

An Open Letter to the Obama Administration and American Citizens:

My family's journey with securing our new insurance under the Affordable Care Act (ACA) started on October 1, 2013. I have decided to write this letter to let the American people know what it has been like for us. We are a family of four, with two little boys' ages seven years old and three years old. My husband and I have had full time jobs for 6 years and 13 years respectively. We have been with the same two companies for those years. We are a middle class family; we own our three bedroom two bath house, we own two cars, and previously provided our own insurance for the four of us. We have coverage through Individual Blue from Blue Cross Blue Shield of Alabama until 12/31/13. Our premiums have been \$380.00 a month, which also included dental coverage for all four of us.

On October, 1, 2013 we received our letters like other Alabamians about our new premiums and plans for 2014 from Blue Cross Blue Shield (BCBS) of Alabama. When I opened our letter to say I had sticker shock was an understatement. Our premiums for the Blue Saver Silver would now be \$753.26. This included the ACA tax but did not include the additional \$75.00 we would need to pay in order to keep dental for me and my husband. So we would need to pay total \$828.26 to keep health and dental insurance for the four of us. This payment is roughly \$64.00 less than what we pay for our mortgage each month. I was outraged that anyone thought we could afford this. Sure we have some savings, but with that price tag we would whittle it down to almost nothing very quickly. I consider savings as a rainy day fund, a start to saving for the kid's college, our retirement, etc. I never dreamed in a million years we would need to use it to pay our insurance premiums each month – how in the world could this help the economy too?

Throughout the month of October we read everything we could on what our plan would cover, and tried to get the information we needed about the ACA. I was also blown away when I realized that my son's medical care, he has Attention Deficit Hyperactivity Disorder (ADHD), would cost us so much more out of pocket than it was currently costing us. My son has to go to his doctor every other month for his care. If we need to see a therapist we do that monthly, so you see on top of the premiums there are other out of pocket cost we have to factor in. He is also on medication that he takes daily. His medicine is a life saver for him and helps him function like a normal seven year old, without it he can't focus, his grades slip and his mind literally goes back to the mind of a three or four year old. When he was first put on his medicine his reading went up 20 points and he went from writing one to two sentences to paragraphs, all in the course of a week. He is a straight A student and very bright, but without the proper medical care that could slip away from him. Under our new plan for 2014 we would need to pay a \$55.00 co-pay, and then it would be covered at 80 percent once we reached his deductible, which would be \$2,000 individual \$4,000 family. Out of pocket max numbers are \$6,350 individual and \$12,700 family. All of this is enough to make anyone's head spin. We were then forced to look at other options as none of this was affordable for our family.

I started to dig deeper into healthcare.gov. I was hearing all the horror stories through the news about the subpar website. I was reading right off their healthcare.gov Facebook page about other people's terrible experiences trying to get coverage. Then the government announces that they are going to be working on the site and making it a better experience as well as making it more secure. They had already

had three years to make this happen but they said would need the month of November to get it running right. So I waited patiently for them to get the site running so I could see if we would qualify for the subsidy and continue our health insurance through that route.

December 6, 2013 I went to healthcare.gov and started our application. The process took me over two hours to complete. Once it was completed it came back with our results. The results were that my husband and I qualified. That my three year old qualified for All Kids and that my seven year old did not qualify for anything through the exchange (ACA). I was so confused, how could a seven year old not qualify for a subsidy? I was also confused on why they wanted me to enroll one of my children in All Kids? So, I called the number they provided to speak to a representative. I was on hold for 20 minutes when a woman answered and offered to help me with the results. She told me that it is coming back that my seven year old son did not qualify and the only thing I could do was to file an appeal. I asked her a few more questions about how this could have happened, and I was told "she does not know and that all I can do is file an appeal". She was reading her responses to me right off of a chart that I am sure they are given. So, I ended my conversation with her and proceeded to try to wrap my head around what was happening.

