

Exhibit 1

Public Comments Prior to June 11th Notice of Public Hearing

Comments with Consumers Name

1. Laura Jacob
2. S. Advokat
3. Sam Schaperow
4. Sam Schaperow
5. Jan Gingrich
6. D. Katz
7. Donald M. Shurtleff
8. Robin Levey
9. Fredrick D. Litt
10. Craig Holch
11. Mary Ellen Jaske
12. Chris Belden
13. Jim Carroll
14. Amy Miller
15. Lori Bianchi
16. Jennifer
17. Jack and Roberta Allen
18. David Fields
19. Sandra Wasch
20. Bernard Lytton, MD
21. Jeffrey S. Welcome
22. Aaron S. Allinson
23. Mary J. Roberts
24. John Woodruff, Jr.
25. David J. Denoia
26. Andrew Winston
27. Grace and Carl Zimmer
28. Vera Silvestro Gardell
29. Stephanie Marshall
30. Linda Avery
31. James F. Maraveck, Jr.
32. Bonnie Hataley
33. Lauren Churchill
34. Lloyd Baroody
35. Amadio M. Telesco
36. Janice Ludwig

Comments with no Name attach = total of 99

Comments Form with no Comments provided = total of 1

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 12:34 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think it is obnoxious that anthem is asking for a 12.5 percent increase in its rate especially that given its first year on the exchange has provided below par customer service. 3 % would be more reasonable
Laura Jacob

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 2:21 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Thanks to the Affordable Care Act, some 8 million more Americans now have access to health care...an enormous benefit to them, and a great opportunity to health care insurers, like Anthem BCBS. Millions of more Americans...including thousands in Connecticut...can purchase their product. And for middle- and low-income residents, premiums can become newly affordable through federal subsidies.

So, what does Anthem BCBS do within months of ACA implimentation? Seek a 12.5% rate hike. This, despite the fact that inflation remains historically low at about 3%. More importantly, a 12.5% rate hike is more than 4X the pace that annual health care costs are rising.

Medical inflation has been less than 4% for the past three years, and the nationwide rate of increase in hospital and physician claims (which would account for price inflation and increased use of healthcare) was 7.8% for commercial insurers from November 2009 to November 2010. (Source: YourHealthSecurity.org; Consumers Union)

Moreover, per capita health care costs have been rising at just under 3 percent a year over the last four years; less than half the average annual growth in the preceding eight years, and again barely a quarter of the increase Anthem BCBS is seeking. In fact "...the per capita cost of health care is now growing at the slowest rate in 50 years." (Source: FactCheck.org)

I applaud the state's efforts to see that its residents obtain the health care they deserve. And I hope that your regulatory body remains at the ready to see that premium increases reflect true marketplace conditions.

Thank you.
S. Advokat (sadvokat@aol.com)

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 2:31 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have an on-exchange Anthem plan (cddk). It has many positives, but also many negatives. I propose that allow rate increases ought to also deal with some major issues that include: Out-of-network reimbursement rates that are no where close the the averages charged by providers. Being in the field of psychotherapy, I've easily noticed the issue occurring where the reimbursement rate for most psychotherapists will be \$74 for a 45 min appt., which is about 1/2 the real rate being charged. This remains true even when a Licensed Marriage and Family Therapist performs family therapy, that social workers are paid the same, psychologists more, and psychiatrists much more.

I've also been made aware that with podiatrists Anthem will reimburse at a lower rate than an M.D. performing the same procedure code even though the M.D. may not be as well specialized in the foot (talk about opposite expectations...).

Also, Anthem appears to be wasting huge amounts of money through extremely inefficient policies and training of employees. The number of issues I've encountered w/them as a policy holder is astounding. And I'm not the only one w/this feeling (just do an internet search for Anthem or Blue Cross under any review site and see how they tend to hover between one and two stars, which is atrocious). Informing Anthem directly has gotten me little result, perhaps because they're profitable to the point of having a very impressive campus in North Haven, can maintain paying executives amazing amounts of money, and other insurers are of similarly negative ratings.... They also waste money by having people and hospitals reimbursed about \$10k for an ER checkup if someone's having a panic attack, rather than have a psychotherapist screen out if it is a panic attack (the abrupt onset and dissipation of symptoms of a panic attack are one of several differences between an emotionally vs. the physically caused "attacks").

So, I recommend that insurers start to give back to their members based on the average fee instead of an arbitrary figure. And, I recommend some major changes in policies related to the above to be more efficient with money and then they can apply for a rate decrease of perhaps -15%.

For further information, please see this link and find the term "Schaperow":
http://www.ct.gov/oha/lib/oha/legislative_testimony/all_testimony_from_hearing_-_no_bookmark_redacted.pdf

Sincerely,

Sam Schaperow
PsychologyCT.com

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 2:34 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I would like my comments to be made public for maximum transparency. How can this be accomplished? The comment I just did does not appear on the website, leaving other citizens in the dark about the issues I brought up as related to the rates Anthem is charging. Please contact me at Sam.Schaperow@gmail.com

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 4:25 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Please deny this request for an increase in health care premiums. My situation is such that I can barely make the payments for a bronze plan, which is the bottom of the barrel, before Medicaid in the state of CT. I have over a 3200.00 deductible, then a 40% copay until I max out at 6300.00 per calendar year. That brings my out of pocket for insurance to around \$600.00 per month, and that is a subsidized plan. I realize that I am eligible for a "free" physical exam yearly- which basically is an office visit since blood work (CBC) is not a covered expense. I was not and am not in favor of "Obamacare", this is exactly what everyone who had insurance previously feared. The rates will skyrocket every year, and the only people who will benefit are those that do not pay! I don't want to be FREELOADER, I'm currently a nursing school student, trying to make a better life for my family. I also do not want to be paying for those that don't work and don't care. I had health insurance thru my employer for 26 years, then COBRA for 10 months. My plan was amazing, with super benefits. What I have now covers basically nothing. That is what "Obamacare" has done for me! The letter I received from Blue Cross states that they are requesting a 12.5% increase in premiums. That would be great if we Americans could all get a 12.5% increase in our salary every year ! Most of us are just lucky to have a job these days! It's unscrupulous and unethical.

Please deny Anthem Health Plans request for an increase.

Respectfully,
Jan Gingrich
Mystic, CT 06355

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 4:57 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a 63 year old paying 910.08 a month with a \$3500.00 deductible. I am self employed with a terminally ill husband on medicare. This was the cheapest policy Anthem had to offer and its not affordable now, never mind with such a high increase come January. They do not cover three of the medications I have been on for over ten years because name brand only works on me and two are formulary for me and my situation. Before the health care act, they did pay for these same meds, or put them towards my deductible all the years that I had Anthem. I said I don't mind paying for them without benefit of a cost discount, but they won't even apply what I pay out of pocket to my deductible. The insurance companies are ripping people off as it is. I have bought individual insurance for over fifteen years with this company, and the new laws and rules make it impossible to stay above water. Things in the work place, and economy are difficult enough. with a 12.5% increase my premium each month would go up to \$1023.84 and I still have to pay out of pocket for medicine that doesn't go toward my deductible. I and many others are not going to the doctor or having screenings they maybe should, because its become unaffordable. Please don't allow this increase.

Thank you,

D. Katz

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 5:19 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

To Whom It May Concern;

This new health insurance for individuals is horrible. As a self employed person I was with anthem for 12 years and paid high premiums for good insurance. Obama said we could keep the same insurance and once the law was passed it said that insurance companies could drop existing individual plans. THIS IS DISCRIMINATION !!! Now I'm paying \$ 3000.00 a year less but have to pay the first \$ 3000.00 out of pocket with NO TAX WRITE OFF ! My wife had liver failure and is on medication probably for life, but the plan will not cover her 6 month check ups. I had colon cancer in 2010 and the plan will not cover all my blood work for my 6 month check up and I'll find out Monday if it covers the oncology visit. This insurance law was supposed to be about PREVENTIVE CARE. Anthem has the audacity to call and tell me they provide a service to coordinate my doctor visits to avoid future cost due to undetected illnesses. I'm paying \$ 1678.26 per month for a physical and a mammogram and to subsidize someone else. That's \$ 20,139.12 per year before anything. Now I get a notice that these thieves want a 12.5% increase bring my yearly total to \$ 22,656.51 for basically nothing. This is catastrophic insurance which should cost about \$ 400.00 a month. #1 Please don't give them this rate increase. #2 Individuals should have access to the same good plans that the state employees and big companies have, if not, IT IS DISCRIMINATION. With our preexisting illnesses we can probably get a plan elsewhere but at what cost? Hard working homeowners and self employed people are getting the shaft and I for one am losing my ambition to try because I'm penalized not rewarded. I believe that the rate increases on individuals subsidize the costs for larger contracts to make the insurance company more competitive in that market. Please take these comments into consideration when deciding to reject this rate increase.

Thank You,

Donald M. Shurtleff

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 5:27 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

The Anthem Insurance that I had for 5 years was cancelled as of December 31, 2014. I had to select another plan from the CT Access Website. The closest coverage was a plan that now costs me \$880.00 a month. The coverage is not as good but it is the best coverage offered. My plan in 2013 cost me \$547 a month. It was a 60% increase! Today i received a letter that Anthem is requesting a 12.5% increase. I am not eligible for a subsidy and find that adding another \$110 a month for my policy is WAY TOO MUCH. That makes it an 80% increase from a year ago.
I DON'T THINK IT'S FAIR AND I OPPOSE IT.
I'M not sure if that means anything but am writing just the same.
Yours,
Robin Levey
1luckyduck@optonline.net

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 6:02 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Dear Connecticut Insurance Department,

I just received a letter from Anthem indicating that they filed a rate change request of 12.5%.

A 12.5% rate increase, are they serious?!? (Rhetorical question) Prior to January 1st, and the activation of the Affordable Care Act (Obamacare) my premiums for my family of 4 was \$1,953.83 per month. (Anthem Blue Care Direct) Even though our president indicated that "if you liked your plan and doctor you could keep them", Anthem canceled our existing plan and replaced it with a "comparable plan" (so they indicated), which is their best (Anther Preferred DirectAccess cdcs) which is their most expensive plan for \$2,633.80. This new plan is 34.8% more expensive than the previous plan that they cancelled, and this "comparable plan" now costs us \$679.97 more per month. The new coverage is not nearly as good, where prescription drugs previously covered are no longer covered, and generics are substituted in most instances, coupled with a byzantine copay plan that only the brightest understands. Even the doctor's offices do not fully understand this system. This is compounded further by a consumer's inability to speak to anybody live until you navigate through a half hour of voicemail prompts.

If anything I would recommend decreasing their current rates by 12.5%, or at the very least, freezing them for multiple years. I think they have gouged us enough and implore you to set an example of this ludicrous request by heartily denying their requested increase.

Most sincerely,
Fredrick D Litt
138 Edward Place
Stamford, CT 06905
203-461-8606

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 11:50 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Today I received a discouraging letter from Anthem informing me that they have asked the State of CT for a 12.5% increase for 2015 for my direct pay HMO insurance with HSA. I am 54 years old and am paying this year \$528.07 per month with a \$3000 deductible which I will easily meet. That puts my total outlay for health insurance coverage at \$9336.84 for 2014. My insurance went up substantially this year because of Obamacare already, my deductible went from \$1250 to \$3000, and I went from a robust PPO plan with nationwide coverage to an HMO which cost quite a bit more. So I lost many benefits and yet had to pay higher premiums. I did not receive and benefit from Obamacare but just higher costs and fewer benefits. A 12.5% increase if you allow it will bring my health insurance to \$10,503 for 2015 which is over \$3000 more than my yearly real estate taxes and is almost as much as my mortgage. I urge you to tie Anthem's price increases to the CPI or to no more than 2-3% per year as our wages are not rising in step with these massive insurance increases. I don't know how I can afford anymore as a self employed person. Thank you for your consideration and help. Craig Holch
cholch@earthlink.net

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 10:43 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have just learned of this request by notification from Anthem. When the Affordable Care Act was implemented I received notice my plan was being discontinued and I had to apply for a new plan. Although I have a High Deductible plan and am a healthy 63 year old the best similar option I could get was 21% higher. This coverage has no out-of-network options and covers items, such as maternity care, I will never use. Now I am facing another 12.5% possible increase. Something is wrong here and this is really going in the wrong direction when I have to subsidize other sicker people or those needing more service due to personal life choices, like maternity, to the degree of these rate increases. Thank you. Mary Ellen Jaske Bloomfield, CT.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 11:23 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

To Whom It May Concern:

I strongly object to Anthem's proposed 12.5% rate hike. This is an unreasonable increase that will place a burden on policy holders who so recently subscribed to Anthem based on a much lower rate. It is a classic bait & switch that will result in fewer people on the plan (including me). Please adopt a more reasonable increase, at most 5%.

Chris Belden
Ridgefield CT
chrisbelden124@gmail.com

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 12:46 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

My family enrolled in the Anthem Bronze Direct Access with HSA plan through Access Health Connecticut effective 1/01/2014. We pay a premium of \$1,397 per month and have an annual family deductible of \$12,600. In 2013, we paid a similar premium with Anthem but only had a \$2,500 family deductible. In addition, many of the doctors we have used for years have dropped our current plan. Under this plan, there is no out of network coverage, as we had in prior years with Anthem. I think the 12.5% rate increase is unreasonable and excessive. If fully approved, we would pay an additional \$174.63 in monthly premium. I suggest you look deeper at their actual costs, premium income and claims paid. They must be paying far less in claims in 2014 as the deductibles are now far higher and fewer services are covered. We are now seeing the real effects of the Affordable Care Act - higher premiums, higher deductibles, fewer doctors and fewer services covered.

I respectfully ask that the rate increase be denied.

Thank you.

Jim Carroll
Greenwich, CT
6/08/14

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 7:04 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have an individual policy with Anthem which I obtained through the CT Exchange, starting January 2014. It just covers me, for medical and drugs. I pay the very high premium of \$912.00 a month. Plus, of course, out of pocket costs and deductibles. I am outraged that Anthem has requested a 12.5% increase in my premium starting next year, bringing my monthly premium to around \$1026.00.

I pray the Commissioner and his department will not grant Anthem this rate increase. I read that it would affect 66,000 customers in Connecticut. That may not seem like a lot of people, but each one of us is struggling to make these premium payments and it feels incredibly unfair to burden us even further with such a steep increase, and so soon after signing up.

Please help!
Thank you.
Amy Miller
2 Mulberry St.
Old Saybrook, CT

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 12:03 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is totally outrageous and will in short order create a new class of uninsured people- and I will be one of them. I am self-employed and already am paying \$593/month for a Bronze Plan from Anthem I bought through the Exchange. My deductible is \$6350 per year and I have all sorts of co-pays. I am not a big-income earner but just above the qualification for a subsidy. How much more can I pay???? I will have to go without health insurance and pay the fine if this exorbitant rate increase is approved. The rates for healthcare should be going DOWN with the ACA in place - not surging upward.

Lori Bianchi
Wilton, CT
phone: 203-210-5189

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 1:38 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

This rate increase and the justification are bogus. The company is citing increased costs due to "pent up demand". The bulk of subscribers, both existing and new will continue to use services in a cost conscious manner. The assumption that a cost share reduction will increase all users utilization is unfounded.

The upward increase of rate adjustment factor due to "account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims" is a red herring. This hardship is entirely of Antheims own making. They have failed at enrollment, billing, setup of online payments and delivery of said bills. The CSR's take a 'don't worry' stance, while Anthem uses the data of "unpaid premiums" to justify the rate increase in question. You can't pay a bill you don't receive. Bills sent late and software glitches in the online bill-pay mechanism create a false hardship.

Rates already set, based on data from the larger past pool are more than adequate. Allowing a rate increase so soon after implementation the ACA is a 'bait & switch' tactic. A primary reason much of the population has remained uninsured in the past was unfair practice by insurance companies, quietly condoned by regulators. Level the field for consumers. Advocate for us. Regulate the insurance industry. Not the other way round.

Thank you, Jennifer

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 3:56 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Because of the Affordable Care Act, my insurance premium increased 40% last year. My new policy has a MUCH higher deductible and less coverage. If this goes through, my wife and I, (who have not had a raise in many years) will have to again downgrade our coverage to meet our income. Signing up for the Affordable Care Act was onerous enough-taking many hours of long waits for operators and network overloads only to have to go thru it again next year. PLEASE give us middle class workers some relief from big insurance companies. Vote to leave premiums the same and let us settle in with this already expensive burden.

thank you
Jack and Roberta Allen
Bridgewater, CT

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 6:02 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a resident of Ridgefield, CT, a small business owner and a subscriber to one of Anthem's on-exchange plans. The 12.5% rate increase is excessive and unreasonable. They estimate an 8-9% increase in costs. In light of that, a 12.5% rate hike is unconscionable. At most, an 8-9% increase is warranted and, by all rights, the rate increase should be lower than that. Anthem can fight the cost increases just like any other business would and improve their efficiency. I have no doubt that if the company is managed well, they can improve their service while keeping cost increases below their estimate.

What incentive does Anthem have to improve their efficiency if they can increase their rates 150% of the cost increases they are seeing themselves? None.

PLEASE do not approve this rate hike.

Thank you.
David Fields

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 6:30 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Dear CT Insurance Department:

I am very distressed to have learned from Anthem that they are planning to raise their rates. I signed on through the CT Exchange in January.

I am a single woman, 63 yrs of age, support my mother, and am paying \$1135 / month for my present insurance. A 12.5% increase would take me to a monthly bill of approx. \$1300. This is a huge amount of money and I am hoping you will see this rate increase as burdensome and frightening to those of us who are no longer employed.

Please consider refusing to permit this rate hike. I know I speak for many of our state's citizens when I say that The ACA hasnt been so good to us, and another blow like this could have devastating effects on our population.

Thank you for the chance to express my views.

SANDRA WASCH

112 Chestnut Hill Road

Stamford CT 06903

dogtao2@aol.com

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 9:42 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think this is an outrageous request. I pay almost \$7000 a year for a single person policy and I receive NO reimbursement until I have paid \$6300 deductible so that the policy in fact cost \$13000 per year which is usurious when they are reimbursing the top executives in the company between \$6-8 million per year. I fail to see how they can justify a rate increase of 12.5% in the first year of the affordable care act. They opposed the public option in the health exchanges because it would be unfair competition! The American system is supposed to be based on competition but when it is a threat to big companies they cry foul! I do not think an increase is in any way justified at this juncture. Bernard Lytton MD

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 8:29 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Our family of four is currently paying \$21,600.00 for a very basic plan. What company is able to increase their pricing by 12.5% in one year and stay in business?? How much profit is the Connecticut Insurance dept. going to allow the Insurance company make at the expense of the middle class American? Please don't approve this increase in fact these premiums need to be reduced.Thank You Jeffrey S. Welcome Stonington, CT.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 10:08 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Dear Sir or Madame,

I am a healthy 63 year old.
My wife and I own our own business.
I have Anthem Essential Direct Access w/HSA cbcq.
I pay the full fee off the exchange.
The monthly rate is \$774.47 with a \$3000 deductible.
That total is more than \$12K/yr.
I received a letter from Anthem telling me they are requesting a 12.5% rate increase on my account.

I understand that health insurance has a cost, and I do not mind paying my fair share: but the proposed rate increase is completely out of line. I was hoping for a reduction based on actual costs.

The insurance companies are going to make millions in profits this year.
I hope the commission will take that into account and reduce their rates for individuals off the exchange.

There will be a public outcry if the insurance companies in Connecticut pay out millions in bonuses but need to raise their rates to cover expenses.

