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DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
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**The State of Competition in the  
Small Employer Carrier Health Insurance Market  
in the State of Michigan**

**A Market Competition Study issued by Commissioner Ken Ross**

**May 2010**

## **Office of Financial and Insurance Regulation**

Historically, government regulated insurance, securities, and financial institutions (banks, consumer finance companies and credit unions), separately. A Depression-era federal law known as the Glass Steagall Act (adopted in response to the bank failures following the 1929 stock market crash) specifically prohibited a bank from offering securities and insurance products or engaging in commercial banking. The federal Financial Services Modernization Act of 1999, also known as the Graham Leach Bliley Act (GLBA) repealed the Glass Steagall Act barriers and allowed financial services holding companies to engage in any activity financial in nature so long as it did not cause a safety or soundness issue to the overall financial system.

With changing complexities in insurance, banking and securities, the old-fashioned regulatory model could not keep pace with the marketplace. Michigan became the first state to coordinate the regulation of insurance, financial institutions and securities into one governmental agency, under a single Commissioner, consistent with financial services modernization. Effective April 2000, the Office of Financial and Insurance Services (OFIS) was created by executive order to consolidate the Bureaus of Insurance and Financial Institutions, and the Securities Division of the former Corporations, Securities and Land Development Bureau. The creation of OFIS allowed Michigan regulators to become adept at interpreting and regulating complex financial service entities that did not exist a few years ago.

On February 1, 2008, Governor Granholm signed Executive Order 2008-02, which became effective April 6, 2008. The order changed the official name of OFIS to the Office of Financial and Insurance Regulation (OFIR) to reflect its regulatory and consumer protection focus.

Today, OFIR is responsible for the regulation of Blue Cross Blue Shield Michigan, 26 HMOS, 127 state chartered and savings banks, approximately 174 domestic and 1427 foreign insurance companies, 216 credit unions, 1,858 investment advisers, 2,036 securities broker-dealers, 6172 consumer finance lenders, 171,443 insurance producers, and 123,604 securities agents. OFIR licenses, registers, or charters these entities, conducts safety, soundness, and compliance examinations, and protects and educates Michigan consumers of financial services. Through adaptability and consumer communication, the Commissioner and staff of the OFIR strive to be the preeminent financial regulators in the United States.

OFIR is headed by Commissioner Ken Ross who was appointed by Governor Jennifer M. Granholm effective February 22, 2008.

## Executive Summary

On July 21, 2003, Governor Granholm signed into law Public Act 88, which added Chapter 37 to the Michigan Insurance Code of 1956, MCL 500.3701 et seq. The legislation had an effective date of January 23, 2004.

MCL 500.3721 requires the Commissioner to issue an annual report and certify whether a reasonable degree of competition exists in the small employer health benefit plan market on a statewide basis in Michigan. This is the fourth annual report issued by the Commissioner measuring the degree of competition in the small employer health benefit plan market. Previous reports found that a reasonable degree of competition existed on a statewide basis.

**For the calendar year ending December 31, 2009, the Commissioner concludes that there is a reasonable degree of competition in the small employer health benefit plan market on a statewide basis in Michigan. This report shows that there is carrier dominance in the small employer health benefit plan market, but also shows that the market is dynamic with new carriers entering, exiting, and market share fluidity. The Commissioner finds that there is an availability of carriers and carrier types, benefit and price options, and that the availability extends to all geographic regions for all small employer types within the state.**

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## Introduction

Chapter 37 of the Michigan Insurance Code of 1956 provides the regulatory framework for small employer health benefit plans. Among other things, it provides certain protections that already existed under the federal Health Insurance Portability and Accountability Act (HIPAA) for guaranteed issuance of health care coverage in the small employer health benefit plan market as well as rating limitations for small employer health benefit plans. Small employers are defined under MCL 500.3701(p) as:

*Any person, firm, corporation, partnership, limited liability company, or association actively engaged in business that, on at least 50% of its working days during the preceding and current calendar years, employed at least 2 but not more than 50 eligible employees. In determining the number of eligible employees, companies that are affiliated companies or that are eligible to file a combined tax return for state taxation purposes shall be considered 1 employer.*

Pursuant to MCL 500.3721(1), the Commissioner of the Office of Financial and Insurance Regulation (OFIR) is required by May 15, 2007, and each May 15 thereafter, to issue an annual report and make a determination whether a reasonable degree of competition in the small employer health benefit plan market exists on a statewide basis in Michigan. Section 500.3721(1) requires that the report be based on relevant economic tests, including those stated in section 500.3721(3) and that the report findings shall not be based on any single measure of competition, but appropriate weight shall be given to all measures of competition.

