From: Jennifer Jensen
To: Ratefilings, cid
Subject: 2023 rate hikes

Date: Tuesday, August 9, 2022 8:34:16 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Raising rates now when all the other corporations are price gouging due to "inflation" means people will have to choose between their premium or groceries or filling the car with gas. It's hard enough for the working poor to live in CT, don't make our lives worse.



From: Suzanne Piazza
To: Ratefilings, cid
Subject: Against 20% hike

Date: Monday, August 15, 2022 3:06:11 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I strongly oppose rate hikes for health insurance in Connecticut. This proposal will hurt middle-class & low-income families.

I am a professional social worker and a Democrat and have been very unhappy with some of the policies the Democrats have recently been supporting. Bernie was right after all--the Democrats have become supporters of corporations.

Inflation has increased by nearly 9% since last year, yet none of my jobs have offered a salary increase.

Again, I vehemently OPPOSE a rate hike for health insurance in Connecticut.

Suzanne Piazza

From: Piping Plover
To: Ratefilings, cid

Subject:Against Health Insurance Rate IncreasesDate:Sunday, August 14, 2022 4:14:57 PMAttachments:Insurance Rate Hikes 8.12.2022.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Attached please see my written testimony against proposed health insurance rate hikes.

Sincerely, Andrea Kerin Sent via Email to: cid.RateFilings@ct.gov

August 12, 2022

Connecticut Insurance Department 153 Market Street, 7th Floor Hartford, CT 06103

Re: Against Health Insurance Rate Hikes

Dear Connecticut Insurance Department,

I am against the requested health insurance rate increases which repeat year after year here in Connecticut. It is outrageous that a profit-driven concern simply asks for more money and receives it.

Our government – both state and national - should not be endorsing and supporting a private health insurance model that doesn't work. The number of total subscribers relative to the number of high utilizers in these plans does not work. Healthy people opting out of the system and taking premium dollars with them does not work. The insurance industry adding on their requisite profit margin does not help. Capitalism works well in many sectors but the medical system cannot be successfully run by competitive profit motives.

Connecticut needs a single-payer system and the power of a robust pool of subscribers in order to make health insurance affordable for all. We need to remove the layers upon layers of administrative costs and insurance company profits from the equation. Medical care is a public right. We should not be striving to prop up a health insurance industry that no longer works for its intended purpose but serves only its own bottom line. Public health is the goal.

Sincerely,

Andrea Kerin

From: Eric Lee
To: Ratefilings, cid
Subject: Are you kidding me?

Date: Tuesday, August 9, 2022 9:02:28 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. You need to deny these requests.





From: Lorrice Grant
To: Ratefilings, cid
Subject: attendance virtually

Date: Friday, August 5, 2022 9:09:58 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,

I think insurance is already too expensive and unattainable for many drivers. We need to put a cap on the money making scheme of insurance. Lorrice

From: Susan Duarte
To: Ratefilings, cid

Subject: August 15th public hearing: Insurance company rate increase

Date: Sunday, August 7, 2022 6:14:06 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To the CT Insurance Department,

Insurance companies should NOT be granted permission to increase rates.

Individuals and small groups would suffer from any rate increase at this time.

Instead, they should focus an managing their costs, and negotiate contracted rates.

More and more, doctors' offices have joined hospital groups for economies of scale.

The insurance companies should also benefit from this economies of scale.

Regarding the Connecticut Affordable Care Act Exchange, I have first-hand knowledge of how unfair it is to people who earn slightly over the poverty level, and then go from "free" Husky medical to paying for a plan with a high deductible via Access health.

My son graduated from college and could not get a job in his field, so he went back to school for 2 years. For those 2 years he was covered under Husky, at no cost, no copays, and no deductibles... but as soon as he got a job and earned some money, he was hit with a large monthly medical bill for his insurance coverage.

If everyone paid something (ie on a percentage basis), then perhaps those who earn slightly over the poverty level, can actually afford medical coverage.

Husky actually encourages peoples to earn below poverty level, or work "off the books" so it seems they earn under poverty.

This whole system is broken and the hardworking CT residents are the ones who suffer, not the insurance companies that are making a profit!

Susan Duarte



From: Holly Hackett
To: Ratefilings, cid

Subject:August 2022 Rate Increase RequestDate:Tuesday, August 9, 2022 9:27:31 PM

Connecticut Insurance Department,

To the Insurance Commissioner,

I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in hundreds of millions to billions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

People already delay care because they cannot afford the out-of-pocket costs until they reach their HIGH DEDUCTIBLE. These outrageous costs, usually \$7,500-\$10,000, NOT including the monthly premiums, should cover ALL expenses for care. The audacity these insurance companies have in asking consumers to take EVEN MORE of their hard-earned money to pay their CEO's salaries, stock options, & bonuses is disgusting! WHY SHOULD the public pay for an outrageous salary and bonus like that?! We should NOT!! Please do NOT approve this rate increase it is unfair to the consumer, have the insurance companies lower the bonuses and or the salaries of the CEOs FIRST before they ask for an increase from the public.

Roughly 87% of insurance executives' pay last year came from exercised and vested stock, the analysis shows. Cigna CEO David Cordani took home more than \$91 million in 2021, the most of any insurance executive. He's registered \$366 million since 2012. Longtime UnitedHealth executive Dave Wichmann technically earned the most last year, with \$142 million, nearly all of which came from exercising his stock options. But STAT did not count Wichmann's total toward the analysis because he abruptly left as UnitedHealth's CEO in early 2021.

The insurance industry, broadly, is built on relatively perverse incentives. Hospitals, doctors, drug companies, medical device firms, and other providers have consolidated and bulked up their bargaining muscle to charge higher prices to the 155 million people who get health insurance through a job, but insurers have been lousy negotiators, experts say.

Some market dynamics are out of insurers' control, such as when hospitals control the market and must be included in networks. But insurers will make more money if prices and costs don't

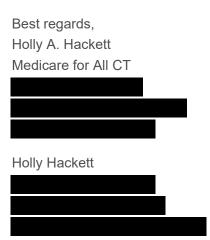
slow down.

For example, federal law says health insurers can only retain 15-20% of premiums for profit and overhead. That sounds good in theory, but it could actually encourage insurers to let spending and premiums grow because they'll be able to keep a slice of a larger pie. Many employers also use insurers simply as third-party administrators, paying them flat fees, which could make insurers indifferent to the prices that providers charge employers.

All of this means it's not in insurers' interest to haggle for the best deals and puts them directly at odds with the employers that hire them.

"Employers, in general, are not well-served by the carriers," said Sabrina Corlette, a health insurance researcher and professor at Georgetown University. "The incentive structure is messed up. At a certain point, when is the employer community going to start storming state capitals and Congress with pitchforks?" THIS IS my attempt to "storm the state capital" ENOUGH IS ENOUGH!! PLEASE DENY these requests, and tell the insurance companies to lower their Officer's bonuses, and trim the administrative "fat" on their end FIRST.

Thank you so much for your time and consideration.



From: <u>Margarita Mogollon</u>
To: <u>Ratefilings, cid</u>

Subject: Big No to Insurance Rate hikes!

Date: Saturday, August 13, 2022 12:10:56 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

The IRA just passed the house and this proposal to raise rates is absolutely insulting to citizens, very destructive and absolutely ludicrous! The working people, the poor, and seniors are all struggling to maintain health care at a cost we can afford. Incomes for the majority are clearly shown to not have risen at the ridiculous rate of healthcare! I have friends who work in the medical supplies industry and pharmaceutical industry who are making 3x's the salary of the average professional worker in CT with obscene bonuses in top of that. They do not work harder than I do as a civil servant, this much they admit. Cost reduction needs to include better regulation of these industries as well as hospital regents salary caps and other cuts to obscene profits Goethe few that robs the healthcare from the majority. You have been entrusted to represent the majority. Please! Do the right thing! Reject insurance rate hikes at this time. Thank you.

Margarita Mogollon

Sent from my iPhone

From: Nancy Ellman
To: Ratefilings, cid

Subject: Comment on Health Insurance Rate Proposals Date: Friday, August 12, 2022 12:48:35 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Nancy Ellman nan.ellman@gmail.com From: Nick L

To: Ratefilings, cid

Subject: Comments regarding proposed rate hikes **Date:** Thursday, August 4, 2022 10:55:43 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please do not allow the proposed rate hikes to pass. The cost of insurance for middle class families is already unbearable. In fact our family pays for insurance but we avoid using it at all because we can't afford the copays! It seems the only ones who can afford medical care right now are the wealthy and the poor (who qualify for no/low cost insurance). The middle class gets the worst of it, it seems to be the CT way.

Please oppose insurance rate increases.

Thank you Nicholas Lupacchino Eastford From: Shayna T. Sanders
To: Ratefilings, cid

Subject: Connecticare Rate Increase

Date: Friday, August 5, 2022 4:18:41 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello,

My name is Shayna Sanders. I have been a Connecticare policy holder since 2014/15 when I became self employed full time. I obtained my policy through Access Health. Over the past several years my policy has increased from approximately \$150.00 to its current rate of \$422.00. I always choose the policy with the highest deductible because I need the lowest monthly premium. Due to having a deductible I am very fearful of using my insurance. This has caused me to delay care because I don't want to create expensive medical bills in addition to other financial obligations I have. Each year my policy increases and I fear that there may be a day that I will not be able to afford to purchase insurance. I do not receive any tax credits to assist me with my insurance. There are not many insurers on Access Health so my options are very limited. I enjoy working for myself but as a self employed individual I carry the financial burden of purchasing insurance alone as there is no one to share the cost with. A 20% + increase to an already extremely high monthly premium will put a huge strain on myself and other small business owners of Connecticut. My fees do not increase yearly and I'm not sure why your fees need to.

From: Julie Rugh

To: Ratefilings, cid

Subject: CT insurance rate hike

Date: Wednesday, August 17, 2022 8:11:59 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

This email is to voice my concern over the proposed 20% rate hike for insurance. My husband's family runs a small business in SE CT and therefore was forced into "Obama care." Each year he has seen the premiums increase while the coverage it provides decreases. It currently costs \$2100 per month for my husband, myself and my son. It is crazy for anyone to think this is "affordable" especially with the insane inflation working people are forced to deal with. I fully support "A Better Way to a Healthy Connecticut" plan.

Thank you Julie Rugh

From: Daniel Torres
To: Ratefilings, cid
Subject: CT Insurance

Date: Tuesday, August 9, 2022 9:23:37 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello,

I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Daniel Torres



From: Anne Manusky (via Google Docs)

To: Ratefilings, cid

Cc: tony.hwang@cga.ct.gov; mark.anderson@cga.ct.gov; kimberly.fiorello@housegop.ct.gov;

 $\underline{rob.sampson@cga.ct.gov}$

Subject: CTRA Aug 2022 Testimony: Insurance rates should not be raised

Date: Monday, August 15, 2022 10:55:19 AM

Attachments: CTRA Aug 2022 Testimony Insurance rates should not be raised.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Anne Manusky attached a document

Anne Manusky

) has attached

the following document:

CTRA Aug 2022 Testimony: Insurance rates should not be raised

Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

You have received this email because annemanuskyctra@gmail.com shared a document with you from Google Docs.





August 15, 2022

Testimony in OPPOSITION to increasing insurance rates.

Dear Senator Hwang,

I am concerned by the Connecticut Insurance Department seeking public comment, as they are unelected bureaucrats. I trust you will provide strong testimony to keep the Connecticut Insurance Department in check -- as we the people of Connecticut have almost daily issues with gas, food, and other fiscal changes under the Lamont and Biden administrations.

Concerns in regard to insurance rate increases:

The excessive increase in premiums is unaffordable and inconsistent with increases in healthcare costs in the Medicare Market

Health insurance costs are benchmarked against Medicare. The physician component is scheduled for a decrease in 2022 and the hospital increase is under 5%.

70% of the health insurance that is provided by employers through self insurance and because they are ERiSA plans are Federally regulated and not subject to the State Mandates there is a two tier market.

The State legislature because of unreasonable mandates that have not been to cost benefit analysis and contribute significantly to healthcare costs in Connecticut.

The State must immediately assess all the mandates, their impact on costs and subject the mandates to cost benefit analysis.

The destruction of private practice by obsolete antitrust laws have shifted care from lower cost independent practices to more expensive institutional care.

Drug prices which account for over 20% of healthcare costs are not subject to negotiation State Mandates add 2085.48 to the costs of a healthcare policy add taxes and it adds 2248.41 to the costs.

Small businesses and individuals cannot escape the mandates that large employers can and have higher costs and are therefore less competitive.

There is a lack of transparency and costs for the same procedures can vary significantly between institutions.

Rather than raise the fees there needs to be comprehensive healthcare reform We need to create innovative options.

Self employed should have the option of organizational health plans where there can be competitive negotiation on behalf of these small employers.

Home infusion medications are overpriced.

And finally, the fact that this increase is taking place in the middle of the summer and not within the scope of the CGA Session is highly irregular, in a most irregular year.

In Life, Liberty & Freedom,

Anne Manusky, President Connecticut Republican Assembly

Cc: Rep. Mark Anderson, Kimberly Fiorello, Senator Rob Sampson

From: Sharon Huttner
To: Ratefilings, cid

Subject: Dear Insurance commissioner

Date: Saturday, August 13, 2022 8:13:17 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Sharon Huttner

From: Mary Nicholas
To: Ratefilings, cid
Subject: Deny greedy regu

Subject: Deny greedy requests

Date: Friday, August 12, 2022 9:17:44 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: <u>Trevor Madore</u>
To: <u>Ratefilings, cid</u>

Subject: Deny Health Insurance Hikes

Date: Wednesday, August 10, 2022 1:11:07 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.





From: Joelle Fishman
To: Ratefilings, cid

Subject: Deny Rate Hike Requests

Date: Tuesday, August 16, 2022 9:07:16 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.





From: Alison Sanchirico
To: Ratefilings, cid

Subject: Do NOT Raise Insurance Rates

Date: Thursday, August 11, 2022 11:51:18 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

How could this even be a consideration? I cannot imagine how this could cross someone's mind as a possibility. It's barbaric.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.





From: Anita Dugatto
To: Ratefilings, cid

Subject: Dr Anita Dugatto General Dentist in Derby CT

Date: Friday, August 5, 2022 11:03:10 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I graduated from Dental School in 1998. Patient maximum coverage for the year was \$1500- \$2000. This has not changed, ask any insured person what percent increase in fees?

Many codes for service have been discontinued.

Dr. Anita Dugatto

From: Susan Sangster
To: Ratefilings, cid
Subject: Fix health insurance

Date: Monday, August 1, 2022 8:44:30 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Who will stand up and demand that:

People in CT can group together and buy insurance across state lines. Let us buy prescription drugs from other countries. Let Medicare negotiate pricing on ALL medications, not just 10.

Start there if you actually want to do something "for the people".

Susan Sangster

Sent from AT&T Yahoo Mail on Android

From: Fisher, Richard
To: Ratefilings, cid

Subject: FW: Health insurance premium increase **Date:** Thursday, August 18, 2022 7:15:38 AM

From: Tony Wilusz <tonywilly157@gmail.com>
Sent: Monday, August 15, 2022 11:28 AM
To: insurance, cid <cid.insurance@ct.gov>
Subject: Health insurance premium increase

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

The announcement by major insurance providers in CT to raise health insurance premiums by 20% is unconscionable.. Even without the present inflation crisis this proposal would be an outright catastrophe to the working middle class and citizens living in poverty. In 2021 Aetna Health Care earned profits of \$7.9 billion; United Health Care \$5 billion; and Cigna paid its shareholders \$5.4 billion. The citizens of CT continue to be caught in a vicious cycle of increasing medical costs and increasing insurance premiums. Without a single payer health insurance plan we citizens will continue to enrich the medical establishment and insurance barons without recourse. Is there no limit to health industry profits? I urge you to STOP the greed that permeates the medical and insurance industries. Do not allow insurance premiums to increase.STOP inflation!!!

Thanks, Tony Wilusz

From: Fisher, Richard
To: Ratefilings, cid

Subject: FW: Insurance Costs Out of Control **Date:** Monday, August 15, 2022 2:54:40 PM

From: Kirsten Walker <kw@kirstenwalker.com>

Sent: Monday, August 15, 2022 8:44 AM **To:** insurance, cid <cid.insurance@ct.gov> **Subject:** Insurance Costs Out of Control

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

We just heard that ConnectiCare wants to raise their prices...again.

We are self-employed.

Our income has not increased in 5+ year.

2 years of Covid we saw a 20% decrease due to our clients needing the decreased as well.

We are aged 61&62 and in great health with no chronic health issues (fortunately).

We pay \$1800 a month for the lowest priced option offered with the highest deductible.

We have no dental or vision coverage.

We are not poor, but...the prices are killing us!

Forget about saving for retirement. Between health insurance and town taxes, it's gone each year.

It needs to stop.

Sincerely, Alan & Kirsten Walker Hamden CT From: <u>Lynn Rapsilber</u>
To: <u>Ratefilings, cid</u>

Subject: FW: Insurance rate hike

Date: Monday, August 15, 2022 1:39:23 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

My original email was on the wrong email.

Thank you to the committee for having this hearing.

As a nurse practitioner and a consumer of insurance I understand on both sides the insurance process. While I understand the cost of doing business is going up, many patients have experienced hardships due to COVID-19. Rate hikes are another slap in the face to patients who are ready are experiencing insurance issues with high deductible plans. Access to health insurance is critical to maintain wellness of the residence of the State of Connecticut. These high deductible plans make patients have to choose whether to pay bills or to engage in their healthcare.

As a practitioner I struggle with getting the patients the care they need by being over burdened by the prioritization process which is an act that the insurance companies hope to wear us providers down so that we don't fight these issues. As a nurse practitioner my job is to fight for my patients. This time spent in the prior authorization process would be better spent with me providing patient care. I would like to see the insurance companies have better communication internally to streamline this process. As a provider I should be able to connect with the medical Director once a denial is made to plead my case for approval. I should not have to go through member services, provider services, pharmacy benefits and back through that loop over and over again. So much of healthcare is spent in administration and processed which waste healthcare dollars.

I would welcome the opportunity to work with insurers to make sure their processes are more streamlined for better patient access to care.

In conclusion, it is very upsetting to hear the insurance companies feel that they need to rake in more profits sacrificing the lives of their beneficiaries.

I would endorse an overhaul of the insurance company systems as there are plenty of cost saving strategies they can do to improve their internal processes instead of asking more from the beneficiaries they are serving. I would not be in favor of a rate hike at this time and at the very least some thing in the low single digits would make much more sense than putting the burden on an already burned patient population.

Lynn Rapsilber DNP APRN ANP-BC FAANP

From: Rep. Comey, Robin
To: Ratefilings, cid

Subject: FW: Insurance rate hikes

Date: Saturday, August 13, 2022 9:02:47 AM
Attachments: Office of the Attorney General.docx

Sending to you at constituents request.

From: Evaleen Salvin <

Sent: Monday, August 1, 2022 10:29 AM

To: Rep. Comey, Robin <Robin.Comey@cga.ct.gov>

Subject: Insurance rate hikes

Hi I am upset about these rate insurance rate hikes coming i know there is a meeting on Aug 15. I wrote a letter so can you forward it to the attorney General. Don't know if it will help but Just want to voice my opinion.

Office of the Attorney General

165 Capitol Avenue Hartford, CT 06106

I am writing to complain about the proposed Insurance co extreme rate hikes coming. I am elderly senior citizen and really it's hard out here to pay the bills, taxes (just paid car tax for 13 car over 100.00) and prescriptions and doctor visits. We keep our doctor visits at times to a minimum because of the cost and coverage is not the greatest with these companies.

I know these times are hard for everyone and you have a meeting coming up soon with the Insurance companies and State Insurance Board.

I am paying every month premium and it's hard so hope they can come to an agreement. Otherwise we just have to shop around for other options. Or do we have to do without food or Prescriptions or health care.

What do we choose I don't know.

I hope you can help us.

Sincerely, Ms.E.Salvin From:
To: Ratefilings, cid

Subject: FW: Insurance rate increases

Date: Friday, August 12, 2022 12:03:10 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Subject: Insurance rate increases

I am not an advocate of inflated costs or rates for healthcare and insurance. But, what are the reasons for this increase in rates and healthcare?

I believe that there should be some accountability for a person's actions that continue causes of healthcare emergencies and fail to abide by medical advice. Specifically, people refusing vaccinations has caused the covid virus to mutate into variants. I am not speaking of those whose health would be impaired by the vaccine, but rather those who willfully chose not to vaccinate.

How many times have we seen in the media people who refused the vaccine and ignored medical and scientific data, die or admit that if they had known that their choice to NOT get vaccinated, would have meant that they would be this sick, they would have gotten the vaccine. Vaccines were mandated for public school admittance in the past--what has changed? Recently there was a case of polio in someone who was not vaccinated. And with global travel being common--(people get vaccinated to travel to other countries still) why are we allowing people to continue to make choices that impact the health of the rest of the population? The vaccines were at NO COST.... so what is the reason for not getting vaccinated? Unfortunately free speech is protected by the Constitution-and there are no constraints on social media--BUT what about my rights "to life, liberty and the pursuit of happines" It is pretty difficult to do this if I am sick and dying or my life or the lives of others is threatened and put in jeopardy by PEOPLE WHO REFUSE TO HEED MEDICAL ADVICE AND WARNINGS AND PLACE EVERYONE ELSE IN HARM'S WAY--AND THEN WE NEED TO ALL SUFFER INSURANCE RATE INCREASES?

Perhaps one way to dissuade this spread of false information is to have those who chose not to vaccinate (for other than a health reason) pay higher premiums. Isn't this done with regard to smokers and non smokers? Isn't this done with people who have vehicle accidents-don't their premiums increase and aren't they put in a separate actuarial pool? And isn't this done for life insurance as well?

Those of us who continually strive to do the "right thing" are getting weary of always paying for others' poor and selfish choices. Where does it end? Why aren't people held accountable for their actions? Where is their responsibility to "do right thing"?

Again, I am NOT in favor of increasing healthcare rates --ESPECIALLY FOR THOSE WHO FOLLOW MEDICAL ADVICE and attempt to do the right things. **HOWEVER, rates** should be increased for those who CHOOSE NOT follow medical advice especially when

their	choice	imp	erils	society	v.
<u> </u>			<u> </u>	DU CIUU	, .

Patricia Pogmore

.

Patricia Pogmore

From: <u>Carson, Jim</u>
To: <u>Ratefilings, cid</u>

Subject: FW: Public Comment for 2023 Health Insurance Rate Hearing

Date: Monday, August 15, 2022 9:39:00 AM

----Original Message----

From: Pankaj Prakash

Sent: Monday, August 15, 2022 9:36 AM
To: Ratefilings, cid <cid.Ratefilings@ct.gov>
Cc: Carson, Jim <Jim.Carson@ct.gov>

Subject: Public Comment for 2023 Health Insurance Rate Hearing

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Health care premiums are already unaffordable for many Rocky Hill and Wethersfield families, businesses and individuals, and at a time when families are hurting with the highest rate of inflation in 40 years, these double-digit rate hikes are tone-deaf.

Insurance plans today are quite different from a decade ago and already carry large deductibles and out-of-pocket maximums. These increases are not accompanied by a decrease in deductibles or out-of-pocket maximums, adding more financial strain on already struggling families. Families paying higher premiums while incurring upfront costs for medical care is not okay. The number of people who are in debt due to medical bills has increased, and these proposed increases spell more trouble. They may result in an increase in the number of uninsured in our communities, because people just can't afford to buy health insurance anymore.

These proposed rate increases are excessive and call for a thorough independent analysis and review.

Pankaj Prakash

Town Councilor Town of Rocky Hill, Connecticut From: <u>Carson, Jim</u>
To: <u>Ratefilings, cid</u>

Subject: FW: REVISED Council 4 AFSCME testimony against insurance industry 30% rate hike health policy request.

Please replace this for what we submitted on Friday.

Date: Sunday, August 14, 2022 12:17:34 PM

Attachments: 0.png

1.png 2.png

Council 4 AFSCME testimony against insurance industry 30% rate hike health policy request-cp.pdf

From: Brian Anderson <

Sent: Saturday, August 13, 2022 2:20 PM **To:** INSTestimony <INSTestimony@cga.ct.gov>

Cc: Carson, Jim <Jim.Carson@ct.gov>; Comms <comms@council4.org>; Political

<political@council4.org>

Subject: FW: REVISED Council 4 AFSCME testimony against insurance industry 30% rate hike health policy request. Please replace this for what we submitted on Friday.

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Insurance Committee Staff,

Please replace our testimony with this for Monday's (August 15) hearing before the Insurance Department. Thanks.

Brian Anderson Council 4 AFSCME

860-690-2597

Brian Anderson

Legislative & Political Coordinator

D: (860) 224-4000 x3825

C: (860) 690-2597 **F**: (860) 224-3041









PRIVILEGE AND CONFIDENTIALITY NOTICE

The information contained in this email and attachments may be legally privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender and permanently delete the email and any attachments immediately. You should not retain, copy or use this email or any attachment for any purpose, nor disclose all or any part of the contents to any other person.



Council 4 AFSCME Testimony in Opposition to Huge For-Profit Healthcare Insurance Rate Hikes

August 15, 2022

I am Brian Anderson, the Associate Legislative Director of Council 4 AFSCME. Our 30,000 member union strongly opposes the double-digit rate increases that several of the for-profit insurance plans are requesting for small group healthcare insurance policies. More than half of the requests average 19 percent or higher. Connecticare's request is just under 30 percent. This is a stunningly huge increase. Even more amazing is that this same for-profit insurance industry leveled severe criticism at the State of Connecticut's Partnership Plan a few weeks ago, for asking for a 10.5 percent rate increase. The Partnership Plan is a health insurance pool run by the state comptroller.

Surely, if the industry lambastes the Partnership Plan for a 10.5 percent increase, then it should lead the way by accepting an increase of less than 10.5 percent. Actually, it is hypocritical for the for-profit industry to ask for anything near 10.5 percent. The Partnership Plan is a pool of municipal employees that if allowed to get large enough would deliver similar healthcare efficiencies and savings as SEHIP - the state employee healthcare plan. There are years that SEHIP has had rate increases of zero. SEHIP's increases are usually quite small otherwise.

It is a shame that the very for-profit insurers asking for these huge double-digit rate increases have taken every step at the state capitol and in the news media to choke off the Partnership Plan. Labor unions have advocated for the Partnership Plan to be opened up to small businesses and nonprofits, thereby creating a larger and more cost efficient pool. Sadly, CBIA (CT Business and Industry Association) and IAC (Insurance Association of CT), the lobbyists for the for-profit insurers,

have killed every effort at growing this pool. They have killed every effort at bringing costs down. They have killed every attempt to bring reasonable quality healthcare services to working families.

Consider the insanely high compensation that these insurance executives pay themselves. More than once, the CEO of Aetna has paid himself in excess of \$50 million per year. How does an individual create \$50 million a year worth of wealth for his insurance company? If such a CEO does anything short of spinning straw into gold, he is fleecing his customers, his employees and his shareholders. Please turn down these ridiculous requests. Follow the advice of the insurance CEOs regarding the Partnership Plan and grant no rate hike in excess of 10.5 percent. Please consider the plight of the consumer. Consider what "basic needs" healthcare is, and that corporate greed is denying many state citizens their chance to have adequate health care. Thank you.

From: Leslie Weinberg
To: Ratefilings, cid

Subject: Greedy Insurance Company Rate Hike should be strongly opposed requests!

Date: Saturday, August 13, 2022 6:09:39 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Commissioner Andrew Mais,

Dear Commissioner Mais and the CT Insurance Department,

I have a number of conditions to deal with. My Medications are very expensive. The requested incrase in Insurane Fees must be stopped. As it is, prices are high. Agreeing to their request will make life far more difficult for many!

Whether a large firm or small Health Insurance Company, increasing their costs must be opposed.

Too many residents of Connecticut struggle already to pay high premiums and get the care they need from insurance companies whose priorities are clearly not our health.

We urge you to reject all of these rate increase requests, and to consider curbing the ability of health insurance companies to continue making obscene profits off of our health.



From: Jo Giudice
To: Ratefilings, cid
Subject: Health Care Costs

Date: Monday, August 1, 2022 8:14:11 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I must say that I'm upset at the high healthcare costs.

Reduction in healthcare costs is a must and you must find a way to do it. I know a better way has been shown to you.

Sent from my iPhone

From: <u>Jacqueline Dunn</u>

To: Ratefilings, cid; Tony.Hwang@cga.ct.gov

Subject: Health Care Hearings

Date: Sunday, July 24, 2022 8:22:42 PM

Attachments: Medicare and United Health Care 2022 Experience.docx

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I was interested in the Forum article on the Opinion Page of the New Haven Register entitled "We can't sustain more health insurance hikes." Enclosed please find a log of my experience when the CT Teachers' Retirement Board moved from Anthem Blue Cross to United Healthcare. Since writing that blog, the saga continues. One particular experience I had was going to the ER in Arizona while on vacation. The medicine prescribed to me was not covered by United Health Care Medicare Advantage. I wrote an appeal and it was again denied. The medication is only covered when a person is having chemotherapy. Why didn't the hospital know this? How was I supposed to know this when I was in an emergency situation? I also learned that the laws are different in different states as to how the doctor writes the prescription and what is covered. How is one supposed to know the laws in other states? Many people travel from state to state and can end up in an emergency situation. I have spent money and time sending letters, appeals, on the phone with people, etc. trying to navigate the system and I continue to learn things after the fact!

I am happy to hear that someone has taken on this task. I would be happy to testify in person if needed. I wish you well and please keep me informed on the progress.

Jacqueline K. Dunn

Medicare and United Health Care 2022 Experience

I feel it is important to put into writing my experience transitioning into a new Health Care Program. I hope that this timeline will motivate those making the decisions to not only relook at some of those decisions, but to be there to listen to the people who are affected by the decisions, and most of all to ask for their input before decisions are made. It is important to always have in mind the people who we serve. Medicare serves people over sixty-five; A large portion of our country is over 65. We are living longer, more active and with that in mind we should be an active part of the decision-making process. In the words of Gandhi, "The true measure of any society is how it treats its most vulnerable members."

- Prior to 2022, I was informed that CT Teacher's Retirement Board in an effort to save US money was moving from Anthem Blue Cross to United Health Care. They had designed a program **ESPECIALLY** for us. Many in person and online information sessions took place. I attended in person so that I could speak to someone about my prescription needs, mainly Otezla, a specialty medication I use to control my psoriasis. I attended with four friends, so we could work together to listen and ask questions that would help us make the best possible decision. I asked about Otezla and was told that it was covered. The presenter did a thorough job, especially on the subject of diabetes. I felt she hit on all the topics relevant to me. At the end we were allowed to write our questions on index cards, and she answered them. The woman sitting in front of me tried to verbally ask her question. This lovely woman became very assertive, letting the audience know that she would not take people shouting out questions. The woman turned to me and said I have been fighting for teachers all my life and I am not stopping now. She was right, she knew that there was more to this than what we were being told. She had the wisdom and years of experience to know that teachers are not heard. We are told what to do and expected to do it without input. At that moment, I felt that we should give this a chance. I now feel so differently. I gave it a chance and I have learned that my input is not important. Which translates to me that "I am not important." I also felt for people twenty years older than me struggling to write down what they wanted to ask. Writing questions on a small index card is a lot to ask a person over eighty!
- The week of January 10th, I called United Health Care to be sure that everything was in place to refill my medication. They did not have the prescription. We were told at the seminar that all our prescriptions would be transferred over, but we may need updated prescriptions. I have spoke to many other teachers, many of their prescriptions were also not transferred over. I emailed my doctor for a new prescription and prior authorization because it is a specialty medication. The authorization went through, but I learned that I could no longer use my co-pay program and would have to pay a once a

year \$3,500 co-pay. Where and how was I going to come up with that kind of money in January other than charging it. I persevered, did my research, and learned that Medicare is a government funded program. My co-pay program is also government funded. Therefore, I could not "double dip." I now make half as much as I did when I was working. I paid into Social Security and Medicare. I worked all my life as a teacher, gave back to my community and children and now I am not eligible because my husband and I make more than \$87,000. That is the cut-off. As an aside, I am only eligible for half my social security because Connecticut is one of only thirteen states that does not allow teachers to collect their entire SS because they are taking a pension. Another so-called "double dipping."

- After learning this, I did more research to be sure that all my doctors were on the list. I was and am worried about what else might not be covered. All my doctors were on the list. I tried to find the name of my behavioral therapist. I could not find anything on the website, so I called again. I was told that they were not on the website and that there was a specific number on the back of my card to call. I called and had to go through a series of questions, including questions about suicide. After answering what I felt were invasive and personal questions, I learned that my behavioral therapist was on the list. While I respect and understand that during these times, there is an emphasis on mental health, I do not feel that it was necessary or appropriate for me to answer all these questions. I should have been allowed to search the website and find my therapist's name. It was embarrassing and humiliating. This is one reason why people do not seek therapy. There is a stigma! This week (March 1), I was back on the website looking for information about my prescription, I noticed that it was updated and included a way to research Behavioral Therapists. Thank you for that!
- Upon receiving written notification that I was not eligible for a Tier 4 exemption, I completed an appeal, which included a letter from my doctor and my statements. As you can imagine I have spent a considerable amount of time on the phone, emailing to ask for letters, writing appeals, etc. all this while testing positive for COVID and quarantining in my room to ensure that my family was not affected. I wrote to the Connecticut Retirement Board, United Health Care, and my government representatives at both the state and federal level to share my story and concerns in the hopes that I would open someone's mind and heart to these inconsistencies, lack of information, and injustices for people when they reach the age of sixty-five. I even paid for a return receipt to be sure that my letters were received by the correct people. I never heard from the CT Retirement Board. I called them. They said they referred me to UHC, told me the date and that UHC said that it was taken care of it. Sending me an Appeal Denial is not taken care of to me. What about the number of phone calls, the time, the lack of available information on the website, etc. etc. I have to say that the man who called me, Patrick, was wonderful. He gave me his personal number and I could call him if there were other issues.

- Needless to say, more happened. I called during my vacation and spent 2 hours three days, February 22, 23, and 24, talking to people, trying to get my prescription filled. UHC did not have my prescription!!!! A lovely woman contacted OptumRx, and they were able to call my dermatologist and immediately have a prescription sent over. She acknowledged and apologized for all I had been through and informed me of my right to put in a grievance, which I immediately did. To date, I have not heard from them. In the meantime, Patrick called me back and knew nothing about what I was talking about it. He said he did not have my file in front of him. It felt like I was nothing, but another complaint and he picked the short straw. I was annoyed and just hung up! To his credit, he got all my information called me back and we had an excellent conversation. I finally felt heard. I asked that my concerns be brought to the proper people, that perhaps UHC needed to evaluate how they approached this situation and change a few things. Thank you Patrick!
- I then researched the CT Teacher's Retirement Board. I learned that two positions are elected. I do not remember ever receiving a ballot or information about how my input can be heard. I drafted them a letter along with Governor Lamont's Office in the hopes that this too can be looked at. How does a new retiree get information? How does a Board reach out and seek input from the people they represent? I am not a good board person, obviously, I am not very political. I am about people! I spent 40 years in the classroom. I never went into administration for is very reason; I listen to people, hear their cries, and try to support them. Sometimes that support is about change and transparency. Desmund Tutu says," There comes a point, when we shouldn't just be pulling people out of the river. We should be going upstream to find out who is pushing them in." I believe that time is now. This is the prime time to reevaluate the CT Teacher's Retirement Board and Health Care system, especially for reaching the age of sixty-five, and most of all to think about how we listen and respond to the needs of people. That is something I can do! I am happy to help with this process. IT was interesting to read the minutes of the board meetings. The March meeting was canceled. I wonder why, there is much to talk about! I did receive an email back from the CT Retirement Board and was asked to be specific about what my issues were. I asked in the email not to send me another email, but to call me and listen to my story. I guess she decided that I was not important enough to be heard. Asking me to write is a deterrent to many people. Just like the people at the UHC information session who were given an index card to write their questions. So again, I am writing the entire story, so people understand and act on my concerns.
- I spoke to Congresswoman DeLauro, my representative's office, about getting reimbursed for home COVID tests. When I read on the UHC website that they were not participating in this program, again, I was taken back. The information about this stated that the federal government mandated that insurance companies reimburse their members beginning January 15. I have learned that I don't really have an insurance

- company. I have a company that manages my Medicare. Medicare is my insurer. Well Medicare, you are not doing a very good job! You need to reevaluate the very people that you took an oath to serve. When are you seeking input from the people you serve? No one at the office would talk to me. They took my email and sent me an immediate response. While I appreciated that and learned a lot; once again, I wanted someone to hear my story. All through this process, people wanted to solve my problem, not look at the big picture, stop, and say "HMMMM, something is not right about this. So, I write this journal, to be heard and hopefully that to begin the process of change.
- On to the story, now OptumRx has my prescription. I received an email to answer some questions. I saw that I could pay in three easy payments! Well, \$1,000 at a time is doable. I have a part time job to supplement my pension. I only worked in public schools for 25 years, so I get half my salary, not enough to live on. I make about that much as a adjunct professor at SCSU working with student teachers to support their learning in the classroom. Again, no information about this on the website, just the statement, "Did you know that you can pay your co-pay in three easy installments." So, again, I am on the phone calling for information. I was told that there was a long wait, so they would call me back. I waited, no phone call back. Two more hours out of my day! Luckily, that was Friday, February 25 and it was a snow day, so I was home. Saturday, I called back. This time I called customer service, I shared my story, and she was wonderful!!!!! She said that there was a special grant for people like me who find themselves with an unexpected prescription bill. I explained all I had been through, she insisted I was eligible and on Monday they would do the paperwork and call me back on Tuesday. Needless to say, that never happened. I called on Wednesday, another 1 ½ hours on the phone. I was disconnected twice to find out that I did not qualify. (It seems that I know more than they do. (Perhaps another part-time job and I could help people in similar situations.) I finally spoke to a man, and he was able to do the research and gave me the information on how to pay in three payments. Unfortunately, we were disconnected. So, I called back on March 3. I was disconnected once by a woman that said she had too many people waiting and could not repeat herself for me because we had a bad connection, so she was hanging up! I called again, got a lovely woman, who set up my payment schedule. The Patient Care Coordinators do not have the power to do everything. For example, someone else had to take my credit card number. This increases the likelihood of being disconnected. But it was taken care of, and I should have my prescription by March 8th. Two months to get a prescription. This is not a good system! I paid \$1,900 dollars and will have \$500 charged to my credit card for the next three months. I spent two days on the phone with OptumRx trying to find out how to pay for my prescriptions in installments, another three hours, 1 ½ hours yesterday and 1 ½ hours today. Add that to the eight hours last week; that's eleven hours to over two months to make this happen. And to add insult to injury, today (March 4) my medication arrived my UPS overnight express. How much did that cost? It was supposed to arrive on March 8th. I agreed with the delivery. Why did they have to send it the most expensive

way? Maybe because I paid almost \$3,500 for the medication. Perhaps there was extra money hanging around! Then, I received a phone call from OptumRx. They wanted to speak to me about my medication. I thought it was a courtesy call. Well, they put me on hold, and I waited another 20 minutes until 6 p.m., when they hung up because the office was closing. They called me and put me on hold for 20 more minutes. Can you believe it? I can't! This is not a very efficient way to do business. It certainly is not respectful of my time!

