

Advantra Freedom Survey

West Virginia Public Employee Retirees

November 27, 2007

WV Legislative Auditor's Office

Performance Evaluation and Research Division

Survey Methodology

Information compiled in this report has been acquired through communication with and documentation from the Public Employee's Insurance Agency (PEIA). The Retiree Survey encompassed a sample of 500 individuals randomly selected from the initial population of 37,336 retirees provided by PEIA. The sample was stratified to include 450 West Virginia residents and 50 retirees living outside of West Virginia. Once the population was divided, a random number was assigned to the West Virginia residents first, then the out-of-state sample. Each list was then sorted in ascending order, by that number, to randomize the individuals. The first 450 of the West Virginia residents and the first 50 of the out-of-state residents were extracted and combined to create the final stratified sample of 500 retirees. This list was then used in creating all documents necessary to carry out the survey.

Survey Results

The Legislative Auditor sent Advantra Freedom Plan Surveys to 500 public employee retirees – 450 were retirees living in the state of West Virginia, and 50 were living out of the state of West Virginia. Two surveys to retirees in the state of West Virginia were returned “addressee unknown.” Therefore, 498 public employee retirees actually received surveys. The Legislative Auditor received 387 responses to the survey – 348 in-state and 39 out of state retirees. **The total number of surveys completed and returned to the Legislative Auditor by retired public employees represents a 77% response rate.** However, of the surveys returned to the Legislative Auditor, respondents did not always answer each question, so the report of numerical responses shows the number of retirees answering the specific question, but the percentage rate following the number is calculated against the total survey response rate of 387 responses.

Survey results indicate that approximately half of the survey respondents experienced no problems or had a positive experience using the Advantra Freedom Plan. However, about 58% of survey recipients are experiencing a rise in out-of-pocket costs, and expressed concern about the rise in costs. Comments by survey respondents regarding personal experiences and concerns using the Advantra Freedom Plan are listed in two Appendices A, and B starting on pages 8 and 11 respectively.

Additional information was also mailed to the Legislative Auditor by survey respondents. One respondent mailed a copy of an article on Medicare Advantage plans which appeared in the October 7, 2007 issue of the AARP Bulletin. Another respondent sent the store receipt to document that a flu shot was no longer covered, while another sent further offers for Advantra Freedom from Colonial Penn Life Insurance. The Legislative Auditor posed the following questions to retired public employees:

1. *Are you aware that effective July 1, 2007, your Public Employees Insurance Agency (PEIA) medical insurance coverage was changed to the Advantra Freedom Plan?*
 - A. **Yes. The change to the Advantra Freedom Plan was known by 374 retirees or 97% of all survey respondents.**
 - B. *No.* The change to the Advantra Freedom Plan was not known by 11 retirees or 3% of all survey respondents.

2. *Since July 1, 2007, have you used the insurance provided by your Advantra Freedom Plan?*

A. **Yes.** *(Continue to Question #3).* **The Advantra Freedom Plan has been used by 364 retirees or 94% of all survey respondents.**

B. **No.** *(Skip to Item #9).* The Advantra Freedom Plan has not been used by 14 retirees or 4% of all survey respondents.

C. *Don't know.* *(Skip to Item #9)*

3. *What type of service did you use?*

A. *Medical services (doctor visits, hospital visits, therapy, etc.).* The Advantra Freedom Plan was used for **medical services only** by 18 retirees or 5% of all survey respondents.

B. *Prescription drug purchases.* The Advantra Freedom Plan was used for **prescription drug purchases only** by 25 retirees or 6% of all survey respondents.

C. **Both.** **Since July 2007, 320 retirees or 83% of all survey respondents used the Advantra Freedom Plan to pay for both medical services and prescription drug services.**

4. *What was your experience when you used your Advantra Freedom Plan?*

A. *Medical service provider would not accept insurance coverage.* Medical providers would not accept the Advantra Freedom Plan for 17 retirees or 4% of all survey respondents.

B. ***Prescription was not covered by insurance.*** **Prescriptions were not covered by the Advantra Freedom Plan for 79 retirees or 20% of all the survey respondents.**

C. *Previously covered regular treatment for pre-existing conditions was no longer covered.* Previously covered treatments for pre-existing conditions were no longer covered by the Advantra Freedom Plan for 21 retirees or 5% of all survey respondents.

- D. *Previously covered routine screenings were no longer covered.* Previously covered routine screenings were no longer covered by the Advantra Freedom Plan for 13 retirees or 3% of all survey respondents.
 - E. ***My experience was positive. A positive experience using the new Advantra Freedom Plan was reported by 187 retirees or 48% of all survey respondents.***
 - F. *Other* – Individual responses appear in Appendix A.
5. *If you experienced problems using the Advantra Freedom Plan, where did the problem take place?*
- A. ***In the state of West Virginia. In West Virginia, 96 retirees or 25% of all survey respondents reported problems using the Advantra Freedom Plan. One of the 96 respondents lives out-of-state but experienced a problem using the Advantra Freedom Plan in West Virginia.***
 - B. ***A state other than West Virginia. Twenty-one (21) retirees reported experiencing problems using the Advantra Freedom Plan outside of the state. Seventeen (17) of these respondents live outside the state and the remaining 4 in-state residents were attempting to receive services outside the state. This was 44% of the 39 out-of-state survey respondents, and 1% of in-state residents. Five (5%) of all 387 survey respondents experienced this problem.***
 - C. *Both.* Problems using the Advantra Freedom Plan were reported by 12 retirees or 3% of all survey respondents who tried to use their Advantra Freedom Plan in both West Virginia and outside the state. One of the 12 was residing out of the state and encountered problems in both places.
 - D. ***Have not experienced problems. No problems were reported by 190 retirees or 49% of all survey respondents using the Advantra Freedom Plan. Twelve (12) of these respondents reside outside of the state. This represents 31% of the out of state population.***
6. *Did your out-of-pocket costs increase using the Advantra Freedom Plan over the previous plan offered before July 1, 2007?*

- A. ***Out-of-pocket costs increased.*** **Out-of-pocket cost increases using the Advantra Freedom Plan were reported by 226 retirees or 58% of all survey respondents.**
- B. *Out-of-pocket costs decreased.* Decreases in out-of-pocket costs using the Advantra Freedom Plan were reported by 14 retirees or 4% of all survey respondents.
- C. *Out-of-pocket costs stayed the same.* Twenty-nine (29) retirees or 7% of all survey respondents reported their out-of-pocket costs remained the same using the Advantra Freedom Plan.
- D. *Don't know.* There were 88 retirees or 23% of all survey respondents who did not know whether or not their out-of-pocket expenses increased, decreased or stayed the same using the Advantra Freedom Plan.

7. *Where do you generally purchase your prescriptions?*

- A. ***Local pharmacy.*** **A local pharmacy is presently used by 343 retirees or 89% of all survey respondents.**
- B. *Mail-order pharmacy.* Only 4 retirees or 1% of all survey respondents use a mail-order pharmacy exclusively.
- C. *Both.* Local and mail-order pharmacies are both used to obtain prescriptions by 16 retirees or 4% of all survey respondents.

8. *Where would you prefer to purchase your prescriptions?*

- A. ***Local pharmacy.*** **Preferring to use a local pharmacy are 340 retirees or 88% of all survey respondents.**
- B. *Mail-order pharmacy.* Only 9 retirees or 2% of all survey respondents prefer to use a mail-order pharmacy.
- C. *No preference.* 16 retirees or 4% of all survey respondents had no preference.

9. *Overall, has the Advantra Freedom Plan been an improvement over the service plan that you received before July 1, 2007?*

- A. *Yes.* The Advantra Freedom Plan was considered an improvement by 39 retirees or 10% of all survey respondents who answered “Yes.”
 - B. **No. The Advantra Freedom Plan was not considered an improvement by 201 retirees or 52% of all survey respondents.**
 - C. *Stayed the same.* The Advantra Freedom Plan was considered to have “stayed the same” as the previous plan by 95 retirees or 24% of all survey respondents.
10. *If you have experienced a problem with the Advantra Freedom Plan, which problem is the greater concern to you?*
- A. ***There has been an increase in my out-of-pocket costs. The increase in the out-of-pocket costs was cited as the greatest concern about the Advantra Freedom Plan by 231 retirees or 60% of all survey respondents.***
 - B. *My medical provider will not accept the new plan’s coverage.* The concern that the medical provider will not accept the Advantra Freedom Plan was cited by 14 retirees or 4% of all survey respondents.
11. *In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.* Individual responses appear in Appendix B.

APPENDIX A

Retiree Comments Regarding Question #4*

What was your experience when you used your Advantra Freedom Plan?

1. B. Some prescriptions not covered.
2. Needed to pay \$50 before treatment each time. Higher cost for prescriptions. Had to pay \$50 up front for colonoscopy. My experience Was Not positive.
3. Prescriptions are covered but the cost is higher.
4. Yes it is accepted but Advantra Freedom pays nothing!
5. Had to pay \$50 for the first time in the Emergency Room.
6. Just costs more!
7. Some prescriptions not covered by insurance.
8. I was told that once I went on Medicare and had another insurance, after I paid my co-pay I wouldn't have to pay every time I went to a doctor, but you do.
9. Larger out-of-pocket, hospital and Rx. I am not at all happy: And have paid 3X the \$200 per year policy savings. What savings? And to whom??
10. Had to change drugs used for hypertension and enlarged prostate. Had difficulty getting adjusted to new, covered drugs. I really haven't experienced the new program long enough to know what to expect.
11. HAVEN'T FACED A MAJOR ILLNESS YET - DO NOT KNOW!
12. Eye doctor said he will not cover after July 1, 2008!
13. Didn't exceed my deductible so I paid it all.
14. None of the above.
15. Didn't get as much coverage.
16. But I am still uneasy about the whole program.
17. Before they changed we didn't have co-pay after we met our deductible for Medicare and PEIA. Now they don't pay anything until we pay out of pocket \$500 for both. Before it was 80% Medicare and 20% PEIA.
18. Very confusing - it's a mess! Why the change? Awful poor judgment.
19. Could not refill prescription for 3 months at local drug store - only 1 month at a time.
20. Same as usual. More expensive.
21. My experience was positive up to this time (10/16/07).
22. We have not received all of our medical statements to determine if the Advantra Freedom Plan will be beneficial or will our out-of-pocket medical costs increase like the Rx did.
23. We were questioned repeatedly: co-payment seems higher.
24. Cozoar went from \$60.00 (90 day supply) to \$100.00

* Some retirees used the space intended for remarks regarding question #4 for other questions as well. This is indicated by a corresponding number or letter preceding the comment.

