

South Carolina Consumers Pay the Price For Health-Insurance Market Failure

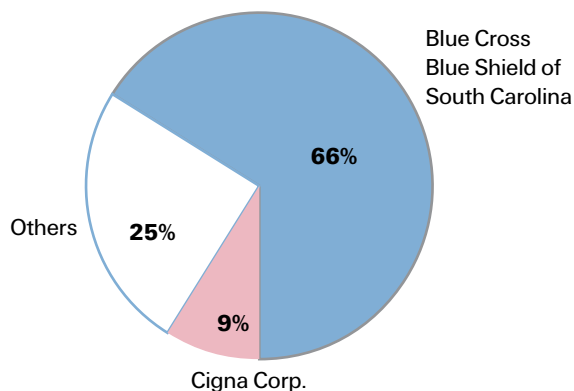
- Blue Cross Blue Shield of South Carolina, the state's dominant insurer, controls 66 percent of the South Carolina commercial health insurance market. Together with Cigna Corp., the state's second largest health insurer, they hold 75 percent of the market.¹
- Health insurance premiums for South Carolina working families have skyrocketed, increasing 76 percent from 2000 to 2007.²
- For family health coverage in South Carolina during that time, the average annual combined premium for employers and employees rose from \$6,600 to \$11,624.³
- For family health coverage in South Carolina, the average employer's portion of annual

premiums rose 74 percent, while the average worker's share grew by 82 percent.⁴

- Between 2000 and 2007, the median earnings of South Carolina workers increased 13 percent, from \$23,057 to \$26,140. During that time health insurance premiums for South Carolina working families rose 5.7 times faster than median earnings.⁵

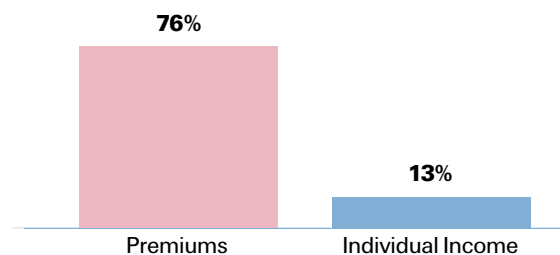
When a firm has more than a 42 percent share of a single market, the U.S. Justice Department considers that market to be "highly concentrated." This means that an insurer could raise premiums and/or reduce the variety of plans or quality of services offered to customers with impunity.⁶

South Carolina Commercial Health Insurance Market Concentration



Source: American Medical Association, "Competition in Health Insurance: A Comprehensive Study of U.S. Markets: 2007 Update."

Percent Increase in Premiums vs Income in South Carolina, 2000–2007



Sources: Families USA, "Premiums Versus Paychecks," September 2008.

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>.

²Families USA, "Premiums versus Paychecks," September 2008. Accessed at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.

³Ibid.

⁴Ibid.

⁵Ibid.

⁶US 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>.

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.