

PUBLIC HEARING TO RECEIVE PUBLIC TESTIMONY AND COMMENTS

IN RE: PROPOSED 2025 HEALTH INSURANCE RATE INCREASE

Golden Rule Insurance Company Pre-ACA Policies
Wellmark, Inc., Pre-ACA Policies
Wellmark Health Plan of Iowa Pre-ACA Policies

IOWA INSURANCE COMMISSIONER DOUGLAS OMMEN, Presiding

Also Present: SONYA SELLMEYER
Consumer Advocacy Officer

CRAIG ROBINSON
CODY BUTENHOFF

Thursday, August 8, 2024
5 p.m.

Iowa Insurance Division
Mississippi Conference Room
1963 Bell Avenue
Des Moines, Iowa 50315

THERESA KENKEL - CERTIFIED SHORTHAND REPORTER

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P R O C E E D I N G S

1
2 COMMISSIONER OMMEN: Good afternoon to all
3 of you. I think those that we expected to be here
4 are in attendance and so we will begin our hearing.

5 I am Insurance Commissioner Doug Ommen and
6 we're here to receive comments on rate filings that
7 have been submitted under our--in our individual
8 health market.

9 The rate filings under consideration here
10 include the individual plans that are compliant with
11 the Affordable Care Act in that they are being
12 offered pre-ACA as a part of transitional or
13 grandfathered plans. It's important to recognize
14 that the review of these plans, though, however,
15 is--does trigger a review under our statutes.

16 These transition plans, although they--new
17 participation is prohibited under the administrations
18 of President Obama, President Trump, and now
19 President Biden. The Affordable Care Act is not
20 enforced with regards to these transitional plans and
21 grandfathered plans. However, as I mentioned, in the
22 individual market new participants are not permitted
23 to join.

24 First I want to introduce to you to my left
25 here is the Consumer Advocate for the Insurance

1 Division Sonya Sellmeyer.

2 As I mentioned, the purpose of today's
3 hearing is to gather comments and information from
4 individuals who are going to be impacted by the rates
5 that have been submitted in the plans that were made
6 known through a notice that has been published
7 through our website.

8 It's also important to realize that our rate
9 review authority is primarily a function of balancing
10 the total dollars paid out to cover health care costs
11 in the form of claims for a particular insurance pool
12 with a mix of rates that are designed to collect
13 enough premium in order to cover those claims. In
14 reviewing the rates, the impact of the rates on the
15 policyholders is very important.

16 Iowa Code, Section 505.19, requires that I
17 convene a public hearing on proposed individual
18 health insurance rates which exceed the average
19 annual health spending growth rate. This annual
20 health spending growth rate is published by the
21 Centers for Medicare and Medicaid Services and the
22 United States Department of Health and Human Services
23 and for 2024 it is my understanding that the health
24 spending growth rate is 5.6 percent.

25 For today's hearing I am primarily

1 interested in hearing from individuals who would be
2 personally impacted in these grandfathered and
3 transitioned plan rate cases. I will, however, hear
4 comments from all members of the public, but as
5 mentioned, the primary issue is the affordability of
6 those who actually have coverage in the plans for
7 which we are gathered here today.

8 The materials regarding these proposed rates
9 can be found at our website and I know that issue
10 will be covered in more detail by the Consumer
11 Advocate.

12 So with that, are there any additional
13 housekeeping matters that we need to take care of? I
14 did originally schedule one hour for this hearing and
15 I expect, based upon those that are in attendance, we
16 will be able to stay within that timeframe.

17 But with that, I'd like to turn it over to
18 hear from the Consumer Advocate the findings of her
19 review of both the rates as well as information
20 concerning comments that have been received from the
21 public.

22 So with that, Ms. Sellmeyer, you have the
23 floor.

24 MS. SELLMEYER: Thank you, Commissioner.

25 Just a few quick housekeeping items. There

1 is a copy of the agenda in the chat for those of you
2 online, and I apologize to those of you online that
3 you're unable to see us. This was tested before we
4 started and I don't know what happened. So I
5 apologize. Hopefully you can hear us okay.

6 This is a public hearing and we will have
7 time for comments, as the Commissioner noted. When
8 it's your company, you will have that opportunity.

9 If you are on the phone, you are muted and
10 in order to make a comment, you will need to hit star
11 9 in order to become unmuted.

12 If you're on the virtual feed, again you are
13 muted and you'll need to raise your hand via the
14 reactions button on the Zoom link.

15 Again, we will go through this company by
16 company and when we get to your company, you will
17 have that opportunity to speak. Therefore, I will go
18 through the general procedure for the health rate
19 review. My opening comments--and these comments
20 apply to all three companies that are being reviewed
21 here today.

22 Iowa Code, Section 505.19, outlines
23 procedures for health insurance rate increases above
24 the 5.6 percent average annual health spending growth
25 rate set by the Centers for Medicare and Medicaid

1 Services, also known as CMS. These procedures
2 require that the Consumer Advocate gather public
3 comments on the proposed rate increase, post them
4 online, and present them to the Commissioner of
5 Insurance before a decision is made.

6 The rate hearing allows affected
7 policyholders to voice concerns about their premium
8 notification letter. If you do not receive such a
9 letter, please limit your comments to give
10 policyholders enough time to share their concerns.

11 Two distinct and autonomous reviews are
12 conducted to ascertain the reasonableness and
13 justification of the proposed rate increases by--
14 changes by the insurance company. Initially, the
15 health team within the Iowa Insurance Division, which
16 includes an actuary, performs an independent
17 assessment of the company's proposal. Following
18 this, an additional review is carried out by an
19 external consulting actuary.

20 Prior to making a recommendation to the
21 Commissioner regarding the approval, disapproval, or
22 modification of the proposal, both review teams must
23 reach substantial agreement on the recommended rate.
24 This dual--sorry--this dual review system has been in
25 operation since 2008.

1 The Affordable Care Act, or the ACA,
2 mandates that insurance companies allocate a minimum
3 of 80 percent of premium dollars to medical care
4 known as the Federal Medical Loss Ratio, or MLR.
5 Since 2012 failure to meet this 80 percent MLR
6 requirement over a three-year rolling period
7 necessitates issuing a rebate to consumers through a
8 federally-prescribed process. Rate change proposals
9 are granted approval only when the Federal MLR is
10 expected to meet the 80 percent minimum standard.

11 For all rate change proposals in the
12 individual and small group health insurance markets,
13 both rate review teams scrutinize the policy's
14 experience, including premiums, claims, loss ratios,
15 and more. They also assess trend assumptions, which
16 encompass the growth in claim costs due to both unit
17 cost increases and utilization increases.

