

Public Testimony and Comments Regarding the 2018 Proposed Wellmark, Inc. Rate Increase

For Consideration by Commissioner Doug Ommen, Insurance Division of Iowa

Prepared by Angel N. Robinson, Consumer Advocate, Iowa Insurance Division

August 26, 2017

I. Background

Iowa Code §505.19 sets forth procedures for health insurance rate increase requests exceeding the average annual health spending growth rate published by the Centers of Medicare and Medicaid Services (CMS). The procedures include a requirement that the Consumer Advocate solicit public comments on the proposed rate increase, provide the comments received by the public on the internet, and to present the public testimony and comments received to the Commissioner of Insurance for consideration before a decision is made on the proposed rate increase.

The Consumer Advocate Bureau was notified on June 21, 2017 that the collective companies for Wellmark, Inc. were seeking a proposed average rate increases of 9.4 % - 14.2%. The 9.4% increase applies to Pools 3-5. The 14.2% increase applies to all Farm Bureau and Standard and Basic plans. All of the plans affected are either grandfathered plans or transitional business plans for a total of 73,013 covered lives. The proposed rate increase would become effective January 1, 2018 if approved. As the amount proposed exceeded the most current average annual health spending growth rate, the Consumer Advocate solicited comments regarding the proposed increase.

II. Actuarial Review

As a regular part of the rate review process, the proposed rate increase is actuarially reviewed twice. Once by the Iowa Insurance Division's actuary staff and once again by independent third party reviewers. The results of these two reviews have been included in a summary document. The actuary summary document is available as a handout during the public hearing and has been posted on the rate hearing website, iainsuranceca.wordpress.com.

The actuaries found the following:

- The current medical loss ratio for Wellmark is 86%, which is above the federal requirement of 80%.
- Without the rate increase in 2018, Wellmark is projected to have a medical loss ratio exceeding that of 94%.
- If a 12% increase is granted, the actuaries project that Wellmark will still meet the federal requirement of at least an 80% medical loss ratio.
- The projected average premium will be \$406.67, based upon an average increase of \$44 per month.

The Consumer Advocate has also reviewed the actuarial memorandums. The data shows that the pools are slowly shrinking and losing members each year. While the combined pools still total a large number of covered lives at this time, the perpetual loss of covered members over time will cause the pools to become more expensive as there will be less individuals to share the risk of the combined membership in the rating pools. Another worthy note is that these older policies do not share the Affordable Care Act's rating rules as they are grandfathered. This means that the age band increases can

be quite significant and are separate from the base rate increase that is subject to prior approval by the Commissioner. In fact Wellmark's memorandum points out that the 5 year age bands may receive rate increases based upon age only, which is not subject to prior approval and up to 37% between age bands. Traditionally the higher age bands suffer from the stiffest increases. This is unfortunate, as it is usually these members who tend to have more fixed incomes and may have difficulty adjusting to the increases. This also means that whatever base rate increase is approved for Wellmark's policyholders will be combined with the age increase to help form the new premium amount. For example, if a policyholder was subject to a 37% increase that will automatically take effect in 2018 and that age increase is combined with the full proposed rate increase amount of 14.2%, that policyholder would have to incorporate a rate increase of 51.21% starting in January of 2018. If the new average premium will be \$406.67, a 37% increase would be an additional \$150.46 on top of the \$44 base rate increase. It will cause financial difficulties on most with a fixed budget to find an extra, nearly, \$200 per month.

III. Public Comments

The Consumer Advocate has received 48 comments and concerns directly from policyholders or members of the public. Like most who are subject to proposed rate increases, the comments focused on affordability. Due to the length of time Wellmark has offered individual policies, many of these policyholders have seen steady increases from their Wellmark plans over the years. These affected Wellmark pools have been receiving rate increases every year to every other year which has led to some premiums ballooning from their original rates and an overall rate increase fatigue. One policyholder commented:

"I'm with the other responders to the increase of the premiums AGAIN!!! I am pretty healthy. I have been with wellmark for years. I have to pay for my premiums myself, my husband is retired and has his medicare and a supplement. It's tough working part time to pay for the extreme amount now. Please don't increase the premiums AGAIN!"

Another commented:

"I am over 60, and in the last 6 years my premiums have doubled. I was paying \$800 a month for an individual policy, and now it's \$1600 a month. When do these increases stop? What are they based on? I'm paying almost \$20,000 a year for insurance. Now I'm retired, and Wellmark wants another 9.1% increase. I can't even write this off on my taxes."

These plans also include a block of business with Farm Bureau, which marketed policies directly to farmers and small business owners. Small business owners often have no choice but to purchase coverage privately, as they do not have employers to provide the coverage; and their operations may be too small to include employees which would allow for the purchase of a small group plan. This means some small business owners are left with the choice of finding a way to pay for the increased rates (which may mean taking up additional employment), leaving their small business, or dropping coverage. One such policyholder stated, "I'm a farmer and we have family coverage. When we first got the policy

it was \$13,000 a year for family coverage. Now it costs \$21,400. A 14% increase would be \$3000 more per year than we currently pay. Farmers can't afford this kind of increase. This is just a bad deal.”

Finally, the comments included concerns from policyholders who feared what coverage would be available if they don't pay for their grandfathered Wellmark plan. Some fear that the coverage will be reduced and others are concerned that the state of Iowa's health insurance market may leave them uninsured if they don't find a way to pay for the rate increase. As shared by one policyholder:

“My husband and I are both tax accountants and are self-employed, and we have three teen to college-age children. In 2008, our annual premium for the 5 of us was \$7913. The next year that increased to \$8335, and now our annual premium is \$18,639. After a 14.2% rate increase, our annual premium will be in the \$21,200 range...I'm afraid for my husband and me, too, because there's no going back after you've left a grandfathered plan.”

The policyholder goes on to say that she and her husband are considering pulling funds from their retirement just to pay for health insurance. None of the comments received endorsed approving the rate as proposed. While some understood that perhaps an increase would be needed, all agreed that given the perpetual increases the current proposed rate increase was not endorsed.

IV. Summary

The actuarial summaries show that Wellmark's request would likely place rates at a federally approved threshold close to 80%. Without the rate increase Wellmark is facing a possible higher medical loss ratio of 94%, which is still under 100% spending on the medical loss ratio. Given the need to avoid adding uninsured Iowans to the current collapsing health insurance market, perhaps a smaller increase could be warranted for Wellmark's policyholders, as Wellmark's medical loss ratio continues to operate under all scenarios without a loss.

The comments received and posted by today's date have been included in this testimony report as required by the Iowa Code section 505.19(3). However, comments may continue to be received until the Commissioner makes the final decision on the proposed rate increase. Any additional comments received prior to the Commissioner's decision, but after the presentation of the consumer testimony, will be recorded on the public rate hearing site.

