HIP/Emblem based its proposed rate for 2016 on its 2015 Marketplace experience, HCFANY believes that any new administrative costs should be minimal. As described above, HCFANY believes that carriers should be seeing reduced administrative costs as a result of aspects of the ACA that reduce marketing, enrollment costs and consumer assistance. HCFANY urges the Department to closely review HIP/Emblem?s requested rate increase due to the absence of any new projected administrative costs in plan year 2016. C. Medical Trend HIP/Emblem requests a rate adjustment of 9.7% for annual medical trend. This nearly double-digit premium increase is the second highest projected medical trend among all carriers. It is well above other national and New York predictions, as discussed in IA of this letter, supra. HIP/Emblem cites the high cost of specialty drugs, such as those for Hepatitis C, as one of the leading reasons for the increased medical trend. HIP/Emblem offers neither evidence that it has more members needing this drug nor that it pays more for the drug than the other carriers in the market. According to an analysis performed by PricewaterhouseCoopers, experts anticipate the national medical trend to rise just 6.5% in calendar year 2016. PwC?s report highlights a number of factors contributing to the rise in medical costs and specifically outlines the implications of rising Hepatitis C drug costs. Despite the increased costs associated with these drugs, PwC and the Milliman Medical Index arrive at an estimated medical trend increase far below that of HIP/Emblem?s estimate. HCFANY urges the Department to carefully scrutinize HIP/Emblem?s proposed medical trend rate increase. D. Medical Loss Ratio HIP/Emblem projects a Medical Loss Ratio (MLR) to be 82.5% for plan year 2016, barely above the state mandated minimum of 82%. Simultaneously, HIP/Emblem is requesting a 2.04% upward rate adjustment to increase profit, one of the highest proposed. HCFANY objects to HIP/Emblem requesting a rate increase on the basis of increased profit when it just barely meets the minimum MLR standard. HCFANY urges the Department to carefully scrutinize HIP/Emblem?s rate application to ensure that it adopts a reasonable projected MLR. HCFANY urges the Department to closely review HIP/Emblem?s application in light of the issues described above. III. Conclusion HCFANY urges the Department to closely review HIP/Emblem?s application in light of the issues described above. Thank you for your kind attention to our concerns. If you have any questions, please contact at or at or at or at . Very truly yours,
Dear DFS,

In response to your letter of 22 May informing me of the premium rate increase of 10.7% my first reaction was shock. Not only have I been with Hip since birth, I have been a self-pay since I was 18 years old, but I have also never abused the policy by overuse and have paid my premiums religiously on time.

To conclude, this increase would be hard. I am a direct pay, so this is an issue as it gets. I hope you will reconsider at this juncture.

Thanking you in advance,

I remain sincerely,
June 15, 2015

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

Re: Proposed Rate Increase
   Emblem Health - M35671871

Dear Sir or Madam:

I have an individual Emblem Health Select Care Platinum health insurance plan. Within the past week, I received a letter from Emblem Health advising me that they will be requesting a premium rate increase of 10.7% for calendar year 2016.

My purpose in writing is to request that you deny or, at least, modify this rate increase. I am a single woman with limited financial resources, and a premium rate increase of 10.7% will place an unbearable strain upon my household budget. For this reason, your thoughtful consideration of my request will be most appreciated.

Sincerely yours,

[Signature]

[Name]
30-day Comment Period
You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice. You can contact us or DFS for additional information at:

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: 1-800-447-8255
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
E-mail: PremiumRate Increases@dfs.ny.gov
DFS Website: dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:
1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: Select Care Gold
3. The fact that you have individual coverage
4. Your plan’s HIOS identification number: 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) or 88582NY0270001 (child only)

Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

Plain-English Summary of Rate Change
We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:
  • EmblemHealth website: emblemhealth.com/2016_Rates
  • DFS website: dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate
After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2016 renewal date.

Sincerely,

Suzanne Ronner
Vice President, Customer Experience

Please do not raise the premiums—I can barely afford health care now and $470 is unacceptable.
Friday, June 12, 2015

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

Dear DFS,

I am writing to argue against EmblemHealth’s pending request for a 12.1% rate increase for the Select Care Bronze medical plan because:

1. The plan is structured so that no remotely healthy person can receive any benefit from it
2. The number of doctors accepting the plan is far too few to provide quality care or choice
3. The service provided by the plan administrator is grossly lacking

My monthly premium is $1,009.78 for a family of four, or $12,117.36 annually. My deductible is $3,000 each and prescriptions are part of the deductible. The plan offers in-network coverage only and requires a PCP, making it inflexible, restrictive, and without choice.

With this plan, I pay $12K+ for the privilege of paying up to an additional $12K before I can receive $.50 on the dollar insurance coverage. This is the lowest cost plan available and it is not affordable because one doesn’t even get to apply its coverage.

Raising rates for this plan is unjustifiable. Premiums are not low and deductibles are way too high, and including prescriptions in it is just a cheap shot. Before the Affordable Care Act a plan with this low level of coverage was about $400 a month. It was effectively “disaster” coverage. Now it’s over $1K and Emblem wants more, while providing no improvement in the plan.

As if it wasn’t bad enough that the plan is structured to prevent any reasonably healthy people from ever applying the coverage, we learned after signing up that very few doctors accept this plan, making it yet more difficult to use the plan’s coverage. The plan payout is so poor that almost no doctors accept it, which raises concerns about using those few that do accept it.

Further, the plan administrator is completely unable to determine which doctors are part of its plan and are shifting the burden of maintaining its membership database to the paying customer. From my email exchanges with Customer Service I learned that the administrator accepts no responsibility for maintaining accurate record of doctors that participate in its plans.

As you can see from the attached email string, I attempted to identify the available choices of doctors for my two daughters’ PCP. I logged-in the EmblemHealth Web site which readily identifies me and my dependents, and the plan to which we subscribe. I select the “Find A Doctor” link on this page and am presented with a series of options to narrow my search – specialty, geography, language, etc. - and proceed to read the results of my selection.

I find a few that seemed desirable and attempted to select them. But one after the other, I received an error message and couldn’t complete the selection. I emailed customer service to ask why I received this error message and was told the doctors don’t accept my plan and if I wanted to send in the name of a doctor, they would update their records. What?

What I want is to see is which doctors do accept my plan so that I may choose among them for the best fit for my children. I’m not inquiring about a single practitioner, nor am I not reporting whether or not a doctor takes Emblem’s plans. That’s Emblem’s job.
Again, I asked for a list of doctors that accept my plan so I can choose. "Isn't there a way to search online from among the huge database of doctors you currently list on your web site?"

No.

EmblemHealth doesn't keep an accurate list online because it can't know when doctors decide to drop the plan until informed by the doctor.

How about an online search for those who recently accept the plan?

No.

I was told I would receive a PRINTED copy of a list from which I would have to call every doctor in whom I was interested to find out if the practice accepts this plan. If the Web site can't be kept remotely updated, of what use is this printed listing? It's kind of moronic. It's the 21st century.

Now I have 40 pages of doctors who may, or may not, accept my plan. I can't sort them. I have no background info on their hospital affiliations or education. Luckily for me, of the 40 pages only 3 ½ are doctors in Manhattan where I live. Back to too few doctors accepting this plan.

I'm expected to pay Emblem as much as $24K so that I can determine with which doctors it conducts business and everything about each doctors' background. In what other industry do the customers make such huge outlays only to have to do all the work themselves?

