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Document Submitted
By
Donald Aidala

I am writing to you as a Delawarean concerned with the State of DE Retirees healthcare program. With the upcoming SEBC meeting on October 2, 2023, I wish the members to consider the following points. Thank you in advance for your attention to this extremely important issue.

(1) The members should honor Retirees' rights under the Court's Stay Order requiring Claire DeMatteis, Cerron Cade, and the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022...remain in full force and effect" and thus **maintain Special Medicfill in the upcoming RFP.**

(2) Given that the quality of the healthcare package contents of the RFP should be paramount here, the SEBC should actually vote now on the contents rather than wait until bids have been received to consider what healthcare benefits to give. Waiting would likely make it too late for any needed changes, and looks like a stall tactic to "run through" a lesser serving plan for the retirees.

(3) They should adopt *all* the recommendations of the RHBAS, including to make the RFP contract be for three years, a more reasonable time between this re-evaluation process.

(4) Medicare Advantage is not the only way for the State of Delaware to fix its OPEB (Other Post Employment Benefits) liability. The Delaware Legislature codified committing 1% of the state's revenue each year to pay for retiree healthcare, and retirees deserve the high quality health benefits for which this was intended.

Regards,

Donald Aidala

Document Submitted

By

Judy Montag

Dear SEBC Member

So you are considering changing the excellent healthcare insurance that State retirees now have?

I was a dedicated teacher in the Red Clay School District for 17 years, and in the New York City school system for 10 years before that.

I was totally involved in the lives of inner city children for 27 years, and enjoyed every minute of those years.

I believe I made a big difference in the lives of many children over all of those 27 years. I get a confirmation of that when I meet these kids who now are adults. Now that I am well into the second 50 years of my life, I definitely am aging, as one does, and have developed some unforeseen chronic medical conditions.

I am now in need of excellent medical care than I needed in the past, as a younger person.

I am, now, able to get the tests and care that I require without having to wait for referrals and approval from insurance companies at their discretion. And now you are debating about changing that perfect coverage?

PLEASE do not change the Healthcare coverage we now have, in order to save money for the State. I have had excellent Healthcare insurance now for 23 years and now I have more need, I beg of you do not to change it.

The decisions that you make now will affect retirees for many years to come. Thanking you for reading my letter in advance.

Judy Montag

Document Submitted
By
June Bartsch

(1) They should honor Retirees' rights under the Court's Stay Order requiring Claire DeMatteis, Cerron Cade, and the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022...remain in full force and effect." In other words - Retirees are entitled to have Special Medicfill in the upcoming RFP.

(2) They should actually vote now on the contents of the RFP and not wait to vote, as Secretary DeMatteis wants, until bids have been received to consider what healthcare benefits to give. At that point, it is too late for change.

(3) They should adopt all the recommendations of the RHBAS, including to make the RFP contract be for three years, not two. We should not have to go through this all over again in two years!!

Additional points that could be included:

Medicare Advantage is not the only way for the State of Delaware to fix its OPEB (Other Post Employment Benefits) liability. This is why the Delaware Legislature codified committing 1% of the state's revenue each year to pay for retiree healthcare. Retirees were promised these benefits and deserve them.

Document Submitted
By
Robert Maney

SEBC members:

(1) Should honor Retirees' rights under the Court's Stay Order requiring Claire DeMatteis, Cerron Cade, and the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022...remain in full force and effect." **In other words - Retirees are entitled to have Special Medicfill in the upcoming RFP.**

(2) Should actually vote now on the contents of the RFP and not wait to vote, as Secretary DeMatteis wants, until bids have been received to consider what healthcare benefits to give. At that point, it is too late for change.

(3) Should adopt *all* the recommendations of the RHBAS, including to make the RFP contract be for three years, not two. We should not have to go through this all over again in two years!!

Medicare Advantage is not the only way for the State of Delaware to fix its OPEB (Other Post Employment Benefits) liability. This is why the Delaware Legislature codified committing 1% of the state's revenue each year to pay for retiree healthcare. Retirees were promised these benefits and deserve them.

Sincerely
Robert Maney

Document Submitted
By
Theresa Kough

I participated virtually in the 9/18 SBEC meeting; after, hearing the discussions I have the following concerns:

- 1) the language being prodded which uses the phrase “mirror the current specially Medicfill plan” be changed to the following: one self-funded employer sponsored group Medicare supplement plan that includes all the features of a plan F as well as any additional features included in the special Medicfill plan and other features that a bidder might choose to offer. The term mirror was used in the proposal to switch everyone to the Medicare Advantage Plan. That plan in no way replicated the current health care plan.
- 2) The draft RFP needs to be made public before it is voted on by the SBEC so that it is clear to everyone what is being bid on by vendors. This is important since the Carney administration at this point does not have much credibility with state employees.
- 3) Medicare Advantage Plan language needs to be totally removed from any language in the RFP
- 4) SBEC needs to accept the recommendations of the SBEC Retiree Healthcare Benefits Advisory subcommittee since legislation does not require a formal report from the subcommittee.