18 This determination of the proposal's
19 reasonableness and justification is conducted through
20 the application of advanced procedures, advanced
21 forecasting models, and scenario testing.

22 The analysis methods, procedures, and
23 overall process have evolved over numerous years.
24 Shortly after the enactment of the ACA, an actuarial
25 consulting firm, The INS Companies from Philadelphia,

1 Pennsylvania, conducted a comprehensive evaluation of
2 the Division's rate review process and found it
3 comprehensive, rational, and actuarially robust.

4 The State of Iowa has been acknowledged by
5 CMS as having an Effective Rate Review program in
6 place. With the ERR, or the Effective Rate Review,
7 designation by CMS, along with the process described
8 above, the policy can be assured--the public can be
9 assured that any decision made after this hearing has
10 undergone thorough scrutiny by multiple parties.

11 Over the past several years, Congress has
12 taken steps, as the Commissioner mentioned, to
13 subsidize health insurance costs in the ACA market.
14 Previously households were only eligible for a
15 premium tax credit if their income was between 100
16 and 400 percent of the Federal poverty level for
17 their income--for their family size.

18 However, with the American Rescue Plan,
19 households with income levels above 400 percent can
20 now claim a tax credit. Additionally, the Inflation
21 Reduction Act has extended the American Rescue Plan
22 Act's enhanced subsidies and reduced the percentage
23 of income paid towards premiums through 2025
24 effectively eliminating the subsidy cliff.

25 After the 2024 open enrollment, nearly 40

1 percent of Iowa policies receiving Advance Premium
2 Tax Credits paid premiums less than \$10 a month, with
3 the average Iowa premium after those Advance Premium
4 Tax Credits of \$93.

5 That concludes my opening statement and we
6 will go next to the next company on the agenda,
7 Golden Rule.

8 MR. ROBINSON: Our thing is going to stop
9 so maybe we start and relaunch so we have 40 minutes.

10 MS. SELLMEYER: Okay.

11 COMMISSIONER OMMEN: What do you mean our
12 thing is going to stop?

13 MS. SELLMEYER: Apparently our Zoom has a
14 limit on it.

15 COMMISSIONER OMMEN: How many do we have in
16 attendance? Do you have that?.

17 MS. SELLMEYER: Four.

18 MR. ROBINSON: It looks like there's seven
19 total, but that's three of us.

20 COMMISSIONER OMMEN: How will you notify
21 them that they're going to have to reengage?

22 MR. ROBINSON: I messaged in the chat that
23 if the meeting ends, we'll have to restart, relaunch,
24 and they just come in the same way.

25 COMMISSIONER OMMEN: All right.

1 MS. SELLMEYER: Thank you.

2 MR. ROBINSON: Cody, do you want to end it
3 up there?

4 COMMISSIONER OMMEN: What we will do is we
5 will--do you want to restart that now?

6 MR. ROBINSON: I think so. Then that gives
7 us 40 minutes.

8 COMMISSIONER OMMEN: All right. Let's go
9 ahead and stand in recess while we reconnect for
10 those that attended virtually--are attending
11 virtually.

12 (Short recess.)

13 MS. SELLMEYER: Sorry about that, everyone.
14 Thank you for your patience.

15 I will start with Golden Rule as the first
16 company that we're going to discuss today.

17 Golden Rule Insurance Company has proposed a
18 16.6 percent average rate increase for their pre-ACA
19 grandfathered and transitional blocks of business.
20 The proposal covers all benefit plans called
21 Generations 1 through 27. It's a flat-rate across-
22 the-board increase.

23 This proposal covers around 1,055 Iowa
24 lives. If approved, the proposed rate increase will
25 become effective on January 1, 2025, for Generations

1 1 through 22 and 25 through 27; June 15th, 2025, for
2 Generation 23; and June 1st, 2025, for Generation 24.

3 After considerable back and forth
4 communication between the carrier, the Iowa Insurance
5 Division, and its consultants, the proposal has now
6 been revised to be 12.3 percent as of August 2nd,
7 2024.

8 With the newly revised proposal, the average
9 rate increase will be around \$50--\$58 a month for an
10 average of \$528, average 2025 projected average
11 premium less the 470, which is the current average
12 premium. This is an average based on all members,
13 all age groups, all benefits, all geographical regions.

14 The Commissioner will review this rate
15 increase proposal after considerable public input
16 from the hearing, along with the internal team's
17 recommendation and the consultant's final report.

18 The Consumer Advocate has received two
19 comments from policyholders and members of the
20 public. Like most who are subject to proposed rate
21 increases, the comments focused on affordability and
22 I will read one of those comments now.

23 "We have purchased health insurance as a
24 couple from Golden Rule since 2012. We started out
25 at \$683 and are now at \$1,591. We had to go from a

1 deductible of 2,500 to 5,000 to try and afford this
2 insurance. We are healthy. This is ridiculous.
3 Please say no to this increase."

4 In summary, the average premium increase
5 before Federal subsidies is approximately \$58 a
6 month. This is an average based upon all members,
7 all age groups, all benefit plans, all geographical
8 regions.

9 The comments received and have been posted
10 as of August 5, 2024, have been included in this
11 testimony report as required under Iowa Code, Section
12 505.19(3). However, comments may continue to be
13 received by this Consumer Advocate until the
14 Commissioner makes a final decision on the proposed
15 rate increase. All additional comments before the
16 Commissioner's decision, but after the presentation
17 of today's consumer testimony, will be recorded on
18 the public hearing website.

19 That concludes the comments on Golden Rule
20 by the Consumer Advocate.

21 Is there anyone on the line from Golden Rule
22 Insurance Company that would like to speak?

23 COMMISSIONER OMMEN: Ms. Sellmeyer, as we're
24 waiting for people to identify themselves, my
25 recollection on this pool is--and you may not have

1 this in front of you, but my recollection is that
2 last year they were--Golden Rule was still reporting
3 about 1,700 individuals in this pool. I just want to
4 make sure I understood that what you reported this
5 year is that it's down to 1,055 individuals?

6 MS. SELLMEYER: That is correct. It has
7 decreased over the last year.

8 COMMISSIONER OMMEN: Thank you.

9 MS. SELLMEYER: Uh-huh.

10 COMMISSIONER OMMEN: So has anyone online
11 indicated the desire to make comment with regards to
12 being a policyholder, an impacted individual with
13 Golden Rule?