It is a shame that the United States of America does not have a single payor system that is not based on profits. Medicare is not perfect but, Medicare is so much more cost effective; and should be the model the commercial insurance industry follows or they should get out of the business.

The rate increase talks about an average increase of 6%.
The reality for some individuals such as myself is it could be 12.5%

Thank You,

Aaron S Allinson
aaron.allinson@gmail.com

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 10:21 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

In 2013 my husband and I (both self-employed) paid Anthem a monthly premium of \$630. This year with enactment of ACA, Anthem cancelled our previous policy and offered essentially the same coverage (with the exception of pregnancy coverage -- not of use to this menopausal 60-year-old) for a monthly premium of \$1,100. That's an increase of 75%! That's ENOUGH already! I am OPPOSED to this proposed increase.

Sincerely, Mary J. Roberts
Washington, CT

Medina, Vanessa

From: Walsh, Kathy
Sent: Monday, June 09, 2014 11:33 AM
To: Ratefilings, cid
Subject: HIX Individual Rates - Anthem and ConnectiCare Benefits
Attachments: FW: Health Insurance Rate Increases

Public Comments

Kathy Walsh

Principal Examiner
Connecticut Insurance Department
Consumer Affairs Division
153 Market Street
Hartford CT 06103

Phone: 860-297-3900 x3819
Fax: 860-297-3872
Email: Kathleen.Walsh@ct.gov

Medina, Vanessa

From: admin, cid
Sent: Thursday, June 05, 2014 3:44 PM
To: ca, cid
Subject: FW: Health Insurance Rate Increases

From: John Woodruff Jr [<mailto:jwoodruffjr@yahoo.com>]
Sent: Thursday, June 05, 2014 10:46 AM
To: admin, cid
Subject: Health Insurance Rate Increases

Commissioner Thomas B. Leonardi
Connecticut Insurance Department
153 Market Street – 7th Floor
Hartford, CT 06103

Dear Commissioner Leonardi,

I have just finished reading the June 3, 2014 article in the CT Mirror concerning certain health insurance companies requests for double-digit rate increases for 2015.

I am writing to you to express my complete and utter outrage at their continued arrogance and abuse of our democratic processes.

Our Union represents thousands of public and private sector workers throughout the state of Connecticut, and they are working class people struggling to support their families in our state. They cannot afford a return to health insurance rate increases in the double digits and more than six times the rate of inflation for no other purpose than to protect some warped sense of maximizing short-term shareholder value, or to ensure that highly paid executives continue to receive their outsized bonuses. Especially at a time when our wages and household income remain stagnant, or are still in decline.

Rather than simply rejecting their request for these unconscionable rate increases, these companies should be required to actually reduce their rates substantially every year in order to protect the public interest and provide affordable decent insurance coverage for all working families in Connecticut.

At a bare minimum, these requests require more than just a public comment period. Requests such as these should be opened up to full and meaningful public hearings, and the Commission should make every effort to hear how the insurance industry's unreasonable demands will continue to decimate the lives of the working people across our state.

Thank you for your time and attention.

John Woodruff Jr
UE International Representative
jwoodruffjr@yahoo.com

(203) 240-2615
www.ueunion.org

Medina, Vanessa

From: Fisher, Richard
Sent: Monday, June 09, 2014 12:07 PM
To: Ratefilings, cid
Subject: David Denoia, Indiv Plan -State of CT Insurance Department - File#:402980
Attachments: Ask CID - DAVID DENOIA, 860-464-2488 (Consumer)

Please examine the attached document(s) and if a response is required, submit via e-mail to the assigned examiner. Please do not follow-up with a hard copy.

Medina, Vanessa

From: EXPLORERDUDE61@AOL.COM
Sent: Friday, June 06, 2014 5:42 PM
To: ca, cid
Subject: Ask CID - DAVID DENOIA, 860-464-2488 (Consumer)

GREETINGS...I AM A SELF-PAY CUSTOMER OF ANTHEM BCBS AND HAVE BEEN FOR WELL-OVER 15 YEARS. I SEE THEY WANT A 12.5% INCREASE TO OUR ALREADY HIGH AMOUNT I PAY THEM. PLEASE DO NOT OK THIS RATE INCREASE. IT IS VERY UNFAIR FOR THE TO ASK FOR SUCH AN INCREASE AT THIS TIME. I HAVE ONLY HAD MY NEWEST POLICY WITH THEM FOR ONLY FIVE (5) MONTHS,TO ASK FOR AN INCREASE IS JUST PLAIN WRONG.PLEASE DO THE RIGHT THING FOR THE CITIZENS OF CONNECTICUT,TURN DOWN THEIR RATE INCREASE REQUEST. RESPECTFULLY,DAVID J. DENOIA.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 12:11 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

To those reviewing Anthem's request for rate increases in the coming year for Individual Plans On Exchange:

We have been happy Anthem customers for more than 8 years but all of that changed this year. Last fall, I elected to purchase a plan via the CT Health Exchange for 2014. I have dutifully paid my monthly premium and submitted my claims in a timely fashion, but Anthem has not processed (paid or denied) a single claim that I have submitted to them this year. I am outraged that Anthem should ask to increase the rates for my plan when they have not been able to provide benefits on their current plan for nearly half of 2014. As of today, June 9, 2014, I have more than a dozen claims totaling more than \$4,000 in "Pending" status with Anthem. The first claims date back to January 9, 2014. Anthem has repeatedly asked me to be patient while they process these claims, and I have tried to do so. Anthem most recently responded to me telling me that the delay was due to the fact that they had to "pend all 2014 ACA compliant claims as we complete quality audits, verification, and testing of our systems." In short, they are telling me that they are not able to do their job and provide benefits to consumers, yet in this filing they are seeking to earn more money for the same services that they are not able to provide today.

I understand that rate increases are a normal fact of the insurance business, but I do not believe that a business that has failed to serve its customers- while still collecting their premiums quite efficiently, I might add - is entitled to pass any burden of increased operating costs on to its customers. Please - before you agree to any increases for Anthem - ask them what their turn-around time has been for claims submitted to them by their customers on plans purchased via the exchange. (Do not let them include claims submitted by doctors, as they have paid those in timely fashion.) As you will likely see, not a single customer-submitted claim will have been paid through May 2014, the date that they told me their "systems testing" was complete. After a 5 month delay, they do not deserve a raise. Once Anthem demonstrates that it is delivering on the services that it charges its customers for in a timely fashion, then and only then should they be entitled to ask for a raise.

Thank you for time and attention.
Sincerely,
Andrew Winston

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 1:40 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

My family has been insured by Anthem BlueCross BlueShield for more than eleven years. In 2013, our family of four paid \$445 per month for coverage with deductible of \$10K. In 2014, our premium increased to \$1319 per month, with a deductible of \$6000. We are not eligible for subsidies. We cannot afford to pay increases of this magnitude each year. Please contact me if you need additional information or documentation.

Grace and Carl Zimmer
115 Union Street
Guilford, CT
347-453-8511

Medina, Vanessa

From: Paskowitz, Sherri
Sent: Monday, June 09, 2014 2:24 PM
To: Ratefilings, cid
Subject: State of CT Insurance Department - File#:402977
Attachments: summary.tif.pdf; AHC19-RateIncreases-ProposedHealth-MrsVeraSilvestroGardell.doc

Anthem
Individual Plan
Non exchange

Connecticut Insurance Department On-line Complaint

1. Contact Information

Type of Insurance: Medical/Health

Name: Mrs. Vera Silvestro Gardell

Address 1: 994 Newfield Ave

City: Stamford

State: Connecticut

ZIP: 06905

Primary Phone: 203-322-6817

Email: vjgardell@aol.com

2. Insurance Information

Against: Company

Company Name: Anthem Blur Cross and Blue Shield

Subscriber/Policy #: XGV137A79024

Name of Subscriber/Insured: Vera S Gardell

4. Claim Detail

Claim description: I am a 62 year old female. After the affordable care act passed my monthly premium went up to \$1,134.98/monthly. I just received a letter announcing that Anthem BCBS has requested a rate increase of 12.5%, I believe this is outrageous! I am healthy except for a asthmatic condition that is controlled with medication, have not been hospitalized with asthma in over 22 years.



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Consumer Services Division
Phone: 860.297.3900, Ext. 3895
Fax: 860.297.3872
Sherri.Paskowitz@ct.gov

June 9, 2014

Vera Silvestro Gardell
994 Newfield Avenue
Stamford, CT 06905

Re: *Our File # 402977*

Dear Mrs. Gardell:

We would like to acknowledge receipt of your comments regarding the Department's review of the proposed rate increase submitted by for its health plan members. As part of our rate review process, we welcome public comments during our rate review period.

We appreciate your feedback on this matter as we conduct our review. Thank you for contacting the Connecticut Insurance Department.

Sincerely,

A handwritten signature in black ink, appearing to read "Sherri L. Paskowitz".

Sherri L Paskowitz
Associate Examiner

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 5:43 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Are you kidding me? I spent 8 years without insurance (employer didn't offer it), had two years with it (job change), and then 4 more years without (self employed), until we were finally making enough being self employed to purchase it on our own. It wasn't cheap, but we wanted to be covered in case of illness or accident, like responsible people. Every single year, we were hit with increases in our premiums (even though we were healthy, and never used our insurance for more than an annual physical) Every single year, 15%, 25%, 40% or pick your double digit number. We were priced out when our premiums were hovering around the \$2000.00 per month mark. Why did they go up so much every year? Because we were self insured. We were taken advantage of, year after year, and the state willingly allowed it. Fast forward to us having to cancel our insurance. Fast forward again to 2014. We are once again insured, but here we go again. Will we all be priced out of insurance once again in a few years time? Please, for the love of all that is holy, take down this farce of an industry, and take care of your people the way the rest of the developed world does, with national health care. No one should be paying more than they have to for medical care so insurance companies can continue to profiteer.

"The company anticipates a "pent-up" demand for health services in 2015, the second full year of the Affordable Care Act, and higher morbidity - the influx of previously uninsured into insured risk pools. The morbidity adjustment, the company filed, is based on "a CDC study on the health status and life styles of both currently insured and uninsured populations." This new development is industry created. If health care and insurance costs were not so astronomically and artificially created, we wouldn't have a glut of uninsured people who have not seen a physician in decades.

Do what is right, and stop this madness! Please deny them the increase, and get to work on abolishing for profit medicine and medical insurance.

Stephanie Marshall

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 6:44 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

While I understand that Healthcare costs continue to increase, 12.5% is just to much. We are a family of 4, my husband owns his own business and we have always covered our Healthcare costs, last year however our prior plan jumped from 1,800.00/month to 2,200.00/month and it just became unaffordable for a small business owner who falls just outside of any subsidy or other plans.

When we found this plan, I did a lot of research and while the plan was significantly less than we were paying, the deductibles were significantly higher for anything other than a routine annual physical.

I feel that the cost to insure everyone has fallen over and over again on the middle class and we just cannot afford to continually pay for everyone else.

I am also aware of many, many people who are receiving subsidies in the hundreds of dollars (some up to \$500.00/month) who are manipulating the system and getting all of their healthcare paid for in full. While that is not the way that I want or choose to live, I do believe there are more and more people reaching for handouts at the cost of hard working individuals who are doing their best to make ends meet, planning for their kids college education and even trying to save for their retirement. When do we get a break. I am not asking for handouts, I am just asking for a break from having to work hard to cover everyone else while my family's expenses come second to the taxes I pay for those who are not as responsible as we have been brought up to be.

Please do not let Anthem raise these rates 12.5%, which would mean another \$181.00/month or 2,172.00/year. I would much rather put this into a college or retirement plan so that nobody has to pay for my children's education or our retirement.

Linda Avery
39 Ox Yoke Drive
Wethersfield, CT 06109
860-257-4507

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 6:59 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Hi. My name is James F Moraveck Jr and I felt it to be very important to comment on this rate increase filing by anthem. I am against it. Here is why. I am one of the many individuals who had there insurance dropped. Anthem said that my old police did not meet the new requirements set by the goverment. They gave me a new one that was as close as possible to the old one. The services are about the same,the cost is not. Here are the numbers for you. My policy in 2012 cost \$970.72 a month, the deductible was \$2500 for the family. In 2013 the rate went up to \$1093.04 a month. Deductible was the same. The new policy in 2014 the rate went to \$1624.09 and the deductible went to \$6000 for the family. The increase in 2012 to 2013 was 12.6%. In 2013 to 2014 the monthly rate increased 48.6% and the family deductible went up 140%. I WOULD LIKE TO HAVE MY OLD POLICY BACK. I do not think this is what was ment to happen.So far only individuals like my self have to have insurance. I think the rate increase should wait untill every body has health insurance and all the bugs are worked out of the system. If you have any question E- mail me jimmoraveck@snet.net Thank You for your time
JIM

Medina, Vanessa

From: Parise, Shannon
Sent: Tuesday, June 10, 2014 12:21 PM
To: Ratefilings, cid
Subject: FW: Anthem BC/BS rate increase request

Shannon Parise

Associate Examiner
State of Connecticut Insurance Department
Consumer Affairs Division
P.O. Box 816
Hartford, CT 06142

phone: (860)297-3900 ext. 3886
fax: (860) 297-3872
email: shannon.parise@ct.gov
web: <http://www.ct.gov/cid>

From: Bonnie Hataley [<mailto:bhataley@icloud.com>]
Sent: Monday, June 09, 2014 6:16 PM
To: ca, cid
Cc: bhataley@icloud.com
Subject: Anthem BC/BS rate increase request

I have read your faqs and feel there is a piece of information missing.

Please add in Anthem Blue Cross Blue Shield profit numbers for the last 5 years, and projected losses for this year that initiated their rate increase request on your faqs report.

Profits, changes in salaries & stock options are the only numbers factors not identified that also play "*a large role*" in why a company seeks a rate increase. Yes, cost of health care goes up every year, but BC/BS is also reimbursing the health care providers less each year.

Please **DO NOT allow a rate increase.**

We are all tightening our belts in this current economy, *especially in Connecticut*, and the Insurance company should be expected to do the same, not function in an isolated economic profit guarantee status allowed by our government. We already pay higher rates than most other states. I have not read specific in the documents that justifies this requested increase. Just that BC/BS *wants* the increase, and clearly expects to receive it.

I realize I am one of few who take the time to let you know what I am thinking, but I can guarantee you that *all* of my employed, non-government worker friends agree with my stated sentiment. When will we actually be heard, and have the government respond to our wishes?

Bonnie Hataley

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 3:01 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

While expected, I can't say that this increase will be received well. Already the voices of people saying "I told you so" are being heard. The reasons given for this rate increase may be 'reasonable', but the fact remains that those of us in particular who are on the lower end of income are not going to be experiencing a comparable increase in our incomes. Hardships will ensue. It is too bad that our country can't somehow find it's way to take care of it's people without insurance companies negotiating between patient and doctor. Not so long ago and for most of recorded history, we did. I think it is time to look for a way to do that again.

Lauren Churchill
Griswold, CT

Medina, Vanessa

From: Roberts, Melissa
Sent: Tuesday, June 10, 2014 3:35 PM
To: Ratefilings, cid
Subject: Lloyd Baroody Individual HIX plan
Attachments: summary.tif.pdf; AnthemLetter.pdf

Please examine the attached document(s) and if a response is required, submit via e-mail to the assigned examiner. Please do not follow-up with a hard copy.

Connecticut Insurance Department On-line Complaint

1. Contact Information

Type of Insurance: Medical/Health

Name: Mr. Lloyd J Baroody

Address 1: 80 Race Track Road

City: Lakeville

State: Connecticut

ZIP: 06039

Primary Phone: 908-419-8642

Other Phone: 908-419-8642

Email: lbaroody@mba1977.hbs.edu

2. Insurance Information

Against: Company

Company Name: Anthem

Subscriber/Policy #: VHC305A79949

Name of Subscriber/Insured: Lloyd Baroody

3. Attachment File(s)

File Description: Letter from Anthem on 12.5% rate increase

File Name: Anthem Letter.pdf

4. Claim Detail

Patient Name: Lloyd Baroody

Date of Service: 06-03-2014

Name of Provider: Anthem

Claim detail: 0.00

Claim description: I started my policy earlier this year due to the Affordable Care Act. I received a letter from Anthem dated June 3, 2014 which announces a rate increase of 12.5%. The amount of this increase is excessive. The inflation rate in the US is practically zero. I believe that Anthem is taking advantage of the hassle of changing companies and trying to increase as much as they can, expecting that many people will not bother to shop elsewhere. Not that shopping elsewhere will help much, since the industry is an oligopoly of just a few players. I ask the Connecticut Insurance Company to talk sense into Anthem to be more reasonable. If Anthem insists on a rate increase anywhere near this amount, you should consider banning them from doing business in the state.



P-1 T2 *****AUTO***MIXED AADC 450 UM0000339
Lloyd Baroody
322 W 57th St Apt 15B
New York NY 10019-3719
|||

June 3, 2014

Dear Lloyd Baroody,

Thank you for choosing Anthem Blue Cross and Blue Shield. In Connecticut, rates for individual plans are filed with our Insurance Department at least annually. During the course of the year we also periodically review our rates. When a review supports a request for a rate action, we submit a new filing to the Connecticut Insurance Department. Our rate proposals are generally filed at least 90 days in advance of the proposed effective date to implement an approved rate change.

We're writing to let you know that Anthem Blue Cross and Blue Shield filed a rate change request of 12.5%. We want to share this information with you so you can comment about our proposed rate change directly to the Connecticut Insurance Department.

What you need to know

We submitted our rate change request to the Connecticut Insurance Department on May 30, 2014. An approved rate change will affect your current rate starting January 1, 2015. Please keep in mind, if you are currently receiving a financial subsidy through the CT Health Insurance Marketplace at www.accesshealthct.com, that amount will also impact your final rate.

You will receive a notice about our approved rate change 45 days prior to its effective date. Please note, until the Insurance Department approves, disapproves or modifies this rate request, any change to your specific premium cannot be determined at this time.

Where to find more information or make a comment

There is information about our rate filing on the Connecticut Insurance Department website. You may also see additional information or communications between Anthem and the Insurance Department. Go to www.ct.gov/cid and click on "Health Insurance Rate Filings" to access our rate filing. You can also register a comment in the public comment section directly below our rate filing.

If you want to receive notifications directly from the Connecticut Insurance Department, you can register through the e-ALERTS link on the Department website or by going to this page: www.ct.gov/cid/guestaccount/login.asp.

We're here to help

Thank you for being our valued customer. If you have any questions, call us at the number on the back of your ID card.

Sincerely,

James Augur
Vice President, Anthem Blue Cross and Blue Shield

Anthem Blue Cross and Blue Shield is the trade name of: In Connecticut: Anthem Health Plans, Inc. In Maine: Anthem Health Plans of Maine, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

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Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 6:33 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

this is not in line with any "affordable" rate plans it cost me \$1200.00 plus a year MORE and my deductible went from \$1250. to \$6000. I wish I could ask for a \$1200. raise and in less than 5 months ask for a 12.5% additional raise and provide NO CUSTOMER SERVICE. example they do not REPEAT do NOT have a live person answer the phone for CT. based customers. I suggest a fine and a law suit be filed on the members behalf. it also took me 3 months to get my address change updated, after 3 months of checking the box, then was past due because I was not getting g my bill on time and only by pay by phone was I able to get it changed. we are voiceless & powerless, I doubt this will be read if it is I am sure you had a good chuckle! feel free to call me

Amadio M Telesco
203-395-7077

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 10:10 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

TO WHOM IT MAY CONERN:

I CAN'T BELIEVE ANTHEM BLUE CROSS BLUE SHIELD WOULD EVEN CONSIDER A RATE CHANGE AFTER THE INCREASE WE ALL HAD TO ABSORB. MY BCBS PREMIUM INCREASED BY 43% AND THAT WAS THE BEST PREMIUM I COULD FIND FOR MY NEEDS. THAT DOES NOT INCLUDE THE CO-PAYS AND DEDUCTIBLES. I HAD TO CHANGE ALL MY MEDICATIONS BECAUSE BCBS IS NO LONGER COVERING THEM. I HAVE BEEN A BCBS MEMBER FOR 5 YEARS; I AM PAYING FOR SO MUCH MORE FOR SO MUCH LESS. I DID NOT ASK FOR ALL THESE CHANGES TO MY MEDICAL BENEFITS.

