

RETIREE HEALTH CARE ADVISORY COMMITTEE BENEFITS SURVEY 2009

SURVEY RESULTS

1. Year of retirement:

1976: 1	1978: 1	1980: 1
1984: 1	1986: 2	1988: 2
1989: 2	1990: 2	1991: 1
1992: 3	1993: 1	1994: 2
1995: 5	1996: 8	1997: 7
1998: 8	1999: 9	2000: 58
2001: 5	2002: 5	2003: 5
2004: 6	2005: 9	2006: 4
2007: 14	2008: 4	2009: 6

2. Current age:

Age	Number	Percentage
40's	9	6%
50's	44	29%
60's	59	39%
70's	27	18%
80's	12	8%
90's	1	<1%

Sex	Number	Percentage
Male	60	36%
Female	107	64%

3. Union Status:

Status	Number	Percentage
Non-Union	67	42%
AFSCME	57	35%
Teamsters	37	23%

4. Do you live in the Flint/Genesee County area?

Response	Number	Percentage
Yes	120	69%
No	54	31%

Do you live year-round in Michigan?

Response	Number	Percentage
Yes	130	79%
No	35	21%

If no, do you live out-of-state:

Response	Number	Percentage
Full-time	21	13%
Part-time	17	10%

If you do not live in Michigan, what state do you live in:

Arizona:	4	Colorado:	1	Florida:	13
Georgia:	2	Hawaii:	1	Indiana:	1
Nevada:	1	N. Carolina:	2	Pennsylvania:	1
S. Carolina:	1	Texas:	1	Washington:	1
Jamaica, WI:	1	Alabama:	1	Missouri:	1

5. Are you currently employed:

Response	Number	Percentage
Yes	45	26%
No	127	74%

6. Are you on Medicare?

Response	Number	Percentage
Yes	77	45%
No	94	55%

7. What CMH medical/drug plan do you currently have?

Medical Plan	Number	Percentage
Blue Cross Traditional	71	42%
Blue Care Network	---	---
Blue Care Network Advantage	7	4%
HealthPlus of Michigan	31	18%
Blue Cross Flex Blue 2 HDHP	44	26%
Blue Cross Suffix 901	2	1%
None	15	9%

8. Same plan as when you retired?

Response	Number	Percentage
Yes	98	63%
No	58	37%

If no, please explain the reason for the change and which plan you prefer and why:

- “Better insurance.” (Blue Cross Flex Blue 2)
- “BC traditional – out of state.”
- “It’s what CMH offered in November 2008. Prefer BC traditional with no extra cost to me.”
- “May have had BC traditional at retirement, but changed to HealthPlus. Prefer HealthPlus – care just as good, not nearly expensive.”
- “Removed from spouse’s G.M. BC. Prefer HealthPlus – covers office calls & yearly exams.”
- “I preferred traditional BC/BS.”
- “BC traditional too much to have this year.”
- “Didn’t change my plan, but CMH changed my co-pays.”
- “Cost of maintaining BC traditional. Prefer Flex Blue 2.”
- “Had to pay for insurance, + co-pays on drugs high. Prefer Blue Cross – able to see anyone without authorization + prescriptions covered.”
- “Allegedly better coverage (Blue Cross Flex Blue 2).”
- “Prefer BC traditional.”
- “Open enrollment – better plan.” (Blue Cross Flex Blue 2)
- “I’m happy for cost savings.” (Blue Cross Flex Blue 2)
- “Traditional BC/BS monthly contribution went from \$0 to over \$100/month. So far, Flex Blue has been OK, but I have not used up CMH contribution to deductible – concerned about what happens then, and will CMH continue to make the annual contribution.”
- “I started out with my own traditional BC plan, but in 6/08, when my husband, also a CMH retiree, hand-delivered the “update” forms to CMH, he was told that CMH retirees could no longer have their own medical insurance if they happened to be married to each other. So now, I am on my husband’s. I would prefer to have my own, as promised.”
- “They were going to start charging me. Prefer BC traditional – it’s good in any state.”
- “CMH not recognizing deferred retirees as regular retirees: not offered same plans; have major medical with too high of deductibles. Prefer any plans which would pay preventive and regular prescription copayments.”
- “Changed from traditional BC to Blue Care Network Advantage.”
- “County changed to Advantage. Prefer Blue Care Advantage.”
- “Had HealthPlus, not available when I moved to northern Michigan. Also, due to getting Medicare last year, changed again from BCPPO because only BC traditional available for Medicare in the area.”
- “Didn’t want to pay extra. This one is fine so far.” (Blue Cross Flex Blue 2)
- “HealthPlus co-pays went up. Prefer BC Flex plan – only pay \$250 deductible.”
- “Changed when they offered BC Flex Blue. Just changed, so unsure as to preference.”