14 MR. ROBINSON: I'm not seeing any.

15 COMMISSIONER OMMEN: Is there anyone in the
16 room that wishes to offer comment with regards to
17 Golden Rule?

18 MR. JIM JANDIK: There is.

19 COMMISSIONER OMMEN: Thank you, sir, for
20 being here. Could you please identify yourself for
21 the record.

22 MR. JIM JANDIK: Sure. My name is Jim
23 Jandik. My wife and I live on a farm in southern
24 Iowa. We're halfway between Indianola and Osceola,
25 right along Highway 69.

1 COMMISSIONER OMMEN: Thank you for being
2 here today.

3 MR. JIM JANDIK: Thank you for asking me to
4 speak.

5 I'm here today because I'm angry. I'm angry
6 about a couple of things. I'm angry about the
7 perpetual, now seemingly annual rate increases we're
8 seeing on these grandfathered Golden Rule insurance
9 policies. I'm also angry that either yourself or the
10 previous Commissioner has approved a tremendous
11 number of these rate increases and the rates at which
12 they were approved at, okay?

13 In front of me--I don't have the collection
14 of my whole file, but I've got a pretty good
15 representation of these original documents. These
16 are from Golden Rule. These are either proposals or
17 notifications of rate increases or the actual rate
18 increases. They're here for your review if you'd
19 like to. I'd more than welcome make copies available
20 to you.

21 My wife and I have been policyholders with
22 Golden Rule since June 14th of 2012. The policy that
23 became effective on that date in 2012 is the exact
24 same policy that's in effect today. The deductibles
25 are the same, the coverage is the same. So it's

1 apples to apples, okay? We haven't changed anything
2 on the policy so it's essentially--it is the same
3 policy as it was issued in 2012, okay? So I'll make
4 that very clear.

5 When this policy was first taken out there
6 were two individuals on the policy, my wife and
7 myself. Now, I realize there's a number of things
8 that can affect your premiums besides just the base
9 rate. In our case we have two individuals that are
10 nonsmokers, we were under 50 when we first
11 established the policy, neither one of us had any
12 kind of severe health conditions, underlying
13 conditions, okay? That same is true today. So,
14 again, we have apples to apples.

15 When the policy became effective in 2012
16 this is--I want to make this very clear. This is a
17 catastrophic policy, okay? This is pretty much kind
18 of a bare-bones policy, as I'm sure you
19 guys--everyone in this room knows what a catastrophic
20 policy is.

21 It's a bare-bones policy. It does give us
22 the benefit of when we go to a doctor, there are
23 obviously negotiated rates between Golden Rule and
24 whatever--whoever the provider is. So that way we're
25 not paying full-boat retail prices, so to speak, when

1 you make an office visit or you have a procedure
2 done. So we have that as a benefit, okay? Plus we
3 have the peace of mind if something catastrophic
4 would happen to one of us, we don't lose the farm,
5 our house, everything we own. Okay.

6 In 2012 when we opened--when this became
7 effective, our premium was \$223.67 per month, okay?
8 So we're talking about 12 years ago that was the
9 premium.

10 In front of me I have documents--again,
11 these either show proposed rate increases, or after
12 the fact, that they were approved by the
13 Commissioner, whoever the Commissioner was at the
14 time, and "Here's what your new premium is."

15 I have one--I didn't go quite back to the
16 beginning but I have one here from 2015, I have one
17 here from 2016, I have one here from 2017, I have one
18 here from 2018, I have one here from 2019. I don't
19 show one for 2020 but I have one from 2021, I have
20 the proposals for 2022, I have the proposal for 2023,
21 I have the proposal for 2024. Hopefully you can kind
22 of see the point I'm trying to get at is this has
23 almost been an annual event, has been Golden Rule
24 trying to increase the premiums.

25 And it wouldn't be so bad if they were,

1 like, 3 percent, 5 percent increases. In fact--I'm
2 almost a life-long residence here in the State of
3 Iowa. I can remember 15, 20 years ago where if Blue
4 Cross and Blue Shield, which was the major health
5 care provider in the state at that time--I'm not sure
6 that's any longer the case--but if there was, like, a
7 5 percent increase, people went ballistic and I'm
8 sure there would have been more than just me sitting
9 on this side of the table, okay? This room would
10 have been full of people and those were 5 percent, 6
11 percent increases.

12 I'm a little shocked and somewhat saddened
13 to see that I'm the only person here that brought
14 some documentation with me to show you how bad, how
15 out of control this has become on these rate
16 increases. I would have expected half this room, if
17 not more, to be filled with people here.

18 In 2018 our premium increased--this is 2018.
19 So what are we talking? I mean, this is six years
20 ago. It was \$334.94 a month. It increased, it was
21 approved by the Commissioner--I'm not sure who the
22 Commissioner was at the time--our payment went to
23 421.80. That was a 27 percent increase. That was
24 approved by the Iowa Insurance Commissioner, 27
25 percent.

1 Our current rate, which just went up again
2 this year, was \$813.59. Next month, because the
3 Insurance Commissioner has approved the rate increase
4 from last year that was proposed by Golden Rule, so
5 it's now going from 813.59 a month to 883.71 a month,
6 okay? And we're here today again for another
7 increase which was proposed at 16--what was it? 16.6
8 percent? You said something around 12? Was it
9 around 12 percent?

10 MS. SELLMEYER: 12.3.

11 MR. JIM JANDIK: But, again, these are
12 annual increases that we're seeing. So you've got a
13 policy here from 2012 when it was established that
14 was at 200- and-some dollars--at \$223 a month, okay?
15 And you're looking at a proposal to put this thing
16 over a thousand dollars.

17 Do you guys realize you're looking at more
18 than a four-time increase in 12 years, a four-time
19 increase? Percentagewise, what is that? That's over
20 200 percent increase. So if you took that 200
21 percent and divided it by 12 years, you're going to
22 get a big number that the Commissioner has approved
23 since this policy was first established in 2012.

24 And I'd like to make a comment from my
25 personal experience--I mean, it gets even more

1 disappointing to me and even more frustrating that in
2 my personal experience and the experience of people
3 that are friends of ours, family members of ours,
4 health care in the state has not improved since 2012.
5 If anything, it's taken a considerable nosedive and I
6 would say especially in emergency services.

7 So we are essentially getting less quality
8 care, again, especially for emergency services,
9 things--either emergency rooms or if you have to have
10 some type of surgery done, we're receiving less
11 quality of care and we're paying hundreds of percent
12 more for less quality of care. And to me--I mean,
13 it's working on us on both ends. Not only are we
14 getting less quality of care, but we're paying more
15 money for it.

