

U.S. PIRG: Protecting the Health Insurance Consumer

The Problem: Consumers pay too much for too little coverage

Americans pay a lot for their health coverage

- Employer based health premiums have doubled since 2000.
- Employer-provided health insurance for a family of four now costs an \$12,100/year

But they aren't getting their money's worth, because government has let insurer put their profits before people. In most states, big insurers continue to

- Deny or delay coverage for pre-existing health conditions
- Rescind coverage after care has been delivered
- Impose lifetime limits on coverage
- Require outrageous premiums and excessive cost-sharing from some consumers

The Solution: Guaranteed, Affordable Health Care

Congress must demand that insurers give every American consumer five simple guarantees

- I. Guarantee that coverage won't be lost due to illness or job status**
 - No denial, delay, or revocation of coverage due to pre-existing conditions or illness (Guaranteed issue and renewal)
 - Individuals can keep their coverage when changing jobs
 - Ban revocation of an insurance policy after it has gone into effect, for unintentional errors (non-fraudulent rescissions).
 - Prohibit excessively low lifetime caps on coverage
- II. Guarantee coverage choices that everyone can afford**
 - Curb excessive premiums and cost-sharing
 - Outlaw discrimination in coverage and pricing based on health status or history
- III. Guarantee that premiums go to care, not profits or executive perks;**
 - Require that at least 85 cents of every premium dollar goes to health care, not administrative costs, executive compensation, or excess profits
 - Require detailed, public disclosure of insurance company business practices
- IV. Guarantee a fair hearing for anyone who is denied needed care**
 - Mandate independent appeals processes for consumers to quickly appeal insurers' decisions to deny care
 - Protect patients right to sue insurers for denying medically necessary care