

OIC Rules Coordinator

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In regards to the 80% coverage by insurances leaving the provider or patient to cover the difference for auto claims and the auto insurance agencies private database to reduce payout to providers and expecting the patients, the insurances "customers" to cover the difference out of pocket.

We as the consumer for insurance coverage cannot even negotiate the terms. Everything is coercive as to choose a "package" of a, b, or c..... As to Auto you can select from a variety of coverages. But why is the coverage not standardized to cover ALL in FULL and have a flat rate that is affordable to all? If the state feel so empowered to force this on everyone it should be made reasonable available to all. If the justification is for public safety to force everyone to have insurance it should be full coverage that anyone can afford!

To allow the insurances to be able to arbitrarily deny coverage due to loop holes and secret codes that can deny claims that is not protecting the consumer. Penalties and deductibles should be on the agencies to ensure better business practices. That the agencies are protected alone shows in bias to the private companies on the states part.

When hiring a lawyer to manage a PI claim the lawyers will keep the victims in the dark using loop holes to place liability on providers in order to appear as they are championing for more pay out for the client all while collecting an equal or inflated portion of that very same payout. Collecting 30-40% of the settlement.... How is that justifiable? What happened to reasonable attorney fees for representation? If the insurance agreements weren't so convoluted and complicated then people could handle these without legal representation. Seems like a grand conspiracy to extort people as well as ensure job security for specific industries.

As to the dividend of patient responsibility... If someone is paying for a service up front with no reimbursement if not utilized services within that fiscal year of "membership"/ coverage how can it be justifiable to incur additional costs on the member/patient when service is utilized? This is obviously a money grab and rises to the definition of a Ponzi scheme that has been State sanctioned. Flat fees and rates for a service is fair practice. How do consumer laws not protect or dictate these simple criteria?

I have never understood nor agreed with the fact that auto insurance is mandatory by law. How can legislature force anyone to contract with a private entity? If the state expects it to be mandatory it should be managed through the DOL or publicly owned entity that can be open to that public scrutiny. Not a private insurance agency that can close its records when swindling its "customers" imo.

All in all in my experience Insurance does nothing to protect the injured party. It is a means to make profit for all involved except the victim. Infact the victim ends up paying for most of these tragic events. The time the hassle the expense does not justify even having insurance. But alas we are all

forced to participate otherwise we will face additional monetary consequences. Having insurance is not peace of mind. It is oppression by definition and extortion in part.

Something has to change the regulations needs to happen now focusing on those who profit from others trauma!