25. Have to pay co-pay at Dr.'s office plus we are receiving bills for additional costs.
26. More out of pocket.
27. I am a diabetic. The Dr. prescribed medication to control my diabetes. Advantra Freedom became our medical and prescription plan July 1. I went to the pharmacy to get my diabetic prescriptions filled. Before July 1, I was paying \$30 each for a 90 day supply of which I had two that cost that amount for a total of \$60. After the new plan went into effect I was to pay \$50 each for a 30 day supply of the same meds or \$100 for a 90 day supply for a total of \$200 for 2 prescriptions. Then I received a letter stating one of my meds would not be filled. I was to change to another that Advantra suggested. I contacted my Dr. who stated that the one they suggested was what I was taking. After much grief, my Dr. was able to get an exemption for me to receive the med. I needed. Being diabetic I feel the Dr. knows more than Advantra personnel as to what meds I need. I am now paying \$200 for a 90 day supply for 2 meds where I was paying \$60 for the same two 90 day supply of meds.
28. All Doctors accepted the new Advantra Freedom card.
29. B- Much higher co pays on most. Deductibles have increased. Medications change on the formulary constantly.
30. 2 prescriptions not covered but substantial.
31. My PCP of 30 yrs. accepted it but was definitely unhappy about it.
32. Plan will not pay anywhere the amount billed. I am left owing over \$1,100 on hospital bill. Plan does not want to pay for prescriptions the doctors want you to have. In other words, retirees who worked for over 25 years for the state of West Virginia are really given a raw deal. [name signed]
33. After new insurance we have to pay \$20 co-pay for office calls. Before we met the deductible. Generic medicine is cheaper.
34. Cost is higher.
35. Made us change our prescription.
36. B. Adequately E. For the most part.
37. Not enough experience with new plan.
38. Had to go to generic.
39. After cancelling lab/dr. appointment had billing department check further then gave the o.k.
40. Had to pay co-payment (never before.)
41. So far good.
42. Up to this date (10/29/07) my experience has been positive so far.
43. No problems but did not understand why Medicare does not pay also. We still pay Medicare fee and Advantra fee.
44. Test at hospital was more expensive, lot more.
45. I don't think they pay as much on prescription drugs.
46. OK

47. My experience has been the same so far.
48. I have to pay more for brand name when there is no generic for that medicine.
49. Could not get a flu shot at a store clinic unless I paid for it.
50. 3. Doctors, Hospital, Pharmaceutical
51. My experience was positive basically. The basic cost deducted from my check for health care is reasonable for me and my husband.
52. [My experience when I used the Advantra Freedom] was confused.
53. My prescription was not fully covered/co-pay higher.

APPENDIX B

Retiree Comments Regarding Question #11[†]

In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions

1. My wife and I had flu shots at CVS - The provider would not accept the card. We were told to send in a receipt to insurance co. and it would be covered. When we called Advantra, they did not know about the inoculations and kept giving us the run around. I don't feel the workers know enough about the plan themselves. We feel the state is saving money on the backs of retirees. Most can not afford it. Years ago we gave up a raise for the insurance. My doctor told me to write the Governor because of all the plans he could have chosen this was the worst because he (the doctor) did not fully understand the plan himself. My wife needs to have a place on her back excised - When she called a local (Charleston) dermatologist she was told they are not accepting Advantra Freedom. Other members have had the same experiences. I am glad you are checking into this plan.
2. We have lost secondary insurance coverage because of this plan which, we believe, resulted in higher out-of-pocket expenses.
3. This is a service for fixed income people - help them instead of increasing out-of-pocket money.
4. [I] do not turn 65 until November 2, 2007.
5. I'll not be having follow-ups with doctors, as recommended. Paying each time, more for specialty (like gastro doctor and ENT) is too costly. Also paying \$50 cash for EACH testing is expensive. Costs up on some prescriptions - to \$50 each, each month, too high. The Advantra Freedom Plan is more expensive - I will not have preventative tests (like colonoscopy) now. Not happy with this plan. Wish I could go back to the old plan. [signed name and social security number] Thanks for listening.
6. One of my concerns is - if you have to go out of state, some do not accept Advantra. They are changing prescription meds and that is confusing when you are used to one kind and they charge so much for what I was taking and changing is not always for the better. If they keep changing, a lot of doctors are going to stop taking us - I [would] like to know how much Medicare is paying and what the insurance is paying. It seems to me that what Medicare doesn't pay - we do. I think the Governor should come to one of our meetings. He appoints the panel (Board) for PEIA. We can't vote them out, but we can him.

[†] Some retirees used the space intended for remarks regarding question #4 for other questions as well. This is indicated by a corresponding number or letter preceding the comment.

7. I resent them telling me to order prescriptions from out-of-state providers. In past years, Medicare has paid a large portion of Dr bills and PEIA paid a portion. Now it seems Medicare pays, I pay and Advantra Freedom collects my premiums! To me, Advantra Freedom means "Take advantage of stupid hillbillies while we have the Freedom to get rich at their expense!" Advantra has NO RIGHT to tell me to order meds from out of state when I have a local pharmacy that is capable of filling prescriptions and perhaps give advice or warnings about possible drug interactions.
8. Because the newspapers have carried so many articles concerning doctors and hospitals outside the borders of West Virginia refusing to accept Advantra medical cards, I have a major worry that when traveling, I probably will not have the benefit of my PEIA insurance. I wish to receive from PEIA and Advantra that this problem has been completely eliminated. [signed, dated and address included.]
9. Out-of-pocket is a lot greater than it was. I received a letter saying that I had paid my out-of-pocket costs and I don't have to pay my co-payments but when I show this letter to the receptionist they say it does not mean it is for them. Prescription drugs aren't covered and I have to change to a different drug. I was taking Xolar shots for asthma but the insurance doesn't want the doctor to do this so I haven't had my shots for two months. [Name, address and telephone number included.]
10. Even with my insurance costing me less a month, my out-of-pocket is a lot more and I'm on a very tight budget.
11. NONE
12. Why now do you have to pay \$50 in the Emergency Room and some Rx [prescriptions] are not covered at all?
13. In question 10, respondent marked both that there has been an increase in out-of-pocket costs and that the medical provider would not accept the coverage. Comments: The co pay is too much to pay out every time you go to the doctor. We are paying too much for our insurance, way too much. [signed name.]
14. Have not used it enough for medical services to form an opinion.
15. Of five prescriptions I've tried to fill: 2 inexpensive generics were filled and are okay; 2 were refused and the "substitutes" were unacceptable both in the past and on my good sport recent try, so I am not treating maladies that need to be treated; 1 I'm trying the substitute but with 1/3 compliance because of the side effects - the same I experienced two years ago with this medicine. Maybe if I try harder ... I don't want my doctors to beg. I am most concerned that specialists I might want to see, especially out of state, might not take me. I am afraid to visit my daughter in North Carolina. I understand they don't take Advantra Freedom in North Carolina. I am strongly considering giving up my PEIA coverage so I can get my Medicare card back to functioning. It will be expensive, but I want effective health care insurance! Thanks!
16. Does not know if there has been an increase in out-of-pocket costs. Statement: "It has been good so far. Thank you." [signed name]

17. I have just used this insurance one time for the doctor and one time for a prescription so I don't know much about it.
18. In talking with other Medicare beneficiaries, I think they often do not understand that Advantra includes Medicare and PEIA. It was implemented very rapidly, and it exacerbated already confusing coverage. Advantra has sent some erroneous information (prescription coverage) has corrected this. Perhaps Advantra communication should include "PEIA beneficiary" to lessen confusion. All in all, we've not had a problem.
19. Respondent writes "sent to [name], now deceased. Prepared/completed by [name] widow. It is really too early to really evaluate the plan. Bills for my husband's final illness are just now coming in."
20. Would like better coverage. Would like more options on drugs.
21. I have Glaucoma in both eyes and I had been using Xalatan drops at night, and Timalol in the morning. I received a letter from my insurance saying they no longer would pay for the Xalatan, but sent me another name - Lumigan. I took the letter to my eye doctor. He told me he would put me on the Lumigan but if I had any side effects, he would call the drug company. It isn't as good as the Xalatan, now I have to worry about whether I will lose the sight of my eyes from a lesser drug. How would you like to worry about losing the sight in your eyes? I don't feel this is a Fair Trade-off. I have a copayment each time I go to the doctor and I never had that before. This is very unfair. We have people retired that aren't receiving much income over the year, which means they have to pay a co-payment before they eat. Why did you double up with Medicare? This is a question I would like answered. It looks like we are getting the shaft.
22. We would like to be able to choose our own doctors and have 100% coverage of all medications needed and not be told our subscriptions [medications] prescribed will not be covered such as [name's] Flonase, etc. I also do not like having to pay \$50 for Chantix to help me stop smoking because it has slowed me down considerably on my smoking so far. And overall, I like this new insurance better than any we have had so far. [signed name and address]
23. This Advantra plan SUCKS.
24. 4. I was on Actinel for osteoporosis and they suggested I take Fosimax. I had to take Fosimax previously and it caused pain in my knees. I did agree to try and take Fosimax again and have been on it a month and am getting the pain back in my knees. I go to my primary doctor in November and we will discuss the problem again. 6.&10. The increase in out-of-pocket costs is that I never paid a co-pay to my primary physician or secondary physicians.(1. Optometrist; 2. Podiatrist Thus far)
25. Drugs are costing more.
26. I was accepted into the Face-to-Face plan for diabetic counseling, but was refused the hypertension plan. I don't think this is fair! [signed with name, address and phone number]