I WORK IN THE MEDICAL FIELD AND I KNOW MY PREMIUMS ARE NOT GOING TO THE PROVIDERS, OUR CONTRACTED RATE HAS NOT CHANGED IN YEARS. SO WHERE IS ALL THIS MONEY GOING?

DO YOU THINK BCBS COULD GIVE US MORE TIME TO TRY TO FIGURE OUT HOW TO PAY FOR THESE OUTRAGEOUS PREMIUMS/RATE CHANGE WE ARE ENDEARING NOW; BEFORE ASKING FOR A RIDICULOUS RATE CHANGE OF 12.5%. IT HAS ONLY BEEN 6 MONTHS SINCE THE INSURANCE TURMOIL.

I FEEL THIS RATE CHANGE SHOULD BE TURNED DOWN AND REJECTED!

JANICE LUDWIG
ANTHEM BLUE CROSS BLUE SHIELD MEMBER

Comments with no Name

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 9:55 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is absolutely outrageous!! My Health Insurance costs me \$500 per month and is only a bronze plan. In no other sector of the economy, has there been a cost increase of 12.5%. The rate increase cannot be taking into account the increased revenues from the new clients. If health insurance coverage is mandated by the government, then the government has a responsibility to the citizens to control the cost of insurance and not allow these types of increases. I have maintained the fees that I charge for my professional services for the past five years. The health care industry, insurance companies included, cannot be allowed to soak money from those who are required to have coverage.

Thank-you

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 11:46 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

My health care plan was canceled 12/31/13, my experience since then has been intolerable. The new plan has the same premium but my deductible went from 2500/year to 6000/year. The new policy has far more restrictive coverage and less benefits. These excessive rate hikes on consumers are not fair and is making impossible for the middle class to survive. i cannot afford a rate hike of 12.5% it will break my family. We already have a monthly premium of \$1350.00 with individual deductible of 3000. That would increase my premium by \$168 monthly or \$2025 yearly. Impossible for us to afford that cost. HELP!!!!!!!!!! There needs to be laws enacted that restrict these companies enacting rate hikes to consumers and then posting large profits to their shareholders and paying CEO's astronomical payouts.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 12:52 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I wish to oppose the rate increase. The rates are already too high, if this increase is approved many people will not be able to afford it. It will only lead to more people being uninsured. Connecticut already has some of the highest rates in the nation, hopefully they will not go any higher. The requested rate increase of 12.5% is NOT appropriate. I just got a raise of 1.5%, and I am a lucky person as many people are not getting raises. The federal "affordable health care act" is supposed to be AFFORDABLE.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 1:03 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is really painful.

The plan to which I was changed after the ACA includes coverage I don't need (e.g., pediatric dental), a higher deductible, and a 28% increase in premium cost.

An additional 12.5% will raise my rates to over \$600 for a silver, high deductible plan with HSA. I just think this is too much.

Please reconsider.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 1:10 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

When does it stop ?

Excessive annual health insurance rate increases, way beyond cost of living increases. Will come a time (soon) when health insurance will become completely unaffordable for the self-employed; those who pay for it themselves. It's already the bulk of a corporate benefits package for employees with salary becoming secondary. This system has failure written all over it.

But according to the Fed, we don't have any inflation to speak of.....

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 1:24 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Another Rate hike- are you kiddin, I started 8 years ago with a \$492.00 family policy paying copays and 3 tier prescription (no dental). My policy now is more than my mortgage payment monthly(\$1492.00) and I have to pay the first \$6000. I pay this for emergency use, my family thankfully is healthy so we don't even use the policy and I will soon be asked to pay 12.5% more. Do the CEOs need more bonus money lets get real , where does the greed end.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 2:07 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It is completely absurd that Anthem uses the term 'rate change' as opposed to what it really is, a 'rate increase'. Your customers would have much more respect and loyalty if you explained changes to our plans in plain english. I assume most of the people on this plan have joined recently, this is a horrible start and I will be looking to change.

Instead of giving us vague statements with the minimum amount of information as legally required just be straight with people.

Shame on you.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 2:33 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Over 200 pages of material, unintelligible to those not versed in insurance-speak, does not justify a rate increase, no matter how many pages of columns filled with figures are offered as evidence. If the anticipated pool of those who will sign up for health insurance is going up in calendar year 2015 - "The company anticipates a 'pent-up'demand for health services in 2015, the second full year of the Affordable Care Act, and higher morbidity..." (from the filed document), how does the periodic review of rates (letter of 6/3/14, sent to subscribers) translate into a rate increase? Logic dictates a larger pool of enrollees will generate a larger premium pool. Not every subscriber will be taxing the system or be in need of expensive medical procedures or drugs.

Therefore, the rate change should be going down. There are more individuals to share the risk. Even if the pool is not equally divided among younger and older individuals, more people, overall, translates into more money flowing into the provider's pocket. Not every older individual will need costly medical attention. Not every younger individual will sail through the year unscathed and not requiring costly medical care.

While I understand Anthem is a business and as such must make a profit, requesting a hefty 12.5% increase in year over year premiums is an outrage and an insult to the subscriber of any age.

I urge Mr. Lombardo to review the provider provided information again. I urge the CT. Insurance Department not to approve such a large premium increase. No one I know - of any age - has had a salary increase even close to this rate increase request. Those on a fixed income will continue to suffer. Please help the consumer to be able to afford health care. Please deny this request.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 3:24 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Any rate increase of 12.5% has to be based on either false or inflated figures. There can be no rational explanation for any company repeatedly seeking double digit rate hikes when the general rate of inflation is less than 3%. The argument that there will be a pent-up demand for previously uninsured persons seeking new coverage is only an assumption at best, or a poor excuse to seek an additional financial cushion at worst. This company continually wastes resources by providing a substandard website that is not always functional, necessitating physical contact in order to resolve questions that could easily be addressed with an adequate web based system. They continue to send out late notices prior to bills even being due (letter dated 5/29/2014 stating that the bill due 06/01/2014 has not yet been paid and policy is subject to cancellation...our bills are paid electronically through their system by the 28th or 29th of each month). If the Affordable Health Care Act mandates like-kind coverage for all individuals, it makes no sense that Anthem requests an increase in premiums for individuals that is almost double what they are seeking for their group plans. Retired individuals such as myself are not eligible to participate any longer in group policies and are at the mercy of whatever the insurance industry decides to charge. As of this year, we are already paying nearly 30% more than we paid in 2013 for similar coverage from the exact same provider. I strongly urge you to deny this rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 3:27 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Feel the CT Assess Exchange needs to offer MORE plan options or we as enrollees will get taken advantage of with increases of 12.5% every year. before increases are put in place, believe Anthem should let the program runs its course for a full 2years before deciding increases are needed based on a CDC "study" or probabilities. Let's base increases on facts.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 3:39 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I recieved a letter about the 12.5% increase, and I think it stinks. Here we go again with increases! I can not afford an increase on my health insurance. This is suppose to be affordable, and it looks as though you people are going to make it unaffordable. When Charter oak, came to conn. It was affordable, and then it started increasing, and I had to cancel because I could not afford the increases. If this is how the insurance is going to be, with increase all the time, I might as well do without it. This is a BIG JOKE!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 3:59 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Exorbitant increase. The working poor can't afford insurance or the high cost of care without it. Employees don't receive 12.5% salary increases! In the mean time the bankrupt government is going to foot the bill yet again. Oh yeah, I forgot, that's me! Maybe I can get a second job at McDonalds and a third job at my local retail establishment to help pay for my medical insurance.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 4:08 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is crazy. I finally got health insurance and in less than 6 months I get a letter requesting a 12.5% increase. I feel any increase to this is a disgrace for the affordable care act. Why don't we let them increase it to the point it isn't affordable any more. There is no way this should even be considered. This kind of increase would put many of us right back where we were. I hope to Gosh there is someone in our state that sees this a a big insurances chance to profit of the poor even more than the 6 billion a year worth of profits they already make. We should have pour rates locked in for 5 year periods at a time so that 6 months after we receive affordable insurance we don't get squeezed right out of it.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 4:26 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

How can Anthem Blue cross and Blue Shield quote u a price get u hooked on the plan and then Jack the price up. I'm 26 ,don't smoke ,exercise 3 times a week minimum ,and never been to the hospital or used healthcare or will need it in the near future but yet they and the CONNECTICUT INSURANCE DEPARTMENT wants to increase my our rates (mine 12%) We are forced to get insurance and k we get it at a set price then 4 months later ahhh sorry we are jacking ur premium up sooooooryyyy . Well no if my price goes up I'm out ill rather pay 100 year fee then pay 356 currently to if approved 410 monthly I'm done with the c.t. marketplace and anthem. I should have picked the other company when I had a choice. U guys suck tell president Obama y many young people like me will cancel oink Jan 1 2015

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 5:02 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am paying 28% more for this plan than I was in 2013 for the same coverage. Now Anthem wants 12.5% more on top of that?? If approved you will be giving Anthem a 40.5% increase in one year. Absurd! This cannot be approved.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 5:11 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Just read the Executive Summary on this rate request. My 2014 policy went from less than \$600 to \$787 for same coverage that I had in 2013. Justification Anthem gave was to cover the Obamacare requirements of pediatric dental, pregnancy coverage and some preventative coverage. I don't have kids, I am male so basically I am paying 30% more or \$2244 for a few preventative items that may have cost me \$300-500 in the past as out of pocket. Now they want another 12.5% on top of that! This is out of control and needs to be stopped. The doctors and hospitals aren't getting rich, only the insurance companies are. End it.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 5:43 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a long term CT Anthem health insurance policy holder. My husband and I qualified for and are currently participating in a subsidized Anthem program. Today, I received correspondence from Anthem stating that they have filed a rate change request of 12.5%. Today, I also received a "reminder" notice from Anthem, dated May 29, 2104, which stated that because they had not yet received my June premium payment, I may be in jeopardy of cancellation. This notice was premature as my premium payment was not due until June 1, 2014. Anthem is wasting money on unnecessary correspondence. In all the years I have been an Anthem subscriber, I have never missed a payment. I can understand sending out overdue reminder notices if a subscriber's payment is overdue, but not prior to my due date. Perhaps it is time for Anthem to evaluate and eliminate wasteful spending practices? I am distressed and dismayed that insurance companies like Anthem are making record profits, while spending money on sending reminder notices to subscribers who are not late with their payments and asking those same subscribers to pay for that wasteful spending via a rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 6:28 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

There is no way for me to effectively comment on this rate filing since my Anthem plan (available through the CT health care exchange) is not specifically listed on the Anthem rate filing dated 5/30/14. My plan is called Anthem Gold DirectAccess Standard - cddk. I believe that Anthem should have to refile their rate increase and list all plans (and the proposed rate increase) so that the public has an opportunity to comment.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 6:33 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I just received a letter from my current health insurance carrier, Anthem, informing me of their request for a 12.5% rate increase for 2015. I have had an Anthem private insurance plan for the last few years. My employer does not offer coverage and my husband is self-employed with no other employees. Before 2014, we had a grandfathered Century Preferred plan. This plan had a combined deductible of \$500, no prescription deductible and a maximum out of pocket of \$5,000. As you well know, Anthem discontinued all of the Century Preferred Plans in Dec 2013. I was told that it was because they were no longer compliant with the ACA, which I feel was just an excuse to get rid of old low deductible plans. In 2013, my husband and I were paying approx. \$900 a month for coverage; with our new ACA compliant Anthem Silver Plan, our deductible is now \$3,000, we also now have a \$800 prescription deductible and I believe the maximum out of pocket expense is \$12,000. The amount we are paying for this new plan, which has less coverage is almost \$1200 a month. That means the rate increase for 2014 was over 25%. I feel that Anthem is being very unreasonable asking for an increase in 2015. I don't think the ACA compliant plans have been in place long enough for them to make an accurate estimate of the additional cost to the insurance company. I am asking the CT Insurance Dept. to please consider the financial burden this extra 12.5% will put on the average CT resident. A 12.5% increase would increase our premium by \$150 a month, or \$1800 per year. With all the new applicants the insurance companies have gotten through the passage of the ACA, I don't think their profit margin will suffer without the suggested increase.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 7:00 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I believe 12.5% is too much, the service is terrible this year, you can't get a live person on the phone, if you leave a email, it takes 2-3 days for a response...Ever medication now needs a prior-authorization extra work for patient, physicians office etc.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 7:03 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

After the huge increase just to get into the plan this year over our plan that was the same, but a lower deductible, they now want to raise our rates again at three or four times the rate of inflation!?!

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 7:06 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

My individual rates are so high I pay over 450 a month already with no help from a company

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 7:26 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I just signed up for this plan. I am self employed and pay \$446 dollars a month, unsubsidized since I make a couple of thousand dollars more per year to qualify. Paying for this represents a significant percentage of my monthly income pretax. This hike would put my insurance cost at over \$500 a month, a mere 6 months after I and I am sure thousands of others signed up via Obamacare. To slam those of us for whom this affects the most is unfair. I am extremely opposed to his hike request.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 8:19 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

A 12.5 % rate increase is absurd. I am paying \$633.33 per month for only my husband and daughter's premium. They are also subject to a \$2,500 annual deductible. I am covered through my employer and am responsible for 9% contribution plus another \$2500 deductible. Our total healthcare costs are almost \$15,000.00 per year. It would be less expensive not to have any coverage and pay out of pocket for our annual physicals and sick visits, even with the penalty for not being covered. I've worked hard my whole life and have been promoted three times. I think I make a decent salary at \$82,000 per year, yet, between taxes, mortgage, and healthcare expenses, I cannot save a dime! I am beginning to see that the United States may not be the best place to live in anymore.

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 8:54 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Unbelievable. I have not used my insurance once this year. You have enough of my money! \$301.24 a month. \$6000 deductible no out of network benefits. What a joke. And you have the nerve to raise my premiums 12.5%!!! I can't get a catastrophic plan because I am not poor enough and I don't qualify for subsidies because I make just enough. And the Prime dental scam is just that. Why am I funding pediatric dental? I am married with NO children. I literally live paycheck to paycheck! My insurance with Anthem used to be \$178 a month \$3500 DED with out of network benefits! This new plan is a joke. How about this:

I am notifying Anthem 90 days in advance that I am sickened with your greed...

Sincerely,

A very frustrated 34 year old, newly married, on a tight budget, trying to put away something for retirement but can't afford to, working 70 hour weeks with no vacations, man from Connecticut!

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 8:56 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Cock and balls!

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 8:56 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I had insurance once, then Obamacare came along

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 10:43 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I strongly oppose this increase. I wish I could raise my rates 12.5% in a 5 year period let alone 1! I am still trying to figure where the term affordable comes from in the Health care act? How can this system continue to be supported with these kinds of increases?

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 10:53 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Yet again, another cost heaped upon the backs of the consumer. High insurance costs, college tuition, federal and state taxes, and the list goes on. These escalating costs are bankrupting citizens. PLEASE DO NOT ALLOW THIS INCREASE.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 6:58 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am so disappointed about this potential rate increase on my individual policy. I have been saying all along that no matter what the federal government mandates, the health insurance companies WILL get their money one way or another. Of course we the middle class will be paying for the increase. I will also be commenting on the federal level. The idea of Obama care was an interesting one unfortunately greed is the motivation for Anthem and all health ins. It hasn't even been a year and already a rate hike??? Unbelievable. Nice try Mr. President. The point of this whole thing was AFFORDABLE CARE! I'm already paying more than \$400 a month. How am I supposed to pay even more. Do any insurance execs think about me an average server in a restaurant no hope of insurance through my employer. Thank you for your time and the 5 months without a rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 7:49 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a Gold member. I am 56 years old and have had continuous coverage under various health plans since I graduated from college in 1979.

Anthem has provided the worst service, by far, of any insurer I've been covered under (the prior was Oxford; they were excellent).

For example, I filed a claim recently. I received a letter that it was missing "one of the following pieces of information" or something to that effect. In fact, every piece was on the claim. I called Anthem to discuss and they had no record of the filed claim.

Their website's front page, in the top window, never displays due to technical issues. Ordering new cards impossible, due to "technical problems" after numerous tries.

Service on the phone is spotty - often surly.

New prescriptions are denied for missing information and then mysteriously approved and sent, after much time trying to track down the problem, to no avail.

The website itself is very slow.

I could go on.

They need to get their act together before they get a rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 9:29 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Consumers should not bear the burden of Anthem's ineptitude in order to protect their corporate profit margins. For the initial 45 days of coverage under an exchange plan--no Anthem rep was able to give me detailed information about my coverage, I received multiple erroneous billing statements and numerous letters of "apology" for the confusion. In spite of on time payments, my family coverage could not be verified--how does one visit a physician and incur expenses with a "you should be covered" ? I recently received a 2 page letter dated May 29th that Anthem had not received my payment due June 1st, while detailing that I had an additional 31 day grace period. The redundancy is ridiculous, wasteful, and an example of the excess that leads to a "need" for a 12.5% increase. In this modern world of electronic communications, why not offer me a 12.5% discount for opting out of all mailings and setting up automated electronic payments? Stop with the promotional PR pieces that say nothing and only communicate the waste of my premium dollars. All this for the privilege of a \$12,600 deductible.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 9:38 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I strongly disagree with any rate hike for insurance. We self-employed people bear a disproportionate insurance burden. The "Obamacare" era would never have passed had not the insurance companies lobbied heavily for a rate structure that protects their profits. And NOW they're asking for a rate hike? Grow a pair, lawmakers, and stick up for your constituents and Just Say NO!

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 9:45 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have read the entire rate increase proposal by Anthem. I understand there need to increase rates. However, does it have to be so much. I live in area 3, Fairfield County, the most expensive area. I am 56, healthy and on 1 generic high blood pressure medicine. I have and HSA that I absorb 100% of the costs until I reach my deductible of \$2500. I have exceeded this only 1 time in my life due to an accident. Prior to Affordable Healthcare Act I paid \$\$490, then it jumped to \$739. The increase will put this at \$839.00 per month. I am single and just cannot afford this. Where is the affordable part for healthy people that are not over weight, do not abuse the system and do not go to the doctor unless for annual check ups or a dire emergency?

There must be a compromise somewhere.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 9:58 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

The letter I received from Anthem indicated they've requested a 12.5% rate increase. I currently have insurance through the Exchange with a monthly subsidy. If this 12.5% increase is granted and the subsidy amount doesn't change, this would mean an increase of \$100.59 per month for me which would be significant impact on my financial situation. I realize every company from time to time needs to increase their rates but a 12.5% increase would be a hardship for many of the folks insured through the Exchange. Please consider this when determining how much of an increase Anthem may impose.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 10:24 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have been insured with Anthem since 5/1/14 and have nothing but trouble. Their service number on my card connects me to URUGUAY! How does a member get adequate service from there? A 12.5 rate increase is outrageous, so they can pay less money to workers somewhere else. Maybe if they didn't send out so much garbage mail they could cut their rates. I also thought now that more people are insured the rates would go down like in other areas but not Connecticut? Please do not give them this rate increase at all!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 10:40 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

CT individuals are paying more than their fair share of healthcare insurance through Anthem. If the Affordable Health Care act is impacting their overall fee structure the government should help to subsidize Anthem, NOT the individual insurer. The individual is paying beyond their share for this coverage. The AHC Act was created by the government as our rates have already been impacted by this change, a 12.5% rate increase is astronomical compared to a general inflation rate. Please do NOT allow for this dramatic increase to be placed on the individuals who are doing the right thing and using Anthem health coverage.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 11:02 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am outraged. Less than one year into the ACA my middleman/private insurer is hiking the rates.