16 It's kind of like the same scenario, you
17 know, when you go to the grocery store now and you do
18 buy something and the box maybe looks the same size
19 but there's less--there's less per weight in that box
20 and they charge you more money for it. It's sort of
21 the same sort of--the same sort of thing to me, that
22 we're paying more money for a lesser quality service.

23 Now, that's not necessarily Golden Rule's
24 fault, okay? That has to do with our medical
25 providers here in the State of Iowa, okay? So I'll

1 make that clear. That's obviously not a ding on
2 Golden Rule.

3 But I'm not sure how in our pool here it can
4 be justified that you've seen an over four times
5 increase in 12 years. I mean, just--and if I go back
6 again to 2018, 2019, five years, six years ago,
7 you're talking we were less than half this amount on
8 our payments, you know, 300, 400 dollars a month, and
9 here we're discussing--or I'm looking at a thousand
10 dollars per month for a catastrophic plan, right?
11 Not a Cadillac plan.

12 So I guess I just want to express my
13 frustration with Golden Rule on I don't know how
14 these numbers are manipulated or if Golden Rule
15 provides you with a detailed analysis of the pool of
16 people, those whatever-thousand people that are still
17 on this plan that shows definitively, "Well, look how
18 much it's costing, you know, for us to provide
19 coverage for those thousand people." I mean, I'd be
20 interested in seeing the data myself, if that's
21 available, to see if it justifies what the payment
22 increases are on these plans.

23 COMMISSIONER OMMEN: Thank you for your
24 comment. You know, I want to make sure there's no
25 one else wanting to make comments.

1 Are there any other individuals who wish to
2 offer comment?

3 (No response.)

4 COMMISSIONER OMMEN: Normally, sir, I'd hold
5 my comments about this proceeding until after we go
6 though all of them, but I'm not going to in this case.

7 First of all, thank you very, very much for
8 being here today. And I can just share with you I
9 share your frustrations, all of your frustrations.

10 I've served as Commissioner since 2017.
11 Before then I served as a Deputy beginning in 2013.
12 So as a Deputy and now as Commissioner I have watched
13 the changes in the health insurance market. I was
14 here in 2017 as Commissioner when we filed for relief
15 with the Federal Government in order to get some
16 relief from Federal requirements surrounding the
17 changes that we were seeing in our collapsing market.

18 In one year, in one year I was presiding
19 over this hearing and frankly there were probably
20 about--there were well over a hundred people in this
21 room expressing concern about requests that were
22 pretty much across the market that were 100 percent
23 increases. 100 percent increases in one year because
24 of the fact that the Affordable Care Act was imposing
25 all of these additional requirements both on carriers

1 in terms of coverage requirements, as well as
2 requirements concerning how it is that they were to
3 be funded. And all of the obligations that have been
4 made by the Federal Government were not being met and
5 it practically collapsed our market. And so I did
6 preside over hearings where I approved 100 percent
7 increases in rates because of Federal Government
8 requirements.

9 What we're seeing now is something a little
10 different. For you and the market that you're in is
11 we're seeing a collapse, frankly, some would call it
12 a death spiral, in the transition market. And what
13 that means is that as the number of participants
14 contract, the expenses don't really change for the
15 company. That is all of the expenses associated with
16 administering a policy pool is going to be about the
17 same.

18 So every time that policy group contracts,
19 whether it's 1,700 down to about a thousand, those
20 costs are then going to be spread across those who
21 remain in that pool.

22 In addition to that frustration I also saw
23 with the--what was called the American Rescue Plan
24 where they increased all of the subsidies for the
25 Affordable Care Act coverage plan. They didn't make

1 any of that subsidy relief available for people like
2 yourself who are in good health and selected major
3 medical coverage because that works for you. They
4 only made that available for the plans that are in
5 the Affordable Care Act which provide, you know, very
6 much--much larger, more comprehensive coverage,
7 although even those plans, the bronze plans, and some
8 of the other plans there, they still had some really
9 high gaps in terms of protection for American
10 families.

11 But the point of that is that the subsidies
12 were only made available so, as Ms. Sellmeyer
13 commented, what that has done is those people don't
14 recognize the cost of their premiums because those
15 premiums could be in the thousands and thousands of
16 dollars, yet because of the subsidy structure under
17 the APTCs, or those Advance Premium Tax Credits,
18 you're only experiencing maybe \$80 a month.

19 So their actual premiums are far above what
20 you're paying for your medical--major medical but
21 those individual families are experiencing much less
22 impact than that because they've chosen to go into
23 those plans where you have chosen to stay in these
24 transition plans.

25 So I share your frustration but I want to

1 assure you that since I've been Commissioner in 2017,
2 I've carefully looked at what the requests have been
3 and the reality is it's very intentional in the
4 Government structure, at the Federal level, to
5 essentially eliminate these transition plans. You
6 know, here I am in a public meeting, I've said this
7 publically on other occasions, but that's the intent
8 because new lives, new people can't join your pool.
9 So you're now in a pool of a thousand. The insurance
10 company, through no fault of their own, they can't
11 add young healthy family members to that plan.

12 So what you will continue to see,
13 unfortunately, is increases in those plans. And my
14 responsibility, again, is to look at the plan, look
15 at the pool, that's what the law is that's imposed
16 upon me to evaluate the expenses associated with it,
17 as well as the costs in terms of the outlay. And
18 even if you personally are healthy and haven't had
19 any claims, you are being asked to bear the expenses
20 associated with administering those plans.

21 So, again, I want to thank you for being
22 here today and I want to also express to you I share,
23 I deeply share your frustration. In 2017 I was
24 leaving this meeting in tears because I saw the
25 impact on Iowa families and Iowa farmers as they were

1 being really squeezed out of these transition plans
2 and these are good--these grandfathered plans are
3 good plans that cover the needs. It's the Federal
4 Government that doesn't allow me, as your
5 Commissioner, to make these plans available to you.

6 MR. JIM JANDIK: Would it be okay if I made
7 one additional comment?

8 COMMISSIONER OMMEN: Please do.

9 MR. JIM JANDIK: Thank you for your
10 response, too. I very much appreciate that.

11 I probably should have also stated on this
12 that this policy that we have is an HSA. I was self-
13 employed and so a hundred percent of the numbers I
14 gave you for our premiums were out of our pocket. We
15 just--there was no employer--I mean, I was my own
16 employer, so I'm essentially--I paid these, right, as
17 my own employer.