## **Standards of Competition Applied in this Study**

MCL 500.3721(3) states that all of the following factors shall be considered by the Commissioner for the purpose of determining whether a reasonable degree of competition exists in the small employer carrier health market on a statewide basis:

- a) The extent to which any carrier controls all or a portion of the small employer carrier benefit plan insurance market.
- b) Whether the total number of carriers writing small employer health benefit plan coverage in Michigan is sufficient to provide multiple options to small employers.
- c) The disparities among small employer health benefit plan rates and classifications to the extent that such classifications result in rate differentials.
- d) The availability of small employer health benefit plan coverage to small employers in all geographic areas and all types of business.
- e) The overall rate level must not be excessive, inadequate, or unfairly discriminatory.
- f) Any other factors the Commissioner considers relevant.

## Data Collection

Financial data was collected and reviewed from the quarterly and annual financial statements that carriers are required to file with OFIR. Michigan requires all insurers with any type of accident and health authority under the Michigan Insurance Code to submit Michigan form FIS 0322. In 2009 OFIR revised the reporting form in an effort to capture more accurate data. The revision requires carriers to provide more detailed information relative to coverage types.

On the FIS 0322, carriers report the number of policies in force, member months, number of lives insured, direct premiums written, and direct losses paid. Data from the FIS 0322 as well as company financial statements are being used to evaluate the state of competition in the small employer health carrier benefit market. The summary of this data is included at the end of this report in Appendix A.

## Data Analysis

Consideration is given to each factor that is identified in MCL 500.3721(3) for the purpose of determining whether a reasonable degree of competition exists in the small employer health benefit plan market.

***Factor (a) The extent to which any carrier controls all or a portion of the small employer carrier benefit plan health insurance market:***

In order to measure the degree to which any carrier controls a portion of the small employer health benefit plan market, an analysis was performed using the following indicators: member months, policies in force, number of lives insured, Michigan direct premiums written, and Michigan direct losses paid. All the information used to measure market share was taken from the FIS 0322s.

The data consistently demonstrates that there is a high concentration of carriers that represent the top 80% of the market share in the small employer health benefit plan market (See Figure 1). In 2009, the total of member months for all carriers equaled 8,307,232; of the total, seven carriers held 81.4% of the market share. For all writers of small employer health benefit plans, direct premiums written in Michigan totaled \$2,179,177,739; six companies held 80.7% of the market share based on premium written. Using the 2009 policies in force measure totaling 257,614 for all reporting companies, three companies held 84.3% of the market share. Out of the 615,970 total number of lives insured, seven companies held 81.9% of the market share. There was a total of \$1,812,051,984 in Michigan direct losses paid in the small employer health benefit plan market; five companies paid 81.2% of those losses.

Figure 1: 80% Market Share per Measurement Used

	<b>Member Months</b>	<b>Direct MI Premiums Written</b>	<b>Policies in Force</b>	<b>Number of Lives Insured</b>	<b>MI Direct Losses Paid</b>
Blue Cross Blue Shield of MI	41.8%	48.4%	49%	41.1%	47.7%
Priority Health	11.6%	11.2%		12.4%	12.6%
Blue Care Network	10.8%	12.3%	22.4%	11.1%	11.8%
US Health and Life Ins. Co.	8%				
Humana Ins. Co.	3.5%	3%		3.5%	2.9%
Priority Health Ins. Co.	3.1%	3.2	12.9	7.9%	3.6%
Aetna Life Ins. Co.		2.6		3.2%	
Principal Life Ins. Co.	2.6%				2.6%
UnitedHealthcare Ins. Co.				2.6%	
<b>TOTALS</b>	<b>81.4%</b>	<b>80.7%</b>	<b>84.3%</b>	<b>81.8%</b>	<b>81.2%</b>