“No other option (Blue Cross Flex Blue 2). Prefer BC traditional.”

“Blue Cross too costly. HealthPlus covers more and is less costly.”

“Better options/less co-pays.” (Blue Cross Flex Blue 2)

“Monthly cost too much with BC traditional. Traditional is good world wide.”

“I was going to be charged \$200 per month. Prefer BC traditional.”

“I had Blue Cross PPO. Prefer Blue Cross PPO – the co-pays were lower.”

“Blue Cross Flex Blue 2 less expensive. Prefer BC traditional.”

“Adm. changed plan co-pays after retirement and after they took over the retirement function from County, and before the retiree committee began, leaving retirees without a voice or representation. The deductible is getting unwieldy. As more retire, the groups should get larger, and get a better rate.”

“Decided to try it for a year (Blue Cross Flex Blue 2) – did not want to pay co-pays. Prefer BC traditional.”

“Required by CMH to take cheaper health insurance (Blue Care Network Advantage). Would prefer BC traditional. Many doctors do not take Advantage, office says it’s difficult to bill.”

“Reduction in benefit from CMH prompted a change in plans (HealthPlus); cost for deductibles.” “Preferred BC traditional – no referrals, no in-plan docs, and with “prevention” care.”

“Automatically went to BC/BS Master Medical. Prefer BC/BS MM choice of hospitals; also, if I should live out of state part time.”

“Out of pocket costs, and this plan was not available before (Blue Cross Flex Blue 2). Prefer Blue Cross Flex Blue – out-of-pocket costs are lower.”

“BCN Advantage complements Medicare. Prefer Blue Cross traditional – less restrictive.”

“Plan not offered in Jackson, MI.”

“Medication co-pays increased. Prefer the HealthPlus contract I retired under.”

“Changed to new plan with 2008 open enrollment. Prefer Flex 2 –no referrals; less co-pays.”

“Switched to Flex 2 – too early to tell on the new plan.”

“Switched to Flex 2 – too early to tell.”

“When employed I was told I would get BC/BS Traditional family coverage like I had at leaving date. I don’t know why they would not give me the coverage I was promised.” (Deferred retiree)

9. Are you on a medical plan, other than Medicare, that is not through CMH?

Response	Number	Percentage
Yes	20	12%
No	145	88%

10. Do you have dependents on your CMH plan?

Response	Number	Percentage
Yes	75	45%
No	90	55%

11. Are you a dependent on a CMH plan

Response	Number	Percentage
Yes	6	4%
No	150	96%

12. What do you like most about your current CMH plan?

BLUE CROSS TRADITIONAL:

- “It is great coverage.”
- “That I can continue with traditional BC/BS.”
- “No problem with payments.”
- “Choice of doctors and specialists.”
- “Can be used out of state, affordable.”
- “Freedom to choose physician, minimal co-pays, no extra premium cost.”
- “Ease of securing health care.”
- “I thought I understood the coverage.”
- “Most hospitalization is paid for.”
- “Everything taken care of at time of need.”
- “That I have it! Also, Blue cross is pretty easy to work with via phone reps., websites, etc.”
- “Its general acceptability by medical profession.”
- “Coverage has been good for my health problems.”
- “Portability, flexibility, patient authorized (not insurance co.)”
- “Very satisfied with plan. Coverage is good, covers my husband, choice of doctors, not HMO, don’t have to have approval of primary doctor for specialists, accepted by most doctors, can go to doctors out of state and county while traveling.”
- “I have a choice in doctors I go to. Most doctors readily accept BC/BS. Some health insurances not as readily accepted. Some doctors turn Medicare patients away.”
- “Same coverage as before.”
- “Very good coverage, co-pays are reasonable.”
- “With BC/BS Master Medical, I’m able to choose any physician or medical facility.”
- “Well-accepted plan.”
- “It pays well for hospital stays.”
- “No referrals, go to any hospital, good outside the state of Michigan.”
- “Being covered.”
- “(1) Choice of physicians and service providers; (2) reliable reimbursement; (3) no case managers; (4) portability to other states.”
- “It is simple and with excellent coverage.” (BC traditional master medical)
- “Easy coverage, recognized in multiple states, no pre-auths required, meets my complex medical needs very well.”
- “Everybody takes it.”