Attachment A: Wellmark, Inc. 2018 Proposed Rate Increase Comments

• *jess* Says:

[June 22, 2017 at 8:56 AM](#) | [Reply](#) [edit](#)

You are supposed to be a consumer advocate, advocate for us this crap must stop, they don't need more money and we need affordable health insurance.



• *Matthew C. Donovan* Says:

[June 22, 2017 at 9:46 AM](#) | [Reply](#) [edit](#)

I have a grandfathered plan that costs me \$4200 every six months. That's bad enough, but my rate is going up by nearly 10% and I don't feel that it's justified. I don't have dental coverage, and this policy only covers me. I rarely use my coverage- I'm a 57-year-old who works hard to stay healthy. I could buy a mansion or yacht with my premiums, maybe even an airplane! I don't want a premium increase.



• *Cindy Diemer* Says:

[June 22, 2017 at 9:47 AM](#) | [Reply](#) [edit](#)

We have a grandfathered plan. We've been with Wellmark for 40 years. We're a farming family of 4, we pay a \$20,000 annual premium. Our rate is set to go up 14.2%. We can't afford this! Wellmark tells me that they can't move me to a plan with less benefits because this policy has been frozen. I don't understand this at all. Please don't increase our premium.



• *Marcy Essy* Says:

[June 22, 2017 at 9:47 AM](#) | [Reply](#) [edit](#)

Why are administrative costs going up when the number of policies is going down? That doesn't make sense. Blue Cross should be saving money on administrative costs, have they tried to hold down the expenses at all? I am self-employed and pay \$974 monthly. I do an annual mammogram and wellness check, and see a dermatologist once a year, and that's it! I'm not happy with this increase at all, and it seems to me that the company is doing something dishonest.



• *Kristi J. Harthoorn* Says:

[June 22, 2017 at 9:48 AM](#) | [Reply](#) [edit](#)

I'm so upset about this rate increase. I am 27, we have 2 young children, and my husband has cystic fibrosis. How will we afford his medicine? Our current policy cost already eats up a whole paycheck. We've had this policy for six years. In the beginning we paid \$300 a month, and now our premiums are \$1200 a month. That's before the increase. I don't know what we're going to do.



• *Paul Rank* Says:

[June 22, 2017 at 9:49 AM](#) | [Reply](#) [edit](#)

I'm a farmer and we have family coverage. When we first got the policy it was \$13,000 a year for family coverage. Now it costs \$21,400. A 14% increase would be \$3000 more per year than we currently pay. Farmers can't afford this kind of increase. This is just a bad deal.



- *Dr. Heather A. Jordahl* Says:
[June 22, 2017 at 9:49 AM](#) | [Reply](#) [edit](#)

Please accept my deepest concern with these premium increases. As a healthcare provider and a customer of Blue Cross I would ask that you deny BC the right to Increase the Base Premium Rates. I have been diligent in being self insured for over 15 years. I have no shelter with a larger cooperation and I would ask that the Insurance Commissioner advocate for us "the Self Insured". Soon, health care will not be affordable to small business owners. I have done my part paying the increases every year but the time is now to stop any further increases. Please advocate on my behalf.



- *Jean LePard-McClendon* Says:
[June 22, 2017 at 11:36 AM](#) | [Reply](#) [edit](#)

I am calling in regard to Blue Cross Blue Shield wanting to raise their rates AGAIN. It's not like they don't bloody do it every year anyway. I cannot absorb any more raises. There was a 21.7% increase 1 1/2 years ago, and now they want another 9.4%. I never go to the doctor. I pay \$426 a month, and I can't afford it. I would like the insurance companies to go after the pharmaceutical and medical industries and get these things worked out. I'm not a communist, but we need socialized medicine. I'm 60 years old, and older people can't afford to absorb these increases, and I can't afford these increases.



- *Ryan England* Says:
[June 22, 2017 at 4:24 PM](#) | [Reply](#) [edit](#)

I got a letter from Blue Cross about a 14.2% increase. Last year it seems like our increase was 20%. We'll be paying even more than that, since we're expecting our third child in late August. Our new premium will probably end up between \$1300 and \$1400 a month. That's more than 4 times our mortgage payment and nearly double our student loan repayment. I am self-employed as an ag company salesman and do some farming on the side. My wife is a teacher and her job does not offer health care at all. We live very modestly, I still drive the pickup truck I bought when I was 16 years old. I would attend the hearing, but I've had to take on extra work to pay the bills and I can't take time off. Tell the insurance company we can't afford this increase.



- *Lola (Delbert) Beyer* Says:
[June 23, 2017 at 3:25 PM](#) | [Reply](#) [edit](#)

Attn: Commissioner of Insurance

I am sending this note because I just opened a letter from our insurance company (Wellmark BCBS of Iowa) indicating that they have asked permission to increase their base premium rates for 2018. I have

never responded in the past, but just feel almost panicky when I think of our monthly insurance rates going up AGAIN! We had an almost \$700 a month increase already in January of this year, bringing the monthly premium for just my husband and I to \$2,238.60. I have a few health issues (none severe), but it makes it almost impossible to switch to a different company without facing riders for pre-existing conditions.

I don't know if this letter makes any difference or not, but just hope there is some consumer advocate action out there somewhere who will listen and help these sky-rocketing healthcare costs! We are self-employed and own our own small business w/only one part-time employee, therefore have no company benefits program in place to help us out with these costs.

Thank you SO MUCH for anything you can do to help! Please be in contact if there is anything more you need to make a decision or to check out information.

Sincerely,
Lola (Delbert) Beyer



- *Cathleen Wignall Says:*
[June 23, 2017 at 3:56 PM](#) | [Reply](#) [edit](#)

Dear Iowa Insurance Commissioner,

I have been with Wellmark Blue Cross Blue Shield of Iowa for many years. I am blessed to be healthy and besides going to the doctor for my annual checkups each year, have not had to file any claims, yet my monthly fees have steadily risen annually since my policy began. I am 62 years old and a retired educator living and on a fixed income and pay for my health insurance out of my own pocket, so the proposed rate increase of 14.2% has me VERY concerned. I am writing to implore you to deny the base rate increase so that I, and countless others whom this could adversely affect, can afford good health care insurance in the future.

Many thanks for your diligent work on behalf of us all and for giving me the opportunity to voice my concerns.

