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ARTHUR MCNULTY
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RE: Health Insurance

Dear Sir:

I am an attorney who for the last 20 years or more have been insured through the ACBA group insurance programs, more specifically Highmark Blue Cross/Blue Shield. Over the years I have been forced to change programs and reduce coverage or increase deductibles due to the increase in monthly premiums.

This year I did expect to see an increase again, of maybe 10-20%, but instead I received a 79% increase. My monthly payment prior to July 1, 2010 had been \$788 with a \$1500 deductible, but with my medicine covered on a co-pay of \$80/3month for non-generic medications. I am now unable to remain with the group plan as there was NO coverage available for this 62 year old sole practice attorney that was going to less than \$1000 per month no matter what my new plan would be.

On the new plan that is offered by Highmark BlueCross/Blue Shield for those converting and due to pre-existing conditions, that is my only coverage reasonable. I will be paying \$588 per month, but I will have a \$1200 deductible plus a \$1500 out of pocket expense plus my medications will be such that I must pay 100% of the costs from Medco until I reach the deductible and then Page two
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I will be re-imbursed 80% of all medications after payment of 100%. Just checking on the med I need this month, that means I must pay \$729 for my Byetta (for 3 months- that is three pens) and \$260.79 for my Lantus. I have not found out the costs of my Humalog pens will be yet, as I do not need them today, but it appears that I will need another large sum just to get my medications and I am not considering the ones I get from Giant Eagle on the \$10/3month program.

When I filed a complaint with the Insurance Department of Pennsylvania, complaint #10-142-87958, they said that the premium increase was one that they can not address under the current law and since the methodology used by Highmark was uniformly applied, there was nothing they could do.

I am not requesting that Highmark bankrupts itself to let me maintain health insurance with normal rates and benefits, but I believe that a 79% increase is not reasonable by anyone standards let alone a company that is supposedly to help maintain people's health. One of the drugs that I may have to come off because I will not be able to pay for it then wait for re-imburement is Byetta and that drug over the last year has helped me reduce the amount of Humalog insulin that I have been taking as well as reduce the amount of Synthroid with the expectation of reducing my insulin completely, but at the current costs, I may not be able to maintain it.

I am a diabetic with asthma and have been self employed for over 33 years. I have no savings to fall back on and am currently trying to save the home I have been living in for over 54 years by doing a mortgage modification to hold off a foreclosure and now together with the additional medical costs, I see a very bleak future- especially if I must cut out medications that I have been told I need but can no longer afford. At times I have been even reusing needles and syringes so as not to have to pay additional costs. I have a nephew that has informed me that when he was on drugs he could get the syringes free on any given Sunday, but since I am not a drug user but merely in need of medication, I can not. The old coverage was hard to maintain at \$788 per month and I am still paying on last year's deductible but atleast I could get my medications at a reasonable cost, now I do not know what I am going to do.

Thank you for your patience in reading this and listening to me on this matter and I hope that your hearings help bring some
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relief to some people but at this point it may be too late to help me. If I am forced to stop medications because of the expense, I doubt that if you ever get enough information to force a reasonable rate on Highmark, that I may in fact be so medically damaged that

I will not make it until I turn 65 and can afford Medicare.

Sincerely,

Mary Margaret Isabella

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