Calling the doctors to confirm which plans are carries also doesn't work reliably. The system is so confusing and the doctors are confused by all the plans that they often don't know which ones they accept.

Case in point. I selected my current plan because my kids' doctor was listed on the Web site as accepting the plan. Before I bought it I called the doctor's office and was told the practice did accept the plan. After our first visit on the new plan was submitted, my claim was denied. First I was told it was because the doctor "closed his panel to new patients." Then when I called the doctor back, it was determined that they no longer accepted my plan afterall. Attached is the doctor listing from EmblemHealth's Web site showing acceptance of my plan. Pretty frustrating.

Keeping accurate rosters is a difficult logistical problem. No question.

It is not, however, the paying customers' issue to resolve for the multi-billion dollar insurance conglomerate, or the medical practitioner, whom we also pay. The customer should not bear the burden of the sellers' inefficiencies, or the onerous terms of the contract between doctors and plan administrators.

I started my inquiry in March. It's now June and still unresolved. Until proper value and service can be delivered to subscribers to this plan, increasing its cost can not be justified.

Sincerely,
6/6/15

To:
NYS Dept. of Financial Svcs.
Health Bureau – Premium Rate Adj.
1 State St.
NYC 10004

Emblem Health
Premium Rate Filings
PO Box 2890
NYC 10117-2087

From: [REDACTED] Emblem HMO Select Care Silver

Individual coverage

Re: response to Emblem notice re: Proposed Premium Rate Change

I am a healthy person that carries healthcare mainly for unforeseen emergency circumstance and have used mainly yearly preventative allowed visits only for several decades. In my experience over the past three years with Emblem, there have been more than a few indications of inefficiency and administrative errors. (I signed up in conjunction with a full-time limited contract job, of the choices given, in Jan 2013, and continued in conjunction with Cobra and then the Affordable Care Act [ACA], since which time I have only had part-time employment with no option for family-member or employer insurance.)

The basic coverage was confused at the start (may also have had to do with HR at the job) and much of the billing and correspondence remains confusing. Without a full-time job after the NYC contract ended, I basically had to find a way to continue with Cobra, for which the premiums were outrageous for someone with no other options and no participation (through family or part-time employment). Once ACA kicked in I kept the same plan and the premium remained about the same (it went down a bit, which is odd because, well, it was supposedly the same, so was I overcharged before?), except the state picks up what I can't afford; it's high compared to usage. Some medical providers have commented about confusion between various Emblem plans.

Apparently, Emblem offers some of the lowest options in the NYC area, which is why I stay with it. So perhaps, its pricing structure is about right comparatively. However, I would hope oversight committees will look very closely at all aspects of the company's operations before attempting to raise premiums for the most basic coverage.
From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Sunday, June 21, 2015 10:20 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Health Insurance Plan of Greater New York
individual
healthyny

Regarding the possible increase of my current premium to 13.9%. The reason the insurance company gives me is that rising cost of the new treatment, prescription drug, increased utilization in the medical services. Everything is about them, their difficulties. I am sure they have to guarantee their shareholders' dividends. What about me? I don't see a 14% raise of my salary. plus I have two kids.1/2 of the salary goes to the house and the other utility bills and expense on the kids make every month is a challenge.

From: 
Sent: Saturday, June 20, 2015 12:57 AM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: proposed health insurance premium rate hike...

Insurer: Emblem Health
Plan name: Select Care Silver
I was told to include that we have individual coverage
Plan's HIOS identification number: 88582NY0160001 (dependent coverage to age 26 end of month), 88582NY0230001 (dependent coverage to age 30 end of month) or 88582NY0240001 (child only)

June 19, 2015

To the Attention of the DFS,
I am writing this email in response to receiving the proposed rate increase on my wife’s health insurance premiums and mine. Due to our limited wages as Social Workers at this time, we have been receiving reductions in our overall costs for our insurance plan. However, starting with the rate hikes this past year, and now with another rake hike proposed for next year, I believe that the costs involved will now be excessive and unfair for our current economic situation.

To make matters worse, my wife, who is almost legally blind, has now lost her current job and is now looking for one that will be better suited for her visual impairment. This loss of income, unless expeditiously replaced with a new job, will leave us even more challenged to manage the proposed hike of 13.9%. As I have been left to believe that the rates are somehow connected to annual income, the timing of additional expenditures could not come at a worse time.

I have tried calling the DFS to discuss this but have not been able to speak with the necessary party to discuss this situation. I am hopeful this email, which is being sent within the 30 day period for challenging the execution of the proposed hike, can start a dialogue that will allow us to manage our health costs, while searching for more sustainable income.

Thank you for your time and consideration of this matter.

Best regards,
June 19, 2015

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

Re: HIP, EmblemHealth
Select Care - Silver
Individual Coverage
HIOS Identification Number: 88582NY0160001
Insured: [Redacted]

To Whom It May Concern:

I received the Notice of Proposed Rate Change indicating that a request has been with the NYS Department of Finance
to approve an increase of 13.9% to my current premium rate for the period starting in 2016. I currently receive individual coverage, which I struggle to pay. An increase of almost 14% would create an extreme hardship for me. I am timely with my premium payments because I know how important healthcare currently is. It therefore, strikes me as almost cold and callous to state that it is too costly to continue to provide medical care to members.

At this present time, I am not plagued with a number of chronic medical problems. I do suffer from Glaucoma for which I am being treated. Other than that, I have one other medical condition, for which I will require surgery. Surgery will resolve that condition, and the cost of my medical care is likely to decrease. It is for that reason that I do not see the fairness in increasing my premium in 2016, when the cost of my medical care is not likely to increase.

As I stated, this increase is most definitely going to pose a financial hardship for me. One that I will most not be able to afford. I therefore, am imploring you to review this matter, and that my argument for not increasing my rate be taken into consideration. I would like to ask that my premium be kept at the current rate. I fear that I will not be able to retain health insurance coverage if the rate increase is imposed. I do pray for a favorable decision in my case.

Respectfully submitted,

From: [redacted]
Sent: Thursday, June 18, 2015 11:23 AM
To: premiumratefilings@emblemhealth.com
Cc: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: explanation for my rate increase

To whom it may concern,

I was just given a notice that my rate is going up 13% for some reason. I want to know why? The name of my insurer is HIP, an emblem health company. My plan is emblem care silver. I have individual coverage. My plans HIOS id number is 88582NY0160001. This is really wrong that you arbitrarily change the monthly amount after a rate is established for the year. Please explain. I look forward to hearing from someone and getting a direct phone number of someone to talk to about this and not a phone menu run around.

Sincerely

From: [redacted]
Sent: Tuesday, June 16, 2015 5:31 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: 30 Day Comment Period
Attachments: COMMENT PERIOD.docx

The below letter is also attached. You may find the formatting of the attachment easier to read. Thank you.

**************
June 16, 2015

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

To Whom It May Concern,

I am writing to express my dissatisfaction regarding the proposed premium rate change that my insurance company has recently proposed. I understand that there is a 30-day Comment Period where customers can express their dissatisfaction so I am taking advantage of this opportunity.

I have been saving for early retirement for many years so that I can devote my time to charitable organizations. One of the largest expenses to plan for has been insurance. I’ve been waiting for the day when affordable insurance was made available regardless of employment status and I was extremely happy when the Affordable Health Care Act was passed. I retired last May and have been enjoying affordable coverage without any government subsidies since retirement. I knew that my rates would increase over time, but I am totally unprepared for a first year increase of 13.9% and would respectfully, yet strongly, encourage you to reexamine your need for such an extreme increase.

