

**2015 Vermont Health Connect Rate Filings**  
**2015 Exchange Rates: Public Comment (41)**  
6/2/14-8/18/14

1. Verbal Public Comment: Public comment via phone: A woman from South Burlington expressed frustration at BCBSVT's requested 9.8% increase. The woman is on Medicare and has a supplemental plan through BCBSVT, and I let her know that this requested rate increase does not apply to her. She wanted to make sure that I passed along her feelings that any rate increase is not acceptable to her."

---

2. Anonymous: So many people are already having issues paying for those plans even with Applied Premium Tax Credits. If the prices increase you will have people deciding between insurance and food. The whole idea of the Affordable Care Act was to make health insurance/care more affordable.

---

3. Hello;

In response to the BCBX proposed rate increase, I can only say, as a 64 yr old resident of Lincoln, Vt., that it stinks and is a total outrage. Year after year, before ACA was ever a dream, BCBX has been raising rates for the usual touted reasons.

Are wage earners getting 10 % wage increases periodically? Most of us do not get any increase at all. As a construction project manager, and designer, I'm fortunate to be working at all, let alone get an increase in wages. I wouldn't think, nor would anybody else I know think of asking for a raise in today's climate.

This rate hike is preposterous, and should be voted down 100 %. You can be sure MVP is lying in the weeds awaiting the outcome of your decision.

For the record, this is the first time in my adult life that I have had decent health insurance. I signed up with VT. Health Connect, and breathed a sigh of relief.

I eat healthy, exercise, am nonsmoking. I use health care rarely.

If my BCBS premiums go up, I will cancel my hard won health insurance, and pay the fines. You do the math. And I will raise a ruckus on social media, and with my elected officials. I see a class action lawsuit somewhere. This is not what we were promised and is so far from the intent of the ACA. A stand for "Affordable. " In this State? in this country ? to be scammed like this by a CEO doing a good impression of a guy who is just in the path of powers greater than he can fend off...what a bunch of suckers he takes us for...

Sincerely,

Alex MacDonald  
Lincoln, Vt.

---

4. Do you really think that ~\$400/month premium payment along with ~\$5000 out of pocket expenses is affordable for someone making \$40,000/year?

Andrea Gilbert, DVM  
Hardwick Veterinary Clinic  
802-472-8400

---

5. I would like to comment on the proposed almost 10% increase rate request by BCBSVT.

I am the director of a social service agency with 37 employees; thus we are mandated to purchase health insurance “through the exchange” or rather, “exchange plans” purchased through BCBS since the exchange doesn’t work as planned.

Approximately  $\frac{3}{4}$  of our staff have insurance through our agency and the health insurance exchange. The change to the health exchange was difficult, time consuming and frustrating. Our staff members put in hours of time in order to understand it and then put in hours of time to try to sign up on the exchange. We then had to do it all over again when it was determined that the exchange wasn’t working and so we had to sign up directly through BCBS. We tried, as an agency, to keep a positive spin on these changes. However, the end result was that even though staff members had choice of plan, none of the options were as good as the plans we had offered before. All of the plans had more potential out of pocket expenses/cost sharing and many of the plans cost as much or more than people had been paying previously. The agency did its best in figuring out how to share in the premium cost, and we switched to an HRA from an HSA.

Immediately after the first of the year, some staff members had medical expenses and were hit with sticker shock as to coverage (or lack of coverage) and cost sharing. Some staff immediately used their entire HRA. People did not totally understand that once they met their deductible, they would still have to pay co-pays.

Recently, our agency increased slightly the amount we are paying towards our staff members’ premiums; it is a small token, but an acknowledgement that most people on the exchange plans are seeing increased costs and reduced coverage.

If the 10% increase in premiums is approved, it would cost the agency about \$18,000 in additional health insurance fees. On a health insurance budget of about \$300,000 (some of which goes to the HRAs and MRAs), this may not seem like a lot; however, for a struggling social service agency, this is the difference between offering an additional cost of living increase, or increasing what we pay toward premiums, or offering dental and vision insurance, or hiring some extra hours to serve clients. Staff members would incur an additional \$7,500 in premium cost and still have sub-par and complicated coverage.

We are grateful that BCBS stepped up to the plate to assist when the state exchange was not operational as expected. However, part of the purpose of health care reform is to keep cost increases manageable, as well as to offer quality insurance to all Vermonters. Our employees cannot buy insurance on their own if we offer coverage; the coverage that we can offer is not nearly as good as they had previously, and we are locked into unsustainable price increases. If the GMCB and Vermont government wants health reform to succeed, you cannot offer less quality for more money. Please do not approve these price increases.

Sincerely,

Beth Stern  
Executive Director, CVCOA

---

6. I find it hard to believe that BC/BS thinks that anyone living in this state can afford a raise. I have a part time job and my husband works full time but seeing consideration is not made with the income that people bring home but instead based on pre-taxed income and no consideration for what people pay out to live in this state where the wages are, in my opinion not up to par, mortgage, car payments, utilities and so on. I have a hard time managing payments now which are over \$450.00 a month for health care making other bills late. If the rates are raised my husband and I will be forced to drop insurance due to the fact that we will not be able to afford the payments as we struggle now to make them!

