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Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

Comment On: EBSA-2018-0001-0001

Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

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General Comment

I am a self employed individual wage earner, a single mom. I am not married nor do I have other income coming in. I have been self employed since 2000 and my HealthCare has skyrocketed since then.

The last quarter of 2017 had my head spinning where I was unable to concentrate on anything else except trying to locate affordable health care for myself.

In October or November of 2017 I was notified by my carrier at the time BCBS that my current plan of \$765/month was no longer being offered and my only two choices were \$865/month or \$1022/month for one person which both are unaffordable for me.

Plus I had to find something before the deadline or the Federal Govt would impose a penalty of 2.5% of my salary.

I talked to every Insurance Broker out there only to find that while there were

affordable plans for me located and written in other States- they did not meet the 10 Guidelines of the Health Care Act Requirement :
Every ACA health plan must cover the following services:

Ambulatory patient services (outpatient care you get without being admitted to a hospital)

Emergency services

Hospitalization (like surgery and overnight stays)

Pregnancy, maternity, and newborn care (both before and after birth)

Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)

Prescription drugs

Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

Laboratory services

Preventive and wellness services and chronic disease management

Pediatric services, including oral and vision care (but adult dental and vision coverage are not essential health benefits)

I have worked all my life since 18 yo and its very disconcerting that today at age 60 that I am discriminated because of my age to purchase decent affordable health care and just the other day I had to inform my doctors office that I no longer carry health coverage for my routine physical exam.

My question is if every American is to be covered then why am I not? And I am sure there are many other self employed Americans that are not covered as well.

I have never looked for a handout nor was I looking for subsidized medical care, if I work I should be entitled to purchase Health Care anywhere in the United States. And I should be allowed to purchase Health Care for what I need.. ala carte

Something needs to be done- this is a travesty for us Americans who work harder and harder to support our families and can no longer afford Health Care!!