I decided to call back, this time I waited 15 minutes and spoke to a very nice gentleman who seemed to have an understanding for how the system was working. He looked up the results and said "this can't be right, let's start over and do an application over the phone". So again I went through the application process. The results came back the exact same, we all qualified for something except my seven year old son. The gentleman could not understand how this could be happening and assured me it had to be a "glitch" in the system. He placed me on hold so he could speak with his supervisor on how to fix this error. I waited several minutes and when he came back he said "there was nothing more they could do tonight". He said "we are sending your application to two different departments and that one of the departments would get back to me through a phone call with a fix to this problem". He also told me "it could take 2-5 days but that I would receive a phone call when they had closed my case".

So I waited until Tuesday December 10, 2013, which was day four and called them back. I was then told it would be 2-5 business days and if I had not heard from them at that time to call back. So that is what I did, I waited till 9:00 pm on that Friday December 13, 2013 with no phone call. I called Sunday December 15th, 2013 and spoke with my 3rd supervisor who told me "they were very sorry that I had not received a phone call and they were messaging the two departments to give me a call the following day". He also said to go ahead and file with All Kids in my state because even though they send that information to them, they have no idea when they will receive it. So Monday I went and applied for All Kids for my children, it was a similar application to the healthcare.gov site. I called them to verify that they received my application and was told they cannot access it till sometime in January. They said once they could access it that they would be in touch and if the kids qualified the coverage would retro act to January 1, 2014. So that was a little bit of good news.

So here we are December 22, 2013, the day before the December 23rd deadline to sign up through the Health Insurance Marketplace's Exchange. I decide I will call one last time to see what they can tell me about coverage, since I never received a phone call after my last conversation with a supervisor. I waited

on hold for 1 hour and 15 minutes. I asked to speak with a supervisor and I was transferred. The supervisor pulled my file and was talking to me when she must have accidentally pressed a button and we got disconnected. I thought for sure she would call me back. That is one of the first things they ask for is your phone number. I did not receive a call back, so I call back and have to be placed on hold again to speak to someone. I waited another hour and a half before I get connected with a supervisor. She pulls up my file and tells me "there is nothing they can do and I have to wait the 90 days they have to contact me through the appeals process". The supervisor tells me "that this whole time I have been told wrong by numerous people and that I should have been called back but that the two departments could do nothing for me". I just have to wait the 90 days. I asked her, "so yet again an error, due to no fault of my own, has occurred all these times I have been calling and speaking with people and no one can really do anything"? She said "yes that is correct, I am sorry you have been told something different but that is all I can tell you".

I have never been treated so poorly by any insurance company in my whole life. I have never experienced such terrible customer service in all my years on this earth. I can't imagine how long a company would last in this country if they followed the same protocol as the ACA/Health Insurance Marketplace does. Most companies can fix a glitch in their systems pretty easily, or can connect you to someone who can. Not the ACA/ Health Insurance Marketplace, you spend all that time on hold to just be told, so sorry but you have to wait for someone to get back to you in a 90 day time span.

What is the most sickening thing to me is that we have been forced into the Health Insurance Marketplace's Exchange. We wanted to continue our coverage through BSBC and pay as we always had been. But, we found out that option would not be affordable under the new Act, which is how we were forced into the Exchange. Furthermore, not only were we forced into the Exchange, but then forced again to submit an application to ALL Kids for our children. I just don't understand how we go from being hard working middle class family who provides everything for our family to where we are today. I feel like everything that my husband and I have worked hard for is for nothing. I pray each night that we will get something resolved with our "glitch" in the system so our children will have health insurance coverage in January and by the time I have to purchase my son's \$400 a month ADHD medicine.

I really don't know how our government can allow this to be taking place. What if something happens and one of my boys breaks an arm, or God forbid something worse? They don't have insurance, so I guess we will then be paying the hospital monthly if that happens. We are almost completely debit free currently and now all I see is very large medical bills in our future until the government can fix the issues with the ACA/Exchange. I would really like them to rename the Affordable Care Act, because from where I am sitting it is anything but affordable or caring for my family.

Sincerely,

Karri Kinder