-Carol Brown

---

7. Being all too familiar with insurances I am very concerned about any insurance company requesting a rate change at this juncture. Many of us on Vermont Health Connect are concerned about our increased out of pocket costs and do not believe we would be able to afford more. This request is asking a lot of Vermonter's already having difficulty affording prescription medications, some have risen exponentially, and this does not appear to move us toward a "single payer system" rather it has added another layer to a lack of affordable health care. Being on Vermont Health Connect is a challenge and fortunately for some of us we have some financial support through our places of business, others may not. When looking at this I recognize that not only do we have substantial premiums and deductibles, we also have an out of pocket spending limit very much like "Advantage" plans that replace Original Medicare. This all seems contrary to the intent of the law.

-Dagny E. Hoff

---

8. Dear GMCB Board,

While I support Obama Care and think all citizens should be entitled to healthcare, it is my opinion that the program as currently offered is unsustainable.

As a small business owner this year I signed up through VT Health Connect for the

BCBS Bronze plan and a dental plan for my family and I (4 of us). The cost is approx. \$1,175 per month or \$14,100 annually. In comparison my BCBS silver plan in 2013, prior to Obama Care, cost me 54% less or ~\$6,492. I admit the 2 plans have a few differences but in general the major components of the plans are very similar. I doubt that I'll receive \$7,608 in health benefits this year to make up the difference in the cost of the premiums plans which lead me back to my point that the program as defined today is unsustainable.

A rate change of 9.8% for BCBS in 2015 is another clear example. I'm not going to receive a cost of living increase of 9.8% and I doubt anyone one else is either so how are people expected

to pay these fees? In my case, my premiums raise to approx. \$1,290 per month or \$15,480 annually. Is this sustainable? I think not. It's also my largest monthly expenditure.

Thank you for considering my feedback, Dave Bieg

---

9. Our organization is writing to comment on the BlueCross BlueShield (BCBSVT) and MVP rate filings for VHC plans currently under review by the GMCB. Our organization has worked since 2007 to educate Vermonters about and help them enroll in Vermont's public health care programs. Initially, our work focused on Catamount Health, VHAP and Dr. Dynasaur. With the implementation of Vermont Health Connect (VHC) we have refocused our efforts on Medicaid, Dr. Dynasaur, and the private insurance plans offered through VHC. We were just awarded a Navigator grant for the second year to continue our work educating Vermonters about their options in VHC and helping them enroll.

We are acutely aware of Vermonters' concerns about the affordability of health coverage. The latest state household health insurance survey showed that cost is the main reason Vermonters give for not having insurance. The affordability of VHC plans is already a problem for many Vermonters. In addition to paying their premiums, the required cost sharing in VHC plans is too high. Both BCBSVT's and MVP's rate filing for plans in VHC for 2015 represent significant increases in premiums, making coverage even more unaffordable.

There are almost 30,000 Vermonters who do not receive coverage through an employer enrolled in VHC health plans. Approximately 62% of them qualify for subsidies to help pay for their coverage. We are especially concerned that we do not know how or if they will be affected by these premium increases.

Currently, individuals with household incomes up to 400% of the Federal Poverty Level (FPL) are eligible for federal premium tax credits. (\$45,960 for a single individual/\$94,200 for a family of 4). Those with household income under 300% FPL are eligible for additional Vermont Premium Assistance (VPA). (\$34,470 for a single individual/\$70,650 for a family of 4). Vermonters eligible for these premium subsidies pay a maximum percentage of their household income towards their monthly premium. The federal premium tax credit and VPA make up the difference between the consumer's contribution and the premium for the plan (the amount of the subsidies are tied to the premium for the second lowest cost silver plan).

The Affordable Care Act (ACA) allows the IRS to adjust the percentages individuals must pay towards their premiums to reflect the rates of premium growth relative to growth in income. The IRS has not yet released any guidance on if or how it will adjust the percentages that Vermonters pay for their premiums and we do not know when the IRS will do so. If the past is any predictor, we may not know until the last minute. Until the IRS issues guidance, there is no way to know how much, if any, of the premium increase will be passed along to those Vermonters who qualify for premium subsidies.

If the IRS adjusts upwards the percentage of income that individuals must pay towards their premiums, Vermonters enrolled in VHC plans will be faced with premium increases.

Vermonters who do not qualify for any federal or state help with their premiums will pay the full increase approved by the GMCB. In addition, there are approximately 33,500 Vermonters who

receive coverage through their small employers. The small employers who continue to offer coverage to their employees will be hit hard by these premium increases. It will be very difficult for them to absorb increases of the proposed magnitude and as a result may reduce their contribution to coverage or other forms of compensation.