27. 6. I don't know - I'm not sure -I have to pay co-pays now. I'm concerned about the information we keep getting saying we have thousands of dollars to pay on our prescriptions before they are covered. Does this mean "before 100% coverage?" I have not noticed a difference in my cost when I pick them up. Also, I had to pay over \$100 on MRI in July - Before PEIA picked up the 20% difference after I had met my Medicare deductible. Retired people never get a cost-of-living raise (from the state) but the cost-of-living keeps going up.
28. I wish that the insurance would not have changed.
29. I was not entered into computer until August. That meant I had to pay the co-pay for prescriptions twice. Also, some of my prescription's co-pay went up. I paid \$50 for 5 pills of an antibiotic.
30. My biggest concern is the co-pay has increased considerably. Why should you have to pay double for seeing "so-called" specialists? I am on oxygen 24 hours a day. PEIA covered my expenses. Advantra costs me \$138 a month.
31. I am getting bills from everywhere, and I'm on the discount fee. I can only wonder how much the others are paying. I hate this insurance company. I was sure once I went on Medicare I wouldn't have all these medical bills. I went to have a scope done and they wanted \$200 before they would do it. So I'm afraid to have more tests run. Because I don't have the money to pay for them. [signed with name].
32. 1. Am not happy to speak to someone in Texas as I did when more info was needed. They kept calling us Virginia. I could not transmit to the obviously geographically deprived that we were no longer Virginia. 2. I have been on meds that took several to try before finding the "one" and now after 5-6 years on the "one" I must go through the process again only to pay \$50 for a co-pay that is more than most of my utilities are per month. 3. Since I've had surgery, I have out-of-pocket expenses to the doctors and hospital in excess of \$600 of which I still owe. 4. My pre-operation meds were not covered and I had in excess of \$300 for pre-operation Rx's. The surgery was cataracts - Both eyes. 8. Prefers local pharmacy because illness sometimes cannot wait for mail orders. 9. Advantra is definitely not an improvement - However I understand that because I have no spouse or other coverage, I have no choice but PEIA... Also: A person with an ethnic background [who spoke] unclearly (pronunciation) called to ask questions about the plan after my first cataract removal; I proceeded to ask some questions as to why the lack of coverage because I had already paid out-of-pocket in one month too many \$\$\$\$. He informed me that he could not answer my questions. I replied "Then do not call me back for an opinion on Advantra until you can." Therefore I am not at all satisfied that we were not properly informed and did not even have a choice, as are others who were forced into the coverage that does not benefit the aged. [signed with name and address]
33. There was [an] extra charge to specialists and regular doctor. Also, I don't understand how Medicare is handled.

34. Advantra only started for me on 10/1/07. I have been in the hospital with pneumonia. We will see how this works very soon. As of now we have no idea, we just started 15 days ago.
35. 5. Have not experienced problems but too soon to be certain. 6. Don't know about increase have not experienced serious medical problem yet. So far the same. 9. Has not been an improvement - I knew what to expect from the old system. 11. I'm learning the new program as I experience new medical problems. Have to write more checks for co-pays and co-insurance but probably it costs the same considering there is no deductible and reduced premiums. I'm wondering about Medicare deductibles on January 1, 2008. I guess the most serious concern would be IN HOSPITAL costs which we have not experienced since July 1, 2007. Letters to the editor of local newspapers are mostly negative. I guess this makes me a little negative also. We all resist change.
36. Two of my prescriptions - Fosamax 70 mg and Benacar HCT 40-25 mg were switched from (3) months supply to (1) month supply. This is a problem for me because I don't drive and have to depend on other people to do it for me. [signed with name and address]
37. THIS IS NOT A "FREEDOM PLAN!" IT WAS SHOVED UPON US!
A. Does not appear to be as "Patient Friendly" as previous plan. B. Time elapsed not sufficient to make an informed judgement. C. All medications not covered. D. Do not know how plan covered most recent provider services.
38. 10. Respondent marked both spaces: increase in out-of-pocket expenses and medical provider not accepting plan. 11. Advantra does not permit an individual to have another insurance. Retirees should be permitted to remain on PEIA as promised by the legislature. This would permit us to use Medicare and PEIA.
39. 1. I have lung cancer and my oncologist, Dr. [name], requested from Advantra Freedom the drug Emend tri-pack for nausea on three or four occasions and all were denied, after PEIA originally approved the prescription. Thank God, the doctor was able to get this prescription for me from another source. 2. We have no longer been able to get 90 day prescriptions. Our pharmacist showed us on his computer screen where the request was denied and only 30 days were allowed after the prescription had been written for 90 days. We have called Advantra and they deny doing this. 3. On July 2, I received a chemo treatment and they applied the entire \$500 out-of-pocket expenses to this one invoice. On July 9, my husband had to have a carotid scrape due to the fact that his left carotid is completely occluded and his right one was between 80-90% occluded. His \$500 co-pay was applied to Monongalia Hospital's invoice. My husband's entire WV state pension check with exception of \$8.00 goes to PEIA for his supplemental coverage to Medicare. It is extremely difficult to make payments to two medical facilities out of Social Security income. We continue to get invoices from a couple of smaller companies which are having a difficult time, I guess, getting paid. My husband started working for the Marion County Commission in May of 1989 and went on

Medicare in January of 2000. We NEVER EVER had a problem with Medicare or PEIA until July 1, 2007. [signed with both names, address, telephone number and husband's social security number]

40. 5. Respondent used Advantra both in-state and out-of-state in Virginia. Comments: I have used the plan for prescription and medical, but I don't know if they have paid their part. 6. Before (concerning the medical) what Medicare didn't pay, PEIA did. 9. I still don't know if they are paying their part. I have great concerns over the cap amount of \$2400 on the prescription plan since I don't have any way of knowing how much the plan is paying on each prescription I am getting. I am getting Pepcid AC at Sam's, and paying all of the cost myself since it is one of the more expensive drugs.
41. Under Medicare I was fully covered with PEIA secondary - I wear a colostomy which was paid in full, now I have to pay 20% for my supplies. The co-pays for drugs are up to \$50 in some cases where \$30 was the max under PEIA. WE NEED OUR MEDICARE COVERAGE RESTORED TO PAY FOR MEDICAL TESTS THAT WE NOW HAVE TO PAY UNDER THE NEW PLAN. PLEASE RESTORE THE RETIREES TO OUR OLD PEIA PLAN!! Thank you.
42. Only covered one family member from the family policy.
43. I have not really had enough claims so far to decide which plan was better.
44. No comment.[signed name, address and telephone number.]
45. Used the following services: pharmacy, medical doctor, ostomy supplies from Sterling Medical. Increased costs because I had a co-pay for the doctor's visit and I previously had none.
46. The out-of-pocket and later a bill. Pharmacy cost has climbed to a high; One medicine jumped from \$9 to \$15. Another from \$3 to \$9. My wife has been sick 35 years. Our income has placed below the poverty level. Will [this] continue to increase? [signed name and address]
47. No comment. [name and address]
48. Participant passed away July 1, 2007. PEIA should have known this before "random selection."
49. 7. Use local pharmacy at Wal-Mart. 9. The co-pay has gone up. I have three insurances. I don't know how much Advantra Freedom pays. Thanks [signed name]
50. 9. Better service (info provided back to me/us -wife and I via mail) but higher costs. 10. Increase in out-of-pocket costs not a real big problem. 11. Higher deductibles, Higher out-of-pocket (especially at "front end" of year; \$20 co-pays.
51. I do not like paying \$20 each time I have gone to the doctor. Other than this, everything is o.k. with my insurance.
52. I am asked for a co-payment I was never asked for before now.
53. Any questions that I have had, have been taken care of by making a telephone call for the information and problems that I encountered. Sincerely [signed]
54. Could not afford any more out-of-pocket cost -

55. My out-of-pocket costs have more than doubled!
56. Had to pay co pay of \$10.00.
57. It appears the insurance provider is attempting to dictate medications over and above prescriptions from physician, understandingly to save money.
58. I am covered under my wife's insurance. She is a retired employee. We were satisfied with PEIA.
59. I don't think it is right for insurance companies to tell doctors what kind of medications to give their patients because they are not doctors. I would like to see insurance companies to start paying for herbs.
60. I have had to pay more at the doctor's office and at the pharmacy. Pharmacy has to substitute generic for some of my meds, this is not safe. My heart med Coreg probably will be okay but it just doesn't seem acceptable. They also gave my husband generic blood pressure meds and it makes him sick. This just doesn't seem right.
61. It isn't paying as well, have had to call about problems. It is not a pleasant experience, very frustrating. I'm glad I had a chance to express my concerns. Blessings and Peace.
62. 1. We are getting more paper work from Advantra Freedom to explain their services after a visit to a doctor that seems unnecessary. 2. After receiving a prescription for Olox and they paying a portion, we recieved notice that this prescription will not be filled again. They did not have it on the prescription list either way. 3. Also, we received a box of "goodies" that included a cap, towel, diet info, etc. That seemed like an unnecessary cost. Is this called preventive medicine? [Name]
63. Thus far I am well pleased with the plan.
64. Primary Insured: [wife's name] Dr. took Advantra but then closed and would not take any more patients with Advantra coverage. Will no longer pay for prescription that I have used for 15 years. Dependent: Went to same doctor have used for years. Went to check out, was told coverage is HMO and not acceptable, had to pay \$155. Told my doctor I could no longer stay with him because Advantra was not accepted. He bitterly complained to owner of medical services (Access Medical) and now I am, to my knowledge, the only one Access Medical will accept. Since then I have had to pay another \$55 plus \$30 for B-12 shots being used to fight or cure my anemia. These things were covered before. Also have had to pay off visit fee of \$20. Still trying to recoup my \$155! [Name]
65. Now we have \$20 co-pay for office visits and didn't have to pay anything before between Medicare and PEIA. Really don't think this card is as good as before. Would rather have Medicare and PEIA.
66. I do not have any concerns to date - 10/16/07. We have only had this new plan for three months - too early to comment.
67. My medication that I was paying out of pocket \$30.00 now has gone up to \$50.00.
68. IT SUCKS! [Name & Address]