Name of my insurer: HIP, an EmblemHealth company
Name of my plan: Select Care Silver
Type of coverage: Individual coverage
My plan’s HIOS ID: 88582NY0160001
Sincerely,

From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Tuesday, June 16, 2015 1:29 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Health Insurance Plan of Greater New York
individual
hmo
I have been insured in the HIP/Emblem Health Select Care Platinum program ever since the ACA made NYState of Health insurance plans available. At first, my insurance premiums dropped by two hundred dollars a month, which was what I had hoped for and expected from a program with a larger risk pool. The very next year, however, the monthly premium leapt upward by nearly fifty dollars, though I had had, aside from preventive care, no intervening medical expenses to speak of. And now Emblem Health is proposing to raise the premium yet again, by nearly sixty-five dollars a month. I am a self-employed freelance worker and not eligible for a subsidy of any kind, and so these hikes are a hardship I bear on my own. I don't feel it is fair. Perhaps nothing can be done about this without further legislation of the issue, though.. Thank you for your attention, in any event.

From:   
Sent:    Thursday, June 11, 2015 11:29 AM 
To:     dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Comment re: rate increase request from Emblem Health

Please do not grant this rate increase.
My husband & i are freelance workers and pay our own insurance.
We received coverage from Emblem Health in April of 2014. Our rate increased by 6% after 9 months of coverage. Now they want another 13.9% increase? This is just insane.

Emblem Health should find ways to operate more efficiently before they punish customers with a rate increase.

We will certainly not see an increase in coverage or service so this rate increase will only add to the lining of Emblem Health Executive pockets.

We cannot continue to let these for profit insurance companies run our sick care system.

Thank you for you consideration.

Kind regards

HIP EmblemHealth, Select Care Silver plan
Individual coverage
HIOS ID # 88582NY0160001

From:   
Sent:    Wednesday, June 10, 2015 8:25 PM
To:     PremiumRateFilings@emblemhealth.com; dfs.sm.Premium.Rate.Increases-Public.Comments
Subject:        notice of proposed premium rate change

I have HIP from Emblem Health, Select Care Bronze plan and individual coverage.

I have had this health insurance since January 2014 and have had one increase already and now another? Supposedly a major premise of “Obama care” was decreased cost. Instead I see increased cost so and then a proposed increase in cost again. That means this whole new insurance program is a based on a lie. A 12.1% proposed increase? That is ridiculous. Logically there will now be one increase after the other. The insurance companies are making out like bandits. They have a powerful lobby and donate a lot to political campaigns. Where is the increased service?

Decreased cost out of pocket? Doesn’t exist. Another increase is a “rip off”—something for nothing.

From: [Redacted]
Sent:   Wednesday, June 10, 2015 1:07 PM
To:     dfs.sm.Premium.Rate.Increases-Public.Comments
Subject:        Rate Increase

Hello -

I switched to Emblem after my rate increased last year with my previous healthcare provider. Is this how they're going to play this game? Soon, our healthcare will NOT be affordable and we'll all be in the same boat. Why don't they take a look at cutting costs instead of taking more money from us? For example, why does one single pill of Ibuprofen cost $20?

Can we change the outrageous billing fees before we pass that along to tax-paying citizens?

So, yeah, I don't really think this increase is warranted until they work to stop hospitals and doctors from charging outrageous fees for tissues, etc.

My info:
HIP an EmblemHealth Company
Select Care Silver
I have individual coverage

Sincerely,
Dear sir kinds,

I am currently using HHP under emblem health care.

I earn about $2,000 a month. My maintenance for apt in 8619.13. I quit my regular job for health reasons in 63 yrs. The I am working on my diploma now. I am a registered nurse. I am paying you this insurance out of my pocket now. How can I survive if you increase the premium to $2,110. It's heartless to old people like us.

I only smoke a day. I applied for another exp for jobs. they did not hire me.

I am #.

Select bronze.

I dont have computer. My eyes are bad. Can it
June 1, 2015

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
Type of Coverage - Individual Coverage
HIOS ID Numbers - 88582NY0140001
88582NY0290001
88582NY0300001

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 a 10.7% rate increase for 2016. 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 seventeen months have passed since this plan began, Emblem Health is seeking a 10.7% increase on top of the approximately 8.4% increase that was approved for 2015.

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 2016 and similar increases are approved in succeeding years, premiums would more than double in just seven 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.

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,
I just received a notice that Emblem Health has requested a premium increase of 10.7% from the DFS (HIOS 88582NY0140001).
That is $1,542 more than I paid this year. I don't have 1,542 extra dollars. I don't think many people do. Wages aren't going up by 10.7%. Not even close. Standard pay raises are 3-5%. When will this end? We expected affordable health care from the Affordable Care Act and all we're getting is raised premium after raised premium. My premiums already went up 10% from last year! This is completely unfair. Please deny this request.
Thank you.

* * * * * * * * * * * * * * * * * * * * * * * * *

Sincerely,

Benjamin M. Lawsky
New York State Department of Financial Services.
From: [redacted]
Sent: Tuesday, June 09, 2015 5:58 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Premium Rate Adjustments

Dear NYS Department of Financial Services,

My name is [redacted]. I am writing to oppose the request for a rate increase of 14.2% for my current insurance plan. I currently have the Select Care Gold through the insurer HIP, an EmblemHealth Company. I currently have individual coverage. My Plans HIOS identification number is 88582NY0150001.

Any rate increase will have a negative affect on my family along with any other working class family trying to make ends meet each month. Emblem received a rate increase last year and there was no improvement to my plan so I ask, how will a rate increase benefit my family this year? The only benefit I see is to Emblem's profits. Please don't ask hard working families to struggle even more with affording healthcare.

From: [redacted]
Sent: Sunday, June 07, 2015 2:03 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: HIP Select Care Silver rates should not increase

Good Afternoon,

I write in response to a letter I had received from my health insurance provider, HIP - an EmblemHealth company, wherein in they had notified me of a proposed rate increase of 13.9%. My plan's HIOS identification is 88582NY0160001.

I expressly am not in favor of such a substantial increase. In view of the fact that the CPI has stayed flat for the year and low interest rates, stagnant wage growth, cheap oil and the progress of the Affordable Care Act, the proposed increase is disingenuous and an indication that the insurer intends on "business as usual".

HIP has negligible claims to increased costs of doing business commensurate to their proposed rate hike and I, as a consumer, strenuously object to it.

Thank you.

Regards,

From: [redacted]
Sent: Friday, June 05, 2015 11:33 AM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Cc: premiumratefilings@emblemhealth.com
Subject: proposed rate increases

Dear DFS,

I received a letter from my health provider, Emblem Health, about a proposed health plan rate increase, and I write to express my outrage about this possible increase.

First, I have been in this plan barely six months. How is it possible that there's a proposal for a 12.1% increase for members? This does not make any sense at all. The correspondence from EmblemHealth does well in not explaining why exactly this proposed increase is needed and what exactly it would be used for. It is disgusting that EmblemHealth would prepare such a vague letter while at the same time proposing
Second, this proposed increase is unrealistic given the economic climate that middle class Americans like myself are living in. Perhaps the proposers are oblivious to the cost of living increases that we have to endure while at the same time we receive pay raises of 1% or less, if any.