“My doctor accepts the plan (been with her 30+ years).”
“That it is paid by the County and our co-pays are small.”
“Acceptability by providers and coverage.”
“Portability, flexibility, medical decisions basically made by patient and doctor (not carrier).”
“Access to care and specialists of our choice with widely accepted plan.”
“Accepted easily by all offices.”
“Options for doctors, hospitals.”
“Predictability, easily recognized & accepted, portability, reliable.”
“Can go where I want for service.”
“90% coverage for doctor visits.”
“Enbrel is not considered a specialty drug; able to choose any doctor, hospital, at any location of my choice.”
“Choice of doctors; able to see specialists without hassle; med. coverage.”
“Traditional continues my same care. It is worth the \$145; also covers my husband.”
“Coverage and portability.”
“Good coverage for doctor & surgery. Medicare covers most of it, though.”
“You can pick your own doctor with a referral.”
“General coverage.”
“I can go to any doctor I choose without a referral from my primary doctor.”
“I like the option of choosing a physician on my own, instead of needing a referral.”
“Most providers accept traditional BC/BS.”
“It covers anything Medicare does not. I can pick specialists.”
“Coverage, convenience.”
“I can choose my health care professionals and follow their recommendations.”
“Pays hospital + diagnostics.”
“Choice of providers.”
“All parts.”
“Availability of doctors, current reasonable cost of prescriptions.”
“Medication costs.”
“It covers major medical expenses for cancer care.”
“The flexibility of traditional BC. I don’t want an HMO dictating my treatment and care.”

BLUE CARE NETWORK ADVANTAGE:

“No yearly deductible payment for Medicare.”
“Co-pays.”
“Office calls are covered.”
“Better than nothing.”
“That I have health insurance.”

HEALTHPLUS OF MICHIGAN:

- “Accessibility to excellent health care professionals.”
- “The fact that it is still there, covers a decent amount for prescriptions.”
- “The cost of co-pays which I did not have before.”
- “It has met my needs.” (HealthPlus supplemental Medicare)
- “My physician participates.”
- “HealthPlus is an excellent plan.”
- “Being able to work. I am currently working for school district which adds to current retirement.”
- “No premiums.”
- “Coverage.”
- “Great coverage, minimal co-pays and out-of-pocket expenses.”
- “It covers “prevention” treatment, affordable co-pays.”
- “HealthPlus pays and never any difficulty.”
- “Co-pays and coverage.”
- “The basic fact that I have medical coverage for myself and child.”
- “It complements my husband’s HealthPlus; less out of pocket expense.”
- “Great benefits.”
- “It covers all my medical needs and is no out of pocket money to me.”
- “Clear cut, uncomplicated, no deductions and no co-pays except for prescriptions. Happy with it.”
- “The cost – my doctor has had no problems with it.”
- “I have never had any problems.”
- “Covers office calls, yearly exam – no co-pay; minimal out-of-pocket expense.”
- “It has provided consistent and comprehensive benefits.”
- “The cost.”
- “Preventive and medical care services with HealthPlus.”
- “Coverage and affordable.”
- “Cost less.”

BLUE CROSS FLEXIBLE BLUE 2 HDHP:

- “Good coverage.”
- “Low out of pocket and little paperwork.”
- “It seems to cover most everything that we need.”
- “Everything is good.”
- “I like what I have had so far.”
- “It’s free.”
- “So far no out-of-pocket expense.”
- “Medication coverage after deductible is met.”
- “I don’t need a referral to go to any doctor I need to.”

“No referrals, my choice of physicians.”
“Co-pay by VISA, not out of pocket.”
“Less out-of-pockets costs.”
“Convenient, widely accepted by local physicians, easy referrals.”
“That I have insurance.”
“At least the high deductible paid through CMH.”
“We had no co-pays. That helps a lot when no one in household is working.”
“Mammograms are covered.”
“Out of pocket costs are lower.”
“Blue-Cross affiliated.”
“My doctors are part of the plan and I’ve met the deductible.”
“Good coverage, no problem finding providers or pharmacies, no problems with HSA use.”
“No out of pocket expenses.”
“Having some medical coverage.”
“It pays for some of my health care expenses.”
“Coverage.”
“No cost.”
“That I have coverage earned through years of service.”
“Covers most everything – dr. visits, procedures, tests, meds., etc.”
“Everything.”
“Your HSA can carry over to next year.”
“No cost to me except for \$250.”
“That I do have medical coverage.”
“It’s free.”
“Few expenses to date.”
“Just changed – too early to tell.”
“Great coverage – with little cost out of pocket.”
“It seems to be working.”

