

**GENESEE COUNTY COMMUNITY MENTAL HEALTH
RETIREE HEALTH CARE ADVISORY COMMITTEE
2010 BENEFITS SURVEY**

1. Number of respondents by insurance type:

Under age 65, and on Blue Cross Flex Blue:	26
Under age 65, and on HealthPlus:	11
Medicare, and on Medicare Plus Blue:	29
Medicare, and on BCN Advantage:	6
Medicare, and on HealthPlus:	11
Deferred:	2

2. How does this current plan compare with the plan that you were on last year:

Blue Care Network

1. I had Blue Cross Master Med.
2. My coverage/plan has not changed. In 2009, I enrolled in BCN Advantage, and am still with that plan.
3. I had pneumonia. Had to go to ER (no doctors available). Had one charge for ER of \$85.25. Needed CT scan on 3/11/10. Our cost \$139.49. We never had this cost before.
4. Kept same plan.
5. About the same benefit-wise, but haven't used it much so hard to tell at this point.
6. Same plan

Deferred

1. Same plan
2. Same plan starting 1/1/09 – no option to change – Plan 901

Blue Cross Flex Blue

1. Looks about the same so far, but don't know if surgery would be different if scheduled on shoulder.
2. New plan is more confusing relative to deductible being met. Not sure about the 80-20 and process for reimbursement.
3. Same.
4. Same plan.
5. I now have some out of pocket costs. I need to keep track of more information. Co-pays for brand names are higher.
6. So far it's the same because I haven't met my deductible.
7. Initially very confusing – will be interested in seeing if it is less/more expensive for me.
8. It seems as though the coverage is slowly eroding over time and I am concerned about the CMH Board attempting to shed themselves of their obligation to retirees.
9. This one is the worst. My other plan "Blue Cross" was so much better. What Blue Cross didn't cover, Meds. did. There was no statements or bills. Now all I have is bills coming, to inform me of my cost.
10. The HSA/BC Flex Blue is confusing and difficult to use compared to the Traditional BC plan that we were receiving.

11. The same, however, I will need to pay 80% co-pays until the end of year up to \$2,000 & then get 90% back.
12. I had Flex Blue last year. It was less confusing & less frustrating last year.
13. It is much more confusing.
14. Same
15. On HealthPlus previously – added benefits on BC Flex (per HSA account)
16. Confusing. Last year I had the same plan. After Sept. all my prescriptions were \$0. Co-pay met. This year I got more prescriptions for both my husband and myself. HSA gone and I still have to pay \$.
17. Not applicable
18. There is an additional co-pay requirement of 20% up to \$2000 for my family.
19. The only compare is Phase 1 deductible.
20. This year's plan has Phase II added.
21. Last year I had traditional BC/BS and am not sure about the practical difference.
22. Some increased cost; insurance unchanged.
23. I had Flex Blue last year and chose to keep it for this year.
24. It is more money out of pocket.
25. Phase II creates additional out-of-pocket expenses.

HealthPlus

1. Costs more for co-pays and scripts.
2. Blue Cross permitted a wide choice of physicians, hospitals and specialists as opposed to HealthPlus.
3. Same – just higher co-pays.
4. Same plan.
5. It is the same. I am happy with HealthPlus.
6. About the same.
7. Minor issues, but so far able to handle the increases.
8. Still the same
9. Same plan
10. Same
11. Same except increased Rx co-pay for name brand drugs.

Medicare/Health Plus

1. This is the plan I changed to in June, 2008.
2. I was on HealthPlus last year – I love it.
3. Did not make transition to new plan, remained with HealthPlus as supplement to Medicare.
4. Same
5. Same coverage.
6. Same plan.
7. Just turned 65 4-18-10. So far so good.
8. Same
9. Okay

Medicare Plus Blue

1. I pay more in co-pays and 1 or more scripts are not covered.
2. More output of money
3. Lots of changes; no longer use Medicare card; just use BCBS Medicare Plus Blue Group for all charges.
4. More co-pay.
5. Don't know yet – just went into effect. We will know soon after using it.

