

Wellmark Inc. 2015 Proposed Rate Increase

The Iowa Insurance Division has received a request from Wellmark Inc. to increase their base rates for the 2015 plan year. A public rate increase hearing has been scheduled before the Commissioner of Insurance on August 23, 2014 at 10:00 am at the locations below. Affected Wellmark members and the public may submit comments on the proposed rate increase below or contact the Consumer Advocate for insurance.

The Wellmark Inc. 2015 Public Rate Increase Hearing Locations:

Mercy College of Health Sciences, Sullivan Center, Room SC-210, 928 6th Ave, Des Moines, Iowa 50309
(Main Location)

Burlington Public Library, 210 Court Street, Iowa 52601

Iowa Central Community College, Liberal Arts Building, Room 204, One Triton Circle, Fort Dodge, IA 50501

Iowa Western Community College, Looft Hall, Room 024, 2700 College Road, Council Bluffs, IA 51502

Kirkwood Community College, Linn Hall, Room 2184, 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52406

North Iowa Area Community College, Business Incubator Building, Room 128, 500 College Drive, Mason City, IA 50401

Spencer Public Library, 21 East 3rd Street, Spencer, IA 51301

This entry was posted on July 11, 2014 at 7:54 PM and is filed under [Rate Hearings](#). You can follow any responses to this entry through the [RSS 2.0 feed](#). You can [leave a response](#), or [trackback](#) from your own site.

30 Responses to “Wellmark Inc. 2015 Proposed Rate Increase”

Terry Says:

[July 11, 2014 at 11:50 PM](#) | [Reply](#)

ACA marketplace rates are 3 times higher than non-market place rates. The customer pays less, but govt subsidy pays the rest, in effect giving insurance companies a huge increase. Now they are asking for even more. Stock trends this past year suggest they should be making money hand over fist through investments, yet they still feel a need for a rate increase. Actuarial reviews should include TOTAL assets & liabilities, yet they don't. Any rate increase above federal inflationary rate should be laughed at and DENIED!

Terry Says:

[July 13, 2014 at 2:12 PM](#) | [Reply](#)

DOW is up nearly 10% over past year, NASDAQ is up 23% and S&P 500 is up 17%. Unless Wellmark has an idiot for a financial advisor, the company has seen a substantial increase in revenues. Also adding to revenues could have been new clients with their premiums and govt subsidies.

The Health Research Institute projects costs rising 4.8% in 2015, twice the rate of overall inflation.

Given the the market performances this past year and projected cost increases for 2015, Wellmark (and the others) should be in a very good position to maintain it's business without any increase this year. If the actuarial report would include ALL revenue sources and amounts (as it does expenses and debts), it will be easy to see that Wellmark is in no need of an increase in 2015. But we all know there will be omissions. I would expect any increase be held below the HTI projection. Any thing over would be egregious!

Monica Shelter Says:

[July 14, 2014 at 8:23 AM](#) | [Reply](#)

My name is Monica Donaldson and I have health insurance through Blue Cross and Blue Shield. What is the purpose of raising the health premiums? So we can dish out more money don't we do that enough? I'm a college student trying to make my way through college which is not cheap and so we live on one income right now, so that means my husband has to work more to make up the difference if you raise the premiums. I'm not a smoker I eat as well as I can and I don't go to the doctor unless I absolutely have to. I think that its safe to say that Thank you Obama for this because the Affordable Care Act is a

freaking joke all it is, is welfare people thinking they have to pay for their insurance. If they are not working then how are they going to pay for it. Oh that would be the hard working people that have a job and are working that have to make up the difference. So what do insurance companies do hike up our insurance to pay for the dead beats. Up until two years ago I worked then I decided to go back to school and get a better job to better my life and my kids life. But you will make that impossible for me and others because I won't be able to finish college because I will just have to find a dead end job that doesn't pay for anything. This makes me so mad that you want to do this I think you should not raise the premiums you are hurting hard working Americans that are trying to make a living and pay their bills.

Jason Kappos Says:

[July 14, 2014 at 8:24 AM](#) | [Reply](#)

This is getting to be bull shit. They did the same thing with auto insurance. My rates have gone up 50% since making insurance mandatory in Iowa. I don't even have a single speeding ticket or claim on my record. I knew this would happen but of course they said "Oh no they won't do that." Iowa kisses the ass of all insurance companies. Until the state can protect me from sociopathic corporations, I will let my insurance lapse. I'm sick and tired of the government shoving shit down my throat and making me pay for it. I'm 51 years old and I will die for my freedom if I have to. They will have take haul me off to jail before I pay this much for insurance.