You should be ashamed of yourselves.

I oppose this.

To no avail.

Your profits are sufficient. Reform yourselves.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 11:10 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It is difficult to believe that less than a year of the new health insurance program's start rate increases are being requested.

The federal/state health insurance program supports the most needed of our citizens and supports the independent business owners who are an important piece of our economy.

Those who receive financial assistance to support payments will be hard pressed to remain in the program if rate increases make participation impossible and then they return to the group of uninsured that cost all citizens.

Those independent business owners who do not receive government support and make the program work by paying the full premiums will also face the possibility of having to drop out if costs rise.

Let's not lose this opportunity to support the section of our population who work so hard by making the most basic of needs, quality health care, out of their reach once again.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 12:00 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Although rate increases are generally expected, please consider the following. In the executive summary Anthem makes reference to an expectation of higher Rx drug costs, specifically, to those involving Hepatitis C, but is there a guarantee that they will actually cover these drugs? Is there a system in place that protects the consumer from rate increases then followed by policy changes no longer cover the reasons why the rate increases were set forth? Also, they are asking for 12.5%, which is substantial and will have a negative impact on many households. As the years have past, I have personally seen insurance rates go up as well as co-pays, coinsurance and deductibles. This is also coupled with the growing list of providers, especially in lower Fairfield County, that will no participate in any insurance plans. This is leading to a point where people are expected to pay more out of pocket each year and effectively get less coverage and medical care. Where is the money going? I believe that a fair resolution must be sought. The insurance companies should be allowed to increase rates, but then should also be held accountable for policy changes that typically accompany rate increases that are unfair to consumers and the medical providers who serve them. There must be a balance, really! A 12.5% increase is too high. Try to negotiate a better deal. You can do it!

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 2:36 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a member of an Anthem BCBS individual plan through the Access Health CT ACA insurance exchange. I find it ridiculous that Anthem is filing for increases already! As you know, they have done a terrible job implementing the Affordable Care Act. They cannot keep up with claims filings, their phone system is bogged down and antiquated - it takes forever to get to the right person to discuss any issue. They have to be making millions more due to the Affordable Care Act, yet they have not adequately increased their staff to take care of business. To me, they should be decreasing their rates, since profits must be increasing nicely...they are taking in more money than ever and their operating costs haven't increased.

I hope you understand the seriousness of this matter. Unfortunately, I find that each time I contact the health insurance department regarding similar issues, you seem to always take the side of the insurance companies, even though you claim to "serve the people". Please deny these increases. Thank you for your consideration.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 2:49 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is an outrage. To file for a 12.4% rate increase on the heels of a 19% increase from 2013-2014 is egregious and totally unaffordable. 4 years ago, my premium was \$530 with a \$1250 deductible. Today it's \$859 with a \$3500 deductible. And this is the Affordable Care Act??!! Something needs to be done by our State and Federal Governments NOW.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 3:55 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Blue cross is made up of a bunch of greedy pigs! This rate increase should be denied!!!
Necessary funds should come out of their grossly large profits!

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 4:05 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

So you get us to sign up for your plan because we have to then you hike up the cost so you can make even more money. I don't agree with this change at all. Everyone's taxes go up and so should your's but for no reason should it affect us just like ours don't affect you!

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 4:16 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

The exchange plans just started in Jan 1, 2014. This 12.5% for over 66,000 policies should not be approved so soon. Anthem should have done a better job setting rates that would not have to be increased after the first year. The exchange is suppose to allow health care to be affordable. The 12.5% rate increase will make it unaffordable for many of the policy holders that put there trust in the new exchange. The rates will always need to increased to have funds to cover claims, but Anthem should not be allowed to profit from the large increase in sales from the new exchange and take then take even more with further sales in 2015 plus a rate increase taking more from people that paid in for all of 2014. I object to this rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 4:39 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am very upset about this proposed rate increase. First I am forced by the Government to purchase health insurance that I cannot afford, therefore I have to select the bronze level plan which has ridiculously high deductible rates. Also, lousy coverage. Now they are increasing my rates. I will cancel this insurance and pay the one percent fine and save my money!!!!This is a bunch of BS!!!!!! Don't approve this rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 6:54 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think it great that in 2015 we will get a 12.5% decrease in are bill its about time someone is giving back instead of ripping us off more than they already do.

Medina, Vanessa

From: webmaster, cid
Sent: Saturday, June 07, 2014 7:57 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Anthem SHOULD NOT be allowed to increase their rate filing. As a new customer of Anthem, I am not at all impressed with anything they have done. Initial sign up, which began in November, was maddening. It was impossible to get ahold of anyone. After spending 6 hours collectively on hold and being disconnected quite a few times, someone finally answers. Chances are, that person won't have an answer for you either. The biggest reason is because if you do have to go to the doctor or urgent care outside of normal business hours, the doctors can not get ahold of anyone at anthem. Therefore, you generally have to pay out of pocket for the visit. Then you tell me I haven't paid enough? What is the point of having you as my insurance provider if you can't take care of me? You as a company, do not deserve to increase your rates by 12.5% if you're not going to be a helpful company. You are completely useless and I can't wait to find someone else.

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 8:52 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I STRONGLY OBJECT TO THE 12.5% RATE INCREASE REQUESTED BY ANTHEM HEALTH PLANS, INC.

MY CT UNEMPLOYMENT RAN OUT RECENTLY, IN SPITE OF MY CONTINUOUS EFFORTS TO FIND A JOB. THIS COVERAGE IS NOT COMPREHENSIVE & COVERS SELECTED PORTIONS OF MY ANNUAL PHYSICAL, (E.G. - EKG) IN SPITE OF FAMILY HISTORY OF HEART DISEASE. RECENTLY I HAD TO PAY \$383 FOR LAB TESTS & ITEMS NOT COVERED BY ANTHEM FOR ANNUAL PHYSICAL, IN ADDITION TO MY PREMIUM OF \$768.23/MO. TO ANTHEM.

IT DID NOT COVER AN EYE EXAM BASED ON MEDICAL NECESSITY FOR MACULAR DEGENERATION & CATARACTS.

MY COBRA COVERAGE COST \$607/MO. & INCLUDED: MEDICAL, Rx, VISION, DENTAL & MENTAL HEALTH.

I MUST NOW PAY FOR ADDITIONAL COVERAGE OF \$51/MO. WITH ANOTHER CARRRIER FOR DENTAL & VISION.

A 12.5% INCREASE = ~ ADDL. \$100/MO. = \$868.23/MO. = > \$10,370/YR. FOR 1 PERSON WHICH IS ~50% OF MY SOCIAL SECURITY AMT.

AN INCREASE OF 2.5% WOULD BE REASONABLE!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 10:23 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It amazes me that having this insurance less than one year, the rates are already increasing. And not a little, but 12.50%! I don't believe any middle and lower class wages go up anywhere near that in any given year or even years. Due to no fault of mine and this story seems to be the same for millions, being let go from a job that was a career, over 20 years and now being over 50 years of age, we are being nothing but punished at all angles. Being long term unemployed, if lucky manage to get part time just to feel some sort of purpose and make a little income to survive, not being able to afford healthcare, losing unemployment benefits, diminishing food stamp allowance, trying to keep up with paying down debt, the list goes on and on. And our wonderful government (more than half the politicians are multi-millionaires) have the utmost gall to tell us how much better the economy is. Then a law is enacted that we must have healthcare insurance or be penalized. And now just when one budgets to bare minimums and gets the healthcare required, the cost increases at 12.50%! All the government does is penalize and punish millions of people for being poor. It just doesn't make sense in a civilized world in the era of the 21st century.

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 10:41 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

A 12.5% increase in rates by Anthem should not be approved and is excessive. By Anthem's filing, they claim that the cost of health services will increase \$30M in 2015. If services are indeed increasing by \$30M, which I do not believe they are, it seems that Anthem falsely advertised their plans to compete on the health insurance exchange.

The increase in business to Anthem, and the increase of federal and state subsidies to Anthem, has not increased services. I have had multiple issues with the billing department, in which they have not invoiced services and then threaten penalties and fees. Furthermore, the amount of healthy people required to sign up for insurance should offset the claimed "pent-up" demand.

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 3:47 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I find it interesting that as soon as Anthem has signed up individuals through AccessHealth, they want to increase their premiums by 12.5%!!! This is a big segment of the population that would otherwise be uninsured. Most of Anthem's current customers (obtained through Access Health) cannot afford this high of a rate increase. For me, at a monthly premium of \$596.73, that is a \$75.00 a month rate increase in just 12 months. The insurance company makes plenty of a profit; leave the money in the pocket to those who need it to help support their families.

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 4:02 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I am an Anthem Healthcare Insurance member since 2007 with one year prior to the Health Care Reform act with Aetna Healthcare Insurance. I am a clinical social worker and modern psychoanalyst with a PhD.

I switched to Aetna Healthcare Insurance in 2013 because the premium for my family of 4 which includes my two children, then 13 y.o. and 17 y.o., and my wife, was exorbitant at almost \$2400 per month. It had risen from its initial premium of \$1800 per month in 2007. My present premium with the Healthcare Reform Act is \$2550 per month with Federal subsidies of \$1968 per month, leaving my monthly cost at \$585.35 per month, very reasonable especially with my son in college and my annual salary down as a result of my private practice patient load diminishing somewhat. In recent years, Anthem Healthcare has increased their profits multifold while providing less and less benefit reimbursements to their clientele subscribers. The annual salary of their CEO is well into the 20-30 million dollars a year with stock options and bonuses. The other top executives of Anthem also have similar salaries. Their insurance premiums continue to rise annually while they pour millions of dollars into campaigns to fight the new Healthcare Reform Act - <http://www.consumerwatchdog.org/newsrelease/health-insurers-pump-25-million-campaign-continue-price-gouging-and-passing-unreasonable> -

News Release

Health Insurers Pump \$25 Million Into Campaign To Continue Price-Gouging And Passing On Unreasonable Costs to Consumers SANTA MONICA, CA -Health insurance giants Kaiser, Blue Shield, Wellpoint/Anthem Blue Cross, Health Net, United Health and the California Association of Health Plans have now given over \$25 million of policyholder money, including nearly \$12 million this month, to the campaign against a November 2014 ballot measure that will prevent overcharges and misuse of premium dollars.

The opposition campaign, operating under the misnomer "Californians Against Higher Health Care Costs," is funded exclusively by the state's five biggest health insurers.

In addition, they fund numerous political campaigns in and out of state in order to defeat the insuring of the underprivileged as well as those who have past medical conditions.

Anthem's profits are already too big for their own good and only serve to increase the salaries and wealth of the elite, while the middle class families and the poor pay into the system like a tax to serve the corporation's interests. Enough is enough!

Please do not allow Anthem to raise the premiums on their already Federally subsidized policies. Instead they should be forced to lower their premiums and salary and bonus caps should be put on all their executives especially their CEO, Erin Hoeflinger, who already makes more money than God. Why not cap his salary at \$500,000 like the CEO of Costco, W. Craig Jelinek! Healthcare Insurance Companies such as Anthem should not be making an exorbitant profit off of the medical needs and illnesses of others or the fear of such. Health insurance needs to remain affordable for all especially the middle-class and the poor. It should be the same quality and level of reimbursement as the upper class and those of extreme wealth.

As a doctor who treats those in need, regardless of their ability to pay, please refuse Anthem Health Insurance a rate increase!

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 5:37 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Stop the madness!

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 08, 2014 7:32 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I have individual HSA plan through Anthem, and the monthly premium is already very high. In 2013 I was paying \$1046 a month. This year I am paying \$1485 a month. I can barely afford to pay it now. I almost fell off my chair when I received the notice that my monthly premium was going to increase by another 12.5%. If this increase goes through my monthly premium would be close to \$1700.00 a month (insane), and that does not include my family deductible which is \$6000.00. Tell me how anybody could afford to pay this? I understand that a increase is necessary. I was hoping it would be around 2% or 3% increase. Please remember that not everyone who lives in Connecticut is a millionaire. Most people are like me, hard working individuals trying to provide for their families, and you are making it very difficult. Thank you.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 1:19 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I want to get to the point here. The exchanges that were created and that I signed up for were suppose to lower inflation. We have been in an era of low inflation globally and more domestically. Why do the healthcare companies think that 12.5 % is acceptable in this environment. If it is then imagine what it would be in a hyper inflation environment. This is just an excuse to ask for more money. What do our senior citizens get with social security. Sometimes a cost of living increase but not much more than 1%. I think rates should go up with proportion to inflation which is 2%. Please consider my thoughts and contact me if needed.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 6:21 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It is very unfair for Anthem to be raising our insurance rates right after finally giving us something we can afford to use. They are assuming that more people will be signing up, but in truth, most have now gotten into a plan, so this is not true, and not a fair reason for them to anticipate higher costs. They already make huge profits off of the consumer and the government, so this whole rate increase is just a lie. Don't do it!

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 6:47 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think this is ridiculous. We spend over \$800.00 a month already, don't use it, are forced to have it or pay a penalty. Anthem had the lowest rates to suck everyone in and now after all the issues, are going to raise their rates. This whole thing is a fiasco and should be single pay. I should not have to subsidize the pockets of the insurance lobbyists and Board Members and whomever else is making out on this. Probably the food industry also due to the crap they are allowed to call food and send out to the public to consume at large rates. As one of the few healthy people in this State I should not be penalized.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 7:22 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

A 12.5% rate hike is excessive given the state of our economy. This is exactly the thing that makes policyholders angry. Why is it that the rate increase on small groups is only 5% and the individuals 12.5%. Again, those who have done the right thing by getting health insurance get screwed again. This policy of constant big rate increases against individual plans has been going on for years. I had to switch from Connecticare because they had me paying almost \$3,000 per month for an individual plan. The Chamber insurance trust plan of 20 years ago should have never been sold to Connecticare. When is the CT Insurance Department going to do its job and protect the individual person.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 8:43 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am a small business owner in Connecticut and am finding it increasingly difficult to continue to do business here. The outrageous cost of healthcare is one of the many factors that concerns me as I continue to operate here in Connecticut. I am adamantly opposed to any increase for the upcoming year as I have already incurred a significant increase this year.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 9:41 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I object to the proposed rate increase. I have been a member of Anthem BCBS for over ten years, due to their high premiums I have had to take a policy with a high deductible and, even with the high deductible and the subsidy from the Affordable Care Act, neither the already high premiums nor health care is affordable. I receive no benefits from my policy whatsoever, while Anthem has profited over 36,000 from my premiums. Again, I object strongly to the rate increase. JKE

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 9:43 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am not for this rate increase. With the roll out of The Affordable health Care Act my rates have already increased close to 50% in the last year. To raise it another 12.5% now seems unreasonable and unaffordable.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 9:55 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I have had this plan about 6 months, never made a claim, and now they want to increase the premium by 12.5%! No way, already costs too much. rmoore5113@sbcglobal.net

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 10:41 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

The Anthem rate request for a 12.5% increase is excessive and unreasonable. There is no justification for such a large increase. No one's pay is increasing by 12.5%. Consumers are required to pay more while the insurance pays less. Anthem also just received many new customers since the start of the Exchange, so the rates should be going down not increasing. Please deny!

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 11:17 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is supposed to be "Affordable" Care... how ridiculous this is to even consider a 12.5% increase!! This is highway robbery. This is domestic terrorism as far as citizens like us are concerned. These insurance companies are using whatever loophole there is to kill us all financially and physically. This is giving me the health issues that I never had!! Do they really need this much more money in their executives pockets? We work hard to make ends meet and the whole idea was to have this "affordable". This cannot be approved as is cause you will be giving them the mile to go to the end of the earth in the future.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 11:33 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think it's incredibly unfortunate that the government gives us hope of obtaining affordable health insurance. When I filled out the paperwork I reported I made less than what I made the year before and I'm barely getting by now to cover my insurance premiums from month to month and now I find out that there's going to be not a possible but definite increase. How on earth do you expect most of us who didn't have insurance to find a way to maintain our insurance coverage when anthem is requesting a rate change? Anytime you hear the word rate change it means an increase so six million or so people that signed up last year before the deadline simply won't be able to afford it especially as this rate request is going to affect not just myself but millions of people like me in this position so I hope it's not the case. I hope the government will take into consideration that the whole point of lobbying for this health insurance coverage is to make it affordable. If that is not the case then why bother with it in the first place? My name is concerned customer and I hope this is not something that will take effect and affect millions of people as of next year but most likely it will because you know damn well that you had every intent to increase the premium coverage but you just didn't tell any of us unfortunately that's why you can't trust the government.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 11:35 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Thank you again for screwing the American people! Are you out of your minds? Being self-employed, we already pay close to \$2000 per month for health insurance! I guess this administration really does not care if people do move out of the state of Connecticut, let alone THIS COUNTRY!!!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 11:43 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It is hard to believe that rates are going up again. Our plan was cancelled under Obamacare. The President extended the plan, but CT chose to ignore the extension. Our new Anthem plan cost three times as much as our old cancelled plan and provides the same coverage. Now another rate increase? I do not know why I bother writing you, but this is insane.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 12:02 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is just becoming ridiculous. My wife and I recently were forced to change from our prior Anthem Plan, because the plan was eliminated. Our rate increased from approx. \$600/month to \$850/month. And now they want another 12.5%? If health insurance expenses are allowed to continue increasing at a rate VASTLY outstripping cost of living, NO ONE will be able to afford health insurance. Please do not allow this rate increase.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 12:16 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

My husband and I just barely don't qualify for any subsidies. I was laid off from my job in October and we can barely make the monthly payments on our insurance as it is. If the rate is increased, even by a few percentage points, we will no longer be able to afford our plan.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 12:28 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I was stunned when I saw the percentage increase Anthem is requesting. Outrageous.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 12:40 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

My son received a letter stating that he is subject to a rate change of 12.5% starting in January, 2015. This proposed rate increase will push him and many other low income individuals right out of affordable health care market. He works at minimum wage and already pays \$122 monthly for health insurance. Since he gained coverage in January of 2014, he has not yet utilized his coverage and already they want to increase his cost. He has not contributed to whatever increased expenses the insurance companies are experiencing. I hope this rate change request is not approved if it means he and other low wage earners have to pay more.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 2:14 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am stunned that Anthem is AGAIN requesting a rate increase. As an private payer, my health insurance premiums already consume 13% of my monthly income. With Anthem's requested rate increase, it will consume over 15%. And I have a "low premium", high deductible plan; I am a healthy, middle-aged person who pays \$640/month just for myself and apart from preventative care, I must pay the first \$6000 of my health care expenses. My income is not going up and I do not qualify for subsidies. Calling this affordable healthcare is laughable. It seems that individual payers are bearing the brunt of rising healthcare costs; the 12.5% increase requested by Anthem for individuals is more than twice what Anthem requesting for small businesses and I do not see any filings for rate increases for large businesses.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 2:18 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is absolutely ridiculous. I originally had a plan through my Company. The rates at renewal were so crazy high that the Company discontinued the group plan altogether. Now on an individual plan with a high deductible so I can afford the premiums . . . you are going to increase the rates by 12.5% after my first year. This is outrageous. The quality of services from the caregivers continues to decline but you still increase our rates. How about making the caregivers (doctors, hospitals, etc.) provide service that warrants the inflated prices that we pay. How are we suppose to continue to have insurance with the rates continuously rising every year????????? If I did not have children to consider, I would drop the insurance all together! Please consider, we don't get raises at work to accommodate the increases that you impose every single year.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 2:23 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is an outrage! We are already paying 40% more this year than the previous year. The state must regulate this and not allow a 12.5% increase, which has been requested by Anthem as per the letter they mailed.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 2:39 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I am against the 12.5% increase that Anthem has requested for year 2015. Under the Connecticut Pre-existing Condition Insurance Plan I was paying \$381.00 in 2013 per month. In 2014 under the Obama plan with Anthem the cost went to \$494.57 a month not included the subsidy that I receive from the State of Connecticut. The total cost would be well over \$1,000.00 per month. My total out of pocket medical cost for 2014 was \$7,445.91. I think the cost of medical is very high for someone like myself who is retired and on Social Security but not able to get on Medicare.