6. Costing me more for glasses and prescription drugs.
7. Not as good.
8. The providers seem to be able to follow billing instructions more easily; there is less coverage paid by insurers.
9. 1) So far there seems no difference in terms of medical care 2) Co-pay amounts are higher
10. Compares very well – no problems.
11. This new plan questions my meds. – denies coverage for Diovan which I've been taking for years.
12. Too soon to tell – have not been hospitalized.
13. Equal
14. Previous plan was Traditional Medicare with a Blue Cross secondary.
15. Once I started using it and saw there didn't seem to be a whole of difference, it was fine.
16. It is more expensive.
17. I believe I had to pay more for eye exam at Duke University's Private Diagnostic Clinic. I called their billing service, and the bill came back as it was \$261.87
18. Don't know. We have not been on current plan long enough.
19. With the exception of increases of co-pay for some prescriptions, the coverage so far seems to be similar.
20. So far as I have used this new plan my coverage seems about the same.
21. Poorly, it appears (I had BC/BS supplemental-Traditional), although it is hard to tell since there was no comparison between new and old coverage, but only between new coverage and traditional Medicare.
22. (previously Traditional BC/BS supplement) Increases out-of-pocket medical expenses, e.g., 50% co-insurance for mammogram (paid \$0 before); one of my two medications not covered (was covered before) and told I could not appeal since it is not part of Medicare formulary. Not sure how physical exam is handled since bill not yet received; insurance coverage statement seems slower (not received yet) and summary of benefits ambiguous on the subject.
23. Not all providers accept this plan and the fact they must follow the plan's terms and conditions for payment. If you need specialist care it is difficult. I choose to stay with my current doctors.
24. I am still studying the books I have received from Medicare Plus Blue group as my coverage has only been in place since 5/1/10. I hope it will provide the same or better health care for me.
25. Seems more out of pocket expenses.

3. What do you see as the positives in your current plan?

Blue Care Network

1. Some hearing aid assistance.
2. No Medicare deductible to pay. Good coverage. Low co-pay (\$10). Fairly good Rx coverage.
3. I see NO positives now.
4. Smaller deductible.
5. Mostly that I have a plan at all – very grateful. Specifically, so far it seems I get just one EOB per visit, service, etc. which is much easier to understand and less paper (as vs. EOB from M'Care and another BC)
6. Co-pay; reasonable drug costs

Deferred

1. None
2. Biggest benefit is the \$4000 maximum out-of-pocket costs, including all co-pays, for family coverage for the year

Flex Blue

1. Still covers most of the costs of health care.
2. Cost effective – low out of pocket expense.
3. Insurance coverage is adequate and HSA is workable.
4. Good insurance. Prescription coverage.
5. I'm glad to have insurance.
6. Some care is fully covered.
7. The positive is my primary doctor uses this ins. and also it does cover most of my bill.
8. None
9. The coverage is adequate for my family.
10. I like the HSA option and will, hopefully, like the 90% reimbursement. I understood about the changes (co-pays, etc.) and am okay with them.
11. It is nice not to have a high monthly premium deducted from my check each month.
12. Most things are covered; free to choose doctors and pharmacies
13. HSA account
14. Out-of-pocket limits; never had any problems with labs, doctors, HSA, etc.
15. Like the HSA feature
16. In Phase III all services are fully paid of BC; HSA bank account & CMH funding of deductible
17. Funds deposited into HSA account.
18. Ability to see any doctor without referrals
19. At least it is still BC/BS
20. Honored everywhere I go
21. CMH contribution to HSA account to off-set "high deductible" expense.
22. Able to use it in Georgia without any problem.
23. Portability

HealthPlus

1. It covers preventative care. It doesn't cost extra money to have it.
2. Low out of pocket costs.
3. Accepted by my physician.
4. Uncomplicated bill paying.
5. Coverage is excellent for our needs and co-pays are reasonable.
6. It pays for most things.
7. Having insurance
8. Meets all my medical needs and all premiums covered
9. Just glad to have health insurance coverage
10. At this time with our health care needs, everything has been covered. No problems accessing services.
11. All my health issues have been addressed.

Medicare/HealthPlus

1. HealthPlus is a well-known plan here in Michigan. So far, I have had good treatment under HP.
2. If you call HealthPlus unsatisfied, when you hang up you are certainly satisfied.

