

Will Unvaxxed Get Hit With Higher Insurance Charges?

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › August 25, 2021, Delta Air Lines announced that unvaccinated employees who are on the company health plan will have a \$200 monthly surcharge added
- › A number of federal statutes — including the Patient Protection and Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) — prohibit group health plans and insurers from discriminating against individuals based on health factors
- › However, by making COVID-19 injections a requirement of the company’s wellness program, Delta may be able to skirt legal issues
- › It’s possible that Delta’s decision to penalize people for choosing to avoid a COVID-19 injection could be seen as a form of coercion, as the Equal Employment Opportunity Commission requires that penalties not be so large as to be coercive
- › Delta’s surcharge for unvaccinated employees also neglects to differentiate those who choose not to get injected because they already have natural immunity from a prior COVID-19 infection
- › If reducing health care costs is the goal, Delta could offer their employees access to inexpensive early COVID-19 treatment and ensure such costs are covered by their health insurance plans

Million-dollar raffles. Free beer and doughnuts. \$100 cash. Even a TikTok contest.¹ These are just a few examples of the “incentives” being offered to entice people into

getting a COVID-19 injection. Putting aside the fact that incentives are ethically suspect, an example of exploitation² and, like coercion, are a method to get people to do what you want,³ statewide incentives programs have had no effect on daily injection rates.⁴

Since that didn't work, the powers that be are moving away from incentives and toward disincentives — like job loss, loss of privileges and higher health insurance costs — to get a needle in every arm.

Delta Air Lines Charges Extra \$200 a Month to Unvaxxed

August 25, 2021, Delta Air Lines announced that unvaccinated employees who are on the company health plan will have a \$200 monthly surcharge added, effective November 1, 2021. It's said that in the two weeks after Delta made the announcement, 20% of Delta's unvaccinated employees had since gotten the injection, raising the company's injection rate from 74% to 78%.⁵

In an employee memo, Delta Air Lines CEO Ed Bastian defended the significant premium hike for unvaccinated employees, stating, "The average hospital stay for COVID-19 has cost Delta \$50,000 per person. This surcharge will be necessary to address the financial risk the decision to not vaccinate is creating for our company."⁶

It's yet another example of the injection-only mindset that has proliferated since the start of the pandemic. In the U.S. and much of the world, COVID-19 is still being regarded as a disease that should only be treated once a person is hospitalized. At that point, the person is already seriously ill and has missed the opportunity for inexpensive, early treatment options that have shown significant success in reducing rates of hospitalization and death.⁷

If reducing health care costs is the goal, Delta could offer their employees access to inexpensive early COVID-19 prevention and treatment and ensure such costs are covered by their health insurance plans. Early treatment isn't even mentioned, however, and many employees will be reluctant or unable to absorb an extra \$200 a month on top of their regular insurance premium.

A number of federal statutes – including the Patient Protection and Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) – prohibit group health plans and insurers from discriminating against individuals based on health factors.

However, by making COVID-19 injections a requirement of the company's wellness program,⁸ Delta may be able to skirt legal issues,⁹ as they're "rewarding" members who participate in the wellness program by letting them avoid the premium surcharge hoisted on the unvaccinated.

Is Delta's Surcharge Coercion?

One of the principles of the Nuremberg Code is that humans must give voluntary consent when participating in medical experiments, and that consent must be given, among other things, "without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion."¹⁰

As an emergency use authorization, the mass jab administration constitutes a research trial. While the Pfizer-BioNTech COVID-19 jab received FDA approval August 23, 2021, the injection's approval represents the fastest approval in history,¹¹ granted less than four months after Pfizer filed for licensing May 7, 2021.¹² So for all intents and purposes, it's still in the research phase.

It's quite possible that Delta's decision to penalize people for choosing to avoid a COVID-19 injection could be seen as a form of coercion. While health insurance companies have long charged higher premiums based on factors like smoking, the Equal Employment Opportunity Commission requires that penalties not be so large as to be coercive.¹³

Delta's \$200 a month surcharge does not appear to meet this federal requirement. As Axios reported:¹⁴

"Rewards and penalties in a wellness program also can't exceed 30% of the cost of employee-only coverage, which in 2020 averaged \$7,470, according to the

Kaiser Family Foundation. Delta's \$200-a-month penalty, or \$2,400 for the year, exceeds 30% of that average and would more than double the average worker contribution. Other companies have been contemplating much lower surcharges.

... The policy might not even affect all Delta employees, based on a closer read of the company's language. Delta specifically said this will apply to unvaccinated workers in its 'account-based health care plan,' which presumably are only those who have some type of health savings account."

What About People Who Are Naturally Immune?

Delta's surcharge for unvaccinated employees also neglects to differentiate those who choose not to get injected because they already have natural immunity from a prior COVID-19 infection. This is likely to prompt more than a few lawsuits, especially since it's been shown that natural immunity may protect you significantly better than an injection.

Data presented July 17, 2021, to the Israeli Health Ministry revealed that, of the more than 7,700 COVID-19 cases reported since May 2021, only 72 occurred in people who had previously had COVID-19 – a rate of less than 1%. In contrast, more than 3,000 cases – or approximately 40% – occurred in people who had received a COVID-19 vaccine.¹⁵ As reported by Israeli National News:

"With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID.