In closing, I Thank you for your time! I hope that I will be heard and prevent this from happening to anyone else, but most of all that a change in the system will prevail.

This is, what I would like to see:

- The Connecticut Teacher's Retirement Board answer to, be available to, and seek input from the people they serve, and to strive to allow retirees to collect all of their Social Security! Most teachers work extra jobs and are no longer staying in education for their entire career.
- 2. United Health Care to update, look at their website, and consider the people they serve, mainly humans, who have dedicated their life to making the lives of their students better. Perhaps professional development to enable your employees to understand the programs they serve would be a good first step.
- 3. The Federal Government I know this is a long shot!, to allow the people who have paid taxes and served the community their entire working career to be allowed to take part in all government funded programs regardless of their financial situation. Teachers are not and never will be millionaires! We just want to live the remainder of our lives with peace, a trip now and then, and respect. I did read an article on Obama Care, and I am now changing my views on many things. Namely, I have always paid my fair share. I believe in health care for all. However, I do not feel that the people paying should have less health care than others. I have worked and paid taxes, SS, Medicare, etc. and deserve to have better health care! People do not retire to have less. UHC and the CT Teacher's Retirement Board should also keep this mind at all times while they are serving people!
- 4. OptumRx really needs to educate their employees on the system, programs available, and how to best serve their workers. The automated phone system needs to be updated or perhaps more people need to be employed to meet the needs of the people they serve.

My Best to everyone as you reevaluate how you work! I do look forward to hearing back from all of you!!!!!



From: al h

To: Ratefilings, cid; Tammy Nuccio
Subject: Health care rate hikes?

Date: Monday, August 8, 2022 4:44:13 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Just what we don't need in this state! I always hear a lot of talk about reducing health care costs, unfortunately, that is the only action that is taken. All talk, and no action! Seniors on fixed income really take it on the chin! This state already is too expensive to live in when you are a senior citizen. No wonder, I know so many seniors leaving this state when they have retired. I do know one family who moved here from Virginia. They did not stay long and indicated to me that it was too expensive to live here in retirement and moved back to Virginia. I don't blame them! They were retired and were living on fixed income. Every one that I know that moved to a southern state indicated that their number one reason for moving was that it was too expensive to live here in retirement. As far as I am concerned, this state does little to nothing for seniors except raise costs for everything!

Regards,

Allen E. Horila

From: Rich Poklemba
To: Ratefilings, cid
Subject: health care rates

Date: Saturday, August 13, 2022 12:37:47 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I'm against any rate hikes for health care with food and gas home fuel oil rates going up we're just about getting by being retired with health problems right now not even able to look for a partime job

Richard Poklemba retired Linda Graser retired From: Mason Neely
To: Ratefilings, cid
Subject: Health care

Date: Sunday, July 31, 2022 11:45:44 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I don't like higher costs on anything.

But I do NOT support limiting companies from charging for their products.

Like everything I can choose not to buy and switch to cheaper things.

Sent from my iPhone

From: Xemu X Xenu Jr
To: Ratefilings, cid

Subject: Health Equity and Healthcare Sanity Needed!

Date: Tuesday, August 9, 2022 10:59:02 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: <u>Samantha Lew</u>

To: Ratefilings, cid; insurance, cid

Cc: Karen Siegel

Subject: Health Equity Solutions Public Comment Regarding Health Insurance Rate Request Filings

Date:Friday, August 12, 2022 8:53:55 AMAttachments:HES RateReview Aug15 2022.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,

Please accept these comments on behalf of Health Equity Solutions regarding Health Insurance Rate Request Filings.

Kind regards,

Sam

Samantha Lew, MSW Pronouns: She/Her/Hers

Manager of Policy & Advocacy Health Equity Solutions (HES)





Public Comment Regarding Health Insurance Rate Request Filings

Connecticut Department of Insurance August 15, 2022 Karen Siegel, Director of Policy

Dear Commissioner Mais and colleagues,

Please accept these comments on behalf of Health Equity Solutions, a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Health Equity Solutions frequently comments and testifies on disparities in access to health insurance in Connecticut. Consequences of systemic racism, including employment and education discrimination, mean that Black, Indigenous, Latino/a, and other people of color in Connecticut are disproportionately likely to be uninsured or enrolled in insurance policies they cannot afford to use. Each year, Health Equity Solutions conducts <u>outreach</u> to learn which issues related to health equity are priorities for Connecticut residents. Access, including affordability, is consistently noted by participants to be a significant barrier to health equity and to their families' ability to seek health care.

Health care remains unaffordable for many Connecticut residents

While Connecticut has a relatively low rate of uninsurance and has made significant strides in expanding no-cost health insurance programs, over 165,000 households have health insurance plans they cannot afford. The state's Consumer Health Affordability Index found that 18% of Connecticut households with working adults had health insurance costs that exceed an affordability benchmark. A shocking 42% of families purchasing insurance on Access Health CT faced costs that exceeded the affordability benchmark in 2021. The increases proposed this year would only worsen this situation, which has a disproportionate impact on Black and Latino/a households in our state.

Implementing Covered Connecticut ensures more families will have access to affordable health care, but only a small sliver of the population is eligible for this new coverage. A single adult working 40 hours/week at minimum wage earns too much to qualify for Covered Connecticut now, before the minimum wage increases to \$15/hour in June of 2023. To cover 2 adults, a family of 4 earning \$51,000/year (just over the eligibility limit for Covered Connecticut) would spend up to 12%¹ of the family's income on premiums and in-network out-of-pocket costs or 35% of the family's income should out-of-network care be needed. The racial wealth gap in Connecticut is vast and Black, Indigenous, Latino/a, and other people of color in our state are already at greater risk of avoiding care, medical debt, and going uninsured.

¹ Based on least expensive silver plan for a family of 4 earning \$51,000 in Litchfield County with adults ages 35 and 40 using Access Health CT's "Compare Plans" tool. This scenario fell in the middle compared to other scenarios we considered. Premium costs vary by enrollee ages, county, and income.



Additional rate increases are unnecessary, burdensome, and often driven by provider rate increases

While health insurance companies in <u>Colorado</u> have agreed to reduce premiums by 15% over the next 3 years, Connecticut insurers are asking for an average increase of 20% in a single year. Connecticut's residents cannot sustain ongoing premium increases.

An unfortunate, <u>unintended consequence</u> of medical loss ratio requirements established by the Affordable Care Act is that insurers profit when hospital and provider rates increase because the net profit they can keep grows as the total cost of care grows. This is a particular concern in a state like ours, which has seen dramatic provider consolidation, which, in turn, is known to lead to increased prices.

One of the tools <u>Colorado</u> is using to safeguard the required decreases in premiums is to hold hearings assessing the impact of hospital and provider pricing on rate setting. Medicare rates are used as a benchmark to ensure fairness to providers, with a floor of 165% of the Medicare rate. <u>Rhode Island</u> embeds cost containment in its rate review process and limits price increases for hospitals. Connecticut's cost-growth benchmark offers an opportunity to pursue a similar approach here.

We urge the Department to take steps to analyze the impact of provider rates on premiums and, in collaboration with other state agencies, to regulate these price increases.

Premiums on Connecticut's exchange were <u>higher than those in 42 other states</u> in 2022.² Further, recent documentation verified <u>dramatic differences in pricing</u> between hospitals for common services, meaning there is no correlation between the cost of providing care and the bill. Together, these findings offer evidence that *rates do not have to be this high for plans to be solvent and insurance companies profitable.*

Increasing access beyond the rate review processes

Finally, we urge the Department of Insurance to consider other opportunities to promote equity and affordability in health insurance coverage for Connecticut residents. As the end of the public health emergency draws nearer and hundreds of thousands of state residents are at risk of losing their health insurance, we urge the Department to coordinate with other state agencies to provide unified messaging, support efforts to move towards "autoenrollment" or "easy enrollment" in Covered Connecticut, and leverage trusted messengers to connect people with low or no cost health insurance. As redeterminations at the end of the public health emergency are anticipated to result in potentially hundreds of thousands of state residents being found ineligible for HUSKY, it is vital to mitigate coverage losses during this period. Community Health Workers (CHWs) and community-based navigators are a proven strategy for reaching residents from minoritized communities and connecting people with the services for which they are eligible.

Thank you for the opportunity to submit these comments on requested rate increases. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

² Kaiser Family Foundation's analysis of the average lowest-cost Silver plan. CT also ranked 8th most-expensive for average lowest-cost bronze and benchmark premiums and 13th for gold plans premiums.

From: Harriet Cohen
To: Ratefilings, cid
Subject: Health insurance

Date: Monday, August 1, 2022 8:23:12 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please stop the increase of health insurance

I cannot believe the cost of keeping healthy as a senior in this country that shouldn't be I've travelled to European countries and prescriptions don't even come close to the cost in this country There are times that I have to make a decision on my proscription and going to doctor

Heath insurance and Prescriptions of control in this country for senior at \$400 co-pay on a one month prescription is absolutely ridiculous.

We can do better than this this country can do better than this.

Stop giving money away and put it on its way will help everybody especially the people they have worked all their lives and are trying to enjoy retirement not worry about going to the doctor or getting their prescriptions filled

Harriet

From: Theodore Herman
To: Ratefilings, cid

Subject: Health insurance companies should be ashamed!

Date: Wednesday, August 10, 2022 8:49:24 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Here are my comments regarding the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

The audacity! The unmitigated, shameless gall! Health insurance companies all across America, not just in Connecticut, treat themselves annually to increases that do nothing to improve health outcomes but only serve to line the pockets of their executives. We all well know that these proposals are always a way to negotiate an increase, so they ask for a higher percentage increase then they expect to get in order to walk away, laughing all the way to the bank, when we grant them less than they asked for...but this is not the way to deal with these outrageous proposals.

PLEASE do right by the people of Connecticut and REJECT these proposals--in their entirety.

Do the right thing -- DENY these requests. Thank you.

Theodore Herman



From: William Treem
To: Ratefilings, cid

Subject: Health Insurance Company rate hikes **Date:** Wednesday, August 10, 2022 2:47:24 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To whom it may concern:

I would like to register my strong opposition to the rate hikes up to 20% over current rates proposed by multiple health insurance companies in Connecticut. At a time when families are struggling with large increases in the cost of food, gas, electricity, rent, and multiple other necessary goods and services, these rate increases for health care coverage will force many to jeopardize their family's health care and cut back on necessary health-related visits and services. These rate hikes are as much as 2.5 X the current high rate of inflation that is already putting enormous strain on working families. Why should health insurance companies be entitled to these rate hikes? What data on health care costs justifies this excessive increase? And what efforts is the state making to control these costs for procedures, diagnostic services, and drugs?

I am a physician and rate increases such as these proposed will only create even more of a health care crisis for many in Connecticut and actually drive up the costs in the long run.

William R. Treem, M.D.

Sent from Mail for Windows

From: Rena Paris
To: Ratefilings, cid

Cc: Tony.Hwang@cga.ct.gov
Subject: Health Insurance Costs

Date: Monday, August 1, 2022 11:51:25 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am writing today to ask you not to allow health care costs to increase in CT. My husband has his own business, and I am self employed, so health insurance has always been a concern for us. When the Affordable Care Act first passed, it was life changing. For the first time there was a health insurance option that our family could afford, but with the changes made to it over the following years, that is no longer the case.

We are scared not to have at least a catastrophic plan in place, so we currently choose the cheapest one available on the exchange every year. That still costs us tens of thousands of dollars in premiums, and only covers the bear minimum unless we meet our deductible (an additional tens of thousands of dollars). Last month, my daughter fell off the playground at school and broke her arm. While she sat in the car screaming, I had to take the time to call around to find the most affordable place to take her. For our family, all that is covered is seeing our doctor once a year for a physical, but if we ever need any bloodwork, a prescription, or a follow up appointment, all of it is out of pocket.

Aside from our mortgage, health insurance is by far our largest expense. There is so much stress in the world right now, having our basic healthcare needs covered for a reasonable price would alleviate so much of that for so many families in CT. I have always been proud to be from this state, we are progressive thinkers, and almost always come down on the right side of things. Please, let's be a role model for the rest of the country once again and do the right thing for our residents.

Rena

From: Linda Bryant

To: Ratefilings, cid

Subject: Health Insurance Hikes

Date: Sunday, August 14, 2022 9:48:44 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I met with a consultant firm to find out how I could get coverage for myself so my husband can retire, he is eligible for Medicare and would have to get a supplement with it. almost fell over dead seeing the amount of money it would cost to cover me in a separate insurance. I am too young for medicare and social security and am not working presently. Mν husband would have to foot the entire bill on his social security payout. I guess we don't need to eat. We are totally against any plan put out by the lying democrats. totally turning into a criminal element if they want to increase what we are paying now. They offer all kinds of free money gimmicks and then laugh at people who buy into them and don't tell folks, you are really paying for this in the end. The nonsense has to stop. Tax and spend. I thought that Connecticut had a great big windfall of money sent to them from the feds (our TAX money really)? Was this a lie? We just paid our house taxes and they went up. We don't make enough money to cover our insurance costs. My husband is wanting to retire and everyday he has to rethink if he should or not. old enough for medicare and am not working due to health issues. I REFUSE TO GO ON WELFARE. I have worked my whole life and don't want to be a burden to my fellow citizens. is time to stop giving freebees to illegals and send them back to where they came from. We can't afford to support the rest of the world and handout to people who DON'T want to work. taxpayers of this country are at wits end. We deserve better treatment from our representatives. They need to learn basic economics 101 and be made to live under the same conditions that we are made to. We are seriously looking to move from Connecticut to a state that is cheaper.

Linda Bryant

From: BETTE DINARDO

To: Ratefilings, cid

Subject: Health insurance increases

Date: Thursday, August 4, 2022 7:17:08 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

We need to do something about ridiculous increases in health insurance Sent from my iPhone. Bettedinardo From: <u>Yvonne Barry</u>
To: <u>Ratefilings, cid</u>

Subject: Health Insurance Prices are Sky High Already!

Date: Friday, August 12, 2022 7:21:51 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange. These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests. These companies/CEOs are raking in profits on the backs of working people! Further the cost of private (non-Medicare), if you an employee who isn't covered by employer is well beyond outrageous, and very FEW employers do much of anything to provide this benefit! It's a terrible predicament for us. Please help!

Thank you-

Yvonne Barry



From: Sara Ohly
To: Ratefilings, cid

Subject: Health Insurance Proposals

Date: Friday, August 12, 2022 9:41:24 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Fie Budzinsky
To: Ratefilings, cid

Subject: Health Insurance Rate Hike Proposals

Date: Friday, August 12, 2022 10:12:27 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people that would result in the loss of access to care is unconscionable. Please deny these requests. Thank you for your attention.

Sincerely,

Fie and Anthony Budzinsky

Fie Budzinsky



From: Karen Stimson
To: Ratefilings, cid

Subject: Health Insurance Rate Hike

Date: Wednesday, August 10, 2022 1:33:57 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Karen Stimson



From: <u>Cathy Conklin</u>
To: <u>Ratefilings, cid</u>

Cc: <u>tony.hwang@cga.ct.gov</u>

Subject: Health Insurance Rate Hikes Testimony
Date: Thursday, August 4, 2022 3:24:04 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am a senior citizen living in Hamden, CT and I am writing to state my opposition to the proposed 2023 health insurance rate hikes. These rate hikes would make health care unaffordable for many of the most vulnerable Connecticut residents, especially for seniors like myself.

Sincerely,

Catherine Conklin

Sent from my iPhone

From: Nathalie Taranto
To: Ratefilings, cid

Subject: Health insurance rate increase **Date:** Monday, August 8, 2022 11:08:35 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To Those in the Drivers Seat:

Please take this opportunity to "stop the bleed," so to speak. At the rate we elders on limited/declining income must spend our meager savings, with rate increases, come closer to having to going on Medicaid, transferring the costs to the state – the one for which you advocate.

Please help us survive

Nathalie S Taranto



Virus-free. www.avg.com

 From:
 karart0456

 To:
 Ratefillings, cid

Subject: Health Insurance Rate Increases for 2023 **Date:** Wednesday, August 3, 2022 10:51:52 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Being at a point in our life whereby we are unable to return to work due to Covid, have exhausted our unemployment benefits, do not qualify for disability, are not old enough to collect Social Security, and currently have to pay for our own insurance coverage from of our savings, leaves us in a position of insecurity, having to live off our savings until such time that one of us turn 62 and can collect Social Security just to continue to pay for our health insurance. That said, these rate increases do nothing to help people in our position and ultimately will force people in our position to make very difficult choices as to where our savings will be spent. This much we can say and agree upon, the requested 20% - 30% increases requested by our current carriers (Connecticare, through Access Health for our medical, Cigna for our dental, and United Health for our vision) will increase our currently monthly insurance payments in 2023 in a range that exceeds \$400.00/mth over our current costs. These requested increases will force many to downgrade their current coverages, and/or force them to stop coverage altogether as the cost will become unaffordable, unreasonable, unconscionable and unacceptable. The State of CT needs to do a better job of regulating these insurance companies by forcing them to fully justify these cost increases as the insurance companies proposals for these unrealistic and hopefully unattainable increases are easily excused under the guise of Covid.

Arthur & Karen Knudsen Danbury, CT

From: <u>Jean Merz</u>
To: <u>Ratefilings, cid</u>

Subject: Health Insurance Rate Increases **Date:** Monday, August 8, 2022 10:27:17 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Sirs:

The price of health insurance keeps rising...currently by a higher percentage than ever! I have a high deductible, go to the doctor as infrequently as possible, and try to economize everywhere, only to see health insurance premiums rise at a rate that is unthinkable! I am retired, living on a fixed income, and unable to purchase medicare.

Please DO NOT ALLOW the projected rate increases. Let's stop this inflationary rise; insurance companies make outrageous profits currently. Let's hold the line and stop this nonsense. Jean Merz, From: paul etzel

To: Ratefilings, cid; Paul Etzel

Subject: Health Insurance rate request

Date: Sunday, August 14, 2022 9:48:57 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

The state should look at the Medicare Medicaid reimbursment rates and how they are calculated by CMS Federal Governement. Medical costs in CT are very diffierent than in other parts of the contry. Medicare and Mediciad reimbursment rates should be based on cost not just inpatient care days. Our Federal legistators have not adequatley advocated for Connecicut. Connecticut tax payers pay significant Federal taxes and receive less of a federal reimburement to our state that other states. Our Federal legistators have not adequatley advocated for Connecicut for decades.

Additionally, CT should review it's decision on expanded Mediciad. The asset test to qualify for Mediciad should be reconsidered. The notion that someone can have millions of dollars in the bank or in hard assets and still quilify for Mediciad while other working people are staring down a 20% inclrease in their premiums seems a little unfair. Medical providers are obligated to provide services without pay. They have to pass on those costs to those that have commercial insurance. Expanded Medicaid has made it almost impossible to keep working.

Increase competition. Why are there only two providers in the Connecticut exchange? It appears that there are 7 carriers available in Los Angeles County CA.... Additionally competion would lower premiums.

Remove the prohibition on Catastrophic policies. Some of us (especially those with significant HSA accounts) would preferr to pay out of pocket for the providers we want to see, but need the safty net of a Catastrofic plan.

My overall message would be get governement out of the business of Healthcare Insurance. Under the Affordable Care Act health insurance has become a luxury only the very wealthy or the poor can afford. This leaves the majority of the taxpaying, voting middleclass without healthcare.

Heather Danaher and Paul Etzel

From: Nathalie Taranto
To: Ratefilings, cid

Subject: Health insurance rateincrease

Date: Thursday, August 4, 2022 1:19:12 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

For working and middle class Connecticut families, health insurance is anything but affordable. Cost growth is out of control and premiums are often the size of a monthly mortgage payment. Those lofty bills weigh down family budgets and eat into savings, (if, indeed, there are savings) leaving Connecticut's middle class struggling to make ends meet.

A plan to reduce health insurance premiums by up to 30%. reduce healthcare cost growth through benchmarking, tackle unfair practices that drive up the costs of prescription drugs and health care, increase transparency and data sharing to drive down costs seems reasonable.

Make Connecticut more affordable for middle class families and increase access to health care, while supporting good-paying jobs. It is a better way, a common sense, pro-family, pro-jobs, and pro-middle class path.

If health care costs continue as is, savings by we elderly (a big population) will quickly be used up and we'll all be on welfare. Why not look ahead with some cost savings before that happens?

Nathalie S Taranto



Virus-free. www.avg.com

From: Margarita Mogollon
To: Ratefilings, cid
Subject: Health insurance rates

Date: Thursday, August 11, 2022 1:37:14 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am writing to inform my representatives that I oppose the proposed rate hikes by Cigna and Anthem Blue Cross in particular and medical insurance rate hikes in general. My portion of the employer sponsored health insurance has gone up every year and is extremely expensive out of each paycheck. And my benefits have at the same time decreased as my co-pays decrease and/or cost limits per year decrease per plan. Dental and vision are separate coverages with additional costs as if it's a privilege and not a need that every person can see and can have healthy teeth to chew and digest their food. Unhealthy and missing teeth cause systemic health problems for the poor that cost everyone more than just having a National system to provide this coverage integral to a whole health plan. Please reject these rate hikes. We are watching and we are voters!

Margarita Mogollon

Sent from my iPhone

From: Fred Yankocy
To: Ratefilings, cid

Subject: Health Insurance Tax Increase

Date: Sunday, July 31, 2022 2:34:28 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To whom it may concern,

I run a 16 person business in Ffld Cty started by my Grandfather in 1950. This past month, I was told by my insurance agent that we would see a 17% increase in our medical rates---WHY ?? I'd venture to say I'm paying for all the ILLEGAL IMMIGRANTS that Biden is letting in to my Country who are receiving FREE everything---WHY--WHY !!--??

As a result I have had to choose a plan for them which is now higher deductibles as well as a higher weekly deduction from their already overtaxed burden from Washington's idiotic gas dependency from our enemy's.

Soon, I may have to raise my employees weekly deduction even higher. I know it's quite possible. But remember, "WE'RE NOT IN A RECESSION"!

So who is receiving the benefits of these tax increases & rate hikes from the far left extremists in Washington WHO RECEIVE FREE MEDICAL FOR THEMSELVES & THEIR FAMILIES AND who are now spending their afternoons on Martha's Vineyard ??----NOT ME OR MY EMPLOYEES!

If this keeps up, I'll either move out of Ct or close up my shop altogether. For what it's worth Senator I appreciate your efforts although I believe that your Washington colleges are nothing more than professional liars who MUST BE HELD ACCOUNTABLE & BE PUT INTO TERM LIMITS!

I wish you much luck Senator, your going to need it. GOD bless this Country!

Respectfully,
Frederick S Yankocy
President
Yankocy Wholesale Building Materials Inc.

From: Carol Wade
To: Ratefilings, cid
Subject: Health insurance

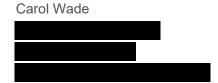
Date: Friday, August 12, 2022 7:18:24 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From:
To:
Ratefilings, cid

Cc: Anne Hughes; Tony.Hwanq@cqa.ct.gov; Lynda Hennessey

Subject: Health Insurance/Long Term Care Rate Hikes-Public Hearing on August 15, 2022 -Speak Out

Date: Monday, August 8, 2022 2:47:40 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear CT State Insurance Regulators- Below you will see my detailed experience and commentary with our insurer, TransAmerica Life Insurance Company. Perhaps LTC will not come up in your August 4, 2022 Public Hearing, but all issues still remain with my wife and me. I do not know what happened to the Bill/Legislation that was in front of Legislature (SP 409?), a Bill that put some teeth in to what the Insurance Department can require of LTC Insurance companies. Please let me know if this Bill has moved forward and, if not, what is the reason. Thank you,

Daniel Hennessey

From: y21k

Sent: Saturday, February 6, 2021 4:05 PM

To: Anne.Hughes@cga.ct.gov **Subject:** Long Term Care

Anne- I submitted this complaint online today. Any advice is welcomed. Dan Hennessey

State of Connecticut Insurance Department Consumer Affairs Division Hartford, CT 06142-0816 February 5, 2021

Dear Sir

In 2017 I wrote to you about Transamerica Life Insurance Company (TAL), the company that owns our Long-Term Care policies My issue was the premium increases TAL was imposing on their policyholders, increases approved by the CT State Insurance Commission. Your action and response I felt was straightforward and responsive based on TAL's response to you. TAL of course simply states their expected and actual loss ratios justify their premium increases, and further their premium percent increases are based on actuarial equivalents. Both understandable, but we are not actuarial statistics or algorithms, we are real seniors living on a fixed income.

TAL purchased this book of business in the early 2000's and perhaps was remiss in not understanding the changing demographics and the potential unprofitability of this business. Now

they are coming to state insurance commissions to improve increases that fall on the backs of their policyholders. I realize a key concern of all state overseers is the continued viability of insurance companies. However, TAL continually states in its correspondence: "it is a strong company that is well capitalized to meet <u>all</u> its policyholder obligations", and further referencing parent Aegon, the 3rd largest life insurer in the U.S.

The premium increases began in 2010 and just in the past 5 years have increased 100.2%. This year they will increase another 10.5%. Of course, with each premium increase TAL gives you a Benefit Reduction Option. These options do not even approach the support we signed up for that would allow us to stay in our home of 46 years during our senior years; we are both 80 years old. Finally, are you aware of the shortfall in TAL's policyholder service support? For the past 8 years I have been requesting of them to have an online transaction and access capability. I mean what 21st company does not offer that to their customers? TAL has this for their other lines of business, but not for the stepchild LTC. I have repeatedly, going back to April 2015, requested to speak to a manager on this and never got a call returned. Plus, I have responded to half-dozen TAL survey requests, with me giving negative and specific input. Response- Nothing. This is like dealing with a company residing in the 3rd world. If you correspond with TAL please don't let them use the excuse that their now (Jan. '20) Third Party Administrator (LTCG) is responsible for this aspect of their business.

Please, something must be done to help us and other CT policyholders, such as suspending this 2021 10.5% increase and not approving any ongoing increases. Thank you,

Daniel Hennessey;		
Cc: Anne Hughes; Tony Hwang		

This was sent to our senator Tony Hwang on 3/16/22. Senator Hwang has been very responsive on this issue, as well has or Representative Anne Hughes.

Dear Senators:

This is my 2022 update to the significant concerns and worries we have about our Long Term Care premiums from TransAmerica Life Insurance Company (TAL). Over the past 6 years I've had numerous correspondence (see attached) outlining these serious concerns with our state representatives, the state insurance department, and TAL- all to no avail.

My wife and I have lived in our home for 47 years and have been CT residents for 54 years and have every hope to remain in our home. We are both 81 years old , inevitably with all the attendant challenges of aging. We are also on a fixed income.

Since 2016, after TAL purchased this LTC book of business, our premiums have increased 145%, from \$3880/yr to \$9527/yr. We have paid premiums on these

policies now for 25 years. My argument and positions (attachment) about reduced benefits with lower premiums remain the same. Also, the performance of TAL to support us as policyholders is still highly unprofessional and deficient (attachment). My wife and I are hoping the state can take some action to correct this corporate conduct so we do not face an uncertain future and are not forced to significantly reduce our benefits or have to choose a nonforfeiture benefit because of these premium increases. Thank you,

Daniel Hennessey, 135th District

From: cid.webmaster@ct.gov To: Ratefilings, cid

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Monday, August 15, 2022 9:40:45 AM Date:

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Sunday, August 14, 2022 10:58:47 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Sunday, August 14, 2022 8:38:24 PM

Please, I can't afford to pay any more for health insurance. Give us a tax break instead, please. Antoinette Brennan

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Sunday, August 14, 2022 10:11:22 AM

I think it is outrageous these companies are requesting this type of price increase. Its bad enough employers who offer good health insurance using many of the insurance providers listed not only have to navigate premium prices for employees but, also have to pay a tax if what is offered to their employees is better then the affordable care act coverage. Soon enough employees working at companies who offer health care will be working just to pay for their health insurance. Doctors and pharmaceutical companies are part of the problem. When you go to see a Doctor you expect a certain level of care and in some if not most cases these doctors over book themselves and don't provide this level of care but charge the same weather they see you for 5 minutes or 30 minutes. This should not be acceptable doctors know if the person has good health insurance they will get paid. The same goes for prescription drugs these companies price gouge and know the insurance companies will pay. These insurance providers should go after the doctors and pharmaceutical companies and other factions that price gouge these companies.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Sunday, August 14, 2022 9:16:29 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening



Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Saturday, August 13, 2022 8:09:31 AM

Healthcare is a human right and not for profit we need Medicare for all now.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Friday, August 12, 2022 12:50:18 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Friday, August 12, 2022 6:41:15 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Thursday, August 11, 2022 5:06:37 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests." As a recent retiree I am especially concerned.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Thursday, August 11, 2022 8:47:45 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Wednesday, August 10, 2022 4:13:50 PM

Please reject this proposal and have Aetna go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing your profits can't matter more than the lives of your customers.

Alicia Sturgess

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Wednesday, August 10, 2022 9:59:16 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of North Haven, CT and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Wednesday, August 10, 2022 9:09:20 AM

Please DENY any requests for rate increases from Aetna and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 10:50:26 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 9:42:11 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 9:42:10 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 9:08:03 PM

These proposals are outrageous and the state should reject them. Insurance companies bring in millions of dollars in profits. Meanwhile, high gas and food prices, with terrible inflation, are causing real pain to families. Raising rates on working people and small businesses at this time would result in terrible hardship. Please do not allow these rate increases to stand.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 8:07:40 PM

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 9, 2022 4:24:40 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Monday, August 8, 2022 9:55:34 AM

It is beyond comprehension how the Connecticut legislature can be considering approval of health insurance rate hikes at a time when inflation is at 9%.

Families all over Connecticut are having a hard time feeding their families and are unable to afford the gas they need to get to work. One can only assume that legislators who are supporting this rate increase either have so much money that they don't understand how many people are struggling, or they are just heartless.

I urge all Connecticut legislators to vote against this cruel rate increase.

Robert Scott

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Saturday, August 6, 2022 7:06:36 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Friday, August 5, 2022 12:52:27 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Friday, August 5, 2022 8:06:42 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Thursday, August 4, 2022 8:04:21 PM

Aetna's increase is much higher than what the other insurance companies are seeking. I had insurance provided by Aetna and it was a struggle to get payment for already approved care to my health care provider.

Aetna does not deserve an increase.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Thursday, August 4, 2022 3:07:37 PM

Income is not keeping up with high price of living. If the minimum wage was \$19 or \$20 per hour then I can see the need to raise insurance prices.

Negotiations is needed with the pharmaceutical who make over130% gain.

The providers and hospital are not providing excellent service to patients, they are short staffed. Perhaps there could be a pilot program to see how an insurance Company can make profit in 2023 without raising prices.

Many insured will have to choose between health or mortgage or food.

Work it out. CEO's should under that for them personally it could go either way.

WIt til 2024.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Thursday, August 4, 2022 8:56:25 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Saturday, July 30, 2022 12:19:23 PM

14.8% increase is extremely excessive and unjustified! Aetna has compensated their top executives over \$265 million over the last 10 years so no amount of increase is justified!

Judson C. Doyle

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Saturday, July 30, 2022 8:59:00 AM

How can this increase possibly be justified? It is double the rate of inflation and consumers are powerless to act against these insurance monopolies. Is it possible that the increase is tied to an increase in executive pay and not to improved care? Please deny this.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Saturday, July 30, 2022 8:58:59 AM

How can this increase possibly be justified? It is double the rate of inflation and consumers are powerless to act against these insurance monopolies. Is it possible that the increase is tied to an increase in executive pay and not to improved care? Please deny this.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Friday, July 29, 2022 4:49:45 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, Aetna's CEO took home \$91 M in 2021 while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, July 26, 2022 10:21:31 AM

I am totally against this increase

NO NO NO NO NO

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Sunday, July 24, 2022 1:09:50 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203584

Date: Tuesday, July 19, 2022 12:16:01 PM

20% increase is unfair! No one is getting 20% raises! Please stop!

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203584

Date: Tuesday, July 19, 2022 9:08:36 AM

Please Please do NOT INCREASE INSURANCE RATES! PEOPLE WON"T BE ABLE TO AFFORD TO GET IMPORTANT CARE THEY NEED OR BE ABLE TO AFFORD IT! ESPECIALLY OUR MOST VULNERABLE WHO NEED CARE!

From: cid.webmaster@ct.gov To: Ratefilings, cid

Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203584 Tuesday, July 19, 2022 8:12:33 AM Subject:

Date:

unacceptable period

From: cid.webmaster@ct.gov To: Ratefilings, cid

Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203584 Monday, July 18, 2022 9:15:54 PM Subject:

Date:

Too much of an increase for middle class

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203584

Date: Monday, July 18, 2022 4:43:54 PM

Absolutely no rate increases especially impacting small businesses. This is an atrocity to even ask this from a profitable insurance giant that overpays their executives and employees year after year. Find another way.

Subject: Health: Aetna Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203892

Date: Tuesday, August 16, 2022 11:41:27 AM

I write to urge the Connecticut Insurance Department to reject the 14.1% increase on small group health plans requested by Aetna. These rate increases were calculated based on the expectation that the Federal Advance Premium Tax Credits would expire this year. Once President Biden signs the Inflation Reduction Act, these subsidies will be extended by three years.

These large rate increases are unjustifiable at a time when Aetna's parent company saw \$7.9 billion in profits in 2021and its CEO received \$17.3 million in compensation. CT insurers don't need this rate increase and Connecticut residents can't afford it. I urge the CT insurance Department to reject Aetna's requested rate increase.

Sincerely, Rachel Khanna Candidate for State Representative CT149 From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 16, 2022 7:55:09 AM

To Whom It may concern:

How do you expect people on a fixed income to pay for this.

My anthem BC/BS plan supplement to Medicare is almost \$900. every 3 months. That is already unaffordable. I am on a fixed income. These rates are extreme and should not go up.

How do you expect people to continue to have a supplement and keep raising rates on ALL the insurances!!! No increases. The rates are already too high.

Thank you. Pricilla Lewis

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, August 15, 2022 5:00:33 PM

This comment applies to all the Insurers. Just HOW MUCH profit do the Insurance companies need? Last year Anthem had a 4th quarter profit of around 1.1 BILLION!! The CEO earned around 19.3 MILLION. The top Executives earn way more than the Doctors do....and the Doctors are the ones that have the truly hard work to do. And so this will always be the USA's downfall....a for profit medical system....that only the people who are better off financially can afford. Disgraceful. 8/15/22

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Monday, August 15, 2022 12:28:21 PM

We recently tried to hire a nurse for our practice and were unable to due to the cost of health insurance. To cover him and his wife it was \$30,000 per year!! What middle class can afford this! It also does not include his deductible

We are a medical practice and have seen staff drop their insurance (husband with cancer) because of insurance cost. Her husband is on SS disability and she makes \$48000 per year. How can they afford it? We have patients who have stopped taking glaucoma drops due to cost!

How is that immigrants come here and get fully insured but a hard working middle class family have to pay \$30000.00 a year!