Robbie Leland Says:

[July 14, 2014 at 8:24 AM](#) | [Reply](#)

Honestly, I think it's just wrong. The premiums are high enough as is it is. I've been on this policy for 4 months and they already want to up my premium by \$50 per month for one person. Blue Cross does this every year and even with the ACA it's ridiculous to increase rates like this. Being a cancer survivor I can't afford this. It's like I'm being penalized for surviving cancer now. The increase in cost of living is only 6%, this has to stop. I'm not on an ACA plan but I deserve to be protected too. Everyone deserves protection from these increases. Now you can't discriminate due to preexisting conditions but they clearly are singling me out because I had cancer 3 years ago. This is asinine and will bring this country to its knees. I can't help that I had cancer and I don't deserve to be penalized for it. This will put me right back to where I started before the ACA went into effect. Already over 50% of my annual income is going to pay for insurance alone. If I didn't have my husband's income, I would have to go on welfare. There is nothing left to cut out of my budget to make up for the increase in insurance. It's just ridiculous. As far as I'm concerned the commissioner is not listening to the policy holders otherwise they wouldn't approve these rate increases year after year. It's like Blue Cross has a monopoly and can do whatever they please.

Matt Dunlap Says:

[July 14, 2014 at 8:25 AM](#) | [Reply](#)

To Whom It May Concern, I am sending this email to contest the proposed rate increase Welmark Health Plan of Iowa is proposing. I would request that this rate increase not be approved. Thank you.

Rhonda Capper Says:

[July 14, 2014 at 8:25 AM](#) | [Reply](#)

I read the letter of the proposed increase to Wellmark's base premium rate and was shocked. How can ANY company raise it's rates by that amount? And I always had such admiration for this company?! My opinion is that they waited until after thousands of people signed up for their insurance because of Obamacare and now that the time limit for that is over they can raise their rates as high as they want. Unfortunately, I am one of the members who needs health insurance because of chronic medical conditions. But I switched from HIPIOWA (which is the only coverage I could get previously) because Wellmark's plan would save me some money on premiums. Now I find that I could have skipped the

hassle of changing companies and stayed with my expensive but very good insurance anyway. Raising premiums by such an overwhelming amount is ludicrous! No one gets an increase in their income to cover even HALF of that amount! Please indicate that these exorbitant increases need to STOP. Members can't absorb higher premiums. Thank you.

T A Hay Says:

July 14, 2014 at 11:54 AM | [Reply](#)

Inflation is up by 10% since 2009, Wellmark premiums are up by 58% during same period. Wages have not kept with inflation and stock markets suggest investments have done VERY well the past two years, yet Wellmark tries to justify 5% to 14% increases for 2015.

Are increases only for small business and individual plans? Using Wellmark's numbers, that's only 253,000 of the 1.7 million it insures. I guess the other 1.2 million aren't part of Wellmark's cost equation.

Wellmark's own numbers say 220,000 Iowans will see an increase of \$216 annually, while another 33,000 will see an increase of \$432 annually. No mention of any increase for the remaining 1,500,000 Iowans insured by Wellmark. If all of Wellmark's 1.7 million were subject to the same increase, these 253,000 insured with private policies or thru small business, would see only a 50 cent to \$1 per month increase. The other 1.5M would see the same. But I guess the employees of the larger companies don't cost Wellmark as much. Or maybe Wellmark is just catering to big business.

When net income is above \$10M and reserves are five times that, I don't think the designation "not for profit" is appropriate.

The increase proposal is ludicrous and should be denied!

Leland Searles Says:

July 15, 2014 at 8:34 AM | [Reply](#)

I am writing to express my opposition to the proposed 14.5% base premium rate increase proposed by Wellmark Blue Cross and Blue Shield of Iowa.

Recently I switched from a COBRA plan with Wellmark, during the course of which (over 5 years) I saw premiums rise a total of 25%. This rise greatly exceeded the inflation rate during the same period, and it far exceeded any cost of living increase I experienced in my annual income. I make health insurance a priority, but Wellmark soon will price me out of their insurance pool.

I changed over to a private-pay Wellmark plan that has a jump in premium from the COBRA plan and much higher deductible rates. What is more, it appears from the Explanation of Benefits forms I have received in the last few months that Wellmark somehow leverages even less payout to my providers than it did previously.

That suggests to me that the company needs to look at its internal costs before gaining approval of this increase. I will list a few: the salaries of its executives and managers, costs associated with new management technologies that are purchased on the presumption of lowered costs, and costs of the new building in Des Moines. I know that Wellmark has denied that its insureds paid for that building, but I also worked in a corporate accounts receivable department at one time. I am quite aware that in-house bookkeeping is to some extent arbitrary.

