

GENESEE COUNTY COMMUNITY MENTAL HEALTH RETIREE HEALTH CARE ADVISORY COMMITTEE

OBSERVATIONS 2010 HEALTH CARE SURVEY

Surveys Returned: 85 (38% of those receiving healthcare coverage through CMH)

Largest number of responses came from retirees on Blue Cross Flex Blue and on Medicare Plus Blue.

Flex Blue: 26 = 31%

Medicare Plus Blue 29 = 34%

Retirees on a geographically limited plan (Blue Care Network, HealthPlus, Medicare HealthPlus) tended to see little difference between this year's plan and last year's plan, whereas retirees on the more portable plans (Flex Blue, Medicare Plus Blue) noticed considerable changes regarding cost and level of confusion. The figures resulting from quantifying responses into the categories of positive (+), neutral (0), and negative (-) are as follows:

	Positive (+)	Neutral * (0)	Negative (-)
Flex Blue responses	8%	36%	58%
Medicare Plus Blue responses	8%	32%	60%
HealthPlus & Medicare HealthPlus combined	25%	50%	25%
Flex Blue & Medicare Plus Blue combined	8%	33%	59%

**Neutral Responses indicated either that the plan was the same or the respondent didn't know yet.*

Regardless of the plan, 18% of retirees had problems with medical/drug vendors in using their current insurance this year. Slightly more than half of these have MPB.

The majority of retirees felt that they had received timely notification of the pending changes and that the written communications were clear and with sufficient information.

Only 35% of respondents attended an information meeting, which, in conjunction with the only 26% who used the website, strongly implies that written communication is the primary mode of communication and thus needs to be very clear and complete.

The majority of respondents indicated that they had questions and/or problems during the transition, and most of them contacted the Payroll Office or Blue Cross, and were satisfied that the response to their question/problem was helpful.

Only a small percentage of respondents (14% most with MPB) noted that they actually had a problem obtaining medical /prescriptions services during the transition period.

Only 2 deferred retirees responded, but it would appear that they are on plans which have considerable higher out-of-pocket expenses than other retirees. They are not allowed to change plans and received no notification of open enrollment.