18 My additional comment I'd like to make is
19 that I'm sure you're well aware that Golden Rule is
20 basically administered by United Healthcare, the
21 largest, if not, the second largest health care
22 provider in Iowa and the United States, okay? So I
23 understand the fixed cost when you have the dwindling
24 pool of a thousand people plus or minus a few that
25 are still part of this--these old grandfathered

1 policies. And these are actually good for the
2 coverage you get on these policies, they actually
3 have very good coverage, okay?

4 I guess part of what I'd like to hear from
5 Golden Rule is because you're administered by United
6 Healthcare and United Healthcare is one of the big
7 boys in the health insurance market, those rates that
8 are negotiated with the doctors for whatever
9 procedure it is, with hospitals for whatever the per
10 night room stay is, okay, if you're held over after
11 surgery, those are all negotiated, okay?

12 As a powerful insurance company, I would
13 think those rates should be the same for us under--
14 the few of us still under this Golden Rule policy. I
15 don't understand how that would be any different. I
16 don't care if there's 50 people in this or 50,000
17 people in this. You have the power of United
18 Healthcare behind Golden Rule.

19 So when these things are negotiated, I guess
20 I don't understand, as somebody that's been involved
21 in marketing and sales and presentations, things like
22 that before, I guess I don't understand how those
23 costs are any different for that pool of a thousand
24 people, like somehow Mercy Hospital or--let's just
25 take Mercy Hospital for example, how United Healthcare

1 is not negotiating the same price for the people
2 under the Golden Rule policy as what they would for a
3 United Healthcare customer.

4 Hopefully you understand the point I'm
5 trying to get at. Those costs to me seem like they
6 should be all fixed costs, here's what they're
7 negotiated at. There shouldn't be any percentage
8 increase, or whatever percentage increase shouldn't
9 be abnormally higher reflected in these old Golden
10 Rule or grandfathered policies than somebody that
11 holds a current UHC policy. Can somebody explain
12 that to me a little bit?

13 COMMISSIONER OMMEN: Sure. Reimbursement to
14 the providers is not going to vary significantly
15 depending upon, you know, which pool you're in. What
16 is determining the expense associated with a
17 particular pool is the administration costs by the
18 insurance company.

19 And then in addition to that, there's the
20 evaluation, which we can make all of the actuarial
21 findings available to you for your review. But in
22 that, within each individual pool, they're going to
23 look at the experience, both the past experience as
24 well as to some degree the projected expected losses
25 associated with that pool that remains. So by law

1 it's going to have to be priced based upon what the
2 expectation is in terms of losses associated with the
3 thousand people that remain in it.

4 It's going to be an aging pool and the
5 reason to some degree it's diminishing in numbers is
6 some people are probably opting out, but some are
7 also moving into Medicare and other types of coverage
8 and so those individuals are coming out of that pool.

9 But overall, because new young lives cannot
10 be admitted into that pool, we're required to review
11 just the pool. And, frankly, as long as they want to
12 maintain that transition pool, Golden Rule is
13 required, again, to treat that pool separately in
14 terms of evaluation of risk and actuarial projection.

15 So that is, frankly, what you're
16 experiencing. You're experiencing, you know, the
17 general cost, which we referenced as--help me, Sonya.
18 Was it 6.--it was only--is it 5.6 this year?

19 MS. SELLMEYER: Yes, 5.6.

20 COMMISSIONER OMMEN: The general increase in
21 costs that you're referring to in terms of provider
22 costs as been calculated by the Federal Government as
23 being at 5.6 percent which, frankly, if you look at
24 overall inflation is not dramatic. That is--I would
25 offer to you that is what is not impacting the rates

1 in this pool. These transition/grandfathered
2 plans--transition and grandfathered plans, they are
3 really stuck with the insurance companies are not
4 able to add additional younger lives, healthier lives
5 to that pool.

6 We are seeing, of course--as we see these
7 transition plans reduce in numbers, we're seeing a
8 corresponding increase in those individuals in Iowa
9 that are participating in the individual ACA market
10 where all of those tax subsidies are available. And
11 so the rough numbers in terms of the participation in
12 the individual market is relatively constant but we
13 are seeing people migrate out of those transition
14 plans.

15 And as I said earlier, I'm frustrated by all
16 of this. My frustration is not going to improve the
17 situation because the law is the law--

18 MR. JIM JANDIK: Sure.

19 COMMISSIONER OMMEN: --and we're sort of in
20 that situation where the Federal Government has made
21 these policy decisions and we're being asked to
22 implement them.

23 MR. JIM JANDIK: So in our situation we're
24 kind of between a rock and a hard place, so to speak,
25 because both of us are retired. We don't have any

1 potential or availability of an employer-sponsored
2 plan available to us, okay?

3 So we did take retirement early. So in
4 order to have insurance--and we're not old enough yet
5 to realize Medicare, so we're kind of in that gap
6 right there from an age standpoint that I have to
7 have some sort of an HSA account. You know,
8 whether--I have to do some additional research or
9 perhaps you could help me or you could help me with
10 here's some alternatives you could look at, you know,
11 if you wanted to do this under an HSA umbrella,
12 here's some other options available to you to look
13 into, at least.

14 But just so you understand, you know, for
15 people like me--I mean, maybe I'm a very small
16 segment of our population because, you know, I
17 retired before I was 60. But, again, I have to have
18 some sort of--you know, I think it's just prudent--
19 well, it was required by law, I believe it still is
20 required by law, although there's no penalty for not
21 having insurance any longer. But just--it's kind of
22 like not having homeowner's insurance. You really
23 take your chances these days and you know what the
24 weather has been like in this state in the last few
25 years.

1 I mean, it's one of those risk things. How
2 much risk are you willing to take on a really big
3 catastrophic event happening to you, whether it's
4 health-wise or whether it's your property in this
5 state. I mean, I think that's all insurance is.
6 Everyone in this room can agree it's risk management.
7 That's the bottom line of any insurance is risk
8 management. So...

9 COMMISSIONER OMMEN: Again, sir, I'd be
10 honored to stay after to have further conversation
11 with you. But I just--again, you made the trip here
12 and, frankly, I don't think we had any witnesses come
13 last year. To your point, I think what's happened is
14 there's this sort of sense of, like, well it is what
15 it is, and that's unfortunate because I do value your
16 input. So thank you for being here--

17 MR. JIM JANDIK: Thank you.

18 COMMISSIONER OMMEN: --but happy to stay
19 after if you'd like to have further conversation.

20 With that, are there any other individuals
21 appearing on behalf of the proposed increase by
22 Golden Rule?

23 (No response.)