My alternative to Wellmark is the Affordable Health Care Act coverage, which would significantly reduce my premiums. I do not know how troublesome a plan under the ACA would be, what with bureaucracies and such, but I do know of other federal plans that require, for example, annual reenrollments with different pharmaceutical coverages, with no choice for the insured. Therefore I am skeptical that I might find an equivalent plan under the ACA.

For these reasons – these knowns and unknowns – I lodge my protest to the proposed base rate increase, both to the size of it and to the stated need for any such increase.

Sincerely,

[my name below is valid as a signature, and it attests that I personally drafted this letter]

Leland M. Searles, Wellmark insured

Lorie Carrel Says:

July 17, 2014 at 11:18 AM | [Reply](#)

To whom it may concern:

I was totally shocked when I received the notice of a 14.5% increase of my monthly premium. My increase would be \$74.50/ mo. if this is allowed.

I am on a fixed income and I can understand if the proposal would be 5 or 6%, but 14.5%? That is absolutely appalling for Wellmark to even consider.

So If this proposal is passed, I as a middle class citizen will suffer because of #1, The Affordable Care Act and #2 The Health Insurer Fee.

Thank you for reading my comments. Please consider a "deny" or at least a "negotiate" proposition.

Lorie Carrel

Mary Jenkins Says:

July 21, 2014 at 10:12 AM | [Reply](#)

I am writing in response to the letter I received in regards to the 14.9% increase of my daughter's premium starting January 2015. When I first took out her policy it cost \$81.50 each month then with the Obama reign the insurance went up to \$145 each month. My source of income is my retirement only and always stays the same monthly. A 14.9% increase would make it very difficult to pay my other bills and thus I would have to find another insurance elsewhere. With the economy where it is, I find it outrageous! There is others who are on Medicaid and don't have to pay for this insurance and have very low co-pay costs. I'm in the range who have to pay for everything and made payments on a low income. I can't afford a 14.9% increase! Please work to discourage and stop such a high increase! If I can do more, please let me know. Thank you.

Darwin Hofmeister Says:

July 22, 2014 at 2:53 PM | [Reply](#)

It looks like, according to this paper, that medical service will increase by 14.9% and I'm wondering how much of that is due to Obama care. It seems high compared to increases in previous years. I would like a breakdown of how these increases come about. It seems strange that Welmark states their administrative costs have gone down yet the rate still increases. In 4 months I will be 65 so I will be on medicare and it won't impact me largely but I still think that this is an unfair increase. My son-in-law is a doctor and they are talking about excluding medicare patients because they are not reimbursed in full for the treatment they give to them. Unfortunately this is something that may negatively impact me in the future. Thank you for your time.

Betty Cole Says:

July 24, 2014 at 11:47 AM | [Reply](#)

Dear Consumer Advocate,

I am writing this letter in response to the notice of proposed premium rate increase sent out by Wellmark. I wish to add my opinion on this. I am 62 years old and receive \$901 in social security. I am currently paying \$555.77 per month in premiums for my health insurance. That doesn't leave enough money to live on. I can't imagine pay 14.5% more for premiums. I would like to have an increase like

that on my social security. What percent of a person's income should be spent on health insurance? My comments are that I can't afford this increase. If insurance fraud could be lessened, the cost of premiums wouldn't have to raise so much.

Thank you for taking the time to read this letter.

Sincerely,
Betty A. Cole

T. Allan Says:

[July 24, 2014 at 12:44 PM](#) | [Reply](#)

Just got a refund check for several hundred dollars from Wellmark. The accompanying letter said it was because Wellmark didn't meet the 80/20 split (med vs. admin). Yet somehow they try to justify an increase of 14.9% for 2015! Amazing!

The refund suggests costs are down (not rising as rapidly as Wellmark projects) but now they need more money to cover projected higher costs. This demonstrates Wellmark inability to approximate future expenses. My check equated to an excess of over 5% per year since 2009. That's about half of the annual average per year increase I received from them. If they requested a rate increase of twice inflation most people would figure it reasonable. But last I checked the U.S. govt says inflation remains below 2%, making the 14.9% request extraordinarily high. Wellmark refunded millions this month – is the huge rate increase for next year a way to recoup those millions? The insurance commission(er) should not allow any rate increase over 4% for the coming year. I'm not sure that Wellmark's decision to not participate in the ACA market place, their stated reserves and recent history inflation rate can justify ANY increase.