Third, a rate increase will drive people away from this purported 'affordable' healthcare that the government is promoting. The Bronze Plan, which is the plan I have, requires I pay a $3,000 deductible before my coverage actually applies. Add this to the nearly $400 premium I pay, and you will understand why I do not seek health care, I do not get check ups, I do not take medication, even if these things are needed. This is a disgrace and the proposers of this increase clearly are thoughtless, heartless beings. If you consider this increase a viable option, you'll be joining this group and turning your backs on the 99%. Voting for the increase is a disservice to those who are enrolled in this Affordable Care Act health plan. The name of this act is a misnomer, as there is nothing affordable about it, and with a letter advising of something as heinous as this proposed hike, there is nothing remotely caring about a health plan under this act as well.

Companies like EmblemHealth should find other ways to deal with "the rising cost of providing members' care." As I stated, I barely seek care because I cannot afford it, yet I am 'covered' under this terrible plan. I am inclined to believe other Americans are in my same position. And if this is not the case, a rate increase such as this will surely cause others to be in this position and abandon the idea of using the services for lack of money to take advantage of them.

I cannot emphasize enough how wrong any increase would be, but 12.1% is shameful. I urge you to vote against this increase and to put pressure on legislative and governing bodies to protect citizens from being raped financially by greedy corporations in the 'business' of healthcare.

Sincerely,

Plan information:
HIP, an EmblemHealth Horror of a Company
Select Care Bronze- Individual Coverage
88582NY0170001

From: [Redacted]
Sent: Thursday, June 04, 2015 1:22 PM
To: PremiumRateFilings@emblemhealth.com; dfs_sm_Premium_Rate.Increases-Public.Comments
Subject: Proposed rate increase

Insurer: HIP/Emblem Health
Select Care Gold D
Individual Coverage
88582NY1140001

I am writing in response to the letter received dated 5/22/15 regarding a proposed rate change of 14.2%.

I am struggling at this point to even pay what is now $492.00 from $473.20 just a year ago after an increase. With the NY Bridge Plan I was paying $393 and even that
was difficulty at times. I have gone several years without health insurance because of affordability. I am the single parent of a child with mental retardation and cerebral palsy (more than willing to provide proof), for whom I have not received child support in over a year and whose father has escaped responsibility by moving out of state, making it difficult to locate him.

I implore you to reconsider this increase as I really do not want to go without health insurance again.

From:  
Sent: Wednesday, June 03, 2015 12:47 PM  
To: dfs.sm.Premium Rate.Increases-Public.Comments  
Subject: Health Bureau- Premium Rate Adjustments  

To Whom It May Concern,

I'm writing in regards to Emblem Health's request to increase my monthly premium by 12.1%

Emblem Health also encouraged me to contact the Department of Financial Services, whom have the ability to approve, modify or disapprove the requested rate change.

As an expecting father for the first time, I implore the Department of Financial Services to disapprove of this requested rate increase. This rate increase, in addition to the previous one of 9.5% less than 6 months ago, would greatly effect my ability to balance my finances as well as prepare for a new family. I'm sure you know, when it comes to starting a family, every dollar matters.

Please, do not approve this requested rate increase.

I've been asked to include the following information in this message:

1) My insurer: HIP, an Emblem Healthy Company
2) I am on the Select Care Bronze plan
3) I currently have individual coverage
4) My plan's HIOS identification number: 88582NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) or 888582NY0210001

Sincerely,

--

From:  
Sent: Tuesday, June 02, 2015 5:04 PM  
To: PremiumRateFilings@emblemhealth.com; dfs.sm.Premium Rate.Increases-Public.Comments  
Subject: RE: Premium rate will increase by 10.7%  

1.) Insurer: HIP, an EmblemHealth Company
2.) Plan: Select Care Platinum HMO
Hi

In respond to your letter dated 5/22/2015. I disapproved the current premium rate will be increase by 10.7%. My husband has to pay half of his health insurance and full pay of mine since I am jobless. With no raise from my husband’s employer and limited Advanced Premium Tax Credit, we barely catch up the cost of living. Now you want a 10.7% increase, it’s just not affordable for us anymore. We normally visit our doctor 1-2 times a year, it’s just not acceptable for the increase of 10.7%. Please kindly reconsider your increase since your increase is much more than the cost of living rate in New York. Thank you.

Sincerely yours,

[Redacted]

PRI VI LEGED & CONFIDENTIAL
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From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Tuesday, June 02, 2015 4:45 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Health Insurance Plan of Greater New York

individual

hi

3.) Individual coverage
4.) Hi OS ID#88582NY0140001, 88582NY0290001 or 88582NY0300001
Not approval! Not acceptable!!! I disapproved the current premium rate will be increase by 10.7%. My husband has to pay half of his health insurance and full pay of mine since I am jobless. With no raise from my husband's employer and limited Advanced Premium Tax Credit, we barely catch up the cost of living in New York. Now you want a 10.7% increase, it's just not affordable for us anymore. Please kindly reconsider your increase since your increase is much more than cost of living rate. Thank you.

From:  NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Tuesday, June 02, 2015 2:07 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Health Insurance Plan of Greater New York
indiv

I have an individual HIP through Emblem Health that is called Select Care Gold D. I chose it because it had a zero dollar deductible per year. This year it was changed to a $600 deductible per year. That's now $600 extra that I will have to pay. On top of that Emblem HIP now wants a 14.2% increase in premium rates for Select Care Gold D. I think they should get nothing and roll my deductible back to zero. They are already making a fortune on a mediocre medical plan. All of this is on the back of a financially strapped guy. Where does it all end? Sincerely,

From:  
Sent: Tuesday, June 02, 2015 1:16 PM
To: premiumRateFilings@emblemhealth.com
Cc: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: More info Please! ID#

Hello.
I'm in receipt of a notice of Proposed Premium Rate Change, and would like further explanation.
Our AGI was actually lower than ever, so we are shocked that we would possibly be victim to a 13.9% rate increase.

We are Members of EmblemHealth Select Care Silver HMO:

Please advise wrt actual increase, and what our options are should that make it impossible for us to keep this insurance.

Thanks.

Ossining, NY 10562-3215

From: 
Sent: Tuesday, June 02, 2015 12:42 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: HIP proposed rate increase
Attachments: -rate increase.docx

Please see the attached
TY
From:  
Sent: Tuesday, June 02, 2015 10:09 AM  
To:  

I just received a notice that Emblem Health has requested a premium increase of 10.7% from the. That is $1,542 more than I paid this year. I don’t have $1,542 extra dollars. I don’t think many people do. Wages aren’t going up by 10.7%. Not even close. Standard pay raises are 3-5%. When will this end? We expected affordable health care from the Affordable Care Act and all we’re getting is raised premium after raised premium. My premiums already went up 10% from last year! This is completely unfair. Please deny this request.

Thank you.

Insurer: HIP, an EmblemHealth company
Plan: Select Care Platinum
We have a Couples plan from the marketplace
05/22/2015

M35328453

Re: Notice of Proposed Premium Rate Change
EmblemHealth Select Care Platinum D

Health Insurance Oversight System (HIOS) Identification Numbers 88582NY1080001 (dependent coverage to age 26 end-of-month), 88582NY1090001 (dependent coverage to age 30 end-of-month) and 88582NY1120001 (child only)

Dear [Redacted]:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2016. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rates changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

**Proposed Premium Rate Change**
If approved, your current premium rate will increase by 10.7%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

**Why We Are Requesting a Rate Change**
We are requesting a rate increase because of the rising cost of providing our members’ care. This includes 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.