Every month I receive a late notice from Anthem stating they have not received my payment even though my payment is paid previous to the due date. The late notices go out before the due date. I feel Anthem should improve their record keeping so they can help keep the cost of insurance down. Their poor business practice is what keeps our insurance cost going up so dramatically each year.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 2:54 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

We have been on an Anthem plan for years and were told if we liked our policy we could keep it. That was not the case in 2014. We were moved to a new plan, pay more money and receive less in benefits. We pay almost \$1800 per month for a family plan. A proposed rate increase is ridiculous. We are self-employed and pay out of pocket for health insurance and receive no help from the state/government. We may end up decreasing our coverage to catastrophic if costs go up again as we are stretched to the max and have kids in college who we are also trying to help. Please do not allow for a rate increase.

Thank you.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 3:13 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I currently make 20,000\$ annually and am receiving health insurance from Anthem through the CT Health Exchange. Even with the reduced rate, I still struggle to keep up with these monthly premiums that I am legally forced to pay. I am 27 years old and have yet to visit a doctor since beginning my premium payments. I'm already having a hard enough time with the current rates. If the rates increase, it makes more sense for me to drop my coverage and suffer the tax penalty. Please do not allow Anthem to increase their rates.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 3:17 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I AM APPALLED TO FIND OUT MY HEALTH COVERAGE COULD GO UP ANOTHER 12.5% IN JANUARY!!!! ANTHEM IS MAKING IT IMPOSSIBLE TO AFFORD COVERAGE. MY DEDUCTIBLE IS ALREADY VERY HIGH TO TRY AND KEEP MY PREMIUMS DOWN. UNLESS YOU ARE EXTREMELY POOR OR EXTREMELY WEALTHY, HEALTH COVERAGE IS SIMPLY NOT AFFORDABLE!!!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 3:58 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am against yet another insurance increase. I've been a self insured policy holder for 7 years. In the last three years, Anthem with your approval increased our premium, first being approx. a 50% increase and then the following year you granted them a second increase of approx. 20%. Then of course there was the change in premium due to the health care reform (WHAT A STUPID IDEA). These increases doubled my premium from approx \$350 per month to approx \$610 now. I think that's enough of a growth in revenues for a while.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 4:16 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I am against the recent request that Anthem Blue Cross and Blue Shield has made to increase their health plan rates for 2015. I have been a long time customer of Anthem, but the recent healthcare reform, which I do support, doubled my private health insurance costs and with another increase it would make it impossible for me to financially keep my current health plan.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 4:45 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

As it is, I have to pay over \$400.00 a month and have a 6000.00 deductible for one person, which basically means, if I have to go to the doctor if I am sick, that \$400.00 won't even cover it. So I basically have to pay in case of anything major. Does that seem fair? I no longer have dental insurance. I 100% disagree with this rate change and hope that it is not granted. I think over \$5000.00 a year from one person is more than enough.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 5:17 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am absolutely opposed to any rate change. I currently have Anthem, and I have not had a single health event covered by the insurance to date, despited paying nearly \$400 per month. My co-pay on many meds actually exceeds the cost of WalMart's price by 12 - yes twelve - times. \$60 for Flonase???

I am a sophisticated healthcare consumer (a physician), and this is reprehensible practice to submit rate increases less than six months into full implementation of the Obamacare plan. It is a bait and switch tactic. Those less fortunate and less educated will suffer the greatest with this maneuver, which should absolutely be rejected by the CT Insurance Dept.

I will be canceling my insurance with Anthem with the next election... before, if this is approved. Going bare is no worse.

A rate hike for a company that made \$2.17 BILLION last year???? Really?

<http://community.diabetes.org/t5/Adults-Living-with-Type-1/Anthem-Blue-Cross-Made-a-Profit-of-2-7-Billion-Last-Year/td-p/323622>

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 6:01 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I believe it is far too early to be filing for a rate increase. The program is less than a year old, and needs to stabilize before considering this increase. Also, we pay far more than other states for our current care. It is important to weigh the hardship for the individuals versus the ever increasing excessive profit margins enjoyed by Anthem Blue Cross Blue Shield on an ongoing basis. 12% increase on an already exaggerated fee of over \$1,288 per month is outrageous! Please reject this application, and do not consider for at least a few years. This comment is shared by at least 2 voting members in my household, and just about every non-government employed worker that I know.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 7:12 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

A 12.5% increase is massive and completely out of sync with the current economic conditions. Actually a rate increase of any kind is unacceptable. Policies in the healthcare exchange should be held to a fixed premium. Otherwise government subsidized plans are irrelevant and serve no purpose.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 09, 2014 8:34 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

Please do NOT approve the rate change request of 12.5%!!

My family is already paying a high monthly premium coupled with very high deductible, and our family is healthy!!!

Please instead act on behalf of the many middle class families who need reasonable rates!

Thank you!!

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 9:48 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I would like to point out that Anthem has not fulfilled its mandate to provide at a minimum good service for the premiums it charges. As the most recent example, I filed a claim in early May and received, on May 27th, a letter stating that information was missing. The information was all there on the claim. I called Anthem to go over this on June 6th and they were unable to find the claim, despite the letter they sent to me denying coverage due to the missing information. They asked me to send a fax to them containing their letter to me denying coverage - apparently they lost that too. I've tried re-contacting them regarding the issue, at their request. In my view, they should have reached out to me upon their either finding the claim on their system, or concluding that they had in fact "lost it". I called them and they said "we'll call you back". Apparently they still can't find the claim.

This is not the first incident like this.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 10:25 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

To increase the rate of our health insurance by 12.5% would present a terrible financial strain on many people. Our incomes haven't gone up in many years, no one is seeing a 12.5% raise...how are we supposed to function with the continued rise in costs? Now that it is required that all persons hold health insurance, the insurance companies must not be allowed to take advantage of the consumer and squeeze every last dime out of their pockets. This rate must be adjusted!

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 10:46 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

To whom it may concern - please DO NOT grant Anthem another rate increase!!!! From last year to this year they raised my premium over 14% and my deductible has nearly TRIPLED!!! This insurance is becoming completely UNAFFORDABLE!!! Not to mention their service has become horrible and you can never get anyone on the line anymore. I started with them 5 years ago under \$700 per month and now I pay almost \$1300 per month plus a much much higher deductible. No other industry inflates their prices like this one. PLEASE DO NOT LET THEM RAISE OUR RATES AGAIN!!!!

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 12:05 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am against this rate increase of 12.5%. The Anthem Website is inaccurate and not updated regarding the in network providers. Most of the physicians and medical groups, e.g. Greenwich Radiology, do not accept this plan. When Anthem provides better service, and achieves more access of care then maybe a rate increase could be considered.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 12:45 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am irate that they want to take a rate increase. I will not be able to afford to pay the premium as it will put a financial hardship on me. I have an exorbitant deductible and can only do well visits since that is all that is covered. Praying that I do not have a serious illness oh wait probably won't be covered anyway. So what is the benefit of the rate increase-does it mean my policy will be rewritten and cover more with a lower deductible. Wishful thinking.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 2:33 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I think an increase at this point in time is ridiculous. Since Obamacare I now pay \$400 a month for less than i ever got in previous years where I already found this amount ridiculous. This new plan i was forced into has caused me nothing but problems. Issues getting drugs, issues where appointments that used to be covered suddenly are not without my knowledge. I make 30 grand a year and have health insurance which covers almost nothing until i spend \$1500 out of pocket. How is this helping me? This past year of change has made me want to drop insurance all together and a 12+% increase is just absurd. Way to kill off the lower class.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 2:46 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

It is impossible to understand how any rate increase could be requested when

•healthcare costs have decreased, thanks to the ACA; •physician payments are ridiculously LOW when adjusted, no thanks to mandated contracts; •CEO pay, in the millions, continues to increase.

There is no excuse for excess greed of a corporation when everyone paying for premiums and trying to cover deductibles is hurting.

Maybe consider a mandated decrease in rates?

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 3:42 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I believe Anthem is doing exactly what it intended on doing from the start, present the customer with a better more manageable premium for an individual for a short period of time and then ask for an increase from the CID. Not just an increase, but a substantial increase, 12.5%.

Are they trying to dissolve the individual plans altogether. I've been a member for many years but the actions that BCBS show towards their members is awful. You're only a number and if you can't afford their insurance, that's bad. I hope the CID takes in account all the struggling self-employed individuals trying to make ends meet in Ct's awful economy and not allow this increase in health insurance. The plan is to make insurance affordable for everyone, not to eliminate the individuals that need it and their families. Shame on Anthem BCBS.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 3:58 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I do not approve of the increase in premiums proposed by Anthem. Insurance has finally been made affordable, please do not allow Anthem to make it unaffordable, particularly in these difficult economic times.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 4:18 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I bought an Anthem plan through the exchange, and I think this increase should NOT be allowed, for two main reasons:

One, Anthem's website is incredibly misleading as to which doctors participate in exchange plans. Many doctors who are said to be "in network" by the "find a doctor" link, tailored to my individual health plan, actually do not participate in my plan. Finding a doctor that actually participates in my exchange plan has been agonizing. I have had to switch doctors after I bought this plan, because the Anthem website was misleading about which doctors participated. Rates should go down, if anything.

Two, the Affordable Care Act was intended to prevent dramatic rate increases such as mine, which will be 12.5 percent. That intent should be honored, not ignored. As a self-employed person, I must buy my own health insurance, and the consequences of the ACA have been terrible. I bought an exchange plan because my rates went up 150% after the ACA took effect. It has had the reverse effect of its title: It has made my coverage less affordable and has caused despair in my family over our access to medical care.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 5:03 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I am very concerned with the rate change request Anthem has filed for a 12.5% increase. Currently, after government subsidies my monthly premium is \$192.72 (total monthly cost without the subsidy is \$361.72). Though the coverage itself is decent I am currently on a medication I need to take on a daily basis and after my deductible my out of pocket cost is \$1,953.37 for a 3 month supply. In my opinion it is not justifiable for a 12.5% increase to be allowed as salaries and the economy in CT remain flat. I urge you to keep 'affordable healthcare' affordable.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 8:29 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

I was very surprised by the letter from Anthem communicating their request for a 12.5% rate increase in 2015. In 2014, I selected the most inexpensive medical plan available in the Access Health network. A 12.5% increase in 2015 will make it difficult for me to pay for medical coverage. I already felt the cheapest plan was very expensive for the services provided and this medical policy far exceeded the cost of the policy I had previously. If this plan has only been in operation for a short period of time, how could Anthem know the true costs?

Access Health was supposed to offer affordable medical coverage and now the cheapest plan available has requested a 12.5% increase. This far exceeds the cost of living and appears to be an exorbitant rate increase. I hope that if this rate increase is approved, Access Health will have other options for people looking for affordable health care coverage.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 10, 2014 10:15 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469 -- Company Name: Anthem Health Plans, Inc

This is totally not fair. My husband and I just got this plan in Jan.2015. We picked a plan that we could just barely afford on our income but one that will not cost us our homes if we get seriously ill. And now they are already asking for a rate increase. Salaries do not increase and especially by 12.5%. That is outrageous. My home insurance and my car insurance also went up. How are we suppose to pay increases without salaries going up. I am sorry but I know that the CEOs and officers within the insurance companies make huge salaries and probably get huge bonuses. They do not work any harder than us average folk. Some of us work two or three jobs. I graduated from college . So did my husband. The people at the top of the insurance company can easily live a fine life on half of what they make and that could be passed down to the insured customers. Instead they raise our rates and they continue to make ridiculous salaries. Who came up with this plan of capitalism that justifies these outrageous salaries and no one looks at how much the average person has to pay to be able to have health insurance or car or home. We struggle, they live the highest life and could still live a high life with half their salaries. They are not gods. They could do that job for less and should still be happy.

Comments Form
With no Comments Provided

Medina, Vanessa

From: webmaster, cid
Sent: Friday, June 06, 2014 7:22 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Exhibit 2

Public Comments Post Notice of Public Hearing

Comments with Consumers Name

1. Elizabeth Keenan and Angela deMello
2. Karen R. Bozak
3. Norma Waski
4. Judd W. Cooper
5. Ralph D'Agosta
6. Jesse Anders
7. Deborah Laskowski
8. Jon Gotchis
9. Dr. Ralph Balducci
10. Stephen R. Chouinard
11. CT Chiropractic Association, Inc. / Francis J. Vesci, D.C.

Comments with no Name attach = total of 19

Comments Form with no Comments provided = total of 2

Cook, Beth

Subject: FW: CONECT supports Healthcare Advocate's request for a public rate hearing

-----Original Message-----

From: Liz Keenan [elizabethkeen61@gmail.com]

Sent: Wednesday, June 11, 2014 03:16 PM Eastern Standard Time

To: admin, cid

Cc: Dowling, Anne Melissa; Veltri, Victoria; Angie DeMello; Matt McDermott

Subject: CONECT supports Healthcare Advocate's request for a public rate hearing

Commissioner Leonardi:

Attached is a letter from CONECT's Healthcare Team co-chairs urging you to schedule a rate hearing for the Anthem Health Plans, as requested by Connecticut's Healthcare Advocate, Victoria Veltri:

<http://www.ct.gov/oha/cwp/view.asp?Q=546280&A=4571>

We look forward to hearing from you regarding this request and thank you in advance for your attention to this time-sensitive issue.

Sincerely,

Elizabeth Keenan and Angela deMello
CONECT Healthcare Team Co-Chairs



June 11, 2014

Commissioner Thomas B. Leonardi
Connecticut Insurance Department
53 Market St #7
Hartford, CT 06103

Re: Individual Health Insurance Plans – Rate Filings for 2015

Dear Commissioner Leonardi:

CONNECT has been reviewing the recent rate filings from the different insurance companies for individual plans for 2015. We have been apprised of and are in conversation with Healthcare Advocate Vicki Veltri about her request for public hearings. In particular, we are extremely concerned with those submitted by Anthem and ConnectiCare -- increases of 12.5% and 11.8% respectively.

Here are some of our other concerns, pertaining specifically to Anthem, since they have the highest increase:

- The basis for "pent up demand": Based on 2014 enrollment numbers, of the 200,000+ that enrolled, about 125,000 were Medicaid eligible. Hence the increase would affect the balance (75,000) who enrolled into individual plans on AHCT as well as any new enrollees. Since we have no hard data that supports whether or not they are first-time enrollees into an insurance plan, how then can we estimate any understanding of "pent-up demand" usage in 2015?
- New taxes and fees: Are these in addition to those already being levied for 2014?
- Trend Factor: Since all individual products in 2014 are new, and we are barely halfway into the year, could you help us understand how the 8.5% "trend" factor was reached? What hard data supports this factor?

- The current rates for 2014, without Advanced Premium Tax Credits (subsidies) are high and not affordable. With the potential rate increases, what will that do for:
 - New enrollments?
 - Attrition of current enrollees?

More generally, we know that when an insurance company files a rate change, the verbiage used is actuarial in nature and targeted to the Office of the Insurance Commissioner. Each filing, however, does have a public comment period, and yet, the ability of the general public to decipher the verbiage and complexity of these filings, is very limited. The one-page Executive Summary certainly does little to dispel these challenges. We hope over time the Department of Insurance will look into ways the process can be made more intelligible and accessible to the general public.

We thank you for your consideration and **strongly request that you schedule a public hearing as soon as possible.**

Sincerely,

Angie deMello *Liz Keenan*

Angela deMello and Elizabeth Keenan
Co-Chairs, CONECT HealthCare Team
203-386-0375 203-913-4295
angie@thestrategiesgroup.com; elizabethkeenan61@gmail.com

Cc: Anne Melissa Dowling, Deputy Commissioner
Victoria Veltri, Connecticut Healthcare Advocate

Medina, Vanessa

From: Roberts, Melissa
Sent: Tuesday, June 17, 2014 9:39 AM
To: Ratefilings, cid
Subject: State of CT Insurance Department - File#:403124
Attachments: Anthem Blue Cross

Please examine the attached document(s) and if a response is required, submit via e-mail to the assigned examiner. Please do not follow-up with a hard copy.

Medina, Vanessa

From: Karen Bozak [bkboz@optonline.net]
Sent: Thursday, June 12, 2014 10:16 AM
To: ca, cid
Subject: Anthem Blue Cross

To Whom it may concern:

I just received a letter from Anthem Blue Cross Blue Shield of Ct stating their proposed rate increase. I recently signed up for the Access Ct Health Plan so that I could afford health insurance, and now I find out that Anthem has filed for a 12.5% increase on individual plans. If this increased is voted in that will increase my monthly premium by \$42.50. Health insurance is barely affordable now. We are all stuck in the middle of the battle between Health Care providers and the insurance companies, and unfortunately we pay the outrageous price!!!! Please do not let this rate increase happen!!! Thank you for taking the time to read my comment.