Tom Porter Says:

[July 28, 2014 at 1:19 PM](#) | [Reply](#)

I wish to provide input that I believe a subject increase in base rate is not warranted and not necessary for variety of reasons. These are:

1. Wellmark Blue Cross Blue Shield have not demonstrated they have exhausted all reasonable, or even any, means of efficiency improvement. As a matter of fact their hardcopy letter does not mention any attempts at efficiency improvement whatsoever. They should not be allowed to pass on their inefficiencies to pseudo-mandated customers, i.e. those of us paying for private insurance under "Obamacare."
2. My highest monthly expense (greater than even my mortgage payment) for my wife and me is for medical insurance premiums using the Wellmark BCBS plan with an annual deductible of \$4750. And now Wellmark wants even more!!!? In my opinion premium increases should be out of the question....period! By the way, my annual insurance premium for this high deductible plan is approximately \$9500.
3. Any necessary economic shortfalls by Wellmark should also be requested to be remedied with federal funds under Obamacare. My medical insurance premiums have already been doubled under Obamacare, and any additional increases are just plain irrational.

Thank you for your consideration.

John Neipert Says:

[August 4, 2014 at 8:30 AM](#) | [Reply](#)

Hello my name is John Neipert. I am writing to you about Wellmarks request to increase there base rate.I

have been with them for 20+ years. They have increased their rates every year, from 12 – 38%. I am a small business owner for 23 years. If I raised my rates like Wellmark I would be charging over \$200 per hour.

About the last 10 years after Wellmark gets ok to raise rates they redo my policy and I lose some of my coverage. They have ways to lower their rates without losing coverage. At the rate they are going I will not be able to afford their rates, and I know I am not alone.

I have had no problem with them until last year when I had an emergency.

Thank You:

John Neipert

Terry Says:

[August 4, 2014 at 10:24 AM](#) | [Reply](#)

Wellmark suggests that only 253000 will see increases. That's out of 1.7 million clients. If the average rate increase is 7% for these 253K, the company could generate an equal amount of revenue by increasing the rate for all 1.7M by only 1%. Why should 14% of it's clientele have to support the whole base? What is the rationale that only individual and small business policies should be effected?

The past 5 years Wellmark has overcharged (refund checks issued in July) it's premiums. What makes this year any different? These questions should be asked by the commission before ANY rate increase is approved!

Jim Billmyer Says:

[August 5, 2014 at 8:09 AM](#) | [Reply](#)

The base(premium) increase of 15% is very substantial and I will cause financial stress for thousands of Iowans...Unlike other consumer discretionary products and services policy holders have limited means of "shopping" for better rates..A plan for a family of four that is not subsidized could approach maximum premium exposure(Max out deductible) of \$24,000 per year.. It is interesting to note that most businesses that increased prices by 15% would be concerned about a loss of revenue... this disconnect of concern illustrates the pricing power of an Insurance company that has the major market share in the state...Jim Billmyer ,Iowa

Timothy Armstrong Says:

[August 12, 2014 at 1:27 PM](#) | [Reply](#)

I am writing in regards to Wellmark's proposed base rate increase. I am opposed to the 14.5% increase. In an economy in which income is lagging in terms of buying power, all types of increases burden my family. I consider myself middle class, and it seems as if we receive no relief in comparison to those who are subsidized, or those who are wealthy. We are not extravagant in our spending, always searching for ways to cut costs, but any type of premium increase burdens us further. Perhaps if some cutting was done at the top, getting rid of the layers of bureaucracy, this would be an initial step in the right direction for premium increase relief, but the chance of this happening is nil. Insurance is valuable, a necessity, but the constant rate increases are stressful to my family, we need relief.

Respectfully,

Tim Armstrong

John Bouchaute Says:

[August 14, 2014 at 3:41 PM](#) | [Reply](#)

I'm writing to you about Wellmark Blue Cross and Blue Shield of Iowa wanting to raise its base premium rate by 14.5%. I am 53 years old, and my wife is 59. I personally pay for our insurance because its not provided by our employers. This amounts to \$11,168.28 per year for health insurance that pays 60% after we each reach a \$4,000 deductible. This means \$5.37 per hour to pay my premium. I hope you

DO NOT approve them wanting over \$6.00 an hour from me!