We understand that the GMCB must follow the statutory framework for reviewing rate filings. Unfortunately, it is not likely that your decisions on the proposed premium increases can be informed by the effect they will have on the thousands of Vermonters who are enrolled in coverage through VHC. We hope the GMCB will take this into account and do everything it can to limit any premium increases in VHC plans.

-Donna Sutton Fay

---

10. The health care system in Vermont is atrocious. I work with low-income Vermonters every day and no one is better off in the Health Exchange. I have disabled people who actually want to work part-time but don't because it will cause them to have to pay an unreasonable amount of money for health care. A simple Google search will tell you most media outlets are reporting that Vermont has some of the highest insurance rates in the country. The claim was made that more people will be eligible for Medicaid but I haven't seen that. Most of my clients have had their premiums increase. If my employer didn't offer a good healthcare plan I would probably pay the penalty rather than pay \$400 per month. Please, please do not approve the proposed increases. Things are tough enough in Vermont. The people can't afford this.

-Emily Cameron

---

11. Please take a step back before you consider allowing this rate increase to go through. Consider that most people are still trying to find the money in their budgets to pay for the new "affordable healthcare" that we have been forced to purchase. Now you want us to dig even deeper to pay for more? I'm sorry, but I'm at the bottom - I cannot dig any deeper. I am a 61 year old, single woman with diabetes. I own (for the moment) a home and when I can - I work 2 jobs to get by. I had been on Catamount which was a Godsend.

Now I pay just a bit more for my premium (employer pays the balance) but I have a deductible on prescriptions and Doctor's care that I didn't have before. And just one of my prescriptions went from \$7.00 to \$71.00. I know that I am not alone in this struggle - a lot of people I talk to are having to decide between prescriptions, food, and utilities. Not all of us are trust fund babies, not all of us are so young anymore and most of us will never know what retirement is like. We are struggling and you are contemplating adding more to our struggle. This is wrong - and you know that it is wrong. I am asking you not to allow this increase - it is way too soon.

If anything you need to spend your time courting other insurance companies to come here - Vermonters deserve choice. BC/BS wouldn't feel so cocky about demanding increases if we had somewhere else to purchase insurance. I implore you to read the comments on VT Digger and VT Business Magazine - raising the rates is not a popular decision - go there and read why. Listen to the people who are trying to pay for this mess.

-Joyce Travers

---

## 12. More on Patient Surveys

This is from Becker's Hospital Review - an example of results we really need if we did this here:

<http://www.beckershospitalreview.com/hospital-physician-relationships/10-cities-where-patients-are-most-or-least-happy-with-physicians.html>

Of course we would do a much more comprehensive survey that includes WHY people are/are not happy, AND include info about what patients consider 'affordable' - while VT wages are stagnant and BCBSVT/MVP are asking for 10-15% rate increases (about which I hope you are hearing as much dissent and disapproval as I am). Please remember that a patient-centered system will never exist without patient-centered economy.

My best,  
Trina

Katharine Hikel MD

---

13. I am NOT in favor of allowing BC/BC or MVP to be allowed to raise premiums to those of us who were FORCED to sign up for medical insurance under Vermont Health Connect. My premium tripled being forced to apply through Vermont Health Connect. Initially I qualified for Medicaid less than one year ago, I work full time, however my hourly wage is barely over minimum wage. Once the talk began about the roll out for Vermont Health Connect, I was notified I was being moved into Catamount Blue through BC/BS with a monthly premium of \$45.00. This lasted two months, then I was advised my premium was not accurate and I was raised to \$65.00 per month. My hours at work had not changed nor had I received a raise. WHY WAS I REMOVED FROM MEDICAID TO CATAMOUNT BLUE AND FORCED TO PAY ANY PREMIUM IF MY FINANCIAL SITUATION REMAINED THE SAME AS WHEN I QUALIFIED FOR MEDICAID.

On March 31, 2014 I was FORCED to sign up through Vermont Health Connect, losing my Catamount Blue policy. I now pay \$165.97 MONTHLY for less coverage and triple the premium. My financial situation and work hours have not changed and now BC/BS wants to RAISE the premium by nearly 10% again.

THIS IS EXTORTION! I WANT ANSWERS, THOSE OF US IN VERMONT WHO ARE TRYING TO TAKE CARE OF OURSELVES AND AT LEAST HAVE A JOB ARE BEING EXPLOITED. ENOUGH IS ENOUGH, I CAN'T GIVE ANYMORE AND WILL FIND MYSELF UNINSURED BECAUSE OF THE MONEY GAME OUR GOVERNOR AND INSURANCE COMPANIES ARE PLAYING RIGHT NOW.

MY VOTE IS NO!!!!!!!!!!

-Laurie Krupp

---

14. I am writing to urge you to deny the BCBS rate increase. My son is a Type 1 Diabetic. Prior to the VT Health Connect Program he was on VT Primary Care Plus. He paid \$3.00 for his test strips, he went to CVS Pharmacy to pick up his testing supplies to be told his test strip for one month were now \$408.00. He cannot afford that each month.