Sincerely,
Cathleen Wignall
Newton, IA



- *Steve Metcalf Says:*
[June 23, 2017 at 4:04 PM](#) | [Reply](#) [edit](#)

This is in reference to the letter I received from Wellmark Blue Cross and Blue Shield of Iowa concerning their requested base rate increase of 14.2%. First of all since they have left the Obamacare Affordable Care Act and left 1000's of Iowans without insurance for next year, that alone according to them will save them millions of dollars. I think the insurance companies are playing a game with this country. They say how

much they are going to pay the physicians, hospitals and pharmacies. DO NOT allow them to increase our premiums AGAIN.

Steve Metcalf



- *Ryan England Says:*
[June 23, 2017 at 4:11 PM](#) | [Reply](#) [edit](#)

To whom it may concern,

I am writing this email in total shock of what is happening to my health care and now another proposed increase of 14.2% going into 2018 is absolutely ludicrous. My wife and i are expecting our third child and neither of us receive health benefits through our employers. Our current premium is \$969.65/month and with the third child will be rising to around \$1150/month. Your proposed increase will push my new premium to well over \$1300/month. That is going to be 4X my monthly mortgage and over 3X the amount of our student loan payments each month. These increases are extremely strangling our ability to even maintain our way of life in rural america and let alone make advances in our lives. The increases that last two years alone have take an additional \$300 out of my pocket each month.

Sincerely

Disgruntled Customer



- *Donna Harthoorn Says:*
[June 26, 2017 at 8:59 AM](#) | [Reply](#) [edit](#)

Please do not increase the premiums for 2018. They are so high already that in order to afford health insurance many have to cut budget on clothing, food, other insurances etc. in order to pay their premium. This is especially true for young families, elder, those with pre-existing conditions. Do not hold pre-existing conditions against a family. What is being charged for an average 4 person family for a year some do not even make in a year. Please try to find ways to help these people not make it so they can not have health care. Thank you for your consideration. Donna



- *Pat Kilpatrick Says:*
[June 26, 2017 at 9:06 AM](#) | [Reply](#) [edit](#)

Good afternoon,

I have once again received my annual letter from Wellmark regarding premium changes for the upcoming year. I had truly hoped that this year would be different and not contain a double digit proposed premium adjustment. However, that is not that case and once again I am asking the question as to how insurance can keep rising at this pace and the average consumer be able to keep up with it? Each year the same thing is said “due to higher costs by policyholders in your group.”

All individuals should be expected to pay for health insurance coverage, unless they are the most needy, and I am no exception. However, there is a point where it starts to become a problem trying to pay premiums. When you have cost increase that are almost 5x more than the 3% average COLA the numbers are definitely skewed.

While I understand that Wellmark is not in the business of giving away free health insurance coverage I would think that it would be prudent for a review and a smaller increase in cost be approved for 2018.

Thank you for your consideration.

— Pat Kilpatrick

Yours and mine life shall not be measured on what we get but rather on what we give.



• *Sandy Dengler* Says:

[June 26, 2017 at 9:07 AM](#) | [Reply](#) [edit](#)

Our ages are 57 and 62. We have been on our own insurance for almost 5 years. Every year there has been an increase. I don't suspect this year will be any different. The middle class is always the ones that pay for everyone else and never see any breaks. I have found a job that will pay for most of my health insurance premiums. I am very fortunate to have found one. I'd rather be babysitting my grandson, but we can not afford not to have this break. We have paid over \$12,000.00 a year for the last 5 years. I think there should be changes in what the top management gets so it can get filtered down to the middle class. I have no great solution for the insurance industry. I just know that I need it to be able to afford the medical costs. We have worked hard all our lives and try to live right but sometimes it doesn't matter. The care that you get in the hospital and nursing home is not any better by raising the premiums. I'm not sure where all the increase goes for! I think people should be responsible for their own actions and people should be getting off the government support. There are a lot of things that the government needs to revamp. Thank you for letting me express my opinion!

Sandy Dengler



• *Steven Blocker* Says:

[June 26, 2017 at 9:33 AM](#) | [Reply](#) [edit](#)

I want to leave a comment on the rate increase for Wellmark, for their premium increase. They don't need any more money. They got plenty of money in the bank, they got 1.2 billion dollars in the bank now. They don't need a premium increase, premiums are too high. People can't afford their insurance anymore. And also they need to decrease their premium rates. No one can afford it, that includes me too really. They better go and find me a friggin' high paying job to pay for all this stuff, especially my rent too. This is just my comments. Thank you.



• *Michael Lindahl* Says:

[June 26, 2017 at 9:47 AM](#) | [Reply](#) [edit](#)

I just got a letter from Wellmark about a premium increase. This is impossible for them to do, because I am grandfathered in. I have been insured with those people for 17 years. People that keep bills paid, it should make a difference. I was told my rates would never change. They promised me. Nothing would ever change, it would always be the same. I turn 50 this year, now my healthcare automatically gets more expensive. They should change that. Going to the emergency room is 100% paid, but if I go to a doctor, I have a big copay plus the cost of medications. Does that even make sense? My current plan isn't even enough to take care of me & my son. Insurance companies are scam artists anyway, that's their goal. I got extra insurance on the internet to help cover expenses. It's a sad situation.



• *Identity Withheld* Says:
[June 26, 2017 at 1:59 PM](#) | [Reply](#) [edit](#)

Dear Consumer Advocate,

This letter is to ask you not to give permission to Wellmark Blue Cross and Blue Shield to raise its base premium rates in any percentage amount.

Wellmark has opted out of the exchange, so why do they need an increase?

Obamacare WILL be changed by repeal and/or replacement which will make this request totally unnecessary. They should be made to wait until next year to make sure they aren't taking advantage of us for no reason.

Administrative Expenses only boils down to the CEO getting a raise. Fees for government compliance were already in the factor for raising the base last year. The compliance rules have not changed since then.

Health care services, new technologies, and drug therapies do NOT change that much in a year. They claimed this same reason last year. This would be a double increase for the same thing.

People are struggling to pay the premiums we have now, and everyone knows they will make an individual rating increase no matter what.

Last year, Iowa let Wellmark get by with an increase while other states did not. Other states knew they did not NEED an increase. Do not give in to them again. It is way too soon to grant another unnecessary increase of any percentage when we don't know how the health care laws will be changed.

Sincerely,

Two Wellmark Blue Cross and Blue Shield Policy Holders in Iowa



• *Mendy & Denis Ritzman* Says:
[June 26, 2017 at 2:11 PM](#) | [Reply](#) [edit](#)

Iowa Insurance Division, Please – Please do not raise our Insurance again. I do InHome ChildCare for 35 years (which we are probably the lowest paid people on the planet and deal with the most precious thing on the planet & the future of our country), my husband is retired.

I don't raise my prices each year – my parents wouldn't be able to afford to work. Why! Why!

