

# IN\$URE POORHOUSE

## HEALTH RATES NOW MORE THAN RENTS

By BRENDAN SCOTT Post correspondent  
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ALBANY -- How absurd is the price of health care in New York City? It now costs more to buy health insurance than it does to rent a two-bedroom apartment in the Financial District.

The average monthly premium for family health coverage has soared from \$3,866 last April to \$4,354 -- a 13 percent increase -- according to a Post analysis of new data from the state Insurance Department.

That exceeds the \$3,947 monthly rent for a place in a no-doorman building downtown.

The jaw-dropping price follows years of double-digit rate increases as tens of thousands of healthy New Yorkers opt to drop coverage and leave insurers with an ever-sicker, costlier client pool.

"This is a huge problem and a major dysfunction of a broken market in New York," said Troy Oechsner, the state's deputy superintendent for health.

And experts say rates will surge higher this year when companies pass along more than \$853 million in insurance-related taxes included in the state budget.

Of the eight companies still writing health policies in the Big Apple -- down from 13 in 2004 -- all but two have raised their rates in the past 12 months, the Post analysis found.

The leader was GHI HMO Select, which jacked up monthly premiums for those who choose to go out-of-network from \$5,055 to \$6,824 -- a 35 percent increase from last year.

GHI's partner, Health Insurance Plan of Greater New York (HIP), saw a 15 percent increase, increasing rates from \$3,641 to \$4,188.

Empire Healthchoice HMO actually cut rates 6 percent, from \$4,321 to \$4,066. Managed Health kept premiums flat at \$3,501 a month.

Premiums for those who agree to stay in-network were less expensive, but still on the rise.

The average in-network family plan jumped from \$2,624 to \$2,966 last year -- or 13 percent.

**Atlantis Health Plan's** in-network plan provided the cheapest family coverage, at \$2,267 a month.

The insurance industry blames the rate hikes on the generous coverage mandated by state law and a co-pay structure last changed in the mid-1990s.

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