Then yesterday he called Medtronic to order his Insulin Pump supplies to be told that BCBS does not provide payment to them and he would have search up another vendor. So now he cannot use the vendor who is the manufacture of his pump, who knows him and his specific diabetic needs. He is being asked to go through another company he knows nothing about and they are unable at this time to verify if they can bill or what his co-pay will be.

They are already charging more in monthly premiums and certainly not paying anywhere near the cost of medication with co pays that are completely ridiculous. This is a young family who both work, live in a mobile home that we purchased for them, pay their bills on time and are barely getting by as it is.

I strongly urge you to deny their request.

Thank you for your time

Lisa Linton  
Woodstock VT

---

15. What part of this is affordable? This surpasses wage raises and places a huge burden on both the individuals and small business. Small business taxes for noncoverage has not been provided and businesses are making "educated" guesses / gambles as to what rates can and will be.

Vermont already has crazy deductibles that in previous years would have been considered eligible for HRA and HSA. We understand that this is mandated don't suffocate the VT community with huge increases.

-Marlene Handler

---

16. I am writing as a self-employed middle class individual to express my concern and frustration regarding the proposed rate increases for BCBS and MVP. I saw my individual healthcare costs increase with the exchange, Vermont's effort toward affordable health care, and can't imagine another increase. Please consider the impact upon the working middle class in Vermont.

Thank you  
Maryann Neuzil

---

17. My BCBS insurance rates went up 15% in 2014, through the exchange. I bought the same kind of policy that I had before - HDHP, since we rarely have need of our insurance. Now they want another 10%? That would be 25% in two years...makes one mighty tempted to opt out and pay a penalty....Where is the affordability? Where is the cost cutting? Where are the savings?

Please don't think this will get any better under Single Payer....which seriously makes one think twice about staying in VT. You drive out those with "ability to pay", you'll be left with those who can't pay, and no one to pay for them....

-Maureen McLaughlin

---

17. Good day - Thank you for taking on the huge task that is set before you. Unfortunately, I am in a position where I must comment on the rate requests for 2015.

The requested percentages of anywhere from 9.8% to over 15% (MVP) are crazy - especially considering that Vermont is one of the few states where rates already went up (after being promised by the Obama admin that rates should be more affordable).

My husband and I are in the horrible position of making JUST enough to not get enough help and not enough to be able to afford the rates as they are, let alone after the raises. My husband has Type 1 Diabetes and his care is very expensive for us, therefore he has to have the best plan.

We have always told everyone that Vermont is the last great state to live in in the US. However, it is becoming increasingly difficult for us to stay and we are now in the position of having to consider leaving Vermont.

Unfortunately, we are also now taking care of my parents - one of whom is a veteran with dementia, both over 83 years old. So, we cannot leave right now.

I've been with the same company for over 15 years and my husband has worked as a chef (a great chef!) for over 40 years. He has always worked his heart out since he was 13 and now, has no job. With his condition and some failing energy, he is unable to work the ridiculous kind of hours and physical labor that is required on one that works in Vermont (less people to do more things).

Our daughter had to leave Vermont after graduating from the Honors college at UVM because there is no work for her here. She was working in a restaurant and her insurance was too high, so she left for NY.

Businesses that are flocking to NY with the new 10 year no tax laws, there are going to be less and less jobs here. As it is, most of us are living paycheck to paycheck and barely making it. Even if we WANTED to work 60+ hours per week in order to afford a roof over our heads and our health insurance, even that is getting harder and harder.

I don't know how to fix the problem, but I can say that maybe if the insurance companies didn't pay nurses to continually call people that have nicely asked to not be called anymore, the newsletters were slightly less expensive and they could lower their admin and marketing expenses, perhaps they could find ways to save money.

Thank you for your time. Peace. Michele Kropp

---

18. We cannot afford any more increases. It is truly too much. Small businesses, medium and large ones are leaving Vermont. This needs to end. Wasn't it thought with the Exchange we'd see savings? Better coverage? Less red tape?

How often do employees receive a 10-15% raise? They don't. An acceptable amount would be small cost of living 1-5% - sadly living in Vermont that's not the case.

-Michelle Little

---

19. Prior to VT Health Connect, Blue Cross was free to raise my premiums 15% annually. This doubled my premium every 5 years (and I was covered by BC for over ten years.) Allowing them



a near 10% rate increase after one year is business as usual and will seriously dilute the gains realized through Health Connect. Blue Cross should have been well aware of the projected costs and increases before Health Connect but chose to apply for a rate change after we were all settled in to the new program. Shouldn't the state have negotiated a fixed rate structure early on? Sadly, the "affordable" component of the ACA is already eroding.