We have to pay \$5500.00 just for our deductible, if we would go to the Dr. Our premiums this year are \$10,353.00 as of now. How can people live. That amount is just health care not including any others bills to just run or live in our own home in Iowa.

We don't choose to live in the city or another state. Please our health insurance is so very high! Maybe on the health-side maybe their wants or needs – need not be so high. Driving such lavish cars and living in such huge houses. Please give us middle class a break or we might becoming the lower class. We work hard...Are we in the wrong group of insured people?

We have friends that don't pay any deductible or just very little.

Why! Why! Why!

We work hard...Please!



• *Joanna Haack Says:*

[June 26, 2017 at 4:21 PM](#) | [Reply](#) [edit](#)

My husband and I are both tax accountants and are self-employed, and we have three teen to college-age children. In 2008, our annual premium for the 5 of us was \$7913. The next year, that increased to \$8335, and now our annual premium is \$18,639. After a 14.2% rate increase, our annual premium will be in the \$21,200 range. One of the kids has compartment syndrome, and I'm so afraid that if we try to move away from our grandfathered plan, that he won't be covered in later policies. I'm afraid for my husband and me, too, because there's no going back after you've left a grandfathered plan. If there is anything that can be done to help us live within our means and budget, that would be such a relief. It's getting to a point where it's extremely challenging to pay the high premiums- and the new projected premiums are very close to being totally unaffordable. It's such a bad situation I've even started to think about pulling money from my retirement account to pay for the insurance. Please- say no to a premium increase for Wellmark Blue Cross Blue Shield.



• *Carol Seddon Says:*

[June 27, 2017 at 3:41 PM](#) | [Reply](#) [edit](#)

Hello,

I am against the proposed increase in my insurance premium rates.

I don't even make \$40,000 a year and yet I pay one seventh of my income to insurance.

If I don't carry insurance, then we get penalized....but...I know why people pay the penalty instead of insurance.

PLEASE, PLEASE reconsider letting this happen.

Thanks,
Carol Seddon



• *Derek Ott* Says:

[June 27, 2017 at 3:48 PM](#) | [Reply](#) [edit](#)

PEOPLE ARE SICK N TIRED OF BEING SCREWED OVER BY BIG PHARMA AND HEALTH INSURANCE COMPANIES WHO ARE IN CAHOOTS TOGETHER TO SUCK EVERY LAST PENNY POSSIBLE OUT OF THE AMERICAN PUBLICS POCKET WHILE ENRICHING THEMSELVES FOR DOING NOTHING BUT RAISING PRICES. THATS CALLED A “GOVT MANDATED SCAM” !! I HAVE BEEN A REGISTERED PHARMACIST FOR OVER 20 YRS AND I KNOW HOW THESE PHARMA COMPANIES RIG THE SYSTEM SO THEY CAN LENGTHEN THE LIFE OF THE PATENTS ON THEIR GROSSLY OVERPRICED PRODUCTS SO THEY CAN CONTINUE TO RIP PEOPLE OFF AND BANKRUPT BOTH THE COUNTRY AND THE TAXPAYERS IN THE PROCESS !!

I STARTED THIS PLAN IN SUMMER 2008 AND I WAS PAYING 308\$ PER QUARTER AND I AM NOW PAYING 873\$ FOR THE SAME POLICY W/REDUCED BENEFITS ?? THAT IS MORE THAN 183% INCREASE IN LESS THAN 10 YEARS ?? I HAVE USED MY POLICY ONCE AND AM IN GREAT HEALTH BC I EAT RIGHT AND EXERCISE REGULARLY. THIS BANKRUPT SCAM SICKCARE SYSTEM THAT WE CURRENTLY HAVE IS A COMPLETE JOKE AND IS NEVER GOING TO GET ANY BETTER UNTIL WE CHANGE THE “INCENTIVE SYSTEM” FOR DELIVERING PATIENT CARE.

WE NEED A SYSTEM THAT “INCENTIVIZES HEALTH” INSTEAD OF SUSIDIZING SICKNESS !! PEOPLE SHOULD PAY MUCH HIGHER PREMIUMS/COPAYS BASED ON BODYFAT%/WAIST CIRCUMFERENCE/SMOKING AND ANY OTHER CHARACTERISTIC THAT IS KNOWN TO CAUSE DISEASE THAT PEOPLE HAVE 100% CONTROL OVER !! LETS START MAKING PEOPLE EARN THEIR HEALTHCARE INSTEAD OF HAVING THE PEOPLE WHO ARE DOING THE RIGHT THINGS SUBSIDIZE ALL THE IRRESPONSIBLE UNACCOUNTABLE MORONS WHO CAN’T CONSTRAIN THEIR OWN ACTIONS THAT THEY HAVE 100% CONTROL OVER !! PSYCHOLOGY 101 = WHATEVER BEHAVIOR YOU REWARD YOU WILL GET MORE OF AND WHATEVER BEHAVIOR YOU PUNISH YOU WILL GET LESS OF ?? DOES THE CEO OF WELLMARK NEED ME TO COME OUT THERE AND SHOW HIM HOW TO FIX THIS FOR EVERYONE ?? A MONKEY COULD FIGURE THIS OUT !!

THE BIGGEST PART OF THE SICKCARE COSTS ARE THESE CROOKED BIG PHARMA COMPANIES WHO DO NOTHING BUT RAISE PRICES AND OUR REPRESENTATIVES DO NOTHING ABOUT IT !! THESE TYPES OF THINGS ARE THE REASONS WHY PEOPLE HAVE GOTTEN TO THE POINT OF TRYING TO SHOOT/KILL CONGRESSMAN/SENATORS ?? ALL THESE BOZOS CARE ABOUT IS GETTING RE ELECTED ?? TERM LIMITS FOR ALL OF THEM !! START REPRESENTING YOUR CONSTITUENTS !! GO AFTER THE BIG PHARMA CORPORATE CROOKS WHO ARE MAKING TONS OF MONEY AND ROBBING PEOPLE BLIND/BANKRUPTING THE SYSTEM IN THE PROCESS !! BELOW IS AN ARTICLE THAT

PROVES HOW CROOKED/CORRUPT THAT BIG PHARMA IS !! THEY SPEND 19 TIMES MORE ON ADVERTISING AND MARKETING THAN THEY DO ON RESEARCH/DEVELOPMENT AND NOTHING IS DONE TO CONTROL THEIR PRICES ??

