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I had a Healthy New York small group plan in place for my employees since January 2009.

I have 8 employees, 1 is on Medicare, 3 are insured through spouses. The rest has Healthy NY.

2 employees are full time (32 hours) and I paid ½ of their premiums.

2 employees are part time (16 hours) and I did not contribute towards theirs.

All employees had their share of premium deducted from their pay (pre-tax) and I paid the monthly premium.

Initial premium was \$176.79 per month with no prescription coverage. The plan was through Excellus and I would compare it to a Gold offering through the ACA.

At the time of cancellation (12/31/13) I still had 2 full time and 1 part-time employees covered. The cost was now \$226.69 per month.

All of these employees loved these health plans.

Excellus sent a replacement offering that was \$306.36 per month. Other than being much poorer coverage, with co-pays, \$600.00 deductible, inpatient cost of \$1000.00, the following was added: "Pediatric dental is part of essential health benefits designated by New York State. You are being mapped to a plan without pediatric dental. If you do not have separate dental coverage, call your Broker or Sales Representative to review other plans." Where would a person have extra dental coverage? And if they were single, why would they have separate pediatric dental coverage?

I had no choice but to no longer offer health benefits to my employees. Since I have less than 50 employees, I was not required to keep it. My small business could not afford to contribute ½ of the much larger premiums, and these employees could not have afforded to pay their ½.

Here are the losses:

Two of them have had to sign up for a Fidelis plan that is Medicaid based. I know they will have problems if they have any major health issues. They now have co-pays, emergency room costs, and a \$250.00 deductible. This is the only plan they could afford, even though they are getting a large subsidy. These employees are paid \$10.00 per hour, but remember, we only have 32 hour weeks. They did not have any problem on the New York website, got a bill, sent in their payment, but as of this date have to insurance cards.

The other employee, who is retired and only works for me part-time , went on his own and signed up for no subsidy. His plan is \$306.00 per month, but has a lot of higher co-pays and deductibles. He has some health issues and has had yearly surgeries due to a cancerous condition. He has had to cancel a colonoscopy, and an appointment with his cancer doctor because he has no insurance cards yet. He was very satisfied with the other plan he had through Healthy New York, never having any difficulties with his expenses.

I have lost a deduction for my business by not contributing towards a health plan, the employees now have to pay premiums on their own, and therefore cannot pay them pre-tax. So...next year their income will be more and they will lose some subsidy. My workers compensation, disability and unemployment insurances will go up because their taxable pay will be higher.

Because I am a sole proprietor and not incorporated, all of these issues transfer to me personally.

These figures may seem small, but isn't that what small businesses is all about?