Karen R Bozak

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 10:57 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

To Whom It May Concern, Unfortunately, I cannot be at your open hearing in Hartford, but I really hope the board at CID will consider my concern as well as my family's concern with this proposed increase. We have had extensive issues in the past with Anthem's uncontrollable increase and have to deal with this yearly. The past year has been literally a nightmare with the ACA. Due to loop holes within the Act, it has allowed Anthem to initially kick me off the plan, but with the help of Congressman Himes and his office, I was able to get on a plan. Now this!?!?! Anthem has to be stopped and I hope you can help the citizens of CT vs their lobbyists and companies like them. The ACA is supposed to be "Affordable" Care... how ridiculous this is to even consider a 12.5% increase!! This is highway robbery. This is domestic terrorism as far as citizens like us are concerned. These insurance companies are using whatever loophole there is to kill us all financially and physically. This is giving me the health issues that I never had!! Do they really need this much more money in their executives pockets? We work hard to make ends meet and the whole idea was to have this "affordable". This cannot be approved as is, you give them an inch and they go for the mile and now if you give them the mile they will go to the end of the earth in the future. I beg you to pull the reins in and not give them full rein on this. Thank you for your consideration, Norma Waski

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 12:46 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Anthem HMO BlueCare 5500/0% 86545CT1310020 Off Bronze 0.8527 CT IND:-:BlueCare All
86545CT1310003 15.99% How dare Anthem request a 15.99% increase on our Small Business Policy one year
after we received a 27% increase for 2014 thanks to The Affordable Health Care Act. They've done nothing to
ask for such and increase. For the record, it took them until Feb 2014 to get us our new insurance cards. Judd
W. Cooper Chief Operating Officer Fluid Dynamics, LLC Manchester, CT judd@fluidynamics.info

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 3:13 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Hello Insurance Commissioner, my wife and I have purchased our insurance directly for Anthem on 12/2013 no agent involved . When we purchased our health insurance over the telephone with a Anthem sales person I ask and was informed by the agent that there would be No Policy Payment increases on our NEw policy for two or more years due to the new affordable care act being implemented. Now less then 6 months into the new policy they are asking for an increase. I would have shopped with other companies if I know they were going to us false advertising to get my business. Please do not give Anthem a increase in premiums. They should be held accountable for False Adverting to gain business for unsuspecting customers. Ralph D'Agosta New Preston, CT 06776

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 3:35 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

In Regards to Anthem's request for a 12.5% Rate increase for 2015. As a customer of Anthem this request appears to be a Bait & Switch tactic. It does not seem that the "trend" that Anthem is citing at 8.4%, or other predicted cost increases, are a surprise to Anthem. Meaning, they were aware of this data, or similar data, prior to ACA enrollment but chose to keep their prices low until the first wave of Affordable Care Act enrollment had ended. Now that they have a new and larger customer base locked in they are requesting to raise their rates dramatically. It appears that ConnectiCare Benefits, Inc., a relatively new company, is the only other company requesting a similar rate increase at this time. I think this is sufficient evidence to show that most insurance providers have confidently predicted market shifts and were able to sell insurance plans without seeking rate increases immediately following the sale of those insurance plans. I think it is important to not only understand the data that Anthem is using in presenting its case, but to understand why Anthem was unable to make accurate predictions with previous data as other competing insurance providers have done? I strongly feel that Anthem's request for a 12.5% increase should be denied or heavily curbed. Sincerely, Jesse Anders 203-500-4188

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 9:31 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Anthem's proposed rate hike of 12.5% for individual plans is absurd. For a family of three my cost is already \$1300/mth. My deductible is an outrageous \$5,500 for an individual and \$11,000 for the family. My OOP is \$6,350/\$12,a700. If a catastrophic event occurs paying the deductible would cause a significant financial hardship. As a small business owner, paying the total cost, it is becoming impossible to have medical insurance. Here are the problems. No cost controls, no accountability, liability, and fraud. The system is broken. Why should a routine physical cost \$250 for 20 minutes of a doctor's time? Why does a visit for the common cold or flu cost the same amount? I recently went to a local health clinic for "pink eye" (a common ailment)no one could tell me the cost prior to seeing the doctor. Would you buy a car without a detailed, itemized bill? Is there such a thing as negotiating a price anymore? As another example, I phoned Grove Hill Medical's billing department to get the cost for a nerve conduction test. They could not give me a price. Would you subject yourself to a test when you don't know if it's \$500 or \$5,000? Not long ago I was charged \$320 by an orthopedic surgeon for 10 minutes time. The insurance adjustment brought my bill down to \$190. Unfortunately, for that 10 minute discussion he could not help me and I was told to see a neurologist. I was outraged at the \$320 charge. When I phoned his office about the charge I was told they schedule standard 45 minute appointments. I guess I should have sat in his office for another 35 minutes to get my money's worth. The insurance company is about profit, not conscious cost control and quality care. The hospitals and doctors don't know their own cost of goods/services and they are controlled and dictated to by the insurance companies. Employees receiving benefits through companies abuse the system. They are not concerned about costs when the employers take on most of the burden. Also, today people require medication for a hang nail. Medication use and prices are out of control. The medical industry has become callous due to its strong hold, the insurance industry. Its not about patients, fair practices, or reasonable charges today; its about profits particularly when it comes to the insurance firms. Thank you, Deborah Laskowski

Medina, Vanessa

From: webmaster, cid
Sent: Wednesday, June 18, 2014 11:45 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

as a Small business owner I would ask that there not be another rate increase. since the implementation of Obama care standards, I have experienced a 122% rate Increase. Yes, you read that right. within the last 3 years my health insurance premiums have increased 122%! my deductible has increased 34%. I am in excellent health with no pre existing conditions. Jon Gotchis New Britain CT

Medina, Vanessa

From: Fisher, Richard
Sent: Wednesday, June 18, 2014 3:15 PM
To: Ratefilings, cid
Subject: Exchange Plan- Ralph Balducci -State of CT Insurance Department - File#:403131
Attachments: 000620140618071222.pdf

Please examine the attached document(s) and if a response is required, submit via e-mail to the assigned examiner. Please do not follow-up with a hard copy.

Dr. Ralph Balducci
36 Louis Street
Trumbull, CT 06611
INSURANCE DEPARTMENT
STATE OF CONNECTICUT

State of Connecticut
Insurance Department
153 Market Street, 7th floor
Hartford, CT 06103

2014 JUN 17 AM 7 55

June 14, 2014

Re: Public Comment (Anthem rate increase filing)

#400692

Dear Connecticut Insurance Department (CID):

I am writing to request that you fully investigate Anthem's request for an average of 12.5 percent increase starting on January 1, 2015 for individual health plans marketed on and off the state's health insurance Exchange (Access Health CT). In sum, Anthem has failed to provide the level of services promised in its contracts with consumers and should not be permitted to defer and evade its fiduciary responsibilities to subscribers by simply resorting to a state approved rate increase while failing to sufficiently improve its corporate functioning, reimbursement rates, and customer care.

Being self-employed, I have purchased individual health insurance plans with Anthem since 2000. The price at that time was less than \$500 for my family of five and grew to over \$1,700 before implementation of the Affordable Care Act (ACA) this year. I purchased a plan with similar coverage for 2014 that currently costs \$2,183.56 per month. Despite receiving no government subsidy, I purchased this plan on the Exchange since it was the only place where Anthem offered a plan with co-pays for mental health and specialist care rather than co-insurance. Anthem refused to grandfather my previous plan for the current year despite various other insurers doing so and I have extensive documentation to confirm that Anthem was of no help with the transition from my former plan to my current one. Calls to Anthem prior to the implementation of ACA resulted in extremely long wait times and then yielded conflicting information, and letters to the former President were ignored. When with persistence a response was eventually received from the Anthem administration, that individual too was unhelpful and after an initial claim to wish to provide support simply did not return follow up calls.

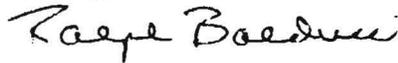
In purchasing an on Exchange plan, I came to learn that Anthem's reimbursement rates there were so low that numerous doctors opted not to participate in those plans so that my primary care physician, urologist, gastroenterologist, children's pediatrician, and others all were no longer available for my family. The rollout of ACA by Anthem was absolutely horrible and wholly unacceptable. I did not receive insurance cards for nearly a month and so needed to cancel doctors' appointment and not fill prescriptions due to uncertainty as to whether services would be covered. In essence, Anthem charged me almost \$2,200 for January and provided only limited coverage (e.g. 2 doctors were willing to accept what I said was my co-pay and presume that their services would be covered).

The attached letter from CID, albeit less blunt than Ms. Walsh had been in her specific acknowledgements to me about Anthem in an earlier telephone call, confirms the

myriad of problems Anthem had with the rollout of CID. ACA legislation was passed in 2010 so there was no reason Anthem should not have been much, much better prepared and positioned for its implementation. To now seek such a dramatic increase based upon suggestions of "pent up" demand for health services, exaggerations that previously uninsured individuals are less healthy than those insured (e.g. actually many newly insured are young and extremely healthy and simply thought previously they could do without the exorbitant expense of coverage), and due to "other mandates related to the federal law" is ridiculous. The truth is that these factors are just as likely to contribute to an opportunity for rate reductions if Anthem were a better functioning corporation and not so easily able, with CID sanctioning, to shift financial responsibilities to subscribers and providers.

Anthem's rate request is purely based on a desire to improve the stock performance of Anthem and benefit its shareholders in the face of Anthem's corporate officers failing in their managerial responsibilities, and all at the great expense of Anthem's subscribers. This is especially incredible and unreasonable given how Anthem failed to be prepared for implementation of the ACA and has accepted minimal culpability for that failure. CID must act now to protect consumers from this money grab, which will surely come with lower reimbursement rates for providers by Anthem and a reduction in doctors participating in the company's plans, lest its ability to be seen as a guardian of the public trust and liaison between insurers and subscribers be severely diminished. Thank you for your consideration. I hope CID will do the right thing in this matter.

Sincerely,



Ralph Balducci
(203) 451-5375

STATE OF CONNECTICUT
INSURANCE DEPARTMENT



Consumer Services Division
Phone: 860.297.3900, Ext. «ExamExtension»
Fax: 860.297.3872
«ExamEmail»

May 12, 2014

Ralph Peter Balducci
36 Louis Street
Trumbull, CT 06611

Re: *Our File # 400692*
Ralph Peter Balducci

Dear Mr. Balducci:

Thank you for your recent letter dated April 17, 2014. In your letter, you expressed your continued concerns about the rollout of the Access Health CT Exchange plans effective January 1, 2014 and specifically the implementation by Anthem Health Plans.

As you know, the largest piece of the Affordable Care Act (ACA) was unveiled on January 1, 2014 when individual consumers were able to shop for coverage through the Connecticut Health Insurance Exchange, Access Health CT. The newest provision in the ACA allowed that with new plans issued January 1, 2014 and beyond no consumer could be declined due to pre-existing conditions. In addition, consumers were also able to apply for subsidy assistance based on income when purchasing through the Access Health CT.

Connecticut opened its exchange to any individual health carrier licensed in the state, however three carriers ultimately decided to participate in the exchange: Anthem Health Plans, ConnectiCare Benefits and Healthy CT.

We became aware in January that some customers were having difficulty reaching some of the carriers by telephone and that there were delays in receiving ID cards and plan materials. Despite these issues, we worked with the carriers to ensure that all consumers that applied for coverage were guaranteed coverage as of the effective dates of their individual plans.

We note that Anthem did experience large delays in their call center early on and also some consumers experience difficulties around payment processing. We take these issues seriously and have taken proactive steps to ensure that service levels at Anthem were restored. These included hiring of

www.ct.gov/cid

P.O. Box 816 Hartford, CT 06142-0816

An Equal Opportunity Employer

STATE OF CONNECTICUT
INSURANCE DEPARTMENT



Consumer Services Division

Phone: 860.297.3900, Ext. «ExamExtension»

Fax: 860.297.3872

«ExamEmail»

additional Anthem staff, e-mail box complaint options with 48 hour turnaround, print ads, radio ads, walk-in complaints, outreach to medical providers, enhanced quality control around payment processing, etc.

We are sorry that you experienced difficulties with your new ACA plan through Anthem. The Insurance Department continues to monitor all carriers, including Anthem in relation to the ACA roll-out. We remain committed to ensuring that consumers receive timely and responsive service from its health insurance carriers.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Walsh".

Kathy Walsh
Principal Examiner

www.ct.gov/cid

P.O. Box 816 Hartford, CT 06142-0816

An Equal Opportunity Employer

Medina, Vanessa

From: webmaster, cid
Sent: Wednesday, June 18, 2014 9:13 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

In review of the rate increase, I feel as though I'm paying more than my fair share for coverage at the current rate which just went up last year, and another increase would make me consider not having coverage at all, Of course this is not possible. I'm a self employed plumbing and heating contractor who just gets by with the expenses I have currently and allowing Anthem to once again increase their rates would not help us small business. Please consider not allowing this rate increase. They will only ask for another one next year, were does it stop? Thank you Stephen R Chouinard

Connecticut Chiropractic Association

2257 Silas Deane Highway

Rocky Hill, CT 06067

STATE OF CONNECTICUT INSURANCE DEPARTMENT

In the Matter of:

THE PROPOSED RATE INCREASE APPLICATION OF
ANTHEM BLUE CROSS and BLUE SHIELD

Docket No. LH 14-155

June 23, 2014

WRITTEN COMMENTS OF THE CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.
RE: APPLICATION OF ANTHEM BLUE CROSS/BLUE SHIELD

The Connecticut Chiropractic Association, Inc. ("CCA") is a not-for-profit corporation, organized, existing, and doing business under and by virtue of the laws of the State of Connecticut, with its office and principal address at 2257 Silas Deane Highway, Rocky Hill, Connecticut 06067, and which can be reached by telephone at (860) 257-0404. CCA is a voluntary trade association whose membership consists of 333 chiropractors who are licensed to practice chiropractic in the State of Connecticut. The CCA was established in 1918 for purposes of promoting the science of chiropractic and the practice thereof, to encourage the enactment and enforcement of laws relating to health and disease and to serve the interests of the members of the corporation by associating them into a practical business organization. CCA's mission is "to advance chiropractic, promote the highest standards of ethics and patient care for

the profession, and serve the needs of the membership, thereby contributing to the health and welfare of the people throughout the entire State of Connecticut.” As such, the CCA represents the practitioners of chiropractic care and promotes the highest standards of ethics and patient care for the profession.

During this changing healthcare environment additional information is necessary for an informed decision and purchase of healthcare benefits. Full common language disclosure for all providers of goods and healthcare services should be required as well as health insurance plans disclosure of the amounts paid for each individual good or service. Only then will you get true competition and cost savings to the consumer.

RESPECTFULLY SUBMITTED

CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.



Francis J. Vesce, D.C.
Chiropractic Physician
President Connecticut Chiropractic Assn.

By: _____

Mame

Mary Alice Moore-Leonhardt, Esq.
General Counsel for CCA
Rome McGuigan, P.C.
One State Street, 13th Floor
Hartford, CT 06103
Its Attorney

CERTIFICATION

I hereby certify that copies of the above were sent by electronic mail to each of the following this 23rd day of June, 2014

Michael G. Durham
Donahue, Durham & Noonan, PC
Concept Park, Suite 306
741 Boston Post Road
Guilford, CTn 06437
mdurham@ddnctlaw.com

John M. Russo
Anthem Blue Cross and Blue Shield of CT
Campus at Greenhill
108 Leigus Road
Wallingford, CT 06492
John.Russo@Anthem.com

Beth Cook
Counsel
State of Connecticut Insurance Department
PO Box 816
Hartford, CT 06142-0816
Beth.Cook@ct.gov

Thomas P. Ryan, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
thomas.ryan@ct.gov

Charles Hulin, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
charles.hulin@ct.gov

Robert Clark
Special Counsel
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
robert.clark@ct.gov

Victoria L. Veltri
Health Care Advocate
Office of the HealthCare Advocate
PO Box 1543
Hartford, CT 06144
Victoria.veltri@ct.gov



Mary Alice Moore-Leonhardt
Commissioner of the Superior Court

RECEIVED

JUN 23 2014

Insurance Department
Reception Area

3:54pm

Connecticut Chiropractic Association

2257 Silas Deane Highway
Rocky Hill, CT 06067

STATE OF CONNECTICUT INSURANCE DEPARTMENT

In the Matter of:

THE PROPOSED RATE INCREASE APPLICATION OF
ANTHEM BLUE CROSS and BLUE SHIELD

Docket No. LH 14-155

June 23, 2014

WRITTEN COMMENTS OF THE CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.

RE: APPLICATION OF ANTHEM BLUE CROSS/BLUE SHIELD

The Connecticut Chiropractic Association, Inc. ("CCA") is a not-for-profit corporation, organized, existing, and doing business under and by virtue of the laws of the State of Connecticut, with its office and principal address at 2257 Silas Deane Highway, Rocky Hill, Connecticut 06067, and which can be reached by telephone at (860) 257-0404. CCA is a voluntary trade association whose membership consists of 333 chiropractors who are licensed to practice chiropractic in the State of Connecticut. The CCA was established in 1918 for purposes of promoting the science of chiropractic and the practice thereof, to encourage the enactment and enforcement of laws relating to health and disease and to serve the interests of the members of the corporation by associating them into a practical business organization. CCA's mission is "to advance chiropractic, promote the highest standards of ethics and patient care for

the profession, and serve the needs of the membership, thereby contributing to the health and welfare of the people throughout the entire State of Connecticut.” As such, the CCA represents the practitioners of chiropractic care and promotes the highest standards of ethics and patient care for the profession.

During this changing healthcare environment additional information is necessary for an informed decision and purchase of healthcare benefits. Full common language disclosure for all providers of goods and healthcare services should be required as well as health insurance plans disclosure of the amounts paid for each individual good or service. Only then will you get true competition and cost savings to the consumer.

RESPECTFULLY SUBMITTED

CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.



Francis J. Vesce, D.C.
Chiropractic Physician
President Connecticut Chiropractic Assn.

By: Mame
Mary Alice Moore-Leonhardt, Esq.
General Counsel for CCA
Rome McGuigan, P.C.
One State Street, 13th Floor
Hartford, CT 06103
Its Attorney

CERTIFICATION

I hereby certify that copies of the above were sent by electronic mail to each of the following this 23rd day of June, 2014

Michael G. Durham
Donahue, Durham & Noonan, PC
Concept Park, Suite 306
741 Boston Post Road
Guilford, CTn 06437
mdurham@ddnctlaw.com

John M. Russo
Anthem Blue Cross and Blue Shield of CT
Campus at Greenhill
108 Leigus Road
Wallingford, CT 06492
John.Russo@Anthem.com

Beth Cook
Counsel
State of Connecticut Insurance Department
PO Box 816
Hartford, CT 06142-0816
Beth.Cook@ct.gov

Thomas P. Ryan, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
thomas.ryan@ct.gov

Charles Hulin, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
charles.hulin@ct.gov

Robert Clark
Special Counsel
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
robert.clark@ct.gov

Victoria L. Veltri
Health Care Advocate
Office of the HealthCare Advocate
PO Box 1543
Hartford, CT 06144
Victoria.veltri@ct.gov



Mary Alice Moore-Leonhardt
Commissioner of the Superior Court

Comments with no Name

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 15, 2014 5:17 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

This rate increase is outrageous. I spent an unbelievable number of hours on the health exchange, dealing with errors, glitches, etc. Followed by days and days of 6 hour long holds on the phone with anthem to straighten out all of the numerous mistakes. I persevered because the thought of saving several hundred dollars in premiums was very appealing considering the economic climate. We don't even get through one year and here we are with a 12% rate increase, which negates the savings that I spent so much of my valuable time to obtain. I sincerely hope that I am joined by many others in trying to combat this rate increase. If the rate increase is approved, then a change in insurance carrier is warranted, if not to save money, but just out of principal.

Medina, Vanessa

From: webmaster, cid
Sent: Sunday, June 15, 2014 7:21 PM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

As a current member of Anthem BC/BS on the Exchange, I want to strongly record my negative reaction to this filing. Anthem BC/BS subsidized plans have been nothing but bureaucratic, substandard and expensive. For example, they does not pay for tier 4 medications or biopsies for routine health screenings. I am a frustrated and DISAPPOINTED consumer.

