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I recently lost my health insurance and researched my options. Unfortunately, my choices are less than ideal. I will be stuck at the "Bronze" level, paying a monthly premium for something that I basically get next to zero in return.

I looked into other options:

What if, instead of paying for health insurance I paid into a health savings account? Left over funds at the end of the year would rollover and accumulate from year to year and hopefully provide enough for unexpected services.

* **You are not allowed to contribute to an HSA** unless you are enrolled in a health insurance plan that qualifies.
  + The message here is: **The health insurance companies are in charge** so don’t even try to do this on your own – at least not as an HSA.
* Yes, you can establish your own savings account - however there are **tax implications** if not going to an HSA.

How much would my providers charge if I paid out of pocket?

* Most had a cash discount.
* Some offered no discount.
* Individuals paying out of pocket do not have the negotiating power of big insurance companies – even though they save the provider time and thus money.
* What are the costs of basic services and suggested screenings?
  + In my research the annual cost of these services paying cash was below the annual premium. I say this with the understanding that insurance is a shared risk investment for the unexpected.

**Who decides what is considered affordable?** Using the word affordable on literature and marketing is deceiving and offensive. Calling all this the Affordable Care Act should be a crime (creating a false impression – deceiving the public). Only I can decide what is affordable to me. Someone who is not living in my economic situation cannot fully understand what may or may not be affordable for me. They can only decide what is affordable for*them.*

There is an underlying problem having a **for profit** insurance company dictating the needs of what is medically necessary and the **best healthcare option**for a person. *Insurance companies don’t exist for the health and welfare of the public.*

Healthcare overall is **not affordable**. I strongly believe that people are/may be forced to not get proper healthcare or any healthcare because of the financial burden.  People are forced to make a life or death decision based on their financial position. Essentially, some may choose death (suicide) over financial ruin/burden. Death because of a **lack of *affordable* healthcare/insurance.**

Comparing plans on the [coverme.gov](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcoverme.gov%2F&data=05%7C01%7Cmeg.garratt-reed%40maine.gov%7C01da0101c889425f0a7008dbc6ac5e8e%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638322215849138311%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=nhl2jqHjJzP02Vdu4no32yOrbC2gvRv8bsERFTKSreA%3D&reserved=0) website revealed to me that aside from financial circumstances there are variances based on age and relationship status. A 50 year old is not treated the same as a 20 year old. Also, if pre-existing conditions were thrown out as a part of the ACA, why are there questions about whether I am pregnant, pregnant recently, or expect to have health expenses in the future?

There were no catastrophic options available for me on the [coverme.gov](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcoverme.gov%2F&data=05%7C01%7Cmeg.garratt-reed%40maine.gov%7C01da0101c889425f0a7008dbc6ac5e8e%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638322215849138311%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=nhl2jqHjJzP02Vdu4no32yOrbC2gvRv8bsERFTKSreA%3D&reserved=0) website.

Complicated plans and language

* Must search for in-network by plan not carrier
* language like 50% coinsurance after deductible met
* referral may or may not be required.
* Only covered when and if…
* In-network may be confined to a geographical location – or emergency care should be sought.