3. Recently had cataract surgery (both eyes) and the whole process went well with both care and HealthPlus coverage.
4. Benefits and services very good.
5. That I have insurance.
6. Economical with good coverage
7. Remained much the same for me.

Medicare Plus Blue

1. I believe it is still very good coverage.
2. Don't have to keep track of Master Medical. Covers physicals.
3. Some costs less.
4. Seems easy enough.
5. One positive is that there will be insurance coverage should it be needed when out of state.
6. Not well acquainted yet.
7. We see no definite advantage in the current plan over the former.
8. It has been well accepted.
9. ?? I had no problems with the old plan.
10. Too soon to tell.
11. Have not had a chance to see any changes yet.
12. I was able to keep my regular doctors so the transition went smoothly.
13. I feel that it was the same even at Wake Forest Baptist Hospital where I have just returned after a three-day stay.
14. Only need to use one card
15. There have been no drastic changes in the coverage for services I have used under this new plan.
16. Most of my prescriptions are now being filled for 3 months at a time. This is saving me \$20 per prescription.
17. None noticed yet.
18. None seen
19. I think it is much better plan overall. It is difficult to evaluate this health plan insurance properly in just 4 ½ months of use. Better to have 1 year eval.
20. Positive that we still have good insurance coverage.
21. It is available and can be used by me in more states and counties in Michigan than my BCN Advantage.
22. Physicals are covered now.

4. What do you see as the negatives in your current plan?

Blue Care Network

1. Limited.
2. Have not had any negative experiences with current plan.
3. We have to pay so much more (there were other charges, I just took time to name a few). Is it your plan that we seniors who gave our best years to CMH go broke ????
4. Not being able to choose doctor; having to have referral for specialist
5. None yet. Although I do fear, based on what I've read about the healthcare reform bill, that Medicare Advantage plans will get greatly reduced reimbursement from Medicare so ins. companies will no longer have them or co-pays will go sky high. It's clear that no matter what, health care reform will cause the cost of insurance and care to go up for everyone.
6. No problems at this time

Deferred

1. Deductibles are too high to use – would cause financial harm.
2. \$637/month family coverage premium + \$1500/person or \$3000/family deductible (annual for 50% co-pay starts and is in effect for the next \$2000 of charges (\$1,000 out-of-pocket), to reach the \$4000 cost maximum.

Flex Blue

1. Co-pays on shoulder pretty high and couldn't use the purple debit card because it only had place for insurance numbers on the back of form. Co-pay was \$144.08.
2. Confusion at times re: what is covered and what has to be paid from HSA.
3. All the different phases to track. Out of pocket costs.
4. It's confusing. Not sure how well it will work if I reach the magic number.
5. The difficulty navigating the systems.
6. This plan does not cover any of our medications, and myself being a diabetic, have 7 different meds. I have to take. My spouse has 11 prescription meds and we are now paying out of pocket.
7. More out of pocket expenses in Phase 2 and it is confusing. It is difficult to manage in Phase 1 and to track expenses/deductible use.
8. Having to pay the \$2,000 before reimbursement.
9. I had huge out of pocket expenses that depleted the HSA and required unplanned out-of-pocket expenses. Waiting for reimbursement didn't help with immediate expenses. Also, a bill left over from 02/09 showed up in 03/10.
10. This is my 1st year, and I am not sure how Phase II works. Do I pay for services out of my personal checking or do I transfer money into the HSA bank acct. and use their checks? Also, where do I turn in my receipts?
11. Some confusion in paying bills.
12. None so far
13. I thought once the HSA was used up then cost would be \$0. That is not the case yet. Nothing left in HSA to cover prescription I still have to pay.
14. None
15. Somewhat limited number of providers available outside Genesee County area.
16. Concern that CMH will eventually withdraw their funding; addition of co-pay this year; wondering if co-pay will continue to increase year after year.
17. After funds are depleted from HSA (Phase 1 deductible), then Phase II co-insurance is a 'negative' until you get to Phase III-the annual charges and co-payment requirements is satisfied. I'm sure it's hard for retirees on fixed incomes.
18. The Phase II amount and only reimbursed 1 time a year.
19. I am very concerned that GCCMH is going to cut health benefit coverage for retirees when we contractually retired (Teamster) with legally contracted expectation of continuing benefits, not whatever GCCMH contract with new employees.
20. I am now used to the paperwork I receive and HSA, so this year not as big an issue as last year.
21. More money out of pocket.
22. Additional out-of-pocket expenses

HealthPlus

1. Not as good as the plan I got when I retired.
2. It restricts the choice of doctors and hospitals. It requires referrals from primary physician for all treatments he does not provide and it pays them to restrict referrals, so we must fight to see specialists.
3. Increased co-pays. Less coverage for certain medications.