24 COMMISSIONER OMMEN: All right. Hearing
25 none, Ms. Sellmeyer, let's move to Wellmark,

1 Incorporated.

2 MS. SELLMEYER: Okay. Wellmark,
3 Incorporated, has proposed a 7 percent average
4 increase for their pre-ACA grandfathered and
5 transitional blocks of business. The proposal covers
6 all benefit plans with some plans receiving 5.5
7 percent and others receiving 8.6 percent. This
8 proposal covers around 2,400-and-a-half lives.

9 COMMISSIONER OMMEN: No, 24,000.

10 MS. SELLMEYER: 24,500--I need to put my
11 glasses on--24,500 Iowa lives. The average premium
12 increase is around \$43 a month. That would be \$656
13 is the average projected premium for 2025, less the
14 613, which is the current average premium. This is
15 the average based upon all members, all age groups,
16 all benefit plans, all geographical regions.

17 I have received 20 comments from
18 policyholders and members of the public. Like most,
19 they are subject to rate increases and they focus on
20 affordability. The most simple comment was "Please
21 do not let such a large increase take place," and I
22 think, actually, that probably says it all for all 20
23 comments.

24 That ends the testimony from the Consumer
25 Advocate.

1 COMMISSIONER OMMEN: All right. With that,
2 are there any individuals present in the hearing room
3 that wish to--members of the public who wish to offer
4 comment concerning the proposed increase by Wellmark,
5 Incorporated?

6 (No response.)

7 COMMISSIONER OMMEN: Are there any
8 individuals online who wish to offer comment or
9 testimony concerning the impact of this proposed
10 increase by Wellmark?

11 MR. ROBINSON: We do have one.

12 COMMISSIONER OMMEN: Please, if you would,
13 make--give them the microphone.

14 MR. ROBINSON: He is live.

15 Steve?

16 COMMISSIONER OMMEN: Sir?

17 MR. STEVE STEFFEN: Can you hear me?

18 COMMISSIONER OMMEN: Yes. If you could
19 identify yourself for the record that would be
20 appreciated. Thank you.

21 MR. STEVE STEFFEN: My name is Steve
22 Steffen.

23 COMMISSIONER OMMEN: Please proceed, sir.

24 MR. STEVE STEFFEN: Similar to the other
25 gentleman in the room there, I'm a self-employed

1 individual that has had a similar HSA, what you call
2 a transitional plan here, since 2009 and it's been a
3 yearly--it's the same scenario. It's been a
4 year-over- year increase which amounts in my case,
5 from the timeline I initiated the policy in 2009
6 until this, you know, 2025 proposed--I'm on the 8.6
7 percent increase side, 8.6 percent. And since
8 inception my policy has increased 430 percent on a
9 monthly premium.

10 And I understand from an insurance
11 standpoint how it all works, but I think a lot of the
12 issues I've seen and noticed in the market itself is
13 the insurance company is trying to cover costs. So
14 where are the costs coming from? The costs are
15 coming from the medical system.

16 So there's just--the problem with the
17 medical system and specifically the pharmaceutical
18 industry is they're a for-profit business and there's
19 nobody controlling their costs and there's nobody
20 controlling what products they provide, I guess. So
21 in terms of the pharmaceutical industry, especially,
22 I mean, they're not providing--there's no incentive
23 for them to provide a product for wellness. It's
24 antithetical to their business, is the way I look at
25 it.

1 So somebody needs to control costs because
2 that's where all these increases are coming from, are
3 from increased costs. And I don't see anywhere where
4 there's any type of cost control in the medical
5 system or any incentive for actual wellness.

6 I don't really consider our medical system
7 as health care because it doesn't have an incentive
8 for wellness. It's actually quite the opposite.

9 So like I say, I know the insurance
10 companies themselves have increased administrative
11 costs just due to inflation and rising wages and
12 inflation and that type of thing, but I don't think
13 we need to see 430 percent inflation in our medical
14 system because that's where the costs are coming from
15 and that's what the costs the insurance companies are
16 trying to cover.

17 And I, too--I'm not from a small pool like
18 the other gentleman in the room is. I mean, I'm on
19 this Wellmark plan that has 24,000 people in it
20 versus his thousand people in the Golden Rule plan,
21 but it's the same type of scenario where there's just
22 out-of-control costs. What do we have to do to get
23 the costs under control is my question.

24 COMMISSIONER OMMEN: Thank you for your
25 comment. I will offer a couple--first of all, in

1 today's meeting I couldn't go through all of the
2 provisions that are in the Affordable Care Act that
3 are impacting costs, but I'll just mention one, and
4 that is historically states were allowed to allow
5 insurance companies to do what's, you know, called
6 underwriting. That is, there was a design within the
7 insurance system to allow insurance companies to look
8 at health behavior and provide discounts at different
9 rates depending on identified characteristics
10 associated with healthy behavior.

11 Under the Federal system, that's really no
12 longer allowed. Smoking is one factor that can be
13 considered, but very little else can be considered
14 because under the Federal law, what was described as
15 preexisting conditions cannot be part of
16 underwriting.

17 There's a policy behind that, there's a
18 social reason for that, but that has had an impact in
19 allowing states to design regulatory authority so
20 that insurance companies could have motivations
21 within their systems to encourage healthier behavior.

22 To your point of--the other comment I'll
23 make in response is to your point of drug-related
24 costs. There are movements across the country to
25 increase state regulation of the drug distribution

1 system, but ultimately a lot of the cost containment
2 that you're sort of referring to is not regulatory in
3 nature, it's really designed based upon market
4 concepts and there are a lot of concerns about how
5 that is working.

6 In the State of Iowa, with regards to
7 pharmaceutical benefit managers, our legislature last
8 year passed additional regulatory authority and
9 provided it to the Insurance Division in order to
10 better monitor and, therefore, try to regulate some
11 of the distribution costs associated with the
12 pharmacy business--pharmaceutical business.

13 But, again, I appreciate your comments.
14 Thank you very much. Again, I thank you for speaking
15 up on this really important issue.

16 With that, are there any other
17 comments--please, sir, go ahead.

18 MR. STEVE STEFFEN: Could I make one further
19 comment, Commissioner?

20 COMMISSIONER OMMEN: Yes, Steve, you may.

21 MR. STEVE STEFFEN: I was on the same--in
22 the same meeting a couple years ago talking about the
23 same things and at that same time there was an
24 advocacy group that was advocating for Medicare for
25 all, and that type of system is just playing into the

1 hands of the current medical and pharmaceutical
2 system because since they're unregulated and
3 unmonitored and nobody's controlling their costs,
4 that they put everybody on a Government single-payor
5 system, it's just going to get that much further out
6 of control and the costs are just going to get that
7 much further unbearable and it's going to be beared
8 on all the taxpayers.