Also why is it that CEOs make billions while patients go uninsured and face blindness or people's illnesses become harder to treat because they will not pay their insurance premiums

From: cid.webmaster@ct.gov To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Monday, August 15, 2022 9:41:18 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

From: cid.webmaster@ct.gov To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, August 15, 2022 9:40:59 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Sunday, August 14, 2022 10:59:09 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, August 14, 2022 10:58:57 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, August 14, 2022 1:19:28 PM

A rate increase on our health insurance would be detrimental to our family. I already work three jobs and watch a large percentage of my main job's paycheck go to health insurance. I don't have time in the day to work a fourth job.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, August 14, 2022 9:28:50 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Sunday, August 14, 2022 9:28:26 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Sunday, August 14, 2022 9:17:37 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, August 14, 2022 9:17:06 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Saturday, August 13, 2022 10:29:41 AM

The proposed increases partly blame the ARP subsidy elimination. Legislation to maintain these subsidies has just passed both the Senate and House. Shouldn't the proposed premium increases adjust for this? What are the revised increase projections after accounting for this? The Rx comment about legislation capping out of pocket amounts for certain medications (and thus increasing costs) now only applies to Medicare and Medicaid plans so shouldn't the proposed increases also reflect this change? The proposed increase numbers are sadly out of date now that the Inflation Reduction Act has been passed and will be signed into law next week. Also and most importantly, your projections are based on maybe 4 real months of 2022 claims data (January - March most likely reflect 2021 utilization so only claims data from April-July exists. It's likely not even that much 2022 real claims experience since these proposed increases came out a while ago) and the insurance companies are already claiming that utilization has spiked because of covid 19 delays in seeking care. That's hooey seeing as how they couldn't possibly know that yet. Yes, health care costs pretty much only increase but so much of the exorbitance is attributable to executive pay and bonuses, paid for on the backs of average Americans who need health care. It's a disgusting equation that pits elite wealth against the needs of the masses. Health care in this country is a mess and the one group that could do something to fix it, the insurance industry, is too greedy to help.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Saturday, August 13, 2022 8:11:49 AM

Healthcare is a human right and should not be for profit we need to catch up with the rest of the world and provide Medicare for all

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Saturday, August 13, 2022 8:10:33 AM

Healthcare is a human right and not for profit we need Medicare for all now.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 12, 2022 2:02:06 PM

Anthem is consistently finding ways to say to claims. We will have patients on the same medications for years and/or same types of procedures and Anthem will send back an EOB requesting medical records in the smallest writing possible. This is so they hope you don't se their request. In additional assist patients in enrolling in insurance as well as process claims. Their premiums are already extremely high and unaffordable without the ACA premium tax credit. In addition, their call centers are in India and the Philippines and you never can get many issues resolved due to their "scripted" call center. We had an issue with a provider contract that took over 6 months to correct due to Anthem's error. I probably utilized over 20 hours of work time to try to get this corrected by Anthem. No one cares at this insurance company when you are trying to resolve money issues with them such as claims. They find ways to say NO! NO ONE within Anthem wanted to help and blatantly ignored my emails for months and/or tried to pass along my issue to someone else within Anthem. Anthem ended up paying over \$7K in interest due to their error. These increases MUST STOP! If you have ever been involved in processing of claims and/or try to speak to an overseas representative, IT IS A NIGHTMARE!!! Why are these call centers in other countries and not in the US. Again, another way for Anthem to save money by putting their call centers in other countries in which these reps are of no help and are scripted in their answers. Yet, they want an additional increase! Unacceptable!

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Friday, August 12, 2022 12:51:00 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 12, 2022 12:50:43 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 12, 2022 6:41:53 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, August 11, 2022 11:45:26 PM

Many of us are retired and on fixed income. With inflation so high, this is a really bad time to be raising our rates.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, August 11, 2022 8:43:12 PM

In general, I believe health care insurance companies take advantage of their customers—they will use any excuse to raise rates — snd Covid just gives them a premier opportunity to do just that.

Before rates are raised, I'd like to see the executives if these companies take substantial pay cuts—which would help to defray any extra costs incurred. I'm tired of paying excessive rates snd feel as though I'm funding 2nd and 3rd homes snd extravagant lifestyles of these people, while patients—and even the lower level employees of these companies struggle to pay their bills.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Thursday, August 11, 2022 5:07:26 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, August 11, 2022 5:07:01 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Thursday, August 11, 2022 8:48:06 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, August 11, 2022 8:47:24 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Wednesday, August 10, 2022 4:22:54 PM

Please reject this proposal and have Anthem go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Wednesday, August 10, 2022 4:22:20 PM

Please reject this proposal and have Anthem go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Wednesday, August 10, 2022 9:59:36 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of North Haven, CT and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Wednesday, August 10, 2022 9:59:25 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of North Haven, CT and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Wednesday, August 10, 2022 9:10:03 AM

Please DENY any requests for rate increases from Anthem and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Tuesday, August 9, 2022 10:51:00 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 9, 2022 10:50:45 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Tuesday, August 9, 2022 9:42:39 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 9, 2022 9:42:29 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Tuesday, August 9, 2022 4:25:32 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 9, 2022 4:25:05 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc. CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Tuesday, August 9, 2022 2:33:48 PM

How can you possibly do this to the American people. We are paying more for everything, making less, and will have to pay for the 5 million and counting illegal people who have entered our country in the last 2 years with all the free benefits they get. No way. How can look your grandmother in the eye and yell her she should pay more for healthcare. Have some common decency.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, August 8, 2022 12:03:29 PM

2021 Earned Premiums (net of risk transfers) of \$632.7 million, Incurred Claims of \$573.1 million. How is this helpful for anyone to have a rate request – 20%+ average increase? Hartford resident, group private practice behavioral healthcare owner, and purchaser on Access Health. As a provider paneled with Anthem, I know it isn't because you are overpaying your providers. What is your gross profit?

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, August 7, 2022 11:46:14 AM

I am a lifetime CT resident despondent over the high costs of health insurance – paired with a high deductible – on the Access CT marketplace. I have been a full-time middle school science teacher for most of my career, and previously had health insurance through my workplace. I am only working part-time now and no longer have coverage through work; my husband is 78, fully retired and qualifies for Medicare, but I will not qualify for Medicare another 10 years and I cannot afford my current medical costs, never mind an 8% increase.

My current plan costs \$1,023 per month and my annual deductible is \$8,600. That means that I can - and have - paid \$20,876 annually in potential costs for in- and out-of-network medical care. In addition to which, as I just discovered this year, my deductible is TOO high for me to qualify for an HSA!

I am working for a non-profit teaching ESL. We are drawing down huge amounts of my husband's savings to pay for my health insurance, and yet we do not qualify for any subsidy. Why? Because we are taking money out of savings to pay for my health insurance! This is unsustainable. We are now planning a move to MA and despite my love of CT, one of many reasons for that is that I cannot afford another 10 years of medical expenses here.

A sincere thanks for your consideration.

Beth Richter

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Saturday, August 6, 2022 2:45:49 PM

How can a company file for rate increases like this knowing that most people are not able to pay for the normal items of life? This is pure greed. I'm looking simply to leave the state and to hell with all of them.....

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Saturday, August 6, 2022 7:06:16 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Saturday, August 6, 2022 7:06:03 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 5, 2022 9:40:03 PM

In this difficult time for us all with inflation and other economic pressures, this feels like the wrong time for this decision. I believe these rate increases should be rejected this year and prices kept the same.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Friday, August 5, 2022 12:54:47 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 5, 2022 12:52:43 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Friday, August 5, 2022 8:07:44 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Friday, August 5, 2022 8:07:42 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 5, 2022 8:07:08 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, August 4, 2022 8:56:53 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Thursday, August 4, 2022 8:56:40 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 2, 2022 2:01:39 AM

I am both a member on the exchange and a Provider for Anthem Health Plans. Anthem lowers my provider rates by nearly 30% and only gave us a "raise" in the past ten months--

still below our rate that hasn't risen in years. In addition, Anthem has hired a managed care company known for its aggressive clawing back of remittances and severe lag times in paying out remittances.

As a member who is in the 55-64 horrifying age group, Anthem has created rates for individuals that are higher than most people's mortgages. In addition, I have an astoundingly high deductible.

An 8.6% rate hike will only make more people go without insurance next year as they try to tough it out (especially in my age range) until they can age in to Medicare and begin to afford medical premiums again.

Please do not okay this rate high for 2023 for Anthem Health Plans. Dr. Stephanie D. Moore, Clinical Psychologist,

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, August 1, 2022 7:19:27 PM

These rate hikes are unacceptable. As a teacher in CT, I no longer get a even a 2% cost of living increase due to the exorbitant rate increases by the Anthem CTState plan. Stop accepting these rate increase and the greed of these companies and start supporting the public health needs.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, August 1, 2022 4:03:00 PM

There is a very simple reason why premiums should not be raised, people will die if you do. You will say, "no one will die, we won't let that happen", but you will take their homes, you will force them into bankruptcy, and you will deny services that would save their lives so yes by raising premiums you are killing people. Last year Elevance Health (previously Anthem) made over \$6 billion in net income, had \$97 billion in assets and was ranked 20th in 2022's fortune 500; but they need to raise their customer rates because their rates? The greed of these companies is killing people and it will continue to kill if we do not stop them.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Saturday, July 30, 2022 12:21:03 PM

No increase is justified in these economic times. Deny this request!!

Judson C Doyle

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, July 29, 2022 4:51:55 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, July 29, 2022 2:40:53 PM

Raising the already astronomical rates we pay for an individual plan is unacceptable. This can't continue.

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Sunday, July 24, 2022 1:10:17 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Sunday, July 24, 2022 1:10:06 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Thursday, July 21, 2022 11:46:45 AM

I am requesting the Ct Insurance Commissioner to NOT ALLOW any health insurance rate increases for Year 2023 for any of Ct's health insurers.

This past year has been the highest inflation rate year in about 40 years in the USA

Most Ct families simply will not be able to afford higher health insurance premiums as they are already grappling with higher food, energy, and borrowing costs.

Glenn Dworkin

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Wednesday, July 20, 2022 8:45:46 AM

These companies have been profiting billions of dollars over the years. Maybe it's time for THEM to take the hit instead of the poor consumer already saddled with the cost increases of basic goods and services.

From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, July 19, 2022 12:16:20 PM

20% increase is unfair! No one is getting 20% raises! Please stop!

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, July 19, 2022 9:09:37 AM

PLEASE PLEASE DO NOT INCREASE INSURANCE RATES AND IMPACT OUR MOST VULNERABLE WHO CAN'T AFFORD IT! IT WILL IMPACT THEIR CARE THEY DESPARATLY NEED!

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, July 19, 2022 8:15:18 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Tuesday, July 19, 2022 8:15:09 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203524

Date: Monday, July 18, 2022 4:48:44 PM

Absolutely no rate increases especially impacting small businesses. Insurance companies are profitable and need to cut back on bonuses and what they pay their employees and executives. Ridiculous. Find another way.

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Monday, July 18, 2022 4:45:07 PM

Absolutely no rate increases should be approved especially impacting small businesses. Insurance company employees and executives are over paid. Find another way.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Tuesday, August 16, 2022 11:39:11 AM

I write to urge the Connecticut Insurance Department to reject the 8.6% increase on individual health plans and 3.6% increase on small group health plans requested by Anthem. These rate increases were calculated based on the expectation that the Federal Advance Premium Tax Credits would expire this year. Once President Biden signs the Inflation Reduction Act, these subsidies will be extended by three years.

These large rate increases are unjustifiable at a time when Anthem saw \$6.1 billion in profits in 2021, spent \$1.9 billion to buy back stock to increase their share value further, and their CEO received \$33 million in compensation. CT insurers don't need this rate increase and Connecticut residents can't afford it. I urge the CT insurance Department to reject Anthem's requested rate increase.

Sincerely,

Rachel Khanna Candidate for State Representative CT149

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Monday, August 15, 2022 5:43:00 PM

Insane. Criminally insane. Your CEO, BOD, etc. Should be in prison and forfeit their stock options.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Monday, August 15, 2022 9:41:32 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Sunday, August 14, 2022 10:59:17 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Sunday, August 14, 2022 9:27:50 AM

I urge the Insurance Commission to deny a rate hike for this insurerthat far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Sunday, August 14, 2022 9:18:21 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening



To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Saturday, August 13, 2022 8:12:55 AM

Healthcare is a human right and should not be for profit we need to catch up with the rest of the world and provide Medicare for all.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Friday, August 12, 2022 12:51:19 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Friday, August 12, 2022 6:42:12 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Thursday, August 11, 2022 5:07:41 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Thursday, August 11, 2022 8:48:14 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Wednesday, August 10, 2022 4:23:40 PM

Please reject this proposal and have Cigna go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Wednesday, August 10, 2022 9:59:48 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of North Haven, CT and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Wednesday, August 10, 2022 9:10:30 AM

Please DENY any requests for rate increases from CIGNA and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, August 9, 2022 10:51:21 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, August 9, 2022 9:42:51 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, August 9, 2022 4:25:48 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Monday, August 8, 2022 9:56:11 AM

It is beyond comprehension how the Connecticut legislature can be considering approval of health insurance rate hikes at a time when inflation is at 9%.

Families all over Connecticut are having a hard time feeding their families and are unable to afford the gas they need to get to work. One can only assume that legislators who are supporting this rate increase either have so much money that they don't understand how many people are struggling, or they are just heartless.

I urge all Connecticut legislators to vote against this cruel rate increase.

Robert Scott

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Saturday, August 6, 2022 7:05:56 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Friday, August 5, 2022 12:54:44 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs.

Ms. Morgan

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Friday, August 5, 2022 8:07:54 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Thursday, August 4, 2022 8:56:54 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Wednesday, August 3, 2022 10:18:33 PM

Cigna had a significant increases in 2021 - 2022 and this requested increase for 2023 may price me and many others out of being able to afford any insurance. These insurance companies need to be better regulated to prevent such significant increase year over year that far exceed any cost of living adjustments in the average household.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Monday, August 1, 2022 4:31:13 PM

This is in the range of prize gauging. It is far beyond the cost of living increase in this state. Be real about increases and see what tje proifts are for this company. Are they already making so much that there should not even be an increase?

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Saturday, July 30, 2022 8:43:13 AM

Please deny this outrageous demand. My insurance is barely affordable as it is, and it is the most minimal coverage. My insurance is not 20% better and it's clear this huge rate increase would go towards executive compensation and not to improved health care. Shame!

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Friday, July 29, 2022 4:52:43 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Sunday, July 24, 2022 1:10:28 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Saturday, July 23, 2022 9:27:29 AM

Stop,please stop!

This increase is excessive

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, July 19, 2022 12:16:55 PM

20% increase is unfair! No one is getting 20% raises! Please stop!

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, July 19, 2022 9:10:34 AM

PLEASE PLEASE DO NOT INCREASE RATES! IT WILL IMPACT OUR MOST VULNERABLE AND THOSE WHO CAN"T AFFORD IT !

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, July 19, 2022 8:14:55 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, July 19, 2022 8:12:56 AM

unacceptable period

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Monday, July 18, 2022 4:46:54 PM

Absolutely no rate increases especially impacting small businesses. Insurance companies are too profitable and overpay their employees and executives. Find another way.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Cigna Health and Life Insurance Company - 2023 Off Exchange Rates - File Number: 202203578

Date: Tuesday, August 16, 2022 11:38:00 AM

I write to urge the Connecticut Insurance Department to reject the 19.64% increase on health plans requested by CIGNA. These rate increases were calculated based on the expectation that the Federal Advance Premium Tax Credits would expire this year. Once President Biden signs the Inflation Reduction Act, these subsidies will be extended by three years.

These large rate increases are unjustifiable at a time when CIGNA saw \$5.36 billion in profits in 2021, spent \$7.4 billion to buy back stock to increase their share value further, and their CEO received \$91.1 million in compensation. CT insurers don't need this rate increase and Connecticut residents can't afford it. I urge the CT insurance Department to reject CIGNA's requested rate increase.

Sincerely, Rachel Khanna Candidate for State Representative CT149 From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 15, 2022 4:09:59 PM

The requested rate hikes are ridiculous. My family is paying more for insurance than any mortgage we've had for a home in the last 35 years. Last year our premium was \$1750 per month, this year it's over \$2100 per month and now they want another 25%. This is absolutely unsustainable, I know others in their early 60s that need the insurance but simply cannot afford, mortgage, food and gas if they continue to pay such exorbitant insurance rates. We aren't getting wage increases that can cover these annual exponential increases. How can these companies in good conscience keep doing this annually? Yes we realize inflation also affects healthcare but this has been happening consistently every year inflation or not and middle income families simply cannot afford these prices. There has to be a better way then constantly hiking rates and asking families to dig deeper and go without other essentials. Some of these healthcare companies are posting profits in the hundreds of millions, are these hikes truly necessary or is it just about making even more money for their shareholders? This seems like the okay deal strategy ask for 25% increase but "settle" for 20%. Most families these days can't afford an increase even in the single digits. Please do not allow these large premium increases to continue year after year, enough is enough. V. Anderson

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 15, 2022 12:25:43 PM

In current testimony with questions from Attorney General William Tong, Connecticare is saying they did not seek premium DECREASES during and after COVID even when they acknowledged reduced utilization, which I saw significantly as a doctor, with a 30-50% drop in revenue. That's unacceptable. My auto carrier CONNECT unilaterally gave us premium reductions during COVID due to reduced driving which was the norm during this time.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 15, 2022 11:02:34 AM

This is not right. The marketplace is a place for the US to get affordable healthcare coverage and we can't. The middle class doesn't even receive subsidies to help only the really poor and with inflation the middle class needs help to and if you raise prices that high, we won't be able to afford health coverage.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 15, 2022 8:22:28 AM

Please do not allow this kind of highway robbery with a 24% rate increase! Rates (consider a reasonable, high-deductible plan for those over 60) are *already* more than \$12,000 a year. This is simply not doable for even middle-income folks.

I don't understand why these companies believe they can keep covering less and charging more. It's inhuman.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 15, 2022 7:35:48 AM

The proposed increases are alarming and will be difficult for families to be able to comply. Please review these increase closely with intention of finding a way forward with more reasonable rate increases.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Sunday, August 14, 2022 10:59:29 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, August 14, 2022 10:59:23 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, August 14, 2022 9:27:29 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Sunday, August 14, 2022 9:27:04 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Sunday, August 14, 2022 9:19:31 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, August 14, 2022 9:18:51 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, August 14, 2022 7:51:37 AM

My husband and I are in our late 50s and we are both self-employed. We have been receiving our health insurance through Access Health since the beginning. Over the years, we have seen our premiums, copays and, especially, our deductibles go up and up. I have already begun to cull my medical care based on expense. Connecticare's proposed rate increase of 24% seems excessive and greedy. I suppose it goes along with the "for-profit" mentality regarding health insurance in this country. We are the only wealthy, industrialized nation that views health insurance as a privilege, and not a basic human right--shame on them.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Saturday, August 13, 2022 10:00:42 PM

I cannot fathom how you find it acceptable to raise your rates by 24.1% for those using the Exchange. This is reprehensible. I have to use the Exchange because I'm self-employed, and the rates are already astronomical. And the coverage is TERRIBLE. I never meet my deductible, which means I'm paying horrific rates for catastrophic insurance. The Exchange was meant for those of us who don't or can't get benefits through out employers. We have to fund our own coverage with no help from anyone. And you have the gall to raise our already exorbitant rates by 24%??? I don't know how you people live with yourselves.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Saturday, August 13, 2022 8:15:06 AM

Health care is a human right and should not be for profit we need to catch up with the rest of the world and provide Medicare for all.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 12, 2022 1:52:59 PM

This significant increase requested by Connecticre is unacceptable. I assist patient in enrolling in insurance as well as assist in billing claims. Conecticare is consistently finding ways to deny claims and or make it difficult to get you claim money due to their request for medical records, etc. Their rates are already extremely high and their call center is outsourced win which the call reps. have a standard script they say and are of NO HELP!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 12, 2022 1:23:52 PM

A 24% rate increase would mean nearly \$100 more per monthly premium for my insurance (which is already not stellar coverage given the hefty price tag). These would be cost prohibitive rate increases for many people, leading to residents going without insurance and being at risk of accident or illness. I believe this is an attempt by ConnectiCare to charge more from customers without providing better care, and worse, an attempt to charge more that will end up with more people uncovered by health insurance.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Friday, August 12, 2022 12:52:17 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 12, 2022 12:51:36 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Friday, August 12, 2022 6:42:56 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 12, 2022 6:42:37 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Thursday, August 11, 2022 5:08:01 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Thursday, August 11, 2022 8:48:29 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Wednesday, August 10, 2022 4:25:52 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Wednesday, August 10, 2022 4:24:55 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Wednesday, August 10, 2022 10:00:32 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele North Haven, CT

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Wednesday, August 10, 2022 9:59:53 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of North Haven, CT and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Wednesday, August 10, 2022 9:11:46 AM

Please DENY any requests for rate increases from ConnectiCare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Wednesday, August 10, 2022 9:10:59 AM

Please DENY any requests for rate increases from ConnectiCare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, August 9, 2022 10:55:45 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, August 9, 2022 10:54:59 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, August 9, 2022 10:52:55 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, August 9, 2022 10:51:44 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, August 9, 2022 9:42:59 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, August 9, 2022 4:26:42 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, August 9, 2022 4:26:20 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, August 8, 2022 12:00:48 PM

2021 Earned Premiums (net of risk transfers) of \$632.7 million, Incurred Claims of \$573.1 million. How is this helpful for anyone to have a rate request – 24.1% average increase? Hartford resident, group private practice behavioral healthcare owner, and purchaser on Access Health

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Monday, August 8, 2022 9:56:19 AM

It is beyond comprehension how the Connecticut legislature can be considering approval of health insurance rate hikes at a time when inflation is at 9%.

Families all over Connecticut are having a hard time feeding their families and are unable to afford the gas they need to get to work. One can only assume that legislators who are supporting this rate increase either have so much money that they don't understand how many people are struggling, or they are just heartless.

I urge all Connecticut legislators to vote against this cruel rate increase.

Robert Scott

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Saturday, August 6, 2022 7:05:37 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Saturday, August 6, 2022 7:05:18 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 5, 2022 12:54:36 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Friday, August 5, 2022 12:54:33 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 5, 2022 12:50:51 PM

These proposed rate increases are going to directly impact individuals who need to purchase their own health insurance because it is not provided by an employer, and small businesses. These are two groups that are most vulnerable to the already rising costs in our economy. An increase of such a large percentage will create disproportionate hardship on these groups, and thrust small businesses and individuals paying for benefits out of pocket into further economic hardship.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Friday, August 5, 2022 8:08:24 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, August 5, 2022 8:08:08 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Thursday, August 4, 2022 4:58:03 PM

As a self employed person, I have no choice except to purchase health insurance for myself and my husband on the exchange. The combined cost of premiums and out of pocket costs this year (we reached the maximum) was over \$28,000. I strongly oppose the proposed increase of 25% for 2023, more than twice the rate of inflation. How are individuals and the self employed supposed to afford these kinds of expenses? Shall I add a surcharge to my clients bills and explain its so I can afford to pay for health insurance? Lastly, how does Connecticare explain a 25% increase for individuals when Anthem is only requesting 8.6%?

Thank you for considering my comment, Karen Caffrey From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Thursday, August 4, 2022 8:57:33 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Thursday, August 4, 2022 8:57:12 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Wednesday, August 3, 2022 10:20:07 PM

Totally outrageous and unacceptable. Connecticare has had significant increases in 2021 - 2022 and this requested increase for 2023 may price me and many others out of being able to afford any insurance. These insurance companies need to be better regulated to prevent such significant increase year over year that far exceed any cost of living adjustments in the average household.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, August 2, 2022 9:45:41 PM

I'm a private practice Social Worker and have been self employed since 2016. I am responsible for 100% of my health care costs, premium, deductible, etc. and have medical conditions that require me to get frequent blood work, to see certain doctors at least once a month, revaluations every three months to make sure treatments are still working, and prescriptions I'm required to take daily to remain healthy. I can barely afford my insurance and out of pocket costs as is, and struggle every month to afford my business expenses, personal expenses, and my healthcare costs. Increasing the rates would mean that my premiums payments will be equal to or more than half my monthly income - before I set aside money for taxes. I will not be able to pay for groceries, pay for personal care items, or save any money for emergencies. Healthcare costs are ridiculously high already and increasing rates would bankrupt people like me.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, August 2, 2022 4:26:27 PM

A 24% increase in exchange rates is wholly ridiculous and unwarranted. CEOs are benefiting nicely from bloated salaries, yet everyday working people are struggling to pay the bills in these inflationary times. If only the cost of health care somehow reflected the quality of health care, or perhaps lower premiums, copays or deductibles. Every year it gets worse! When will it stop??

Prom: dd. sebmankreffold.gog:
Tec: Betreffore...cid
Subject: Heisibt: Connectifiare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203555
Date: Tounday, August 2, 2022 9:21:59 AM

En apposed to di of the ConnectiCure's rate increase responds for 2023, having outlined my reasons below for review by your commission members.

ConnectiCure's rate increase for "On Exchange Plans" averages 17.57% higher than those of other curriers, with "Off Exchange Plans" averaging 10.46% higher. Rate increase justifications from ConnectiCure and other curriers full into four categories below, and find little documents.

Code Fit P. Essens provide by Connectificre and defect carries with an increased morbidity, prest-op-demand and an increase in behavioral disease are unfounded, here no next and are not supported with any real data to back these claims. These justifications are merely here say attenuent and would be three-sent in any legal argument.

Legislation: While legislation to control disberie treatments was prouded in presented in present and would be three-sent in any legal argument.

Legislation: While legislation to control disberie treatments was pround in presenting of the total plasmasserated cost prescribed to princise in Connections, and here little affect on the total correlation of prescribed to princise in Connections, and here little affect on the total correlation of prescribed by Connections of the control of the control of the legislation to control of the l

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, July 31, 2022 8:45:32 PM

I am in opposition to the proposed increase for 2023 rates on health insurance. This request will shrink the number of patients that will actually have access to sub par catastrophic healthcare at its best and increase by multitudes the numbers who refuse or are unable to pay for premiums resulting in more societal burden at hospitals and clinics with uninsured patient debt rising. This will have a negative ripple effect on the economy and most importantly, will result in a diminished quality of health in a larger number of people. I believe health insurance companies' priorities should be the health of their customers and not profitability.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Friday, July 29, 2022 4:54:38 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, July 29, 2022 4:54:23 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Wednesday, July 27, 2022 10:02:53 AM

The increase submitted for consideration is NOT SUSTAINABLE given the current economic climate. It will force more patients to abstain from signing up which in turn will cause more of a load of uninsured patients at hospitals and clinics. The losses these providers suffer will be passed on to the few customers that are ACTUALLY PAYING for their premiums, copays and deductibles. It causes a vicious cycle of punitive costs for the few customers that DO PAY! Soon, we ALL will be priced out of the market and no one will be able to seek care which leads to more patients becoming more acutely ill and/or allowing a condition to worsen when it could have been prevented. Hospitals and insurance companies should be more concerned with quality of care than profits. The premium increases of 24% should not be allowed for the above reasons.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, July 25, 2022 11:29:14 AM

This is absolutely infuriating! Every year the healthcare insurance companies submit outrages increases and the vast majority of the time they are approved. Have all the public hearings you want, have all the reviews you want, listen to all the outraged testimonies, letters, comments, and the people that are going bankrupt and simply can't afford health insurance. Nothing will change until the people of CT demand a change. We need to vote for politicians who have a backbone, a brain and a heart to tackle the greedy health insurance companies. They spend millions of dollars every year to prevent any change in health care, to their benefit. They make millions and millions of dollars while marketing the same crap year after year. They use words like trends, demand and cost increases to justify their greed. Everyone is making money in healthcare, the hospital, doctors, pharmaceuticals, equipment suppliers, and yes, healthcare insurance companies at the cost of hardworking people. And the people we elect to office take care of themselves, not the people who put them in office! All this fuzzy math equals greed!! Get your act together, grow a backbone and do not approve the increases! Let the insurance companies leave CT, and kick them in the ass on the way out! They hurt a hell of a lot more people than they employ. And it's time for the people of CT to band together and demand change!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, July 24, 2022 1:10:38 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Friday, July 22, 2022 5:25:06 PM

We purchased insurance with Connecticare through the Access Health exchange starting in May 2021. Our rates increased over \$400 a month for the same coverage for 2022. It was an increase of over 30%. We dropped our coverage to the least expensive option available, and still pay close to \$300 more out of pocket with absurdly high deductibles and out of pocket costs. Plus, we were forced to change our primary care doctor because he wasn't on the plan. Another increase, particularly of the percentage they are requesting, will most likely make insurance coverage unaffordable for our family. Please do not allow this rate hike to go through. It will negatively impact many small businesses and families that are already struggling in these unprecedented times.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, July 19, 2022 9:20:35 PM

A 24.1 percent increase to individual AccessHealth CT plans is unjustified. When is AARP CT ever going 2 offer its membership ages 50-64 a group Bronze high-deductible plan 2 compete with the incredibly expensive individual plans offered by Connecticare & Anthem on AccessHealth CT? Or, how about Connecticare & Anthem teaming up with AARP to offer such a group product? The 50-64 age group endures the most expensive premiums of any group. A 24% rate increase in no way rewards us healthy members who work tirelessly 2 stay well while we keep on paying the highest premiums for a Bronze HSA plan because we are not allowed 2 buy a catastrophic plan (w/o a hardship exemption) even though that type of plan would at least offer a doctor visit or two with a modest co-pay instead of having 2 pay the entire cost out of pocket because the high deductible is never reached. At the very least, have Anthem & Connecticare offer 2 or 3 Bronze HSA plans so we have a fighting chance of keeping the monthly premium under \$1,000/month with a \$6,500/deductible. Thank you 4 your time. CT AARP Member & New Haven County resident

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, July 19, 2022 12:18:14 PM

24% increase is unfair! No one is getting 24% raises! Please stop!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, July 19, 2022 12:17:34 PM

24% increase is unfair! No one is getting 24% raises! Please stop!

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, July 19, 2022 8:14:44 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Tuesday, July 19, 2022 8:13:52 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, July 18, 2022 5:38:02 PM

Omg, due to the current inflationary economic conditions, I anticipated a rise in health insurance premiums but this requested rate increase is unaffordable for me! I have to prioritize paying my mortgage and food & utility bills, so may have to go without the health insurance and Pray that I stay "okay."

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203585

Date: Monday, July 18, 2022 4:51:36 PM

Outrageous! Absolutely no rate increases should be considered or approved especially impacting small businesses. Who do these insurance companies think they are? Their employees and executives are vastly overpaid. Cut back, find another way.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Monday, July 18, 2022 4:50:07 PM

Absolutely no rate increases especially impacting small businesses. Insurance company employees and executives are overpaid. Cut back. Find another way.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Tuesday, August 16, 2022 9:55:23 AM

This is complete lack of awareness of the people they serve. If their profit margins are so high, then they can afford to forego any rate change. When rate hikes for some projected reason or another, whether they are realized or not, they never ever go down. They had decreased activity and claims payments during covid, did rates reflect that by going down? I get that it is a business and they need to make money... however, there should be profit caps where it is audited. Squirrelling money down rabbit holes to hide it from the balance sheet is not acceptable. Insurance carriers have a captive market, there is no real competition to find health insurance for the average consumer. Benefit packages and rates are pretty much the same from company to company, deductibles are astronomical and provide a huge shield to what carriers actually pay out. Think about it, a family pays lets say 1k a month (yes that is an underestimate) and has a 12,000 deductible, that is 24,000 paid out by the consumer and they may never touch a scintilla of the benefits for the carrier to pay out. We know primary doctors get paid a price per head fee, insurance carriers have the power to group together to negotiate prescription drug fees and frankly could do a lot more to make healthcare more affordable but don't because getting rubber stamped rate hikes is easier. Did they consider how many people will be priced out of health insurance as a result? Or that lower level plans that lower income families take place a much higher burden on those who can least afford it? Do they even care? Perhaps the State should consider allowing more people to purchase catastrophic healthcare policies as most doctors will charge a reasonable fee for their services and folks will pay less for coverage. If health insurance companies don't want to help us, then let us help ourselves. As it is, only I have health insurance because my employer helps pay for it, but my husband has none because I can't afford to add him to my coverage. I haven't used any of my coverage for years and there are many like me who create a surplus in premiums for unused benefits! Frankly, I could use that money more than the carrier can, can I have it back? Maybe health insurance carriers and the state should consider opening clinics where they control the prices because the doctors are salaried the diagnostic tools are paid for and folks are treated. Im just spit balling here, but if everyone WANTS common sense solutions, then common sense needs to be applied to the problems not just ask for more and more money. Negotiate with Doctors, they will take what you give them because their customers/patients won't see them without you. Use your leverage to lead the way in lowering costs. There is no reason an xray should cost \$2000 on a 20 year old machine, but because you will pay that, thats what it will cost. Stop looking for the easy way out by bilking the voiceless consumer and take the road less travelled and use your negotiating leverage with those in your network. Doing it the rubber stamp bilk the consumer way will create a bigger problem and the cycle will continue. When people are starving because they can't afford enough food to pay their health insurance bill... won't malnutrition create more claims payouts? Will groceries be by prescription then? Let me guess, then they will want another rate hike? Break the cycle and try something new.... for once.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Monday, August 15, 2022 12:36:57 PM

Connecticut Healthcare Advocate Ted Doolittle is not fully knowledgeable in that he states healthcare providers are in part responsible for the high cost of healthcare. Out of network providers are a small number. Most of us are in network and our fees are set by the insurer, not the healthcare providers.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Monday, August 15, 2022 12:17:03 PM

I am listening to the testimony this morning. Karen Moran, Connecticare CEO said that they have the lowest rates in Connecticut. That is a lie. I had to cancel my plan with them three years ago because they were the most expensive option for small groups, not the lowest, especially for their PPO and POS plans. That is one major reason why they are so small. If their premiums were lower, they would have more insureds. As I stated in a previous comment, they are extremely poorly managed and I am sure that leads to higher costs. I have witnessed this as both a medical doctor seeing Connecticare patients and as a consumer, having had Connecticare previously for my personal health insurance. Their premiums skyrocketed 49% the year after the Affordable Care Act was passed and have been excessively high since.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Monday, August 15, 2022 9:42:03 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Sunday, August 14, 2022 10:59:49 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Sunday, August 14, 2022 10:59:39 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Sunday, August 14, 2022 9:26:37 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Sunday, August 14, 2022 9:25:50 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Sunday, August 14, 2022 9:20:06 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Sunday, August 14, 2022 9:19:48 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Friday, August 12, 2022 12:53:30 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, August 12, 2022 12:52:42 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, August 12, 2022 6:43:25 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Thursday, August 11, 2022 5:08:46 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Thursday, August 11, 2022 5:08:22 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Thursday, August 11, 2022 11:39:49 AM

Please DENY this heinous rate increase for solo purchasers. No one should be penalized because they do not belong to a "group." Kindly require this Company to dramatically scale back their request. Thank you.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Thursday, August 11, 2022 8:50:15 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Thursday, August 11, 2022 8:48:39 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Wednesday, August 10, 2022 4:27:05 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Wednesday, August 10, 2022 4:26:24 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Wednesday, August 10, 2022 10:00:26 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Wednesday, August 10, 2022 9:12:20 AM

Please DENY any requests for rate increases from ConnectiCare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Tuesday, August 9, 2022 10:55:20 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Tuesday, August 9, 2022 10:54:46 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Tuesday, August 9, 2022 10:54:43 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Tuesday, August 9, 2022 10:53:00 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Tuesday, August 9, 2022 9:43:08 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Tuesday, August 9, 2022 4:27:12 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Tuesday, August 9, 2022 4:26:56 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Saturday, August 6, 2022 7:04:59 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, August 5, 2022 12:54:28 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Friday, August 5, 2022 12:54:18 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Friday, August 5, 2022 8:09:01 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, August 5, 2022 8:08:44 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Thursday, August 4, 2022 8:59:03 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Thursday, August 4, 2022 8:57:57 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Monday, August 1, 2022 10:00:12 AM

The reasoning for this large rate increase does not make sense, since the Federal government re-imburses most of COVID-19 health care, including testing. The rate of increase requested is also much higher than that of their competitors. Please reject this greedy attempt at squeezing money in difficult times.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Friday, July 29, 2022 4:55:36 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, July 29, 2022 4:54:55 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Friday, July 22, 2022 5:25:55 PM

We purchased insurance with Connecticare through the Access Health exchange starting in May 2021. Our rates increased over \$400 a month for the same coverage for 2022. It was an increase of over 30%. We dropped our coverage to the least expensive option available, and still pay close to \$300 more out of pocket with absurdly high deductibles and out of pocket costs. Plus, we were forced to change our primary care doctor because he wasn't on the plan. Another increase, particularly of the percentage they are requesting, will most likely make insurance coverage unaffordable for our family. Please do not allow this rate hike to go through. It will negatively impact many small businesses and families that are already struggling in these unprecedented times.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Tuesday, July 19, 2022 12:19:36 PM

24% increase is unfair! No one is getting 24% raises! Please stop!

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Tuesday, July 19, 2022 12:18:56 PM

25% increase is unfair! No one is getting 25% raises! Please stop!

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Tuesday, July 19, 2022 8:14:06 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Monday, July 18, 2022 4:54:51 PM

A solute my no rate increases should be approved. Cut back on employee salaries, benefits and bonuses. Find another way.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Monday, July 18, 2022 4:53:24 PM

Absolutely no rate increases. Especially impacting small businesses. Ridiculous requests. Insurance company employees are overpaid. Cut back, find another way. Less profits? Less bonuses?! Trim the fat like every other industry.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203599

Date: Monday, July 18, 2022 10:54:32 AM

I highly object to Connecticare increasing their fees over 22%! As it is, we have to fight every single EOB we receive, they try not to pay even the bills that are supposed to be covered. We spend inordinate amount of time fighting them, calling for questions, and resubmitting information for payment.

It's a shame the small business coverage is so limited to few insurance companies that they're able to charge whatever they want. Our deductibles are astrononomical, are coverage is akin to catastrophic health ins, with high costs before we even reach the deductible, then only what 80% is covered?

Insurance companies are out of control. We are being raked over the coals to pay for everyone else's insurance coverage, yet ours is unaffordable.

Subject: Health: ConnectiCare Inc - 2023 Off Exchange Rates - File Number: 202203577

Date: Wednesday, August 17, 2022 5:00:33 PM

This proposed rate increase will be a tremendous hardship. Our son's current monthly payment is \$645.31 and this increase would increase the payment to over \$800 per month. Incomes do not increase at this rate. Our son may have to consider going without insurance. There is no way that he can handle this increase. We hope you will take into consideration the difficulty this will cause many people. Nothing affordable about this insurance.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Sunday, August 14, 2022 11:00:06 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Sunday, August 14, 2022 9:25:18 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Sunday, August 14, 2022 9:24:48 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Sunday, August 14, 2022 9:24:47 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Sunday, August 14, 2022 9:20:42 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!



Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Sunday, August 14, 2022 9:20:19 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Saturday, August 13, 2022 10:56:37 AM

I am self-employed, single and have been purchasing insurance through the CT exchange. I pay over 460.00 a month, have 6,000 deductible, and pay out of pocket for everything but an annual preventive care visit...I still pay a negotiated rate for the bloodwork associated with that. I have yet to find mental health providers that are included in or out of network. Any specialist in network still ends up coming out of my wallet. My last mammogram, which is supposed to be covered under ACA, ended up costing me a negotiated \$600+. I pay for prescriptions, as well. So, basically, I avoid going for anything minor that is bothering me (arthritis, foot pain, fatigue) and do my best to keep healthy because I can't afford to pay out of pocket for everything and still give the insurance company my money. The plans offered now feel like at best a catastrophic plan, but at premium health insurance rates. Please consider actually giving decent medical benefits if you are going to continue price increases. Otherwise, these increases are simple unethical and not conducive to good health care.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, August 12, 2022 12:54:16 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, August 12, 2022 12:53:52 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, August 12, 2022 7:53:52 AM

This rate hike seems quite excessive, even given current inflationary trends. I strongly urge the department to deny extreme rate hikes such as this, which make health insurance unaffordable for many.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, August 12, 2022 6:43:45 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Thursday, August 11, 2022 5:09:31 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Thursday, August 11, 2022 5:09:10 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Thursday, August 11, 2022 11:38:08 AM

As our taxpayer funded watchdog, I urge you to significantly scale back this proposed rate increase. Clients cannot afford to pay this outrageous increase. It will come down to choosing between food and insurance, an untenable situation for our state's citizens. Kindly DENY this increase.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Thursday, August 11, 2022 8:50:52 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Thursday, August 11, 2022 8:50:37 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Wednesday, August 10, 2022 4:28:25 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Wednesday, August 10, 2022 4:27:48 PM

Please reject this proposal and have ConnectiCare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Wednesday, August 10, 2022 10:00:49 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Wednesday, August 10, 2022 10:00:35 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Wednesday, August 10, 2022 9:13:50 AM

Please DENY any requests for rate increases from ConnectiCare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Wednesday, August 10, 2022 9:13:09 AM

Please DENY any requests for rate increases from ConnectiCare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Tuesday, August 9, 2022 10:54:13 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, August 9, 2022 10:53:59 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, August 9, 2022 9:43:19 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, August 9, 2022 4:27:48 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Tuesday, August 9, 2022 4:27:33 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, August 9, 2022 1:03:21 PM

This request is outrageous and will negatively impact individuals who are most likely in need of financial assistance on "the exchange". I have worked in healthcare for more than 40 years, in multiple physician specialties, and I can tell you that although our costs increase, either a very small % increase is seen in rates or none at all. We are looking at smaller profits because of increased costs...not going to the state to request enormous increases in rates! Insurance companies could decrease their costs in many ways which they refuse to do. For example, requiring prior authorization for certain procedures or requiring referrals to seek medical care with a specialist. All these requirements do is raise the cost of healthcare and are eventually approved anyway. Emblem Health, their parent company, lists some of their executives' salaries (see below). I don't think they need a price increase that is way above the current inflation numbers! No one is getting that type of increase! They should focus on reducing costs, not increasing rates on the people who can least afford it!

Karen Ignagni President & CEO 35 \$3,095,534

Timothy Nolan EVP, Chief Rev & HC Del Officer 35 \$1,639,888 Michael Palmateer Chief Financial Officer 35 \$1,390,680 Navarra Rodriguez SVP, Pres./CMO ACPNY 35 \$842,983

Jeffrey Chansler Chief Legal Officer 35 \$662,270

Beth Amber Fabbri Chief Mkting & Comm Officer 35 \$599,987

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Saturday, August 6, 2022 7:06:55 PM

What about a discount for those who live a healthy lifestyle?? Provide an incentive to lead a fit life - have residents submit qualifying numbers - blood pressure, BMI, cholesterol, active lifestyle... it would bring health cost down

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Saturday, August 6, 2022 7:04:35 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Saturday, August 6, 2022 7:04:16 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, August 5, 2022 12:54:11 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, August 5, 2022 12:54:07 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, August 5, 2022 8:09:42 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, August 5, 2022 8:09:20 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Thursday, August 4, 2022 8:59:34 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Thursday, August 4, 2022 8:59:19 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, August 2, 2022 9:46:13 PM

I'm a private practice Social Worker and have been self employed since 2016. I am responsible for 100% of my health care costs, premium, deductible, etc. and have medical conditions that require me to get frequent blood work, to see certain doctors at least once a month, revaluations every three months to make sure treatments are still working, and prescriptions I'm required to take daily to remain healthy. I can barely afford my insurance and out of pocket costs as is, and struggle every month to afford my business expenses, personal expenses, and my healthcare costs. Increasing the rates would mean that my premiums payments will be equal to or more than half my monthly income - before I set aside money for taxes. I will not be able to pay for groceries, pay for personal care items, or save any money for emergencies. Healthcare costs are ridiculously high already and increasing rates would bankrupt people like me.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, July 29, 2022 4:56:04 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, July 29, 2022 4:55:52 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Sunday, July 24, 2022 1:10:49 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Sunday, July 24, 2022 1:09:33 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases! Thank you!

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Friday, July 22, 2022 5:26:06 PM

We purchased insurance with Connecticare through the Access Health exchange starting in May 2021. Our rates increased over \$400 a month for the same coverage for 2022. It was an increase of over 30%. We dropped our coverage to the least expensive option available, and still pay close to \$300 more out of pocket with absurdly high deductibles and out of pocket costs. Plus, we were forced to change our primary care doctor because he wasn't on the plan. Another increase, particularly of the percentage they are requesting, will most likely make insurance coverage unaffordable for our family. Please do not allow this rate hike to go through. It will negatively impact many small businesses and families that are already struggling in these unprecedented times.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Friday, July 22, 2022 5:25:51 PM

We purchased insurance with Connecticare through the Access Health exchange starting in May 2021. Our rates increased over \$400 a month for the same coverage for 2022. It was an increase of over 30%. We dropped our coverage to the least expensive option available, and still pay close to \$300 more out of pocket with absurdly high deductibles and out of pocket costs. Plus, we were forced to change our primary care doctor because he wasn't on the plan. Another increase, particularly of the percentage they are requesting, will most likely make insurance coverage unaffordable for our family. Please do not allow this rate hike to go through. It will negatively impact many small businesses and families that are already struggling in these unprecedented times.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, July 19, 2022 12:22:14 PM

25% increase is unfair! No one is getting 25% raises! Please stop!

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Tuesday, July 19, 2022 12:20:47 PM

30% increase is unfair! No one is getting 30% raises! Please stop!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Tuesday, July 19, 2022 9:11:35 AM

PLEASE PLEASE DO NOT INCREASE RATES! IT WILL IMPACT OUR MOST VULNERABLE AND THOSE WHO CAN"T AFFORD IT! WHICH WILL IMPACT EVERYONE!

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 On and Off Exchange - File Number: 202203594

Date: Monday, July 18, 2022 4:59:51 PM

Absolutely no rate increases! Especially when it impacts small businesses.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Monday, July 18, 2022 4:56:00 PM

Absolutely no rate increases especially when impacting small businesses. Find another way. Stop overpaying employees and executives and giving bonuses.

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Monday, July 18, 2022 9:46:55 AM

It is incomprehensible that the insurance industry or the State of CT can contemplate such a huge increase for employers, as well as the employees who share in the premium. Even if a generous employer pays 50% of the premium for the employee and his dependents, after all is said and done the employee is devastated with a contribution of what equals another mortgage per month. Who can afford this...and especially at a time when the economy is struggling. It is unconscionable!

Subject: Health: ConnectiCare Insurance Company, Inc - 2023 Off Exchange Rates - File Number: 202203586

Date: Monday, August 15, 2022 9:42:17 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Sunday, August 14, 2022 11:00:19 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Sunday, August 14, 2022 9:24:12 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening



Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Sunday, August 14, 2022 9:21:00 AM

I urge the Insurance Commission to deny a rate hike for Aetna that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Saturday, August 13, 2022 8:16:51 AM

Healthcare is a human right and should not be for profit we need Medicare for all now

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Friday, August 12, 2022 12:54:35 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Friday, August 12, 2022 6:44:02 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Thursday, August 11, 2022 5:09:53 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Thursday, August 11, 2022 8:51:00 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Wednesday, August 10, 2022 4:29:18 PM

Please reject this proposal and have Oxford go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Wednesday, August 10, 2022 10:00:55 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Wednesday, August 10, 2022 9:14:03 AM

Please DENY any requests for rate increases from Oxford and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Tuesday, August 9, 2022 10:53:44 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Tuesday, August 9, 2022 9:43:27 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Tuesday, August 9, 2022 4:28:01 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Saturday, August 6, 2022 7:04:00 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Friday, August 5, 2022 12:54:03 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Friday, August 5, 2022 8:10:33 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Thursday, August 4, 2022 8:59:51 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Friday, July 29, 2022 4:56:27 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Sunday, July 24, 2022 1:10:57 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases! Thank you!

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Tuesday, July 19, 2022 12:23:59 PM

13% increase is unfair! No one is getting 13% raises! Please stop!

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Tuesday, July 19, 2022 8:14:13 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

To: Ratefilings, cid

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Monday, July 18, 2022 4:59:10 PM

No rate increases! Find another way. Cut back in executive bonuses and salaries. Pay less dividends to your stockholders. Cover the costs with your profits.

Subject: Health: Oxford Health Insurance, Incorporated - 2023 Off Exchange Rates - File Number: 202203595

Date: Monday, August 15, 2022 9:42:29 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Sunday, August 14, 2022 11:00:28 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Sunday, August 14, 2022 9:22:58 AM

I urge the Insurance Commission to deny a rate hike for this insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening



From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, August 12, 2022 12:55:04 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, August 12, 2022 6:44:22 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Thursday, August 11, 2022 5:10:48 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Thursday, August 11, 2022 8:51:11 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Wednesday, August 10, 2022 4:29:55 PM

Please reject this proposal and have Oxford go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Wednesday, August 10, 2022 10:01:04 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Wednesday, August 10, 2022 9:14:27 AM

Please DENY any requests for rate increases from Oxford and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Tuesday, August 9, 2022 10:53:31 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Tuesday, August 9, 2022 4:28:18 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Saturday, August 6, 2022 7:03:46 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, August 5, 2022 12:54:02 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, August 5, 2022 8:10:17 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Thursday, August 4, 2022 9:00:25 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, July 29, 2022 4:56:40 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Sunday, July 24, 2022 1:11:11 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Friday, July 22, 2022 3:45:52 PM

UNACCEPTABLE!!! THESE RATE INCREASES ARE NOT SUSTAINABLE FOR ANY BUSINESS, AND RATES HAVE DONE NOTHING BUT INCREASE BY LEAPS AND BOUNDS SINCE 2008. IT'S CRIPPLING. ENOUGH IS ENOUGH!!

From: cid.webmaster@ct.gov To:

Ratefilings, cid
Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596
Tuesday, July 19, 2022 12:23:24 PM Subject:

Date:

16% increase is unfair! No one is getting 16% raises! Please stop!

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Tuesday, July 19, 2022 9:12:48 AM

PLEASE PLEASE DO NOT INCREASE RATES! IT WILL IMPACT THE MOST VULNERABLE AND THOSE WHO CAN"T AFFORD IT< IMPACTING EVERYONE!!!

To: Ratefilings, cid

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Monday, July 18, 2022 4:58:13 PM

Absolutely no rate increase should be allowed or approved. Cut back on Salaries and bonuses. Find another way.

Subject: Health: Oxford Health Plans (CT), Inc - 2023 Off Exchange Rates - File Number: 202203596

Date: Monday, August 15, 2022 9:42:41 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Monday, August 15, 2022 6:37:30 PM

I have United Healthcare and had a medical crisis last year. They were phenomenal. However, the medical care system is beyond flawed. During one admission to a Hartford Healthcare facility I was charged three different prices for two individual drugs. At what point does ONE dose of Pepcid AC cost \$45? It doesn't, ever. United Healthcare paid for it though. I disputed the amounts as being unreasonable. No response yet. We need to get drug costs under control before we can get insurance costs under control. Insurance companies need to stop paying these exorbitant prices.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Monday, August 15, 2022 9:42:53 AM

8-15-2022

My Name is Stacey Zimmerman, I am testifying on behalf of SEIU CT State Council. SEIU represents over 65,000 members in both the public and private workforce.

SEIU is strongly opposed to the proposed rate hikes by the Connecticut health insurance industry.

We as a state and society are still in what we hope are the final throws of the Covid 19 Pandemic where if nothing else was learned the importance of access to health care is. This rate increase will force people to make horrible decisions of whether they can afford quality care of just hope they don't get sick.

Each one of these companies and their CEO's have done very well over the last few years. The majority of the CEOs received compensation well over the \$30 million number allotted to all essential workers in the state budget as hazard pay. This fact alone is more than embarrassing to the state and should be reason enough to deny the rate hikes.

Enclosed are the profit and compensation numbers of what have clearly become vulture companies released by CCAG in a release dated 8-11-2022.

2021

Anthem \$6,104,000,000 (33.51% increase over 2020)

CIGNA \$5,365,000,000

CVS \$7,910,000,000 (10.04% increase over 2020)

UnitedHealth \$17,285,000,000 (12.22% increase over 2020)

Total \$36,664,000,000

Source: Wall St, Journal Market Data Income Statements.

Stock Buybacks

2021

Anthem \$1,900,000,000 CIGNA \$7,416,000,000 (102.3% increase over 2020) UnitedHealth \$3,645,000,000 (29.7% increase over 2020)

Total \$12,961,000,000

Source: Y charts

Note: CVS was a significant repurchaser of its own shares until 2018, when it acquired Aetna for \$70 million, and assumed \$8 million

of Aetna's debt. CVS has resumed stock buybacks in 2022, according to Seeking Alpha.

Executive Compensation CEO Compensation 2021 Anthem \$33,001,654 CIGNA \$91,186,834 CVS \$17,319,662

United Health \$26,500,722

Total \$168,008,872

We urge the insurance department to deny these rate hikes and actively work with advocates and the legislature to pass a public option plan to bring rates down and force these companies to put the health of the state before grossly gained profits.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, August 14, 2022 11:27:10 PM

The understanding I get is that United Healthcare is asking for rate increase to companys that have 50 or les employees. I would like to know if these increases would affect senior citizens? I am totaly against increases that would affect seniors because we are not only overlooked when increases become affective, but also overlooked on how would these increases affect senior living. I am sure you are aware of the cost of medicines which many seniors need, as well as food increases, living increases, and the ever rising cost of medical bills and taxes in Connecticut! Seniors NEED RELIEF! I request that the rate increases being asked for to be reduced to 0% for at least a year because of the unstable economy in Connecticut and the Nation. I pray that you will take this all in consideration on behalf of the senior citizens in our State. Thank you.

A concerned senior citizen,

Brian A. Rathbun

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, August 14, 2022 11:00:35 PM

The state must reject these requests to raise rates on health insurance. Healthcare is a human right, yet thousands of people across our state struggle to access healthcare due to the exorbitant cost. To increase rates when families already can hardly afford premium, deductible, and out-of-pocket costs is unconscionable. Out-of-pocket healthcare costs already can run north of \$20,000 a year; this burden absolutely should not be increased. Insurance companies bring in millions of dollars in profit. The state should not choose to boost the profits of wealthy CEOs and shareholders at the expense of working constituents. Please deny these requests.

From: cid.webmaster@ct.gov

To:

Ratefilings, cid
Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589
Sunday, August 14, 2022 7:36:59 PM Subject:

Date:

PLEASE do not increase rates!

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, August 14, 2022 9:23:42 AM

I urge the Insurance Commission to deny a rate hike for This insurer that far exceeds the rate of inflation! As Medicare recipients, our incomes are not being increased in proportion with inflation! There has to be some reasonable way to get better care for less money! There is tremendous waste in our healthcare system. Adding a higher rate of reimbursement is not going to curb the waste in any way. In fact, it simply subsidizes it! I urge the Insurance Commission to deny this request for a rate increase that qualifies as usery!! Vote NO!!

Stacey Greening

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, August 14, 2022 9:11:01 AM

No rate increases!! How about rate decreases for once!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, August 14, 2022 7:49:28 AM

We pay \$300 a week for the best plan they offer through my wife's employer.

Waterbury hospital is a participating provider yet I went for blood work at a Waterbury hospital walk in blood draw facility and united healthcare won't pay for it.

Not right!!

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, August 13, 2022 12:37:39 PM

I realize the cost of the pandemic has affected the insurance industry with unprecidented cost's. However no one will devulge the cost of influx of illegal immigration into our country (undocumented with no regard to the risk of desease they may bring into the United States!!) . This is not going to get any better because of the extreme left. China is watching and waiting.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, August 13, 2022 8:18:14 AM

Healthcare is a human right and should not be for profit we need to catch up with the rest of the world and provide Medicare for all.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 12, 2022 12:55:33 PM

Hello, I am fourth year medical student and I would like to comment on the health insurance proposals for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

In both the hospital and clinic, I have seen how the COVID-19 pandemic has devastated CT families economically and in health. I've cared for children whose families struggle to cover out-of-pocket costs for their child's medication. I've cared for patients who worry about seeking care because of the costs. I've cared for many patients in the hospital whose severe illness or hospitalization could have been prevented if their home medications were affordable.

The state should swiftly reject these ludicrous proposals. Insurance companies make millions in profit, why should people in CT suffer in cost and health for selfish profits? I have no doubt that this will result in a loss of healthcare for the benefit insurance companies, making my patient sicker. Deny these proposals.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 12, 2022 6:44:39 AM

A rate increase in excess of 8% should be rejected. Legislators should work to limit the increased cost of prescription drugs and federal and state mandated fees. The average citizen's income has not risen by the percentage rate as the requested health insurance rate increase.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 11, 2022 5:11:26 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Karen Warinsky

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 11, 2022 2:52:52 PM

Hi. My name is Jack Tomasiello of Cromwell CT. I've been retired 3 years. I am using 3 small pensions, SS, and my own 401K savings to live on. We do NOT get 13, 15, oe 20 percent increases per year. Our income is FIXED, except for an occasional 2 % COLA raise. With inflation running 9%, and now an additional health insurance increase proposed, we are no longer treading water, we are SINKING! Please Please consider us fixed income citizens. We have no where to go looking for the money to pay these increases, as coverages pay us back less and less.

Thank you

JackrW

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 11, 2022 11:36:20 AM

This proposed rate increase is unreasonable and must be scaled back significantly. Profits are healthy, and there is no need to make any additional profit at the expense of ratepayers. DENY this rate increase.

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 11, 2022 8:51:22 AM

I am a medical doctor (M.D.) and a subscriber of health insurance, with a small group plan for myself. I and constituents have seen the cost of healthcare premiums skyrocket since the Affordable Care Act (Obamacare) became law. My health insurance has increased 8 fold since 2014. That would be 12 fold had I kept my Connecticare POS plan, that I dropped two years ago because it was beyond too expensive. Anthem and all insurers, with the exception of Connecticare/Emblem Health, have had record profits year after year, yet claim to justify these exorbitant premium increases each year. Connecticare/Emblem Health is poorly run, and must ask for exorbitant increases to fund their inefficient processes. There needs to be transparency and public posting of executive and all employee salaries and incentives (stock options, etc.) for the past 15 years for all insurance companies. The insurance companies continue to raise premiums as well as deductibles, copays and all out of pocket expenses, while at the same time increasing pre-authorizations, pre-certifications, delays and denials of care, which help their bottom line. I have seen this in my medical practice. Patients are DECREASING usage of their benefits, not increasing them, because they cannot afford to pay for the deductibles, copays and coinsurances. They are delaying seeking medical care or not going at all. These insurance companies allege they need premium increases to pay for increased expenses, while continuing to consolidate, increase prices, buy medical practices, pharmacy benefit managers, home care agencies, etc. Look at the stock prices over the last 12 years for all major insurers, Anthem, Aetna, Cigna, United Health Group, Humana. They have soared. United Health Group was a \$30 stock in 2011. It is now a \$543 stock and is one of the Dow 30 stocks. We are in a recession with high inflation. People are not getting salary increases, yet these insurers justify these premium increase requests? This is egregious. They should not be permitted to have any increases. By the way, these insurers have all kept fees to healthcare professionals stagnant for years. So they want more money while continuing to inflict pain on subscribers and healthcare professionals?

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Wednesday, August 10, 2022 4:30:51 PM

Please reject this proposal and have UnitedHealthcare go back to the negotiating table with the hospitals and pharmaceutical companies.

Increasing corporate profits can't matter more than the lives of customers who would struggle to pay this increase.

Alicia Sturgess

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Wednesday, August 10, 2022 3:12:45 PM

Connecticut's struggling middle and working classes do NOT need MORE expenses, especially when so many claims are denied. Do not let the companies raise rates now!

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Wednesday, August 10, 2022 10:01:19 AM

Dear Commissioner Mais and members of the State of Connecticut Insurance Department,

My name is Timothy Gabriele. I am a resident of and I am a former healthcare worker and a member on the Board of Directors at Medicare for All CT. I am commenting today strongly against the proposed rate increases. Instead, I would propose imposing the most severe limits possible to ensure that the private insurers are actually distributing their profits towards easing the financial burden of patients, rather than wasting it on lining their own pockets, lobbying, or pursuing unnecessary promotional endeavors such as marketing campaigns.

I've been lucky enough to never have to go without health insurance for too long. However, as a patient, I've skipped visits, delayed appointments, and rationed medication to avoid the high cost of health insurance, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kinds of gambles are severe. As the COVID-19 pandemic has made clear, patients who make tough choices between paying the electric bill and going to see a doctor are making life-threatening decisions that not only affect themselves and their families. These decisions can even put public health at risk. During these lapses in visitations, I was walking around with compromised vision, going through the day with severe pain in my teeth, and ignoring body ailments that thankfully did not develop into more serious dysfunctions but very well could have.

In discussion as healthcare advocate throughout the state, it has become apparent that nearly everyone I encounter has a similar story of healthcare costs precluding working class people from getting the care they need. No one in our society should die or suffer from a preventable ailment. No one should be unfairly saddled in debt because they were born with a disability, became pregnant, or suffered an accident. It is the very definition of an inequitable society when this occurs.

Ostensibly, the point of private insurance is the idea that private for-profit companies can somehow negotiate prices better than federal or state governments could. But decades of rising costs show this to not be the case. The main task of private insurers- keeping prices low- has been an abysmal failure. The U.S. spends significantly more per capita than any other industrialized nation on its healthcare and has worse outcomes than the vast majority of them. Instead of using cost-sharing to reduce our burden, the private insurance industry has done nothing but learned how to make money off of the suffering of others, robbing Peter to pay Paul, wherein in this scenario Peter is a sick patient with no real ability to choose a better payor and Paul is the doctor providing Peter vital care. The result of our negligent private for-profit healthcare system is 48,000 unnecessary deaths in an average year, which is not even taking into account the extreme circumstances of the COVID-19 pandemic, which likely contributed to tens of thousands more.

In 2018, prior to the pandemic, my cousin fell ill. When we were young, I sort of adopted him as a younger sibling since I'd never had one, though we'd fell out of touch recently since he had purged all of his social media. He'd moved out to Los Angeles largely at my urging and was living paycheck-to-paycheck as a freelance writer, subletting a room with an immigrant family he could barely communicate with. He'd struggled with mental health issues for years as well as a crippling tinnitus, but he had been telling his working class mother, who'd been paying down the student debt his sister and him had incurred by working long nights as a bartender, that he'd actually been feeling really well lately and was happy for the first time in some time. It's unclear if this was true or if he just didn't want to worry her, but it does appear that he never mentioned that he'd also been having intense stomach pains and was losing a ton of weight. The family he lived with had begged him to seek medical attention, but he refused, likely afraid he wouldn't be able to afford the cost and, possibly, convinced after years of depression that he was not worth the effort of healing. He died alone in his room at 29 years old. I am not sure if he was insured or not, but I have no doubt in my mind that it was cost not access that most prevented him from seeking the treatment he needed (both mental and physical).

But under the current private insurance system, he may not have even received treatment at all even if he sought it out and was capable of paying for it. As a healthcare worker, I saw firsthand when legitimate, medically necessary

claims received blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read appeal letters on denied claims from patients expressing how impactful a given treatment had been and how being forced to pay the full market price for it would devastate their lives. A big part of our organization was raising awareness that patients even had had the right to appeal their insurance denials. Most would accept the outcome as inevitable and just accumulate massive amounts of debt to get the care they needed, even though many of the insurance claim denials were at best negligent cost-saving measures. Because of intentionally esoteric coding, healthcare fraud accounts for about \$68 billion losses to consumers, municipalities, and businesses in the United States every year. It is so prevalent that our own Attorney General William Tong has a spot on his website for consumers to report this abuse. No insurer guilty of any amount of medical fraud should be allowed to raise rates without first being able to prove, without a shadow of a doubt and over the course of several years, that they will not just be pulling the same scam again.

Even when working at the independent review organization, I grappled personally with this abuse and the countless layers of confounding bureaucracy myself. As a parent of a daughter with craniosynostosis, a condition that required a half dozen expensive test and major skull surgery at 6 months old, I spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for, anticipate how much I would be billed, and trying as a college-educated man with a background in the healthcare industry to understand the complicated albatross of jargon and legalese needed to navigate contract terms and billing requirements. I had an urgent MRI unjustly denied and overturned upon appeal, but not before being temporarily out \$400 I did not have. This happened all while dealing with invasive surgeries for my infant daughter. It ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this level of anxiety and frustration be a requirement and a priority of private insurance consumers marks an attack on the working class of this country and Connecticut. Private insurers should not be allowed to charge patients 1 cent more as long as they continue to make their cost schemas a guessing game for anxious patients and outsource the labor of deciphering their complicated coding to consumers they think they can dupe into paying full price for covered services.

The for-profit healthcare system is not just a flawed system which needs tweaks, adjustments, and competition to maximize efficiency. It is a predatory institution that preys on people when they are literally at their most vulnerable, siphons every last bit of energy off the helpless, and exploits from all angles our dependence upon it for survival. While thousands were dying during the pandemic, the health insurance market took in billions of dollars. It is obscene that they have no plans to distribute that money back to their customers, nor do they plan on netting the money towards upcoming costs associated with increased healthcare usage. Every single person paying attention knew that patients were forgoing care during the pandemic and that usage would go up after vaccines had been dispersed. But instead of properly planning for this scenario, the healthcare industry wants its customers to reward them for their negligence. This is just private health insurers doing what they always do; dangling poor patients upside down until every last piece of loose change falls out and then sending them a bill for what's leftover.

The sheer audacity of this proposal is proof positive that at the very least this industry needs a far more extreme and invasive level of oversight. But I think a far more just outcome would be that these shameful businesses be dissolved and nationalized, to make way for the single-payer system that nearly every other civilized nation already has in place, one where cost is barely a patient concern and folks just get the treatment they need regardless of esoteric contract language or income status. In lieu of this board's ability to completely transform our criminally negligent healthcare system though, perhaps we can start by requiring these companies to have a zero-dollar rate increase for the upcoming fiscal year. As institutions, their greed costs lives and creates suffering wherever they go. They should be stigmatized as the murderous villains they are. Not one penny more in a system where costs are already so damn high that people die on the street rather than take an ambulance. Enough is enough.

Thank you for your time. Sincerely, Timothy Gabriele From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Wednesday, August 10, 2022 9:14:57 AM

Please DENY any requests for rate increases from UnitedHealthcare and all other payors requesting rate increases in Connecticut. The private health insurance industry is a terrible waste of financial resources due to its excessive administrative overhead. Employer-based coverage takes employer dollars away from the salaries of employees, and yet still foists increasing health care costs on the employees, increasing each year through premium rate hikes, deductibles, co-pays, and co-insurance. Employee out-of-pocket costs go up each year, beyond any capacity for their salaries to keep up with these increases. End private health insurance now! We need to do what intelligent peers of ours around the world have done and institute a single payer national health system, like Canada's--"everybody in, nobody out" -- all medically necessary services provided at no cost to the patient at point of care. Progressive taxation rates are essential to accomplish this. As a percentage of GDP we are already spending far more than our peer nations, and yet we still have millions who are uninsured and millions more who are under-insured. This shameful approach to providing health care to our nation must end. NO RATE INCREASES, PLEASE.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, August 9, 2022 10:53:21 PM

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

From: cid.webmaster@ct.gov
To: Ratefilings.cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, August 9, 2022 9:43:39 PM

Please do not approve these rate increases! The insurance companies have made record profits and their Officers have also made a total of \$137,661,534 in 2021. Tell the insurance companies to trim the "administrative fat" BEFORE they ask consumers to pay for the rate increases. Also, they should learn how to negotiate prices better in favor of the consumer and NOT their shareholders' pockets. This industry needs to be decommodified. People's LIVES should NOT be traded on the stock exchange, PERIOD. Please take a look at the earnings of the Connecticut-based insurance companies below and deny their request for rate increases.

Anthem-Gail K. Boudreaux \$17,109,952

Cigna David M. Cordani \$79,000,000

Harvard Pilgrim Health Care/ Tufts Health Plan * Michael Carson Thomas Caswell \$2,558,227 \$2,221,779 CVS Health Karen S. Lynch \$11,307,916

UnitedHealth Group Dirk C. McMahon Andrew Witty \$12.606,484 \$12,857,176

TOTAL \$137,661,534

A lot of these companies JUST received approval for rate increases in February of 2022!! WHY are they asking for another increase just 5 months later??!! This is unheard of in ANY other industry! In any other industry, high deductible plans are basically theft. Think about that... You are paying a monthly premium for services you can NOT even use until you spend \$7,500-\$15,000 (for a family) of your own money. So you pay for a service you do not receive, in ANY other commodity-based business that would never be tolerated. Why do we tolerate it when it comes to our health? Our healthcare should NOT be a commodity, period! Please do not approve this increase. Thank you for your time & consideration.

Best regards, Holly A Hackett

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, August 9, 2022 4:28:18 PM

Hello, I would like to comment on the health insurance proposals filed by Aetna Life Insurance Company, Anthem Health Plans, Inc., CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, August 6, 2022 7:03:30 AM

The rate increase requested by your insurance company is way above the inflation rate and cost of living increases that are currently being faced by CT citizens. I consider it to be a blatant attempt to increase your already large profit margins without justification. Don't forget that CT citizens are also voters! We will not look favorably on any candidates for office to which insurance companies donate!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 12:53:58 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 12:53:55 PM

This is ludicrous. Insurance already covers so very little of what is actually needed. People are already struggling. This is criminal. If you need more money, you know where to look. Hint: Try your CEOs. Ms. Morgan

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 10:25:07 AM

UHC denies payment for "made-up" reasons.

They also approved a radio frequency ablation procedure (that worked) then they decided "in retrospect, we should not have approved this."

They sent me a bill for \$5,000.00 after a DRUNK DRIVER ran me off the road, the CT STATE POLICE did not write me in the report. IA was involved and the state trooper was on UNPAID-LEAVE for 6 weeks and I got an apology letter. Senator Blumenthal was appalled and he MADE UHC pay the \$5,000.00 I was wronged, had cervical fusion, then INSURANCE decides to NOT PAY after APPROVING it?? WOW! Sounds like Healthcare-bullies to me.

That's pure EVIL.

They told an ENT doctor I was seeing for a "stricture in my throat", that I filed a complaint against him. I NEVER DID THAT. I showed him the letter they sent "acknowledging" a COMPLAINT that is UNTRUE....the ENT said, "they do this to get out of paying. Thank you for showing me this letter."

I had actually written a 5 star review so it made 0 sense.

Why would I pay EXTRA For this????

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 8:10:01 AM

I WORK IN A SOCIAL SERVICES AGENCY AND I GET CALLS DAILY FROM ENFIELD RESIDENTS WHO ARE FORCED TO CHOOSE TO PAY FOR THEIR PRESCRIPTIONS, PAY FOR FOOD, GAS, RENT, UTILITIES ETC. I HAVE BEEN HERE NEARLY 4 YEARS AND THE INCREASE IN CALLS FROM THESE RESIDENTS IS ASTOUNDING. WE WORK WITH VULNERABLE POPULATIONS INCLUDING DISABLED AND ELDERLY. THIS RATE HIKE CAN'T GO THROUGH. PEOPLE ARE MAXED OUT FINANCIAL AND EMOTIONALLY AND ON THE VERGE OF LOOSING EVERYTHING. SHAME ON YOU FOR EVEN CONSIDERING RATE HIKES.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 7:18:48 AM

Instead of increasing insurance premiums why isn't the government regulating hospital, don't ctor and medicine costs. Those are the problems.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, August 5, 2022 7:02:27 AM

Instead of increasing insurance premiums why isn't the government regulating hospital, don't ctor and medicine costs. Those are the problems.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 4, 2022 3:05:52 PM

In no way should this and other health care providers herein be considered for these increases. Outrageous compensations to all corporate management illustrate the real health care objectives and rewards. Melita Warner, one of your longtime subscribers, a senior, and a voter.

From: cid.webmaster@ct.gov

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Thursday, August 4, 2022 9:00:41 AM

With the average citizen facing record inflation and possible recession, the proposed request for such an increase in costs for health insurance is unseemly. The maximum increase should be kept at the low request of no more than 3.6% for 2023.

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Wednesday, August 3, 2022 10:20:42 PM

Totally outrageous and unacceptable. United HealthCare has had significant increases in 2021 - 2022 and this requested increase for 2023 may price me and many others out of being able to afford any insurance. These insurance companies need to be better regulated to prevent such significant increase year over year that far exceed any cost of living adjustments in the average household.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Monday, August 1, 2022 4:27:40 PM

This is far greater than the cost of living. This is prize gauging.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, July 30, 2022 2:05:24 PM

I am writing to request denial of healthcare providers' request to increase individual health plan rates in 2023. With the Covid pandemic continuing, Monkey Pox on the rise, the world economy affected by Ukraine and Russia, and US inflation increasing, it is a terrible time to raise prices on individuals and families. Please contest and deny these increases.

Thank you.

From: cid.webmaster@ct.gov
To: Ratefilings,cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, July 30, 2022 1:43:52 PM

we just had an big increase for july 1922. this is too much for us seniors on a fixed income. We just had a huge increase on our RE taxes.

our prescription bills are going up. All this plus needing help in our homes.

Please help us to live with dignity. our resources are limited.

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Saturday, July 30, 2022 6:09:28 AM

Do not raise rates

Robert Meyers

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, July 29, 2022 5:54:08 PM

Price hikes to reward already well salaried CEO's and funded on the back of the enrollees is morally indefensible. Do not approve this rate hike.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Friday, July 29, 2022 4:57:31 PM

It is disappointing to see requested increases that even exceed the record high inflation we all are forced to deal with. Healthcare is a human right and these types of increases will force people to go without insurance and necessary care. At the same time, CT insurance carriers paid their CEOs \$283M in 2021, the most of any year in the past decade, while arguably providing suboptimal and exceedingly expensive offerings. These increases need to be negotiated down.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Sunday, July 24, 2022 1:11:20 PM

Hi,

I believe these rate increases are reasonable and necessary in order to sustain the solvency of these insurance companies. I urge you to approve these rate increases!

Thank you!

From: cid.webmaster@ct.gov To:

Ratefilings, cid
Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589 Subject:

Date: Tuesday, July 19, 2022 12:22:55 PM

14% increase is unfair! No one is getting 14% raises! Please stop!

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, July 19, 2022 9:14:33 AM

PLEASE PLEASE DON"T GO UP ON INSURANCE RATES! IT WILL IMPACT THE MOST VULNERABLE AND THOSE WHO CAN"T AFFORD IT< IMPACTING EVERYONE!!

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, July 19, 2022 8:14:26 AM

unacceptable period - they cover less have less employees and want to charge us more. check their bonus structure to find the needed funds not the end consumer

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Monday, July 18, 2022 4:57:10 PM

Absolutely no rate increases should be allowed. Especially impacting small businesses. Cut back On Employee and executive salaries and bonuses. Find another way.

From: cid.webmaster@ct.gov
To: Ratefilings, cid

Subject: Health: UnitedHealthcare Insurance Company - 2023 Off Exchange Rates - File Number: 202203589

Date: Tuesday, August 16, 2022 11:43:29 AM

I write to urge the Connecticut Insurance Department to reject the 13.9%% increase on small group health plans requested by UnitedHealthcare. These rate increases were calculated based on the expectation that the Federal Advance Premium Tax Credits would expire this year. Once President Biden signs the Inflation Reduction Act, these subsidies will be extended by three years.

These large rate increases are unjustifiable at a time when UnitedHealthcare earned \$17.3 billion in profits in 2021, spent \$3.6 billion to buy back stock to increase their share value further, and their CEO received \$26.5 million in compensation. CT insurers don't need this rate increase and Connecticut residents can't afford it. I urge the CT insurance Department to reject UnitedHealthcare's requested rate increase.

Sincerely, Rachel Khanna Candidate for State Representative CT149 From: Stuart Baker
To: Ratefilings, cid

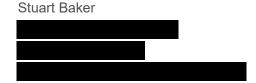
Subject: Healthcare Cost Increases

Date: Friday, August 12, 2022 11:12:12 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: Barbara Germak
To: Ratefilings, cid
Subject: Healthcare Costs in CT

Date: Monday, August 15, 2022 8:12:02 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Sirs,

As a resident of CT I have endured continued rising prices in all areas from food to utilities to healthcare. We CANNOT afford any further increases in our state. It is of the most importance that you listen to us. We pay taxes and support your salaries and are enraged we have an administration so incompetent that they don't call our inflation "inflation"! Stop the health care/insurance companies from these escalating costs!!!

Barbara Germak

From: Xemu X Xenu Jr
To: Ratefilings, cid

Cc: Xemu X Xenu Jr (InterGalactic OverLords)

Subject: Healthcare Equity and Healthcare Sanity needed ASAP!

Date: Tuesday, August 9, 2022 11:03:05 PM

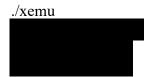
EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

"Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars in profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests."

Peace.

Be safe. Stay healthy. Vote Often via USPS "Just Because!" Remain Vigilant. Educate yourself. Collaborate.



From: MICHAEL GRIMALDI
To: Ratefilings, cid
Subject: Healthcare Rates

Date: Saturday, August 13, 2022 8:10:08 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please do not raise Healthcare Cost. Most people will fall into poverty as soon as they stop working, they're just living paycheck to paycheck.