PLZ MAKE SURE THAT THE “BIG WIGS” AT WELLMARK BCBS OF IOWA READ THIS AND DO SOMETHING ABOUT IT !! I WOULD LOVE TO KNOW THE SALARIES/BONUS STRUCTURE OF THE TOP MANAGEMENT AT WELLMARK BCBS OF IOWA AND WHAT THEIR PAY RAISES HAVE BEEN OVER THE LAST 9 YRS WHILE MY PREMIUMS INCREASED OVER 183% ?? IT SHOULD BE MANDATED THAT THIS IS ALL PUBLIC INFO BC ALL THE HEALTH INSURANCE COMPANIES DO IS RAISE THEIR PRICES IN ACCORDANCE WITH THE CROOKED BIG PHARMA COMPANIES AND DEVICE COMPANIES AND THEN ADD A LITTLE EXTRA ON SO THEY CAN GIVE THEMSELVES A NICE RAISE WHILE THE PUBLIC GETS SCREWED. PLZ MAKE SURE THIS ARTICLE BELOW IS READ BY EVERYONE WHO IS ON ANY PLAN RUN BY WELLMARK BCBS OF IOWA SO THEY KNOW “THE TRUTH” !! BETTER YET JUST RUN A COPY OF THIS IN THE DES MOINES REGISTER AND LETS SEE WHAT THE PUBLIC THINKS ??

SINCERELY,

DEREK S OTT

Big Pharma Pockets \$711 Billion in Profits by Robbing Seniors, Taxpayers 06/08/2013

Here’s an outrage that must be changed: Big Pharma has been systematically price-gouging the Medicare program for seniors and people with disabilities — and raking in billions in excessive profits. The 11 largest global drug companies made an astonishing \$711 billion in profits over the 10 years ending in 2012, and they got a turbo-charged boost when the Medicare Part D prescription drug program started in 2006, according to an analysis of corporate filings by Health Care for America Now (HCAN).

The drug companies hold the power to charge America’s consumers whatever they want. Worse, Medicare — the nation’s largest purchaser of drugs — is prohibited by law from seeking better prices. The result of this shortsighted policy is dramatic. In 2006, the first year of Medicare’s prescription drug program, the combined profits of the largest drug companies soared 34 percent to \$76.3 billion. And unlike other industries, such as Big Oil, drug companies get something even better than a tax subsidy — they get a government program.

There is nothing wrong with a company making profits — that’s what they’re supposed to do. But the drug industry’s profits are excessive as a result of overcharging American consumers and taxpayers. We pay significantly more than any other country for the exact same drugs. Per capita drug spending in the U.S. is about 40 percent higher than in Canada, 75 percent greater than in Japan and nearly triple the amount spent in Denmark.

Combined Net Profits of Top Pharmaceutical Companies Medicare Part D

HCAN reviewed the last decade’s financial filings from the 11 prescription drug giants: Pfizer, Johnson & Johnson, Novartis, Merck, Roche, Sanofi-Aventis, GlaxoSmithKline, Abbott Laboratories,

AstraZeneca, Eli Lilly and Bristol-Myers Squibb. Even as millions of Americans struggle to afford their medicines and as Republicans in Congress threaten to cut seniors' benefits, these corporate behemoths have extracted \$711.4 billion in profits for Wall Street investors. The drug companies' annual profits reached \$83.9 billion in 2012, a 62 percent jump from 2003.

The drug companies, of course, say they have no choice and need to charge outrageous prices to pay for research that enables them to innovate and develop new drugs that save our lives. But that's not true. Half of the scientifically innovative drugs approved in the U.S. from 1998 to 2007 resulted from research at universities and biotech firms, not big drug companies. And despite their rhetoric, drug companies spend 19 times more on marketing than on research and development.

Net Profits of Top Pharmaceutical Companies

There are two reasons why it matters that the drug industry is booking eye-popping profits. First, American consumers and taxpayers are footing the bill, and second, we could do something about it.

It's against federal law for Medicare, the nation's biggest health plan, to use its unparalleled market power to reduce the cost of prescription drugs. This makes no sense. If the policy were changed, taxpayers and consumers would save huge amounts of money.

Simply empowering Medicare to get the same bulk purchasing discounts on prescription drugs as state Medicaid programs would save the federal government \$137 billion over 10 years, according to the Congressional Budget Office. Eliminating price-gouging on that scale would go a long way toward addressing the fiscal challenges that are constantly under discussion in Washington — without harming seniors and middle-class families. This proposal has been supported by President Obama and is in the House Democrats' budget plan. It is reportedly in the president's 2014 budget plan as well.

Our politicians give all kinds of tax breaks and subsidies to big corporations that don't need them: Big Oil. Wall Street. Companies that ship our jobs overseas. Every gift to a special interest, including allowing Big Pharma to overcharge Medicare, is an expenditure of scarce tax dollars. That's called wasteful spending.

When it comes to addressing our country's fiscal challenges, we shouldn't even talk about cutting Medicare or any services people depend on, as the Republicans have proposed. Instead, we should eliminate indefensible special-interest tax breaks and subsidies for big corporations that don't need them.

-  *Donald Makovac* Says:
[June 28, 2017 at 2:42 PM](#) | [Reply](#) [edit](#)

I am over 60, and in the last 6 years my premiums have doubled. I was paying \$800 a month for an individual policy, and now it's \$1600 a month. When do these increases stop? What are they based on? I'm paying almost \$20,000 a year for insurance. Now I'm retired, and Wellmark wants another 9.1% increase. I can't even write this off on my taxes.



• **Ron Nowacki Says:**
[June 28, 2017 at 2:43 PM](#) | [Reply](#) [edit](#)

Calling yourselves “consumer advocates” is a joke – you haven’t done anything to keep the rates down. We all know what happens, Wellmark proposes a 14.2% increase and you get them to take a little less and we’re all supposed to feel good about that – what a joke! – Another government joke – Why waste anybody’s time? I’ve been with Wellmark for over 20 yrs its all the same b.s.



• **Christine Kluver Says:**
[June 28, 2017 at 4:28 PM](#) | [Reply](#) [edit](#)

I am writing this to you as a concerned BC/BS customer. It seems like this never ends. I can barely make these payments now. If it raises I will probably be forced to have no insurance! Always rate increases. I self pay through Farm Bureau and on top of that I have to pay dues just to be a member to be able to get this insurance. I just wish I could get a raise as fast as my premiums tend to go up. I very seldom have had the need to use the insurance but my rates keep sky rocketing so I am at the stage where it is unaffordable for me to have. I have increased my deductibles and do not go to the doctor unless absolutely needed. I am a single mom, who lost my husband at age 46, raised 3 children and have struggled the whole way. I think now my only option is to not have any insurance, take the penalty, pray for Obama Care’s demise and let the government pay for me. I have worked hard all my life, no handouts and I feel like I get punished especially when I see others living off the government, don’t have to make a monthly payment.