-Mitchell Weinberger

---

## 20. To Whom It May Concern at GMCB:

First, thank you for your hard work and your willingness to keep this process open to the public. I am interested in fairness and Vermonters working together to support affordable health care for all of us. I write as a Vermonter who is a self-employed psychotherapist as well as a subscriber. As a subscriber, my premiums have been going up over the years and actually went up from 2013 to 2014, even with the implementation of Vermont Health Connect. As a provider, the reimbursement rates from these insurance companies for the particular services I provide have not gone up in over 20 years. That said and given that the major thrust of the health care reform seems to be cutting cost, how can we even consider allowing insurance companies to raise their premium rates yet again? But if we were to consider the possibility of an increase I believe the following questions need to be answered.

-Have the insurance companies exhausted every other option to absorb the cost of these mandates?

-What was the intention of the federal mandates that are the justification of the rate increase?

-Did the federal government intend the subscribers to pay for the cost associated with the mandates?

-Are these mandates actually a benefit to the insurance company that they therefore ought to pay for themselves?

-If the rationale is that the insurance companies have an increase in their expenses, then will they reduce our premiums if their expenses go down?

-Can a provider expect an increase in their reimbursement when their expenses go up?

-Before these mandates how well were the private insurance companies doing and what about the ongoing need to have more efficient and cost effective administration within insurance companies?

If these significant increases are approved what kind of message will that send to the citizens of Vermont?

As mental health providers we have already done our part by having our reimbursement rates frozen for many years, perhaps it is time to ask the insurance companies to make some adjustments for the good of the community.

Sincerely

Paul A Hagar MA Psychologist-Master

---

21. Though we've taken a small step in the right direction, health care is still far from affordable. It's outrageous that one can pay \$300+ a month for insurance and still have to cover all their doctor's visits/prescriptions.

\$2000+ deductibles have got to go!

-Rebecca Macomber

---

22. To whomever it may concern,

As a provider and a family I am concerned about the recent hike in charges passed on to members by MVP and BCBSVT. Most of the public was of the understanding that if more persons signed up for insurance costs would go down, this is not the case. I am afraid that with the recent increase in proposed charges by MVP and BCBSVT, members would refrain from receiving care, especially for mental health issues. They may wait as long as possible, thereby making emergency care the only option, which is the most expensive. Defraying costs by decreasing provider reimbursement rates is also not a viable option. Movement to more preventative and proactive care by members would be even less of an option with the increases in healthcare costs by these two insurance companies. Please reconsider these proposals which would greatly impact the delivery of healthcare, with members not looking early to get behavioral and medical care early.

Sincerely,

Robert J. Narucki

---

23. When I heard of the proposed rate increases, I almost immediately looked at them with the lens of a retail merchant. When we price a product in a retail store, we looked at the Manufacturer's Suggested Retail Price, the cost we pay, and the expenses of running the store. Can the GMCB provide equivalent information for these rate increases? That is, so, perhaps a too flippant response from a retail perspective:

- what's the SRP? ~ is this the same as the rates proposed?
- what's the wholesale cost? ~ what is the actual cost to insurer?
- what's the margin? ~ what is the administrative cost?

Answers to these questions will go a long way towards evaluating the proposed rates.

-Robert A. Oeser

---

24. Please see the following quote from a letter in the Journal Opinion online and please comment as to the current BC/BS compensation in view of whether any rate increases are justified. In your opinion, is the compensation listed here at all justified? Certainly, this could be done less expensively and with much lower overhead. Perhaps a serious cut in rates is in order --- or a more efficient processing mechanism.

"BCBS is an insurer; that is, it takes money from people and gives it to health care providers. For this service its corporate officers and trustee, according to its 2013 filed with the State of Vermont, received \$3,049,015 in executive compensation, \$278, 723 in trustee compensation and \$552,842 in other compensation, for a total of \$3, 880,562. For that money, BCBS processed a total of 2,572,729 claims. These are not individuals, but the claims filed only by Vermonters covered by BCBS. "

<http://online.jonews.com/WebProject.asp?CodeId=7.6.6.4#>

-Robert Oeser

---

25. Hi Al: I am a former legislator and as a small business owner I keep an eye on what goes on in Montpelier. I sent Peter a fax yesterday of the notice of the proposed rate increases in Health insurance rates in the Bennington Banner along with a note that any rate increase would be a double whammy for us along with the added assessment on each employee the legislature enacted this past session to pay for early child education. Now we are paying for the parents responsibility in this regard. Not only that, but not being successful in getting on to Health Connect, we don't get another crack until November. It will be interesting to see how the discussion goes in regards to the proposed rates in light of your explanation vs that of Karla Austin. Please keep us in mind.

Good luck.

Dick Pembroke

---

26. I have seen publicity about Blue Cross and Blue Shield requesting a 10% health insurance rate increase for 2015 and a similar or larger increase for MVP.

I have written before to explain the difficulties this health insurance change has had on working families. Our family of my husband, myself, and 2 daughters (1 high school, 1 in college out of state) has struggled terribly to have health insurance through the state's transition to a new system. Thankfully at the last minute, the state administration gave approval for my employer, a small business in Rutland, to offer MVP to 3 employees, and Blue Cross Blue Shield to me. This comes at a cost of \$900/mo after a \$350 mo. employer subsidy or a cost to my family of \$10,137 per year for premiums before any out of pocket costs for medical visits or prescriptions.