Thank you Mike

From: <u>Jason Morris</u>
To: <u>Ratefilings, cid</u>

Subject: Hearing Testimony for August 15th, 2022 **Date:** Saturday, August 6, 2022 9:35:35 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good Morning,

I'm writing to you on a beautiful Saturday because an alert was shared on social media about this hearing and the average of 20.4% of an increase in cost of individual plans the state health insurance carriers are requesting. The United States pays the most for health services yet receives some of the worst outcomes, and there really isn't even a reason for health insurance companies to exist. They are literally just a middle-man to deny service to people so their executives can make millions and their stockholders even more. They should be afraid to ask for increases with the disgusting profits they make every year off of services that are necessary for life, all health services should not be run for-profit and asking for any increase at all is preposterous and arrogant. They should pay the state for the privilege of us not cancelling with them and covering every resident with our own state insurance.

I can't imagine a single legitimate reason any politician could give for voting in favor of any increase at all. Please show your voters that you work for them and not the corporations.

Thank you for your time, Jason Morris

From: Fran Adinolfi
To: Ratefilings, cid

Subject: Increase in insurance rates will be another attempt to abuse the people of Connecticut financially! We need to

STOP this

Date: Tuesday, August 2, 2022 7:43:00 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

NOW! Connecticut is becoming a state we cannot afford to live in, representatives must take care of the people NOW!

From: Meredith Bailey
To: Ratefilings, cid

Subject: Insurance hike Testimony

Date: Wednesday, August 10, 2022 11:01:48 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To Whom it May Concern,

I am writing as a concerned small business owner and mental health clinician. I am a psychiatric APRN and own a practice with nine clinicians. We have room to grow still as our wait list chronically exceed fifty people seeking mental health services. In the last six months two potential employees have declined a position with us due to having to be the person in their family who provides health insurance- and the cost of providing those benefits while working for a small business is already astromical and unaffordable.

There is a mental health crisis and yet private practices cannot attract employees due to the existing costs of health insurance premiums. Please DO NOT authorize a price increase to Anthem- as an aside- I had to unpanel my practice from Anthem due to them not providing a rate increase to medication management psychiatric providers in over fifteen years. This is a billion dollar organization who had some of its most profitable years since 2020. We are entering a recession, there is already an existing mental health crisis, and this price hike to health insurance premiums will exacerbate the existing problem of attracting more mental health clinicians to work in Connecticut.

We are one of the few private practices in the state with med providers who accept CT Medicaid- DSS has NOT Raised our reimbursement in over a decade. I would have to unpanel from Husky/Medicaid in order to remain afloat if there is such a significant premium hike. Until health insurers consistently raise reimbursement for providers by 20% a year there can be absolutely no equity and no rationale for raising their premium costs by 20%.

Sincerely,

Meredith Bailey PMH-NP She/Her Owner

Serenity Wellness LLC

NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message

From: Marjorie Laboy-Vagell
To: Ratefilings, cid
Subject: insurance hike

Date: Thursday, August 11, 2022 2:34:51 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: John Tucker

To: Ratefilings, cid

Subject: Insurance Increasance

Date: Monday, August 15, 2022 6:06:25 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

There is nothing to say, You guys know the story.

Fight the increase, people are poorer with Biden inflation.

John Tucker

From: <u>briman49@aol.com</u>

To: Ratefilings, cid; heather.somers@cga.ct.gov; greg.howard@housegop.ct.gov

Subject: insurance increases

Date: Monday, August 15, 2022 12:02:42 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Sirs.

I am writing to address the issue of rate increases being considered on health insurance. I am opposed to any increase to be given to health insurance companies. I am a senior citizen in Connecticut and pay for medicare through my SS check. I also have a supplement insurance with United Healthcare Insurance. I have a mortgage in which I am also required to carry insurance as well as own my own vehicle which I am also required to carry insurance. I will also mention that combined insurances take a big portion of my SS check each month. I will remind you that I, like many others in our State, pay town, state and federal taxes. I do not escape the many pills that seniors need because of health issues! I have been able to maintain so far even though much of my SS check, which I depend on, does not leave much for food etc. I am not the only senior citizen in this situation, therefore, because the economy is not very stable now, I recomend that a moratorium on any health rate increases be put in place. I am sure that you are aware of the many seniors that have left our State, I would hate to sell my home that I have lived in since 1958 and follow the actions of some of my friends. Please consider the senior citizens when considering any increases that are being requested. Thank you.

A concerned senior citizen

Brian A. Rathbun

From: Sam Murphy
To: Ratefilings, cid
Subject: Insurance Plans Cost

Date: Thursday, August 11, 2022 2:31:09 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Regarding proposed 20.4% rate increases in insurance plans:

I am a healthcare provider and due to being self employed, my only option is to obtain healthcare through Access Health. Just to HAVE health insurance, it costs me \$500 per month on a high deductible plan. I had 1 emergency medical issue this year and the ER trip cost me \$2300 out of pocket as my \$500/month plan covered none of it. Increasing my premiums would significantly impact my life. The plans through the exchange are already prohibitively expensive for many many people across the state, given that they are all high deductible plans requiring significant out of pocket expenses.

In addition, I can tell you that, as a healthcare provider accepting insurance, no insurance companies have increased my reimbursement rate since the last round of rate increases, including the companies offering plans through the exchange. Insurance companies continue to rake in record profits through this disingenuous type of price gouging. Their senior executives pocket the profits. They do not pass these funds on to either their providers or their members.

These proposed rate hikes will cause people to forego necessary, preventative care, as well as minimally invasive treatments; this delay in care will absolutely cause our already overburdened hospitals to be flooded with people needing higher levels of care, increasing costs both for members, and for the state and the taxpayers, who ultimately foot the bill for these emergency room visits.

DO NOT allow these corporations to increase their prices during a period of record inflation and an unprecedented mental health crisis. Doing so would be disastrous.

Respectfully,

Samantha Murphy, LPC

-Samantha Murphy

From: Richard Holton
To: Ratefilings, cid

Subject: Insurance Rate Hearings

Date: Monday, August 8, 2022 12:52:26 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

How does one speak at these hearings or have their voice heard? I do not know about everyone else but my health insurance has gone up every year by 20% since the AHCA was passed. Even 9% is too much. There is no business that gets and automatic raise every year to the tune of 9-20% and continues to make record profits. I am paying more than \$2000 per month for just my wife and I.

Sincerley,
Richard Holton
(Web Address)
CONFIDENTIALITY NOTE

This electronic transmission, including all attachments, is directed in confidence solely to the person(s) to which it is addressed, or an authorized recipient, and may not otherwise be distributed, copied or disclosed. The contents of the transmission may also be subject to intellectual property rights and all such rights are expressly claimed and are not waived. If you have received this transmission in error, please notify the sender immediately by return electronic transmission and then immediately delete this transmission, including all attachments, without copying, distributing or disclosing same.

From: Lynn Rapsilber
To: Ratefilings, cid
Subject: Insurance rate hike

Date: Monday, August 15, 2022 6:54:24 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

As a nurse practitioner and a consumer of insurance I understand on both sides the insurance process. While I understand the cost of doing business is going up, many patients have experienced hardships due to COVID-19. Rate hikes are another slap in the face to patients who are ready are experiencing insurance issues with high deductible plans. Access to health insurance is critical to maintain wellness of the residence of the State of Connecticut. These high deductible plans make patients have to choose whether to pay bills or to engage in their healthcare.

As a practitioner I struggle with getting the patients the care they need by being over burdened by the prioritization process which is an act that the insurance companies hope to wear us providers down so that we don't fight these issues. As a nurse practitioner my job is to fight for my patients. This time spent in the prior authorization process would be better spent with me providing patient care. I would like to see the insurance companies have better communication internally to streamline this process. As a provider I should be able to connect with the medical Director once a denial is made to plead my case for approval. I should not have to go through member services, provider services, pharmacy benefits and back through that loop over and over again. So much of healthcare is spent in administration and processed which waste healthcare dollars.

I would welcome the opportunity to work with insurers to make sure their processes are more streamlined for better patient access to care.

In conclusion, it is very upsetting to hear the insurance companies feel that they need to rake in more profits sacrificing the lives of their beneficiaries.

I would endorse an overhaul of the insurance company systems as there are plenty of cost saving strategies they can do to improve their internal processes instead of asking more from the beneficiaries they are serving. I would not be in favor of a rate hike at this time and at the very least some thing in the low single digits would make much more sense than putting the burden on an already burned patient population.

Lynn Rapsilber DNP APRN ANP-BC FAANP Litchfield Care Center

From: Holly Hackett
To: Ratefilings, cid

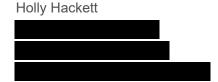
Subject: Insurance rate hike Aug 2022

Date: Tuesday, August 9, 2022 8:05:48 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: Sivan Amar
To: Ratefilings, cid

Subject: Insurance rate hike Aug 2022

Date: Tuesday, August 9, 2022 4:23:35 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: Addie Merians
To: Ratefilings, cid

Subject: Insurance rate hike Aug 2022

Date: Thursday, August 11, 2022 3:18:03 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: <u>Estela Lopez-de Lara</u>
To: <u>Ratefilings, cid</u>

Subject: Insurance Rate Hike is Completely Unaffordable and will force me to end my small business

Date: Friday, August 12, 2022 3:14:35 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

I absolutely cannot afford the current Marketplace plans, even the "cheapest" plan (Connecticare). I cannot afford a \$400 premium every month and a \$7000 deductible for myself. I have always wanted to have a small business (a small mental health therapy practice) and this is making it incredibly difficult for me. It is stressful enough knowing that I have to pay \$400 per month premiums and a deductible. It feels like robbery to me. I think it is unfair that the health insurance companies are increasing their rates. I thought that Access Health/ Marketplace/ Exchange/ Obamacare was supposed to increase competition between insurers to make it more easy for middle class people to afford insurance. I feel like a am bleeding money to these health insurance companies. This is unethical. Please do not allow the health insurance companies to increase their rates. They sometimes do not even pay therapists for the labor we already provided!

Estela Lopez-de Lara, LCSW Resident of Connecticut for at least 30 years

Estela Lopez-de Lara

From: Gloria Long
To: Ratefilings, cid
Subject: Insurance rate hike

Date: Friday, August 12, 2022 11:43:16 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Yann van Heurck
To: Ratefilings, cid
Subject: Insurance rate hike

Date: Friday, August 12, 2022 7:07:38 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Jonnie Marks
To: Ratefilings, cid
Subject: Insurance rate hike

Date: Friday, August 12, 2022 12:03:50 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Rosemary Stephenson
To: Ratefilings, cid

Cc: <u>Heather.Somers@ctsenaterepublicans.com</u>

Subject: insurance rate hike

Date: Monday, August 15, 2022 8:36:06 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning

I would like to add to the list of people opposing the medical insurance rate increase.

I am an office manager for an independent neurology practice. We have struggled for years with budgetary issues. Overhead has increased by approximately 15% over the last few years, but insurances still pay us the same amount they paid us 10 years ago. They will not renegotiate fees with a small office like ours. We would very much like to support our employees by providing excellent insurance benefits but we are no longer able to do so. Between the high insurance rates and increases in other budget items, coupled with stagnant income, it is becoming impossible to continue our practice. If carriers are able to increase their rates another 15-20% without increasing reimbursement to small medical practices, we will be forced to close our doors and will be unable to continue to serve our very large patient population.

I would be happy to further discuss this issue.

Rosemary Stephenson, Practice Manager Neurological Group, PC From: Aida Gallagher
To: Ratefilings, cid
Subject: Insurance rate hikes

Date: Friday, August 12, 2022 12:18:44 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

If Connecticut state government did not tax hospitals and also tax insurance companies with a special assessment, our rates for private insurance could be a lot lower. These costs are just passed on to the patient. Also, increasing the Medicaid pool is also increasing insurance costs for people paying for private insurance since Medicaid rates often do not cover the full cost of healthcare from the medical providers. This cost is spread down to the patients with private insurance, further driving up their costs for healthcare and insurance. Something needs to be done to cut our taxes.

From: Julie Alnwick

To: Ratefilings, cid

Subject: Insurance rate hikes

Date: Saturday, August 6, 2022 8:24:39 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please stop the madness with health insurance and prescription drug costs. We should not have to decide between our health care or any other basic human need.

I support the republican plan

Juliane Alnwick



From: TRISH DAYAN

To: Ratefilings, cid

Subject: Insurance rate hikes

Date: Thursday, August 4, 2022 2:48:39 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Americans are not guaranteed health protections, a global Embarassment. Please don't throw others off your roles because they cannot pay increased rates.

From: Lea White
To: Ratefilings, cid
Subject: Insurance rate hikes

Date: Saturday, August 13, 2022 8:30:28 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.



From: Marty Katz
To: Ratefilings, cid

Subject: Insurance rate increase over 20% is ridiculous! **Date:** Thursday, August 11, 2022 12:33:25 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please consider insurance company profits when awarding rate increases! The State needs to do more to keep people from leaving CT. Increases of 20% will certainly give me reasons to leave CT! Maybe insurance executives compensation and bonuses need to be reduced as an alternative to raising premiums! This insanity must stop! Martin Katz

Sent from Marty's iPad

From: Robert Scott
To: Ratefilings, cid

Subject: Insurance rate increases

Date: Monday, August 8, 2022 9:52:59 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

It is beyond comprehension how the Connecticut legislature can be considering approval of health insurance rate hikes at a time when inflation is at 9%.

Families all over Connecticut are having a hard time feeding their families and are unable to afford the gas they need to get to work. One can only assume that legislators who are supporting this rate increase either have so much money that they don't understand how many people are struggling, or they are just heartless.

I urge all Connecticut legislators to vote against this cruel rate increase.

Robert Scott

Sent from my iPad

From: khismet@charter.net
To: Ratefilings, cid
Subject: Insurance rate increases

Date: Sunday, July 31, 2022 1:53:09 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am not an advocate of inflated costs or rates for healthcare and insurance. But, what are the reasons for this increase in rates and healthcare?

I believe that there should be some accountability for a person's actions that continue causes of healthcare emergencies and fail to abide by medical advice. Specifically, people refusing vaccinations has caused the covid virus to mutate into variants. I am not speaking of those whose health would be impaired by the vaccine, but rather those who willfully chose not to vaccinate.

How many times have we seen in the media people who refused the vaccine and ignored medical and scientific data, die or admit that if they had known that their choice to NOT get vaccinated, would have meant that they would be this sick, they would have gotten the vaccine. Vaccines were mandated for public school admittance in the past--what has changed? Recently there was a case of polio in someone who was not vaccinated. And with global travel being common--(people get vaccinated to travel to other countries still) why are we allowing people to continue to make choices that impact the health of the rest of the population? The vaccines were at NO COST.... so what is the reason for not getting vaccinated? Unfortunately free speech is protected by the Constitution--but what about my rights "to life, liberty and the pursuit of happines" It is pretty difficult to do this if I am sick and dying or my life or the lives of others is threatened and put in jeopardy by false and malignant information. (Governments are instituted by the governed to protect these rights..yes?).

Perhaps one way to dissuade this spread of false information is to have those who chose not to vaccinate (for other than a health reason) pay higher premiums. Isn't this done with regard to smokers and non smokers? And isn't this done with people who have vehicle accidents-don't their premiums increase?

Those of us who continually strive to do the "right thing" are getting weary of always paying for others' poor and selfish choices. Where does it end? Why aren't people held accountable for their actions? Where is their responsibility to "do right thing"?

Again, I am NOT in favor of increasing healthcare rates --ESPECIALLY FOR THOSE WHO FOLLOW MEDICAL ADVICE and attempt to do the right things. **HOWEVER, rates** should be increased for those who CHOOSE NOT follow medical advice especially when their choice imperils society.

Patricia Pogmore

.

Patricia Pogmore

From: <u>Jeanne Kaufman</u>
To: <u>Ratefilings, cid</u>

Subject: Insurance Rate Increases

Date: Monday, August 15, 2022 9:13:03 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

As a CT citizen and a recent retiree I am greatly concerned about insurance rate increases. We have inflation that has greatly escalated our cost of living from food to gasoline. Prices will not return to pre-pandemic costs.

In a short time I have seen an SSA increase absorbed by Medicare. It went from 148.50 to 171.10 monthly. Currently I pay ConnectiCare an additional 89.00 monthly which includes an extra 10.00 for modest dental coverage.

The 2 large utility companies that dominate the CT market have price increases forthcoming. My "new budget" was estimated to be \$ 75.00 per month / \$ 900.00 more per year for my 1400 sq ft condo that I've lived in (alone) since 1987. I am negotiating a more reasonable monthly budget amount. My usage remains consistent. I saved while working, had new windows installed this year so I hope to realize energy savings.

These cost increases in CT are outrageous and more importantly, unaffordable. I never collected a dime of pandemic benefits that were widely distributed, working until I was close to 66.

These costs are why people like me move out of CT. We are in the "donut hole". The only ones that will be left are the very wealthy. The working poor survive by a multitude of government benefits or others that are 100% reliant on Fed Gov & State of CT.

Jeanne Kaufman



From: <u>Eileen ODonnell</u>
To: <u>Ratefilings, cid</u>

Subject: Insurance rate premium increase

Date: Friday, August 12, 2022 11:11:12 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Insurance Department,

We are writing to oppose the insurance industry's request for an average 20.4% increase to an individual's insurance premium. This is excessive and unfair. An individual who is purchasing insurance on their own, is already at a large disadvantage when it comes to affording insurance. They do not have numbers working for them and the financial burden is excessive.

The Insurance industry recently spent more than \$1.3 million to lobby against the public healthcare option all while the insurance industry is making enormous profits. CEO's of the insurance industry are making millions in bonuses and yet they want small business owners and individuals purchasing their own insurance to pay so much more. We believe this to be unconscionable. People are struggling to make ends meet after the Covid lockdown and with inflation. This is not a time to push people into out of having health insurance, which is what would happen if such an increase were to be approved. We hope you will not allow this to happen and deny this request for an increase. Thank you.

Sincerely yours,

Eileen O'Donnell and Paul Neri

From: Steven Andrychowski
To: Ratefilings, cid
Subject: Insurance rates

Date: Tuesday, August 9, 2022 9:08:31 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Steven Andrychowski



From: tina iwanicki
To: Ratefilings, cid
Subject: Insurance rates

Date: Monday, August 8, 2022 1:34:29 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

The cost of living in Connecticut is getting higher all the time and adding another increase for something we all need is adding more financial burden to already struggling people. The democrats just want to keep piling on more taxes and increases on hard working Americans and hand out money over to the people who don't want to work at all but want everything given to them. Time to put a stop to this behavior.

Sent from AT&T Yahoo Mail on Android

From: Steven Andrychowski
To: Ratefilings, cid
Subject: Insurance rates

Date: Thursday, August 11, 2022 7:49:16 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Steven Andrychowski



Date: Thursday, August 11, 2022 9:48:01 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





Date: Wednesday, August 10, 2022 9:20:33 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





Date: Tuesday, August 9, 2022 8:32:53 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





Date: Friday, August 12, 2022 9:40:36 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: <u>Flaherty, Melanie</u>
To: <u>Ratefilings, cid</u>

Cc:Carson, Jim; Halpin, SusanSubject:J.P. WieskeTestimony 8-15-22Date:Sunday, August 14, 2022 9:06:53 PM

Attachments: Wieske-HBI CT Rate Hearing Testomony 8-15-22.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Jim,

Attached is J.P. Wieske's testimony for Monday's Rate Review Hearing. J.P. Wieske is the Executive Director of the Health Benefits Institute. I already signed J.P. up to testify by Zoom, in case you need his email again, it is:

JPWieske@horizondc.com

Many thanks and please reach out with any questions.

Melanie M. Flaherty (she/her/hers)

Lobbyist

Robinson & Cole LLP
280 Trumbull Street
Hartford, CT 06103
Direct 860.275.8375 | mflaherty@rc.com
Bio | V-Card

Robinson+Cole

Embracing Change for Over 175 Years

Boston | Hartford | New York | Providence | Miami | Stamford Los Angeles | Wilmington | Philadelphia | Albany | www.rc.com

This transmittal may be a confidential R+C attorney-client communication or may otherwise be privileged or confidential. If it is not clear that you are the intended recipient, you are hereby notified that you have received this transmittal in error; any review, dissemination, distribution, or copying of this transmittal is strictly prohibited. If you suspect that you have received this communication in error, please notify us immediately by telephone at 1-860-275-8200, or e-mail at it-admin@rc.com, and immediately delete this message and all its attachments.



Written Public Testimony of JP Wieske, Executive Director of the Health Benefits Institute

Thank you for the opportunity to provide public testimony on the proposed rate increases in the individual and small group markets in the state of Connecticut. I am writing in support of the open process used by the Connecticut Department of Insurance to review these rates and against efforts to politicize the rate-making process.

My name is J.P. Wieske and I am representing the Health Benefits Institute (HBI) where I serve as the Executive Director. In my prior role, I served as Wisconsin's Deputy Insurance Commissioner where I supervised Wisconsin's rate review process. My comments today are reflective of my experience nationwide, across many states, that are all struggling with similar issues.

The Affordable Care Act has two separate but related processes to control health insurance. The first requires insurers to meet a minimum loss ratio. Consumers are guaranteed that the insurer will spend at least 80 percent of premiums on direct medical expenses (with much of the employer market requiring an even higher minimum loss ratio). Insurers not meeting the minimum loss ratio MUST refund premiums back to policyholders.

But the Connecticut Department of Insurance has an additional second layer of review and is the subject of today's hearing. The Connecticut staff – among the best in the country – conducts their own comprehensive assessment of each rate filing. This review examines the actuarial assumptions and projections made by each insurer. Because Connecticut comprehensively examines <u>all</u> insurer filings AND conducts a public hearing to gather public input, the state has not just an understanding of a specific rate filing but a much deeper understanding of the market at large.

Unfortunately, insurers are facing significant issues in the health insurance market. These issues include:

COVID

COVID has deeply impacted the health insurance market in a variety of ways.

Direct Cost: Insurers are directly financing this country's efforts to fully vaccinate the entire population. Including ongoing costs for multiple booster shots.

Testing: Despite access to "free" tests provided by the federal government, insurers continue to see increased utilization of COVID testing. In many cases, employers encourage employees to continue to undergo COVID testing even when not strictly necessary for an individual's health. While many employers provide these tests through the workplace, many smaller employers may utilize their insurance benefit. This is obviously of value to the employer and important for population health purposes, but it is not usually an expense borne by health insurance, and

may not be necessary for an individual's health in an asymptomatic individual. Testing continues to be done without collecting cost-sharing from the individual.

Behavioral Health: The pandemic has left many Connecticut residents in an extremely vulnerable position. The net result has been an increase in cost for many behavioral health services and a direct rise in prescription drug utilization in this space.

Indirect Costs: In our testimony last year, we highlighted the impact COVID has had on the overall health of the country. Insurers are continuing to see negative consequences caused by delayed and deferred care from the pandemic. We know that many heart attacks, and strokes were left untreated. We know consumers delayed treatment for chronic conditions like diabetes, and hypertension that will lead to larger problems in the future. We know individuals with chronic medical conditions have not had their treatment plans updated. By some estimates, this could lead to double digit increases over the next several years as the consequences continue to emerge. One private study estimated the cost could be at least a 16% increase in morbidity.

Delayed Care: Consumers are continuing to drive up utilization looking to catch-up with the care they delayed as a result of the pandemic. These services are all necessary, but it means insurers continue to see high utilization.

Prescription Drug Costs

Insurers continue to spend more and more on prescription drug costs. As supply chain and other issues continue to increase overall costs, prescription drug costs have been and will be impacted by those same trends. According to one source, over 850 common prescriptions increased their prices earlier this year. But cost is just one component. Insurers are also facing higher utilization costs as consumers continue to increase the number of prescription drugs they take. Over time, this will lead to better patient health but it will not necessarily lower costs.

Medical Costs

Medical costs have continued to outpace inflation over the years. In the current inflationary environment insurance will have to absorb these increased costs. Insurers will face not only increased medical costs, but economists continue to expect increased utilization. This results in an increased number of services at even higher rates.

Mandated Benefits

The cost of mandated benefits disproportionally impact the small group and individual market because those markets spread costs over a smaller population and have higher adverse selection issues. Policymaker efforts that mandate specific treatments, limit cost sharing, or other changes impact the cost of health insurance.

Regulatory Uncertainty

The American Rescue Plan significantly increased subsidies in the individual market and that positively impacted risk assumptions by the insurers. Unfortunately, Congress has continued to take its time in passing an extension of the subsidies. The Inflation Reduction Act, which passed the House and will be signed into law, will likely (finally) extend the subsides. Unfortunately, the insurers have no level of certainty of passage at the time of filing. Each insurer made some assumptions but likely were forced to hedge based on Congressional action or inaction. A number of states are expecting to allow for additional time for insurers to revise their filings. The Biden administration has also significantly changed some market rules for 2023. For example, some low-income consumers will now be able to change plans on monthly basis creating adverse selection issues.

Taxes and Assessments:

States have consistently looked at "sin" taxes on products like cigarettes to discourage their use. By making a product more expensive, consumers are expected to use it less.

While many heavily regulated industries pay for their own regulation, these costs rarely exceed more than the cost to regulate the industry. Taxes and fees on health insurance consistently exceed any cost to regulate. Policymakers have consistently looked to insurance as a piggy bank, and that has been an unfortunate burden on consumers.

Assessments and taxes on insurance are used as a general source of revenue. As a result, assessments continue to be a major driver in overall insurance costs for individuals and small businesses. 2021 data acquired from the health carriers shows that fully-insured plans incur \$359.6 million in assessments, taxes, and fees annually; self-insured plans incur \$74 million annually. This results in a per member cost in the fully insured market of \$591 annually, and \$54 annually for the self-insured market.

These increased costs impact insurers in two ways. First, it forces them to increase premiums to cover the cost. Second, it results in fewer insured persons exacerbating adverse selection issues.

For context, Connecticut citizens who are fully-insured in 2022 will pay \$202 million assessments on top of their health insurance costs. Those assessments are used to pay for many initiatives in Connecticut including the operations for the Health Insurance Exchange (\$32 million), Access Health; programs in the State Public Health Department (\$11.8 million); and Health and Welfare Assessment/Immunization program (\$71 million). While these goals are noble and certainly have industry support, wouldn't general revenue be better allocated rather than taxing a product you'd like consumers to buy?

Closing

In closing, HBI would again like to thank Commissioner Mais and the Department for holding this hearing. We fully support your work in this process and appreciate your efforts to review and understand health insurance rates. This process ensures consumers that their insurance department continues to work for them.

We expect that policymakers will continue to hold the entire health care ecosphere accountable for cost increases. Everyone should make an effort to sharpen their pencils and find any means to cut health care costs and as a result premiums. However, the high premium

increases insurers are forced to offer their consumers are largely out of their control and reflect larger medical cost trends.

When insurers are forced to artificially lower their rates by policymakers looking to politicize the process, those who are ultimately harmed are the consumers. During my time in Wisconsin as Deputy Commissioner, we faced significant market exits largely caused by federal rules that did not understand the Wisconsin market or our insurer needs. The greater Green Bay region saw rate increases in excess of 100%, and market exits that left only one carrier. Ultimately, we worked through the policy – including establishing a state-funded reinsurance pool -- and rates have actually moderated significantly and competition has returned across the state.

Thank you again for providing an opportunity to comment. Please do not hesitate to contact me if you have further questions at jpwieske@thehealthbenefitsinstitute.org or (920) 784-4486.

Sincerely

JP Wieske

Executive Director

From: James Williams
To: Ratefilings, cid

Subject: James Williams from the RTC west haven **Date:** Wednesday, August 10, 2022 9:55:54 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi my name is James Williams I would like to sign up to testify in person on this terrible bill August 15th. Iam with the RTC of west haven and RNC of new Britain. My leaders are State Senate Rob Simpson, Charlie Ferraro and Dave riccio chairman of West Haven RTC who can verify me.

From: Walter Stark
To: Ratefilings, cid

Subject: Long Term Health Costs

Date: Friday, August 12, 2022 12:17:23 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To whom it may concern,

In 2005, my wife and I signed up with Genworth (the GE) for a Long Term Health Policy. One of the incentives for signing at that time was that our premium of \$4065.00

would remain constant for the life of the policy.

A few years ago we were informed that they could no longer adhere to that promise as their costs had gotten out of control and therefore they would have to initiate

a 10% increase annually in our premiums.

My last premium of \$7223.52 was paid in April this year: a 78% increase !! over the initial premium with the expectation of at least a a 10% increase for the foreseeable

future.

We are both retired and on a fixed income so that the continued increases for this policy puts a real burden on our finances.

It concerns us that these health companies continually seek rate relief from the state which ultimately could force many of their policy holders to cancel. Perhaps that is their plan.

Walter Stark

From: Raymond Kennealy
To: Ratefilings, cid

Date: Friday, August 5, 2022 12:56:20 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Sent from Mail for Windows

I am a retired person with health ins. From the company I work for, every year my insurance goes up and the service I get from a doctor is less and less because the insurance co. tells them to. I don't want to pay for their profits.

From: Jacky Fromentin
To: Ratefilings, cid

Date: Friday, August 12, 2022 10:45:31 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning, my name is Jacky Fromentin i am writing to you today to ask you the lawmakers NOT to raise the health insurance premiums as it is already too expensive, i am retired and on a fixed income, my wife is 63 years old i would like to put her on Connecticare but i cannot afford it it's too expensive, she is now on a share plan with a very low coverage, she needs a colonoscopy but her small health insurance does not cover it and we cannot afford it without health insurance! Please tell the law makers to lower the connecticare premiums Thank you!

From: Jacky Fromentin

From: <u>Doris Maldonado Mendez</u>

To: Ratefilings, cid

Subject: Marginalized proposal defies Latine equity

Date: Wednesday, August 10, 2022 8:25:31 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit at the expense of marginalized communities and moreso- Latine throughout the lifespan with complexities. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Doris Maldonado Mendez

From: Michael S Goodman
To: Ratefilings, cid
Subject: Medicare 4 All

Date: Tuesday, August 9, 2022 8:53:50 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Phil Brewer
To: Ratefilings, cid

Subject: Monday Hearing on Rate Increase Requests

Date: Friday, August 12, 2022 2:36:45 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I have included below my testimony for monday's hearing.

My name is Phil Brewer. I have practiced medicine since 1983. My specialty is emergency medicine. During the 40 years of my career, I've had the opportunity to improve the lives of thousands of people. Using the skills I acquired in training and practice, I have saved many lives. I am proud of that record and it is a source of great personal satisfaction that I have been privileged in this way.

Unfortunately, my success as a healer and lifesaver has a downside, because all too often, my efforts in support of physical health have gone hand-in-hand with devastating effects on the financial health of my patients and their families. This was never my intention. Let me explain.

As an emergency physician, I am required by federal law and by medical ethics to examine each and every person who comes to the hospital with symptoms that may represent a serious threat to their health and life. Once I conduct an initial interview and exam, I must answer both of these questions:

Do I need to order laboratory and/or imaging tests to determine if they have an emergency medical condition?

What must be done to stabilize their emergency medical condition if its presence is confirmed?

In some simple, straightforward cases such as a minor laceration, no further testing is usually needed and the wound can be sutured, dressed, and the patient discharged with wound care and follow-up instructions. In other cases, it may be necessary to order laboratory tests and x-rays, CAT scans, or ultrasound studies in order to confirm or refute the presence of an emergency medical condition. As an example, we very frequently see people with abdominal pain for which a thorough workup including bloodwork and a CAT scan or ultrasound or both is required. While the workup is being pursued, they typically receive intravenous fluid as well as intravenous medications to reduce their pain and control their nausea. The final impression may be that their condition is due to a stomach flu and they can be discharged with appropriate medications and follow-up instructions. On the other hand, they may have a more serious condition such as appendicitis, cholecystitis (infection of the gallbladder) for which stabilizing treatment consists of admission to the hospital, specialist consultation, antibiotics and other medications, and surgery.

In either case, the patient will receive bills for both the hospital services and my professional services. It does not take a particularly complicated diagnosis for the final bill to be many thousands of dollars. As part of the registration process, the patient or their representative signs a form agreeing to accept legal responsibility for payment of services. If they are very fortunate, they have health insurance that picks up all or most of the charges. In my experience, this is a minority of the patients I see. They are far outnumbered by patients with high deductible insurance policies or with no insurance at all.

Over the decades of my practice, I have seen the quality of insurance coverage decline, with higher and higher deductibles, fewer and fewer affordable comprehensive insurance policies, and a persistently large number of patients with no insurance.

When looking at the big picture and comparing healthcare and healthcare financing in the United States to other wealthy industrialized countries, two glaring trends emerge. First, healthcare costs in all countries have risen over the decades both in absolute terms and in percentage of gross domestic

product (GDP). In the United States costs have grown at a much higher rate than in any other country and while we may or may not have "the best healthcare in the world," we certainly have the most expensive healthcare in the world. This could potentially be justified on the basis of superior outcomes such as greater life expectancy, lower maternal and childhood death rates, increased access to care, etc. This is most unfortunately not the case, however. To take just one example, maternal mortality ratio, which is the number of maternal deaths per 100,000 live births, the number in Europe is five and is steadily declining whereas the number in the United States is 19 and [1] rising.

Why the difference? There are many factors but the basic reality is that women and Europe have much greater access to care and pay a far lower percentage of their disposable income for that care that is the case in the United States. Why is this? Is this failure, and it is without discussion a failure of the so-called healthcare system to provide better maternal care resulting in penalties for the healthcare and healthcare finance system? On the contrary. Large hospital systems, which now dominate the market and commercial health insurance corporations continue to see double digits annual profits, exorbitant executive pay, and the ability to employ thousands of lobbyists to influence lawmakers at the state and federal level to tilt the playing field in their favor.

Let's take one of the most prominent examples in Connecticut: UnitedHealth Group. It posted a gross profit for fiscal year 2022 of \$73.59 billion. For the years 2019 through 2021 (which includes the pandemic) it saw profits increase by 6.97%, 16.3%, and 3.96% respectively for each of those [2] years.

Its executives were more than handsomely rewarded for those profits the total compensation for its top six executives for the fiscal year 2021 was \$186 million. [3]

So I ask you, are the health insurance companies doing business in Connecticut justified in their demands for 20% rate increases? Not on your life. Or rather, not on my patients lives.

I would be more than happy to answer any of your questions and to provide more examples of patients whose financial situation has been drastically harmed as a result of their need for emergency medical services.

Sincerely,

Phil Brewer, MD FACEP

https://www1.salary.com/unitedhealth-group-inc-executive-salaries.html

Phil Brewer MD FACEP

Access to Health Care is a Necessity, which is why it is a Right.

https://data.worldbank.org/indicator/SH.STA.MMRT

 $[\]frac{[2]}{\text{https://www.macrotrends.net/stocks/charts/UNH/unitedhealth-group/gross-profit\#:}^{\sim}:\text{text=UnitedHealth}\%20Group\%20annual\%20gross\%20profit,a\%206.97\%25\%20increase\%20from\%202018}.$

From: rita martucci
To: Ratefilings, cid

Subject: new health insurance proposal

Date: Friday, August 12, 2022 6:42:45 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Donna Nicolino
To: Ratefilings, cid

Subject: No insurance rate hikes!

Date: Friday, August 12, 2022 11:32:01 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Dear Sir or Madam:

I have ConnectiCare health insurance, which I purchase off the exchange because I am self-employed. I pay \$309 per month, with a \$6,000 deductible for a plan that doesn't include dental at all. (I just finished paying \$5,000 in dental costs after having 4 crowns put in, which doesn't even count towards my deductible.)

I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

Health insurance is too expensive already! The United States is the only developed country in the world, perhaps the only country at all, where people go into debt or bankrupt because of medical debt. Increasing the cost of health insurance, while insurance company executives are getting rich, is criminal.





From: MaryLynne Boisvert
To: Ratefilings, cid

Subject: No insurance rate increase!

Date: Friday, August 12, 2022 7:45:31 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Bruce Burton
To: Ratefilings, cid

Subject: NO NEW TAX INCREASES!!! We are STRETCHED to the LIMIT!!!

Date: Tuesday, August 16, 2022 10:16:10 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Sent from Yahoo Mail on Android

From: Connie Woods
To: Ratefilings, cid
Subject: No Rate Hike

Date: Friday, August 12, 2022 3:41:24 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Connie Woods



From: Rabera Rabera
To: Ratefilings, cid

Subject: NO TO INSURANCE HIKES

Date: Thursday, August 11, 2022 12:12:52 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Rabera Rabera

From: Zbigniew and Lesley Mroz

To: Ratefilings, cid

Subject: Oppose insurance rate increases **Date:** Monday, August 15, 2022 9:16:12 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

As seniors on a fixed income, we are strongly opposed to these proposed increases.

Zbigniew and Lesley Mroz

From: Matthew Piazza
To: Ratefilings, cid
Subject: Opposing rate hikes

Date: Monday, August 15, 2022 3:11:15 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

OPPOSING RATE HIKES

I strongly oppose rate hikes for health insurance in Connecticut. This is a preposterous proposal that will hurt middle-class & low-income families.

It is critical to remember that state representatives and senators represent their constituents, and not health insurance companies. Not only insurance companies have lost profits during the pandemic. The vast majority of the people of Connecticut also incurred monetary losses during the pandemic, however no one is suggesting that there should be a universal 20% increase in wages.

Inflation has increased by nearly 9% since last year, yet none of my jobs have offered a salary increase.

Again, I vehemently OPPOSE a rate hike for health insurance in Connecticut.

Truly, Matthew Piazza

From: Robert Piazza

To: Ratefilings, cid

Subject: Opposing Rate Hikes

Date: Monday, August 15, 2022 2:53:40 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I strongly oppose rate hikes for health insurance in Connecticut. This is a preposterous proposal that will hurt middle-class & low-income families.