By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave."

In other words, those who were vaccinated were nearly 700% more likely to develop COVID-19 than those who had natural immunity from a prior infection – and this is largely in response to the Delta variant.¹⁶ While it's not surprising that Delta hasn't made this distinction, considering that U.S. health officials have also refused to do so, penalizing a person for not receiving an injection they don't need is an ethical nightmare.

Worse still, other airlines, including United Airlines and Hawaiian Airlines, have said they'll mandate COVID-19 injections for employees,¹⁷ whether they're already naturally immune or not.

Health Insurers Passing COVID-19 Costs Back to Patients

At the beginning of the pandemic, most private health insurers waived out-of-pocket costs for COVID-19 treatment. Among Americans with health insurance, 88% would have received COVID-19 care for free if they were hospitalized.¹⁸ This is no longer the case, however.

According to research by the Kaiser Family Foundation (KFF), 72% of the two largest insurers in each state are no longer waiving the cost of COVID-19 treatment, and another 10% plan to phase out waivers by the end of October 2021.¹⁹ KFF took this as an opportunity to warn unvaccinated people that they're likely to see higher medical bills:²⁰

"... as vaccines have become widely available to adults in the U.S. and health care utilization has rebounded more generally, health insurers may no longer face political or public relations pressure to continue waiving costs for COVID-19 treatment.

As more waivers expire, more people hospitalized for COVID-19 – the vast majority of whom are unvaccinated – will likely receive significant medical bills for their treatment."

Media reports keep referring to the pandemic as a crisis of the unvaccinated, but this is simply inaccurate, since COVID-19 continues to affect and spread among those who have been vaccinated. The CDC's Morbidity and Mortality Weekly Report (MMWR)

posted online July 30, 2021 details an outbreak of COVID-19 that occurred in Barnstable County, Massachusetts – 74% of the cases occurred in fully vaccinated people.²¹

Not only that, the CDC's definition of "fully" vaccinated skews the unvaccinated numbers: You are not considered fully vaccinated until at least two weeks have passed since you received the last dose of your chosen vaccine's recommendations. Otherwise, you're simply listed as unvaccinated. That means that numerous people who have had both injections could still be reported as unvaccinated if they become ill less than 14 days after getting their last shot.²²

Even with that definition, it's not only unvaccinated people who are being hospitalized for COVID-19. According to the U.S. Centers for Disease Control and Prevention, 1,271 new COVID-19 hospitalizations occur daily among fully vaccinated adults.²³

The real tragedy here is how many of those hospitalizations could have been prevented if people were offered prompt, early treatment for COVID-19 at the first signs of illness, such as that recommended by the Front Line COVID-19 Critical Care Working Group (FLCCC).²⁴

Will Your Doctor Refuse to Treat You Unless You Get the Jab?

Dr. Linda Marraccini in South Miami, Florida, announced that she would no longer treat patients who have not received at least one COVID-19 injection, stating that "the health of the public takes priority over the rights of any given individual in this situation."²⁵ But does it?

Marraccini said she would make exceptions for people with a "valid medical reason" not to get injected, but what about people with natural COVID-19 immunity? Why should they be exposed to the risks of the jabs if they're already immune? An equally worthy question applies to children and young people, who are at low risk from COVID-19 but could be harmed by the vaccination.

Because of the risk of the formation of blood clots in your vessels following COVID-19 injections, Sucharit Bhakdi, a retired professor, microbiologist and infectious disease

and immunology specialist who, along with several other doctors and scientists, formed Doctors for COVID Ethics, believes that giving the COVID-19 injection to children is a crime: “Do not give it to children because they have absolutely no possibility to defend themselves.

If you give it to your child you are committing a crime.”²⁶ Due to myocarditis risks in youth, Britain’s Joint Committee on Vaccination and Immunization (JCVI) is also taking a precautionary approach for COVID-19 injections among 12- to 15-year-olds. Wei Shen Lim, COVID-19 chair for JCVI, stated, “The margin of benefit is considered too small to support universal Covid-19 vaccination for this age group at this time.”²⁷

Dr. Jason Valentine of Alabama, also announced that he would stop seeing unvaccinated patients beginning October 1, 2021.²⁸

“We do not yet have any great treatments for severe disease, but we do have great prevention with vaccines,” he said in a letter to his patients, parroting the misleading propaganda that ignores the early treatment protocols that have had great success in treating COVID-19 illness before it gets serious²⁹ — and the fact that the injections’ effectiveness is quickly waning.³⁰

Parents have been facing this type of discrimination for years — having pediatricians refuse to treat their children if they weren’t vaccinated according to the CDC’s federal vaccination schedule — but it’s disheartening to see the practice continuing and putting more people at risk of not receiving the health care that they need.

Fortunately, there are many other physicians who believe in the Hippocratic Oath, which requires doctors to treat all patients as best they can, and the protection of medical freedom, so unvaccinated individuals don’t have to feel cornered into making a particular health care decision in order to receive medical care.

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