C. A. Doane Says:

August 19, 2014 at 1:07 PM | Reply

I have delayed writing in regards to the proposed latest Wellmark rate increase, assuming I would receive a notice from them that I would be one of the policy holders affected by the 11.9% to 14.5% requested increase. I have an older Wellmark plan, Blue Value, but I lost my grandfathered status after Obamacare took effect because I had made a change to my plan to save money on the premium. I called Wellmark August 16, 2014 to ask about it and the customer service representative said their internal document showed that the proposed higher rate increase only affects the ACA compliant plans that were issued January 1, 2014. So consequently I have no idea if I will receive the smaller increase or the larger but I would assume the larger increase, as my plan is non-grandfathered. When I do receive the larger increase, I don't know what I'll be doing, as I really can't afford any more of these constant rate increases. President Obama keeps changing all the "rules" any way and the whole thing is just a mess. Yes, I could go online and check Co-Opportunity Health and Coventry but I do not have a computer and have no plans to get one. Last year I talked to an insurance agent in Newton and tried to get information on the new ACA plans, all they gave me was general facts and the fact it would be double what I am paying now for worse coverage. I like to read and review things before I make a big decision and you can't really do that when you don't have online access and there is not any literature available. It's the same thing with signing up or getting subsidies (which I do not want). How can I do that online when I don't have access? I also think it is not right that Wellmark is not going to be on the health exchange again this year, when they had announced last year that they fully planned to be. I would think it would be nice to compare Wellmark prices and plans with Co-Opportunity and Coventry and it's not right for Wellmark not to be on it. However, I read in the Des Moines Register June 29, 2014 that Wellmark is proposing a new "Blue Reward" program that is a network of Wellmark, Unity Point, and Hy-Vee. Even if I had my health care in Des Moines, I would not even consider that program because I do not think it is fair that the proposed plan would only use Hy-Vee as the pharmacy for the plan. Hy-Vee is in everything. They don't need to have a monopoly on pharmacy with Wellmark and Iowa Methodist and out a local pharmacist out of business because they can't compare with Hy-Vee on prices. Hy-Vee doesn't need it, a small business owner does. Wellmark can come up with that new plan and yet skip the health care exchange again. Just doesn't seem right. Omabacare has not helped rising healthcare costs or made anything more affordable or easier to access. It is all wrong and I don't think any of these health insurance companies need to raise their rates so much every year and expect it to be fair and affordable. Something needs to stop. Insurance is not meant to be a fight and struggle and too much money for anyone.

Wayne Smith Says:

August 19, 2014 at 4:25 PM | Reply

It's getting to the point, and I have farm ground, and I'm gonna have to sell land just to keep with these prices. 12-15 years ago it was 1\$80 per month and then it went up to \$940. I was able to change it because of pre-existing condition and it dropped to about \$600 each month. With this increase it'd be back up another \$200 per month. How in the world can anyone survive like that. There are a few other things I'd like to buy other than health care. I thought this ACA was supposed to make it cheaper, not more expensive. There's no way we can keep up with this. God almighty, I can't wait to get to Medicare. I never dreamt this in my wildest dreams that I'd be paying this much for health insurance. Here's another deal, I bet the CEO's of these companies are making multi-million dollar salaries. Nobody is worth that kind of money, you know. Something is wrong with this country and we're sick of paying these kind of wages. It's borderline insurance fraud in my opinion, only somehow it's legal. There's different forms of stealing, some are legal and some aren't. Years ago, no lie, my folks bought health insurance for the whole family and it wasn't more than \$120 and now it's gone up almost 10 fold. What's a guy supposed to do? You either gotta be super rich or super poor to make it in this country.

Lori Strong Says:

[August 20, 2014 at 11:23 AM | Reply](#)

I am writing this letter on behalf of my 15 year old daughter who is insured through Wellmark Blue Cross and Blue Shield of Iowa.

We recently received a letter notifying us of a possible 14.5% rate increase.

I do not have insurance through my employer and insure my daughter through other companies outside employment. We have been with Wellmark for 1 year. The first 6 months of the year we paid \$142.78 per month. The rate increased the last 6 months of the year to \$172.17. This is an increase of \$29.39 per month in less than 6 months! And Wellmark wants a 14.5% additional increase!

I have worked in healthcare treating cancer patients for 22 years. I agree that the healthcare system needs some work; however, I also work daily with patients and their insurance companies and watch as they struggle to get procedures and treatments denied by their insurance companies who have no medical knowledge. I also have family members who have worked in insurance companies for 30+ years and I know that these rate increases are not going towards their salaries and benefits.

Recent financial reports show that average compensation for the CEOs of Fortune 500 health insurance companies have increased by more than 19 percent in 2013 and have doubled for some of the largest insurers. The report is attached to this letter. People should be compensated fairly for their work; however the majority of middle class Americans are doing without raises or seeing increases of only 1-3% in their salaries, while the salaries of these CEOs are being subsidized by these astronomical health care premiums and by denying medical care to the patients they are supposed to be working for.

As the Consumer Advocate I ask that you and the independent consultant take into consideration these figures before making a decision that will negatively impact many of the families and patients living in Iowa.

