

**Exchange Filings**  
**Public Comment 6/27/14-7/11/14**

Dear Green Mountain Care Board,

My husband and I are psychologists and own our own private practice.

Therefore, we work for ourselves and insure ourselves. In terms of our own health insurance, we have seen rates have double digit increases year after year. Approximately 4 years ago, we were paying \$750/month for a premium to insure our family, on a high deductible plan, with a max of less than \$7000 on top of the premium out of pocket. With the increases, this year we are now paying \$1,160/month just for the base premium, with a deductible and co-insurance on top of that, and our max out of pocket is \$12,000+. I was dismayed to read that BCBS, our insurer, wants to raise rates almost 10% again for next year. Our family IS the disappearing middle class. We are getting squeezed by this rising cost, gas prices, soaring food prices, in addition to all of the other costs that keep going up. We are at the mercy of the health insurance industry for our own job reimbursement, and the rates they set, so we cannot simply raise our rates to compensate. It is frightening how fast the health insurance costs keep going up.

In our professional lives, we see clients who are just as panicked. I have clients who have dropped out of treatment with me because they cannot afford the High Deductibles on their plans. I have had multiple cases where clients have not paid their deductibles with me, so I am simply not being paid. A few years ago, most deductibles were around \$500. Now, with \$3000 deductibles, some people cannot keep up so they just don't pay their providers. Is anyone tracking the impact of this on health care providers?

I have seen clients whose employers used to cover their insurance, but now need to cover themselves because employers are allowed to push their employees onto their own self-paid plans, BUT the employers do not raise salaries to compensate for this - which is a huge financial hit for them.

The people that I see who make very little money or are already on state aid have not been overly affected by the health care changes, because the state is continuing to cover costs for them. And the people who make a lot of money are disgruntled by this, but they can still afford it. But the middle class, like myself, who are struggling to keep up and figure out how to pay for their kid's college and maintain a house, are really feeling panicked.

If there is anything you can do to keep rates lower, we would certainly appreciate those efforts.

Sincerely,

Lisa M. Pezzulich, Psy.D.

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TO: Al Gobeille; Chair  
FROM: Heather F. Shouldice  
CC: Green Mountain Care Board  
Karen Shippee; VOA Legislative Chair  
DATE: July 8, 2014  
RE: 2015 Vermont Health Exchange Product Rate Filing

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In reference to the preliminary insurance carrier rate filings the Vermont Optometric Association (VOA) would like to share several concerns that the Green Mountain Care Board should carefully consider as it pertains to eye health and vision care.

VOA reviewed the 2015 Vermont Health Exchange Product Rate Filing Actuarial Memorandums. Both Blue Cross & Blue Shield (BCBS) and MVP have documented the pediatric vision benefit as a factor in rate increase filings. It is important to understand that BCBS is providing this benefit through an outside vision rider, VSP. After reviewing the BCBSVT Standard and Non-standard Plans, VOA noted the deductible for the pediatric vision benefit is near equal or more than some providers are being reimbursed for these benefits. We understand the value in analyzing actuarial values for benefits offered, particularly when requesting a rate increase. We see that BCBSVT has quoted, per VSP (p.10), \$3.10/mo. cost per child and \$0.58 PMPM. We do not, however, see that VSP has submitted any analysis to justify this cost and to detail expenditures. The VOA asks that VSP present GMCB with this analysis for the pediatric vision benefit. We also ask that VSP and BCBS provide explanation for the co- pays.

VOA understands that the GMCB is charged with approval of rate increases, while balancing cost, access, quality, and solvency. Keeping that in mind, we are submitting three important areas to consider. The below comparisons and evaluations of the pediatric vision benefits as presented by MVP and BCBS will assist the GMCB with a much better understanding of how eye health and vision benefits are being provided by each carrier.

- MVP offers a pediatric vision benefit, exam and materials, paid through and administered by MVP itself. This means that any MVP provider of medical eye care is also able to provide the pediatric vision benefit to patients. BCBS offers the pediatric vision benefit, exam and materials, through a separate vision rider. This means that not all BCBS contracted providers are able to provide the children's pediatric vision benefit, without also contracting with Vision Service Plan. We estimate that 70% of BCBS eye-care providers are also contracted to offer the pediatric vision benefit. By offering this benefit through the medical carrier, like MVP, this would improve access to care.
- MVP offers a dollar amount material benefit. Members are able to utilize this benefit with any MVP provider. There is no limitation or stipulation on frame or lens selection. In addition, the MVP contracted provider is able to provide the material benefit through his/her contracted lab or in- house lab of choice. BCBS offers the material benefit through VSP. VSP requires providers to use a VSP owned frame line. Most VT eye care providers do not currently stock this frame line. The glasses must be manufactured in the VSP owned, Ohio located, lab. Revenues on materials go to the California based VSP vision rider.

- o MVP's plan helps ensure dollars are retained in VT. BCBS plan sends dollars for children's eyewear out of state.
- o MVP allows for patient choice of any children's eyewear frame and lens material. The BCBS plan allows only for VSP owned frame lab supplied lenses.
- o MVP allows provider's use of provider partnered and provider in-house labs, which provide the patient with a much sooner turnaround time to receive their eyewear.

Improved access to care, retention of state dollars, improved turnaround time and quality can be achieved by providing the pediatric vision benefit as one embedded in the medical plan and with a dollar amount towards glasses. BCBS needs to demonstrate that partnering with VSP really results in an overall improved benefit.

We would further request that the GACB, when reviewing VSP as part of the BCBS plan offering, consider if the VSP co-pays are being counted towards the out of pocket maximums. If the co-pays are not, then this is increasing the overall cost to patients, which at the very best lacks transparency.

We appreciate your consideration in reviewing this part of the insurance carriers plan offerings. We would be happy to provide you any additional information that may assist you in analyzing eye health or vision benefits.