Both my husband and I work full time (1 for a small business and 1 self-employed) and our family income for a family of 4 is approx. \$70,000 per year. We are paying 14.5% of our income for health insurance premiums alone, and the thought of an increase in rates or much use of our insurance with up to a \$10,000 family out of pocket cost per year, makes us realize we can't afford to live in Vermont and work for small employers if this cost shift continues on to the backs of families who just want to work and live in the state we were born to. We are not eligible for a state or federal subsidy, not because our income doesn't fit the eligible parameters,

but because my employer contributes \$350 mo. per employee, making us ineligible. We would pay less by income than we do after an employer subsidy.

Further, we are eligible currently for Dr. Dynasaur, but because it doesn't pay for out of state health care costs where our older daughter attends college, we would have had to pay Dr. Dynasaur premiums plus college health insurance premiums. Thus, the reason we are on a Blue Cross Blue Shield family silver plan.

This broken system we are all caught in allows the federal government, state and employers to shift health care costs to working families.

I have recently seen the Governor's initiative to draw people to work in Vermont. We currently have a significant number of small businesses and a reducing number of larger businesses year by year. If small businesses pay minimal amounts toward single health plans only for their employees, most families would be in the same predicament I describe above. For this reason, it is unlikely that even if we have talent in Vermont or we can recruit suitable employees, they will quickly learn as we have that families can't afford to work for small business who pay only for single health plans unless they are in a much higher wage bracket. As an FYI, my husband has over 30 years of experience as a contractor and I have over 25+ years' experience as an accountant with a bachelor's degree and a master's degree. We are educated and experienced in fields that are experiencing growth, yet we struggle in Vermont to have health care.

Please vote no on any increases in health insurance premiums that hurt working Vermonters. If more Vermonters are enrolled, there should be in fact more premiums than ever, and there should not need to be an increase in premiums.

It is frustrating to see the self-employed people or people who do not work as the advertisements for people who are thrilled with the current health insurance program. It is not an accurate picture of the system that has been created. Please help us working Vermonters so we can stay in this state.

Sharon Stearns

---

27. Verbal Comment: A public comment was taken via phone from a man named Ted Hopkins expressing his outrage at double digit increases in insurance rates for VHC and the failure of the affordable care act. He does not feel that the proposed increases represent the voice of the people.

---

28. 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.

---

29.

TO: Al Gobeille; Chair

FROM: Heather F. Shouldice

CC: Green Mountain Care Board  
Karena Shippee; VOA Legislative Chair

DATE: July 8, 2014

RE: 2015 Vermont Health Exchange Product Rate Filing

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.
  - MVP's plan helps ensure dollars are retained in VT. BCBS plan sends dollars for children's eyewear out of state.
  - 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.
  - 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 medial 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 GMCB, 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.

---

30. Name: Laura Rideout

Affiliation, if applicable: receive subsidy

Address: 8 east Prospect St

Telephone Number: 802-247-8081

Email Address: [lrideout2@myfairpoint.net](mailto:lrideout2@myfairpoint.net)

Comment: it is discouraging to someone like me who is a strong supporter of our healthcare and supports it verbally. We haven't even received our insurance from BCBS for one yr and still not sure if we are overpaying our premium because of inconsistent help via phone and navigators. And now there is to be an increase? Please. can we just let the dust settle a bit and see how it goes for at least the first yr. or two and see what happens with the overpay and underpay so those of us who receive the subsidy and want to do the right thing and make it work, can understand the process better so filing will be done correctly. Please do not raise the rates. It would not be a constructive move right now for public trust and getting everyone on board. please.

---

31. Name: Woody Kaplan

Affiliation, if applicable:

Address: 64 Greene Hill Dr

Telephone Number:

8027283156

Email Address: [vermontwoody@hotmail.com](mailto:vermontwoody@hotmail.com)

Comment: Having been laid off in October of 2013 and having just filed for Social Security which will start in November, I'm against any rate increase by Blue Cross/Blue Shield of Vermont. I already pay a healthy chunk monthly and adding another 10-15% to that would be prohibitive.

---

32. Name: Larry Goetschius

Affiliation, if applicable: Executive Director, Addison County Home Health and Hospice

Address: P.O. Box 254 Middlebury VT 05753 Telephone Number: 802-388-7259 Email

Address: [lgoetschius@achhh.org](mailto:lgoetschius@achhh.org)

Comment:

I would like to bring to the attention of the Green Mountain Care Board as they look at the rates of both BC/BS and MVP for Vermonters on Vermont Health Connect that the policy of BC/BS and MVP only covering services for 30 days following a participant's non-payment of their insurance premium discriminates against Vermont's home care agencies.

