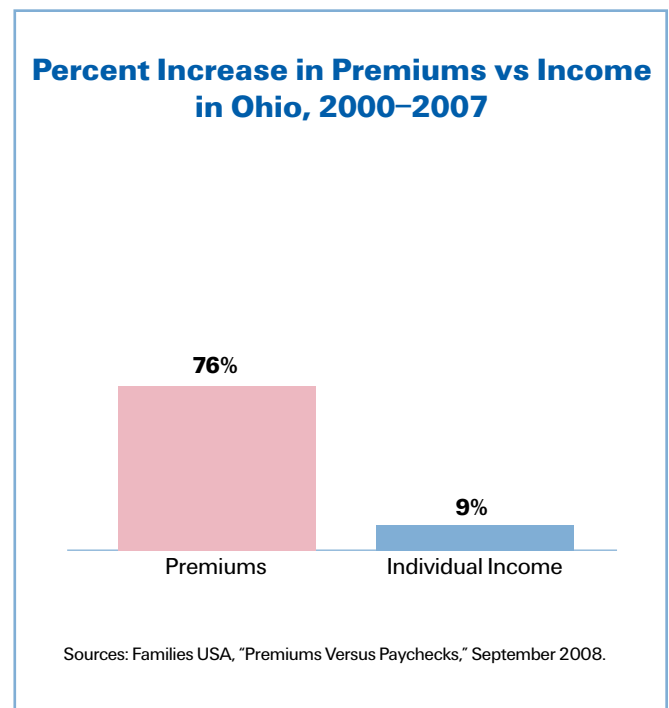
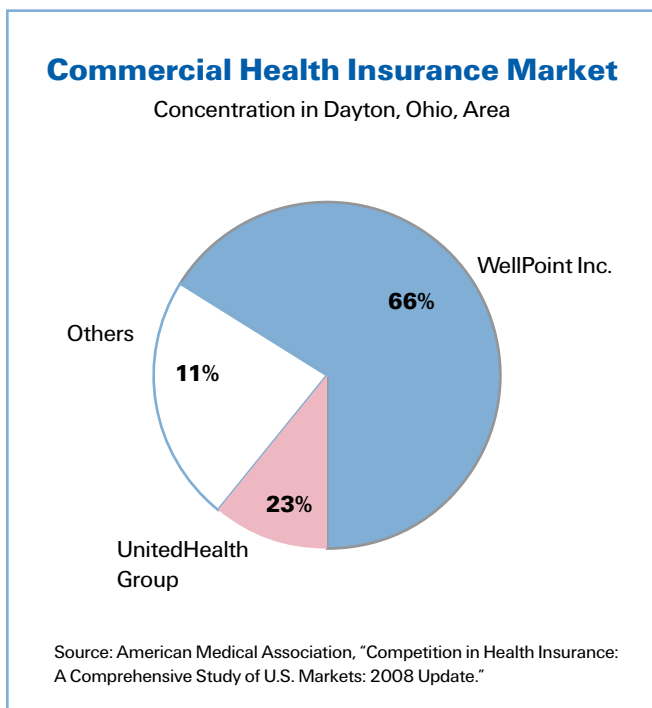


Ohio Consumers Pay the Price For Health-Insurance Market Failure

- WellPoint Inc.'s Anthem Blue Cross and Blue Shield subsidiary is Ohio's biggest health insurer, controlling 41 percent of the state commercial market. Together with Medical Mutual of Ohio, they hold 58 percent of the market.¹
- Local markets are even more concentrated; in the Dayton area, WellPoint and UnitedHealth Group Inc. together hold 89 percent of the commercial market.²
- Health insurance premiums for Ohio working families have skyrocketed, increasing 76 percent from 2000 to 2007.³
- For family health coverage in Ohio during this period, the average annual combined premium for employers and employees rose from \$6,596 to \$11,636.⁴
- For family health coverage in Ohio from 2000 to 2007, the average employer's portion of annual premiums rose 75 percent, while the

- average worker's share grew by 80 percent.⁵
- From 2000 to 2007, the median earnings of Ohio workers increased 9 percent, from \$25,017 to \$27,255. During that time health insurance premiums for Ohio working families rose 8.5 times faster than median earnings.⁶

If one company holds more than a 42 percent share of a market the U.S. Justice Department would consider that market "highly concentrated."⁷ The U.S Justice Department uses a rating system based on market share to determine if a market is concentrated or highly concentrated. If the market is rated from 1,000 to 1,800, it is considered to be "concentrated." Markets rated higher than 1,800 are deemed to be "highly concentrated." This means that an insurer could raise premiums and/or reduce the variety of plans or quality of services offered to customers with impunity.⁸



ENDNOTES

¹AMA data in this report are based on combined enrollment in preferred provider organizations (PPOs) and health maintenance organizations (HMOs) in states and metropolitan statistical areas (MSAs) as defined by the U.S. Census Bureau. The AMA calculates market share by dividing an insurer's enrollment in a given product by the total enrollment across all insurers in a market multiplied by 100. Total enrollment is for commercial products only, including self-insured employer-sponsored PPO plans and individual coverage, and does not include Medicare, Medicaid, or Children's Health Insurance Program enrollments. Self-insured employer plans refer to PPOs only. Accessed at <http://www.ama-assn.org/go/competition2007>.

²Ibid.

³Families USA, "Premiums versus Paychecks," September 2008. Accessed at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.

⁴Ibid.

⁵Ibid.

⁶Ibid.

⁷US Department of Justice, "The Herfindahl-Hirschman Index." Accessed at http://www.usdoj.gov/atr/public/guidelines/horiz_book/15.html; American Hospital Association, "The Case for Reinvigorating Antitrust Enforcement for Health Plan Mergers and Anticompetitive Conduct to Protect Consumers and Providers and Support Meaningful Reform," May 11, 2009. Accessed at <http://www.aha.org/aha/content/2009/pdf/09-05-11-antitrust-rep.pdf>.

⁸The HHI is used by the Department of Justice and the Federal Trade Commission in anti-trust proceedings. The HHI is the sum of the squared market shares of each firm in the market. The more competitive the market, the lower the HHI. The less competitive the market, the higher the HHI. An HHI above 1,800 is rated "highly concentrated." An HHI between 1,000 and 1,800 is considered "concentrated." Accessed at <http://www.usdoj.gov/atr/public/testimony/hhi.htm>.

This report makes use of data published by the American Medical Association (AMA), which is not a member of the Health Care for America Now coalition. The AMA did not collaborate with HCAN on this report.