

**First Annual Survey about Health Benefits for Pre-1982 Hires
Summary of Responses of 24 Anthem Members**

Dear Retirees: The Retiree Chapter seeks to better understand how effective and adequate your current district-provided benefits are. Please complete this survey by answering these questions as fully as you can. The answers will be compiled and shared among chapter leaders and summarized in a report to you. This pertains to retirees hired before September 7, 1982.

Please submit your responses by the end of October.

Your name: _____
Date hired: _____ Year retired: _____
Insurance provider: **Anthem_XXXXX** Kaiser Permanente _____ (check one)

24 Respondents

1. Are you experiencing problems with prescription drug availability?

- No problems: 75% {18/24} Not really, except that Anthem used to approve 100% dosage of a cream but now only okays 75%, which is inadequate.
- Yes 17% {4/24} Major drop in benefits that now favors generic over brand-name drugs. My only choice is less effective with more side effects. Costs lots of money to get best drugs, brand-names.
- Yes 4% {1/24} Some asthma drugs have no generic form and Anthem will not pay for the expensive brand-name ones. I find some reductions on my own via a remote pharmacy.
- Yes 4% {1/24} Kumigan eye drops were free, but now with a co-pay.

2. Can you get the exact prescriptions your doctor prescribes, especially brand-name prescriptions?

- Yes 67% {16/24} I am okay with generics
- No 33% {8/24} Some drugs are not covered by insurance so I pay. I need to fight for brand-name drugs. Brand-name drug is always rejected. I am usually given generics.

3. Are you experiencing problems with availability of specialists in your area?

- No 79% {19/24}
- Yes 21% {5/24} My small town lacks certain specialists. Long wait for one or a new doctor. SISC/Medicare are blocking my wife from care for lymphedema

4. Do you have reasonable access to care through Medicare-approved providers?

- Yes 83% {20*/24} *Yes for the member but No for his wife's lymphedema
- No 17% {4/24} Local big provider is sub-par and the better provider is not under Medicare

**First Annual Survey about Health Benefits for Pre-1982 Hires
Summary of Responses of 24 Anthem Members**

5. *Can you get clear answers to your medical questions through the District personnel system?*

Yes 50% {12/24} Super; no problems. Yes, but can't influence drug insurer.
No 21% {5/24} Passed off problem to Medicare three times. I panic when Anthem lacks a contract agreement.

No response 4% {1/24}
Service not used: 25% {6/24}

6. *What medical services or products do you need that you are not currently receiving?*

None 46% {11*/24} * None except prescriptions. I pay out of pocket for non-covered drugs.

Some 54% {13/24} -Benefits cut by new provider system: dental, eyeglasses, hearing aids.
-Hearing aid
-Provide to level of original ABC 360+ before switch to SISC ex. hearing aids
-Vision and dental; eye glasses, dental; dental and eye plan; dental; dental - hearing aids.
-Allow therapy for lymphedema! Therapy would be cheaper than 2+ hospital stays yearly, which wife needs due to lack of therapy.
-Allow brand-name drugs when necessary.
-Pay all or part of surviving spouse's premiums.
-Asthma prescriptions not covered; require hundreds of dollars to obtain

7. *Have you experienced paying for medical service that your insurance did not pay for fully or in part?*

No 62.5% {15/24}

Yes 37.5% {9/24} -For brand-name drugs.
-Several small amounts at times.
-We pay for OBGYN because SISC won't pay and the provider is not under Medicare. But SISC should step in.
-Pay for vision and dental.
-Pay for three \$300-compression sleeves yearly to promote drainage.
-For dental care.
-Three times with eye doctor in arbitration with Anthem.
-Anthem screws up claims resulting in sending unpaid bills to collections that should have been paid.