BLUE CROSS SUFFIX 901:

“Nothing – cannot use – too cost prohibitive.”
“Limit on out-of-pocket expenses; pays 100% after deductibles & co-pays, BC/BS contract rates”

13. **What do you like least about your current CMH plan?**

BLUE CROSS TRADITIONAL:

- “Prescription plan.”
- “The unexpected and contractual violations, increase in co-pays.”
- “More expensive.”
- “Prescription co-pays on non-generics when there is no other choice.”
- “Mental health coverage is lacking; also, OT & PT for son w/autism is not covered.”
- “Increased cost in co-pays; not having generic drugs for some main meds.”
- “It is not what I thought and resulted in indebtedness.”
- “High co-pays on prescriptions.”
- “Because I am overcharged for medicine since I live out of Michigan state.”
- “Just overall confusion re: how Medicare + BC works with deducts., co-pays, approved amounts, etc. Whole system is confusing, not due to any particular plan.”
- “It did not cover pelvic exam or mammogram. Medicare will now cover that.”
- “Increasing co-pays for pharmaceuticals.”
- “I no longer have a tertiary insurance, but when I did, they often made mistakes between secondary and tertiary and who covered what, and were very inefficient with correction.”
- “Co-pays very confusing.”
- “Increasing co-pays.”
- “The thought I will not be able to continue on BC/BS; even the new one they have for 23 counties is not available for me.”
- “Except for changes in pharmacy co-pay, I’m satisfied with BC/BS Master Medical.”
- “The changes in co-pays on prescriptions.”
- “\$40 co-pay on prescriptions that are not generic.”
- “Medication co-pays.”
- “Med. Co-pays exorbitant -- \$2 to \$60. Some meds. are not available in generic form.”
- “Deductibles have escalated exorbitantly in 2 years.”
- “Increased co-pays on prescriptions.”
- “Increase in co-pays.”
- “Co-pays for prescriptions went up.”
- “Payments starting in 2009 and increased co-pays (in violation of year 2000 retirement incentive package offered to year 2000 retirees).”
- “Cost.”
- “I feel very fortunate to have enjoyed \$2 co-pay for many years and would never complain.”
- “The \$40 co-pay for non-generic medications.”
- “Co-pays for prescriptions.”
- “Paying \$40 for brand name drugs. For Actonel, I have to pay \$40 per month, so I only take it part of the time. Can’t tolerate the generic. Am also on brand-name drugs for heart and blood pressure.”
- “\$40 co-pay for brand name meds; some of my meds are not available in generic form. I am being penalized by a higher co-pay for something I have no control over, no choice.”

“The current price is at the top of what I can afford.”
“Prescription coverage co-pays have risen drastically.”
“High co-pay for brand name prescription drugs; monthly premium for 2 people.”
“Prescription co-pay of \$40 for name brand drugs.”
“Increasing co-pays.”
“Prescription coverage co-pays too high.”
“Rise in co-pays and only generic meds approved.”
“Office calls/physicals not covered.”
“Mammograms not included.”
“Pre-approval, doing some tests to get other tests.”
“Need for pre-authorization for some tests or doctors.”
“High drug costs.”
“I would like the deductible (especially on scripts) to be a little less.”
“Fear that it might be taken away.”

BLUE CARE NETWORK ADVANTAGE:

“Not able to choose doctor without referral.”
“Have not had any problems, other than no coverage on an out-of-state referral.”
“Required by CMH to take cheaper insurance. Had to change doctors because BCN Advantage not accepted.”
“Someone in an office decides what I need.”

HEALTHPLUS OF MICHIGAN:

“(1) Worry about losing health care coverage; (2) worry about coverage becoming too expensive.”
“My doctor is retiring and so far finding a doctor taking HealthPlus near us has not been successful.”
“All the changes in coverage.”
“That it doesn’t cover children – only spouse.”
“Co-pays.”
“Dental coverage is poor relative to maximum yearly amount.”
“Co-pays.”
“Co-pays keep going up.”
“High co-pays.”
“Limited coverage, requires “in plan” doctors and hospitals, requires referrals, and PCPs are discouraged from making referrals for specialty care.”
“Co-pays.”
“Going to Genesys Hospital which is a greater distance from me.”
“The increase of co-pays.”

“Last increase in prescription co-pay and limited choice of physicians, but not a major problem. “The referral process.”
“Referral process (but it has not been a problem-no realistic problem to date.”
“Claims/paperwork handled slowly.”
“Prescription co-pays are too high.”