**30-day Comment Period**
You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice. You can contact us or DFS for additional information at:

(Continued)
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: 1-800-447-8255
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
E-mail: PremiumRateIncreases@dfs.ny.gov
DFS Website: dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: Select Care Platinum D
3. The fact that you have individual coverage
4. Your plan’s HIOS identification number: 88582NY1080001 (dependent coverage to age 26 end-of-month), 88582NY1090001 (dependent coverage to age 30 end-of-month) or 88582NY1120001 (child only)

Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

Plain-English Summary of Rate Change
We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

- EmblemHealth website: emblemhealth.com/2016_Rates
- DFS website: dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate
After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2016 renewal date.

Sincerely,

[Signature]

Suzanne Ronner
Vice President, Customer Experience
NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004

To Whom It May Concern:

Last week, I received a letter from my health insurer, HIP (an EmblemHealth company) stating that it was seeking a whopping 10.7% premium increase for my individual health plan (Select Care Platinum, HIOS Identification Numbers 88582NY0140001, 88582NY0290001 and 88582NY0300001) for 2016. 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 2015 monthly premium of $601 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 medical coverage.

That day may be coming sooner rather than later. HIP is requesting a nearly 11% increase in my premium for 2016, citing “rising cost of providing our members’ care.” I am paying a substantial amount of money in rent, my utility bills have gone through the roof and my food costs are sky high. Where do I go to get an increase in my income for these “rising costs?” Ask an employer for an 11% raise in your salary or go to the bank and ask for 11% interest and see what their responses would 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 five years that I have been receiving letters from HIP regarding proposed rate changes, HIP has requested not only increases, but double digit increases. This has been every year without fail. Is the idea to aim high so if only a 9.5% increase is approved, subscribers will feel like they got a “bargain?” When is enough enough?

I was very hopeful that health care costs would be controlled with the passage of the ACA. I am less hopeful today. I don’t mind paying a premium 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 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,
July 27, 2015

HIP Millennium Health Co
Select Care Silver
ID H105 88582 NY: 016000

Dear,

I received a letter of May 22, 2015 of another rate increase to my NY-3 Health Ins. I think this is outrageous! I was so happy to be able to get medical Ins. I have 11, it has been raised alrd. I have a for income of $20,000 and could not afford Health Ins. Originally. Next rates keep goin up and I'll be back where I started from. Ins. keeps goin up but my paycheck doesn't. Please consider me. That can't go on.

There must be some kind of limit.

Thank you.

RECEIVED
JUN 02 2015
HEALTH BUREAU
N.Y.C. OFFICE
After considering the "referrals" needed and all the "non-payments" offered, why would a rate increase make any sense at all.

These are not payments being made. Perhaps a decrease is in order.

RECEIVED

[Signature]

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

Hello,

I am writing after receiving the Emblem Health notice of proposed Premium Rate Change for 2016. I am uninsured by HIP, an Emblem Health Company, and Select Care Silver is the name of my plan. I have individual coverage. I understand the rate increase is being requested because of the rising cost of providing member care. I do not think it is important that members who are enrolled through the NY State of Health, and who
I have qualified for an Advanced Premium Tax Credit and provide you with some feedback. I enrolled a little over a year ago, and at the start of 2015 I experienced my first increase in premium. I'm a New Yorker who frequently works more than one job, and I still get my numb and additional childcare covered, but sometimes very little extra to spare.

Even what is considered a small increase in my health insurance payment makes a difference to me, and I think many other New Yorkers are experiencing the same feeling. I have insurance because of the Affordable Care Act, but if the monthly payment becomes cost prohibitive for me, I will have to give it up. Most
you do so. Please consider the New Yorkers who may no longer have health insurance coverage, if the premiums rise too much. This situation requires a price they cannot pay, along with their other bills. Thank you very much for your consideration.
May 28, 2015

To Whom It May Concern,
(NYS Department of Financial Services)

I just received a letter informing me of a proposed rate increase of my Emblem Health Select Care Silver Plan. I’m taking advantage of the 30-day comment period it mentioned to submit my concerns regarding this change.

My letter states that it wants to increase my rate in 2016 by 13.9%. I currently pay $407.28, so I’m looking at a hike of $56. I find this to be highly questionable, as this is my first year having signed up for health care through the state’s Marketplace, and my first month of coverage only began March 1st. They’re requesting a rate increase because of the “rising cost of providing our members’ care,” but the Marketplace only closed mere months ago, so this seems premature. I’m supposed to believe that in the three short months that I’ve been paying for Emblem Health and I should add that I haven’t even used it yet—costs have risen so dramatically that it’s already been decided that I need to pay 14% more?!?

For the past 10 years, I’ve had excellent insurance through my restaurant job. If I’d signed up for COBRA coverage, my rate would’ve been $600. It is ridiculous that this Emblem Plan thinks it’s worth only $140 less than coverage that was accepted everywhere with $20 copays and no annual deductible. This feels like a blatant rip-off, and in my current freelance position with uncertain job security, I’m alarmed that this is what I have to look forward to from here on out if I want to make sure I don’t go bankrupt if I get sick or into an accident.

Please take into account that although small rate increases might be expected, this feels very extreme. I already suffered a major downgrade in what coverage I could afford and I lost access to the doctors I’ve been going to for the past decade. If my rates increase this dramatically, over the next couple of years I’ll be forced to continually downgrade my coverage, potentially having to go through the anxiety-ridden process of changing plans, insurers, and doctors year after year. I had been looking forward to finally leaving a job that I hated (that I’d stayed at largely for the health insurance) and being able to take advantage of Affordable Health Care, only to find a Marketplace who’s cheapest plans didn’t seem to be accepted anywhere and barely covered anything with huge out-of-pocket expenses. I thought Emblem Health provided a relatively safe middle ground, but getting a letter informing me of rate increases when I’ve only just gotten my card with a Primary Care Physician on it feels suspicious and greedy.

I feel like I’m probably shouting into the wind, but if this is the only avenue I can pursue to give voice to my concerns, I’ll take it.

Thanks for listening,
Emblem Health: HIP Select Care Silver, individual coverage.

(My letter says to include the following information, which doesn’t make sense, but I’ll put it here anyway.)

**HIOS ID:** [Redacted] dependent coverage to age 26 end of month
[Redacted] dependent coverage to age 30 end of month
[Redacted] (child only)

The ID # on my actual card is: [Redacted]

I’m [Redacted] so clearly the ID’s the letter said to include don’t apply to me. If the rate increase is for those types of plans and not my plan, I obviously shouldn’t have gotten this letter, or at the very least, they could’ve sent me one that was a little clearer. Why would they list that I needed to say I had individual coverage and then follow it up with ID #’s for dependent plans?!

I’m sorry, but this entire letter is exasperating and frustrating. I’m enclosing a copy for your enjoyment.
Dear Sir or Madam:

I would like someone to explain to me why my rate is being increased when you cannot provide me with a primary care physician. When I was an EmblemHealth PPO member I had a doctor I loved for fifteen years. When I was forced into the EmblemHealth HMO plan, I could not keep my doctor, even though he is still in the PPO plan. And now, even though there are hundreds of doctors in northern Westchester County, not one is a provider with my current EmblemHealth plan.

I must travel long distances for my care, which is difficult when I am ill. And I quite often simply pay out of pocket since there are no primary care physicians in northern Westchester in the EmblemHealth HMO plan.

Shouldn't you at least make sure you can provide your members with a doctor BEFORE you increase their premiums?

