

My name is Abigail Giedd, I'm 61 years old, divorced as of 2014, and pay for my own health insurance. I'm fortunate in that I am adequately provided for, and consider myself middle class. My income has always been slightly too much to qualify for insurance subsidies, but in the beginning that wasn't a problem. In 2015, I had a really good silver plan that cost \$505 a month. The next year, 2016, I switched to a more managed care silver plan from a different provider for \$438 a month. I don't remember what the deductible was, probably because it wasn't a particularly memorable amount.

Fast forward to 2021. In the intervening years, the cost of insurance has risen steeply, as has the deductible. I've switched carriers a couple of times, which means that I haven't always been able to stay with a doctor that I liked. For about the last three years, I've carried a bronze plan in order to stay within what I consider a reasonable budget for health insurance. I now pay \$678 for a bronze plan that has an \$8550 deductible. A silver plan from the same carrier, which is the exact same plan I had in 2016 for \$438 a month, now costs close to \$884 a month. If I made about \$1000 less per year, I would qualify for around \$200 a month in subsidies. As I said, I'm fortunate. I'm in relatively good health, and if a sudden medical emergency or health condition emerged, I could cover my deductible- but only once or twice before my savings would be decimated.

I support a public option because every year, when the time comes around to choose my coverage, I feel as though I'm rolling the dice- can I make it another year with health insurance more appropriate for a healthy young person, until I reach the safety of Medicare? I say this knowing that I am one of the lucky ones. If I had for example, a chronic medical condition, my situation would be much worse. I've had health and injury scares a couple of times that resolved themselves with little or no treatment, but one day, I might not be so fortunate. No one should have to choose between adequate health coverage and paying, in my case, approximately a quarter of their monthly income to stay healthy, or avert medical and financial disaster.