Unless you are a relatively young person with no health conditions, this plan is not a good value. I would strongly encourage the Connecticut Insurance Department to DENY Anthem any rate increase for 2015.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 9:42 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

Federal Insurance is already much higher than I was paying originally and is creating a hardship as I cannot go to the doctor's because it only counts toward my deductible

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 10:17 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

12.5% rate increase is not justified for services provided at excessively high deductible rates. Now 61, in my 50's my rates for coverage quadrupled as well as deductible increasing 3 fold. This is just more of the same. The idea that state government would allow any business to operate with a guaranteed profit would be just one more example of the disconnect between those who govern and those whom government is meant to serve.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 10:43 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I recently received the notification letter from Anthem outlining their proposed "average" increase to their plans of 12.5% for the year beginning January 1, 2015. My family signed up for this coverage effective June 1, 2014, when my previous insurance provided by a prior employer lapsed. As the former Chief Financial Officer of a New York Stock Exchange traded company for the past 10 years, I have watched with dismay as the annual costs for health insurance coverage have increased year after year at double-digit rates, when the underlying core rate of inflation is low single digits. I recognize that the factors contributing to historic increases in these costs are complex, to say the least. However, in my view, we must collectively work as a society to stop this. Medical costs simply shouldn't increase at a rate well in excess of underlying inflation levels. The insurance mechanism is a cost sharing arrangement, with an appropriate profit percentage to the insurance company for providing the services, negotiating rates, etc. Most of the healthcare in this country is ultimately paid via insurance providers on behalf of their member/customers. As the largest payers of costs to the doctors, hospitals and pharmaceutical companies, the insurance companies and the associated regulatory bodies (in this case, the CT Insurance Department) are in the best position to effectively withhold dollars from those providers. Absent taking a very firm line, prices and costs will simply continue to rise. We simply can't sustain on average double-digit growth in rates when underlying inflation levels are 2-3%. Everyone needs to recognize this. The well is simply dry at this point. My family is currently paying approximately \$14,500 in annual premium for our family of 4 coverage, and this coverage includes a high deductible of \$6,500 and maximum out of pocket of \$12,500. Said another way, my health insurance provider can expect to have a \$0 loss on my coverage with them, as we will almost certainly be paying 100% of the costs ourselves. Put into another context, assuming that we do pay 100% of our deductible this coming year, we will have spent \$21,000 on health care insurance. This is an absurd figure, particularly in the context of what that represents as a percentage of the average per capita income.

I did not struggle to digest all of the various points that Anthem makes in their filing with you. I did note, however, that one of those points included the notion of increased costs on their part due to pent-up demand for services from new applicants/customers. I find this argument to be less than credible. Healthcare is not analogous to deferred maintenance on a car or piece of real estate. As humans, we need healthcare services when we need them. There are certainly some medical conditions that would be exceptions to this. That being said, I suspect that most of the new customers coming in to the plan will be people like my family, who are transitioning from other providers, as opposed to the uninsured coming in with significant pent-up demand for services. The presence of meaningful deductibles and out-of-pocket amounts is also an appropriate mitigating factor for previously uninsured members to overwhelm the system with higher than normal levels of use.

Trying to keep this as brief as possible, while still making a meaningful statement, I implore the CID to hold firm and do your part to keep our costs in line with overall inflationary levels. We need the insurance providers to make a fair profit so that they are happy to stay in this business for us (absent some complete overhaul of how we provide and pay for health services in this country). That being said, my view is that if the underlying providers of services (hospitals, doctors, pharmacies, pharmaceutical companies) get the message that we are "done" in terms of cost increases above core inflation, they will be forced to keep their own costs in line, and we will make progress toward containing the beast that has been runaway cost increases for the past number of years.

Thank you for your time and attention to this extremely important matter.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 11:20 AM
To: Ratefilings, cid
Subject: 201403469 -- Company Name: Anthem Health Plans, Inc

I am strongly against this rate increase. Anthem's rates are already extremely high. I pay \$560 /month with a \$3500 deductible (age 54, self employed) which means this is basically a major medical policy for \$6,720 per year. Anthem and other insurers should work MUCH harder with providers to get costs down rather than jacking up the rates for the insured. Also, as competition comes into the market, insurance rates are reportedly going DOWN. Why then is Anthem asking for an increase?

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 1:16 PM
To: Ratefilings, cid
Subject: 201403623 -- Company Name: Anthem Health Plans, Inc

As a small business owner (<10 employees) and purchaser of small group insurance, our renewal premium with Anthem Blue Cross Blue Shield for July 1, 2104 came in with a 41.06% premium increase over July 2013-June 2014. Since the plan we had offered was no longer available, this renewal was based on the most similar plan option, which entailed a reduction in benefits that were included in our current plan. To add an additional 6% --or 12%-- to the 41% rate hike we already experienced is incomprehensible. For the first time in the history of owning a business, I am considering dropping medical insurance benefits for my employees. And as an individual, the already skyrocketing cost of insurance, along with the reduction in benefits, makes it almost impossible for me to afford my household bills. I could pay out-of-pocket for a surgery for less than my annual insurance premiums for myself & my husband! I believe this rate increase is unreasonable and unnecessary.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 3:39 PM
To: Ratefilings, cid
Subject: 201403623 -- Company Name: Anthem Health Plans, Inc

We are a small dental practice that is contracted with Anthem to accept their fees for our patients. We also provide medical insurance to our employees at a VERY expensive rate. Now Anthem wants to raise their rates!! Where is this additional money going? Anthem has not changed their contracted rates with dental offices in over TEN, Yes, TEN years but they are asking for a rate increase from small businesses. Where is the additional money going because they are not giving additional benefits.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 4:44 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469

Company Name: Anthem Health Plans, Inc

Each year our monthly premiums climb \$100+. I currently pay a little less than my monthly mortgage payment for health insurance -- that's basically TWO MORTGAGE PAYMENTS PER MONTH!!! Enough is enough! I say NO to any premium increases.

Medina, Vanessa

From: webmaster, cid
Sent: Monday, June 16, 2014 8:12 PM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469

Company Name: Anthem Health Plans, Inc

Ouch! I have had my \$850/month Anthem plan since 4/1/14. A 12.5% rate increase after such a short time feels like too much, too soon.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 9:14 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469

Company Name: Anthem Health Plans, Inc

As a consumer, I am opposed to your increasing your rates. Health insurance rates are too high as it is. You can trim executive salaries and benefits, for a start. You can also work with state regulators to reduce paperwork and thereby save administrative costs. Thank you for your attention.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 9:31 AM
To: Ratefilings, cid
Subject: Health Insurance Rate Filing -- File Number: 201403469

Company Name: Anthem Health Plans, Inc

A 12.5% rate change is extremely excessive. My salary did not go up 12.5%, and because of its small size, my company was booted from any other coverage by the ACA. My only resort for health insurance is the individual exchange, and a 12.5% increase will be an extreme hardship for my family and me. Cost of living increase, perhaps. But almost \$.13 on the dollar is preposterous.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 11:13 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

With Anthem being able to charge such a high percentage increase to apparently cover their expenses, I would hope that consumers can expect whatever additional resources/staff/systems improvements it will take for Anthem to handle member issues on all levels- medical and pharmacy- at a far more superior level of competence than has been the case since January 1, 2014. Anthem Customer Service Representatives should receive a higher level of training so that they can respond to members' calls and resolve issues promptly and efficiently. My experience has been that these representatives are employees who really try to answer questions and get answers but there does not appear to be a sensible "chain of command" structure for them. As a result members are left frustrated. In addition, there should be a behind-the-scenes vehicle for one Anthem department or another Anthem plan altogether to "talk to each other." The pharmacy contract with Xpress scripts/Medco needs to be better equipt to handle member's issues as well. A 12.5% rate increase may be good for Anthem, but may not result in any improvement at all for its members. That would certainly be an unfair practice.- to increase rates but do nothing to improve services.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 11:25 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

I understand that the cost of healthcare has risen but a 12.5% increase is excessive. This rate increase is much higher than the rate of inflation and makes the individual plans of the affordable care act less affordable. Also, if the rate increases more than it needs to, I have doubts that the rate will be decreased next year to what it should be. Please keep the individual health plans of the affordable care act affordable.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 3:45 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Anthem's customer service has been atrocious. Assuming they are approved for a rate increase, it should be contingent upon improving customer service. Since I began my family's insurance with Anthem (from the Exchange) on Jan. 1 I have found that 1 to 2 hour waits on hold (and longer) are quite normal. Sometimes when I get through to a person, they transfer me to "someone who can help," who turns out to be an Anthem rep from another state who has no information for my situation in CT. Despite their recorded message that "my call is important" it has gotten to the point that I simply won't bother attempting to call, no matter how important the question, because it is just not worth the time and aggravation. For the first few months, a recorded message that says "we are experiencing unusually high call volume" was, perhaps, understandable. By now, there is no excuse for Anthem to not have increased customer service capacity to match the demand.

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 4:50 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Anthem filed a rate change request of 12.5% for plans on and off the Exchange although your website states the rate request was 6/8%. This is a huge increase and will adversely affect individuals' and businesses' ability to maintain current coverage levels. Anthem should consider increasing deductibles or co-pays so that the end user has control over their "purchases."

Medina, Vanessa

From: webmaster, cid
Sent: Wednesday, June 18, 2014 8:26 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Please do not approve any rate increase for Anthem. The company dramatically increased rates with rollout of the Affordable Care Act (ACA) and reduced benefits (other than for those required by ACA) and greatly increased subscribers co-payments and contributions to care. It also reduced reimbursements to doctors for on-Exchange plans so that many opted not to accept and treat patients who purchased plans on the exchange. Anthem was ill-prepared for the rollout of ACA despite legislation for such passing in 2010 and horribly mismanaged the rollout so that CID needed to intervene. What incredible gall and most blatant money grab designed to satisfy stockholders rather than support subscribers that Anthem now seeks a 12.5% rate increase. The justifications for this increase are specious. Anthem has long known of and factored into its pricing "other mandates related to the federal law such as guaranteed issue and new ratings rules." Its calculations of "trend" have little to no basis in fact and the "pent up demand for health services in 2015," including characterization of "higher morbidity," is simply incorrect. What Anthem describes as "the influx of previously uninsured into insured risk pools" is more likely to include a great many young and healthy individuals who previously opted not to purchase insurance due to the great expense for doing so and their sense that they could do without such coverage. Lower socioeconomic status individuals will not represent the majority of individuals entering the insurance market in the STATE OF CONNECTICUT (despite information from "the CDC study on the health status and life styles of both currently insured and uninsured populations") since Connecticut and the CID have done an incredible job of ensuring most impoverished individuals have been able to secure insurance via the HUSKY program. Please deny Anthem's request for any rate increase and in fact, compel the company to reduce rates in light of the company's extreme profitability.

Medina, Vanessa

From: webmaster, cid
Sent: Wednesday, June 18, 2014 8:59 AM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

We have been Anthem BCBS Customers for about 12 years. During that time we have seen increases ranging from 0% (one year when the increase was denied) to more than 32% during periods when the rate of inflation (as we are told by our government) is about 0 to 2%. Certainly, premium and healthcare costs are not tied directly to the rate of inflation, but there has to be a reasonable relationship between the two. The ACA was supposed to encourage competition and increase a subscriber base and also manage costs through technology and other methods. Check Anthem BCBS's profits: They are up, their CEO and senior management salaries are up substantially. It's time to hold the line on these rate increases and force these corporations to do some belt tightening like the rest of us rate payers, especially in the last 5 or 6 years since the economic crisis and Recession. We did not create the problem, corporations did and they cannot expect to receive ever higher rate increases each year. I understand that they must remain profitable and viable, but double-digit increases must stop. Please hold the line on this increase and I urge the insurance commission to cut this rate increase to a more reasonable level. Thank you. WB in Essex, CT

Comments Form
With no Comments Provided

Medina, Vanessa

From: webmaster, cid
Sent: Tuesday, June 17, 2014 5:02 PM
To: Ratefilings, cid
Subject: 201403469

Medina, Vanessa

From: webmaster, cid
Sent: Wednesday, June 18, 2014 1:07 PM
To: Ratefilings, cid
Subject: Health: Anthem Health Plans, Inc - File Number: 201403469

Connecticut Chiropractic Association

2257 Silas Deane Highway

Rocky Hill, CT 06067

STATE OF CONNECTICUT INSURANCE DEPARTMENT

In the Matter of:

THE PROPOSED RATE INCREASE APPLICATION OF
ANTHEM BLUE CROSS and BLUE SHIELD

Docket No. LH 14-155

June 23, 2014

WRITTEN COMMENTS OF THE CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.

RE: APPLICATION OF ANTHEM BLUE CROSS/BLUE SHIELD

The Connecticut Chiropractic Association, Inc. ("CCA") is a not-for-profit corporation, organized, existing, and doing business under and by virtue of the laws of the State of Connecticut, with its office and principal address at 2257 Silas Deane Highway, Rocky Hill, Connecticut 06067, and which can be reached by telephone at (860) 257-0404. CCA is a voluntary trade association whose membership consists of 333 chiropractors who are licensed to practice chiropractic in the State of Connecticut. The CCA was established in 1918 for purposes of promoting the science of chiropractic and the practice thereof, to encourage the enactment and enforcement of laws relating to health and disease and to serve the interests of the members of the corporation by associating them into a practical business organization. CCA's mission is "to advance chiropractic, promote the highest standards of ethics and patient care for

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RESPECTFULLY SUBMITTED

CONNECTICUT CHIROPRACTIC
ASSOCIATION, INC.



Francis J. Vesce, D.C.
Chiropractic Physician
President Connecticut Chiropractic Assn.

By: Mame

Mary Alice Moore-Leonhardt, Esq.
General Counsel for CCA
Rome McGuigan, P.C.
One State Street, 13th Floor
Hartford, CT 06103
Its Attorney

CERTIFICATION

I hereby certify that copies of the above were sent by electronic mail to each of the following this 23rd day of June, 2014

Michael G. Durham
Donahue, Durham & Noonan, PC
Concept Park, Suite 306
741 Boston Post Road
Guilford, CTn 06437
mdurham@ddnctlaw.com

John M. Russo
Anthem Blue Cross and Blue Shield of CT
Campus at Greenhill
108 Leigus Road
Wallingford, CT 06492
John.Russo@Anthem.com

Beth Cook
Counsel
State of Connecticut Insurance Department
PO Box 816
Hartford, CT 06142-0816
Beth.Cook@ct.gov

Thomas P. Ryan, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
thomas.ryan@ct.gov

Charles Hulin, Esq.
Assistant Attorney General
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
charles.hulin@ct.gov

Robert Clark
Special Counsel
Office of the Attorney General
55 Elm Street
Hartford, CT 06106
robert.clark@ct.gov

Victoria L. Veltri
Health Care Advocate
Office of the HealthCare Advocate
PO Box 1543
Hartford, CT 06144
Victoria.veltri@ct.gov



Mary Alice Moore-Leonhardt
Commissioner of the Superior Court

Richard M. Cozart

6 Laurelwood Dr
New Fairfield, CT 06812
203-746-0722
rmc76@earthlink.net

June 23, 2014

Thomas B. Leonardi, Commissioner
Connecticut Insurance Department
153 Market Street, 7th Floor,
Hartford, CT 06103

Re: Comments - Anthem 2015 Rate Request

Dear Commissioner Leonardi:

I submit herewith my comments on the proposed 12.5% average rate increase proposed by Anthem for individual policies of health insurance for calendar year 2015. I am a current Anthem policyholder having obtained Bronze level coverage through the Connecticut health exchange for the 2014 policy year. To the best that I can determine (and its application is not very clear or enlightening in this regard), Anthem seeks to impose a 7.4% rate premium increase for 2015 with respect to such policy. I suggest that the assumptions used by Anthem in its request are not supported by adequate evidence making it difficult or impossible to validate the rationale for the purported necessity of the increase. I also support the Health Care Advocate's hearing demand as I find the request deficient in numerous respects, as set forth below. My comments are those of a member of the public who will be adversely impacted by the proposed rate. If the rate is approved, I will certainly seek to obtain more affordable similar coverage through other providers.

My comments are focused primarily upon certain subsections of Section 9 of Anthem's Actuarial Memorandum (Credibility of Manual Rate Development) which purports to explain and justify the projected medical claims portion of the 12.5% average rate increase for which Anthem is seeking approval.

- Morbidity and Utilization Assumptions

- Anthem claims that there will be higher morbidity arising from "individual-level purchasing decisions in 2015" but fails to adequately disclose the factors that led it to this determination, other than describing that it is based on application of its internal risk score data. In the absence of disclosure of its internal methodology and data used to make this determination, it seems impossible to determine its reasonableness. (Apparently it is relying upon an unidentified CDC study to support its assertion that

there will be higher morbidity “of the uninsured compared to the insured population”, but without more explanation, this seems to be a weak rationale).

- It also makes the case that due to “pent-up” demand there will be increased utilization by the previously uninsured. Again, there appears to be no objective evidence to support this claim which seem to rely implicitly upon a flood, *in 2015*, of the formerly uninsured into the market. This assumption seemingly ignores that the individual mandate became effective in *2014* (when an influx would reasonably be expected and where increased utilization based on pent-up demand therefore makes logical sense) and the impact of healthy, young formerly uninsured individuals who obtained coverage in 2014 under ACA and more of the same population who are likely to join in 2015 as ACA penalties increase. It seems to me more likely that the addition of younger and healthier individuals into the pool will lead *overall* to *reduced* morbidity and utilization.
- In addition, there are other sources which indicate decreased utilization in 2015 due to this phenomenon. For instance, the Milliman actuarial memorandum filed in support of HealthyCT’s premium rate decrease states that the pent-up demand spike for medical services by the previously uninsured “*no longer exists and that the extra claims associated with that need*” are not relevant to their 2015 rating. See Milliman Exhibit 2. It’s not at all clear why Anthem sees a spike in 2015 while HealthyCT claims that any such demand has been exhausted and why it apparently does not take into account the population of the young and healthy who have joined and support the risk pool.
- The PWC Health Research Institute’s Study of Medical Cost Trends for 2014 notes that one of the primary drivers that is in fact bending the medical cost curve downward is the use of high-deductible health plans which results in less spending (which I assume correlates to utilization) by the consumer - a feature of the bronze and silver ACA plans. Thus the specter of increased morbidity and utilization brought forth by a zombie-like flood of relatively sick formerly uninsured into the 2015 risk pool may be no more than an apocalyptic corporate fairy tale seeking to justify an otherwise unjustifiable rate request.
- Trend Factors and Other Cost of Care Impacts:
 - Anthem assumes an 8.4% pricing trend to support its rate request. From what I have reviewed, it appears that assumes that this is composed of at least 4 elements: (i) medical cost inflation; (ii) increased utilization (and this element may be double-counted - Anthem states that “anticipated changes [in utilization] are reflected in the *morbidity changes and trend*” as to which separate factors are provided (see Exhibits A and D to the Memorandum)); (iii) volatility, and (iv) the impact of Solvadi a new, and unconscionably expensive, drug for treating Hepatitis C. This rate appears to be unjustified by the actual slowing of growth in health care costs.

- It's not readily apparent how Anthem has determined this rate trend. Wellpoint, of which Anthem is part, has said publicly (in a press release issued in April 2014 in conjunction with its 2014 first quarter results) that it expects the medical cost trend for the full year 2014 to be "in the range of 6.5 percent plus or minus 50 basis points." How does Anthem justify a 190 basis point differential in this filing for 2015 when, in principle the cost-curve bending effects of the ACA and other systemic changes ought to be even more apparent in 2015 than in 2014?
 - There appears to be no breakdown between the relative costs allocated to medical cost inflation and utilization costs (and, as noted above, Anthem may be overstating its utilization component by including it in both its pricing trend factor and in its morbidity change factor) making it impossible to judge the reasonableness of the projection otherwise possible by examination of the separate components.
- It does appear that Anthem has allocated 123 basis points (almost 15% of the total pricing trend) to the impact of Solvadi even while admitting that few members will be impacted. While it's undeniable that Solvadi is outrageously expensive, why is Anthem apparently the only health insurer in Connecticut to specifically provide for this factor in its cost trend - is Anthem somehow disproportionately adversely impacted relative to its competitors in this regard?
 - In this regard, please see the following from an article titled "Health Insurers Pressing Down on Drug Prices" in the June 21 New York Times:

"In dealing with health plans, drug companies are facing a new imperative — bargain or be banned.

Determined to slow the rapid rise in drug prices, *more health plans are refusing to cover certain drugs unless the companies charge less for them* (emphasis added).