I am a professional writer and educator with two Master's degrees, yet I currently work four part-time jobs with no benefits. Meanwhile, the health insurance industry is among the wealthiest in the world.

Inflation has increased by nearly 9% since last year, yet none of my jobs have offered a salary increase.

Again, I vehemently OPPOSE a rate hike for health insurance in Connecticut.

Truly, Robert Piazza, MFA

--

MFA

But yield who will to their separation, / My object in living is to unite
My avocation and my vocation / As my two eyes make one in sight.

Robert Frost, "Two Tramps in Mud Time"

From: Annette Mornan
To: Ratefilings, cid

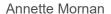
Subject: outrageous insurance increase

Date: Friday, August 12, 2022 2:43:09 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.





From: Maureen Gagliano
To: Ratefilings, cid
Subject: Outrageous proposals

Date: Friday, August 12, 2022 9:49:47 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Patricia C Vener-Saavedra

To: Ratefilings, cid

Subject: Please do NOT allow these medical insurance companies to continue their scamming ways

Date: Friday, August 12, 2022 12:42:30 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Greetings, I am writing to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous schemes to at best maintain and at worst increase the profits of these for profit businesses. If the state cares at all for its residents the state must reject all of these proposals. Insurance companies rake in millions of dollars on profit. The idea of raising rates on the elderly, on working people, on anyone with limited means, which would result in the loss of access to care, is deplorable.

I implore you: deny these requests.

Patricia C Vener-Saavedra



From: Sally Hill
To: Ratefilings, cid

Subject: Please! Deny requests to raise insurance rates!

Date: Friday, August 12, 2022 9:54:39 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: <u>Tami Beaulieu</u>
To: <u>Ratefilings, cid</u>

Subject: POST HIGH SCHOOL GRADUATION INSURANCE

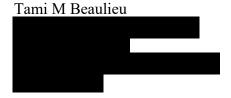
Date: Friday, August 12, 2022 4:11:39 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

My question is this:

I have read that young adults are covered under their parents health insurance until the age of 26. But, is that dependent upon their being enrolled in an college/university??? Additionally, what needs to happen to get them extended for this coverage???

Thank you



P. S.: this email was sent to you by me on FRIDAY, AUGUST 12, 2022, at 4:12 p.m. EST

Sent from Yahoo Mail on Android

From: <u>animbox-general@yahoo.com</u>

To: Ratefilings, cid
Cc: Tony Hwang

Subject: Proposed Health Insurance Rate Hikes are outrageous and untenable.

Date: Wednesday, August 10, 2022 10:44:59 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Every year, since we were told prior to the ACA, that we could "keep our health plans", our insurance costs have more than quadrupled WHILE decreasing the level of coverage exponentially. At that time we had affordable options which we gladly paid out of pocket. Now it seems that the state and insurance commission favor carriers over residents' health and well-being.

Every year we must choose a lesser and lesser quality plan, simply to make premiums affordable. These conditions are untenable, and CT and the Insurance Commission must not let this pattern to continue.

In the current inflationary economy and recession this is even more critical to protect CT residents.

Self employed people have suffered the most under these outrageous hikes, because

- a) we typically use the insurance the least, rarely taking sick days
- b) because we have no way to reduce costs in CT. There are no plans for sole proprietors, and even married couples paying for their own coverage never see any relief
- c) we are limited to only 2 carrier choices, which essentially is a monopoly and we cannot get suitable coverage from out of state.

Further, there must be UP FRONT transparency for costs. Getting estimates for even simple routine blood tests are nearly impossible, with all parties (provider, carrier) pointing at each other for fault, when CT residents are left to advocate for ourselves, wasting valuable time, only to be frustrated with exorbitant costs.

Please adopt the plan proposed by Senator Hwang and his colleagues which can control and reduce these costs significantly. Please do NOT allow the proposed rate hikes to happen.

Thank you.

From: <u>Eugean Heiney</u>
To: <u>Ratefilings, cid</u>

Subject: Proposed Health Insurance Rate Hikes **Date:** Tuesday, August 9, 2022 1:44:34 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To Whom it May Concern -

I write in strong opposition to the proposed rate hike. Can't afford what we are paying now. Can't take all my medications because I can't afford them. These insurance companies want rate hikes, but will they take pay increases! When will you people fight for the people who elected you?! Start taking care of the people.

Gean Heiney

From: Douglas Sweeney
To: Ratefilings, cid

Subject: Proposed health insurance rate hikes **Date:** Monday, August 8, 2022 9:23:12 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Residents are already being hit hard by inflation - groceries, gas, etc. Everybody doesn't need a major rate hike now.

Douglas Sweeney

From: Kerri Anderson
To: Ratefilings, cid

Subject: Proposed Hike in In Insurance Cost

Date: Wednesday, August 10, 2022 9:09:07 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: <u>Cindy Miller</u>
To: <u>Ratefilings, cid</u>

Subject: Proposed increase in insurance rates in CT - TOTALLY UNFAIR

Date: Thursday, August 11, 2022 9:07:41 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

I feel that I am in somewhat of a unique position to comment. I practiced medicine for over 25 years and earned a very good income (which I convinced myself that I deserved). I am now embarking on a second career in social work and can look through a different lens at the inequities in health care - some attributable to cost and some attributable to attitudes. It is much easier to address cost. It will take more than letters to address attitudes that exist toward people of color and their ability to access healthcare.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars of profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: John Anderson
To: Ratefilings, cid

Cc:Liz Anderson; Christine PalmSubject:Proposed Insurance Rate HikesDate:Saturday, August 13, 2022 8:54:26 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Here are my questions & comments.

- 1. Would each of the insurance companies tell us what the total compensation package of your CEO and executive leadership is. Please explain how you justify this in the face of raising rates to your customers.
- 2. Two years ago Genworth instituted a rate hike of 40% over three years for long-term care insurance. I requested support from both Congressman Courtney and Senator Blumenthal to stop that action. Congressman Courtney refused to help and Senator Blumenthal did not respond. I am disappointed in both of these men who should be looking out for the best interest of their constituents. As a result I stopped paying the premiums for the long-term care insurance and Genworth refused to refund any of the money I had on the account.

Sincerely, John S Anderson From: <u>Erik Gundel</u>
To: <u>Ratefilings, cid</u>

Subject: Proposed Insurance Rate Increase **Date:** Thursday, August 4, 2022 2:50:53 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

How can you justify rate increases for insurance when Aetna, Anthem, and UHC/Oxford have a **profit** margin in the billions of dollars every year?

Aetna: "For the full-year 2021, the healthcare giant reported \$278.9 billion in revenue and **\$7.9 billion in profit**, according to the report. Those figures also represent significant increases from 2020, when the company reported \$268.7 billion in revenue and \$7.2 billion in profit." source

Anthem: "The insurer brought in **\$6.1 billion** in profit for full-year 2021, up from \$4.6 billion in 2020." source

UHC/Oxford: "Cigna posted \$1.6 billion in profit... for the second quarter" source

They very clearly do not need rate increases until they no longer make a profit in the billions of dollars. Our lawmakers need to be putting caps on these greedy companies profiting off of our most vulnerable populations.

-Erik G 06907
 From:
 Pankaj Prakash

 To:
 Ratefilings, cid

 Cc:
 Carson, Jim

Subject: Public Comment for 2023 Health Insurance Rate Hearing

Date: Monday, August 15, 2022 9:36:17 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Health care premiums are already unaffordable for many Rocky Hill and Wethersfield families, businesses and individuals, and at a time when families are hurting with the highest rate of inflation in 40 years, these double-digit rate hikes are tone-deaf.

Insurance plans today are quite different from a decade ago and already carry large deductibles and out-of-pocket maximums. These increases are not accompanied by a decrease in deductibles or out-of-pocket maximums, adding more financial strain on already struggling families. Families paying higher premiums while incurring upfront costs for medical care is not okay. The number of people who are in debt due to medical bills has increased, and these proposed increases spell more trouble. They may result in an increase in the number of uninsured in our communities, because people just can't afford to buy health insurance anymore.

These proposed rate increases are excessive and call for a thorough independent analysis and review.

Pankaj Prakash

Town Councilor
Town of Rocky Hill, Connecticut

From: Jill Zorn
To: Ratefilings, cid

Subject: public comment for August 15 health insurance rate filing meeting

Date: Friday, August 12, 2022 1:07:37 PM

Attachments: Universal Health Care Foundation of CT 8.15.2022 written testimony.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am submitting the attached public comment on behalf of Universal Health Care Foundation of Connecticut for the August 15 meeting on health insurance rate requests.

I plan to testify in person.

Sincerely,

Jill Zorn



UNIVERSAL HEALTH CARE

Foundation of Connecticut

425 Main Street – PO Box 714, Middletown, CT 06457

Join us!

CONNECT: <u>Facebook</u> | <u>Twitter</u> | <u>YouTube</u>

Universal Means Everybody



Health Insurance Rate Request Filings Public Comment

Jill Zorn, Senior Policy Officer

August 15, 2022

As an organization dedicated to achieving health justice in our state, Universal Health Care Foundation of Connecticut believes that affordable access to coverage and care is essential to promote health and health equity for all.

We urge the Connecticut Insurance Department (CID) to reject any double-digit rate requests as they will force too many people to choose to go without health coverage and care. I offer our comments on behalf of the foundation as well as the 250 individuals who signed our petition demanding that CID say ENOUGH to out-of-control rate hikes.

Introduction

Almost all of the rate increases proposed by insurers for 2023 are outrageous and will clearly pose affordability challenges to many individuals, families and small businesses in Connecticut. These increases are far higher than the inflation rate, and well above wage growth.

We would also like to note that the rate review process continues to fall short. Once again, we find ourselves participating in an informational meeting, rather than a true public hearing. And CID still does not formally take consumer affordability into account when making rate decisions.

Individual market

Universal Health Care Foundation of Connecticut was an initial funder of the Connecticut Healthcare Affordability Index (CHAI). The index sets a Healthcare Spending Target: residents should not spend more than 7-11% of their income (depending on family size) in order to have affordable health care. Using that target, the CHAI shows that people who buy their coverage through the Affordable Care Act (ACA) marketplace are much more likely to face unaffordable health care than those on Medicaid or who receive coverage through their employers. Even with the expected extension of enhanced federal government subsidies, thanks to the Inflation Reduction Act, 42% of families purchasing coverage on the exchange have coverage and care expenses above the target. And if these families have moderate or high health care needs, they face even greater affordability burdens due to above average out-of-pocket costs.

Small group market

The small group market in Connecticut appears to be in a death spiral. Employers who are trying to do the right thing by their employees are being priced out of the market. Increases of 19.6% by CIGNA and as much as 29.3% by ConnectiCare are going to mean that even more small employers will walk away. In order to pay these exorbitant increases, they will have to cut their budgets in other vital areas. Or they will choose to take an unwise financial risk with a self-funded plan or give up entirely offering a crucial benefit to their employees. Even the organization I work for, Universal Health Care Foundation of Connecticut, is facing these tough decisions.

Lack of competition

There are only two companies competing in the individual market. The small group market continues to show consolidation, too. With the departure of Harvard Pilgrim we are essentially down to four competitors: Anthem, Cigna, ConnectiCare and United Health Group/Oxford. Given that most companies are asking for double-digit increases, they don't seem to be interested in competing on price this year. Instead, it appears they lack the clout, or perhaps even the incentive to negotiate lower prices with a consolidated hospital industry and wealthy pharmaceutical corporations.

Universal strongly supports regulatory efforts to address price gouging by these other two powerful industries. Another solution, however, to decreasing competition and the insurance industry's apparent lack of negotiating power would be the introduction of a public option. This would be a particularly useful policy to implement in the small group market, where there is no federal help available to protect companies and their employees against the cost of these extreme rate hikes. Research conducted by <u>RAND Corporation</u> shows that a public option based on the state employee health plan would show significant savings to small businesses, nonprofit organizations and Taft Hartley funds. Yet the insurance industry continues to fight that policy, spending money on ads even when there are no legislative proposals currently on the table.

Conclusion

This is how insurers choose to spend our hard-earned premium dollars: on anti-public option campaigns. Meanwhile, these companies continue to earn huge profits, award highway robbery CEO salaries, spend money on stock buybacks, and seek to fund their financial gains with out-of-control rate increases. Something is wrong with this picture. We urge the Connecticut Insurance Department's actuaries to take out their scalpels and cut these shameful rate requests down to size.

Looking ahead to 2024, we will continue to advocate for the Connecticut General Assembly to pass legislation to require consideration of consumer affordability as part of rate review. Thanks to the CHAI and the Healthcare Spending Target, we now have tools available to help with that analysis. Future legislation should also formalize the agreement made by the previous administration to hold a true public hearing that allows a more formal role for consumers, the Healthcare Advocate and the Attorney General.

From: Amy Parent
To: Ratefilings, cid

Subject:Public comment -no increase!Date:Sunday, August 7, 2022 9:22:14 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Greetings,

I am a mother of 2, o work 2 jobs as a mental health therapist, and cannot afford another increase in costs. I work for the state and my rates are very affordable and reasonable for my household, yet i still have to work 2 jobs to be financially stable. After experiencing record profits this is appalling of insurance companies to go after consumers for more money. The system of medical care is broken and it is not acceptable for these increases to be passed on to consumers. Please do the right thing and protect working families and take care of us, not your bottom lines.

Sincerely,

Amy Parent, LCSW

Get Outlook for Android

From: Jennifer Berigan
To: Ratefilings, cid

Subject: Public Comments of Ed Hawthorne, Connecticut AFL-CIO

Date: Thursday, August 11, 2022 3:53:07 PM

Attachments: Ed Hawthorne DOI Hearing on Insurance Rate Increases 8-15-22.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Attached please find public comments for the August 15th informational public meeting on the health insurance rate request filings. Please add these comments to the public record.

Thank you.





Public Comments of Ed Hawthorne, President Connecticut AFL-CIO

Department of Insurance Informational Meeting Proposed Health Insurance Rate Increases for 2023 Plans

August 15, 2022

The Connecticut AFL-CIO is a state federation of hundreds of local unions representing more than 200,000 workers and their families in the private sector, public sector, and building trades. Our members live and work in every city and town in our state and reflect the diversity that makes Connecticut great. Most earn good benefits, including quality, affordable health insurance. It is on their behalf that I urge the Department of Insurance to reject the exorbitant rate increases requested by companies providing health insurance products in the State of Connecticut.

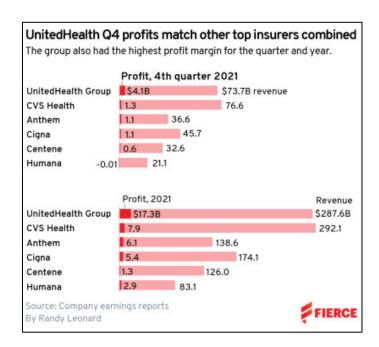
On average, health insurance companies are seeking 2023 rate increases of 20.4%. When coupled with wage growth that has failed to keep pace with global inflation rates hovering near 10%, these astronomical increases would place further pressure on working families who are already struggling to make ends meet. If approved, the Department of Insurance (DOI) would force working families to either forsake other essential expenses or abandon their health insurance coverage. Neither is desirable, nor fiscally prudent. An uninsured health event can bankrupt a family and delayed care will only cost more if and when families can afford to resume coverage. Yet families must put food on the table and a roof over their heads. They shouldn't be put in this impossible position.

That is why the Connecticut AFL-CIO is deeply concerned that the DOI has not convened a full public hearing, rather than an informational meeting. Healthcare costs and insurance premiums are already unaffordable for many. These proposed rate hikes deserve rigorous scrutiny by every stakeholder and a full, transparent review. We are disappointed that Attorney General William Tong and his office will not be able to question insurers to understand why the proposed increases are so high and how they could be considered justifiable by any measure. Denying him that opportunity is a disservice to Connecticut taxpayers.

These rate proposed increases are even more outrageous when compared to these companies' profit margins.¹ For example:

¹ <a href="https://www.fiercehealthcare.com/payers/unitedhealth-was-2021s-most-profitable-payer-heres-look-what-its-competitors-earned#:~:text=UnitedHealth%20Group%20was%20the%20most,national%20insurers%2C%20earning%20%247.9%20billion.

- Anthem has requested an 8.6% increase for individual plans and a 3.5% increase for small group plans on the exchange. Anthem's 2021 revenue exceeded \$138 billion, and it posted annual profits of \$6.1 billion.
- Cigna Health and Life Insurance Company is seeking a 19.6% increase for small group plans off the exchange. Cigna's 2021 revenue was \$174.1 billion, and its annual profits were \$5.4 billion.
- UnitedHealthcare Insurance Co. is seeking a 13.9% rate increase for small group plans off the exchange. UnitedHealthcare's 2021 revenue was a staggering \$287.6 billion, and its annual profits were the highest among health insurance companies at \$17.3 billion.



These proposed increases are significantly higher than those sought by insurers in 2022. At that time insurers sought an average hike of 8.6% on individual plans and 12.9% on small group plans. DOI approved increases of 5.6% - 65% of the initial request. If DOI approves 65% of what these very wealthy and highly profitable insurance companies are seeking today, insureds would see their premiums go up by 13.26%, an increase of more than 200% over last year. That's unacceptable.

Before the COVID-19 pandemic, 51% of Connecticut residents struggled to afford healthcare. More than five percent of the state's population was completely uninsured in 2020 (6.8% of Black residents and 13.1% of Latino and Hispanic residents) and 43% of Connecticut adults reported foregoing or delaying care because of cost. Many were one medical bill away from financial devastation.

Insurers appear deeply out of touch and do not seem to understand that working families may be forced to risk their own health by forgoing insurance altogether. We are at a new crisis point. We have more urgent reasons to expand access to affordable, quality coverage than ever before.

Rather than just greenlight exorbitant health insurance rate increases, the Connecticut AFL-CIO encourages DOI to instead work to create a public option to allow small businesses, non-profits and Taft Hartley funds to enroll in plans created by the state employee health plan (SEHP). Employers would be able to choose from a range of network and benefit designs, including dental care, offered at competitive prices realized by leveraging the negotiating power of the state employee plan. Without the motive for profits, and without highly-paid executives to compensate, a much greater percentage of premium dollars can be spent on actual health care.

When people can't afford health insurance, they often avoid the doctor, skip medications or delay recommended screenings. That's not good for anyone's health or wellbeing and it ends up making health care more expensive for everyone.

A public option is a common sense, cost effective plan to expand healthcare access and reduce costs. We urge DOI to engage with the General Assembly to establish a public option to provide economic relief and peace of mind to Connecticut's working families.

Respectfully submitted,

Ed Hawthorne, President Connecticut AFL-CIO

From: KAREN FASSULIOTIS

To: Ratefilings, cid

Subject: Public Hearing Comments on Proposed Health Insurance Rate Increases

Date: Saturday, August 13, 2022 9:18:18 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am writing in opposition to the 2023 proposed health insurance increases.

As currently proposed, the 2023 rate proposals for the individual and small group market are on average higher than last year:

- The proposed average individual rate request is a **20.4 percent increase**, compared to 8.6 percent in 2022 and ranges from 8.6 percent to 25.2 percent.
- The proposed average small group rate request is a <u>14.8 percent</u> increase, compared to 12.9 percent in 2022 and ranges from 3.6 percent to 29.3 percent.

With increases anticipated in home heating fuel, higher costs of groceries and gasoline, and electric costs skyrocketing, the costs are becoming unbearable. If only wages were going up by 20%! But they're not.

Please do not approve the proposed rate increases. Families and individuals who live and work in Connecticut depend on it!

Karen Fassuliotis

From: <u>Jennifer Boyd</u>
To: <u>Ratefilings, cid</u>

Subject: Public hearing on proposed health insurance rate hikes-written testimony

Date: Sunday, August 7, 2022 11:51:28 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

In 2020, researchers reported in Annals of Internal Medicine that U.S. insurers and providers spent more than \$800 billion in 2017 on administration, or nearly \$2,500 per person - more than four times the per-capita administrative costs in Canada's single-payer system.

Over one third of all healthcare costs in the U.S. were due to insurance company overhead and provider time spent on billing, versus about 17% spent on administration in Canada.

You may say, "we're not Canada," but this does raise an important question. Why aren't we calling for reduced administrative costs and streamlined processes?

According to the lead author of the study, Dr. David Himmelstein, a professor of public health at the City University of New York at Hunter College in New York City and a lecturer at Harvard Medical School in Boston. "The average American is paying more than \$2,000 a year for useless bureaucracy."

Let's focus on insurance companies cutting administrative costs rather than raising insurance rates on consumers.

Sincerely, Jennifer Boyd From: George Lee
To: Ratefilings, cid
Subject: rate filings

Date: Monday, August 8, 2022 11:46:21 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

All I can add is that ANY lawmaker who votes for a rate hike will not get re-elected. Votes count.

From: maricela perazabaker
To: Ratefilings, cid
Subject: Rate Hike

Date: Friday, August 12, 2022 3:02:02 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.





From: Andrew Olearnick
To: Ratefilings, cid
Subject: Rate hikes

Date: Sunday, August 14, 2022 8:53:05 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To the Democratic majority in Hartford,

I oppose any and all rate increases for healthcare costs. I am retired and on a fixed income and cannot afford any increases on any state government program or level. I have already had to absorb the costs on personal property taxes this year and the extremely high costs of electricity in this state.

Last but not least I expect the Democratic majority to institute the policy of no qualified immunity to any politician and state employee, just like you did to the police. Live by the laws you pass.

Andrew Olearnick Registered voter

From: Edward Sudal
To: Ratefilings, cid
Subject: Rate Hikes

Date: Sunday, August 14, 2022 9:19:19 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

So you only want another 20% rate hike. Ask Jerome Powell to print a few more trillion dollars instead to subsidize free everything. It's not much to add to a 31 trillion dollar National Debt plus a 9 trillion dollar balance sheet. Just keep printing money to finance more stuff you don't have the money to pay for. It's easy to do and you're not responsible.

From: George Barnes Sr
To: Ratefilings, cid
Subject: Rate Increase

Date: Monday, August 8, 2022 9:42:05 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

While I get most of my health care through the VA I would like to speak on medications bought outside the VA. Insulin is what I need to address. My daughter has type 1 diabetes. What she pays for her insulin is astronomical. My dad and grandpa were both diabetics. My dad never complained about the cost so I believe the price was within his means because he usually complained about the over pricing of other items. With a large population having diabetes in our country and state some readjustments to lower that cost is a long needed. Mental health drugs are an over priced item causing many to go without or at least reducing the dosage of the prescribed amount. Drug cost effect the elderly as well as low income families. My hope is that the legislature can regulate the cost of these and other drugs that your constituents need on a daily b. Thanks for your concern and I look forward to the hearings.

Sent from my iPhone

From: mary ann morello
To: Ratefilings, cid
Subject: Pate increase incur

Subject: Rate increase insurance

Date: Saturday, August 13, 2022 3:32:58 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please do not allow this! We can no longer afford to live here. Sent from my iPhone

From: Christopher Ferrio
To: Ratefilings, cid
Subject: Rate Increases

Date: Wednesday, August 10, 2022 1:01:07 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.





From: Rachel P
To: Ratefilings, cid
Subject: Rate increases

Date: Tuesday, August 9, 2022 9:05:39 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous and the state should reject them. Insurance companies bring in millions of dollars in profits. Meanwhile, high gas and food prices, with terrible inflation, are causing real pain to families. Raising rates on working people and small businesses at this time would result in terrible hardship. Please do not allow these rate increases to stand.

Sincerely Rachel Pierson From: Marjorie Laboy-Vagell
To: Ratefilings, cid
Subject: rate proposals

Date: Wednesday, August 10, 2022 10:16:29 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Martin Rutchik
To: Ratefilings, cid
Subject: Rate -Zoom signup

Date: Thursday, August 11, 2022 11:18:04 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

My name is Martin Rutchik

Comments 1. What impact on rates does new facilities built by yale and Hartford create 2.does the acquisition of medical practices increase costs? 3Are Dr more likely to request tests to increase income? 4 Do either Yale orHartford pay real estate taxes? 5. What are ceos paid? 6. What position do experts for ratepayers (insurance dept) take to justify increases or deny? 7. Has new legislation been taken into consideration in increasing rates? 8 What organizations have objected to increases? 9 Does Medicare or other government agency contribute to costs of maintaining and construction of facilities owned by Hartford and Yale. 10 what litigation is pending between H and Y and the nature of same. Thank you ,will I get a response. Requiring 8:30 sign wud call for one arise at 5:30

Law Offices of Martin M. Rutchik

 From:
 Mary Goetz

 To:
 Ratefilings, cid

Subject: Rates

Date: Wednesday, August 10, 2022 8:35:23 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Mark Weinstein
To: Ratefilings, cid

Subject: RE: Health insurance rate hikes **Date:** Friday, August 12, 2022 4:47:36 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

As a long time self-employed family here in CT, we have struggled with adequate and affordable health care for many years. The current system under the ACA is still expensive - high deductibles and mediocre coverage but it is much better than options in the past. Please rethink increasing the premiums - we are the ones to be hurt the most. I have to believe there is a way to cut down on medical costs even if it is a long-term endeavor. Thank you.

Best,

Nancy Weinstein

From: Maria At Seniors Helping Seniors

To: Ratefilings, cid

Subject: Reduce CT ins premiums

Date: Saturday, August 13, 2022 8:57:25 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

This email is regarding proposed increases for CT health insurance rates.

Please consider the very reasonable CT Senate Republicans plan to reduce health insurance costs in CT, instead of approving the insurers requested extremely high increases.

As a small business owner, I have a policy with CTs Access Health program. I chose a high deductible plan because premiums are so very high!! At age 58, I pay almost \$12,000 per year for my single individual "bronze" level health coverage under the CT plan. My deductible is so high I will not ever have ANY covered services under this plan unless I have a horrible accident or extremely serious illness. I essentially have 1 annual physical covered and even the blood tests I have annually are mostly NOT covered by my insurance. I wonder if our legislators understand the coverage levels within the Access Health plan options - it's not good.

I have been paying this type of premium for years now, and it's certainly not affordable. I can't afford to add another 20% - or more!! - on top of this cost. There has to be a better way.

I would invite all of our CT legislators to participate in the Ct Access plan, instead of utilizing the current State health plan, to better understand the ramifications of price increase to our individual health policies. Many of us already pay so much, and receive so few benefits.

It just doesn't seem fair that people who must purchase their own health insurance should have to pay so much for it. The senate Republican Plan to reduce health insurance cost in CT appears to be a more viable and more fair approach to helping all of our CT residents keep health care more affordable.

Thank you, Maria Cerino From: Kathlene Gerrity
To: Ratefilings, cid

Subject: Request to appear virtually

Date: Friday, August 12, 2022 11:10:06 AM

Attachments: Testimony final.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dr. Bryanne Chandler, a general dentist with practices in Kensington and Colchester, requests the opportunity to testify at the Connecticut Insurance Department's (CID) rate hearing scheduled for August 15. She will be appearing on behalf of the Connecticut State Dental Association.

Attached is a copy of her written remarks.

Thank you.

Kathlene Gerrity

Executive Director

Connecticut State Dental Association







Commissioner Mais and esteemed members of the Connecticut Insurance Commission:

I am Dr. Bryanne Chandler, a general dentist who owns private practices in Colchester and Kensington. In addition, I served 8 years in the Connecticut Army National Guard as an Officer in the Dental Corps (rank Major) preparing the soldiers of Connecticut for deployments. I run a free dental clinic for residents at the South Park Inn Homeless Shelter in Hartford. I operate under the commitment of "Service Above Self" and that is why I chose to become a dentist; to help those who need care the most and thus my practice is open to patients from all walks of life. I am here today to offer two common sense solutions to the problem of escalating insurance cost: medical loss ratio for dental plans and joint negotiation.

Often I have the privilege of seeing a patient three or four times before they have a routine medical checkup. This means that in addition to providing routine, preventive and restorative dental care, my role is also to watch for changes in health, including early signs of oral cancers, diabetes, and chronic issues like anxiety, eating disorders and addiction. One example of investment benefiting both healthcare expenditure and outcomes is the reduction of acute cardiac events attributed to the wider use of medications for cardiovascular risk factors. When people cannot afford health care, chronic illnesses go untreated, with catastrophic results. In short, oral health professionals are an essential component to overall patient care. Raising dental insurance premiums forces people in tough situations to make impossible choices, including foregoing care, which can lead to catastrophic consequences. Given the economic situation in our state and the rippling effects of the pandemic, there could not be a worse time to raise premiums; patients deserve health care and raising rates is another, unnecessary barrier to adequate care.

Today I am here as a representative of my profession, and the Connecticut State Dental Association, which represents 88% of dentists in Connecticut. In reality, what I am sharing with you today will improve the lives of every dental patient in our state. It will improve care for those that have insurance, and it will improve access to care for those who are covered by HUSKY and other programs. It would even enable more dentists to give back to their community and care for those who have no coverage nor the means to easily access oral health care.

Dental insurance costs less than medical health insurance but dental insurance is not anything like health insurance. Dental insurance is like a limited store gift card – you usually cannot use the benefit where you want, nor when you need, and often not for what you need. Those who have dental insurance find that co-insurance (sometimes 50% of cost of the service) and co-payments can result in high out-of-pocket costs; this often forces patients to delay or even forgo much needed care. All too often delaying care becomes a chronic situation, leading to tooth extractions and other

life altering treatments. The subsequent hardships that impact overall health and quality of life could be avoided if dental insurance was better administered and aided patients in affording the care they need.

Higher premiums derail patient care and prescribed treatment plans. There are, however, two measures that will dramatically, and positively, impact the dental insurance landscape in Connecticut. To implement these initiatives in the "Insurance Capital of the World" will be proof that patient care is more important than corporate profits. Moving forward on these reforms will affirm that small businesses, which includes most dental practices in Connecticut, can provide quality oral health care for every citizen, without forcing a patient to choose between rent and preventive oral care, between food or regular hygiene visits, between child care or necessary restorative care. The two initiatives dentists and patients in Connecticut need are (1) including dental plans in the medical loss ratio statute, and (2) reintroducing joint contract negotiations.

Medical Loss Ratio (MLR) is the portion of insurance premiums that are spent on patient care, rather than overhead like profits, marketing and administration. An MLR sets a minimum percentage of patient premiums collected that must be spent on care. Right now, Connecticut fails to hold dental insurance companies accountable in the same way they do medical health insurance. This is unfair and costly to patients.

MLR laws ensure that patients and employers who pay dental insurance premiums get a better value for their premiums, slow the growth of premium increases and increase the direct care received by patients. According to reporting from states that do measure dental plan MLR, we can assume that approximately 40% of dental insurance premiums go to insurance company overhead, including C-Suite compensation packages, rather than patient care. In the current environment, there is no transparency, allowing dental insurance companies to raise rates with no guarantee that any money will go towards increased patient care. Patients deserve to know how much of their insurance premiums are being used for care, and they deserve good value for the dental insurance premiums.

MLR already exists in Connecticut under the Affordable Care Act, but <u>only for medical insurance</u>. A 2021 survey¹ of Connecticut residents reported that 94% of respondents believe Connecticut should require transparency by requiring dental insurance companies to report the percentage of premiums used for administrative costs. And, a nearly identical 91% say the state should impose a limit on the percentage of a person's premium payment that can be used for administrative overhead costs.

Joint Contract Negotiations is a game changer for private and group dental

practices in our state, allowing practices to work collaboratively, within existing antitrust laws, to level the playing field with multibillion-dollar insurance companies. In 2013, HB 6431 contemplated this strategy; allowing health care professionals to join together in order to provide health care services, negotiate pricing, share patients, personnel, support services, laboratory facilities and/or procedures. Such agreements would also enable health care professionals to increase quality of care, help to contain costs, and improve access to health care. Insurers have had nearly a decade since this

¹ Spectrum Associates. (2021) Connecticut State Dental Association Connecticut Resident Perceptions Survey.

bill was considered and little has changed with respect to any joint effort to improve care; in fact, it has gotten worse. Now is the time to enact language to allow health care providers to engage in meaningful joint contract negotiations, for the benefit of Connecticut patients.

The current system requires health care providers to enter unfair and often non-negotiable contracts in order to treat patients. The only way to combat unfair contract provisions and negotiate with an insurer is through passage of legislation to allow health care providers more leverage in negotiating with insurers and help foster a more competitive market for dental coverage. The result is patients would receive more care at an affordable cost. CSDA is fully prepared and positioned to help health care providers take advantage of the law as soon as it is enacted.

Joint Contract Negotiations would enable small practices to effectively negotiate better contract terms with large insurers, for the benefit of their patients (approximately 95% of dental practices in Connecticut are small businesses). It would also improve coverage designs, enabling more patients to get the oral health care they need.

Over half of Americans who get routine oral health care skipped care during the height of the COVID pandemic. So patients used insurance less, and continued to pay premiums. The money went into the system but was never used. And now when patients are coming back to sit in my dental chair, they need longer appointments and often more restorative care, because of the gap in their oral health care.

As a mother of four, I know the tremendous economic burden families in Connecticut face. A steady paycheck dwindles faster than ever with inflation, gas prices, food costs and medical care. From 1996-2016, costs for dental care in the United States rose 45%². The top four largest insurance companies in the U.S. by membership – UnitedHealthCare, Anthem, Aetna and CIGNA – all are asking for rate hikes in Connecticut; the revenues of those four companies in 2021 exceeded half a trillion dollars. Connecticut residents deserve better and this is a prime opportunity to level the playing field and improve patient care. After all, oral health is the gateway to an individual's overall health and well-being; an investment in oral health reduces overall healthcare expenditures.

In conclusion, I come before you today as an advocate for patients in Connecticut. I bring forward two proven measures that the Insurance Commission, Attorney General Tong, the Connecticut General Assembly and our Governor can all make a reality and directly improve health care in Connecticut. I urge you to not let this opportunity slip away but rather to embrace in and lean in to help Connecticut residents live healthier lives in our great state.

Thank you.

² Hung, M., Lipsky, M. S., Moffat, R., Lauren, E., Hon, E. S., Park, J., Gill, G., Xu, J., Peralta, L., Cheever, J., Prince, D., Barton, T., Bayliss, N., Boyack, W., & Licari, F. W. (2020). *Health and dental care expenditures in the United States from 1996 to 2016*. PloS one, *15*(6), e0234459. https://doi.org/10.1371/journal.pone.0234459

From: <u>James Chambers</u>
To: <u>Ratefilings, cid</u>

Subject: Rising Health Care Costs

Date: Monday, August 1, 2022 8:40:37 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut already loses enough people to other states every year.

It is one of the worst tax states in America, and now with the proposed increases in health care costs it will make the decision to move out even easier for people. Some people will not be able to afford to stay here in CT. The lawmakers must stop this immediately and allow Connecticut to be a place where families want to live and can afford to live. James Chambers

From: Helen Margolnick
To: Ratefillings, cid
Subject: Picing Health Care

Subject: Rising Health Care costs

Date: Friday, August 12, 2022 1:51:54 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am submitting my testimony against rising healthcare costs. As a Connecticut resident, this state is becoming unaffordable, which is why there is a mass exodus. Please listen to the voices of the residents who are tired of living in one of the most taxed and expensive states! Sent from Yahoo Mail on Android

From: skpabc
To: Ratefilings, cid

Subject: Say NO to Insurance Health Plan Increase **Date:** Thursday, August 11, 2022 12:16:19 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

When I read the insurance companies want huge increases in individual plan rates, I wanted to scream--especially as these same insurance companies apparently had a million extra dollars to spend lobbying against the public option this year.

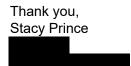
Connecticut citizens cannot afford this kind of increase. While the jobs market *looks* rosy, the numbers belie the fact that most of the jobs available 1) don't pay a living wage and 2) do not provide benefits. And as Connecticut insurers base rates on age, a couple over 50 is paying more than \$20,000 annually for a high-deductible plan -- and that's before the \$6500+ deductible! (And good luck getting hired anywhere if you're over 50.)

Using retirement dollars before retirement, as my husband and I have been doing, is scary. And some older (and younger) residents can't afford insurance at all at these prices.

At the same time, if you watch John Oliver's recent piece on behavioral health, and how insurance companies have found ways around the mandate to treat behavioral health as they would any other health issue, you'll know that insurance companies are cutting back on what they deign to cover.

Please do not reward these companies' greed. Especially since it looks like the Inflation Recovery Act will mean more CT residents will be able to continue to afford real health insurance thanks to tax credits. This is PUBLIC money going directly into PRIVATE hands...the last thing we need to do is give them even more money in terms of rate increases.

2%? Fine. But any more than that is wrong on all fronts.



Sent with <u>Proton Mail</u> secure email.

 From:
 redexna@aol.com

 To:
 Ratefilings, cid

 Subject:
 see attached

Date: Monday, August 8, 2022 2:11:42 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

The government is there to help the people, not to exploit them

Time to get rid of all those self centered politicians who think more of themselves than of the people they are supposed to serve.

Ayn Rand did warn us in 1957!

"When you see that in order to produce, you need to obtain permission from men who produce nothing - When you see that money is flowing to those who deal, not in goods, but in favors - When you see that men get richer by graft and by pull than by work, and your laws don't protect you against them, but protect them against you -



When you see corruption being rewarded and honesty becoming a self-sacrifice - You may know that your society is doomed."

> Ayn Rand, Atlas Shrugged, 1957

From: Justin Paglino To: Ratefilings, cid

Subject:

Date: Friday, August 12, 2022 4:29:59 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

SHAME ON YOU.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Justin Paglino



From: <u>Laura Baird</u>
To: <u>Ratefilings, cid</u>

Subject: Stating my objection to the CID 20.4% rate hike

Date: Sunday, August 14, 2022 9:44:03 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To Whom It May Concern:

I am a CT resident and a health provider in private practice (clinical psychologist).

I want to strenuously state my objections to this rate hike. As a consumer, I have seen my monthly premiums increase at a rate of \$50 to \$100 every year for the past six years (\$500 per month to \$823) - this is for a plan that has a high deductible (\$5500 to \$6550 per year over the years). So my healthcare costs are very high (in the neighborhood of \$14,000 to \$15,000 per year for anything more than preventive care if I meet my deductible).