69. The \$20 co-payment each time we visit a doctor is providing a hardship as both my husband and I need to see doctors every 4-6 months. I am 78 years old and have been sick for 15 years and I need to see family doctor, neuro doctor, and an eye specialist regularly. Thanks [Name]
70. If it's not broken - don't fix it. Seniors have been taken to hell - this is a mess. Please return us to PEIA soon...We are very upset - why make life harder - for what! You people don't pay attention. We have been taken to the cleaners. Help us... [Name & Wife]
71. I don't think it pays enough on my hospital bills I owe.
72. Prescriptions are higher, co-pay is higher, and hospital co-pay is too much. We didn't have to pay co-pay at the Dr. office or the hospital with the other PEIA. The other insurance was better.
73. [Names and Addresses] have completed this survey.
74. My husband and I both had to change doctors but we were able to find a good doctor. Previous insurance was accepted by all. There is a large group of doctors in Knoxville that belong to the Summit Group. They refuse to accept Advantra Freedom. This group is over 100 doctors.
75. 6. I'm not sure but I believe some of my medicines have increased because they were moved to a higher tier. 8. I suppose I would prefer a local pharmacy but it is cheaper to order - I now get a three month supply for a two month cost. A few of my prescriptions such as Januaria (for Diabetes) are not available in a three month supply. 9. I feel it is an improvement because my monthly premium went down and I've not been to a doctor since July 1st. [Signed with name and address]
76. I am very unhappy about the out-of-pocket costs - Please do not do this to the elderly.
77. 4. A. Hospital in KY did not get paid. Wife had to do a lot of contact. Don't know if this has helped or not. 4. B. Rx wanted us to go generic when we have to have brand. Wanted us to go mail order and most are the same \$ at Rite Aid. 4. C. Diabetic foot care is no longer covered. We have to pay. Medicare took care of this total. 7. We are trying mail order - but so far I can't see any difference in most drugs. I must say everyone I have talked to on the phone has been great trying to help. Comments: we were so pleased with PEIA. I have Diabetes and have lost a leg... this had been taken care of without a lot of out of pocket. Don't know what is going to happen when I need new diabetic shoes (Medicare and PEIA) took care of one pair a year. Not real sure about the doctor visit cost \$10 - \$20, ER \$50.00 - this is the one we are having trouble with now. I take a lot of Rx and being advised to go mail order when Rite Aid is the same on most. Insulin I use I'm afraid it won't arrive when needed. Our doctor showed a concern that Caremark is making decisions about his patients' well-being - not paying for certain drugs. My wife has a lot of issues and she is having problems with Rx. She had double knee replacement and PEIA did a great job handling this. She went on Medicare in April and this took over in July. We are wondering if we will ever reach

our deductible on this plan?? The combo of PEIA and Medicare covered us and we are upset with the switch. Seems a real shame when my wife put into PEIA and we both put into Medicare and now it is very hard to know what to expect. Thank you for your assessing this program. It is nice to know you all care. PS. My wife filled this out because I have no idea what is going on. Medically I would not know what to do unless someone did it for me.

78. 6. and 9. both had question marks with the answer 6. Don't know, and 9. Stayed the same.
79. I have had therapy for bowel-incontinence - it was cut-off and I now pay out-of-pocket. The doctor changed my eye drops for Glaucoma since Xalatan is not covered. It is necessary for me to take Lasik and potassium. The Lasik is changed to generic but the potassium is not covered. Sincerely, [name]. PS. My colon-rectal specialist still is not being paid - Dr. [name, Wheeling, WV] and I pay the co-pay. Medicare part is paid ????
80. IT IS TOO SOON IN THE FISCAL YEAR to make a determination regarding the Advantra Freedom Plan. I have had two (2) doctor visits but they were follow-up visits as a result of cataract surgery on both the right and the left eye which was performed in May and June of 2007- last fiscal year. I have heard from neither Medicare nor Advantra Freedom regarding these two doctor visits made in this fiscal year. [signed with name and address]
- A. Under Advantra Freedom I must pay \$10 for family doctor and \$20 to specialists as co-pay -this was an increase. B. Cost of Inspra and Atacand increased from \$30 to \$180. Enclosed is a receipt for Inspra - showing retail and co-pay prices. [Receipt shows retail price of \$302.85 and co-pay of \$100.]
81. I would like for it to go back to the way it was before July 1, 2007.
82. It's too soon to evaluate the program. After Oct. 26 I will qualify for Medicare, I have no idea what that will change. Many of my friends have experienced higher prescription costs. Thank you for caring enough to survey retirees. Sincerely [Name]
83. I answered the questions to the best of my knowledge; I find no fault with the Ins. plan. I am thankful that I live in the good Ole USA, where we can have a free Enterprise System. Thanks for the questionnaire Yours Truly [Name]
84. Question 4. I replied positive since I had no problem with my initial use of the program. I have not had enough experience with it to determine if it is good for me or not.
85. Apparently, the only benefit of the change to Advantra was to PEIA not the consumer.
86. I liked it better W/O co-payments, but realize I will have one due to costs of seeing physicians. I feel lucky to have the coverage I have. I haven't had any problems so far with the new plan. Thank you.
87. 1. Was required to start over with annual deductibles when I started on Medicare/Advantra on Sept. 1 (turned 65 in September). 2. Cost for prescriptions is higher now but I'm not sure if that is because I haven't reached deductible. Program is too new and providers don't yet know what it pays.

88. Co-pay for doctor visits is costing me more than I can afford on a small fixed income. Plus the brand name prescriptions that my doctor wants me to take are a lot higher than they would have been under old plan.
89. Doctors not understanding that both Medicare and PEIA were together. New and confusing now. May improve as doctors and pharmacies understand but it seems that the cost is more.
90. I had to petition for exemption for a non-formulary prescription, and may have another petition for exemption coming up.
91. As a retired PEIA employee I never had any problems with health care coverage using Medicare as #1 and PEIA (Acordia) as #2. Since July I have had 2 of my specialists refuse Advantra Freedom because it is an HMO - Many of the MD's do not like HMO - I was shocked to know that I no longer had regular Medicare - when I called and said I did not want to belong, I was told I didn't have a choice. I feel we should have a choice. I've paid Medicare tax all my life and feel comfortable with it. All doctors accept it. I do not want the private HMO. AARP just had a good article Oct. 2007 about it. Please reconsider - and let us go back to Medicare. Thank you for asking for input [Name]
92. This plan does not cover the drugs my doctor orders, I now have Asthma, I am paying out of pocket for the drugs under your plan. Do NOT work as well.
93. [Name]
94. I would rather pay a higher premium than every doctor you go to asks for a co payment. I went to the ear doctor they asked for \$20.00 co pay. Primary Care Doctor was a \$10.00 co pay. Surgeon asked for a co payment, I said just bill me. I usually don't have money on me at all times.
95. The plan has not been in effect long enough to determine if my costs are greater but we do receive bills that are our co-pay. This means I then have a check to write and mail - this is after paying when we go to the Dr.'s office. We also had to change some prescriptions because they did not cover the prescribed medicine. Another survey later in the year would provide you with better data.
96. I am concerned that Advantra will not pay for membership in health facility available in Princeton - Princeton Health & Fitness Center - but pays for Bluefield Wellness Center. It does pay for membership in Curves in Princeton, but Curves is for LADIES. What's a man to do? I am an active 66 year old who runs 5 miles 3 times a week and exercises regularly. I'm very disappointed in this. Can you help?
97. I didn't have a choice on this plan. It wasn't explained enough. We didn't know for sure if we used our Medicare cards. The explanation of benefits is hard for us elderly people to read and understand.
98. Attn: [PERD Staff Name, Title], October 16, 2007, per our conversation with you this morning regarding the Advantra Freedom health plan provided by the WV PEIA. We are now residents of Sarasota, Florida - my husband has not used Advantra Freedom as yet, but his urologist is in the same group as our primary care Dr. We did check with

our primary care Dr. and they did not accept the plan. As of this date, I have not gotten the blood work done. The PEIA agreed that both of us can use the PEIA special Medicare plan through June 30, 2008 - I agreed to that on October 11, 2007, but I still don't have the new PEIA ID card. At this time we would have to try to locate a Dr. to accept Advantra Freedom and that is a problem I don't want to face. Thank you for your concern in this matter. [Husband's Name] [Wife's Name] Retiree