Sincerely,

Lori Strong

Craig Nordyke Says:

[August 20, 2014 at 3:52 PM | Reply](#)

Mr. Commissioner,

I am a recent purchaser of an individual Wellmark policy in 2014. I chose Wellmark rather than utilize the policies on the government exchange primarily because of the extensive networks with Blue Cross and Blue Shield. I was not surprised to see a rate increase, but I would like to submit my objections to the proposed magnitude of the base increase. As I understand it, the proposed increase applies only to approximately 19,000 policies purchased under the Affordable Care Act which would imply new policies and perhaps many new policyholders. Wellmark made it clear in 2013 that they were not raising premiums for 2014 issues. On the surface, this would seem to be a bit of an enticement to obtain new policyholders and now in 2014, a significant increase is being proposed for those policyholders. It may also be that since the government has extended the period to require all policies to be under ACA rules, this recent group is adversely being affected due to the large block of grandfathered individual policies that could have mitigated the increase. What will happen to the rates for the new ACA policies once the compliance of more of the existing non compliant policies are included? Is this a permanent cohort or will there eventually be a broader spread of risk in the rating process? These issues should be considered into the evaluation of this rate increase.

Presumably, the medical costs for these policies were impacted by the previously uninsured individuals.

That would imply an increase in costs that should have been anticipated in the original pricing or ideally spread over a much larger block of policies. What seems unusual with this proposal is that after just 6 months of experience under ACA with this group of policyholders, that a substantiated trend can be anticipated. Should there have been an initial impact on costs by previously untreated conditions, that trend should diminish. It is also known that medical costs and utilization do vary by month and it could be possible that costs would moderate after the initial new buyer impact. These issues may already be factored into the proposed increase, but that judgment should be analyzed. It is good to see that Wellmark is lowering their components for administrative fees and operating margin with this increase and that is appreciated.

Mr. Commissioner, thank you for the opportunity to present these comments and I appreciate your thorough scrutiny of the proposed increase.

Cordially,

Craig Nordyke

Brenda Tecken Says:

August 22, 2014 at 11:44 AM | Reply

I am unsure how we the public can help determine whether or not Wellmark followed acceptable industry standards but I have an opinion, and I am against an increase.

I am not surprised that with more people having insurance, more people are going to use that insurance. Did the insurance industry not see that happening? The government, the health care industry as well as insurance companies have been encouraging preventative care for years. Most Americans could not afford insurance let alone preventative care to go to the eye doctor or dentist, let alone a check up from a physician. Now they have the opportunity, they are going to use it. Whenever there is something new, people are going to use it. More people seem to be educated now about their health insurance. They understand what the policy covers etc.

Also, If they are like me they assumed this opportunity (of having affordable health insurance or health insurance at all) would not last long so used it while they could. I know it will be a hardship for my husband and I to pay the higher premiums as suggested in this notice.

I have been a type 1 diabetic for 30+ years and use my insurance on a monthly basis, because of my ability to see a doctor on a regular basis and to get the medications and supplies I need to manage my diabetes I have been complication free. Now the thought of not being able to afford health insurance is frightening.

I am personally upset also because I was quoted a premium and deductible for my policy by Wellmark and accepted this only to find out 6 months later that I was misquoted and the deductible was double. Apparently I had a family plan or something- I needed to meet my husbands half of the deductible as well. I had asked about the deductible several time before accepting the policy, again as a person who uses her insurance on a monthly basis for 30+ years I know approximately what my medical expenses are and what my budget is.

As far as the increase for the Government programs, wasn't that amount determined by the gov't prior to the program starting, maybe not. Either way as a tax payer we will pay for this.

The most important thing I want to say is that it is supposed to be "Affordable Healthcare" and with this rate increase it will no longer be affordable for me, my family and many others.

Thank you for your time.

Shirley Schmidt Says:

August 25, 2014 at 8:32 AM | [Reply](#)

While Wellmark has always provided us with quality coverage, an increase of 14.5% will put an end to being able to pay for individual coverage, for us. I realize this is what our current administration wants, so that we have to get insurance through the exchange. But I value having a choice of insurance coverage and medical providers.

I appreciate the decreases Wellmark is willing to take from Administrative Expenses and their Operating Margin, but I don't think we as individuals should shoulder the brunt of a health industry out of control. Please consider declining Wellmark's proposal in hopes the industry will try harder to control health care costs.

Sincerely,

Shirley Schmidt

Thornton, IA

Elizabeth Kelly Says:

August 25, 2014 at 8:35 AM | [Reply](#)

Wellmark 2015 Premium Hike Unjustified

- The United States of America claims itself to be the richest nation in the world, but it can't afford to pay a health claim.

The most costly human crisis, mentally, physically, and financially, created by the U.S. Congress was/is placing the layout, design, content, and management of healthcare (affordable it isn't for the private business sector) to the forever-for-profit health insurance industry!