And as a provider who is reimbursed by three private insurance companies (Anthem, Cigna, Connecticare), I can tell you that the costs are NOT benefiting mental health providers. Anthem gave a very modest raise, and they are still the lowest in reimbursement. Cigna has had no raise (one might get a small raise if requested). Connecticare did provide an increase on one code but then severely restricted its use and continues to use threats and scare tactics and refusal to pay to any provider who dares to use the longer code (longer than a 53 minute session) with clients. So, in effect, there is no raise.

From what I understand, the insurance companies make very high profits with their CEOs taking home packages worth tens of millions of dollars.

This is an outrageous situation; private healthcare companies get huge raises every year and make record profits on the backs of consumers and providers.

Please deny their requested rate hike.



From: Jaime Myers-McPhail
To: Ratefilings, cid

Subject: Stop insurance rate increase

Date: Wednesday, August 10, 2022 12:08:01 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Jaime Myers-McPhail



From: Hillary Desideraggio
To: Ratefilings, cid

Subject: STOP THE INSURANCE RATE HIKE

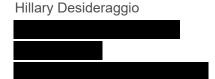
Date: Thursday, August 11, 2022 3:19:48 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Black and Brown United in Action

To: Ratefilings, cid

Subject: Stop the war on the Poor

Date: Friday, August 12, 2022 5:49:47 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

Black and Brown United in Action



From: susan arcano
To: Ratefilings, cid

Subject: SUSAN ARCANO - HEALTH CARE COVERAGE Date: Tuesday, August 2, 2022 1:39:20 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I work for municipal government here in Connecticut and I was forced to take the CT Partnership Plan (the one that all State of CT workers have) and I'm now paying over \$90.00 a week for a single person.

If the State of CT plan is so affordable, why am i paying \$360.00 per month (that's \$4320.00 per year)?

I'm not happy with their invasive policies either (if you don't do your preventative care - you get penalized). In other words, if you have a test (so that you can be cleared for surgery) the next year, you are on a list because you were tested for something that doesn't even apply to you (just a one-time test). The only way to get off that list is to have your doctor write a letter to the insurance company. Like I said, INVASIVE and OVERREACHING POLICY.

I was told that the more people the lower the cost, yet my plan has gone up every single year since inception.

Big Insurance has to bold of a grip on this country.

Susan Arcano

From: Kim

To: Ratefilings, cid

Subject: Testimony against Health Insurance Rate Increase

Date: Thursday, August 11, 2022 10:53:01 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Committee,

The citizens of Connecticut don't need another health care rate increase. And the health insurance companies don't need it either.

I understand that the insurers want to pass on some of the costs they see resulting from healthcare providers' consolidation and increased usage. However, despite these factors, the major health insurance providers are not suffering financially. They also reporting strong double digit revenue growth, and growing profit margins. This includes United Health Care, Cigna, Anthem Blue Cross Blue Shield and CVS Health/Aetna. They also had enough funds to use over \$1.3 Million to lobby against the public option legislation proposed (https://www.ctpost.com/news/article/Insurance-industry-spent-more-than-1-3-million-16429468.php?? https://www.ctpost.com/news/article/Insurance-industry-spent-more-than-1-3-million-16429468.php?? https://www.ctpost.com/news/article/Insurance-industry-spent-more-than-1-3-million-16429468.php?

And while insurer's focus is on increasing their dividends and profits for investors, Connecticut citizens have been suffering. According to Kaiser Health and ehealth, for those with employer-provided healthcare, average annual premiums for family coverage rose 37% from \$15,545 in 2015 to \$21,342 in 2020. Meanwhile, average unsubsidized family premiums for the Affordable Care Act (ACA) from 2015 through 2020 rose 97% from \$8,724 to \$17,244. (source:

https://www.investopedia.com/insurance/why-do-healthcare-costs-keep-rising/). These increases contribute to reduced real wages in a highly inflationary time period. They also lead to a population that delays or denies necessary treatment or foregoes insurance coverage, which is a risk to our state's wellbeing and workforce.

Please decline their requested rate increase and side with the citizens of the state.

Warmly,

Kim Hall

sent from iphone, typos happen

From: <u>Captain Kitt"s</u>
To: <u>Ratefilings, cid</u>

Cc: norm.needleman@cga.ct.gov; Christine.Goupil@cga.ct.gov

Subject: Testimony against proposed insurance rate hike

Date: Saturday, August 6, 2022 2:01:32 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

SUBJECT: Insurance companies request for the Connecticut Insurance Department (CID) approval of a rate increase by an average of 20.4% for plans starting in 2023.

I'm a small business owner, living with Crohn's Disease, requiring expensive medications. Not long ago, I was diagnosed with stage 2B invasive ductal carcinoma with a bi-lat mastectomy, chemo & reconstruction. I personally know how medical expenses can nearly bankrupt a middle class family, contributing to the tax base. Fortunately, I was covered via ConnectiCare (thanks to the ACA). It took our family 3 years on a payment plan with Yale to cover my out of pocket medical expenses. Middle class families are still financially recovering from the pandemic and many will not be able to afford rising costs. Health care is a necessity that can't be cut out of the budget (we all foot the bill when the uninsured use the emergency room as their only option).

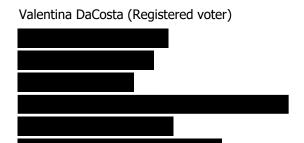
As a small business owner (without the generous profit margins of corporate insurance giants), I haven't raised my clients rates in over 10 years! I can't comprehend hiking rates by 20%, especially not on an essential, life or death services (such as medical insurance).

On the other hand, Cigna, #13 on the Fortune list, reported annual profits of 5.4 billion (with a B) in 2021.

Cigna CEO and Chairman David Cordani said in a statement "We performed well in 2021 as we supported the growing needs of our clients, customers and patients," "2022 will be a year of growth across our franchise as we continue innovating and **advancing our work to make health care more affordable**."* If Cigna is interested in making health care more affordable they're not off to a promising start.

Please refuse the rate hike requests from greedy insurance giants, already reporting billions in profits.

* Reported in CT Insider



From: John Brady
To: Ratefilings, cid

Cc: Teri Merisotis; Jim Vigue; Matt O"Connor

Subject: Testimony for Insurance hearing

Date: Thursday, August 11, 2022 3:59:11 PM

Attachments: 20220809121555056.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

AFT Connecticut would like to submit the attached testimony for the Insurance Department public hearing on 8/15. AFT Connecticut will be unable to testify in person on that day but is available for questions.

Thank you, John

John Brady RN Vice President AFT Connecticut



Testimony to the Connecticut Department of Insurance pertaining to Health Insurance Rate Requests, August 15, 2022 Public Informational Meeting.

Commissioner Mais,

AFT Connecticut, a diverse union of approximately 30,000 members including teachers, para-educators and school support staff, nurses and other healthcare workers, higher education, public employees, and retirees, wishes to express strong opposition to the proposed insurance rate increases that Connecticut's healthcare corporations are seeking for 2023.

Continued vertical and horizontal consolidation of our healthcare system has led to excessive profits and executive compensations in our "not for profit" hospitals, pharmaceutical and insurance corporations. These costs should not be borne by the residents of our state.

There are other alternatives, such as the partnership plan and a public option, in which the power of collective bargaining by various stakeholders can be used to hold down costs. This increased bargaining power is one of the goals that hospitals, insurance companies, and pharmaceutical companies hope to achieve by consolidating, except that the realized savings are often not passed on to residents, but rather, used to fund investments and executive salaries.

Small businesses, including labor unions like AFT Connecticut, are forced into small group plans which overburden small businesses who attempt to provide healthcare coverage for their valued employees and force them into high deductible plans which over burden the employee. Many of our members are currently in such plans.

Attorney General Tong also makes a good point about the unknown outcome of the senate debate on an extension of the Federal Advance Premium Tax Credit, which insurance carriers have assumed will be expiring.

In summary, we ask the Insurance Department to listen to the Attorney General, the Healthcare Advocate and the many advocacy groups who are sharing opposition and concerns for these rate increases.

Thank you for your service to the people of Connecticut,

John Brady RN Executive Vice President

John Brody

AFT Connecticut AFT, AFL-CIO

Healthcare Higher Education Public Employees PSRP Teachers

35 Marshall Road Rocky Hill, CT 06067 860/257-9782 Fax: 860/257-8214 Toll Free: 888/398-3373 www.aftct.org

Jan Hochadel PRESIDENT

John Brady, RN EXECUTIVE VICE PRESIDENT

David Hayes SECRETARY-TREASURER

VICE PRESIDENTS Paul Angelucci Dennis Bogusky Dave Cicarella Shellye Davis Sherri Dayton, RN John DiSette Connie Fields Kathy Fischer Carol Gale Bill Garrity, RN Ivonne Hamm, RN Trent Harrison Heather Howlett Christine Jean-Louis Kristen Malloy-Scanlon Lauren Mancini-Averitt Steve McKeever Rob Moreau Walter O'Connor Ally Sexton Janice Stauffer, RN Mary Symkowicz Mary Yordon

ASSOC. MEMBER REP Monika Lazauskas From: <u>Wanczyk-Karp, Steve</u>
To: <u>Ratefilings, cid</u>

Subject: testimony on health insurance rate hikes **Date:** Friday, August 5, 2022 4:17:16 PM

Attachments: Insurance Dept. Health Plans Fee Rates testimony.doc

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Attached is testimony for the August 15th public hearing on health insurance rate hikes. Our organization will not be testifying in-person so asks that this written testimony be put into the public record of testimony in opposition.

Steve

Stephen A. Wanczyk-Karp, LMSW Executive Director NASW/CT



Social Workers: NASW is Here for You!

Find Coronavirus resources at <u>socialworkers.org/covid19</u> *Please be safe.*

Disclaimer

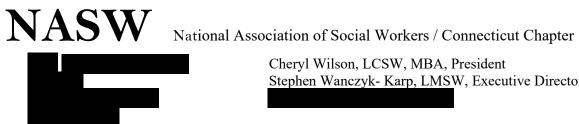
The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out

more Click Here.







Stephen Wanczyk- Karp, LMSW, Executive Director

Testimony on 2023 Health Rates Filings Connecticut Department of Insurance August 15, 2022 Submitted By: Stephen Wanczyk-Karp, LMSW

On behalf of the National Association of Social Workers, CT Chapter representing over 2,300 members, NASW/CT opposes proposed premium rate increases for health insurance plans before the Department of Insurance. These filings are from: United Health Care, Oxford, Aetna, Anthem Health Plans, CTCare, and Cigna.

Health care is a right, not a privilege, yet due to the continuing high costs for coverage far too many residents of Connecticut still cannot afford quality coverage at an affordable cost. This is particularly a problem for employees in small businesses where having an employer who offers comprehensive insurance coverage is unlikely, or for those who are solo private practitioners running their own business.

As an Association that represents social workers many of our members work in small nonprofits or have their own private practice. I hear from these social workers who contact us seeking to find out if NASW has health insurance coverage for members. Unfortunately, NASW cannot offer a national plan, so I can only suggest they see if they are eligible under the Municipal Employees Health Insurance Plan (MEHIP) or they can contact an independent insurance broker. Neither MEHIP or a broker is a satisfactory answer as the options through these avenues are limited and still unaffordable for comprehensive coverage. It is ironic that a number of our members, who are health care providers, cannot afford comprehensive health coverage.

Rate increases in the small group market has increased annually, often by double digits. This cost increase has led to an increase in the already troubling trend of employers shifting costs to employees by increasing co-pays and deductibles, plus switching to plans with more restrictive coverage. The 2023 rate filings are, with one exception, all in the double digits ranging from 13.4% to 29.3%. These requests are significantly above the 2022 requested

rates, which were too high. The result of such increases will be having many small businesses, including non-profits, priced out of the insurance marketplace.

There are four plans filed for the individual market that have increases of 8.6%-25.2%, which for individuals is a hefty cost, especially in the current economic conditions brought on by Covid-19. Typically, those in the individual insurance market are employed in lower wage positions where employer-based health insurance coverage is not offered or are unemployed, thus unlikely to afford any increase in health coverage costs. Again, these increases are significantly above the 2022 requests.

Social workers work with individuals and families who struggle to make ends meet. Having a lack of affordable health coverage adds to the financial stress of such clients. It is not only a financial stress; it is a psychosocial stress of fearing what will happen if a serious health care need occurs. How will one pay for necessary care? What other costs will have to go unpaid? For parents the pressure of having an ill child when you do not have the means to pay for doctors, prescriptions and other care, can lead to anxiety, difficulty with family relations, and even depression. These are the hidden social costs that rarely are discussed in this debate. They are real costs with ramifications that go beyond simply health insurance coverage, with negative impacts that ripple into many non-medical aspects of life. As social workers we know that "life can change in a second" and when that change is a health crisis and comprehensive health insurance is unavailable, the results of that change can be devastating. This was the case BEFORE the pandemic and has been greatly exasperated by the pandemic.

Due to the pandemic many insured persons delayed, and may still be delaying seeking health care services. This has meant lower costs for insurers. In 2021, Connecticut individual insurance was the 15th most profitable among states. Profits have grown and keep growing for the insurers, yet they still seek unjustifiable higher rates. The Department of Insurance must factor in affordability when determining the 2023 rates. Clearly, the requested rates are unaffordable.

The medical community has come to recognize what the profession of social work has known for over 100 years, social determinants affect health care outcomes. One of those social determinants of health is the cost of health insurance. Rising health care rates leads to increases in the number of CT residents who are either underinsured or uninsured. This in turn means preventative health care measures not being taken and when these individual's seek health care for a medical condition it is far more likely at the point where the condition is more acute and costly to treat. Rising health care premiums are a direct cause of higher health treatment costs.

In the midst of a continuing pandemic is not the time to increase health insurance premiums! NASW/CT urges the Department of Insurance to deny the 2023 requests for increases in health care premiums.

From: <u>CARMINE DALESSIO</u>
To: <u>Ratefilings, cid</u>

Subject: Testimony on proposed health care insurance rate hikes

Date: Sunday, August 14, 2022 9:45:27 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Testimony on proposed health care insurance rate hikes.

cid.RateFllings@ct.gov

8/14/2022

Dear Legislature and Senators,

This proposed legislation is outrageous and will affect every family in Connecticut. The reason for this is to bring in Socialized medicine further into Connecticut through access health. We know it, and you know it. This does not improve care. The pay for play politics must stop between large medical corporations, pharmaceuticals and the insurance industry. Where are the audits? Where is the accountability and where are all the dollars, we pour into health care going. Where is your outcome data? Voters and consumers of health care are starting to examine these industries and asking pertinent questions that you and they should answer:

Do they work for the patient as consumer or themselves and their profit margins?

What exactly are those profit margins?

Are they transparent with costs and outcome data that is unbiased?

Do they provide quality care that effects patient outcomes at the point of care?

Do they provide affordable care to the consumer who is not on Medicaid or welfare and is a working adult?

Do they provide service that the patient wishes, or by corporate and governmental mandates and wishes?

The Covid 19 pandemic and subsequent mandating of toxic vaccines and testing has taught us much, both as health care providers and consumers of modern allopathic medicine that has been overtaken by for profit industries.

When the costs to live in Connecticut revolve around multiple taxes on property, sales, outrageous food and gas prices and tax and spend policies to benefit corporate America, Americans have an obligation to vote out politicians that support corporate America and not their constituents. Our esteemed representatives and Senators are further coming after our healthcare. I urge all Senators and Legislatures to vote

against this and for once think of the effect this will have on families, not on corporate greed.

Thank-you for your time,

Dr. Linda Dalessio

From: ddauphinais@bicycleseast.com

To: Ratefilings, cid

Subject: testimony re: health insurance rate hike request

Date: Friday, August 12, 2022 3:09:09 PM **Attachments:** health insurance testimony.docx

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon,

I have attached my testimony for Monday's hearing regarding the health insurance industry's request to increase rates. You will see from my testimony based on personal experience in lack of access to affordable healthcare in CT that I implore you to please say "no."

I would like to testify virtually if my schedule allows, so I appreciate your including me in the list for that option. Timing would determine my availability. Could you please share a time window on when you would expect my testimony to take place? Also, can you please provide the instructions/link for doing so?

Thank you for the opportunity to testify on this extremely important topic.

Respectfully, Debra Dauphinais



August 12, 2022

Good afternoon,

Do you believe that health insurance CEOs deserve to be multi-millionaires and billionaires, and the citizens of CT deserve to foot the bill while being unable to actually afford to access healthcare treatment? If you do not believe this, then I implore you to please say "NO" to the insurance companies' request. If you vote "YES", you are concurring that you support this reality, as it is the truth of what is actually happening in Connecticut.

I am writing to urge you to please deny the obscene rate increases being requested by health insurance companies. Health insurance companies are making absurd profits off the backs of their clients, while continuing to reduce access to care.

The bottom line goal of health insurance companies is absolutely not to provide access to quality care. Their goal, like that of most for-profit companies, it to create profits for their shareholders. The CEOs get bonuses based on shareholder profits, typically in the millions of dollars, often tens of millions of dollars. These practices are completely unethical and should be illegal. Shame on them!

Here is my family's story. The lowest priced healthcare premiums that any broker could find for us was with Connecticare at over \$18,000 annual premium to cover my husband and me. This number is close to 20% of our combined income. Worse, this is without receiving any actual healthcare treatment. To get this lowest price (and the term "lowest" is factual but certainly disturbing), we have over \$6000 per person deductible, meaning very simply, we could not afford to access healthcare if needed, usually going without. This is WRONG! It is UNETHICAL! It is SHAMEFUL! This is the state of the American, and specifically Connecticut, healthcare system.

We are grateful that CT is currently using some COVID relief money to expand the Access Health plans, to which prior to that, had premiums for us that were higher than the \$18,000 with Connecticare, also with an over \$6000 per person deductible. Currently, we are able to have credits with Access Health that have made our premiums much more affordable. We do still have an over \$6,000 per person deductible, but this is at least better than what we were paying before, as we can use some of the premium savings to actually access healthcare. Prior to that, our plan was in place primarily to not bankrupt us should there be a catastrophic health issue. We fear that this relief will be temporary and we will once again need to pay these unaffordable, obscene, astronomic premiums for NO AFFORDABLE ACCESS to care, so that the CEOs can become multi-millionaires and billionaires as they decrease access to care. They do not need the money. We need healthcare, and they are taking it away so that they can get even more wealthy, a degree of wealth which they do not need or deserve. Please put a stop to this constant increase in greed by the health insurance companies. Say no to their tactics, to their bullying threats of taking jobs out of state, to their obscene greed. Please say no.

Respectfully
 Debra Dauphinais

From: tswan@igc.org
To: Ratefilings, cid
Subject: testimony

Date: Monday, August 15, 2022 2:32:04 PM
Attachments: CID rate hearing 8152023.docx

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.



Testimony of Tom Swan, Executive Director of the Connecticut Citizen Action Group (CCAG) Health Insurance Proposed rates for 2023 August 15, 2022

Commissioner Mais,

My name is Tom Swan, and I am the Executive Director of the Connecticut Citizen Action Group (CCAG). On behalf of our thousands of member families, I urge you to reject the proposed increases from CIGNA and ConnectiCare that you are hearing today, and the other proposed rates for 2023 not being heard today.

I first want to address the myth the insurers and the previous Commissioner for CID have pushed out. CCAG rejects their arguments that this review should be focused on solvency questions. We agree that being able to ensure that claims can be paid is part of mission of the Insurance Department. Protecting consumers from abusive practices of insurers is another.

CCAG has been researching and tracking the five health insurance companies who sent Governor Lamont the so-called "extortion" letter around the public option in 2021. This has been as part of our work detailed on the Connecticut's Five Families Facebook page, where we have focused more on the four forprofit corporations. CCAG's most recent report analyzes data from 2021 and actually makes the case that we should be considering refunds for policyholders, instead of rate increases. Some key data points from the report to be aware of are:

- Anthem (now Elevance Health) had over \$6 billion in profits in 2021 that represented a 33% increase over the year before.
- CIGNA did over \$7.4 billion in stock buybacks last year, further enriching corporate insiders as if the \$91 million David Cordani took home wasn't too much already. On a June call with analysts in the company, CIGNA bragged how they already had bought over \$3 billion in buybacks and were on track to exceed \$7 billion again this year. This is not what Connecticut policyholders' premiums should go towards.

Meanwhile we continue to see patients' out-of-pocket expenses (in addition to premium increases) go up 10% in 2020, and they are expected to continue at that pace for at least 5 more years.

These increases are after the pandemic showed the inadequacy of private insurance and their limitless greed. Insurers got the federal government to pick up the costs of testing and treating COVID while getting Congress to increase premium support, so more people buy their product despite their total failure to adequately help policyholders navigate the crisis. They did not distribute masks nor have community

CONNECTICUT CITIZEN ACTION GROUP





30 ARBOR ST STE 6 N ■ HARTFORD, CT 06106 ■ (860) 233-2181 ■ FAX: (860) 233-2189 ■ E-MAIL: ACTION@CCAG.NET ■ WEBSITE: WWW.CCAG.NET health workers proactively educate people on how to stay safe and access the care they may need, including mental health. Their behavior during the pandemic almost writes an updated version of author Naomi Klein's "Shock Doctrine" by itself.

We recognize that we need stronger tools to rein in the greed of health care corporations and that the current regulatory construct does not protect patients. That is why CCAG supported a public option in health care — to provide an option that would force these companies to finally be accountable. Health Insurers are not powerless when it comes to increased costs as they like to make believe to all of us. Instead, they should be viewed as the heads of a cartel-like entity that looks to maximize profits while blaming providers and drug companies, like a Three Stooges skit. Hospitals and Big Pharma are not innocent players, but insurers play a central role in skyrocketing costs. To argue differently would ignore how:

- Most large insurers operate their own pharmacy benefit managers that create many internal conflicts at the expense of patients.
- United Healthcare has the largest number of doctors and nurses on payroll and CVS/Aetna has the fourth most.
- CVS/Aetna is ranked 7th, United Health Care 8th, CIGNA 28th and Elevance 50th in terms of revenue of corporations worldwide.

None of these companies need another penny from CT ratepayers. They need much stronger oversight to make sure the vertically integrated corporate behemoths that are assembling are maximizing our health, and not just profits. Please reject these increases.

CONNECTICUT CITIZEN ACTION GROUP



From: Joyce Back
To: Ratefilings, cid
Subject: Tired of being robbed

Date: Saturday, August 13, 2022 5:06:44 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.

For-profit health insurance is the most ridiculous, wasteful, harmful, maddening idea ever! Connecticut, dump the insurance companies and create a Medicare for all system. It's about freaking time!



From: Amanda Pasciucco Ratefilings, cid To: Subject: Very concerned!

Monday, August 8, 2022 12:04:00 PM Date:

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Insurance companies have requested that the Connecticut Insurance Department (CID) approve a rate increase by an average of 20.4% for plans starting in 2023, a steep spike from the 8.6% average rate increase request for 2022. Insurers claim this proposed hike is a result of the rising costs of healthcare and pharmaceuticals, but it comes at a time when we are already facing the highest inflation rates in 40 years.

Anyone who wants to speak virtually at the meeting via Zoom can sign up by clicking the button below to send an email with your name and written comments attached.

Hartford, CT resident, owner of a group private practice in behavioral health, and also a consumer of Access Health insurance. I am very concerned that 2021 Earned Premiums (net of risk transfers) of \$632.7 million, Incurred Claims of \$573.1 million. How is this helpful for anyone to have a rate request – 24.1% average increase? Hartford resident, group private practice behavioral healthcare owner, and purchaser on Access Health

Live passionately and with awareness of your impact, Amanda

Amanda Pasciucco, LMFT, PhD Candidate (She/Her)

AASECT CST, CE Provider, CST-S in Training

Owner and Founder, Life Coaching and Therapy - LCAT



From: Lea White
To: Ratefilings, cid

Subject: Very harmful and excessive rate hikes **Date:** Wednesday, August 10, 2022 3:41:12 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Connecticut Insurance Department,

Hello, I would like to comment on the health insurance proposals filed by CIGNA Health & Life, CTCare Inc., CTCare Benefits Inc., and the ConnectiCare Insurance Company, Inc. for 2023 plans both on and off Access Health CT, the state's federal Affordable Care Act exchange.

These proposals are outrageous. The state should reject them. Insurance companies bring in millions of dollars on profit. The idea of raising rates on working people, which would result in the loss of access to care, is unconscionable. Please deny these requests.



From: Kristi Talmadge
To: Ratefilings, cid

Subject: Virtual Hearing Insurance Rate Hikes **Date:** Friday, August 12, 2022 11:55:11 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I was told I could give a short testimony on the proposed Insurance Rate hikes during the hearing on Monday.

I have gone without medications for two years over not being able to afford the ACA and would like to give a price comparison as to what it was in 2014 when I first went on it and prices now.

Thank you for any information you can provide.

Kind regards, Kristi Talmadge From: <u>Kara Simmers</u>
To: <u>Ratefilings, cid</u>

Subject: Virtual Remarks - Public Hearing: Health Insurance Carriers

Date: Friday, August 12, 2022 10:27:47 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Virtual Remarks: State Health Insurance Carriers Asking to Increase the Cost of Individual Plans

From Kara Simmers

Hello,

My name is Kara Simmers. I am a 43-year-old single woman with chronic health conditions. My greatest expense is healthcare.

A little over a decade ago, I left a job with health benefits to care for my mom when she was dying of cancer. Many people have made similar difficult choices to care for loved ones. Since then, I have worked in a variety of roles, but my life has required the kind of flexibility that is difficult to achieve working in a benefits-included job.

I am immensely grateful for the health exchange and the plans provided; however, the cost of these plans has already become untenable, even without dramatic rate increases. In 2014, the monthly premium of the second lowest-cost silver plan for someone my age (at that time) was \$313.41. Last year, that same type of plan cost \$548.45. I pay significantly more since I purchase gold plans to meet my chronic healthcare needs. I recognize that I have aged and that other factors have influenced premium costs during these years; however, this year's proposed increase would further magnify the long-term financial impacts.

I'm incredibly fortunate to be able to purchase comprehensive plans each year on the exchange to ensure that I can receive the care I need to maintain my health despite my body's many challenges. But I will not be able to continue to afford these high rates, especially with outsized increases. The extraordinary cost you place upon us with these proposed rate increases would further burden us, particularly now with inflation already increasing the costs of all necessities.

Those of us with chronic health conditions are constantly barraged with unexpected bills and endless healthcare costs that expose the inefficiencies of the entire system. Piling onto that financial burden would further limit our resources and negatively impact our health.

Please remember that you are working in an industry that directly affects the well being of

people. Help us achieve and maintain good health.

Take care,

Kara Simmers

From: Linda Robak
To: Ratefilings, cid

Subject: We Say No to Greedy Insurance Company Rate Hike requests!

Date: Monday, August 15, 2022 8:23:51 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Commissioner Andrew Mais,

Dear Commissioner Mais and the CT Insurance Department,

I write today to strongly oppose requests before you by health insurance companies to increase premiums for individual and small group health insurance plans.

These companies continue to spend billions of ratepayer dollars on executive compensation, stock buybacks, and profits for already-rich shareholders. Each dollar spent in this manner comes from denied claims and overly high premiums.

Too many residents of Connecticut struggle already to pay high premiums and get the care they need from insurance companies whose priorities are clearly not our health.

We urge you to reject all of these rate increase requests, and to consider curbing the ability of health insurance companies to continue making obscene profits off of our health.





From: <u>Dinesh Kapur</u>
To: <u>Ratefilings, cid</u>

Subject: Worried about Insurance rate hikes! **Date:** Wednesday, August 10, 2022 4:12:17 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

To whom it may concern,

I'm writing this testimony due to my concern regarding health insurance rate hikes that we have been seeing for many years and they have been proposed again.

We need to ask ourselves a question as to why the rate hikes keep on happening on a year over year basis and the quality as well as access to care in the State of Connecticut keeps on going down or gets centralized.

On the State Legislative front I would like to ask as to what we are doing regarding:

- 1. Hospital mergers and Health Network Consolidation leading to market monopolies and limiting patient choices.
- 2. Hospitals and networks acquiring Private Physician practices and increasing the billing under the Hospital facility fees and raising the cost of care for the same services.
- 3. Why are we not increasing competition rather than eliminating it by not re looking at our Certificate of Need (CON) process that has been utilized by Hospitals and Networks to further consolidate their control over Imaging centers and Radiation Oncology facilities, etc? This has led to them being able to charge extremely high fees for the services provided!
- 4. How are the Medical Groups that are subsidiaries of Hospital Networks being utilized to limit patient choices, diverting patients to specific entities and increasing cost of care by moving patients to high cost centers? Case in point is Hartford Healthcare Medical group and Yale Medical group.
- 5. Why are the Medical Groups that acquire Physician Practices under the health networks not being taxed?
- 6. Higher rates mean that we become less competitive as a State and Employer groups and employees are leaving the State for cheaper regions in the country.

I have many more issues that I would like to bring to light to highlight the reasons that are raising cost of care in the State of Connecticut, limiting access for patients as well as eliminating competition and causing monopolization by two of the biggest networks in the state.

Thank you.

Sincerely a concerned citizen.

Dinesh Kapur, MD President, Connecticut Oncology Association Get Outlook for Android

From: Walt & Peg Ciplinski
To: Ratefilings, cid

Subject: Written testimony for August 15, 2022 public hearing

Date:Friday, August 12, 2022 4:23:00 PMAttachments:Testimony, CT Ins. Comm8-12-22.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good Afternoon,

Below is a pdf attachment containing my written testimony for the CT Insurance Commission public hearing scheduled for August 15, 2022. I ask that it be added with any other documents going to that hearing.

Thank you,

Walter Ciplinski

To: Connecticut State Insurance Commission

From: Walter Ciplinski,

Re: Testimony for Public Hearing August 15, 2022

Date: August 12, 2022

First, let me thank the Insurance Commission for holding this public hearing regarding published health insurance rates for Connecticut. A diversity of ideas is a blessing for all to hear.

For the many years that I have lived in CT, consumer concerns with health insurance rate increases is ongoing year after year. To me, this says that the right questions are not being asked. May I suggest one of them not yet asked. Why should any corporation profit from someone's healthcare or illness? At the end of this testimony, I have a suggestion of how to head in that direction.

It is clear that tinkering around the edges by reducing or phasing rate increases is not sufficient to to solve the problem of increaingly higher health insurance rates that fail to meet the needs of all patients.

Consider the following points made in a National Institute of Health publication: Institute of Medicine (US) Committee on Implications of For-Profit Enterprise in Health Care; Gray, B.H., ed.

For-Profits treat healthcare as a commodity to be bought and sold in the marketplace. It should be a right for every citizen.

For-Profits damage the physician/patient relationship and erode trust. They create conflicts of interest and diminish quality of care.

For-Profits undermine medical education.

For-Profits use of economic and political power has created a medical-industrial complex to exert undue influence on public policy.

Let me add a few more points based on my personal observations. For-Profits are destroying medicine as a profession. Is that something to be proud of? I read about health insurance executives multi-million dollar annual renumeration, "golden parachutes" to ease into retirement, and large stockholder profits. I read, too, about fellow human beings less fortunate than I who cannot afford decent healthcare insurance, do without needed medical care because of cost, ration medications and risk adverse health effects, and lack appropriate healthcare facilities in their community. Which of these situations contributes to making America great?

The Insurance Commisssion has the authority to take a small step toward the better question of why is there profit in healthcare to begin with? The Commission can begin by denying a future rate increase to any health insurance company that had a profitable balance sheet in the prior year.

Again, thank you for the privilege of your time, today.

Walter Ciplinski

From: Kathy Flaherty
To: Ratefilings, cid

Subject: Written testimony for public hearing 8-15-2022 **Date:** Wednesday, August 10, 2022 4:00:54 PM

Attachments: <u>image001.png</u>

CLRP insurance department hearing on rate increases 8-15-2022.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Please see attached testimony for Monday's public hearing. I want to testify remotely.

Thanks, Kathy

Kathleen M. Flaherty
Executive Director
Connecticut Legal Rights Project, Inc.





"I hope this email finds you safe at home enjoying the many accessibility features disabled people fought for and still don't get." - Imani Barbarin

CLRP's office have reopened to the public by appointment only. Walk-ins are not accepted. To schedule an appointment, please call 1-877-402-2299. As our main and satellite offices are located within healthcare facilities, masks are required of all visitors, even if vaccinated. Please call your CLRP paralegal or attorney upon arrival to the building so they can meet you at the door and escort you for your appointment. CONFIDENTIALITY NOTICE: This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is



TESTIMONY OF KATHLEEN M. FLAHERTY, ESQ. EXECUTIVE DIRECTOR, CONNECTICUT LEGAL RIGHTS PROJECT CT DEPARTMENT OF INSURANCE PUBLIC HEARING ON PROPOSED RATE HIKES AUGUST 15, 2022

Thank you to the Connecticut Insurance Department for the opportunity to submit this testimony to you as you consider the rate hikes proposed by several insurance companies for small group plans.

I submit this testimony in my role as Executive Director of Connecticut Legal Rights Project, a small, state-wide nonprofit with 12 employees, 4 of whom (including me) are covered by CLRP-sponsored health insurance. I also share these remarks in my capacity as an employee who covers both myself and my husband through the coverage offered by CLRP because my husband is self-employed. Any of our employees who can get health coverage elsewhere do, because the coverage is better (and less expensive) than what we are able to offer.

I have attached to my testimony a document prepared by CLRP's Business Manager that outlines the cost history to Connecticut Legal Rights Project to provide employer-sponsored health insurance to our employees. We have often switched carriers in order to try to reduce costs, despite the disruption that changing insurance carriers can cause for employees whose providers may or may not accept certain insurance plans. This coming up year, we will have no choice but to switch carriers again, because Harvard Pilgrim, with whom we have had a contract since 2015, is no longer offering small group plans in Connecticut. Whatever rate increases you approve, our organization will need to bear the cost.

These costs are simply unsustainable for both employers and employees. In the rare instances where we have not experienced significant rate increases, it's because the plans offered were worse for our employees and raised their cost-sharing. When we first started offering a high deductible health plan, it was a \$2000/\$4000 plan. It currently is \$2800/\$5600 with a maximum out of pocket of \$5600/\$11,200 for out of network. People are not getting the health care they

need because they cannot afford it. Especially when it comes to behavioral health care, the networks of providers who accept commercial insurance and are taking new patients continue to shrink.

I also want to share my experience as someone living with long Covid after first getting sick in March 2020. I have endured multiple denials of coverage for treatment that my doctors have recommended. I have appealed those denials with the help of the State of Connecticut Office of the Healthcare Advocate, but have lost those appeals. I continue to suffer because my insurance company will only cover certain treatments if the patient's diagnosis is listed on their formulary – a document that has not been revised since prior to the pandemic, which means that they are denying care to a whole lot of people. I have had coverage for tests denied when there is literally only one lab in the entire country who performs certain auto-antibody testing. We simply asked that the lab be considered in-network, and Harvard Pilgrim said no. That, too, is currently being appealed.

I urge you to deny these proposed rate increases, because the residents of Connecticut deserve better than this. The employers of Connecticut deserve better than this. Insurance companies make more money for their shareholders when they deny coverage for needed care or shift the costs to patients. We need to get profit out of health care. Do not approve these requested rate increases.

Thank you for your consideration of this testimony as you make your decisions.

2006-2007 (1)

MEHIP BC POS coverage

2007-2008 (2)

15.89 % increase in MEHIP BC POS 2007-2008 cost - Did not incur cost switched to

Anthem BC POS and an HSA account

2008-2009

11.88% increase Anthem BC POS and HSA

2009-2010

10.59% increase Anthem BC POS and HSA

2010-2011 (3)

12.53% increase Anthem BC POS and HSA (kept the plan however benefits reduced for members)

2011-2012

9.59% increase Anthem BC POS and HSA

2012-2013

7.52% increase Anthem BC POS and HSA

2013-2014

16.70% increase Anthem BC POS and HSA

2014-2015 (4)

No increase plan changed to Anthem POS

2015-2016 (5)

No increase plan changed to HARVARD PPO

2016-2017 (6)

No Increase changed plan to HSA 2000/4000 deductable and also offered POS staff that took the HSA plan did not have payroll deductions.

2017-2018

No Increase

2018-2019

18.80% Increase Harvard Pilgrim

2019-2020

7.47% Increase Harvard Pilgrim

2020-2021

7.36% Increase Harvard Pilgrim

2021-2022

10.40% Increase Harvard Pilgrim

2022-2023

12.96% Increase Harvard Pilgrim

strictly prohibited. If you suspect that you have received this communication in error, please
notify me immediately by reply e-mail at
, and immediately delete this message and all its attachments.

From: Alexandra Solomon
To: Ratefilings, cid
Subject: Written testimony

Date: Saturday, August 6, 2022 4:10:33 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Regarding proposed 20.4% rate increases in insurance plans:

I am both a healthcare provider, a business owner, and a disabled person who obtains healthcare through Access Health. My healthcare costs this year, with insurance, have been over \$11,000 so far (with almost half the year left to go). Increasing my premiums would significantly impact my life. The plans through the exchange are already prohibitively expensive for many many people across the state, given that they are all high deductible plans requiring significant out of pocket expenses.

In addition, I can tell you that, as a healthcare provider accepting insurance, no insurance companies have increased my reimbursement rate since the last round of rate increases, including the companies offering plans through the exchange. Insurance companies continue to rake in record profits through this disingenuous type of price gouging. Their senior executives pocket the profits. They do not pass these funds on to either their providers or their members.

These proposed rate hikes will cause people to forego necessary, preventative care, as well as minimally invasive treatments; this delay in care will absolutely cause our already overburdened hospitals to be flooded with people needing higher levels of care, increasing costs both for members, and for the state and the taxpayers, who ultimately foot the bill for these emergency room visits.

DO NOT allow these corporations to increase their prices during a period of record inflation and an unprecedented mental health crisis. Doing so would be disastrous.