Please reconsider this enormous hike as can’t BC/BC go at least a year without raises for once? This just seems unfair. I’m ready for a government healthcare like Canada. These insurance companies are running the country and ruining our healthcare.

Please remember we all don’t get raises twice a year. I am self employed and if I start raising my rates like BC/BS does, I would be out of a job!! This is an enormous raise in healthcare. Please STOP this!!

Sincerely
 Christine Kluver



• **Barbara J. Sennert Says:**
[June 28, 2017 at 4:32 PM](#) | [Reply](#) [edit](#)

I AM REALLY TIRED OF MY PREMIUMS CONTINUING TO GO UP EACH YEAR.....

**TIRED
 TIRED
 TIRED OF PREMIUMS GOING UP.**

We are farmers,....the price we get for corn and soybeans we raise continues to go down,,,,,, and Blue Cross wants a rate increase again because of Administrative Expenses..... RAISES AND MORE BENEFITS FOR THEIR WORKERS,.....

GIVE ME A BREAK....

I RECOMMEND LOWERING MY PREMIUMS AND LAY OFF SOME WORKERS.

Thank you

-  *Lori Meyer Says:*
[June 29, 2017 at 2:59 PM](#) | [Reply](#) [edit](#)

We strongly urge you to deny Wellmark's proposed rate increase. We've been with Wellmark for over 35 years and have had a rate increase nearly every year we have been insured with them. We currently pay over \$1,500 per month for insurance for two healthy people taking no prescription drugs. We have our deductible as high as we can. Our premiums will increase next year anyway, as we will be turning 60. We are almost to the point that we will have to be uninsured because we cannot afford the monthly premiums. We understand that health care costs continue to increase, but when the CEO of Wellmark makes millions, a rate increase of 14% yet again is hard for middle class citizens to swallow. Again, we strongly urge you to deny this increase. We are being priced right out of being able to have health care. Thank you, Allen & Lori Meyer, Ringsted, Iowa

-  *Joann Treiber Says:*
[July 3, 2017 at 2:33 PM](#) | [Reply](#) [edit](#)

Sirs/Madames:

In regard to your letter to us stating that Wellmark Blue Cross and Blue Shield has asked for a rate increase. Where is it going to end. We are self-employed farmers and for our policy for my husband, myself and our daughter it is \$1,900.00 a month. That is \$23,000.00 a year. I work off the farm and help my husband farm and my paycheck goes to pay our health insurance because I do not have health insurance at work.

We hope you vote to not allow this increase so that we can afford this life insurance.

Thank you.

Tim S. Treiber

-  *Nathan & Samarah Vermeer Says:*
[July 3, 2017 at 2:54 PM](#) | [Reply](#) [edit](#)

I got a letter from Wellmark saying they want a 9.4% increase in premium for 2018. The Medical trend fee seems high, but semi- reasonable, but the Administrative fee, as a percent of premium seems very high. I am not sure what the inflation adjusted fee increase should be, but 2.5% of premium is way above the rate of inflation when the administrative costs are only a small portion of the total premium. This must be reduced significantly!

Sincerely, Nathan Vermeer

 *ricki boyle* Says:
[July 3, 2017 at 3:14 PM](#) | [Reply](#) [edit](#)

I am writing in response to the petition by Wellmark Blue Cross Blue Shield to once again raise the cost of insurance policies.

We have owned our own policy for more than 10 years due to preexisting conditions and ongoing concerns with healthcare coverage and costs. Our current out of pocket costs for a basic insurance plan for my wife and daughter is \$15,876 for premiums and \$3,200 for deductibles for a total of \$19,076 annually. Pretax this would be \$25,435. This is approximately 50% from one spouse's annual income.

Our present policy has increased on average approximately 10% per year over the life of the policy. It is apparent from this historical trend that healthcare insurance companies view policy premium increases as a mechanism to impact business financials.

At a time when there is negligible inflation and indeed, market forces disrupting status quo, costs are driven downward. Examples of this are:

- a. Grocery and food distribution with online distribution, Amazon acquiring Whole Food and Walmart and Target entering the home delivery market. Broader choices, larger delivery scopes and lower cost are defining new business models.
- b. Shale gas and oil production domestically insulating the US from OPEC production changes resulting in lowest energy costs in more than 10 years.
- c. Increasing use of automation and technologies flat lines costs while production output increases.

There is little evidence of other industry verticals that are governed by market forces command annual increases at a level petitioned by the healthcare insurance providers.

Healthcare insurance companies are not being forced to address the unsustainable increase in costs. This is evident by the underlying justification of the petition that a) the medical trend is increasing based on increased costs and use of healthcare services; b) administration expense increases. As such, these companies have little incentive to drive market forces for healthcare services to bring about improved efficiencies and lower costs. Ongoing approval to increase healthcare insurance costs only serves to undermine any urgency by the healthcare industry to bring about sweeping changes to improve services and better management of year on year costs.

As basic need, health insurance has slowly morphed into a massive indirect tax for basic quality of life services. While there is much to criticize about the current state of healthcare, it is going to take steady, focused effort to bring about change. This effort has to come from multiple sources including insurance company petitions to raise premium costs being closely scrutinized and approval of only minimal increases in line with industry and inflationary trends. To this end, a cost index would serve well to create a more level provider/consumer market for healthcare.

To summarize, Wellmark Blue Cross Blue Shield needs to have their petition thoroughly challenged and begin to drive cost out of their organizations and not be able to impart these increase to the end customer where there is little market completion to foster best value to Iowans.

Kind Regards,

Ricki Boyle.



- *Mary Tremel Says:*
[July 5, 2017 at 3:45 PM](#) | [Reply](#) [edit](#)

My husband and I are very frustrated with Wellmark's request for another rate increase. We currently have a premium of \$21,000 a year, and with the increase our annual premium would be over \$23,000. We have a high deductible and high copays, so there's no way to save money there. We are both over 60, but not retired, and not old enough to get on Medicare. We can't make ends meet, I don't know how we can afford this increase. We've faithfully paid our premiums for years and have worked hard to keep our farm going. It seems unfair that some of our neighbors who are on Medicaid hardly have to pay anything at all, while we struggle to keep our bills paid. I don't understand why there isn't a plan just for self-employed people so that we could at least pay the same lower premiums that big employers can offer their employees. Please help us.



- *Virginia Giseke Says:*
[July 6, 2017 at 4:08 PM](#) | [Reply](#) [edit](#)

Please do not allow Wellmark Blue Cross and Blue Shield of Iowa to increase its base premium rates by 9.4%.

Every year, the premium increases. And our claims stay the same.....none because we are private pay and have a very high deductible.

We understand the 3.8% for government fees and taxes.

What does "medical trend" mean? What does "administrative expenses" mean?