4. Larger co-pays.
5. None
6. Cost.
7. More and more taken away
8. 0
9. At this time, no meaningful complaints.

Medicare/HealthPlus

1. I see no negatives.
2. The co-pay which was instituted recently.
3. Medication not completely covered (but thankful for benefits).
4. My co-pays had become horrendous. And recently, staffing (?) at my doctor's office has created problems re: referrals and coverage at mental health clinic.
5. Needing referrals, though this has never been a problem.

Medicare Plus Blue

1. More co-pays; more money.
2. Dr. and Rx had difficulty switching.
3. More co-pay.
4. Increased prescription costs.
5. Pay more for meds – dr. visits.
6. There are no significant negatives beyond the insecurity of wondering about possible future changes.
7. We have not run into any negatives at this point.
8. Questions meds. – denies coverage for Diovan
9. Medications not paid for like before.
10. None significant
11. Co-pays are a little higher and the medical people here in Texas didn't seem to understand how it works.
12. Care + BC/BS Master Medical was better financially.
13. Nothing so far.
14. May not be able to see a doctor of our choice.
15. Uncertainty about possible increased cost to me in the future because of reliance upon the Medicare Advantage portion of the plan.
16. I have not had any major surgeries or my annual colonoscopy so I am not sure if the coverage will be as good as the previous plan.
17. Not all drugs covered under old plan are covered under new plan (and there is no substitute for one my wife takes that is no longer covered); and diagnostic tests previously covered now require a co-insurance.
18. Shifts even more health benefit coverage costs to the retiree
19. I have always purchased my medications for Rite-Aid and would like to continue to do so. Do not like the idea of medications purchased by mail – too many errors have been made in my case.
20. 1- Higher co-pay (but not high); 2 – higher Rx co-pay (but certainly affordable).
21. I think I will be paying more for this Health Care coverage. I very seldom had a copayment before.
22. With the change of Obama Care and the decrease of Medicare and Medicare Advantage programs over the next several years, I am very concerned about our Medicare and supplemental insurance.

5. Have you had problems with medical/drug vendors in using your current insurance this year?

YES: 14

NO: 66

If yes, please describe:

Blue Care Network

1. Doctor had to call so I could get right blood pressure medication.

Deferred

1. N/A Not using – drug coverage essentially non-existent

Flex Blue

1. Medical vendor was unfamiliar with coverage.
2. Had a hard time changing my Medco account – took almost 2 months.
3. I have had to pay out of pocket for meds and some services that was related to our health issues.
4. Diplomat did not bill insurance first; then they went back and billed them all, which should have put me at \$0, but I still have to pay a balance. I know I have to pay for compound medication but other prescriptions were covered last year.

HealthPlus

1. Discourages use of name brand drugs.
2. Does not cover certain meds. (HP)

Medicare/HealthPlus

1. Only in that at least one referral was not provided and with my mental health coverage the clinic, I think, is goofing up and benefits not covered.

Medicare Plus Blue

1. Required to pay a whole year (2010) deductible for only 1 appointment in Jan./new plan began in Feb.
2. Not yet. My doctor's receptionist said they didn't accept the plan. I have a July appt. – we'll see !
3. I have no idea why, but ----(name of medication) is not covered.
4. Since a drug needed to be pre-authorized, the medication was not taken as prescribed. The authorization process was too long.
5. I winter out of state and acceptance there hasn't been tested yet.
6. Except for not covering one of my two prescribed medications.
7. Hard to change billings.
8. Meijer's would not use insurance toward Claritin OTC
9. I am limited to 4 preferred pharmacies and the closes one to where I live is 12 miles away and the farthest 20 miles.

How were problems resolved?