99. Drugs are not covered as much as under the other plan.
100. I do not like having to go to a certain lab for blood work and routine screening. Previously this was done at my doctor's office. Having to go to another lab costs me money on gasoline and a waste of my time. Also, previously no co-payments were expected. Therefore, out of pocket costs outweigh any decrease in premium.
101. Besides the fact that many won't accept the plan, we find ourselves being billed for services that are apparently not as well covered as they were when we just had PEIA and Medicare coverage.
102. Couldn't believe they can tell me how [many times a day] I needed a couple of my medications. I'm sure my doctor is very competent. I had to go with a stronger dosage and break them in two in order to keep the same dosage. 1. Out of pocket costs have increased 2. Medicine costs have increased 3. When we have a question no one seems to know the answer, one person will give me another phone number to call, which happened 3 times in one day. "I call this passing the buck" 4. We just aren't pleased with the change.
103. I did not appreciate having to change most of my drugs to other drugs. I have never had to pay co-pay for office visits, Now I DO. My health is not very good and I have some life-threatening problems. This causes me to see specialists for most of my doctor appointments. BUT I am glad that, at this time, none of my medical needs have been denied except for changing brands.
104. 9. Not sure. Advantra was to pay costs for Health + Fitness and while in Mercer County will pay for membership at Curves, refuses to pay for Peta.(?) Health + Fitness. All who have PHFC are deeply concerned and disappointed since many of us use the hydrotherapy pool of PHFC for our arthritis. Curves has no pool.
105. Insurance has not paid for immunization injection I received at the doctor's office. My premium has gone down. My prescriptions and co-pay have gone up.
106. We welcome this survey. At last, someone will listen to our concerns. We have always been fortunate to have good coverage through the state with PEIA. Now, that we are retired, with a fixed income, we feel that our state has sold us, increasing our out of pocket money, causing us to have to decide whether or not to follow up on appointments with our physicians. 1. Within a week, my wife is seeing her primary care doctor and two specialists, resulting in \$50 cost initial payment. Now, with the possibility of tests and a hospital visit, how much more out of pocket money will that be? 2. A real concern is that the blood pressure medicine she has been on for an

extended time, with positive results, is in tier 3, and will cost \$100. I strongly resent an insurance company dictating the kind of medication I can take, rather than on a doctor's prescription.

107. I believe the new plan is working quite well. The out of pocket cost are more, but combining medical and drugs, they are probably ok; Thus far I have used drug part more than medical. I attended meetings both before and after the transfer and have found procedure-wise the operational features have functioned as we were informed. Question 9 = Questionable- I don't know that it is better, but it is working and I am pretty well satisfied except for the added out of pocket finances. I really haven't used medical enough to give you a sensible answer, but based on some others I know it appears to be workable.
108. I have experienced a large number of payments to a variety of doctors since July. Also, a medication that was prescribed by my cardiologist (who best knows my health and situation) is no longer covered by Advantra Freedom (who admitted to my daughter that their decision to no longer cover this medication was solely a financial one - they weren't getting a very good deal from the manufacturer.) Now, my health situation has taken a drastic turn and I am concerned about being able to pay for the treatments, hospital stays, etc. I believe that we were not very well prepared - either financially (because of the many payments) or with information about the change. I know that information was sent and meetings were held, but I still did not grasp the magnitude of change. Help all retirees - I know that my husband and I are not the only ones in this situation!
109. Didn't have to pay for a Dr. visit before, now I have to pay \$10.00 for each visit.
110. Cost of premiums from PEIA to Advantra Freedom Plan has decreased, but the cost of our co-payments have increased from July 1, 2007. Also, we cannot use our Medicine cards anymore when going to Doctor or Hospitals, we can only use the Advantra Freedom card only since this change over took place. [Name] [Address] [Phone Number]
111. As long as my husband was alive Advantra Worked fine, when he passed away - they sent papers for me to fill them out - but they didn't explain what it was for - so I've paid for all medications and doctors visits. Social Security only gives me \$900 and change. My heart Dr. visit was \$1,728 - & I had to pay it out of pocket - please, please, help me recover what I'm due. [Name] [Address] [Phone]
112. 10. But our fixed income stays the same. Deductibles, prescription co pays and office visit co pays increased. Retirees should be able to depend on their insurance premiums and benefits to remain the same as when we retired. When we worked, these benefits were part of the "salary package" to attract employees. These benefits should be considered part of the "retirement package" or verbal contract, if you will, for retirees. Instead our out of pocket expenses are increasing. The increases, if needed, should be

directed towards new employees. THANK YOU for taking the time to evaluate this issue.

113. 9. Too early to judge. Website features are great as is customer service. I appreciate the fast follow-up letters regarding payment status and clarity of information on all services. Seems faster than with previous coverage.
114. I have sent my Medicare card in (faxed) 3 times; they said I didn't have part B in which I had. Then they said that I didn't have coverage when I had gone to Hospital + Drs. So I keep getting bills that are not taken care of. There is a lot of confusion going on with them.
115. 5. N/A 10. N/A
116. My fee has doubled, and my prescription cost has risen.
117. 10. Neither.
118. I have had to change prescriptions around due formulary which can be difficult due to formulary. 2. My prescription out of pocket costs have increased about 40% in the first 3 1/2 months. 3. Why are we paying a Medicare premium + an insurance premium but do not have secondary insurance? Doesn't seem right to me. 4. the insurance statement says I have paid \$140 out of pocket so far this year, but my checkbook says I have paid \$608 out of pocket for medicine, doctors office visits + lab work. 5. How are we supposed to live on our pensions when we never get a cost of living increase but these kinds of insurance changes? 6. Why are retirees penalized but the active employees had no change? 7. It was my understanding from the newspaper articles that federal monies were used to benefit the active employees insurance + then they got a raise on top of that + we got the shaft. 8. My experience has not been positive.
119. Not till Nov. 1 2007.
120. There has been a increase in my out of pocket costs as well as that cost of my insurance - but no increase in my pension in the 6 years I have been retired- Please consider the retiree because we are still the voters of the state. [Name]
121. Out-of-pocket is costing more than co-pay on old plan. Every time we go to our medical doctors, we have to pay from \$10.00 to \$25.00 out of pocket. Normally both of our insurance - Medicare and PEIA paid the total amount. My husband [name] retired over 11 years ago and to this date he has had only one cost of living increase. This makes it harder to pay my bills with Medicare raising premiums each year. Advantra Freedom either won't answer their phone or they give you the "run around" the few times I tried to call them.
122. With Medicare we did not have a co-payment with our physician and specialist, but do now. Cost of prescription has risen and one medication was not covered.
123. 10. They won't pay the secondary on medical. 11. They don't want to pay on Dr Bill. I get the bill to pay. Thank You [Name]
124. I did not know until the new cards came. I have COPD. I am on oxygen 90% of the time. Before July I only had co-pay once a year and now I have a co pay over \$40.00 a

month that I pay to Health Care Solutions. Extra co pay at every office visit to a doctor. I can't use the generic Uniphyl I take it two times a day. Generic I end up in hospital. I was refused any help from Advantra Freedom. I now pay \$118.96 A MONTH. 7/20/07 I paid co pay of \$50.00. 8/27/07 co pay of \$50.00 after that I was denied help with payment. I did pay \$15.00 for 60 tablets [name of medicine not legible] I use two times a day. I got it 60 at a time with a \$15.00 co pay. Now I get only 30 tablets and pay \$15 then I have to make an extra trip 15 miles one way in 15 days to get the other 30 tablets and pay another \$15.00. Why would anyone let a company like this in our wonderful state of West Virginia? Please try to help the seniors and not Rob them. Thank you [signed name]

125. I feel we need to go back to the old plan where Medicare paid their share and then PEIA paid. Retirees cannot afford to pay what we are being billed after insurance has paid. I have been billed by my hospital more than my monthly income is. I feel that the state has no feeling for people who worked and served their state for so many years and have been given a very bad deal. [name]
126. 10. There has been an increase in my out-of-pocket costs and B. As of July 1, 2008 my medical provider will not accept plan. I already have a Medicare supplement plan so Advantra Freedom is not necessary. I kept PEIA for prescription plan only.
127. For the first time during my employment with the State and since my retirement have I ever been requested to comply with the following: 1) Complete a questionnaire regarding my personal health - which was shredded. 2) Have the quantities of dosages of two (2) medical prescriptions reduced without permission from my physician (He was furious). 3) Required to pay co-pay at the time of appointment with my physician.
128. Because I have never really needed to use my health insurance very often, I cannot really compare plans. I do know that several people have mentioned to me that they feel the regular Acordia/Wells Fargo plan paid secondary to Medicare was better. However, up to this point, I have been very satisfied.
129. 6. Yes [Out-of-pocket costs increased] Co-pay every visit - 2 times a week \$40; 3 times a week \$60. 7. Uses Rite Aid Drug in Barboursville; prefers to use the same place. 9. I prefer the old plan. 11. We are on a fixed income! I prefer PEIA. [signature]
130. I am in a nursing home and applied for Medicaid. Before this program, I could have gotten a medical card to take care of co pays, etc. Now because of the drug coverage is "Part D" of Medicare, I do not qualify for a medical card for co pays as the government would not allow both programs for my use. As the remainder of my Social Security and State Pension will go to the nursing home, co pays will have to become the responsibility of my family. I pay for both Medicare and PEIA so I do not feel that this is fair. [Name] [Daughter's Address]
131. If not on low income it would cost me much more. On low income (you only give discount to Medicare spouse and take away discount from PEIA spouse. We both have

to live on the same money. Cost is higher and even the premium is higher now than before. [Signed name and telephone number.]