Currently when a VT Health Connect member who receives a federal subsidy is delinquent on their premium for more than 30 days of their 90 day grace period the burden of paying (or not getting paid) for any services the individual receives from 30 - 90 days falls on the provider. The explanation for this policy is that providers have the ability not to treat someone who has not paid their premium and is in the grace period.

Contrary to other providers, home health care agencies in Vermont do not have the ability to deny care to any patient. In order for a home care agency to be designated by the state as home care provider, home care agencies must agree to treat all patients regardless of illness, location or ability to pay.

Forcing any provider to pick up the cost of providing services to VT Health Connect members during the grace period when they are mandated to provide the coverage or lose their ability to provide services in general penalizes home care agencies for providing care to all those in need and results in home care subsidizing BC/BS and MVP premiums. Health care providers who are required to provide services to all patients under all conditions should be exempt from this policy.

---

33. Name: Karen Eddy

Affiliation, if applicable:

Address: 13 Dudley St, Randolph

Telephone Number: 728-4169

Email Address: [keddy@cvcoa.org](mailto:keddy@cvcoa.org)

Comment: I cannot afford my Blue Cross/Blue Shield coverage as it is. I work full-time in a professional position and cannot afford my health insurance as mandated by VT Health Connect. It would be a disaster for me if my costs increased. I would not be able to afford health care. This health insurance system has to change to be more affordable for consumers.

---

34. Anonymous posted the following feedback on BCBSVT 2015 Vermont Health Connect Rate Filing

Comment: As a holder of the BCBS Health Connect Bronze plan with HSA, each month I consider whether the rate I pay is worth doing or whether I should go uninsured. The plan is a catastrophic only type of coverage as it is. Since the ACA changes in 2014, I pay far more and have access to far less healthcare than I did before. I don't understand why a 9.8% increase is justified from any point of view. Even straight cost of living adjustment comes nowhere close to that. If they are allowed this kind of increase for something I currently struggle to pay and cannot even use I will definitely drop the policy and go uninsured.

---

35. The percent of rate hikes being asked for is by far too steep to consider such requests sustainable as a trend, and far more a substantial cliff to affordability, for those at moderate incomes, and especially for those with low income status. A key question after such rates take effect is how many effected find they no longer have a sustainable livable wage if you subtract the money needed to pay for healthcare expenses from their yearly income. The answer to suggested questions I've mentioned I believe makes the case of just how serious the issue of rate hikes is to the future of healthcare in Vermont.

The claim of how many affected by the rate hikes is not really that relevant if it is a small percent as means to justify it is a reasonable request. It is a well proven fact that in small percentages of people significant cost to the healthcare system can occur. Un-affordability is one way to create higher healthcare cost!!! Evidence does suggest un-affordability does affect choices, or decisions a person, family makes around how they seek healthcare services.

At the very least such drastic requests in rate hikes should be given a significant amount of scrutiny as to what is the reasons given for such steep increases in rates. Do they expect these requests for such steep increases to become a trend? or is this a one-time adjustment to changes in the kind of risk being insured with recent changes in healthcare system? Does the increase in rates do nothing more than recreate same number of people that cannot afford



healthcare because of affordability? I would ask the question, is it not the insurance companies that are the least sensitive to the affordability issue? Their main concern is cost, and anticipated cost! By that very approach they would actually help create increase in cost of healthcare system, by creating a cost shift of their anticipated costs being passed on to the consumer.

We need to keep in mind other revenues sources we are creating to fund healthcare costs. These taxes for example are levied directly against the consumer in many instances. To then add steep increases in premiums to same population? The insurance companies need to be held accountable for consequences of effect of premium costs effects on delivery of healthcare services. In many respects it seems they are immune to consequences from cost of premiums to customers. To lose customers because of premium cost does not really become there problem, but gets passed onto society in general as consequence of their decisions.

If the above statement you find to be true and agree with it, then is it not wise to oppose these rate hike requests? Because either way, to grant them or not, it will become a problem for us, the general population, and the healthcare system that delivers services? I would rather see insurance companies that are failing sink, and try to save the healthcare system, than invest premium monies in insurance companies that are on a sinking ship. To invest in there rate hikes may sink the ship we call our healthcare system, and this is what we really can't afford.

What company stays in business that has a un-affordable product? That is lacking in meeting quality standards as well in respect to how well their product performs for the cost? Do they really justify the premium rate hike. Or are we the problem, because we let them get away with bad business practices in how they justify rate hikes?

Dale Hacket

---

36. It is discouraging to someone like me who is a strong supporter of our healthcare and supports it verbally. We haven't even received our insurance from BCBS for one yr. and still not sure if we are overpaying our premium because of inconsistent help via phone and navigators. And now there is to be an increase? Please can we just let the dust settle a bit and see how it goes for at least the first yr. or two and see what happens with the overpay and underpay so those of us who receive the subsidy and want to do the right thing and make it work, can understand the process better so filing will be done correctly. Please do not raise the rates. It would not be a constructive move right now for public trust and getting everyone on board Please.

