

HEALTH INSURANCE SURVEY RESULTS 2003

NOTE: THE PERCENTAGES LISTED ONLY REFLECT RESPONDENTS OFFERING AN OPINION.

SECTION I			
	ACTIVE	RETIREE	MEDICARE ELIGIBLE
Satisfied with the current CCASAPE Plan	82%	87%	97%
Want to continue the current POS Plan	90%	96%	100%
Want to offer HMO, PPO, and POS Plans and allow choice	70%	57%	43%
SECTION II			
	ACTIVE	RETIREE	MEDICARE ELIGIBLE
Want to maintain current PPO copays even with higher premium	67%	53%	63%
Willing to increase PPO copays by \$5 or \$10	60%	64%	61%
Want to maintain current PPO annual deductibles even with higher premium	72%	52%	50%
Willing to increase PPO annual deductible by \$50 per individual and \$100 per family or leave it as is	84%	67%	83%
Want to maintain current prescription copays even with higher premium	74%	57%	63%
Willing to increase prescription copays by \$5 or leave as is	86%	65%	83%
Want to maintain option of generic, formulary, and nonformulary even with higher premium	77%	73%	78%
Support mandatory generic to maintain lower premium	58%	67%	58%
Want to maintain 80% coinsurance (PPO) and 70% coinsurance (non PPO) beyond calendar year deductible even with higher premiums	77%	74%	77%
Want to maintain current coinsurance thresholds even with higher premiums	73%	67%	70%
Changes most willing to accept to hold down premiums (Highest three)			
• Higher office visit copays	79%	87%	74%
• Higher prescription drug copays	50%	69%	63%
• Higher annual deductible	40%	51%	37%

Health Insurance – Issues to be addressed:

- Time required for Sierra to pay claims.
- Time required for Sierra to provide prior authorization.
- Securing agreement prior to open enrollment or using a July through June contract.
- Have Sierra provide quarterly question and answer sessions for interested participants.
- Offer HMO, PPO, POS, and major medical plans and allow participants to choose.
- Revisit \$4,000 lifetime maximum for durable medical equipment (oxygen) – Listed as an exclusion at 8.32 of Group Evidence of Coverage.
- Medical Eligible card creates confusion for doctor offices because of Senior Dimension HMO misunderstanding.
- HPN denial letter for services to be performed under Tier II (PPO).