Mohegan Lake, NY 10547
Health Insurance Plan of Greater New York

Are you people in your right mind, premium Rate Increase? It is already up to the roof & everyone knows all these health plans are a pure robbery in a blue day light. Moreover, it is a very simple solution to save money: Eliminate all stupid, unneeded agencies CMO, NYS of Health website, who use taxpayers money & doing nothing. What a shame?
Health Insurance Plan of Greater New York

am writing to object to another 10% rate increase, on top of last year's 10% rate increase. These rate increases are out-of-line with the rate of inflation and is hurting small businesses in which I work for.
Below is a copy of a letter that I emailed to emblemhealth.
May 31, 2015

I received a letter dated May 22, 2015 Regarding: Notice of Proposed Premium Rate Change to EmblemHealth Select Care Bronze. My member number is 14434615. I signed up from the NY State of Health Web Site to obtain health coverage for myself alone (no dependents). The opening paragraph of your letter begins with:

Health Insurance Oversight System (HIOS) Identification Numbers
88582NY0170001 (dependent coverage to age 26 end-of-month),
88582NY0200001 (dependent coverage to age 30 end-of-month) and
88582NY0210001 (child only).

As I stated above, I purchased insurance for one person, that is, myself. The HIOS numbers indicate that my health care premium is also providing for dependent coverage, which is incorrect. The classification of my health insurance must be corrected and reflect a cost which was not purchased to cover dependents. A corrected Identification Number must be assigned to me and the premium adjusted. I am terribly upset that I learned through this letter that my premium was covering for services to individuals who don't exist. It disturbs me more that your records show that I have no dependents. The letter suggested a Proposed Premium Rate Change by 12.1% which is based upon errors in the identification of my health plan.

Please correct the mistakes and notify me when these issues have been resolved. Detail for me what steps you have taken to make things right.

Respectfully,
Good evening,

I recently received a letter saying that Emblem Health is trying to increase my premium by 12.1% for 2016. This is an absolutely ridiculous decision! I have yet to find a doctor in New York City that actually accepts the state health exchange plans.

I recently sprained my ankle. I went to City MD Urgent Care. Do they accept my insurance? Nope. So I hobbled out to One Medical where my boyfriend is a patient. Do they accept my insurance? Nope. I had to pay $175 for a visit only to be told that it'd be fine and I should keep it elevated for a few days.

The examples of how terrible my insurance is continues. I simply needed to get a generic prescription refilled. Naturally my previous doctor who accepted my Aetna insurance, doesn't take Emblem Health. So I scoured Zocdoc to find a doctor that would be in-network. I found one that I thought would work, only to find out that he didn't accept the state exchange insurance either. I basically spent another $175 to get him to write a prescription while being moved from room to room by nurses speaking Russian to each other.

My pharmacist told me that I'd have to fill out additional forms to use my prescription benefits. Why bother? I now simply use my Walgreens card and only spend $10 for my generic medication.

You want to raise my rate? I am literally paying $354 a month to have insurance that no one accepts. The sole reason I continue to pay this already insanely high premium is on the off chance that I get hit by a bus or develop a massive brain tumor. Though from my Emblem Health experience, those won't be covered either.

I do expect a response. I want to know how this is justified.

Insurer: HIP, an EmblemHealth company
Select Care Bronze
Individual Coverage
88582NY0200001

Licensed Real Estate Salesperson
New York NY 10022
Regarding the proposed premium rate increase that is attached, I strongly disagree. Plans in New York state already carry the highest premiums of any state.

The supposed reason for the proposed rate change is the rising cost of providing members' care. Where is the data to support this statement? What about the rising cost due to salaries of CEOs and other executives -- is that also expected of customers to bear the burden? A formal impact study needs to be made to substantiate the reasons for the premium hike.
I disagree with the proposal as is until more data is available.

Name of Insurer: Health Insurance Plan of Greater New York (HIP)
Name of Plan: Select Care Silver S
Individual Coverage
HIOS identification number: 88582NY1350001
Name: [redacted]
Insurer: HIP, an EmblemHealth company
Plan: Select Care Silver
Coverage: Individual
HIO’s 88582NY0160001 (dependent coverage to age 26 end of month)
88582NY0230001 (dependent coverage to age 30 end of month)
88582NY0240001 (child only)

To whom it may concern,

Due to the rising cost of living expenses and living alone with only one income, it is very difficult for me to keep up with the current premiums for health insurance. Any increase would be impossible for me to make ends meet.

The NYS Health Insurance is supposed to assist people who have no insurance with affordable health insurance premiums. Is this a farce? Please reconsider any rate increases in premiums and keep your promise of affordable health insurance for the people.

Sincerely,
Hello,

I am writing to comment on the proposed increase to my HIP/Emblem Health health insurance plan, which is individual coverage, for 2016.

I believe any increase to my rate is unfounded and unnecessary. Starting this fall of 2015, I will be a full-time student once again, attending CUNY -Law School. I will be unable to work due to the workload and will be taking out loans for the entirety of my educational and living costs for the next three years, so my income will be nil in 2016, 2017, and half of 2018. I believe these are reasons the proposed increase should be disapproved.

In addition, I am a very healthy person. I eat well and exercise every day. I rarely need to use my health insurance.

My payment is already high, even while receiving a subsidy. Without the subsidy, my health care plan is already around half of what I make a month currently at an almost minimum wage job.

Insurer: HIP, and EmblemHealth company
Plan: Select Care Platinum, individual coverage
HIOS #: 88582NY0140001

I really hope you consider my situation, and deny the rate increase.

Thank you so much,
Health Insurance Plan of Greater New York

My premiums have gone up three times since this "obamacare" system has been put into place. What was barely affordable to begin with has gone up so much that I am considering not having health care instead of paying above what my low income will allow. This is a terrible feeling to have to make a choice that could so dramatically affect my life. But it may be a necessary one if I want to maintain the payment of my other bills such as rent, car ins and daily living expenses. Another increase would be crippling.
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The rate increase is ridiculous. People are struggling to keep up at current rates. The deductibles are high as well. How does this help the consumer is my question.
Health Insurance Plan of Greater New York

From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Thursday, May 28, 2015 11:07 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Re: Select Care Gold I recently received a notice that Emblem wishes to increase my premium by 14.2%. Please do not allow this to happen! My insurance is already so expensive I can barely afford it and the quality of care and coverage I receive through this plan is really subpar considering the cost. This proposed increase would make my insurance almost $600/m and I would not be able to afford it at this rate.
i have just been informed my health plan wants to increase my premium 13.9%

I dispute this change, this large increase. the customer service along with this plan has been sub-par, and it should simply be less oriented towards profits and more oriented towards service.

my insurer is HIP, and Emblemhealth company.
My plan is: select care silver
i have individual coverage.

thanks,
From: NYS Department of Financial Services <portal@dfs.ny.gov>
Sent: Thursday, May 28, 2015 4:35 PM
To: dfs.sm.Premium.Rate.Increases-Public.Comments
Subject: Prior Approval Submission

Health Insurance Plan of Greater New York

28.6% premium increase is outrageous! I and many others cannot afford to have insurance N Y State is supposed to look out for the residents of NY State not the insurance companies. My salary has not gone up 28.6%. You must say no to this increase!!!! I and others will have to leave the state. Its just not fair!!!!!
Dear All-

I am writing in regards to a notification I just received about 2016 rate hikes for my health insurance premium. Please note the following information as requested:

1. Name of insurer: HIP an EmblemHealth company
2. Name of plan: Select Care Gold
3. I have individual coverage
4. HIOS id # 88582NY015001

I would like to formally state that a rate adjustment is unfair, unnecessary and unjust for the reasons stated.