Respectfully,

Alexandra Solomon, LCSW

--

Alexandra Solomon, LCSW

From: <u>cid.webmaster@ct.gov</u>

To: Ratefilings, cid

Subject: Health: Anthem Health Plans, Inc - 2023 On and Off Exchange Rates - File Number: 202203526

Date: Friday, August 19, 2022 3:26:26 PM

Please don't increase our rates again. They are barely affordable as it is especially with inflation.

Subject: Health: ConnectiCare Benefits, Inc. - 2023 On Exchange Rates - File Number: 202203598

Date: Sunday, August 21, 2022 5:28:42 PM

Outrageous price increase. Each year price goes up and benefits go down. \$50.00 co pay seems the highest around

Subject: LTC: Genworth Life Insurance Company - 2022 Forms 7042 7043 7044 7045 - File Number: 202204101

Date: Tuesday, August 23, 2022 11:17:14 PM

On July 29, 2022, Genworth Life Requested "an average increase on a subset of its Choice 2, Classic Select and Privileged Choice long term care policies, approximately 6,610 lives in-force".

This Rate Filing says specifically "GLIC is differentiating its rate increases according to the projected experience, and resulting level of risk, associated with certain key policy features. The most significant risks are observed with policies with the riches potential benefits, meaning long benefit periods and large compound benefit increase options, and thus higher rate increases are appropriate for those cohorts."

Those cohorts with long benefit payouts and large compound benefit increase options on two persons (1.) have already been paying a much higher premium to retain the policy over time and have already subsidized other contracts for many years and continues to subsidize them; and (2.) are only allowed payments for one person at a time, due the small limited per month nursing home payment allowed, and cannot possibly use the total amount of benefit accumulated at 5% increase per year. Were there profits to shareholders declared in the early years? Adding more burden on the few contracts in a cohort appears to be simply to force out those specific contracts just as the benefit will be needed. The premise of shared risk is the foundation of insurance. That is why groups of Policy Forms are assembled each year.

Splitting up of the group selectively into segments or small units by various benefit options, is predatory toward individual policy holders in the guise of maintaining the good for all. The reason Policy Forms into groups, to ask for rate increases, is to spread the risk and costs among many. The individual policy cohort is already paying more by their selected features.

Subject: LTC: Genworth Life Insurance Company - 2022 Forms 7035 7037 - File Number: 202204097

Date: Tuesday, August 23, 2022 1:55:58 PM

I feel Genworth needs to take some responsibility for under pricing their policies. I've had 7 rate increases ranging from 15% to 40%. My policy is under form 7037. We are in an inflationary period and many of us are on fixed incomes. At least do an increase where it can be spread out over three years at the minimum requirement for this at 20%, so we can not be forced to drop or keep reducing our benefits.

Thank you,

Subject: LTC: Genworth Life Insurance Company - 2022 Forms 7042 7043 7044 7045 - File Number: 202204101

Date: Tuesday, August 30, 2022 10:34:42 AM

does it matter how long I (we) are in the LTC facility.

I enrolled in my Genworth LTC policy in 2011. Since that time, according to Genworth's documents in this filing, my premiums have increased eight times for a total compounded increase of 84%.

Now Genworth wants another increase of over 100 percent. I honestly do not understand how the CID can continue to approve or justify these increases. When I signed up with Genworth 10 years ago the Connecticut Partnership policy with a 5% benefit compound seemed like a very good policy. This policy pays a certain per day amount for a certain number of years and it compounds 5% per year until I need to start using it.

It is a simple math equation to figure out how much money Genworth is obligated to pay based on the average age that people start using their

benefits. In the CID executive summary for this filing, you state "long-term care premiums are set to cover expenses that are not expected to occur until a distant date, sometimes 20 years in the future." I say this is wrong. LTC policies are not like automobile policies. It does not matter how much the LTC facility charges. Nor

Genworth is only obligated to pay a certain amount each day for a certain maximum number of days, based on the policy.

Genworth may argue that life expectancy has affected their financial position. I say no. Life expectancy has not changed that much in the last 10 years. It certainly hasn't increased 84%.

I think what is going on here is Genworth has purposely undercut the rate of their policies to make them easy to sell, knowing

full well that they can just increase the rates later on, also knowing they can get away with it. Now people like me living on

a fixed income have to bare the burden of these ridiculously high rate increases. If this rate increase goes forward I will have no choice

but to cancel my policy, which is exactly what Genworth wants me to do because they really have no intentions of fulfilling their

obligation on these policies. I think Genworth should be held to atone.

I think an 84% increase over the last 10 years should be plenty for Genworth to remain financially healthy. If not, it's probably their

fault and has nothing to do with LTC costs. The CID should completely reject this increase and force Genworth to live up to what they promised and what I signed up for.

From: <u>cid.webmaster@ct.gov</u>
To: <u>Ratefilings, cid</u>

Subject: LTC: Genworth Life Insurance Company - File Number: 202204101

Date: Saturday, August 27, 2022 2:00:13 PM

This filing is only for the four CT contracts in the Haney vs. Genworth Lawsuit. It selectively targets the 240% rate increase to the few individual contracts with the "5% benefit increase feature" rather than spreading the risk across whole of the Policy Forms groups.

Subject: LTC: Genworth Life Insurance Company - File Number: 202204096

Date: Friday, August 26, 2022 11:35:56 PM

The proposed rate increase is brutally unfair to the policy holders! The Connecticut Insurance Department should not even accept such outrageous applications. The insurance companies might as well apply for 1000% or 10,000% increases. It is obvious that they simply want their policy holders to drop their policies so the companies can evade any pay-outs. Pretty good deal for the insurance companies! If the policy is dropped, they get to keep all the investment earnings on the premiums paid to-date.

Also, where is the responsibility? People buy insurance to eliminate or mitigate financial risks. Insurance Companies take on that risk in exchange for a fee. If they did not calculate the risks correctly, is that not their fault? Why should the policy holder be responsible? It's absurd!

Richard E. Murphy Genworth Long Term Care policy holder



Subject: LTC: Genworth Life Insurance Company - File Number: 202204097

Date: Friday, August 26, 2022 11:35:25 PM

The proposed rate increase is brutally unfair to the policy holders! The Connecticut Insurance Department should not even accept such outrageous applications. The insurance companies might as well apply for 1000% or 10,000% increases. It is obvious that they simply want their policy holders to drop their policies so the companies can evade any pay-outs. Pretty good deal for the insurance companies! If the policy is dropped, they get to keep all the investment earnings on the premiums paid to-date.

Also, where is the responsibility? People buy insurance to eliminate or mitigate financial risks. Insurance Companies take on that risk in exchange for a fee. If they did not calculate the risks correctly, is that not their fault? Why should the policy holder be responsible? It's absurd!

Richard E. Murphy Genworth Long Term Care policy holder



Subject: LTC: Genworth Life Insurance Company - File Number: 202204101

Date: Friday, August 26, 2022 11:34:58 PM

The proposed rate increase is brutally unfair to the policy holders! The Connecticut Insurance Department should not even accept such outrageous applications. The insurance companies might as well apply for 1000% or 10,000% increases. It is obvious that they simply want their policy holders to drop their policies so the companies can evade any pay-outs. Pretty good deal for the insurance companies! If the policy is dropped, they get to keep all the investment earnings on the premiums paid to-date.

Also, where is the responsibility? People buy insurance to eliminate or mitigate financial risks. Insurance Companies take on that risk in exchange for a fee. If they did not calculate the risks correctly, is that not their fault? Why should the policy holder be responsible? It's absurd!

Richard E. Murphy Genworth Long Term Care policy holder



Subject: LTC: Genworth Life Insurance Company - File Number: 202204101

Date: Tuesday, August 23, 2022 11:24:38 PM

Rate Filing 202204101

On July 29, 2022, Genworth Life Requested "an average increase on a subset of its Choice 2, Classic Select and Privileged Choice long term care policies, approximately 6,610 lives in-force".

This Rate Filing says specifically "GLIC is differentiating its rate increases according to the projected experience, and resulting level of risk, associated with certain key policy features. The most significant risks are observed with policies with the riches potential benefits, meaning long benefit periods and large compound benefit increase options, and thus higher rate increases are appropriate for those cohorts."

Those cohorts with long benefit payouts and large compound benefit increase options on two persons (1.) have already been paying a much higher premium to retain the policy over time and have already subsidized other contracts for many years and continues to subsidize them; and (2.) are only allowed payments for one person at a time, due the small limited per month nursing home payment allowed, and cannot possibly use the total amount of benefit accumulated at 5% increase per year. Were there profits to shareholders declared in the early years? Adding more burden on the few contracts in a cohort appears to be simply to force out those specific contracts just as the benefit will be needed. The premise of shared risk is the foundation of insurance. That is why groups of Policy Forms are assembled each year.

Splitting up of the group selectively into segments or small units by various benefit options, is predatory toward individual policy holders in the guise of maintaining the good for all. The reason Policy Forms are grouped, to ask for rate increases, is to spread the risk and costs among many. The individual policy cohort is already paying more by their selected features.

Subject: LTC: Genworth Life Insurance Company - File Number: 202204097

Date: Tuesday, August 23, 2022 11:38:59 AM

I'm a holder of a Genworth LTC policy First, it's very difficult to find out which Genworth filing applies to me. The policy form # should be readily viewable without having to go through filing data.

My policy is a Connecticut Partnership policy. I've expressed my views in past years. I deeply regret allowing the CT Partnership information to influence me into buying this terribly expensive policy. The state of CT marketed this as beneficial to residents and to the state to avoid Medicaid costs. I know you'll cut Genworth's % increase down somewhat. I know they'll offer lower premiums with lesser coverage. There's just been such an offer based on a lawsuit. I know costs are much higher than anticipated. I've had this policy since 2003 and I've spent tens-of-thousands of dollars. Hopefully I'll never use the policy and if I do need it, hopefully Genworth will be solvent.

I do think that because of the CT Partnership and all the representations that the state of CT made in writing, in pamphlets and in personal meetings, the state has some responsibility for lessening the enormous financial burden that this policy has placed on the policyholders.

Ann Serow,	
------------	--

Subject: LTC: Genworth Life Insurance Company - File Number: 202204101

Date: Monday, August 29, 2022 11:20:57 AM

The Rate Request on Policy form 7045CT must be a flat rate of increase for all policyholders, not on subsets or individual policies. The National Association of Insurance Commissions states

"An insurer cannot change the premium charged for the policy unless it receives the approval of the Department and it applies to all members of a class covered by the policy."

For the last premium adjustment, the State of CT Insurance Dept. said: "This premium adjust was implemented for all individuals covered under the policy form because of higher than expected claim costs." "GLIC was required to provide detailed account of the premiums collected for the policy series as well as an analysis of the claims incurred since the inception of this policy. This claims review was conducted on an aggregate basis for all CT policyholders holding his policy series and was not based on any one policyholder's holder's claims experience."

Therefore, the "119% Average Increase" request (or whatever rate is determined) must be applied to all 4 Policy Forms in the request for rate change and not differentiate between Policyholders within the group, as the request divides them in to two Benefit Periods: "Lifetime Benefit Period's Requested Rate Increases of 240%" and "Limited Benefit Period's Rate Increases of 110%". Rather, the increase needs to be the first stated 119% (or whatever rate is determined) applied to all Policy Forms – rather than on individual Policyholders.

From: Liz Dupont-Diehl <ldd.ccag@gmail.com>
Sent: Wednesday, August 24, 2022 1:18 PM

To: Mais, Andrew; Ratefilings, cid

Subject: Comments re 2023 Annual CID Health Rate Filings and Review Schedule

Attachments: A CLOSER LOOK_ The Mid Year Earnings of 7 Big For-Profit Insurance Companies.pdf

Some people who received this message don't often get email from Idd.ccag@gmail.com. Learn why this is important

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dear Commissioner Mais,

CCAG would like to submit the contents of <u>this report</u> -- also attached, and below -- as comments in the record of the 2023 small business and individual rate hike requests currently under review by your department.

This report was published the day after the department's recent public hearing. It provides critical context on the fiscal health and market positions of four of the companies now seeking to request consumer premiums, and details how their drive for profits impacts their provision of care.

Please note in particular the sections on UnitedHealthGroup, CVS Health/Aetna, CIGNA and Elevance (Anthem) - all of whom have rate hike requests under consideration by your Department.

We respectfully submit that these companies' profits, executive compensation, stock buybacks, as well as patient affordability, should be taken into account as you consider these rate hike requests.

Thank you,

Liz Dupont-Diehl

Liz Dupont-Diehl she/her

Connecticut Citizen Action Group



A CLOSER LOOK: The Mid Year Earnings of 7 Big For-Profit Insurance Companies

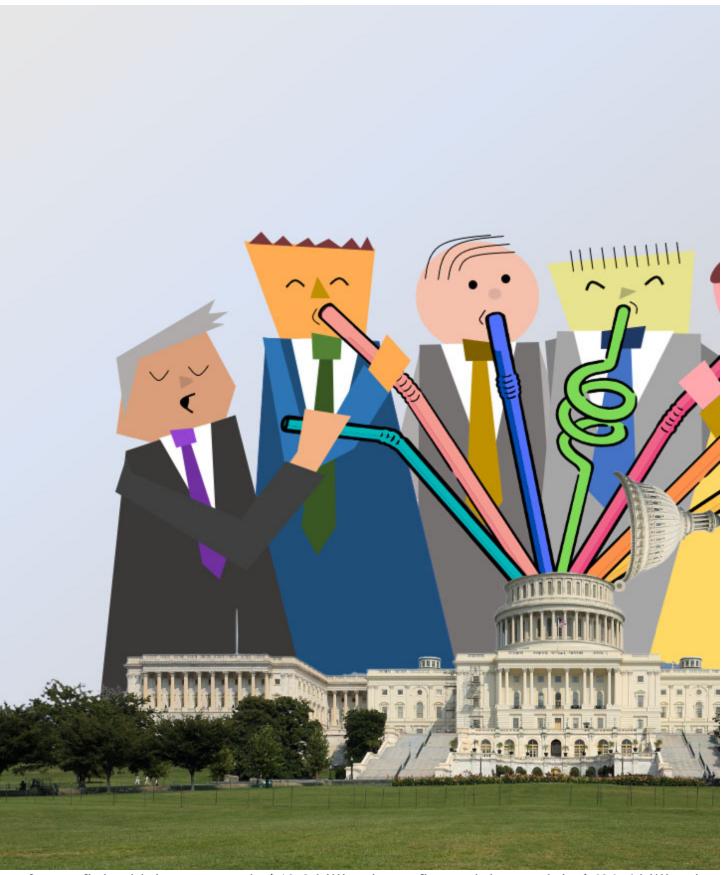
The country's biggest insurers took in \$620.6 billion in revenue, much of it from taxpayers.



Wendell Potter Now

Aug 16

7



7 for-profit health insurers made \$43.8 billion in profits, and they took in \$620.6 billion in revenue – much of it from taxpayers.

BIG INSURANCE MID 2022 SNAPSHOT

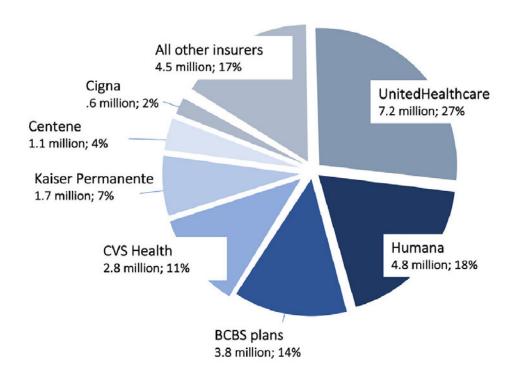
Key Takeaways:

- Three insurers' **PBMs** (Cigna, CVS/Aetna, UnitedHealth) <u>control **80%** of the pharmacy benefit market.</u>
- Cigna and CVS now get **more revenue from their PBMs** than their health plans and stores (CVS).
- The Big 7 for-profit insurers control 69% of the Medicare Advantage market.
- •85% of all new Medicare Advantage enrollment went to <u>for-profit</u> insurers in 2022.
- •99.3% of UnitedHealth's enrollment growth has been in government programs over the past 10 years.
- The Big 7 for-profit health insurers made \$43.8 billion in profits, and
- They took in \$620.6 billion in revenue, much of it from taxpayers.
- •53% of all Medicaid beneficiaries are now enrolled in health plans managed by the Big 7.

Meanwhile...

•43.4% of U.S. adults between 19-64 are <u>underinsured</u> primarily because of insurers' out-of-pockets demands.

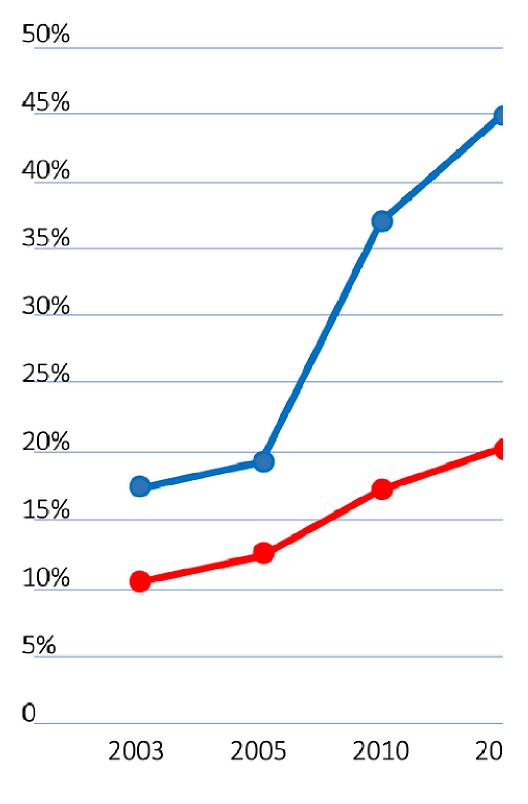
Medicare Advantage Enrollment by Firm or Affiliate, 2021



Source: KFF analysis of CMS Medicare Advantage Enrollment Files

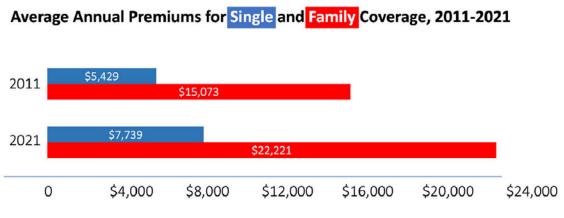
As the Big 7's profits skyrocket, so does the number of functionally uninsured (underinsured) Americans:

Share of underinsured adults ag



Source: Commonwealth Fund

And so does the cost of health insurance:



Source: KFF Employer Health Benefits Survey

UNITEDHEALTH GROUP

In 2012, UnitedHealth Group was #22 on the **Fortune 500** list of U.S. companies. Today it is #5.

- •45.8 million: The number of Americans enrolled in a public or private health plan managed by UnitedHealth at the end of 2Q22. That's up almost 10 million from 2Q12. But...
- •99.3%: How much of the company health plan enrollment growth has come from taxpayer-financed or supported government programs, **Medicare Advantage** in particular, over the past decade.
- •2.7X: How much UnitedHealth's Medicare Advantage enrollment grew between 2Q12 and 2Q22, from 2.6 million to almost 7 million.
- \$80.3 billion: UnitedHealth's total revenues in 2Q22, up 294% from \$27.3 billion in 2Q12.
- •323%: How much UnitedHealth's operating profits have increased between 2Q12 and 2Q22, from \$2.2 billion in 2Q12 to \$7.1 billion in 2Q22.
- 8.9%: UnitedHealth's operating profit margin in 2Q22, compared to 8.2% in 2Q12.

- 10.3X: How much Optum's profits increased between 2Q12 and 2Q22, from \$320 million to \$3.3 billion. Optum encompasses UnitedHealth's PBM and clinical practices and is the company's fastest-growing division.
- 8.9%: UnitedHealth's consolidated operating profit margin.
- Of note: In addition to operating one of the country's largest PBMs, UnitedHealth is also now the largest employer of physicians in the United States. More than 50,000 doctors work for the company.

CVS HEALTH/ AETNA

In 2012, CVS was #18 on the Fortune 500 list of U.S. companies. Today it is #4.

- •46%: The percentage of CVS's total revenues generated by its PBM in 2022.
- 26% and 29%: The percentage of revenues generated by the company's health plans and retail stores.
- •7.3X: How much Aetna's Medicare Advantage enrollment increased between 2Q12 and 2Q22.
- 2.4X: How much Aetna's Medicaid enrollment increased between 2Q12 and 2Q22.
- 800K: How much Aetna's commercial enrollment increased between 2Q12 and 2Q22.
- •\$10 billion: How much CVS is spending this year to buy back shares of its own stock.
- Of note: Four days after beating Wall Street's profit expectations for 2Q22, <u>CVS hired</u>
 <u>John Legend</u> to perform at a private party for company leaders at Disney World.

Wendell Potter NOW is a reader-supported publication. To receive new posts and support my work, consider becoming a free or paid subscriber.

Upgrade to paid

CIGNA

Over the past 10 years, Cigna has morphed from a health and disability insurance company to a PBM that also operates health plans.

- 0-70%: The change in the percentage of Cigna's total revenues from pharmacy operations between 2Q12 and 2Q22.
- \$31.9 billion: The revenues from Cigna's Express Scripts/Evernorth pharmacy operations.

- •\$13.2 billion: The revenues from Cigna's health plan operations in 2Q12, up from \$5 billion in 2Q12.
- •4.6X: The company's profit growth between 2Q12 and 2Q22, from \$434 million to \$2 billion.
- •3.8 million: The number of additional people enrolled in Cigna's U.S. health plans in 2Q22 compared to 2Q12.
- •3X: Enrollment growth in Cigna's Medicare and Medicaid plans between 2Q12 and 2Q22.
- •80.7%: The percentage of U.S. health plan revenue Cigna paid for medical care in 2Q22, down from 84.4% in 2Q21.
- Of note: During the first six months of 2022, Cigna repurchased 9.7 million shares of common stock for approximately \$2.3 billion. "Additionally, in July 2022, the Company received an initial delivery of 10.4 million shares of our common stock in accordance with the Accelerated Share Repurchase Agreements announced in June."

ELEVANCE

Elevance, which was WellPoint before it became Anthem (in 2014) before it became Elevance (in 2022), owns for-profit Blue Cross and Blue Shield companies in 14 states.

- 62%: The percentage of total revenues generated by Elevance's Medicare Advantage and Medicaid business during the first six months of 2022.
- •27%: The percentage of total revenues generated by Elevance's private paying individual and group (commercial) customers.
- •5.9X: How much Elevance's Medicaid enrollment grew between 2Q12 and 2Q22.
- •87%: The company's medical loss ratio for 2Q22, up from 86.8% in 1Q22 and 85.4% in 2Q12.
- 7.62%: How much Elevance's **stock dropped** in value in one day after the company reported spending more on medical care in 2Q22 than investors had expected.
- Of note: Elevance spent \$624 million buying back 1.3 million shares of its own stock during 2Q22.

CENTENE

Centene is the biggest **Medicaid** player by far among the Big 7. It now manages Medicaid plans in 29 states.

- 6.4X: How much Centene's Medicaid membership increased between the second quarter of 2012 and the same quarter in 2022, from 2.4 million to 15.4 million.
- •17.1X: How much Centene's revenues have increased over the past decade, from \$2.1 billion in 2Q12 to \$35.9 billion in 2Q22. The vast majority came from taxpayer-financed or subsidized Medicaid, Medicare Advantage, Tricare, and ACA marketplace plans.
- \$3 billion: How much Centene made in profits in 2021, up from \$190.3 million in 2011.
- •86.7%: How much Centene paid for medical care as a percentage of revenues last quarter, way down from 92.9% in 2Q12.
- Of note: In June, "Centene agreed to pay \$13.7 million to New Mexico to settle an investigation into its subsidiaries' inflationary pricing and reporting of pharmacy benefits in the state's Medicaid program."

HUMANA

Humana was a nursing home company before it became a hospital company (in 1972) before it became a managed care company (in 1993). Now it is getting back into health care delivery.

- •4.6X: How much more in profits the company made during the first six months of 2022 than in the same period in 2012, from \$604 million to \$2.8 billion.
- •2.4X: How much more the company collected in revenues in the first six months of 2022 than in the same period in 2012, from \$19.9 billion to \$47.8 billion.
- 200K: How much enrollment in the company's commercial (private paying) declined between 2Q21 and 2Q22.
- •2.7X: How much enrollment in Humana's Medicare Advantage plans increased between 2Q12 and 2Q22.
- •1.9X: How much enrollment in Humana's Medicare and military plans increased between 2Q12 and 2Q22.
- Of note: Humana said in July it will split itself into two units: health insurance services and CenterWell, the company's care delivery and healthcare services arm. It announced in August its plan to boost its Medicaid business by buying a Wisconsin-based managed care company.

MOLINA

Molina has grown from a small Medicaid managed care company into a one with 5.1 million people enrolled in its health plans in 19 states.

- •\$37 million: How much Molina lost in 2Q12.
- •\$600 million: How much the company made in profits in 2Q22.
- •94%: How much of the company's health plan enrollment is in government programs, primarily **Medicaid**.
- 200K+: The number of private-paying commercial members the company lost between 2Q21 and 2Q22.
- Of note: **100%** of Molina's enrollment growth between 2Q21 and 2Q22 was in Medicaid and Medicare Advantage. It's ACA marketplace enrollment **declined** from 638,000 to 357,000.

Subscribe to Wendell Potter NOW

By Wendell Potter Now · Launched a year ago

Pulling back the curtains on how Big Health is hurting Americans and how we got to this point.

Liz Dupont-Diehl she/her

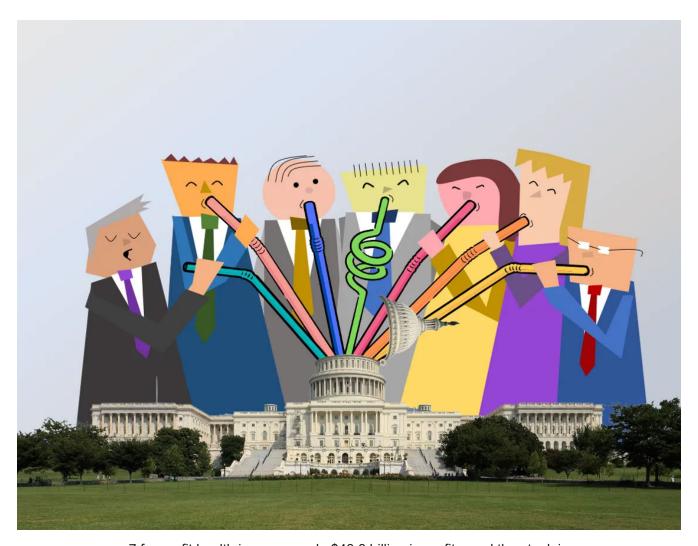
Connecticut Citizen Action Group



A CLOSER LOOK: The Mid Year Earnings of 7 Big For-Profit Insurance Companies

The country's biggest insurers took in \$620.6 billion in revenue, much of it from taxpayers.





7 for-profit health insurers made \$43.8 billion in profits, and they took in \$620.6 billion in revenue – much of it from taxpayers.

BIG INSURANCE MID 2022 SNAPSHOT

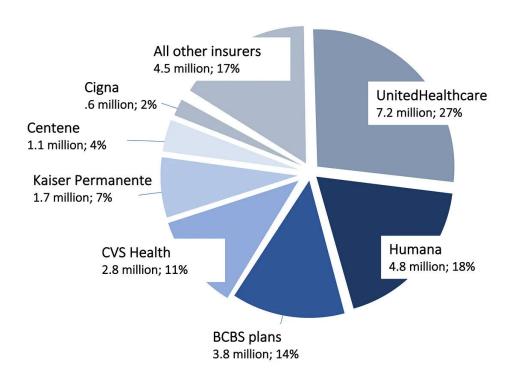
Key Takeaways:

- Three insurers' PBMs (Cigna, CVS/Aetna, UnitedHealth) control 80% of the pharmacy benefit market.
- Cigna and CVS now get more revenue from their PBMs than their health plans and stores (CVS).
- The Big 7 for-profit insurers control 69% of the Medicare Advantage market.
- 85% of all new Medicare Advantage enrollment went to for-profit insurers in 2022.
- 99.3% of UnitedHealth's enrollment growth has been in government programs over the past 10 years.
- The Big 7 for-profit health insurers made \$43.8 billion in profits, and
- They took in \$620.6 billion in revenue, much of it from taxpayers.
- 53% of all Medicaid beneficiaries are now enrolled in health plans managed by the Big 7.

Meanwhile...

• 43.4% of U.S. adults between 19-64 are underinsured primarily because of insurers' out-of-pockets demands.

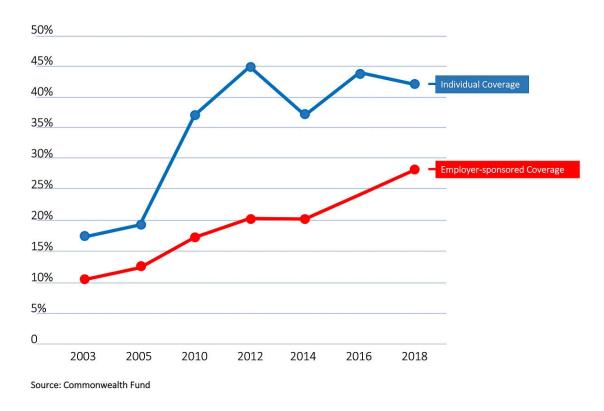
Medicare Advantage Enrollment by Firm or Affiliate, 2021



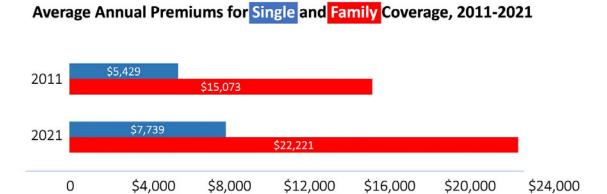
Source: KFF analysis of CMS Medicare Advantage Enrollment Files

As the Big 7's profits skyrocket, so does the number of functionally uninsured (underinsured) Americans:

Share of underinsured adults ages 19 - 64 by coverage type



And so does the cost of health insurance:



Source: KFF Employer Health Benefits Survey

UNITEDHEALTH GROUP

In 2012, UnitedHealth Group was #22 on the Fortune 500 list of U.S. companies. Today it is #5.

- 45.8 million: The number of Americans enrolled in a public or private health plan managed by UnitedHealth at the end of 2Q22. That's up almost 10 million from 2Q12. But...
- 99.3%: How much of the company health plan enrollment growth has come from taxpayer-financed or supported government programs, Medicare Advantage in particular, over the past decade.
- 2.7X: How much UnitedHealth's Medicare Advantage enrollment grew between 2Q12 and 2Q22, from 2.6 million to almost 7 million.
- \$80.3 billion: UnitedHealth's total revenues in 2Q22, up 294% from \$27.3 billion in 2Q12.
- 323%: How much UnitedHealth's operating profits have increased between 2Q12 and 2Q22, from \$2.2 billion in 2Q12 to \$7.1 billion in 2Q22.
- 8.9%: UnitedHealth's operating profit margin in 2Q22, compared to 8.2% in 2Q12.
- 10.3X: How much Optum's profits increased between 2Q12 and 2Q22, from \$320 million to \$3.3 billion. Optum encompasses UnitedHealth's PBM and clinical practices and is the company's fastest-growing division.
- 8.9%: UnitedHealth's consolidated operating profit margin.
- Of note: In addition to operating one of the country's largest PBMs, **UnitedHealth is** also now the largest employer of physicians in the United States. More than 50,000 doctors work for the company.

CVS HEALTH/ AETNA

In 2012, CVS was #18 on the Fortune 500 list of U.S. companies. Today it is #4.

- 46%: The percentage of CVS's total revenues generated by its PBM in 2Q22.
- 26% and 29%: The percentage of revenues generated by the company's health plans and retail stores.

- 7.3X: How much Aetna's Medicare Advantage enrollment increased between 2Q12 and 2Q22.
- 2.4X: How much Aetna's Medicaid enrollment increased between 2Q12 and 2Q22.
- 800K: How much Aetna's commercial enrollment increased between 2Q12 and 2Q22.
- \$10 billion: How much CVS is spending this year to buy back shares of its own stock.
- Of note: Four days after beating Wall Street's profit expectations for 2Q22, CVS hired John Legend to perform at a private party for company leaders at Disney World.

Wendell Potter NOW is a reader-supported publication. To receive new posts and support my work, consider becoming a free or paid subscriber.

CIGNA

Over the past 10 years, Cigna has morphed from a health and disability insurance company to a PBM that also operates health plans.

- 0-70%: The change in the percentage of Cigna's total revenues from pharmacy operations between 2Q12 and 2Q22.
- \$31.9 billion: The revenues from Cigna's Express Scripts/Evernorth pharmacy operations.
- \$13.2 billion: The revenues from Cigna's health plan operations in 2Q12, up from \$5 billion in 2Q12.
- 4.6X: The company's profit growth between 2Q12 and 2Q22, from \$434 million to \$2 billion.

- 3.8 million: The number of additional people enrolled in Cigna's U.S. health plans in 2Q22 compared to 2Q12.
- 3X: Enrollment growth in Cigna's Medicare and Medicaid plans between 2Q12 and 2Q22.
- 80.7%: The percentage of U.S. health plan revenue Cigna paid for medical care in 2Q22, down from 84.4% in 2Q21.
- Of note: During the first six months of 2022, Cigna repurchased 9.7 million shares of common stock for approximately \$2.3 billion. "Additionally, in July 2022, the Company received an initial delivery of 10.4 million shares of our common stock in accordance with the Accelerated Share Repurchase Agreements announced in June."

ELEVANCE

Elevance, which was WellPoint before it became Anthem (in 2014) before it became Elevance (in 2022), owns for-profit Blue Cross and Blue Shield companies in 14 states.

- 62%: The percentage of total revenues generated by Elevance's Medicare Advantage and Medicaid business during the first six months of 2022.
- 27%: The percentage of total revenues generated by Elevance's private paying individual and group (commercial) customers.
- 5.9X: How much Elevance's Medicaid enrollment grew between 2Q12 and 2Q22.
- 87%: The company's medical loss ratio for 2Q22, up from 86.8% in 1Q22 and 85.4% in 2Q12.
- 7.62%: How much Elevance's stock dropped in value in one day after the company reported spending more on medical care in 2Q22 than investors had expected.
- Of note: Elevance spent **\$624 million** buying back 1.3 million shares of its own stock during 2Q22.

CENTENE

Centene is the biggest **Medicaid** player by far among the Big 7. It now manages Medicaid plans in 29 states.

- 6.4X: How much Centene's Medicaid membership increased between the second quarter of 2012 and the same quarter in 2022, from 2.4 million to 15.4 million.
- 17.1X: How much Centene's revenues have increased over the past decade, from \$2.1 billion in 2Q12 to \$35.9 billion in 2Q22. The vast majority came from taxpayer-financed or subsidized Medicaid, Medicare Advantage, Tricare, and ACA marketplace plans.
- \$3 billion: How much Centene made in profits in 2021, up from \$190.3 million in 2011.
- 86.7%: How much Centene paid for medical care as a percentage of revenues last quarter, way down from 92.9% in 2Q12.
- Of note: In June, "Centene agreed to pay \$13.7 million to New Mexico to settle an investigation into its subsidiaries' inflationary pricing and reporting of pharmacy benefits in the state's Medicaid program."

HUMANA

Humana was a nursing home company before it became a hospital company (in 1972) before it became a managed care company (in 1993). Now it is getting back into health care delivery.

- 4.6X: How much more in profits the company made during the first six months of 2022 than in the same period in 2012, from \$604 million to \$2.8 billion.
- 2.4X: How much more the company collected in revenues in the first six months of 2022 than in the same period in 2012, from \$19.9 billion to \$47.8 billion.
- 200K: How much enrollment in the company's commercial (private paying) declined between 2Q21 and 2Q22.
- 2.7X: How much enrollment in Humana's Medicare Advantage plans increased between 2Q12 and 2Q22.
- 1.9X: How much enrollment in Humana's Medicare and military plans increased between 2Q12 and 2Q22.

• Of note: Humana said in July it will split itself into two units: health insurance services and CenterWell, the company's care delivery and healthcare services arm. It announced in August its plan to boost its Medicaid business by buying a Wisconsin-based managed care company.

MOLINA

Molina has grown from a small Medicaid managed care company into a one with 5.1 million people enrolled in its health plans in 19 states.

- \$37 million: How much Molina lost in 2Q12.
- \$600 million: How much the company made in profits in 2Q22.
- 94%: How much of the company's health plan enrollment is in government programs, primarily Medicaid.
- 200K+: The number of private-paying commercial members the company lost between 2Q21 and 2Q22.
- Of note: 100% of Molina's enrollment growth between 2Q21 and 2Q22 was in Medicaid and Medicare Advantage. It's ACA marketplace enrollment declined from 638,000 to 357,000.

Comments



Write a comment...

© 2022 Wendell Potter \cdot <u>Privacy</u> \cdot <u>Terms</u> \cdot <u>Collection notice</u> <u>Substack</u> is the home for great writing From: Natalie Baker
To: Ratefilings, cid

Subject: We Say No to Greedy Insurance Company Rate Hike requests!

Date: Wednesday, August 24, 2022 6:47:24 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Commissioner Andrew Mais,

Dear Commissioner Mais and the CT Insurance Department,

I write today to strongly oppose requests before you by health insurance companies to increase premiums for individual and small group health insurance plans.

These companies continue to spend billions of ratepayer dollars on executive compensation, stock buybacks, and profits for already-rich shareholders. Each dollar spent in this manner comes from denied claims and overly high premiums.

Too many residents of Connecticut struggle already to pay high premiums and get the care they need from insurance companies whose priorities are clearly not our health.

We urge you to reject all of these rate increase requests, and to consider curbing the ability of health insurance companies to continue making obscene profits off of our health.