1. Took time, but seems to be OK now.
2. Repeated calls to Karen Maxson.
3. Must settle for generics and old meds.
4. Have not been resolved.
5. Not
6. Took several calls to BC + Medco – threatened to call Attorney General.
7. Blue Cross agreed to it.
8. Not
9. Not
10. No resolution

9. "Quick reference sheets" are no substitute for a handbook or manual of benefits; upon request, CMH states a benefits handbook is unavailable even to their own staff; "we have to call BC" was the response.
10. Either I did not read carefully enough or it was not clear regarding opening up a HSA account again.
11. Still unclear about Phase II.
12. Spoke primarily of BC/BS, but I understood this as there are so few of us on HealthPlus.
13. I thought so. I didn't see any big change, but I'm not sure now.
14. Even though original info. received said that we would receive info. re: co-pay reimbursement after the first of the year, this is the first I've received (5 1/2 months later)
15. I wasn't clear how they were different or alike.
16. The reimbursement of Phase II expenses.
17. We had additional questions answered at the info. meeting.
18. When cards for new coverage would be sent, what to do in the event of non-timely receipt of new cards, and the misinformation to contact Payroll with questions.
19. Never received my "Summary of Benefits" or "2010 Abridged Drug Formulary"
20. No notification (deferred)
21. Ramifications of Phase II were not explained, e.g., that the entire expense is paid "up front" by the retiree and that it is only reimbursed at the end of the year.

3. Did you attend any of the information meetings that were held?

YES: 28

NO: 52

If no, why not?

1. I believe I had no other insurance option, so didn't attend.
2. Don't care to go back there. Danis Russell & Tisha Deeghan are "patrolling the property."
3. Unable to attend.
4. Unable to attend.
5. Out of town a lot.
6. Not living in the area when meetings here held.
7. Did not know until after meetings were held.
8. Unable to attend.
9. Did not feel the need – stayed with same coverage.
10. Did not receive notice of meetings.
11. Working.
12. Distance
13. Distance/times
14. Ill.
15. Schedule conflicts.
16. No need, coverage the same except co-pay increase.
17. Live in Florida
18. Poor times for my schedule.
19. Out of state
20. Live too far away.
21. I live in Florida
22. Attended in 2009

23. Live too far away
24. Timing
25. Times for meetings not good for me.
26. Out of state
27. Could not fit them into my schedule
28. Out of state residence. I appreciate a Health Care Advisory Committee.
29. Out of town family – emergency
30. Out of state
31. Felt I had enough information in written communication
32. Out of state
33. Live in Florida full time.
34. Live in Georgia.
35. Because of the neglect of CMH re: address I received all of the notifications after the meetings took place. I am very dissatisfied with CMH handling of my address change.
36. Not in town
37. Out of state
38. As well as not receiving prior notice, out of state at the time.
39. Not notified
40. Live out of state
41. Had to work.
42. Only few days notice of meetings & I live 250 miles away from CMH.

4. If you did attend a meeting:

	YES	NO
Was the presentation clear?	21	5
Did it provide the information you needed?	21	3
Were your questions answered?	22	2

Please elaborate on any of the “no’s”:

1. A “one time” reimbursement after deductible is met was not discussed or presented as “one time only.”
2. Well, they forgot about BCN Advantage folks so had to scramble to get us on board. Now I believe (hope) all is well.
3. The presentation was very difficult for myself to understand all that was included in this plan.
4. Covered BC/BS, but not much on the HP.
5. Information was incomplete, as were hand-outs; retirees presented their own experiences as examples; presenter used personal anecdotes; some questions were unable to be answered by CMG staff.
6. However, I am still confused.
7. I found it a bit confusing at first, but it has slowly come together.
8. It veered off into the presenter’s personal tragic story and seemed to stifle questions by participants.

5. Did you have any questions and/or problems during the transition?

YES: 46

NO: 32

If yes, who did you contact (check all that apply)?