132. We were sent a letter saying we had they made the change NEW INS. 3. Changed some of my prescription like my heart pill? 5. Husband. B. Virginia doctor would not take this Ins. 9. I had Medicare + Ins what one didn't pay the other one would. 11. I am 64 years old and have a lot of health problems I was on Disabled + Medicare and know I don't think I get either one. I do not understand how they can take this away from my husband + me. Every time you go to a doctor they ask you if you are on Medicare. But this Insurance company told us we cannot use Medicare anymore. About a month ago my drug-store bill was \$400.00 dollars. I take about 15 pills a day and two kinds of insulin. My Husband tried to go to a doctor in Keston Virginia and they would not take this Ins. The reason I was put on disabled because of my health-Heart-Diabetes-Blood pressure. [I am on] -Clos-Nerves-Blood thinner-Sugar pill-Inskin-Fluid pill. I paid a lawyer to help me with my disabled and a Law-master In Hagerstown to help me. There are a lot of people who have this insurance that do not understand how we worked for our Medicare and have someone else take it away. We all thought that Medicare was run by the [federal] government and Ins by the state. We really do have a lot of people really upset over the Medicare. Thank You [Name]
133. I had to change to medication that sometimes fails to stop my reflux, but which is within my pain tolerance level. Advantra wants us to buy prescriptions on-line, but we feel safer with the very competent local pharmacy WHICH CHECKS CONFLICTS BETWEEN DRUGS, a backup for the doctor.
134. Explanation of benefits are very HARD to understand. Also, I receive papers just about every other day from Advantra and they are the very same thing, and they too are very hard to understand. The ones I received from Wells Fargo are very simple.
135. I had to change prescription for eye drops which make it harder to use.
136. So far in my life I have been blessed with outstanding health. I take no medicine only my silver centrum and a calcium+D daily. I really can't say "great" or "needs improvement". My fear, will it be there WHEN or IF I have a need later.
137. I have not talked with anyone that feels like this plan is as good as the previous one.
138. Enclosed letter to the editor from the Beckley Register Herald dated 10/17/07. "Just a quick comment about PEIA and Advantra Freedom. Everyone is unhappy with this change and no one saw it coming. Our people at the statehouse were unaware and way they had nothing to do with it. I guess PEIA does what it wants on its own. Is Social Security already privatized? Advantra is a private company yet those with VA benefits are now null and void. The VA says Advantra is a government agency and cannot bill them. I don't know why they even sent me a Medicare card as I have to go through Advantra. The problem is not limited to those of this state. Look at this website: <http://freerepublic.com/focus/f-news/1834652/posts> I can't get half my medicines that I

got under PEIA and now I can't use my VA benefits so I am going to up and quit taking my pills once they run out."

139. We may need to wait and see and not be so judgmental. When we got upset with G. Caperton, he called, set up meetings, + Honored Every Word. Can Gov. Manchin try that? I wonder? 6.D. At first, it seems much more expensive but I think it's just different and I may need to give it a chance (What choice have I?). 7. Wal-Mart or Kroger. (They know me and are meticulous.) 9. No, definitely.(prescriptions seem to be the problem and so far it's only one of them for me and one for my husband.) 10. B. I hope to goodness this does not happen! 11. We, (I'm a 75(nearly 76) year old retired teacher of 12 yr.) were told we could stay with our old plan etc. Within a few days it all changed and a great number of us were "bummed" to say the least. We were truly good teachers at one of the best schools in the nation. We worked our "fannies" off and our principal and one of us got to go to the White House and meet President Reagan who called us #1 in the nation for so much. (with so little) I called that quite an honor along with being in the #1 book of Who's Who teachers (in America). I didn't have the money to purchase it- but my daughter did. But I love the state, the school, the parents, and the "Kids"! It was worth it. We ask so little - at least I do, I think - only to have my brand Inderol taken away after so many years! It truly controlled my heartbeat and I hadn't had an episode since mid-summer '05 and it firmed right up. Went to a great doctor in Morgantown a year ago last May and he said I was in perfect control with my "meds". I am checked every mo. (or more) for my Coumadin levels; my reg. doctor does 3 or 4 checks a year of blood, etc. at a very normal amt. The only fluke was in 1/10/07 (this yr.) when I was taken by ambulance to hosp. and they could find nothing wrong and I came home next day. (Perhaps we shouldn't have called so soon for help.) At any rate I tried to explain I NEED "TIMED INDEROL" or timed Propanalol. (It kept me doing beautifully and I imagine I could do with 120 LA Inderol just fine not plus the other- 80 LA Inderol. (I'm willing to go with one not two)) I called them and they put me on 80 + 40 Tabs, of Propanalol- NOT TIMED. My heart plays a few games but I hope it's alright and they allowed me to change back to Synthroid after a mo. I was losing hair by handfuls on generic and I hope it works. I know Insurance is a big problem but the governor hasn't been honest with the state or us. I know there are problems, but I don't think they should risk our lives for dollars on a necessary prescription. I'm disappointed and yet I know it's hard. I hope they "iron out a few wrinkles" and I pray for good health for us all! Sincerely [Name] You may call me. [telephone number]
140. My wife [Name] retired January 1, 1992. From that time until July 1, 2007, when she was switched to Advantra Freedom, we were charged for NOTHING, including diabetic supplies and tests. Now we are charged for blood work tests, doctor visits, and all diabetic supplies. Now our Diabetic supplies from Liberty Medical are costing us \$171.00 every 3 months. Also we have doctor visits, hospital visits, and blood work etc. [Name]

141. 9. ? 11. It is really too soon to say for sure whether the program will be an improvement for the entire year. My premium appeared to decrease, but so far, I have been [paying] more out-of-pocket expenses and more for prescription drugs. It remains to be seen whether the additional costs for the entire year will exceed the decrease in premiums.
142. I had a little mishap at a local drug store while waiting for a machine to make my pictures from digital camera. I was accidentally hit with a swinging door (half door). Happened to be on the hip that has a rod from a fracture. Needed to have an x-ray after doctor's visit. When the doctor's office tried to use my old Provider it was no longer valid. They checked with the proper person to get the Advantra 800 phone number and called them. They were quite helpful with my information they also could provide the hospital and doctors office the info immediately and very immediately they also sent my card. No problem thus far. Very positive report from me. Not very professionally written Sorry [Name]
143. Pharmacy wanted to treat Advantra like an HMO and could not bill correctly.
144. 1. Yes, was aware of change to Advantra, but did not realize it stopped Medicare at the same time. Pre and introductory information did not make that clear. 5. State of Virginia. 8. Uses mail-order but would prefer local pharmacy if we could get medications at the same price. 10. Increase in out-of-pocket costs at least in the short term. Not sure on an annual basis.
145. Question (4): I was in the hospital in July of '07 but have not had enough feedback to know if it is an improvement or not. It hasn't been enough time to get all of our bills. I do not understand that with this insurance, Medicare pays 80% and WE pay 20%. What is the purpose of having a secondary insurance? When we were with PEIA. Medicare paid 80% and PEIA paid 20%. VERY CONFUSING!
146. 1. Some of the medications cost me more. 2. We lost our 2nd insurance by this plan. As soon as you step in a doctor's office, out flies the hand for money and this cuts that much more into our retirement check, which is nothing to brag about, when the insurance premiums keep going up plus everything else. Some of my heart doctors are in Nashville and it takes \$25 in gas just to make this trip. Who got a kickback for this plan? I never had any trouble with the old plan. So far, no one has said "no" to this insurance. [signed with name and address]
147. I received a letter in June from Advantra informing me that the co-pay for a prescription would increase from \$15 to \$50. I got a refill the end of June under the old plan. Also, in the past I have used the services of a chiropractor. Under Advantra the co-pay is \$20.00 with a limited number of visits covered. I really feel that as a WVU retiree who has given many years of service to WVU and the state that we deserve something better. Thank you.
148. Expense has increased - you don't always have the deductible to pay with. When this first started we were asked if we wanted to keep PEIA. I signed that I did. Then I received something else that if you had Medicare you had to take the Advantra

- Freedom Plan. There was no choice in the decision. Why couldn't we keep PEIA?
Everyone seems to have the same idea. [signed]
149. Did not receive the cards. Had to have my daughter call for them.
 150. Neither my husband not I have gone to the (medical) doctor, so I will withhold my comments until this happens. Cordially, [Signed name.]
 151. Example: It seems as though the leadership has played "Russian Roulette" with our prescriptions from year-to-year. In my belief [this] causes excess doctor's visits for additional blood-work (2 in most cases.) If you need further explanation, feel free to call me - [signed with name, address and telephone number.]
 152. There seems to be more paperwork and we are receiving more mailings.
 153. I had problems with 90 day supplies of medications. It is a 50 mile one-way trip to get medication from Rite Aid. That company has given the best service and price (total) in the past. Mail order service is not satisfactory due to delivery time, etc. The doctor's office had to get the 90 day problem straightened out. Some of the latest medicine is not on the list of approved medicines and we will have to pay the entire cost. The insurance should not be dictating what medicine must be used in order to get treatment. Thank you. [Signed with both names in household.]
 154. I think the name "Freedom Plan" confuses many Florida doctor's offices and hospitals. Many have told us they do not accept it but after pressuring them to check further; they tell us they accept it. I believe there are Freedom plans in Florida that are not good and they confuse this one with those.
 155. I have been told that Advantra Freedom is not accepted in Florida. We have made several trips to Florida in the past few months due to the disappearance of my nephew. My husband has had 5 by-passes and congestive heart failure. How can I be sure that he will receive proper medical treatment when we are out of state? We are paying more for our prescriptions. He has 8, and I have 5.
 156. We are very concerned over this change. 20% co-payment will really hurt us on a fixed income. Not happy at all with the change.
 157. Concern about out-of-pocket cost for surgery. I am supposed to have a yearly MRI for a brain aneurism I have - I didn't have it done this year because I didn't think I could afford the out-of-pocket costs. I am 80 years old - I would like to get the vaccine for Shingles - it is \$180.00. I'm not sure if it would be covered. One out of two people get Shingles before age 85. I hope to go to the meeting that is scheduled here in Wheeling in November.
 158. Prior to the implementation of the Advantra Freedom Plan, I was able to conveniently purchase my prescription, Benicar, for a \$30.00 co-pay 3 months supply at my local Rite Aide Pharmacy. Effective July 1, 2007 Advantra (Caremark) considers the above medication as a Tier 3 medication forcing a \$50.00 co-pay per month and only allowing me to purchase this a month at a time. It now costs me a \$150.00 co-pay for a 3 months supply at the local pharmacy. Advantra (Caremark) allows me the option to purchase

my prescription through their mail order program for \$100 for a three months supply. Benicar (for hypertension) is the only medication I can take after trying many others prescribed by my physician. I have lost the convenience of purchasing from my local pharmacy, plus the additional cost in co-pays.