BLUE CROSS FLEXIBLE BLUE 2 HDHP:

“Need referrals from primary care physician.”
“Sometimes confusing.”
“Too difficult to figure out and use. I will switch back to traditional during open enrollment.”
“Very confusing rhetoric about what it actually covers.”
“I have to pay to have my 2 children covered, even though I worked 25 years.”
“Monitoring funds in account, paperwork. Will everything be covered when \$2500 deductible is reached?”
“Having trouble having my doctor visits covered, which my plan says it will.”
“Closely monitoring that service providers are within the network.”
“Secondary payer – time on the phone to assure bills are paid.”
“The high co-pay on prescription meds.”
“Nothing – only that we have to use mail order for prescriptions.”
“Confusion about prescriptions that are covered and not covered and will the debit card still pay.”
“Confusing pay arrangement.”
“I have had to straighten out bills, contact providers to rebill, etc. It is not as good as it sounds.”
“High co-pays and deductibles.”
“It has a flexible healthcare spending plan with a card with \$1,250 on it. Too damn much paperwork! I would like my PPO BC/BS back.”
“Very limited geographical area.”
“Too new, out of state is problem.”
“That I’m getting bills in the mail and that’s more than I need right now. I guess it’s because I also don’t/didn’t have a good understanding before signing up, nor was BC/BS honest with me.”
“Unanswered questions.”
“Must watch your HSA account closely because of deductible, and monitor a second account.”
“BC spend down (?) is problematic; required to use generics otherwise 88% co-pay.”
“Confusing, difficult to use HSA.”
“Confusing high deductible plan.”
“Find new doctors who are in the plan.”
“Just changed – too early to tell.”

SUFFIX 901

“Deductible (\$3,000-family) and co-pays (\$1,000-family) are so high, I have received no benefit other than lower rates from BC/BS contract.”

14. Which of the following issues regarding health care are you concerned about? (Ranked in order of importance.)

Concern	1	2	3	4	5
Cost increases in co-pays/deductibles	89 = 53%	37 = 22%	9 = 5%	2 = 1%	---
Changes in prev. covered procedures	30 = 18%	37 = 22%	23 = 14%	4 = 3%	1 = <1%
Available choices	13 = 8%	14 = 8%	26 = 15%	12 = 7%	2 = 1%
Portability	26 = 15%	14 = 8%	7 = 4%	16 = 9%	---
Other: Further cuts (broken promises); loss of plan at age 65; losing health care; no coverage for skilled nursing home; coverage for spouse; not having coverage paid for as promised; canceling our coverage; having insurance no longer available.	4 = 2%	3 = 2%	2 = 1%	---	1 = <1%

15. Have you experienced any problems with signing up for insurances during open enrollment?

Response	Number	Percentage
Yes	27	18%
No	122	82%

If yes, what was the problem? (Ranked in order of importance.)

Problem	1	2	3
Not enough information	5 = 19%	4 = 15%	---
Not enough time to make informed decision	3 = 11%	2 = 7%	2 = 7%
Didn't receive the information	6 = 22%	---	---
Unable to attend information meetings	5 = 19%	---	1 = 4%
Difficulty in communications with CMH staff	4 = 15%	1 = 4%	1 = 4%
Difficulty contacting insurance representative	2 = 7%	1 = 4%	---
Insurance choices failed to meet my needs	2 = 7%	2 = 7%	1 = 4%
Other: Wrong information; cards not received on time; confusion related to co-pays and HSA plan; we had to call several times to understand enough to make a decision; not given any choice out of Flint area	7 = 26%	---	---

16 **How often has it been necessary for you to contact CMH regarding health care benefits?**

Response	Number	Percentage
Never	60	37%
1 – 5 times	98	61%
More than 5 times	3	2%

17. **If it was necessary for you to contact CMH, was the issue resolved to your satisfaction?**

Response	Number	Percentage
Yes	76	75%
No	20	20%
No response	5	5%

If no, what was the problem:

- “Have more concerns about different prescriptions.”
- “Things supposedly covered aren’t covered because of loopholes. Each person was polite and helpful, but I still got stuck with the bill.”
- “Co-pays went up.”
- “No response.”
- “Past coverage and no reason why certain things were not covered anymore.”
- “Information about coverage – nursing home care.”
- “Called and left number RE: clarification of dr. visits not being covered (2) and no response by phone or letter.”
- “Told that co-pays were changed and there was nothing I could do.”
- “I was not informed that drugs could be obtained at lower co-pay than \$40/10 by ordering 3 months; that plan would be cancelled when Medicare begins.”
- “Would like less expensive plan, but might be moving out of state; can’t afford to spend part of time in Michigan.”
- “Program too new, many questions not answered. My daughter is at out of state college – many concerns.”
- “Funds not deposited into HSA on time, resulting in out-of-pocket expenditures.”
- “Staff and middle management not helpful or knowledgeable. Upper management resolved problem.”
- “In January, 2009, I made formal application for retirement and scheduled an appointment with Karen Maxson, HR, GCCMH. Karen called and cancelled appointment, under the direction of Sheila Mason, indicating I was not eligible for any benefits (health, dental, vision, or life) as I had not worked 15 years.”
- “When I left, I was promised family coverage traditional BC/BS upon deferred retirement.”
- “When I took my retirement, I was told only option was Ind. Coverage high deductible. I pay most of my pension check to “buy up” to the family coverage that had been promised.”

“CMH has never gotten my name correct on my card since I married in 2004. Have heard from other CMH retirees different information than I was told.”

“Had to go to the Retirement Coordinator at the County to find info.”

“Prescription co-pays went up without my knowledge or without notifying me, just a surprise at the pharmacy.”

18. **Who has been the most helpful in responding to your health care questions?**

Response	Number	Percentage
CMH Human Resources Department	19	15%
CMH Payroll Department	63	51%
Health care provider by telephone	30	24%
Health care provider by email	1	<1%
Health care provider by open meeting at CMH	1	<1%
Union	3	2%
Other: County HR; CEO; HSA representative; Contract Manager RHAC members; Gen. Co. ; researching for self	7	6%

19. **What is the best time of day for informational meetings during open enrollment?**

Response	Number	Percentage
Mornings	44	31%
Afternoons	67	47%
Evenings	33	22 %

20. **Would you participate in a teleconference call with insurance representatives?**

Response	Number	Percentage
Yes	77	48%
No	85	52%

21. **Please rank the best method of communication for you to receive information regarding your benefits:**

Response	1	2	3
U.S. Mail	132 = 80%	22 = 13%	2 = 1%
GCCMH website	9 = 5%	28 = 17%	18 = 11%
Onsite meetings	18 = 11%	23 = 14%	10 = 6%
Teleconference call	5 = 3%	12 = 7%	12 = 7%
Other: Email	7 = 4%	2 = 1%	3 = 2%

22. What would you like to see this committee do on your behalf?

Response	1	2	3
Research and seek out new plans	9 = 5%	14 = 10%	9 = 5%
Review/recommend options	16 = 10%	16 = 10%	20 = 12%
Keep retirees informed of proposed changes	64 = 39%	39 = 24%	28 = 17%
Report opinions and concerns to Board	16 = 10%	25 = 15%	34 = 21%
Advocate on behalf of retirees	89 = 54%	20 = 12%	9 = 5%
Other: Stop increasing co-pays; Prevent cuts in promised benefits; keep what we have; ability to transfer monthly premium electronically	8 = 5%	2 = 1%	---

23. Would you be interested in participating in a teleconference call with the committee?

Response	Number	Percentage
Yes	79	50%
No	80	50%

24. Would you like to see the results of this survey on the CMH website for retirees?

Response	Number	Percentage
Yes	136	87%
No	21	13%

COMMENTS:

“I am a firm believer that if you worked for a company long enough to retire, then that company should be loyal to their retirees as this is the time when health care benefits will be needed most.”

“I am very satisfied with my current BC/BS Master Medical policy and I would very much like to be able to keep this policy in its current form.”

“My big concern is being “forgotten” because we live in a county outside of the designated “23 counties”. I love BC/BS and the coverage. Because I have chosen to move out of the CMH chosen counties, I should not be “punished” and receive less of a coverage than fellow retirees who stayed close to CMH. I want to be able to change my doctor. I want PT coverage. Give retirees the option to pay something of the premium. Because I chose to have my husband have insurance, my pension was reduced over \$400 monthly, plus I also pay monthly to have him covered. So, figuring that way, I already pay over \$5,000 a year to have him covered. I do not pay anything for me. I want a fair comparable insurance coverage to those other CMH retirees that stayed “close to home-CMH.” All retirees should be treated equal, including those that retired with full benefits when they left (I believe there were 83) whether they were

39 yr. – 42 yr. – 50 yr., etc – plus have young dependents which CMH paid for. Thank you for all of your efforts and time.”