- Wellmark's non-justified plea for higher premium rates at the start of its 2nd year in the alleged world of affordable healthcare, symbolizes why public healthcare must evolve into a non-profit institution.

- Human Healthcare needs to be managed by health experts, customer service oriented business managers, and ongoing users of the healthcare system.

- Human Healthcare does not need the current load of CEO greaseballs, too dumb to work in any other business sector, so they chose health insurance, where you don't need to know the business to run the business. These are men and women who evolve out of used car sales dealerships, not people who justifiably work their way up the corporate ladder internally.

- Wellmark's 2015 Premium Rate Hike Is Unjustified, Here's Why:

- Wellmark is the largest U.S. based health insurance company with over 1 billion in cash reserves to cover claims

- Wellmark recently built a new administrative office in Des Moines, Iowa at a cost of 4 million dollars...if so poor, why the new office space?

- Wellmark's private health plan "My Blue HSA 3000" instigates clauses that deem "covered benefits may be reduced by 50% if services aren't "pre-certified".

- Wellmark deems that "denied claims" may not be referred for external review until internal review is exhausted...This may take months, years...Who knows...Maybe Wellmark will be extinct by then.

- Wellmark deems that the policyholder, may not take legal action, again until all internal review is exhausted...When will this be?

- Wellmark deems that claims may be denied if patient/provider does not initially follow the proper steps with regards to coordination of benefits, no matter the status of "medical necessity".

- How is this legal? If I am footing the medical premium cost, why do I not have free choice to select

who pays the healthcare claim?

-
- The private business is denied access to ObamaCare if their “net income is too low”.
- Yes, that’s right, if you make too little income, not too high income, you the private business person, namely farmers, are denied ObamaCare
- Due to their high net assets, the private business sector, especially Midwest farmers, can’t afford the Medicaid option...It would take their farm away.
- Insurance companies designed ObamaCare with the clause: “not enough net income, go seek Medicaid” deliberately, knowing family farmers and other small business owners, would have no choice, but to invest in a private plan, not an ObamaCare plan.
- ObamaCare was designed for fresh college graduates, no one else.
- ObamaCare doesn’t work for the majority of the “working class”.
- ObamaCare must be redesigned by the middle working class, the people who need an affordable healthcare plan.
- ObamaCare’s potential future operational success can’t afford for-profit corporate greaseballs or the U.S. Congress, who has a lifetime guarantee of taxpayer sponsored healthcare, to be its authors or ongoing operational managers.
- Wellmark is a glorified claims processing center that “outsources” the majority of its administrative services to reduce its direct employee base and need to provide health insurance and other special benefit/retirement benefits to its employees. Benefits are for upper management, underwriters, and sales persons.
- Wellmark and other insurance companies design health plans, including the design of “ObamaCare”, to continually shrink benefits and raise costs.
- They have succeeded in doing so, in spite of the removal of “pre-existing condition” clauses to determine health plan eligibility.

• PERSONAL OUTLINE OF THE WELLMARK HEALTH PLAN BLIGHT

- My family of three: one father, one mother, one young son, all of whom are healthy “non-smokers”, was denied ObamaCare on December 20th of 2013, because our net income was too low.
- After 4 long hours of “trials and tribulations” with the ObamaCare computer enrollment system, we were told by the computer we didn’t qualify for ObamaCare. Our net income was deemed to be too low. Yes too low. We were told to seek Medicaid.
- We can’t afford Medicaid. Medicaid takes away the assets of anyone making more than 5k per year.
- As small farm business owners, we have a meager quarter million in net assets, not cash...We can’t afford Medicaid.
- Wellmark is aware of this. They flagged our membership category by simply asking: “are you a “farmer or fisherman?” in the Obama Care enrollment questionnaire.
- Really no need for this question to be relevant in an alleged public non-pre-judgmental health plan enrollment form, but there it was and still is anyway.
-
- Last year in 2013 our deductible and premiums combined, cost over \$12,000. A private plan under American Family Health Insurance.
-
- This year our deductible and premiums combined, cost over \$15,000
- We have separate deductibles for in and out of network services.
-
- If we were to combine both in and out-of-network deductibles the cost would be over \$20,000 per year.
-

- Wellmark requires a 6-month premium advance payment as we will not adhere to an electronic transaction for premium payments.
-
- Additionally, although we enrolled prior to January 1, 2014, Wellmark would not allow our coverage to take effect until February 1, 2014.
-
- This maneuver naturally was to ensure our policy could not be “grandfathered in” to protect us from the rate increase maximum induced by the arrival of the Affordable Care Act.
-
- Also, along the way, not three months in to our new 2014 policy, Wellmark forward my family a letter stating that, “due to a computer error”, my husband’s age level had been under calculated. As a result, they would be re-adjusting our premium rate, to a higher rate, for the latter half of 2014.
- The only “free service” that Wellmark throws in to the healthcare plan pot is one annual primary care visit per year/per member.