159. 1. Overall prescription costs increased. 2. Non-essential medication (Flomax) became cheaper while essential medication (for hypertension) increased. This places more of a burden on the individual if choices have to be made.
160. This is for my husband [name]. His out-of-pocket costs have increased for some of his medication. For example, his co-pay cost for one of his medications is \$50.00 for 30 days. But his doctor says it is the best medicine for him because of his heart problem - it is Altace. A couple of my meds have increased also. But except for the cost of the Altace we are well pleased. Thank you. [signed].
161. The Advantra representatives would not approve my prescription. I ran out of medication which is prescribed for epileptic seizures, had to get documentation from my doctor and provide a copy to my pharmacy. Had my daughter not been so alert, I am not sure the prescription would ever have been filled. The insurance company wanted to change my medicine to a medicine they suggested. I thought that should not be their call. After approval was granted, they (the insurance company) still declined to fill the prescription. My daughter had to call Advantra. TOO MUCH WORK! What does a senior citizen do who has no advocate!!!
162. 10 (B) Even after the insurance company talked to them (medical provider wouldn't accept coverage.) We got another who may be better. 6 (A) I think we are not familiar with it yet, but am hopeful that it's going to be fine. Sincerely, [signed]
163. Haven't dealt with this plan long enough to answer all the questions.
164. 9. Did not mark A, B or C but noted "Haven't had time to compare!"
165. I don't like this plan at all. We spent many years working for the state and feel that we should be entitled to better insurance. When an immigrant comes to this state and has a green card he or she is given a free medical card and food stamps, and if one just slips in, doesn't have a card and should have to have surgery, they are given the surgery free. This information was given by a Welfare employee. So looking at this picture, who is the 2nd class citizen? I know you can't be all things to all people but would hope that you could see where we stand after devoting 25 to 30 years working for the state. Every retiree that I have talked with is very unhappy with having the insurance changed.
166. Most of my prescriptions are not on the list - even my insulin. I had to pay for my flu shot as Kroger would not accept my insurance. I had to send in a claim form.
167. 10. I am concerned that medical providers will not accept the new plan's coverage and [about] the increase in out of pocket costs.
168. Even though we have had the Advantra Freedom Plan since July 1, 2007 we hadn't used it until this past week. Even though we had the \$75 deductible on our first prescription otherwise everything went smoothly. We used the pharmacy at Wal-Mart.

169. Co-insurance and co-payments are required now.
170. Once I am able to get to a person that will take the time to listen and try to help me it has been rather positive. Getting Lovenox approved was a trying experience while also having a transjugular biopsy scheduled. Trying to get supplies for my INR home monitor has also been an unwelcomed hassle. The PEIA rep would usually have to get involved in most situations other than the routine ones. We should be able to avoid these hassles. On routine matters it has not been too bad. 5. I live in Virginia. 6. I get to the limit at a slower pace since you only pay on the Medicare approved amount. 9. Some improvement on drug costs for the lower tiered drugs, but less improvement on specialty drugs and getting their approval. 10. I fear in the future that fewer medical providers will accept this plan because they have really taken a large cut in pay from my coverage that I had prior to June 30, 2007. 11. My first concern with this plan states that I must pay for Part B Medicare in order to be covered, which at present is \$93.50/mo (will be going up in 2008). The state is also paying a premium to Advantra. I had approximately 8 years of paid up insurance, I feel the state should honor my paid up insurance that I earned and pay both the Part B and Advantra premium. Secondly, as I age it becomes more difficult to stay on the phone, etc., trying to get problems with coverage resolved. We the clients are caught in the middle between the medical provider and the insurance company. It is very frustrating and time consuming to keep trying to resolve coverage problems between these two groups. I feel there is a need for a Patient Advocate so that when I call with a problem I do not have to train another person about my situation and my health problems. Thirdly, I fear that in the future that fewer medical providers will accept this plan as stated earlier. Fourth, I fear the drug coverage will change year to year by putting more drugs in higher tiers and that premiums, deductibles, and co-pays will continue to rise thereby providing less coverage for the retiree. The paid up insurance (approx. 8 years) was to be a great benefit which has already been encroached upon by having to pay Medicare Part B premium. In retirement there should not be these problems and concerns since you worked all those years for benefits and when you get there, there is the threat that you will not be covered or there is a hassle to get it covered.
171. Follow-up on medical claims was very prompt. I was informed in an excellent manner.
172. 9. [Did not mark any choice] Comment: I don't know at this time. I just went for a physical last week.
173. So far I have not experienced any problems. Thanks.
174. Sorry this is late, but I have been out of state having surgery. [signed]
175. I only have my Disability Social Security. I get \$1,019.00 a month. My Medicare and co-pay and the other I've paid so far has been outrageous. I have 3 or 4 prescriptions they have on the non-preferred list that I have to pay \$50.00 a month for each. I'm on probably 11 different medicines and I'm on insulin so you can imagine what my

medicine runs me a month. Some changes definitely need to be done but it has more to do with how the medicine is determined.

176. 9. (No) More money out of pocket.
177. It is only reasonable that ONE POLICY IS NOT AS GOOD as Medicare plus PEIA plan. Less [lower] premium does not cut it.
178. Some medical providers are unsure about coverage with the Advantra Freedom Plan. They cannot guarantee that Advantra will reimburse for services or at what rate if coverage is approved.
179. The new plan wouldn't pay all on my oxygen or paid on some of my preferred drugs. The generic drugs caused itching and coughing.
180. Out of pocket costs have increased immensely. Cost is MUCH TOO HIGH. I am considering changing to another plan that is REASONABLE.
181. I have had this plan only since September [2007], therefore I have not had the opportunity to judge the merits or disadvantages of Advantra.
182. Satisfactory
183. I have no concerns as yet.
184. 10. Both problems are of equal concern, increase in costs and that the medical provider will not accept the new plan's coverage. Dated 11/03/07. They will not fill my prescription for asthma drug Theo 24 [in] the amount my lung doctor ordered - as I am afraid to take a smaller dose I will in [end] up in the hospital or death. I predict many lawsuits - even my doctor could not get them to prescribe the amount needed!! Please do something about this. My husband's blood sugar is out of control [and] they will not prescribe the amount needed. This is only an example of what is happening to seniors. I gave up increases in wages over my 30 years of service to the State of WV for good health care and this is not the right thing to do to the seniors of this state. [signed]
185. No comments. [signed]
186. 9. With prescriptions, about the same. Doctor visits have increased. The whole health care issue is out of control. I believe policies are dictated by pharmaceutical companies. When this industry spends more on advertisement than research, something is surely wrong. Mainly priorities.
187. I do not think we should have to pay co-pays to the doctor when we visit. We have never done that before. Also, the [amount of] payment to the doctor for service is embarrassing. (Example) A member of my family spent two days in the hospital. Lots of tests, etc. were done. I know fees were probably higher than they should have been, but Advantra Freedom paid less than \$500 for this. I'm afraid the doctors and hospitals are going to refuse to serve us.
188. 10. Also marked medical provider will not accept new plan's coverage. Comments: My wife and I are both covered by this plan. We have ongoing eye problems that have to be closely monitored. Our (long time) doctor has informed us that as of July 1, 2008, he will NO LONGER accept Advantra. We are very upset by this!

189. 8. Comment: Answer to question 'Where would you prefer to purchase your prescriptions?' Answer: Cheapest location.
190. Had to change prescription. Out of pocket expense increased.
191. 4F- Regional Eye Association. Having difficulty with Advantra concerning medical treatments. Dr. [name] is our medical person.
192. 1. Some medications prescribed by doctors are refused by the insurance. The doctor has to consult with the insurance. If OKd by the insurance, the out-of-pocket cost of my medication is enormous. 2. I have heard co-payments in other states are higher. This is my first time to experience paying co-pay for each visit to a doctor's office. 3. My husband and I have been retired from the Kanawha school system for (he- 22) and (me- 21) years. This is really hurting retirement income.
193. Co-pay- each Dr. visit. Always a balance due after insurance which we never had with Medicare and PEIA. I use a local pharmacy because we have so much medicine, I can't keep track of it, to order. This way I can go get it when it gets too low! Also seems our Medicare is not covered or higher. Why did they change? My husband worked for local Bd of Education 32 years ago, some were very low pay, no overtime! That was why he stayed was for the benefits! Now that he is 75 [with] Heart trouble and Major other health issues someone sees fit to change everything. [Signed name of wife and husband]. P.S. Some weeks [he worked] 70 hours!
194. When you're handicapped and on a fixed income and you and your spouse are on heavy drugs you are in trouble. My drug bill has gone up \$60 or \$70 a month. My wife's has gone up \$80 to \$100. We have to take a lot of medication. Thanks [signed]
195. We feel this is sub-standard coverage, in that it does not cover the medications we need as well as the old plan. The doctor that we go to says that new Advantra is our primary carrier and that Medicare is our secondary carrier, whereas before Medicare was our primary carrier. It costs us more out-of-pocket, because Advantra does not pay for some office visits and procedures.
196. 6. Co-pay increased to \$20 from \$0. 11. I don't agree with our government giving a 12% bonus to private companies from tax payers' money to run a government program. I was not aware, until now, that this was happening. I'm not pleased that WV did this without any explanation of why, what the pros + cons were, and asking we what I thought. I know that some people are saying the incentive payment to Advantage programs is too much. I would hate to see all Medicare become private.
197. I haven't received anything in the mail about Advantage Freedom plan. Please send me a card so I can use it. [Signed with name, address and telephone number]
198. I prefer original PEIA-Better coverage. [Now]Too many COPAYS. Get back to PEIA. PLEASE. Rx plan too expensive.
199. 9. I really don't know. 11. I don't think that we have this service long enough to really evaluate it. So far I don't have any complaints. Time will tell me more. [Name signed]

