From:	Sterling Boon
То:	E-OHPSCA-FAQ.ebsa
Cc:	Kristin Goodale; James Patton; Kathy Sullivan; Paula Boon; ben@benefitcaptivere.com
Subject:	Response to DOL asking for comment on Reference Based Pricing
Date:	Wednesday, May 07, 2014 10:05:40 AM

To Whom it may concern,

I have been covered under a reference based pricing model since January 1, 2014. I have been hospitalized for a brief period and had several outpatient encounters where the physician was actually excited that I was offering a better way to compensate for service than the beat down she was getting from the large PPO networks.

The model works and works well. Hospitals should no longer be able to shove illogical high pricing down the publics throat. I have spoken, in person, to a charitable hospital's CFO in my community and had him tell me he was charging me as much as he possibly could for my services because my insurance company was footing the bill. I am not going to stand for that treatment any longer. Just because I have a PPO health insurance plan hospitals believe it is my responsibility to pay for their charitable indigent care. They then have the nerve to approach me as a private citizen to donate additional funds for them to expand. Everyone paying for this travesty should be shocked at what charitable hospitals think is OK to bill our insurance plans. Why do you think our premiums are so high?

Reference based pricing is the only way to stop this Robin Hood mentality that hospitals think is normal practice. I am here to say that the system of, "usual and customary" pricing is broken and needs to be replaced by "reasonable and fair" pricing. This is the only way we as a country can finally curb excessive healthcare costs and keep government from taking over the the healthcare system in the USA. Hospitals, surgical centers and especially doctors should embrace reference based pricing as the future of medical care reimbursement.

Reference based pricing is the future of healthcare or it will be Medicare for all with all of its inefficiently. Myself and my 220 employees plus their dependents are all covered on a plan that pays roughly Medicare plus forty percent. We are doing fine and we are saving 30% or more on our cost of coverage. Everyone likes the plan except for the charitable hospitals. There is something really wrong with that in my opinion.

Happy to discuss my views with anyone who wants to fix the problem with our healthcare delivery system in the United States today.

Sincerely,

Sterling Boon

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