Wow, what a deal!

I think my family will go ahead and suffer the \$500 penalty for not carrying a \$20,000 health insurance policy penalty in 2015.

Here in America, the world’s wealthiest nation, health insurance isn’t worth the human health risk: mentally, physically, and financially.

Vickie Minard Says:

[August 25, 2014 at 8:35 AM](#) | [Reply](#)

To Whom It May Concern:

We are writing in regards to the public hearing scheduled tomorrow, August 23rd at 10 a.m. Because of work schedules, we will not be able to participate in the live video conferencing in our area.

We are asking the Iowa Insurance Commissioner to deny this increase in the proposed premium. So many of us who have to buy our own insurance are already struggling with the cost. To put the burden of such a large increase on us is unfair. We understand there may have been a yearly increase in our premium, but 12% is too much. What happens next year?

Again, please consider the financial burden this will put on individuals and families that carry their insurance needs with Wellmark Health Plan of Iowa.

Thank you for consideration in this very important matter.

Sincerely,

Bruce and Vickie Minard

Gary Hayek Says:

[September 8, 2014 at 8:10 AM](#) | [Reply](#)

To whom it may concern:

At the Hearing on August 23, 2014, concerning the 14.5% Wellmark Blue Cross/Blue Shield proposed rate increase for 2015, the Consumer Advocate of the Iowa Insurance Division, Angel Robinson, ESQ. stated that the average annual health spending growth rate as set aside by CMS was 6.1%

A review of some of the information available indicated that Wellmark Blue Cross/Blue Shield has filed

for the following rate increases over the past few years, which included years that I have been a Wellmark policyholder:

2010 – 18.0%

2011 – 8.5%

2012 – 9.0%

2013 – 12-13%

2014 – 14.5%

The average health spending growth rate as reported on September 3, 2014, by Mary Agnes Carey of Kaiser Health News over the past few years were:

2013 – 3.6%

2014 – 5.6%

2015-2023 actuaries estimate of forecast average growth – 6.0% (Very close to the 6.1% average annual health spending growth rate figure noted by Ms. Robinson in her remarks at the August 23, 2014 hearing).

Regardless of the exact accuracy of the above numbers or your agreement or disagreement with the above numbers, they do represent a pattern/trend (a word used by Ms. Robinson at the hearing).

For the past several years Wellmark BlueCross/Blue Shield has filed for a rate increase well in excess of the growth rate of health costs. Unfortunately the proposed rates have generally been approved. The literature does contain examples from other states of proposed rate increases being denied or limited but I am not aware of any recent examples in Iowa.

Of course the comments regarding affordability noted in the transcript of the proceedings are accurate. In addition in my situation the grandfathered plan I could have elected last year would have resulted in a much higher premium. Today I have less coverage and higher out of pocket costs but that was the best choice I was offered at that time.

Finally, I would like to have Wellmark increase the information to the public which would explain why the company needs a rate increase well above average health care cost increases. Wellmark also needs to have an open book on their spending in the area of preventive health care. There are several levels of preventative health care and they include more than just walking and diet. I think the public needs to be able to evaluate Wellmark's programs and spending in these area. In other words how is Wellmark working to reduce health care costs which will be reflected in lower insurance premiums.

Thank you for taking the time to review my comments. While writing the comments and reading the information, including the transcript of the August 23, 2014, hearing, I had the feeling that this was all for nothing, just a formality, since the decision makers in the insurance division had already made their decision. I hope I am wrong but I fear I am not wrong.

Sincerely,

Gary R. Hayek

Verny Says:

[July 23, 2015 at 8:50 AM](#) | [Reply](#)

BCBS Wellmark doesn't really believe they will get an 18.9% increase. They are "auctioneers" starting exorbitantly high and lowering their percentage as the auction proceeds. They are hoping for much lower percentage WHICH IS STILL MORE THAN ANY OF US CAN AFFORD. They think everyone will be relieved when they walk away with a 10% increase instead of 18.9%. The rich just get richer I

hope our representatives will say NO to any increase. We are all becoming insurance poor. My husband and I both work, never been on any kind of assistance and still with a family policy and health problems, we pay \$19,500 a year in just policy premiums. BCBS is killing us financially. PLEASE say NO to any increase. Absolute "NO".

[Blog at WordPress.com.](#)
[Entries \(RSS\)](#) and [Comments \(RSS\)](#).