The strategy appears to be getting pharmaceutical makers to compete on price. Some big-selling products, like the respiratory medicine Advair and the diabetes drug Victoza, have suffered precipitous declines in market share because Express Scripts, the biggest pharmacy benefits manager, recently stopped paying for them for many patients."
- It begs this question: What is Anthem proposing with respect to Solvadi, other than shifting the cost onto the backs of its policyholders? Apparently, the answer is "not much."
- Anthem refers to a "volatility provision" that is apparently included within its trend rate of 8.4%. No weighting is provided for its relative impact upon the trend rate nor is there any justification provided, other than being in accordance with Actuarial

Standards of Practice. While this may be permissible as a technical actuarial matter, it may simply be, without thorough rationale and explanation, merely a provision for additional profit margin. Consumers Union has described a Society of Actuaries definition of pricing trend, which included an element for “margin for uncertainty”, as a way of “adding a provision for profit, disguised by calling it another name.” While I can’t say for certain, the similarity between a so-called margin for uncertainty and volatility seems self-evident.

- PWC’s Health Research Institute projected for 2014 a net medical cost trend of 4.5%. It refers to a decade-long trend of lower utilization of many medical services, in part because of greater cost-shifting to employees and identified 4 factors that tend to deflate medical cost trends - factors that appear to be systemic and sustainable and therefore continuing beyond 2014 in their effect to tamp down costs.
- Peter Orszag is the former director of (i) the Congressional Budget Office (2007 to 2008), and (ii) the Office of Management and Budget (2009 to 2010). He is currently a vice chairman at Citigroup. In an interview published on [vox.com](http://www.vox.com) on June 15, Orszag, who ought to know a thing or two about this topic, had this to say about recent published reports of first quarter health care cost increases and the overall cost trend.

“First, we would expect some uptick in spending [in the first quarter of 2014] as more people become insured. That doesn’t tell us anything about the underlying trend in spending among those who were already insured, which is the more relevant question for whether or not the slowdown is continuing. On that question, we do have the Medicare data, and Medicare has continued to grow very slowly.

The second point is that preliminary GDP numbers are basically a guess. The Bureau of Economic Analysis does not have very much real data upon which to base their projections, but they estimated a 9.9 percent surge in health spending during the first quarter of 2014.

Now, we actually have that data. They show that from the first quarter of 2013 to the first quarter of 2014, health care spending only increased by 2.9 percent. That’s before taking out inflation; in real terms, spending growth was basically zero.

Comparing the first quarter of 2014 to the preceding three months — which was the focus of all the anxiety, because of the coverage expansion — *it looks like real spending actually declined.*”

- Anthem includes a separate (“other cost of care impact”) factor for “Induced demand for CSR.” Is this not a subset of utilization, and is it, in effect, duplicative of the utilization component already contained within the pricing trend factor and the morbidity change factor? And even if it is not deemed to be double counting, what

evidentiary basis supports Anthem's claim for higher utilization rates for this population in 2015?

- This assumption also appears to contradict a trend toward *lesser* utilization in non-elderly populations (i.e., those not covered by Medicare) where Medicare imposes constraints on provider reimbursement. That is, where Medicare keeps tight reins on hospital payments “those Medicare constraints appear to have contributed to falling inpatient hospital utilization rates among the nonelderly.” Further, “[T]he slow Medicare price growth under the Affordable Care Act may result in a spillover slowdown in hospital utilization and spending among the nonelderly” See “Cutting Medicare Hospital Prices Leads to a Spillover Reduction in Hospital Discharges for the Nonelderly” by Chapin White (Health Services Research). This beneficial spillover effect, coupled with Peter Orszag's observation concerning the slow, if not flat, growth of Medicare spending, belies the utilization fears projected by Anthem reflected in its pricing trend and this “other cost of care impact” factor and should not be further projected into the wallets of policyholders.
- Anthem also assumes a 15% rate of premium non-payment in support of its inclusion of a Grace Period factor of 1.0038. Is this at all a reasonable assumption? Without data to support the assumption it seems to be an artificially high blue-sky number.
- With regard to Change in Medical Management, what in fact is Anthem doing to contain medical costs and could/should the factor be lower? Does it effectively negotiate with providers to contain costs or does it simply pass the costs on to its policyholders? Without more information, how can the reasonableness of this factor be judged?

I would be grateful if the Department would take these comment into consideration when evaluating the merits of Anthem's Request. Please note that the absence of comments on other aspects of Anthem Memorandum should not be taken as the absence of concern on the reasonableness of those items. That being said, given the current trends and the systemic changes that are underway in this country's healthcare delivery and payments systems, it appears to me that an average rate increase of 12.5% and an increase, in the case of my specific policy, of 7.4% is unreasonable, unwarranted and not supported by verifiable evidence.

Sincerely yours,

Richard M Cozart

GENERATIONS FAMILY HEALTH CENTER, INC.

Anthem ACA Issues

6/25/2014

SUMMARY:

- Generations Family Health Center has received reimbursement on just two claims (one at correct contract rate and one at incorrect rate) under the Anthem ACA plan since its inception six months ago. The health center is frustrated with the poor communication and follow-up from Anthem. Specifically,:
- The health center has been unable to resolve claims configuration set- with designated Anthem staff ;
- Anthem has not properly communicated claim status or receipt to determine status of claims
- The health center continues to experience problems determining eligibility through Anthem eligibility files.
- Attempts to resolve these issues with Anthem have been futile despite documented efforts from the health center.
- These are the same issues that FQHC's encountered several years ago with the Anthem Blue Care Family Plan.
- As of 6/23/14, the current outstanding aging with the Anthem ACA plan is \$43,576.50 which includes 290 medical claims and 20 behavioral health claims outstanding. To date we have only received reimbursement in the amount of \$200.69, which paid for 2 dates of service. Only one of those dates of service was paid correctly per our contract.

CLAIMS ISSUES:

- FQHC's were initially told by Anthem to hold Claims until Jan 31, 2014 because their systems were not ready.
- 2/25/14- Called Provider Services to check claim status and was told that they were still a little behind on processing claims and updating their eligibility system, was told to be patient and to not resubmit claims
- 3/27/14- Called Helen Adams at Anthem due lack of response from Anthem re: claims. She explained that the system was still behind and to continue to wait for the claims to process.
- 4/2014- Checked on claim status with Provider Services rep again and was told that we should see a response "soon" regarding claims status.
- May 2014- started to receive ERA/EOBs for our Anthem ACA claims. All the EOBs were denials stating "procedure code no longer valid".
- We were billing correct codes per our contract
- We immediately contacted Helen Adams on 5/14/14 regarding the issue. Helen reviewed our contract and confirmed that the code billed was correct.

- Per Helen the claims needed to have our group NPI listed in 2 places instead of 1. Following Helen's instruction we made the necessary changes and rebilled the claims 5/19/14.
- We tracked our resubmittals online through Aviality and found that they were denied again, this time the EOB denials stated "the amount submitted was in excess of the allowed expense". This denial reason is not meaningful to us.
- On these denials the total amount billed was written off stating patient responsible "0", which means we cannot bill the patient for any part of the visit. These are reimbursable claims and should not have been treated in this fashion.
- Called Anthem 6/17/14 regarding the claim denials and the rep from Provider Services confirmed patient responsibility was zero. But she could not tell us why; denial reason did not make sense to her either. She told us they would be resubmitted for review but that it would take 30-60 days to be reprocessed.
- 6/17/14 Helen Adams and Michael Yedziniak were emailed to inform them that the claims were still being denied and that the charges were written off and patient was not responsible for payment per the EOB. We have received no response to the email.
- It is our understanding that many of our patients are in the deductible phase, but because we are not receiving appropriate claims processing information from Anthem, we are not getting the opportunity to bill the patient due to lack of info on EOBs.

ELIGIBILITY ISSUES:

- Insurance verification is done at every appointment by the health center staff to confirm active coverage
- In some cases the patient would be active at DOS, but later when re-verifying the patient came up as "Inactive, Pending investigation" for the same DOS. When we called Anthem Provider services and spoke to a rep, we were told this meant the patient may not have paid their premium.
- In May 2014 we started to see a large increase of eligibility verifications come back stating "Inactive, Pending Investigation." Knowing there have been issues with the Anthem system updating, we started taking the extra step of confirming status by calling Provider Services directly and speaking with a rep.
- When we made the call to Provider Services an Anthem rep would sometimes confirm the eligibility was retroactively disenrolled due to the patient not paying the premium.
- Sometimes, however, the rep tells us that this is incorrect and the patient IS active under the plan. At this point we were already getting the EOBs denying visits due to procedure code being invalid as previously stated.
- We have requested a fax back confirming active coverage for the date of service and we were told they could not provide it. When the confirmation was insisted upon, the rep would transfer our call to a supervisor and we would be placed on hold for 30-45 minutes. Once through to the supervisor we are able to request the fax, but will have to wait 24-48 hours to receive it. They also confirmed for us that we would always have to request a supervisor to obtain proof of coverage as there is no one "on shore" in the US that can help us.

- The health center is conducting its due diligence in determining eligibility. If the patient is verified as Active for a date of service, the claim should be honored and payment issued, regardless of Anthem retroactively updating file to ineligible.
- This issue was brought up with Helen when we contacted her regarding claim denials, but she stated she could not help us with this and gave us an email address for Debi Levesque.
- An email was sent to Debi on 5/15/14 regarding the issue with eligibility and our concerns, but we have not heard back.
- To current date we are still seeing eligibility come back stating “Inactive Pending Investigation” and are still unable to obtain confirmation from Anthem when we call them.
- Patients are reporting to us that they have paid their premiums and do not understand why their insurance is coming up as inactive.
- 3/27/14- Called Helen Adams at Anthem due to issues with patients and pharmacies unable to find us as in network. Patients reported denials of prescription medications. Helen confirmed that Generations was in network and that everything should be fine. This confusion may have been due to our group contract vs traditional individual provider contracts.



We are the co-chairs of the Healthcare Team for CONECT, Congregations Organized for a New Connecticut, a multi-faith, multi-issue, non-partisan organization of 15,000 people from 27 congregations in Fairfield and New Haven counties. We were instrumental in arranging an agreement between Commissioner Leonardi and Healthcare Advocate Veltri in 2011 and thank the Commissioner for calling this public hearing in accordance with that agreement.

We have 4 areas to raise with you today:

1. We challenge the claim of "pent up demand": Since we have no hard data that supports whether or not exchange enrollees are first-time enrollees into an insurance plan, how then can we estimate any understanding of "pent-up demand" usage in 2015?
2. Current rates are already unaffordable for those without Advanced Premium Tax Credits. With the potential rate increases, what will that do for:
 - a. New enrollments?
 - b. Attrition of current enrollees?Findings from the 4,400 participants in the 2014 Connecticut Health Care Survey (a population-based assessment of the health and health care of CT residents sponsored by 6 CT-based health foundations) highlight the negative effect that cost has on BOTH use of healthcare AND overall health, particularly for self-employed and unemployed.
3. Anthem billing, processing, and customer service ineptness for exchange policies in January 2014 created undue stress, delayed care, and out-of-pocket payments for their newly insured customers. In contrast, in New York state, Anthem's counterpart Empire BCBS provided January premium refunds and has a lower rate increase for 2015. If Anthem is doing badly now, there's no guarantee that more money will result in better administrative services.
4. Exchange competition has worsened and Anthem has the biggest market share at 60%. This is troublesome for 2 reasons: 1. With little competition, there's no pressure to contain rates, and 2. Connecticut has one of the largest percentages of subsidy enrollees as a percentage of subsidy-eligible individuals. Since exchange enrollees pay premiums ranging from 2-9% of their Modified Adjusted Gross Income, the federal government covers a great deal of these exchange policy costs through a tax

credit, this is taxpayer dollars making up the difference. We don't want Anthem rate increases on the backs of Connecticut taxpayers.

We urge the Commissioner to deny Anthem's exorbitant requests for rate increases.

Thank you.

Angela deMello
Co-Chair, Health Care Team &
Member, CONECT Strategy Team

203-386-0375

angie@thestrategiesgroup.net

Elizabeth Keenan
Co-Chair, Health Care Team &
Member, CONECT Executive Team
& Strategy Team

203-913-4295

elizabethkeenan61@gmail.com



UNIVERSAL HEALTH CARE
FOUNDATION OF CONNECTICUT

Universal Health Care Foundation of Connecticut

Testimony in Opposition to

Anthem Health Plans, Inc. Rate Request

Public Hearing June 27, 2014

I am here today on behalf of Universal Health Care Foundation of Connecticut (UHCF). My name is Jill Zorn, Senior Program Officer. UHCF is an independent, nonprofit foundation dedicated to achieving a high quality, affordable health care system that is accessible to everyone in the state. We work with a diverse array of partner organizations, as well as with individual consumers from throughout Connecticut. We are here today to register our opposition to Anthem's proposed rate increase for individual plans. It is too much and people cannot afford it.

First, we do not believe the rate hike hearing process is truly open and accessible to the people who are directly impacted by the Anthem rate request. In Anthem's rate filing they report that 66,200 Connecticut policyholders are affected. This process is a disservice to the residents of this state and should be remedied. We contacted thousands of individuals in our network, many of whom are Anthem policyholders. Despite receiving notice of the rate request from Anthem, many had no confidence that they could do anything to impact the process. And, more importantly, few if any, were available to show up to testify in Hartford at 9 a.m. on a Friday morning. This has a chilling effect on the consumer voice. We believe that there should be extra measures taken to schedule hearings when policyholders can participate. Allowing for written comments submitted online is not enough. This is, at best, one-way communication.

In addition to the consumer-unfriendly rate review process, the foundation has substantive concerns about Anthem's rationale for the rate hike request. Here are a few issues we'd like to raise:

- Is there sufficient claims experience for Anthem to substantiate such a rate increase, especially in light of the new exchange-based enrollees, some of whom began coverage as recently as April 1, 2014?
- How much access to care was effectively denied and/or delayed due to the inability of Anthem to put new exchange-based enrollees into the system and issue coverage cards in a timely manner during the first open enrollment period? It was well-established during the enrollment period that Anthem was not prepared to manage the volume of new business. In fact, they spent countless dollars on advertising to save face with consumers and policymakers.
- The 8.4% cost trend assumption in the rate filing seems too high, given that health care costs have grown at a far slower rate in the past few years. In addition, the Affordable Care Act has built in protections to help insurers manage risk in the early years of implementation. These programs of risk adjustment, reinsurance and risk corridors are designed to mitigate the effects



of the potential for “pent-up” demand and higher morbidity among previously uninsured policyholders.

- The Anthem morbidity adjustment is based on “a CDC study on the health status and lifestyles of both currently insured and uninsured populations.” It is our understanding that the CDC study shows Connecticut’s insured and uninsured populations to be in better health than the national average. Should this data be permitted as a factor in substantiating Anthem’s rate request?

Finally, we believe that the current rate request provides further evidence that our state exchange, Access Health CT, should take the role of an “active purchaser.” It is important that the exchange use its position to actively advocate for the interests of the customers purchasing health plans in the exchange marketplace and negotiate rates with insurers wishing to do business in the exchange. Attempts to require this of Access Health CT have been turned back in the last two legislative sessions. It is disappointing that Access Health CT has not intervened on behalf of Anthem policyholders buying in the exchange.

The foundation is watching this rate review process closely. Anthem is only one insurer asking for a rate increase, but it is an insurer that enjoys a large share of the Connecticut market. The residents of this state deserve the strongest vigilance on the part of regulators and the active protection of all parties involved in delivering health insurance options. We urge you to sharpen your pencils and carefully review all input in this rate review hearing, most especially the comments of policyholders who could not be here today. Those comments are representative of thousands of people struggling to afford health coverage. Our state owes it to them not to just rubber stamp Anthem’s request to raise premiums.



127 Washington Avenue, East Building, 3rd Floor, North Haven, CT 06473
Phone (203) 865-0587 Fax (203) 865-4997 www.csms.org

Anthem On/Off Exchange Rate Hearing
Testimony of the Connecticut State Medical Society
June 27, 2014

On behalf of the approximately 6,500 physicians and physicians in training of the Connecticut State Medical Society, thank you for the opportunity to submit this testimony. CSMS has significant concerns with the proposed rate increase of Anthem that is the subject of the Connecticut Insurance Department (CID) hearing on June 27, 2014.

First and foremost, everyone at CID and those involved in the healthcare delivery field are familiar with the concept of the "narrow network." It is widely known through the provider community that insurers are "narrowing" their networks across all lines of insurance. One only has to look as far as the recent cut by UnitedHealthcare of roughly one-third of their physician providers from the Medicare Advantage network. Papers and internet blogs are full of stories by patients who purchased exchange insurance plans and are now unable to find physicians that participate in their exchange plan. In fact, testimony was presented by a member of the public at the hearing on June 27, 2014 as to the difficulty of finding specialists participating in exchange plans. While the prevalence of narrow networks is clear, what is not clear is how and why Anthem can justify a rate increase of this magnitude in light of the narrowing of networks. Narrow networks are justified by all insurers universally because they will lower the costs of care. Insurers claim that narrowing networks is the essential component of lowering the cost of health care, including patient premiums. CSMS questions how the narrow networks were factored into the actuarial calculations and associated rate increases proposed by Anthem. Further, if narrow networks are purported to provide such a significant savings for the consumer, why was there such a small adjustment built into Anthem's premium model.

The issues involved in this proceeding are of paramount importance to the physician members of CSMS and their patients. Health insurance coverage and rates for that coverage have dominated local and national headlines, especially in the context of health insurance exchanges, and could have a profound effect on access to and the provision of medically necessary care in Connecticut delivered by the physician members of CSMS.

The fact of the matter is that physician reimbursement in Connecticut by health insurers, including Anthem, is steadily decreasing or remaining stagnant. Exchange plan networks are reimbursed at even a lower rate than traditional insurance plans. In fact, an amendment circulated by Anthem last year indicated that physicians would be paid at rates lower than Medicare for most codes billed. Again, Anthem has consistently claimed that these lower rates to physicians are vital to keeping premium rates low. Again, CSMS must question how reduced payments to providers were factored into the actuarial calculations and rate increases proposed by Anthem. We must question the small actuarial adjustment in premium rates associated with the rather significant reductions in reimbursement to providers in the narrow networks.

For all of the reasons noted above, Anthem's proposed rate increase must be closely scrutinized.

THE PROPOSED RATE INCREASE APPLICATION

OF

ANTHEM BLUE CROSS and BLUE SHIELD

Docket No. LH14-55

June 27, 2014 9:00 a.m.

PUBLIC COMMENT SIGN-IN FOR GENERAL PUBLIC

(Sign-in only if you want to speak at the hearing)

NAME

ORGANIZATION
(if applicable)

ADDRESS

1. ANGELA DEMELLO	CONNECT	185 Cold Spring St., New Haven, CT
2. Elizabeth Keenan	CONNECT	185 Cold Spring St New Haven, CT
3. Jill Zorn	Universal Health Care Foundation of CT	290 Pratt St. Meriden, CT 06450
4. ARVIND SHAW	HEALTH CENTER GENERATIONS FAMILY	40 MANSFIELD AVE WILLMANTIC CT.
5. Arken Block	CONNECT	185 Cold Spring St. New Haven, CT
6. Marc Sandy Block	CONNECT	185 Cold Spring St New Haven CT
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THE PROPOSED RATE INCREASE APPLICATION

OF

ANTHEM BLUE CROSS and BLUE SHIELD

Docket No. LH14-55

June 27, 2014 9:00 a.m.

PUBLIC COMMENT SIGN-IN FOR *PUBLIC OFFICIALS*

NAME AND TITLE

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