9 So I guess my point is, if there's anybody
10 from the advocacy group on the call or in the meeting
11 here, I think the focus needs to change from Medicare
12 for all to just getting cost control of the current
13 system because in my mind that's where the issue
14 lies, is there's uncontrolled costs.

15 So I guess that's just--I was just trying to
16 put that out there if there's anybody from the
17 advocacy group here.

18 COMMISSIONER OMMEN: Okay. Thank you.
19 Thank you, sir.

20 MS. BUTENHOFF: Commissioner, before you
21 start, we're going to have to restart the meeting one
22 more time, so--before you respond, we're just going
23 to have to start it one more time.

24 COMMISSIONER OMMEN: That's fine.

25 All right. So what we're going to do, and I

1 apologize for those individuals who have joined us,
2 please join us again. Due to the arrangement, we're
3 going to need to stand in recess and reconnect.

4 Thank you.

5 (Short recess.)

6 COMMISSIONER OMMEN: Craig, if you could
7 advise me as to when all of the attendees have
8 rejoined.

9 MR. ROBINSON: We're good and our next
10 question is Kari.

11 COMMISSIONER OMMEN: Who? Who is the next?

12 MS. SELLMEYER: Kari.

13 MS. KARI ELBERT: Yes. It's Kari.

14 MR. ROBINSON: Oh, I'm sorry.

15 MS. KARI ELBERT: It's okay.

16 COMMISSIONER OMMEN: Thank you, Kari, for
17 being here. Please could you identify yourself by
18 first and last name and then with that you may offer
19 your comment, please.

20 MS. KARI ELBERT: My name is Kari Elbert and
21 I am self-employed and it's to the point now where
22 I'm practically working just to pay for my health
23 insurance. I'm a young--I can't say healthy. I
24 ended up having third-stage endometrial cancer
25 diagnosis the U of I diagnosed me with. I had a

1 hysterectomy and I'm alive now because I did some
2 holistic healing using Insulin Potentiation Therapy,
3 IPT.

4 I know you're not the medical board but
5 there's something wrong that I could not get that
6 therapy done in the State of Iowa. I had to go to
7 Arizona and I found out--thank God I called Wellmark
8 several times because I wanted to find out what I
9 actually had coverage for. What am I paying nearly
10 \$700 a month for?

11 It's just crazy. I was told, you know, you
12 got your deductible, you know, just don't worry about
13 it. Well, thank God I called again to find out that
14 anything I was going to get done in Arizona was not
15 going to be covered. And before you get chemo
16 treatments, it doesn't matter, you know, if--you need
17 to have a blood test. And I had no idea that I
18 wasn't going to get any insurance coverage for these
19 blood tests that we had to do. Like three a week I
20 had to have.

21 So I almost--you know, I had to dig into my
22 husband's annuity. Thank God he was over 65 and we
23 weren't getting dinged on it. And then, get this, I
24 had to pay for my PET scan out of my own pocket in
25 Gilbert, Arizona. It cost me 1,050 out of my own

1 pocket because I had to pay with a credit card. I
2 literally paid for all of this that Wellmark would
3 not cover.

4 And then I have--I'm, like, okay, I'm flying
5 back to Iowa because I'm going to get my blood tests
6 covered by my insurance, dang it. I pay almost \$700
7 a month for it.

8 So I go--I go to my local hospital and I get
9 these blood tests and, yeah, it's covered by my
10 insurance. And then I need to get a PET scan
11 because you need to get PET scans every three months
12 after you've had treatments. It was \$9,000. That's
13 what my--thank God I didn't have to pay for that out
14 of my own pocket.

15 That's ridiculous. Arizona it cost me a
16 1,050. At my hospital in my own home state over nine
17 grand. So I've spent a lot of time talking to
18 Wellmark customer service people because I didn't
19 trust the one caller--the one customer service person
20 that told me "Yeah. It's okay." And then, thank
21 God, I called another one and she informed me "You do
22 not have out-of-state coverage."

23 So now let's move on to the pharmacy. I can
24 totally relate to what you're talking about, Steve.
25 I had to go on lovely Xarelto--you get blood clots

1 when you go through chemotherapy--and I had to--it
2 was over \$250 a month once I showed my insurance
3 card. That's still insane. \$250 for Xarelto.

4 So now I have to be on a different
5 antibiotic every now and then because I have some
6 issues and it was over \$2,000 for this antibiotic
7 they wanted--that I was prescribed to take and Hy-Vee
8 did not believe that I was actually going to pay
9 the--they got the price down to \$1,600 and I've been
10 miserable and I needed to be on this antibiotic.
11 Hy-Vee wasn't going to fill it because they couldn't
12 believe somebody was going to pay \$1,600 for a 14-day
13 prescription.

14 So get this: I thought, "Okay. Fine. I
15 have some deductible. I need--I'm going to reach my
16 deductible." They would not let me apply the
17 discount that Hy-Vee had given me. They got the
18 price down to \$1,200 for me and then they wouldn't--
19 and Wellmark wouldn't let me apply it to my
20 deductible because they'd given me a discount. You
21 know those discounts like Good RX and all of that.

22 So I don't see how I can afford anything
23 more. It's a struggle to pay this. It's insane.
24 It's just me. It's not my husband on it with me.
25 He's retired now so he's on Medicare. I'm just

1 praying that I can still, you know, stay
2 self-employed, which I have been self-employed for
3 over 20 years. It's just insane.

4 So that's--that's my story and I'm sure I'm
5 not the only one.

6 COMMISSIONER OMMEN: Thank you, Kari. I
7 assure you, you are not the only one.

8 Any other comments from individuals with
9 regards to the proposed increase by Wellmark,
10 Incorporated?

11 (No response.)

12 COMMISSIONER OMMEN: All right. Hearing
13 none, we will move to the proposed increase by
14 Wellmark Health Plan of Iowa.

15 Ms. Sellmeyer.

16 MS. SELLMEYER: Wellmark Health Plan of Iowa
17 has proposed an 8.3 average rate increase for their
18 pre-ACA grandfathered and transitional blocks of
19 business. The proposal covers all benefit plans with
20 some plans receiving 5.5 percent and others receiving
21 8.6. This proposal covers around 500 Iowa lives.