Payroll	33
Human Resource Office	9
Retiree Healthcare Advisory Committee Member	4
Blue Cross	12
No one	0

Other CMH Office (specify below):

- Spoke to David Hunter.
- Retiree's Benefits
- Another retiree of CMH
- Dave Hunter re: my husband getting Medicare in Sept. 2010
- Dave Hunter
- HSA – they were especially helpful
- Dave Hunter
- David Hunter
- David Hunter
- Contract Manager
- Contract Manager
- Business office

6. Was the response to your question/problem helpful?

YES: 35

NO: 12

Please explain:

YES

1. David took time and went over all material with me.
2. David Hunter was very patient and helpful.
3. Staff was very helpful
4. Was told I could stay with current plan.
5. BC/BS thought I was not eligible.
6. Karen Maxson has always been super prompt and helpful with questions.
7. All my questions were answered within 24 hrs.
8. Blue Cross told me which pharmacies to use.
9. After several phone calls to Payroll, the problem was resolved.
10. Money was not deposited into HSA by Jan. 1 as promised – was sent by CMH, problem was with HSA
11. Transition to a new plan can be a challenge.
12. Didn't have deposit put into HSA account till end of January. Had to make 3 contacts.
13. Helped spouse choose appropriate Medicare plan.
14. Contract Manager, Dave Hunter
15. Contract Manager (Dave Hunter) was helpful
16. Karen found I had not been enrolled for vision benefits for 2010

Helpful

1. Minutes of meetings

Unhelpful

1. Insufficient data.
2. Had problems navigating it.
3. On 2 occasions, website did not work; it has same “handouts” we were mailed anyway – nothing more extensive.
4. Information outdated, i.e., on 2009 coverage, not new coverages
5. Information was outdated and did not include “transitioning” to coverage
6. Material on website is simply a duplication of what was distributed on paper.

8. Did you have any trouble obtaining medical/prescription services during the transition period?

YES: 11

NO: 66

If yes, please describe:

Blue Care Network

1. BC info. said forms and instructions for mail order were included in packed, but weren't there. Had some trouble getting Medco switched from previous BC plan to new, but resolved with phone calls to Medco and BC. Had to switch from brand name to generic because my doctor wouldn't agree to PA process.

Deferred

1. Optometrist notified me in April that I was not covered

Flex Blue

1. Unclear what meds. were covered.
2. Had a hard time changing Medco account.
3. We had to discontinue our mail-in services, and now use a drugstore for our meds.
4. I had closed my HSA in 2009. Re-opening it was a nightmare and money was not deposited in a timely way after it was opened. The reasons I was given seemed more like excuses.

Medicare Plus Blue

1. One new script not covered.
2. We noticed that the co-pays for brand name prescriptions were higher. This is significant since together Tom and I have 5 brand name prescriptions.
3. Trying to get my prescribed meds.
4. The facilities didn't seem to know the difference between Medicare Advantage and regular Medicare. They also questioned the BC/BS.
5. People understand Medicare Advantage before I show the card.
6. A medication that needed to be pre-authorized.
7. Billing issues.

SECTION III: WHAT ELSE DO YOU WANT US TO KNOW?

1. Thanks, Sue, for all of your help and explanations of the plan. You have been much better at explaining the plan than CMH payroll employees.
2. I would like to have the plan I got when I retired back, and for it not to change.
3. I am happy with HealthPlus. After being with BC/BS my whole life, I was upset about a change. Would like to be able to continue as I am with present coverage.
4. When is the medication deductible met? “One Time Reimbursement”?

