

State of Connecticut senate

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SENATOR TONI BOUCHER
TWENTY-SIXTH SENATE DISTRICT

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November 22, 2013

Thomas B. Leonardi, Commissioner Department of Insurance 153 Market Street Hartford, CT 06103

Dear Commissioner Leonardi,

The recent spate of health insurance cancellations due to the Affordable Care Act have left many in Connecticut without coverage and with no recourse for their complaints. Recently I have been contacted by several constituents who have related the loss of their insurance to me in great detail, and the difficulties that they have faced communicating with their insurers and using Access Health CT. I have attached several accounts to this letter, which my constituents have asked me to pass on, as examples of the kind of confusion that continues to frustrate consumers across our state. I have also received phone calls from many other constituents who describe similar experiences.

Some in Connecticut have been trying to institute a single payer system for years, which I worked in the past to oppose with some success. The administration and leadership in Hartford were quick to adopt the new national healthcare system instituted under the Affordable Care Act, as it fulfilled this longstanding goal. Many of us opposed this action because we felt that it would have been wiser to wait for the problems in the system to be worked out.

Since Connecticut has chosen not to implement President Obama's suggested delay, I hope that you will take the time to review the attached correspondence, and look forward to your response on what the Insurance Department can do to address the concerns of those who have lost their insurance plans or face changes in both cost and access that have put their families' healthcare in jeopardy.

Thank you for your interest in this important matter.

Sincerely,

Toni Boucher State Senator

- The have an HSA (Health Services Account) policy from 2003. Their original policy had a \$5000 which became a \$6000 deductible, and a premium of \$1200 per month for a family of five.
- Due to the Affordable Care Act (ACA) they received a notice from Anthem dropping their coverage as of 12/31/2013
- The price of their insurance will go up by at least \$12,000 per year, and their choice of doctors will be substantially reduced.
- Access Health CT offers three tiers of plans:
- Bronze An HMO plan with a severely restricted choice of physicians
- Silver and Gold A higher level of coverage that allows you to pay a lower premium with a larger deductible, or a higher premium with a lower deductible. These plans also provide a wider choice of doctors.
- All of these plans require you to get all your covered care in the state of CT, with exceptions made for emergencies during travel.
- However, the currently receive a substantial amount of care from physicians out of state, as do others who live in lower Fairfield county.
- If goes to Sloan Kettering as she usually does, it would not be covered and they would have to pay out of pocket.
- Current options to replace their insurance would require an \$1800 premium and a deductible of \$10-\$12,000, or a \$2200 premium and a \$4000 deductible.
- Some existing insurance plans can be grandfathered in; however the insurance company can terminate the plan because of a preexisting condition.
- has insomnia. His insurer has decided that this is a preexisting condition, so his coverage has been dropped.
- Ultimately, every plan in the nation will have to comply with the ACA. The cost of insurance will rise substantially because the law requires policies to cover too many things.
- The cost of insurance is only part of the issue, the fact that people cannot go to the same doctors has implications for consistency and quality of care.
- The insurance company cannot give reliable information on what doctors will be included in their networks. Possibly the company itself does not know.
- The are among the first to be affected by this disruption, eventually everyone else will face the same problem.
- Congressional offices have been unresponsive in providing information or guidance.

Email Address:
Address:
Phone:
Town:
Zip:
Subject: Other

Email Updates:

Message Body:

FYI My mailing address is in but I live in

As a supporter of the President's Initiative...I am appalled by the seemingly arbitrary geographic inequity the ACA program has exhibited. As a retiree...I am hugely impacted financially by these irrational socioeconomic boundaries as well as Anthem's choice to cancel the Century Preferred Direct program due to non-compliance with the ACA laws.

My family and I have had Anthem Century Preferred Direct Healthcare, in excess of ten years. Hardly a "substandard" program since it has been consistently ranked as the #1 Health Insurance Program in the Nation. Perhaps our deductibles were exceeded twice. My total premium payments during that period of time were about \$130,000 and I have paid for our prescriptions quite comfortably. In 2010 and 2012... we were assured by Anthem that our program was "Grandfathered" and insulated from any changes that the government may institute.

Earlier this month we received a letter indicating that our program would be cancelled 1/1/14 and that another letter would be sent... indicating what my options are. Now It's been over a month and no letter has followed.

Due to the time constraints, created by the termination of the program, I've investigated the new programs on numerous websites myself, only to find the information inconsistent...the software bug laden...or just ultimately incorrect.

However... here is what we've discovered:

As a family we currently pay \$980 per month in total for the 3 of us. The lowest priced ACA program available to us now (which is not nearly as good for our needs) is \$1443 per month. My wife's premium has increased by 100% (50yr old F Non-Smoker). Mine is UP 70%. Our program was a PPO... the new one is an HMO. A downgrade for us.

Even considering the seemingly excessive increases THE MOST PUZZLING ASPECT of this program is ... if we lived 20 minutes North of here there would have been only a modest increase in our premium. If we lived 20 minutes West ..in NY State... my premiums would have actually gone down.

Here are the examples:

06896 Redding CT- \$1443 per month 06804 Brookfield CT- \$1127 per month 11598 Woodmere NY- \$ 944 per month 12865 Salem NY - \$ 954 per month

The socioeconomic differences of these areas, hardly justify the disparity in cost !!

This whole situation has created undue pressure on me and my family... both financially and psychologically. Want do you want me to do....move? Is this what you intended when this program was passed? Can you HELP?

Your Truly



#3 Email to Congressman Himes

----Original Message----

From:

To: CT04JHima@mail.house.gov>

Sent: Wed, Oct 23, 2013 6:20 pm

Subject: Re: Priorities

Still waiting to hear back from you on my last reply to you in regards to Obamacare. Let's try again. I'm a broker, actually the largest broker for Individual medical Insurance in yours and my state, Ct. If you're going to continue to kill the republicans and their tea Party, and they deserve some of that, why don't you look in the mirror and realize that you and our president, but more you, have been lying to your citizens of this state!

"There is a company in Ct. called Anthem BCBS, happens to be the largest in this state by a lot! They 2 weeks ago now, sent a letter to over 1,400 of my customers and probably 10's of thousands of their other customers , that even though they were considered Grandfathered, and supposedly protected to keep their plans, as you and the President have said over and over again, they could NOT keep their plans, and now would be moved into a Pre-selected ACA compliant plan as of 1-1-2014! Still don't know the plans yet or the rates for them, other than we know they are not less. many of our clients live here in Fairfield County and make significantly more then the \$45,900 that would qualify them for a subsidy , so the good news is they don't have to go through the torture of trying to apply through the Health Exchange , BUT , they can't keep their plans , which most loved and were told they could keep!!! I'm waiting for at the very least a reply to me or better yet, a meeting so I can explain to you in English that this system is far beyond just a couple of kinks, it's not close to being ready to be offered to the public, and get the facts straight, if you're going to knock down the Republicans for the debt flasco, why not open your eyes and realize part of what they are asking and complaining about , are true, and this system is not as easy as Travelocity to go on and compare plans and God forbid try to enroll in 1 of them! You've met with some of my advisory board members through NAHU and CBB, but I would like to sit down with you, so I can at least give you some facts about what's really happening here and not the TV clips that just talk about the sick people and the pregnant moms with 6 kids, can now be covered. No one seems to address the Middle class people, who our president said would be saved, yet if they were with Anthem BC and make 46,000, they get nothing from the federal government, and can't keep their plans and have their existing plans get moved to plans with double the out of pocket maximum they currently have and their rate still goes up! I would like to have you respond to many of my clients who are really pissed off at you, the president and Anthem. A reply would be nice for starters. "