22 The average premium increase is around \$31 a
23 month. \$407 is the average projected premium less
24 376 for the current average premium. This is an
25 average based upon all members, all age groups,

1 benefit plans, geographical regions.

2 The Commissioner will review this rate
3 increase proposal after considering public input from
4 the hearing along with the internal team's
5 recommendation and the consultant's final report.

6 The consumer advocate has received zero
7 comments from policyholders and members of the public
8 with regard to this increase for Wellmark Health Plan
9 of Iowa. Please note, though, that some Wellmark
10 comments did not discern which company they were
11 referring to so I did place them all under Wellmark,
12 Incorporated, for sense of ease.

13 In summary, the average premium increase
14 before Federal subsidies is approximately \$31 a
15 month. This is an average based upon all members,
16 age groups, benefit plans, geographical regions.

17 The comments received have been posted as of
18 August 5th and have been included in this testimony
19 report as required by Iowa Code, Section 505.19(3).
20 However, comments may continue to be received until
21 the Commissioner makes a final decision on the
22 proposed rate increase. Any additional comments
23 received before the Commissioner's decision but after
24 the presentation of the testimony today will be
25 recorded on the public rate hearing website through

1 the Iowa Insurance Division.

2 That concludes my testimony with regard to
3 Wellmark Health Plan of Iowa.

4 COMMISSIONER OMMEN: All right. Thank you,
5 Ms. Sellmeyer.

6 Are there any individuals who appeared
7 online who have comments specifically with regards to
8 the Wellmark Health Plan of Iowa increase which also
9 is a pre-Affordable Care Act plan?

10 (No response.)

11 COMMISSIONER OMMEN: All right. Hearing no
12 individuals, Ms. Sellmeyer, do you have any closing
13 comments that you wish to offer?

14 MS. SELLMEYER: No, I don't, Commissioner.
15 Thank you.

16 COMMISSIONER OMMEN: All right. So my
17 intent is to keep the record open until such time as
18 I actually issue a decision on these. So,
19 Ms. Sellmeyer, do we have some process by which
20 consumers can continue to offer comments concerning
21 these increases?

22 MS. SELLMEYER: Yes, Commissioner. They can
23 go to our website and there are directions on there.
24 There's several different methods in which they can
25 place their comments that would get directly to me

1 and then be, in turn, placed on the Iowa Insurance
2 Division website for all public viewing.

3 COMMISSIONER OMMEN: Now, in the past--when
4 I say "in the past," I'm talking about for at least
5 the last three years, as I've gone through this I've
6 included in my decision additional information
7 concerning what we see as a migration or a transition
8 of people out of the grandfathered/transition plans
9 into the Affordable--the ACA market.

10 Is that information available that we could
11 put it on the website related to this meeting today?
12 Again, so for individuals that are trying to
13 understand why it is that these rates keep changing,
14 you know, we could provide some information and post
15 that.

16 Remind me again how it is that this
17 information is available through our website, that is
18 the information concerning the hearing, the notice of
19 that hearing, and, again, ultimately where any
20 decision, final decision concerning rates will be
21 found.

22 MS. SELLMEYER: Yes, Commissioner, that
23 insurance--that information can be added to our
24 website. If you Google Iowa Insurance Division our
25 website will come right up. Up at the top there is a

1 link for legal. Go to that. And then underneath
2 data there is information that says Health Rate
3 Increase Hearing Information. You can always call
4 me, too, and I can help walk you through that and how
5 to get to that. My direct number is 515-654-6538.
6 Again, that's 515-654-6538.

7 COMMISSIONER OMMEN: So as the Consumer
8 Advocate I would ask that you post that additional
9 information now, although I know it's being readied
10 by the health actuary, but post that before any
11 decision, again, because that may assist people as
12 they're trying to evaluate and offer comments.

13 Again, I know my final--I can't remember
14 exactly what my date is for going through the
15 actuarial materials and making a final decision, so
16 could you remind me today as to when that might be
17 due?

18 MS. SELLMEYER: I do not recall off the top
19 of my head. I will have to look at our chart that we
20 have.

21 COMMISSIONER OMMEN: Just for those that are
22 in attendance today, I mean, the process here is that
23 I go through my actuarial review, make my decision,
24 which then has to be submitted to the Federal
25 Government because it's the Federal Government at CMS

1 that ultimately is in the position to basically do
2 final clearance on these reviews.

3 But, again, for those in attendance I give
4 you my assurance we'll make as much available to you
5 as we have, including information concerning the
6 actuarial reviews. Those are materials--they're a
7 little bit dense but, frankly, practicality and
8 common sense can kind of help you better understand
9 what it is that we're confronted with because, I
10 mean, the reality is I see this every year. From
11 time to time I will see a rate increase request that
12 exceeds that 5.--this year 5.6 percent increase on
13 the ACA plans, but those numbers are much larger now.
14 And so as those pools have grown, they have
15 stabilized further.

16 And so, again, with great frustration for
17 people that elect to have a major medical plan or
18 maybe something that doesn't meet all the essential
19 health benefits that are required by the Affordable
20 Care Act, these plans are no longer available.

21 In the group market, you know, if it's an
22 employer group, there are new lives that are able to
23 join it. Maybe don't make that well-known to the
24 Federal Government. But the reality is, those group
25 plans, if they're pre-ACA, are a little bit more

1 stable because new employers--new employees are able
2 to join. But the individual market is really
3 stressed.

4 And, frankly, I appreciate--I don't know if
5 Golden Rule or Wellmark representatives are on the
6 line but, you know, personally I appreciate the
7 efforts that they have made to keep these plans in
8 the market because, you know, as we've heard again
9 today, they have served, despite these increases,
10 which are frustrating, they have provided coverage as
11 an alternative to the mandated requirements of the
12 Federal plans.

13 So with that and hearing no further
14 indication that others wish to offer comment, we can
15 go off the record.

16 Again, thank you very much for being here
17 tonight.

18 We are off the record.

19 (Proceedings concluded at 6:07 p.m.)

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C E R T I F I C A T E

I, the undersigned, a Certified Shorthand Reporter of the State of Iowa, do hereby certify that I acted as the official court reporter at the hearing in the above-entitled matter at the time and place indicated;

That I took in shorthand all of the proceedings had at the said time and place and that said shorthand notes were reduced to typewriting under my direction and supervision, and that the foregoing typewritten pages are a full and complete transcript of the shorthand notes so taken.

Dated at Des Moines, Iowa, this 15th day of August, 2024.


CERTIFIED SHORTHAND REPORTER

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