Wellmark has been blaming the medical industry for years; yet insurance companies are a lot of the reason insurance companies keep raising the premiums. Chicken and egg. And then there is the drug industry and some of its questionable practices. Those inflated costs should be passed onto Wellmark's customers; maybe Wellmark should look into what is really going on.

And why should we pay for the salaries, bonuses, raises, etc. for the Wellmark executives and staff. That's just a cost of doing business. Wellmark is making enough of a profit. If some of the profit is lowered because of increased expenses....well, welcome to the world their customers live in.

Our personal medical costs are low. That is a blessing, and it is also because we are private pay and don't run to a doctor for every little problem. Many problems are preventable, and many can be treated without a doctor. We are not part of the "medical trend".

Thank you for your time and attention to this matter, and the opportunity to express our opposition to a 9.4% increase.

Sincerely,

James Gieseke



• *Scott Ostermann Says:*
[July 7, 2017 at 2:29 PM](#) | [Reply](#) [edit](#)

Wellmark Insurance – me & wife started paying our personal insurance bill in 2014 our 6 month premium was 4893.30 or 9786.60/year
2015 our 6 month premium was 5298.90 or 10597.86/year
2016 our 6 month premium was 6582.30 or 13164.60/year
2017 our 6 month premium was 7107.90 or 14215.80/year

You are charging us for things that don't have anything to do w/ our health care. If premiums continue to go up we will be cancelling our policy and premium and go with health insurance we can afford.



• *Carolyn Huber Says:*
[July 10, 2017 at 3:19 PM](#) | [Reply](#) [edit](#)

I haven't ever voiced my opinion in the past, but the hearing locations are too distant so I hope my comments here will help. I'm a retired teacher and my husband is self-employed and also does some farming. We currently pay a \$10,000 annual premium for two people.

An increase would put us way over that, almost \$1000 more. Is this large increase because of Obamacare? We're really feeling the crunch. I don't see why insurance companies are allowed to do this.

Back when Obamacare was rolled out, there was a big push to move to a new ACA-compliant plan, but we didn't want to do that. Our deductible is manageable, and we didn't receive any increases last year.

Everything seems so up in the air. We don't want to lose our grandfathered status, but where else can we go? My husband had lung cancer, so now he has a pre-existing condition. A different company probably wouldn't take him as a customer.

Please help us by saying no to the requested increase, this really hits the 60-65 year old population so hard.



• *Jon West Says:*

[July 10, 2017 at 9:30 PM](#) | [Reply](#) [edit](#)

I am more than frustrated with Wellmark's request for another rate increase. I am a farmer, work a part time job and pay my own bills. I don't live on someone else's dime. I have been a Wellmark customer for just about 40 years now. In the time since the Affordable Care Act took place my premiums have gone up over \$3000. Right now I pay just shy of \$10,000 a year in health insurance, for just myself. I am a healthy male, have no health problems, and keep myself in fairly good shape.

At this time my monthly insurance bill is more than all of my other living expenses put together! There is something very wrong with that. There is nothing affordable about this!! And now we get notice that premiums are to increase 14,2%. I have looked into getting insurance on the open market and it costs more than the grandfathered plan that I am on! Why? Because I work for a living and make enough money that I don't qualify for subsidized premiums!! I am at the point where I am considering dropping my insurance and paying the tax penalty until I reach medicare age.

I don't really see Wellmark doing much to cut expenses. New office buildings, high salaries, etc. Maybe the executives, and the politicians, for that matter should have to pay their own insurance bills instead of having it paid for them as one of the perks that they create for themselves.



• *Brenda Says:*

[July 15, 2017 at 11:02 AM](#) | [Reply](#) [edit](#)

I'm with the other responders to the increase of the premiums AGAIN!!!. I am pretty healthy. I have been with wellmark for years. I have to pay for my premiums myself, my husband is retired and has his medicare and a supplement. It's tough working part time to pay for the extreme amount now. Please don't increase the premiums AGAIN!



• *Cindy Knutson Says:*

[July 18, 2017 at 4:45 PM](#) | [Reply](#) [edit](#)

As a policyholder, I am opposed to the proposed rate increase. I have been a private pay policy holder for almost 40 years and I am not pleased with the current situation with in health insurance premiums. People like me get penalized for doing what's right and many others who don't care for their health are paying little or nothing. Why don't you review my claim record and give me a discount for saving your company money?!? Charge those who have bad health habits more. That would be more fair and

balanced. Also, loyalty to the insurer should be rewarded. Again, I oppose the rate increase on a general level.



- *Don Finch Says:*
[July 18, 2017 at 4:47 PM](#) | [Reply](#) [edit](#)

I am against the “proposed” increase in the base rate premium. It seems to go up every year. I would recommend other ways to cut costs, instead of always passing them on to the consumer.



- *Timi Wunschel Says:*
[July 18, 2017 at 4:55 PM](#) | [Reply](#) [edit](#)

I hope the Commissioner will deny Wellmark this base premium increase or at least decrease it from the 14.2% they would like to have. I think with all the unknowns with health care happening, a premium increase could be detrimental to many Iowa families. Our son had a kidney transplant in 2010, and for many years he only had Medicaid for insurance. When the Affordable Healthcare Act passed and he could finally get in through Wellmark, it was a blessing. But now with the possibility of pre-existing conditions not being covered any more, and the cuts to Medicaid that seem probable, my son could be left uninsured. The medications he takes and the testing he has to have are very expensive and we can’t pay for them out of pocket. He is currently on a Medicaid waiver, and it seems like he’s under a greater risk of losing coverage, since they seem to be targeting people with disabilities. I hope the Commissioner denies this increase.



- *Craig Boldman Says:*
[July 19, 2017 at 4:41 PM](#) | [Reply](#) [edit](#)

I would like the Commissioner to look at executive compensation and administrative expenses. These executives are making ridiculous amounts of money. Before you rubberstamp this approval, please look at the executive pay. Premiums keep going up, mine will go up 9.4%. I’m a healthy person in my 60’s, and I don’t want to support people who don’t take care of themselves, like the guy with a cart full of bread and pop. It’s like if you want prime rib, pay for prime rib. Take care of yourself. If you just want hamburger, you’re free to not take care of yourself, but don’t bring up rates for the healthy people. I also want to say, my son comes off the exchange next January, and there are no choices for younger people. I’m on the Republican side, but I don’t know if Senate Republicans can get a bill through. Look at the executive compensation, though. I don’t know how the company can keep asking for money from policyholders and then pay the executives like they do.