5. Do not like change.
6. Please continue to use HealthPlus. I have had it for years.
7. List of covered meds. & not covered.
8. Why were there no over-age 65 members on the advisory committee? Notices of meetings were late arriving for those out of the area for winter months. Most calls to advisory members were not returned, or was told they had no idea what new programs would cover. One member told me that the information at the meetings was too vague.
9. I would prefer an affordable equivalent to BC plan. I would prefer to go back to the County's health care.
10. Are we to wonder (from year to year) if coverage is still available? Do we have to go through this every year? Not a very secure feeling.
11. Remained with HealthPlus during first year of transition – will be interested in feedback from others who made the change. Hopefully, an information meeting will be offered again. Very helpful.
12. Am very satisfied with my current plan. Am hoping to be able to continue with this plan.
13. I would like the whole deductible covered rather than just the amount minus 10%.
14. I spent 27 ½ years at CMH going above and beyond 8 hours each day, and my hope is that they will do the same for me in helping me to keep health insurance.
15. I am very satisfied with HealthPlus as secondary insurance, but the dental insurance coverage could be a lot better – a larger maximum amount. Dental work is so expensive.
16. I get my prescriptions at Wal-Mart. Some went up from \$10 for 90 days to \$29.15
17. Glad to still be receiving health care.
18. Do retirees who live in Michigan get better coverage?
19. Could it be possible that I could return back to my old plan “Blue Cross” with meds? Because it had no out-of-pocket deductibles, which at times is hard to come up with.
20. When I was working I contributed (withheld from check) each month to BC/BS Master Medical insurance which was continued for several years after I retired at age 62 in 1992. The most recent insurance has less coverage in all areas except amount paid to subscriber or amount of bill total paid to provider. Last year there was a smaller, consistent fee that subscriber paid for each Rx.
21. How much I appreciate your work Sue.
22. As noted in above replies, we would not have changed plans voluntarily. We understand it as a financially necessary step for CMH. Therefore, we are grateful for the insurance coverage that you are still able to provide us retirees. Thank you, Sue and committee, for working to maintain our benefits.
23. CMH needs to honor its contractual agreement for its Year 2000 retirees under the Incentive package; it lied to us; it should be reinstated immediately as it was offered/accepted in good faith.
24. Thank you !
25. I did not receive the instruction sheet on how to get reimbursed for Phase II and would greatly appreciate having that sent to me.
26. I hope you continue to keep us on HealthPlus. I am very pleased with the coverage and care we are receiving.
27. I hope HealthPlus continues to be available with no extra premium cost.
28. I didn't realize that I didn't need to keep my old red, white and blue Medicare card. It did present a lot of anxiety and I didn't know if I could go back on original Medicare if this (MPB) did not work out.

29. It seems the reimbursement part is some way to keep costs down, but it seems a lot of paper work for both CMH and retirees, plus out-of-pocket money. This should be addressed. Is there a way to address the possibility of averaging all retirees across-the-board co-payments and putting that average in the HSA to help prolong it a little longer before actually going into Phase II. CMH is going to pay one way or the other; it might cut paperwork for some.
30. Eliminate deferred retiree “health plan”. It’s unusable – no preventative benefits, drug coverage exorbitant and deductibles way too high to use
31. Please have GCCMH adhere to what plan the retirees retired under and had reasonable/legal expectations would continue.
32. Pleased with my insurance coverage.
33. Good health insurance is very important. Thank you to all for your time and effort in dealing with the health insurance issues.
34. As always, the issue will be CMH getting the updates from the insurance companies in a timely manner to then share with us before year end.
35. Since I live out of Michigan, I like having the Blue Cross option since it’s widely accepted.
36. How will my coverage be affected if or when Congress makes the financial cuts to the Medicare Advantage Program? I continue to hear and read about forthcoming cuts to the Medicare Advantage Program in the near future.
37. We are currently satisfied with our plan.
38. I am angry about the cuts, this being the third one, to retirees’ health care benefits. They are contrary to the understandings at the time of retirement, are the equivalent of a cut in pension via the increase in out-of-pocket expenses, and I question CMH’s legal authority to make them. It feels to me like non-consensual sex, since I have not agreed to be screwed. I think it is time to seek legal redress.
39. This is the third cut in benefits in three years, the cut seen largely in prescription drug co-pays/coverage. The cuts in prescription coverage alone for only two medications has resulted in the equivalent of a 3.2% decrease in my gross pension amount.
40. I am not pleased with current Delta Dental coverage
41. I had BC/BS PPO (no cost) family coverage when I left CMH in 2004 and I was told by HR and Teamsters that I would receive equivalent coverage – Traditional BC/BS & Major Medical family coverage or PPO – when I reached retirement age. Instead, I was offered only this high deductible individual policy and allowed to “buy up” to the family coverage I needed.
42. I am concerned and angered that CMH has no regard for the promises made to retirees. Neither the current administration nor the current Board has any business negating those past commitments which were made in good faith by the previous administration and previous Boards.
43. As Medicare Advantage programs decrease in services and Medicare decreases, my concern is what is our supplemental services going to be – are we going to have insurance? Those of us who have a spouse covered had to take a huge decrease in pension monthly to have insurance for them. With possible decrease or elimination of insurance, will the decrease in pension be reinstated to cover increased expenses?