“Would consider paying portion of monthly cost of program.”

“Historically, CMH management has tried to make radical proposals in health care based on a perceived crisis. These crises were later found to be non-existent. I would ask the committee to review all insurance proposals carefully and very deliberately.”

“I am living with treatable cancer for the last 5 years, thanks to the marvelous CMH health care (my cancer medication costs \$3600/month. Since we live in Florida 6 months/year, my current health plan is the best (BC traditional MM).”

“No other Gen. Co. retirees have had reductions in health care like we have had. We hate HealthPlus, but seems to be the best we can do. I say to force CMH to give the management of retiree health benefits back to the County.”

“Need advocate who is non-CMH employee. Otherwise, too many conflicts of interest arise. CMH withheld Medco, 3 mo. Med. Supply cost savings info. from retirees for more than a year. No follow through. Thank you for the survey, and most importantly, the autonomy of your committee. It’s more reassuring.”

“Satisfied with my health care.”

“We were guaranteed these benefits under a Teamsters contract. The Board just does whatever they damn well please according to whatever Danis Russell tells them to do. GCCMHS has gone straight down the toilet ever since Mike Vizona left. And I am tired of being treated as a second-class citizen. The married hets can put their spouses on their insurances, but I can’t put my domestic same-sex partner on my insurance. She pays over \$1200 a year just to have insurance.”

“As we approach or get deeper into a period of becoming more reliant on health care services, it seems as though CMH has started slipping the health care rug out from under us. The reductions in medical coverage are, in effect, a reduction in our fixed pensions to the extent that those reductions increase our medical costs. In the face of CMH breaking their promises to us and in the face of the unions being apparently impotent in regard to retirees once they are retired, I wonder what recourse we have. Perhaps we could organize and threaten to return to work. That might scare the hell out of them.”

“Thank you all for your volunteering to accomplish the survey and related work.”

“I have two requests for the Retiree Health Care Advisory Committee (RHCAC).

1. I would like to receive regular updates, meeting agenda & meeting minutes in order to remain informed of the ongoing process concerning our health care coverage. This can be done by e-mail for your convenience.
2. RHCAC should organize our retirees to push congress to address legislation toward more affordable health care in this country.

One way of achieving this goal would be to organize a letter writing campaign. RHCAC could draft a letter about our concerns with a blank signature line. This letter would then be sent through mail or e-mail to our retirees for their signature. RHCAC would also include the addresses of our legislative representatives for the convenience of our retirees.

Thank you for the opportunity to address this vital matter.”

“Having just paid \$40 each for two meds prior to glaucoma surgery, and knowing others who have non-? med costs and are already anticipating having to make choices – choices that should not have to be made. Our contractual provisos have been violated.”

“Copy of signed agreement for Year 2000 retirees who took incentive package is on file with staff, unions, and County Commissioners, that offered lifetime benefits of BC traditional coverage. Offer should be honored by CMH as we agreed to retire under it. Increased co-pays two years ago and now payments for coverage are difficult. Incentive offer was taken in good faith.”

“When I go on Medicare – how will my health insurance coverage change? I want chiropractic coverage, eye & dental coverage for me and my spouse. What is the most cost effective insurance for me and my husband?”

“Regards! God speed to all of you who bear the brunt of leadership in these challenging times.”

“My wife will be retiring in 2010 and want to be kept up-to-date of changes.”

“You know the more we hear from insurance committees, the more worried we are about coverage.”

“I am widow of member for CMH – he died in 2001.”

“If CMH does not have a broker to evaluate their insurance, they need to consider finding one. They assist with very analytical perspectives on cost containment, plan design and evaluation of current plans. CMH needs help in this area. It is obvious that they are spending too much \$ on too many plan options.”

“Concerned about possible reductions to current coverage.”

“I think we have a phenomenal retirees board now, so I am not worried and feel safe that the right decisions will be made.”

“I appreciate this thorough survey and look forward to further communication.”

“This survey has been filled out by my husband, since I am unable to effectively conduct business on my own behalf.”

“I know that you will do the best for us that you can.”

“CMH has done well by its retirees and I hope they continue to support the people who supported them. Thanks to the committee for all of your work.”

“We should always have the same health care options as employees (current).”

“This is a good questionnaire.”

“More immediacy on calls re: insurance by CMH since contacting insurance companies one is lost in a maze of electronic choices.”

“Thank you for volunteering your time to represent us.”