- *Chad Meyers Says:*
[July 20, 2017 at 12:44 PM](#) | [Reply](#) [edit](#)

I have a grandfathered plan through Farm Bureau. My insurance rate has gone up and up over the past 5 years. I don’t see how I can keep insuring myself. That would be \$600 a month for insurance I barely use. Wellmark has a monopoly, increases almost every year. Where is this money going to? I asked

Farm Bureau what the rate of increase was, it's at least doubled. It makes it hard for a guy to have his own business. I barely go to the doctor and I pay my own dental & vision costs. Prescription costs are so high, I don't take my prescribed medication anymore. I can't afford to. I am against the rate increase.



• *Joyce Says:*

[July 25, 2017 at 3:29 PM](#) | [Reply](#) [edit](#)

I don't even know where to start. I'm to the point with my family, that it's either paying for insurance or groceries, and now the insurer wants another 14.2%. I don't know how anyone can afford it. Why is health insurance so expensive? I hardly ever use it. I know that the more people do use it, the more the price goes up. I think that people should be rewarded for not using insurance. My coverage doesn't even pay for half the things we need it for. My son needed 7 warts removed, and now I have a bill for \$3000. Insurance paid nothing. Doctors' offices and hospitals should reduce their prices because those are out of control. I think that would help reduce premiums.



• *Anthony P. Sorenson Says:*

[August 8, 2017 at 12:51 PM](#) | [Reply](#) [edit](#)

To whom it may concern,

I am writing to express my concern about the proposed rate increase. I understand the rising cost of health care is something that every American and Iowan has to deal with but I do not agree with the constant increase in raising premiums. I trust Wellmark is doing its best to find ways to reduce costs to consumers while still providing its exceptional coverage. Please consider not increasing premiums for the period of January 1, 2018 to December 31, 2018.

Thank you for understanding.

Anthony P. Sorenson



• *C.A. Doane Says:*

[August 21, 2017 at 11:21 AM](#) | [Reply](#) [edit](#)

I have written a letter almost every time Wellmark raises their rates – this time 14.2%. They will get the increase.

My sister and I can't afford the \$570 each/year increase. This is getting really tough.

To be blunt, Wellmark has everyone with an existing individual policy over a barrel. They backed out of the Marketplace and never got in. With the announcement they will no longer be selling individual policies in Iowa, they know very few people will cancel their policies, and can charge any rate they want. Where would people go? Medica is tentative, and rates to rise 57%. Subsidies would help, but it is still out of hand and unfair. It may be smart business for Wellmark, but it leaves Iowans in quite a bind.

The entire health care system in the U.S. is out of hand. Medicare, Medicaid, private health insurance. Rates skyrocket every year and always for the same excuse of higher costs to pass along. Other countries can do health care at a fraction of what it costs in the U.S. Why?

Because everyone wants a piece of the pie. Doctors, hospitals, drug companies, clinics, insurance companies. Wellmark has incentive programs for doctors and hospitals if they reduce costs, and the doctors and hospitals get big rebates from Wellmark as a result. Why can't the insured get a rebate or discount for holding down costs? Auto and homeowner policies offer discounts for multi-car, combination policy, etc. Why can't a policyholder be rewarded for being a good risk with health insurance?

Have a national reinsurance pool all companies pay into and share the costs. Have everyone regardless of age, pay the same rate for the same plan. If Plan A is \$1000 a month, it's \$1000 whether you are 20, 52, or 64. Have a large choice of plans – bare bones- major medical, catastrophic for example, many companies to choose from not 0 in Iowa. Buy the coverage YOU need, not the coverage you don't, or that is mandatory. Does everyone buy boat or motorcycle insurance even if they don't own one? Or a car? Or homeowner if you don't have either one? So why buy health insurance plans with coverage you do not need? It's a waste of the insured's money. Or, at the extreme, why not have cradle to grave coverage for everyone, free of charge, compliments of Uncle Sam. That might change things.

Something needs to change. no one can afford health insurance anymore, regardless of subsidies, tax credits, young or old in the marketplace. No one can afford the deductibles or the co-pays. Congress and the President – both parties included – are worthless and will never solve anything. So what is the point of health insurance anymore?

-C.A. Doane



• *Deb Schwalenberg Says:*
[August 21, 2017 at 1:06 PM](#) | [Reply](#) [edit](#)

Dear Sir or Madam;

I got a letter regarding the proposed rate increase for Wellmark BCBS of IA. Please say no. My rates have gone up every year since I started with Wellmark in 2013.

I've had to significantly increase my deductibles and out of pocket expenses and decrease my coverage and I'm still paying 20% more per month than I was 4 years ago. And I'm a healthy person with very few claims each year.

PLEASE do not allow them another rate increase.

Thank you.

Deb Schwalenberg



- *Eldon D. Dorsey Says:*
[August 22, 2017 at 8:54 AM](#) | [Reply](#) [edit](#)

Dear Consumer Advocate,

I am writing regarding the rate increase requested by Wellmark Blue Cross and Blue Shield of Iowa.

I have the same Health Savings plan that I have had since the early 90's. I increased my deductible to lower the premiums. My policy has no prescription plan. My "wellness" benefit is \$500 a year because my policy is so old, and \$500 covers very little in this day and age. What once started out as a \$190 a month premium is now \$602.20 a month. This includes an increase of \$32.50 for 2017.

Instead of charging the consumer more, I would like to see the insurance provider put their administrative costs on hold. Perhaps management should forego a pay raise, or better yet, take a pay cut. Maybe the insurance providers should stop paying lobbyists outrageous amounts of money and put that into providing coverage at a reasonable rate. Maybe they should work with Congress to repeal "affordable care" and replace it with something that is truly affordable for those of us caught in the "middle". Between my wife and myself we currently pay \$1258 a month in premiums – all to Blue Cross/Blue Shield.

We are farmers and our income is dependent on the markets which have declined drastically over the past few years while crop and livestock costs have increased. We cannot simply charge more for what we produce. We are expected to make due with what the markets dictate. Why should this increase be allowed then? This company should be made to make due with what they have already charged us, the consumer. It's only fair.

– Eldon D. Dorsey



- *Dianne E Rubendall Says:*
[August 24, 2017 at 10:48 AM](#) | [Reply](#) [edit](#)

Please do not allow Blue Cross and Blue Shield to 'cherry pick' the insurance market they wish to participate in...I am sick to death of hearing that BCBS has 'all Iowans best interest at heart' as they certainly do not. If they are allowed to pull out of the private pay market without even offering an increased premium option it is very troubling. They should be forced to spread the cost of doing business in our state to the money making corporate accounts instead of slamming the door in our faces. Also, I am tired of hearing OBAMA CARE caused the high cost of healthcare and corporate greed on the part of insurance and pharmaceutical companies. Let's start calling out those who are taking advantage of the sick, whether they be rich or poor.