200. 9. Based only on my reading of the Advantage materials I have received. 11. I am currently employed and have health coverage through my employer that is my primary coverage. Given this situation, I have had very limited experiences using PEIA or Advantra and, therefore, am not able to add or contribute much to your efforts to examine services provided by Advantra.
201. [Name to whom survey was sent is in nursing home in Elkins WV.]
202. No comment but signed with name and address.
203. My income checks did not balance out the cost increase for medical expenses.
204. The coverage offered by Acordia was much better than Advantra. I do not like the \$20 co-pay and my prescriptions have increased in cost. Lipitor \$78.00 and I was given a new prescription for my eye at the cost of \$56.00. I would like to be back with Acorida. I am not happy with Advantra. My prescription for Lisihopril was \$3.00 now I paid \$7.35.
205. I was not aware of the change to Advantra until a bill was rejected by PEIA.
206. Co-pay and no coverage on pills the doctor writes for us. This is what happens when a private company takes over Medicare and PEIA. This is the thanks we get for working for the state of WVA for 33 years myself and 35 years for my wife. She was an RN at the old WVU hospital and Ruby Memorial. [cover letter with name and address included with response]
207. So far everything is o.k. No problems so far.
208. 10. (Respondent marked concerns with the increase in out-of-pocket costs, and that the medical provider will not accept the new plan's coverage.) Comments: Sometimes we have trouble getting our prescriptions filled and the pharmacist has to call so we can. We never had any trouble before Advantra.
209. PEIA switched to the Advantra Freedom Plan. This is an HMO organization which is now being subsidized by the federal government. HMO's are being given \$15 billion per year to make sure they are making a greater profit. The cost per patient goes up all most \$1,000 per person because of the way business is done. They are receiving an increase in out-of-pocket cost from us and are being subsidized by the federal government.
210. 9. Not sure yet. I live in Texas. Initially I was unable to confirm coverage at my heart doctor. I have since heard from them that my plan is acceptable, but I may be "out of area" when I turn in a claim and may have to pay a higher amount for my doctor's services. I don't know yet. [signed with name, address and telephone number]
211. No problem with Advantra Freedom Plan.
212. Increase in medicine. Increase in doctor bills [that are] my part to pay.
213. I am deeply concerned about rising costs in the future months.
214. ?? I don't know yet - reserve my opinion for a later date. Have only received EOB's for prescriptions at this time.
215. I need to find help for paying for my insulin to get my shots for sugar.

216. I had no problem getting my flu shot at my doctor's office. The store clinic just happened to be more convenient. I have a Medicare card, but it is apparently now useless. 9. For office visits and prescriptions Advantra is about the same so far IN W.Va. Fortunately have not had to use it for hospital services, in or out of state. Is it better than before? Probably not. I haven't had enough time or medical events to evaluate it yet. Special concerns: 1. How well will it work out of the Advantra Plan area? 2. Why can't I still use the Medicare card if Advantra is not accepted? 3. Does PEIA pay for anything other than medications under this plan?
217. 9. I haven't had to use enough to answer this. Been very fortunate with fairly good health.
218. Gov. Manchin has the Legislature in his pocket. He says JUMP and they say HOW HIGH. You'll allowed the Gov. and his PATSIES to sell the retired employees down the river. You should have known that a for-profit company is just that - PROFIT. The ten (10) million PEIA gave to Coventry should have been used to up-grade it's existing program. So, what can I say about the Advantra Freedom, it is terrible. Again, we got sold down the river. [cover letter with name and address included with this response.]
219. Medical out-of-pocket co-pay increased from previous plan.
220. I am paying a lot more for our prescriptions. The price I paid on my previous plan was for the most part, a 90 day supply for \$30.00. The new plan has been charging \$50.00 for a 30 day supply on several of my husband's medications. Out of pocket costs increased. We now pay co-pay + co-insurance. We have a lot of doctor visits that are either \$10.00 or \$20.00 per visit. Emergency room cost is \$50. We didn't have to pay this on our previous plan. [Name]
221. 8. A 90-day supply of Rx's has the same co-pays as mail order. New plan's co-pays are higher. -New plan costs more. -New plan delivers more mail, more details to digest, more calls to make. More medical statements to study and more stress. -Discouraged. - Have to seek caregiver assistance to read/complete forms. I'm not alone in thinking this way. Other people I know are having difficulties. [signed]
222. Did not pay co-payments with old insurance.
223. The previous insurance company was always good to me. So far this new insurance company has also been good to me. Thank you, [signed]
224. 9.
225. 7. Diabetes medicine [for wife] is mail-order. Some medicines are filled in St. Albans and others get filled in Dunbar behind the clinic at Rite Aid. Why can't they get filled at the same place? 9. It seems like Dunbar Clinic is trying to take away Medicare and state insurance in the order they are to be put in. 11. Dunbar Medical Associates, PLLC [address] is putting 1) Advantra Freedom 2) Palmetto Medicare, as of 11/08/2007. To make sure this mess is taken care of I'm sending the yellow copy to Governor Manchin. If any two people ([name]; Gov. Manchin) it shall be done by God in heaven above.

This is the second time, last month, October; we both went in and put on yellow receipt only one insurance... what's the problem? [signed, with address]

226. We've had to change prescription medications to generics or others in the same category due to non-coverage of medications we've been taking for years. This makes Dr. visits longer and some confusion for us as we are elderly. Changing our routine due to your non-coverage of medications that our Dr. feels necessary adds increased anxiety that we do not need. We don't feel that an insurance company should choose what medications we take. That should be up to our physician. Thank you.
227. Basically the new plan is working. I just did meet my \$500 deductible. 1) I take Diovan for blood pressure. I was paying \$60 for a 90 day supply. All of a sudden the price jumped to \$100 for 90 pills per Advantra Freedom, not the pharmaceutical company. 2) We have to pay in cash our co-pay prior to office visit. Before we were billed after the visit for the amount not covered. 3) I prefer getting prescriptions filled locally because of the personal interaction with the pharmacist. He answers our questions and gives advice. 4) In view of the fact that retirees get no raises or "cost of living" raises, it is a set-back when we pay more for medical care which we are now doing. 5) Our pharmacists have negative feelings about the new plan. They feel it is unfair to seniors. Sorry about the delayed response. We were out of town and I had a couple of surgeries.
228. 10. Also marked "B" My medical provider will not accept the new plan's coverage. Comments: I am a stroke survivor and have a team of doctors that are monitoring my progress. So far the Baptist hospital, the skin doctor, the orthopedic doctor, the heart doctor and the hospital where I get physical therapy all do not accept charges. [Lives in Florida; gives names and telephone numbers for all physicians referenced.]
229. Out of pocket costs increased \$10.00 for doctor, \$20.00 for specialist, \$50.00 for E.R. I strictly do not like my Advantra Freedom Insurance, period. I do not appreciate being taken off Medicare without even having a say in it. This is strictly wrong to do this to retirees who have worked for the state of W.Va. for strictly small wages and now just look. Retirees mean nothing to people who are sitting in the Legislature receiving the best of wages + insurance. By the way, you do get a raise every year, don't you? Plus, who voted you in the Legislature? Please answer my questions in return mail! [Name]
230. As a retiree and member of PERSA, I have disagreed with the MAPD program from the beginning of its implementation. A) I do not believe the PEIA Board of Directors realized the impact this program would have on the retired employees. B) I have attended several Board meetings. I December 2006 was most remembered. I expressed my concerns: 1. This MAPD was going to make the insurance provider wealthy. In this case, from the very beginning (2006) I assumed it would be Coventry/Carelink=Brickstreet. It appears to me that Brickstreet is involved in every form of privation being taken by the state. 2. Collection agencies would benefit. C) If the PEIA system would have kept the retirees in their adjusted plan we could have felt more appreciable and still have some contact with the state, not being discarded. D) I

feel fortunate; my blood pressure medication was changed. Cheaper. E) I have called Houston several times. (although Texas will not accept out MAPD) I find this some what humorous. I am able to do my own calling and questioning of statements. Where as retirees older than I are not as privileged. Some can not see, hear or have the program explained in its entirety. I have studied and read all information received. I know more about the program than most retirees that didn't realize the impact and I still do not comprehend! I could go on and on but to no avail. I think the timetable was all wrong and the program was not clearly explained to the retirees. I am at the assumption that GREED is what it is all about. Enclosed is a copy of the medical card. Notice the different phone numbers, do's and don'ts and different states. Duh! [Card, Name]

231. One of my Rx increased to \$100 deductible. Also, I now have to have a co-payment every time I go to the doctor. These are the changes I have seen in the new insurance.
232. I do not like the Advantra Freedom Plan. I think we should have gotten to keep our insurance PEIA. That is what we worked for and were promised. [signed]
233. 4. Other - I'm getting bills for higher co-pays where [with the] other plans I paid -0-. Big change. 9. Co-pay on medicine was better the year before. 11. Hospital bills were paid better. Out-of-state I got a big bill I guess they didn't want to pay. I was hospitalized at a Kentucky hospital and the doctor I was assigned to in the ER still hasn't been paid \$500. [Cover letter with name and address included.]
234. 9. Added "D. Don't know yet" - Mailing statements when there is no activity wastes money. I believe we were better off before the switch and the costs to manage the program are higher with less of our PEIA money for benefits!