This report gives a historical perspective and analysis of market share based on Member Months. (See Figure 2). The member months data indicates that in 2003, 80% of the market was controlled by five writers of small employer health benefit plans. The 2009 data indicates that seven companies hold 80% of the market share. Of the five carriers comprising 80% market share in 2003, one was a nonprofit health care corporation, three were health maintenance organizations (HMOs), and one was a commercial insurance company. In 2009, the composition of the small employer group health benefit carrier market was similar to the market composition in 2003. In 2009, 80% of market share based on member months consisted of one nonprofit health care corporation, two HMOs, and four commercial insurance companies. The data reveals that relative to carrier market share expressed as member months, there is fluctuation in the market and there exists the ability for new entities to compete.

Figure 2 below shows the carriers that held at least 80% of the small employer health benefit plan market from 2003 through 2009 based on member months. Shown in Figure 2, three carriers have consistently held a place in the top 80% of market share for all of the tracking years. Figure 2 also shows that other carriers have been able to climb into the 80% market share bracket. One test of competition is measured by the ability to enter a market and the data from Figure 2 demonstrates that the ability to enter the market exists in Michigan. While Blue Cross/Blue Shield of Michigan has consistently held the largest share of the small employer health benefit plan market, other insurers are also able to compete within the market as well as change their relative position within the market.

**Figure 2: Carriers Comprising 80% Market Share by Member Months Per Year**

<b>Market Share Based on Member Months</b>							
<b>Carrier</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Aetna					2.7%	3.6%	
AMS	2.9%	3.1%	3.9%	2.9%			
BCN	7.2%	6.3%	7.8%	8.0%	12.8%	11.2%	10.8%
BCBSM	59.1%	59.1%	52.2%	42.8%	46.4%	49.4%	41.8%
Care Choices				9.9%			
HAP	3.5%	3.1%					
Humana Ins. Co.			3.5%	2.8%	3.1%		3.5%
Principal Life Ins. Co.			2.6%	3.3%	3.3%	3.2%	2.6
Priority Health	8.2%	9.3%	11.9%	11.5%	11.8%	9.6%	11.6%
Priority Health Insurance Co.							3.1%
Midwest Security Life Ins. Co.						3.0%	
U.S. Health and Life Ins. Co.							8%
<b>Totals</b>	<b>80.9%</b>	<b>80.9%</b>	<b>81.9%</b>	<b>81.2%</b>	<b>80.1%</b>	<b>80%</b>	<b>81.4%</b>

**Findings from data in small employer group health insurance market share from 2003 through 2009 based on member months:**

- Two entities, Blue Cross/Blue Shield of Michigan and Blue Care Network, had consistently held the number one and two ranks (respectively) of 80% of the market share from 2003 through 2008; however, based on this measure of market share, Priority Health is the second ranked carrier, followed closely by Blue Care Network.
- In 2003 and 2004, five entities held 80% of the market share; in 2005, 2007, and 2008, six entities held 80% of the market share; in 2006 and now 2009, seven entities held 80% of the market share.
- Five carriers have held a rank of 80% market share from 2003 to 2009.
- Four carriers gained market share in 2009 and five carriers lost market share. Two carriers moved into the top 80% of market share in 2009 that have never held a ranking in the top 80%. One carrier, Humana Insurance Company has moved in and out of the top market share position since the enactment of PA 88 of 2003.
- The distribution by carrier type comprising the top 80% market share of the small employer health benefit plan market in 2009 includes: one nonprofit health care corporation, two HMOs, and four commercial insurers.

***Factor (b) Whether the total number of carriers writing small employer health benefit plan coverage in this state is sufficient to provide multiple options to small employers:***

Information from the FIS 0322s indicates that approximately 40 carriers offered coverage in the small employer health benefit plan market in 2009. In 2003, 43 carriers were writing in the small employer health benefit plan market. By 2006, that number had dropped slightly to 41. The 2007 data indicate that the market expanded to 54 carriers writing in the small employer health benefit plan market. Although there is fluctuation in the number of carriers in the small employer health benefit plan market, there appears to be adequate penetration of carriers to give small employers a choice of not only carrier but also type of carrier. Coverage may be obtained from entities that include a nonprofit health care corporation, health maintenance organizations, and commercial carriers.