“I would love to be able to have my present insurance. With no other income in my household, we would not be able to pay co-pays on prescriptions or office visits. Please consider this when choosing insurance companies for us.”

“Keep up the good work.”

“Many health care insurances don’t have providers in northern Michigan (such as HealthPlus) – you’d have to pay “out of network” costs – that’s why I chose BC/BS traditional, despite its cost.”

“Thanks for working for me.”

“I am a single woman with limited income, so any increases in costs really worry me. I was a therapist-social worker in outpatient dept., but had to retire at age 63 due to high blood pressure – so my Social Security and pension are low. I appreciate so much your work on behalf of the retirees.”

“I would like to thank the advisory committee for taking time to work on my behalf and all retirees.”

“I would like to see our benefits stay at their current level without additional out of pocket expense to us.”

“My coverage at retirement time was a “Cadillac” plan, with \$2 co-pay for drugs. I took 3 that weren’t available in generic for less than \$10/month. The plan was changed to \$40 co-pay or \$120/month and I was not informed of the availability of less expensive mail-order program. Many hundreds of dollars later when I called BC to discuss an error on an EOB, the Customer Service Rep. advised me of the availability of the mail-order plan. I got a copy of the BC plan with the notice of an on-site meeting and new plan options. I noted that skilled care was not covered by my plan. The necessity of this benefit became clear to me while caring for my dying brother and elderly parents. Finally, I would have signed up for the Flexible Blue Plan (\$120 deductible) except I was told all plans would stop when I was eligible for Medicare and I would soon have to give up my plan or the secondary coverage I’d had through my husband’s plan. The value of a secondary plan to Medicare was clear to me after my parents’ experiences. I decided to give up CMH’s plan and keep my husband’s which has cost us more in the short run but will provide greater benefits in the long term.”

“More preventive programs; co-pay on physical.”

“Suggestion: When sending out surveys, etc., please consider earlier mailings due to out of town/vacations, etc. I received this on 7/20/09, and came home early.”

“I understand that many CMH retirees are still receiving health insurance benefits from CMH and another insurance company as well. Due to this dual coverage, our costs are much higher. Please contact me if I can be of any assistance. Thank you to all on the committee.”

“Changes in health plans/providers have been disastrous to my friends from counties in MI and I’ve watched this over and over. One provider in particular did not allow people to go to doctors outside the plan and left her with no choices to pick her MD and had to leave the MD that was treating her. The contact person was rude, argumentative. My friend is a trained nurse practitioner with many years experience. All plans and providers are not alike and indeed not truthful or trustworthy.”

“Increase dental maximum as the current limit does not reflect increased dental costs.”

“Health care benefits are a vital benefit increasingly significant after retirement. Many work part-time to augment income but have no increase in health care or supplements (unless, of course, by purchase which is financially prohibitive.)”

“I would like to thank the committee for taking time from their lives to keep us current and protected on this very important issue.”

“More notice of changes proposed or necessary. I would like to feel assured that our concerns and opinions matter vs. the feel that it’s a “done deal” before we get to the meeting, the one it seems that was hoped we would not hear about. And if it is a “done deal”, I would rather be told that it is and not spend unnecessary time and emotion, etc. Again, I appreciate being asked my input.”

“Benefits for retirees will be the first to go with future budget cuts. There were promises made for adequate health care during my 25 years of employment. Board and current administration do not seem to want to honor past commitments.”

“Retiree provided many years of loyal service to the organization. Many staff remained at the organization because of promised retirement benefits that include health insurance. It is important for the Board and the organization to fulfill their promises to retired staff.”

“Hope to keep traditional Blue Cross intact as much as possible – do not want HMO.”

“Overall we are very pleased with HealthPlus.”

“I like the idea of being informed. Keep up the good work !”

“Since disability retirement, my health has diminished remarkably. My health care is paramount. With several near-death experiences, I need to be able to access care anywhere and have it cost a minimal amount. My meds alone are \$400-\$600 a month, so I couldn’t afford an increase in co-pays or inability to access care.”

“The union said they could not represent me after/upon retirement but had encouraged me to sue the agency to get promised benefits that were unilaterally denied by CMH. My separation and retirement dates were not affected by later pronouncements from CMH and my benefits should not have been affected.”

“I am quite satisfied with my traditional BC/BS insurance. I do not want an HMO. I have never been very satisfied with the optical plan. I would be willing to give that up in the bargaining process to keep the medical insurance the same.:

“It is very crucial for me to keep my medical benefits as they are at present time. We cannot sustain any more increases in scripts or coverage.”