Laura Rideout

---

37. Name: Peter B. Smith

Affiliation, if applicable: Retired teacher

Address: 2385 Healdville Road, Belmont, VT 05730 Telephone Number: 802/259-2322 Email

Address: [pbsmith@vermontel.net](mailto:pbsmith@vermontel.net)

Comment: As retired teachers, my wife and I are living on fixed income- our teacher's retirement and social security with health insurance through Medicare and Blue Cross Blue Shield.

Suddenly, in July 2013 the co-pay on the few prescription drugs we need increased from zero to \$5.00 per prescription. Then this July our monthly premiums to Blue Cross Blue Shield went up

about \$10.00. these are not earth shaking amounts but an indication that we now have about \$200. less for discretionary spending a year.

Obviously to BCBS that is not important. It is to us. Now BCBS wants a approximately a 10% premium increase. When do my wife and I get a 10%? Increase in our income? This is unconscionable. If they need more money let them take it out of the golden parachutes they give their retiring CEOs. The greed is just unbelievable.

---

38. Name: Richard Hollenbeck Sr

Affiliation, if applicable:

Address: 15 KTP

Telephone Number: 8024587904

Email Address: [cabinguy@comcast.net](mailto:cabinguy@comcast.net)

Topic: Insurance Rate Review

Comment:

I believe that any increase, should reflect the percent increase a person/family can expect to get in any given year. 9.8 and over 15% is far out of touch with reality.

Vermonters have been strapped with premiums we cannot afford as it is, to say nothing about this increase being sought. Along with a system that is dysfunctional at the lowest levels.

We are stuck with mandated health insurance, let's keep it as affordable as is possible. I foresee the entire system failing, it may take a few years, but it is destined to. Federal subsidies are being looked at now, and how long they will continue is anyone's guess.

---

39. Name: frank Lamson

Affiliation, if applicable:

Address: po box 94 so. royalton, vt 05068 Telephone Number: 802-763-7101 Email Address:

[franklin.lamson@gmail.com](mailto:franklin.lamson@gmail.com)

Comment: comment not about rates. I was diagnosed with leukemia last year. Due to wonderful advances in drugs development, largely paid for by the federal government (me and you) I have a medication that keeps my condition in remission and without side effects which five years ago would have been disabling. Now I am able to live a normal life and continue to work. The problem is that the medication costs \$11,000 per month! Yes, that's right (\$135,000 per year). I am on Medicare and the only part D policy I can get costs close to one-thousand dollars per month to cover my medication. And, the only way I can get help paying for the medication is to stop working entirely to bring my income down below the threshold. Does this make sense?

---

8/15/2014

Ripton, Vermont

40. Green Mountain Care Board

89 Main Street, Third Floor, City Center

Montpelier, Vermont 05602

Green Mountain Care Board:

I was struck by the irony of two juxtaposed news stories this week. One story described the impact of our state's revenue shortfall and the resulting \$31 million in budget cuts that will further distress needy Vermonters and impair the capacity of state service agencies to meet the needs of their clients. The other article concerned the request by Blue Cross and Blue Shield of Vermont for a 9.8% rate increase to its

subscribers. Here is a dramatic illustration of the causes behind the huge gap between the few who are very wealthy and the great many who are economically marginalized.

Blue Cross and Blue Shield is ostensibly a “non-profit” that exists to provide “thousands of Vermonters with health benefits and services.” Let me point out, however, that Blue Cross/Blue Shield does not actually perform health care. BCBS does not diagnose and treat people with illnesses or injuries, deliver babies, write prescriptions, perform surgery or carry out any kind of direct health care for the people of Vermont. Yet, for some reason they are involved in our access to health care in a way that does not enhance the delivery of that care, but increases the cost of that care. In 2012 the compensation for the CEO of BCBS was \$587,184. His compensation, combined with the compensation for 9 of the other chief officers of this “non-profit” added up to over \$3,600,000 that year. Clearly, someone is making a profit, but it is not us Vermonters. When we see that so much of the money that we pay to BCBS goes to executive compensation, it is easy to understand the ever increasing cost of health care in Vermont. Blue Cross and Blue Shield does not so much need a rate increase as it needs to examine executive pay and give the rest of us, who do not make a half-million dollars annually, a break.

Imposing a rate increase to further benefit those who are already doing well only perpetuates economic injustice. If there is to be a rate increase, it should be an increase in the state’s tax rate levied on the wealthy: the individuals with large incomes and the companies making large profits need to be asked to step forward and make up the state’s revenue shortage. And a rate increase needs to come in the form of a livable wage paid to working Vermonters. The current minimum wage and the recently passed increase in the minimum wage are pathetically inadequate to sustain working Vermonters and their families. We need to face up to the economic inequality we have allowed to come about and make the necessary changes. Blue Cross and Blue Shield, I believe, can struggle along without a rate increase.

Millard Cox

1112 Lincoln Road  
Ripton, Vermont 05766  
802 388 7820  
[millardcox@gmail.com](mailto:millardcox@gmail.com)

---