I have had coverage thru this program for 3 years including 2 provided thru the NYHealth Exchange. I have become very dissatisfied with the current program for several reasons:

- There is a true lack of doctor choices in my area- I live in Westchester county - one of the largest suburbs in the NYC metro area and there are fewer and fewer options for me for walk-in facilities in fact there are none in any area near by. Fewer doctor choices on the Emblem Health website for physicians, Out of 4 Drs listed in one category only 1 was accepting patients.
- I feel that doctors or at least their office staff are reluctant to take my insurance and seem to think of this insurance as a (near Medicaid) offering- I have been offended and treated as a second class insured on several occasions- stigmatized- I pay top dollar for this insurance (already more than $710/ per month) this is not cheap! I am self employed
- The overall quality of care from doctors is quite low- their offices are shabby- their staff nice but sometimes incompetent-
- I can not see where the justification to raise my premium comes from- inaccessability to find a doctor near by - high costs- and yearly rate hikes will only make me look for another option- This one is not working
- I have also not taken full advantage of the system- I only go for yearly check ups as needed- I feel that I am being asked to pay more- when I am getting less

I strongly disagree with any rate hike and find the system fairly disappointing and marred by unfair treatment

Regards
May 28, 2015

Dear Regulators,

I’ve just received a letter from Emblem Health notifying me that they want yet another rate hike. I was forced to give up my health insurance before ObamaCare due to rate increases, and I will be forced to do so again for the exact same reason. Not only am I paying $400 a month to HIP out of pocket for insurance that I don’t actually use, since my overall health is still good, but I must pay for dental costs out of pocket as well. I’ve looked into dental insurance but nothing offered will actually cover the procedures I need. I’m spending a small fortune every year on this.

If you approve this rate increase, I will simply be forced to leave NY. As a 53 year old freelance photographer it will be very hard to get work elsewhere, but I’ll have no choice. My income has to be high enough to afford NY rent and the inherent high cost of living, so it’s impossible for my income to be low enough to qualify for ObamaCare subsidies. Obviously, I will have to move down from the Silver to Bronze plan (which covers almost nothing!). I will also lose my current PCP. Many doctors do not accept Bronze plans. I even encountered doctors that did not accept Silver plans! Unfortunately, the problems that Obamacare set out to solve are still extant and worsening as the industry becomes emboldened to take advantage of this law.

Please NO NOT approve this rate hike. The result of increases like this is simply to force the state’s taxpayers to leave.

Sincerely,
Emblem Health
Silver HMO
individual coverage

I called emblem health to try to get more information on this proposed premium rate change and didn't find out much about it so wanted to email to try to get more information.

What exactly is this raise about, when will it happen and why? Currently I am unemployed and not sure I can afford an increase at this time. Is there anyway of deterring these raises in price?

Thanks so much,
Dear sir or madam,

I received a letter from emblem health stating they are asking to increase the health insurance premiums by 13.9%. This is outrageous especially since they increase it each year and all it will result in is people, myself included, not having health insurance.

Please do not allow it to happen.

Sincerely

Sent from my iPhone so please excuse typos.
I am writing to express my opposition to the proposed rate increase of my health plan. My monthly family plan cost about $1200 a month, more than my mortgage payment, more than what I pay for food, transportation and everything else, and it does not even cover a thing. With the $11,000.00 annual family out of pocket expense and deductables, insurance company will not spend a penny until a family like us has spent about $25,400 a year on health care.

The inflation is only about 2% and we don't have 13% pay raise to pay the 13% health insurance premium each year. Please STOP IT
I have individual coverage and my plan’s HIOS # is 88582NY0160001. I received a notice of a proposed 13.9% rate hike for my individual health insurance plan, Select Care Silver, which I have with HIP, an Emblem Company, in the mail yesterday, and I am writing to protest this proposed premium increase. I am a small business owner, sole proprietor, and supply my own individual insurance through the NYS marketplace. This proposed increase is a real hardship as the insurance is already expensive, and in addition to economic conditions, this proposed increase, if approved, will help put me, and other small business owners like me, out of business. Although I do not believe that this message will affect anything, I felt the need to voice my protest and say what I know—that this increase is unnecessary and another death blow to the disappearing middle class in America. Thank you for your attention.
I really can't stand that HIP will increase premium again!!! This Obamacare is become outrageously expensive! Our doctors are not getting paid properly because of the high deductible, and we patients are paying very high and increasingly pricey monthly premium, yet HIP doesn't cover many of the drugs we need. For example, last month my wife had severe sinus attack, doc subscribed her an eyedrop called Pataday, but HIP doesn't cover it fully, at pharmacy counter she was asked to pay $100 for a small eye drop, that's after we paid $358 per month premium. If you continue to increase at a high rate of 13.9%, we will have to opt to no insurance again, our pay rate does not increase at such high rate of 13.9%, and most Americans don't get annual pay raise equal to or higher than 13.9%. Name of my insurer: HIP, an Emblem Health company Name of my plan: Select Care Silver My Plan's HIOS ID #: 88582NY0160001
Health Insurance Plan of Greater New York

individualhmo why increase again? Last year we paid $278 per month for both of us and now we pay $358 per month!! that was already huge increase. I also noticed before I had insurance, at my OBGY, I paid self-pay rate $90, now with insurance, they charge me $200!!! same with my allergy specialist, before I paid $65 for office visit, and now with Emblem insurance, the agreed upon contract price is $150 for same office visit procedure; and same with my dermatologist. How unfair!!! Plus HIP silver plan has such high deductible of $2000 per person, last year I got absolutely no benefits. Please, why increase again???? It's no longer affordable!!! Name of my insurer: HIP, an Emblem Health company Name of my plan: Select Care Silver My Plan's HIOS ID #: 88582NY0160001
Health Insurance Plan of Greater New York

individualhmo why increase again? Last year we paid $278 per month for both of us and now we pay $358 per month!! that was already huge increase. I also noticed before I had insurance, at my OBGY, I paid self-pay rate $90, now with insurance, they charge me $200!!! same with my allergy specialist, before I paid $65 for office visit, and now with Emblem insurance, the agreed upon contract price is $150 for same office visit procedure; and same with my dermatologist. How unfair!!! Plus HIP silver plan has such high deductible of $2000 per person, last year I got absolutely no benefits. Please, why increase again???? It's no longer affordable!!! Name of my insurer: HIP, an Emblem Health company Name of my plan: Select Care Silver My Plan's HIOS ID #: 88582NY0160001
If anything, adjust them DOWNWARDS!!!
The reason that I sought out health coverage through the exchange was BECAUSE the rates were slightly more reasonable there. NOW - barely a few months into the year - there's talk of them going up?!?!?! It totally defeats the purpose of "affordable health insurance". Craziness.... I would understand if it were 10 years later... 5 years maybe... but IMMEDIATELY??!?!! It's unethical.
Just say NO to the request, please.

Feel free to contact me with any questions..
Sincerely,

Insurer: HIP (Emblem Health)
Plan: Select Care Silver
Type: Individual coverage
Network: Select Care
HIOS ID (I think): 88582NY0160001
To Whom It May Concern:

In response to the letter from Emblem health today concerning proposed increase request for coverage in 2016. I am an exiting Emblem Health member, and have been since the start of the exchange.