***Factor (c) The disparity among small employer health benefit plan rates and classification to the extent that such classifications result in rate differentials:***

Prior to the implementation of Chapter 37, BCBSM varied the rates it charged to small employers based on the employer's industry classification, geographic area, and the participation rate of employees within an employer group choosing BCBSM. HMOs could rate small employers based on the age, gender, industry, and geographic location of the group. Adjusting rates based on participation rates was not prohibited, but not used by HMOs. Commercial carriers were allowed to rate based on any of the above-named criteria, plus they were allowed to rate based on the health status of persons within the small employer group.

MCL 500.3705(2)(a) limits the rating classifications that may be used depending on the type of carrier. A nonprofit health care corporation is limited to industry and age only. For a health maintenance organization, only industry, age, and group size may be used. For commercial carriers, industry, age, group size, and health status may be used for determining premiums.

The premium data reveals that in spite of rating limitations for nonprofit healthcare corporations, the healthcare corporation maintains the largest market share for all values measured: member months, policies in force, lives covered, premium written, and losses paid. The ability for HMOs to rate only on industry and age has not created an environment where HMOs cannot compete in the small group health benefit market. Although commercial carriers are the only carriers permitted to use health status as a rating factor, the commercial carrier premium data indicates that inflated premiums are not predominant in the small group market. The data supports the position that small employer health benefit market premiums are based on geographic location and plan design rather than rating factors.

***Factor (d) The availability of small employer health benefit plan coverage to small employers in all geographic areas and all types of business:***

MCL 500.3705(1) permits carriers to establish up to 10 geographic areas in Michigan for rating purposes. We have determined that there is adequate availability of small employer health benefit plan coverage to small employers in all geographic areas. Blue Cross/Blue Shield of Michigan must consider the entire state of Michigan as its geographic area for marketing. There are nine HMOs offering small employer group health benefits with service areas ranging between 1 to 51 counties. Commercial carriers are not limited to service areas so coverage by an authorized commercial carrier may be sold anywhere in the state where there is a sales force.

***Factor (e) The overall rate level must not be excessive, inadequate, or unfairly discriminatory:***

Strict standards for rate adjustments were added for all carriers in Chapter 37. All carriers were allowed to continue the practice of adjusting rates based on geographic location, with no carrier being allowed more than 10 geographic areas within the State of Michigan. No geographic area could be smaller than an entire county.

The concepts of “rate bands” and “case characteristics” were introduced. Within a geographic area, a carrier could only vary the rate it charged for a given benefit plan by a certain percent. Within the band, rate variances could only be considered for specific case characteristics.

In order to verify that small employer health carriers were compliant with these requirements, MCL 500.3715(2) required each small employer health benefit plan carrier to file with the Commissioner an actuarial certification each March 1<sup>st</sup> stating that the carrier is in compliance and the rating methods used by the carrier are actuarially sound.

The rate bands established under MCL 500.3705(2) for BCBSM and HMOs were +/- 35% of the average, or index rate. Commercial carriers were allowed more flexibility, and could vary their rate

by +/- 45% of the established index rate for a given benefit plan. Generalizing information from forms submitted by Blue Cross/Blue Shield of Michigan as well as HMOS, carriers offer a wide range of products, rates and pricing options. The diversity of choices indicates that there is competition in the small employer health benefit plan carrier market as there was no sign of stagnation in the market.

Rates charged to small employer groups increased each year from 2005 – 2007 and then decreased slightly in 2008 and increased by a small percent in 2009. Generally, the average rate, which appears in Figure 5, has grown at a faster pace than the U.S. Bureau of Labor Statistics’ Consumer Price Index (CPI) for medical care. It is not possible to state with certainty what impact the implementation of Chapter 37 has had on average premiums.