I wish to register my shock, disgust and complaint about the proposed increase to monthly premium rate adjustments for 2016.

The purpose of the exchange is to give people a step-up from Medicaid to on a paying plan akin to regular insurance subject to a person having resources to pay some or all of the premiums. I am a person who does not get subsidies from the government in helping with paying the premiums. If premium hikes are going to be the trend to such an extent, then you are going to price people out of these plans. If you hike the price, you have to address expanding the subsidy caps laid by government to provide more help. Otherwise, I am not going to be able to afford retaining this plan, and will end up having no insurance and be back to square one. When you have a chronic condition, it is so unfair for you to be penalized. More help should be given to people with such conditions in affording such premiums and copays. It's a struggle now, and when things start to look better, you drop this on us - every year!

I implore you do not raise my premiums by the amount requested. Please!

Regards,

Emblem Health HIP Select Care Platinum
Individual coverage.
HIOS 88582NY0140001
Re: HIP (an Emblemhealth Company). Select Care Platinum. Individual coverage. HIOS ID# 88582NY0140001. Just received my 2016 rate increase request letter from Emblemhealth. They are seeking a 10.7% increase. I guess all I can hope for is that DFS will be extremely dutiful in determining if this rate increase is justified. I understand HIP had a very disappointing previous year financially. Considering Emblem’s share of the marketplace (especially government and commercial accounts) now that HIP and GHI have merged, this was a surprise. Perhaps their administrative costs need to be streamlined?? I noted that back in 2013 they requested a rate increase of 26% and were approved for 8.34%. Again I hope the request will be studied extensively and perhaps adjusted if appropriate. thank you
I am a Silver HMO Policy. The letter I received yesterday stating that EmblemHealth is requesting a 13.9% rate increase next year came on the same day that I was planning to email all of you regarding my dissatisfaction this year with my policy.

I am a healthy 63-year old female (I filled out your Health Care Information Sheet 3/15). I work in the medical field, am an advocate of patients being better educated about healthcare, and understand that, even under the highly commendable ACA, healthcare is not inexpensive. I am willing to pay a fair rate for my insurance.

I was willing to switch my PCP this year to one in your network, and had my yearly well visit. However, since then, the following has happened:

1) I have been unable to have my yearly skin cancer check because my dermatologist, who has followed me for years, is not in your network. There is ONE dermatologist in Rockland County that's in your network -- unacceptable.
2) My gynecologist is not in-network, so I had to pay out-of-pocket for my annual exam. You have ONE gynecologist in-network in Rockland County and the wait to see that provider would have been 9 months-- unacceptable.
3) I have been unable to have my colonoscopy, because my gastroenterologist is not in your network. This would have been my 4th colonoscopy, and my gastro told me at my first one that, due to an anatomic condition he diagnosed, I need to come to him for all future colonoscopies. So the colonoscopy I was supposed to have this year will have to wait. Few reputable Rockland County gastroenterologists are in your network -- unacceptable.
4) I've been wearing hearing aids for 12 months, and when my left HA stopped working about 6 weeks ago, I learned that my audiologist, is not in your network. There are NO AUDIOLOGISTS in Rockland County in your network, and because Jawonio Audiology had fitted me for the HAs in 2014, I felt they needed to examine me, so I had to pay out-of-pocket to have it checked.
5) I am heading for a right hip total hip replacement in the next 6-9 months or so, and my effort to find an orthopedic surgeon in your network that covers the minimally invasive procedure I want (anterolateral total hip replacement) has been fruitless. So this will have to wait.
6) I take just two prescription medications, but you do not allow 90-day prescriptions, so I am paying MORE each month to pick up my medications.

EmblemHealth has not invested in a strong network of physicians and surgeons in Rockland County. I am not willing to travel 15+ miles to another county to see all the specialists and surgeons that should be available locally. Unless EmblemHealth invests in MORE ROCKLAND COUNTY PROVIDERS next year, I will move to another insurer.

Sincerely,
Attn: HIP / DFS

My name is [redacted] and in April 2014 I was laid off by my employer. As a experienced IT professional this was devastating. I found re-entering the job market as a prospective job seeker very difficult. It was shocking to find out how many people were truly unemployed. And to discover people that were fortunate to be employed in positions that they were over qualified for.

Health insurance which is one of the most important necessity in my life to maintain my physical well being. Health insurance is a must in my life to be able then to provide continued treatment for my managed chronic medical conditions (ie: Rheumatoid Arthritis, High Cholesterol ....). In order to fulfill my personal obligations I had to sacrifice my career by taking lower grade jobs and salary. Struggling like many Americans to earn my living and finding an inability to maintain medical insurance I let go of my pride and humbled myself in order find the courage to request for government assisted health insurance.

In applying for health insurance through the NY State health market place I was shocked to find how little assistance was afforded to me. I was also astonished and horrified to see how much ended up as my fiscal responsibility.

This being said I struggle each day to maintain health insurance. But to hear of recent news that HIP/EmblemHealth is filling a request DFS to approve a change for higher premium rates for 2016, upsets me. This burdens me with difficult decisions to make. I currently face hardship and inability to even maintain the basic necessities of life (ie: Food, Shelter, Medical...). I urge for compassion, for my self and my fellow Americans struggling to maintain their health insurance coverage. I urge not to raise the health insurance premiums and bleed the working man dry, leaving them unable to maintain health insurance, to live a healthy and balanced life.
To whom it may concern,

I urge you to deny any rate increases for premium rates of health insurance. The cost is already astronomical, especially for service where you are required to go through hoops to get a referral, make numerous phone calls challenging coverage and have a huge deductible to boot. I have not been able to see my preferred specialists yet this year, because the referral process is so difficult for my PCP. So not only am I paying hundreds and hundreds of dollars a month for what seems like nothing, I can’t get the care I need because the process is too difficult.

With all this said, I again urge you to decline any increases in rates, and instead require the companies to take a closer look at the inefficiencies, redundancies to find the dollars they claim they need.

My current plan details:

Insurer: HIP, an EmblemHealth Company
Plan: Select Care Silver D
Type of coverage: Individual Coverage
HIOS ID Numbers: 88582NY0370001, 88582NY0380001, 88582NY0970001

Sincerely,

Sent from Windows Mail
To whom it may concern,

I've been a select care gold member since May 2014. My premium back then was $460.85 monthly. I was increased in January 2015 to $492.94 monthly. That's a $32.09 increase monthly or $385.08 yearly.

I've only been a member for one year and so far I've been hit with this increase once and another one pending. Emblem Health wants to raise my premium $70/ month or $839.96 yearly starting in January 2016. This is absolutely absurd and I promise that friends and family of mine will be shopping around to seek compatible rates instead of dealing with the headaches of authorizations and deductibles.

I'm paying for a single person and with the rise of inflation and costs, this increase is way too much for my affordability. If you choose to keep me as a customer, as well as my friends and family, I would highly suggest you waive the increase at least for 2016.

Being from a healthcare background and in this business for the past 20 years, I understand that costs do go up. I'm asking you to be fair with your increases though. I joined this plan because the rates were reasonable even though the referral process is a huge headache especially for a working man who has an intense weekly schedule.

Please keep me posted as to what Emblem Health decides to do. In the meantime, you've left me no choice than to do my homework. I never responded to you regarding my last increase but I will stay firm on my decision if these rates do go up.

Please feel free to contact me via email anytime you wish.

Sincerely,