**Figure 5: Small Employer Carrier Coverage Average Premium Compared to Increase in Cost of Medical Care**

<b>Year</b>	<b>Medical CPI</b>	<b>Average Premium</b>	<b>% Change in Average Premium</b>
2003	3.70%	\$248.47	
2004	4.20%	\$205.11	-21.10%
2005	4.30%	\$243.42	15.70%
2006	3.60%	\$250.54	2.80%
2007	5.20%	\$287.45	12.80%
2008	3.20%	\$277.17	-3.7%
2009	3.20%	\$278.54	.5%

Source: Data submitted to OFIR by carriers on Form FIS 322 which appears in Appendix A.

***Factor (f) Other factors the Commissioner considers relevant:***

It is important to include in this report that the enactment of HR 3590; titled “The Patient Protection and Affordability Care Act” (PPACA) will likely have an effect on the small employer health insurance market. Michigan has been monitoring the state of competition among small employer group health benefit carriers to measure what impact Public Act 88 of 2003 has had on this market. Historically, the market has been highly concentrated but there also has been evidence that competition within this market exists, even amid drastic economic hardship in 2008 and 2009.

Some of the changes that are likely to impact the small employer group health market due to the PPACA include the introduction of health insurance exchanges in 2014; the expansion of eligibility under the Medicaid program, causing some low wage earners to seek coverage under Medicaid or through subsidized coverage through the exchange; the creation of the Small Business Health Options Program (SHOP), an exchange exclusively for the use by small employers; the option for

states to integrate their individual and small employer group markets in 2014; as well as tax benefits to employers who offer coverage and penalties for those who either choose not to offer coverage or offer plans that have a financial disadvantage to employees.

All of the changes in the PPACA will affect not only employees and employers but carriers, policy makers and regulators as well. There are challenging, yet, exciting changes coming with the implementation of historic healthcare reform brought about under the PPACA. It will be interesting to see how these changes impact the state of competition in the small employer group health benefit market in Michigan.

Because so many differing economic factors are relevant, it is difficult to determine which factors had an impact on the state of competition in the small employer group health market. The following section will provide the findings and conclusions of the small employer health benefit plan carrier information; it will not attempt to explain its causation.

## **Conclusions**

In response to Factor (a) the Commissioner finds that, while Blue Cross/Blue Shield of Michigan (BCBSM) is the dominant carrier in the small employer health benefit plan market, BCBSM's dominance has not prevented other carriers from entering, exiting, or changing relative positions in the market.

In response to Factor (b) the Commissioner finds that there are adequate numbers and types of carriers in the small employer health benefit plan market in Michigan. He finds that carriers in this market have numerous plan options available to small employers.

In response to Factor (c) the Commissioner finds that the rate differentials seen in the small employer health benefit plan market are based on geographic location and plan design more than that of classifications.

In response to Factor (d) the Commissioner finds that small employer health benefit plans are available to all types of small businesses in all geographic areas in Michigan.

In response to Factor (e) the Commissioner finds that the overall rate levels were not excessive, inadequate, or unfairly discriminatory.

In response to Factor (f) the Commissioner recognizes the significance of the Patient Protection and Affordability Care Act and its likely impact on the small employer group health benefit market. It is likely that the landscape of competition within this market will change over the next several years.

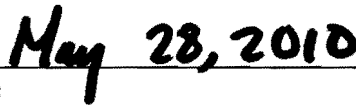
## Certification

Based on these conclusions as supported by the data found in this report, the Commissioner finds there is a reasonable degree of competition in the small employer health benefit plan market on a statewide basis.



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Ken Ross  
Commissioner



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Date

	<b>2009 Small Employer Group Health Benefit Carriers</b>	<b>Policies in Force</b>	<b>Member Months</b>	<b>Number of Lives</b>	<b>Direct Written Premium</b>	<b>Direct Losses Paid</b>	<b>Entity Type</b>
1	AETNA HEALTH INC.	0	0	0	0	1189	HMO
2	AETNA LIFE INSURANCE COMPANY	1051	215959	21013	57318269	34057972	INS
3	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	687	70899	6149	18018434	13271978	INS
4	AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	423	2616	5589	17449329	12705966	INS
5	AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	1	2	4	35928	6674	INS
6	AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE	0	0	0	0	153108	INS
7	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY	0	0	0	0	-31244	INS
8	BLUE CARE NETWORK OF MICHIGAN	57670	900544	72389	269000516	213579719	HMO
9	BLUE CROSS AND BLUE SHIELD OF MICHIGAN	126125	3486708	267760	1054015311	865068088	HMDI
10	COMPANION LIFE INSURANCE COMPANY	136	0	1870	2273237	1069270	INS
11	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	6	156	13	97193	32183	INS
12	CONSUMERS LIFE INSURANCE COMPANY	1	10	1	10931	15924	INS
13	CONTINENTAL AMERICAN INSURANCE COMPANY	1740	0	1740	51413	14626	INS
14	CONTINENTAL GENERAL INSURANCE COMPANY	235	6456	538	1362667	1106080	INS
15	FEDERATED MUTUAL INSURANCE COMPANY	338	60169	5137	14784627	12061945	INS
16	GRAND VALLEY HEALTH PLAN	1033	17874	1547	5510357	0	HMO
17	HEALTH ALLIANCE PLAN OF MICHIGAN	392	81734	6621	27085225	24715911	HMO
18	HEALTHPLUS INSURANCE COMPANY	2237	52311	4585	17091401	20351306	INS
19	HEALTHPLUS OF MICHIGAN, INC	3212	87859	6145	23277591	20381777	HMO
20	HUMANA INSURANCE COMPANY	1330	288272	23029	64203391	52192160	INS
21	IBA HEALTH AND LIFE ASSURANCE COMPANY	0	0	0	0	6751	INS
22	JOHN ALDEN LIFE INSURANCE COMPANY	0	86746	6796	21027430	17193772	INS
23	JOHN ALDEN LIFE INSURANCE COMPANY	0	371	26	187807	84708	INS
24	LIBERTY UNION LIFE ASSURANCE COMPANY	660	87063	6769	18311012	13048506	INS

25	MADISON NATIONAL LIFE INSURANCE COMPANY, INC.	260	36744	3062	15132332	11382518	INS
26	MCLAREN HEALTH PLAN, INC.	2945	55969	5253	17849070	15592090	HMO
27	MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	0	7	0	3327	1716	INS
28	MIDWEST SECURITY LIFE INSURANCE COMPANY	1597	188036	12911	47103468	39464764	INS
29	NIPPON LIFE INSURANCE COMPANY OF AMERICA	54	18391	1626	4302729	2987754	INS
30	PARAMOUNT CARE OF MICHIGAN, INC.	371	23408	1868	7277165	6970111	HMO
31	PARAMOUNT INSURANCE COMPANY	599	42313	3526	9170241	11115029	INS
32	PHPMI INSURANCE COMPANY	23	5710	454	1811456	1180966	INS
33	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	368	56247	4200	21436092	20201830	HMO
34	PRINCIPAL LIFE INSURANCE COMPANY	1326	218303	16195	52736215	46760323	INS
35	PRIORITY HEALTH	33115	966741	80562	245933847	228481651	HMO
36	PRIORITY HEALTH INSURANCE COMPANY	14379	255787	51315	68890686	66006323	INS
37	STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK	38	3624	212	1187142	927600	INS
38	TIME INSURANCE COMPANY	0	15763	1046	4542397	3188326	INS
39	TIME INSURANCE COMPANY	0	93	0	23756	47310	INS
40	TOTAL HEALTH CARE USA, INC.	3970	74635	6317	19211368	14915013	HMO
41	TRUSTMARK LIFE INSURANCE COMPANY	89	17493	1498	30661	4005417	INS
42	UNICARE LIFE & HEALTH INSURANCE COMPANY	47	7422	620	1958817	834206	INS
43	UNION SECURITY INSURANCE COMPANY	59	6197	509	2052782	1811458	INS
44	UNITEDHEALTHCARE INSURANCE COMPANY	1088	202584	16882	33714503	22911696	INS
45	US HEALTH AND LIFE INSURANCE COMPANY	8	666004	6191	13697526	12177514	INS
46	WILTON REASSURANCE LIFE COMPANY OF NEW YORK	1	12	2	90	0	INS
	<b>Totals</b>	<b>257614</b>	<b>8307232</b>	<b>651970</b>	<b>2179177739</b>	<b>1812051984</b>	