Theresa Vandrzyk Kough

Doument Submitted

By

Theresa Maney

SEBC members:

(1) Should honor Retirees' rights under the Court's Stay Order requiring Claire DeMatteis, Cerron Cade, and the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022...remain in full force and effect." **In other words - Retirees are entitled to have Special Medicfill in the upcoming RFP.**

(2) Should actually vote now on the contents of the RFP and not wait to vote, as Secretary DeMatteis wants, until bids have been received to consider what healthcare benefits to give. At that point, it is too late for change.

(3) Should adopt *all* the recommendations of the RHBAS, including to make the RFP contract be for three years, not two. We should not have to go through this all over again in two years!!

Medicare Advantage is not the only way for the State of Delaware to fix its OPEB (Other Post Employment Benefits) liability. This is why the Delaware Legislature codified committing 1% of the state's revenue each year to pay for retiree healthcare. Retirees were promised these benefits and deserve them.

Sincerely
Theresa Maney

Document Submitted
By
William Young

The upcoming RFP is extremely important to all State of Delaware retirees. The SEBC should honor the Court's Stay Order requiring Claire DeMatteis, Cerron Cade, and the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022...remain in full force and effect." **In other words - Retirees are entitled to have Special Medicfill in the upcoming RFP.**

THE SEBC should vote now on the contents of the RFP and not wait to vote, as Secretary DeMatteis wants, until bids have been received to consider what healthcare benefits to give. At that point, it is too late for change the terms of the RFP.

PLEASE DO NOT BLOW OFF - the recommendations of the RHBAS. I suggest you read the recommendations and adapt them, including to make the RFP contract be for three years, not two. We should not have to go through this all over again in two years!!

Medicare Advantage is not the way to go. The insurance companies are ripping everyone off and the retirees are suffering the consequences.

Thank you for your consideration.

William M. Young
528 Masseys Millpond Rd
Smyrna, DE 19977

Document Submitted

By

Bob Clarkin

**PUBLIC COMMENTS FOR THE 10/2/2023 SEBC MEETING - SUBMITTED BY
ROBERT CLARKIN, 9/29/23**

The agenda for the 10/2/23 SEBC meeting contains agenda items titled “Review RHBAS Findings and Recommendations” and “Review Final Draft Medicare Request for Proposals”.

As SEBC members are aware, the RHBAS through their due diligence during 17 public meetings, the leadership of Representative Paul Baumbach, the support of Representative Michael Ramone, and the respectful encouragement and consideration of retiree public comment and input, issued the “Final Abbreviated Report of the RHBAS to the SEBC, Governor, and Legislature” on 9/27/2023. The report contains three recommendations that speak to the Medicare Request for Proposals.

**With respect to the
RHBAS recommendations, retirees anticipate the following actions by the SEBC
during their 10/2/23 meeting:**

First, and Foremost, We Retirees Know that but for the established and continuing protection of the stay ordered by the Superior Court, we would be suffering under a Medicare Advantage Plan today and into the future. **We Also know** that the State continues to challenge the court order.

Retirees Anticipate the SEBC to formally acknowledge that Delaware will neither request nor consider a Medicare Advantage Plan in its Request for Proposals (RFP) for Medical Third-Party Administrator (TPA) Services and/or a Carrier for providing healthcare to its eligible current and future retirees in the upcoming cycle. **We Anticipate** a commitment to honor this recommendation by the full committee through a vote rather than verbiage on a slide during a WTW presentation.

Retirees Anticipate that the SEBC hold a vote in public session during the 10/2/23 meeting in order to adopt the final and approved RFP, and that the SEBC share a draft final of the RFP at least one week in advance of the public session at which the agenda includes the discussion and vote. **We Also Anticipate** that for that public session, the SEBC agenda include public comment before the vote on the RFP. **Finally, We Anticipate** that this final RFP be provided to all members of the RHBAS as soon as practicable after approval.

Retirees Anticipate given the amount of time the RHBAS has dedicated to reviewing healthcare issues, and given that the current contract was originally bid with a three-year term, with two optional one-year extensions, **We Anticipate** that this final RFP utilize the same three-year term with two optional one-year extensions.

In addition to the RHBAS recommendations, based on unanimous retiree public comment made to the RHBAS and SEBC,

Retirees Recommend the scope of the upcoming RFP to be one self-funded employer-sponsored group Medicare supplement plan that includes all the features of a Medicare Plan F, as well as any additional features included in the current Special Medicfill Plan and other features that a bidder might choose to offer. **We Strongly Encourage** SEBC members to introduce and support a motion to include the above language as the scope of the upcoming Medicare Request for Proposals during the “Other Business” section of the agenda for the 10/2/23 meeting.

Document Submitted
By
Lloyd Schmitz

Subject: Judge Permanently Bans Medicare Advantage Switch for City Retirees - THE CITY

Please accept this SEBC public comment

Lloyd Schmitz
Lewes Delaware

<https://www.thecity.nyc/health/2023/8/11/23828912/medicare-advantage-switch-ban-retirees-adams#:~:text=A%20Manhattan%20Supreme%20Court%20judge,Advantage%20plan%20managed%20by%20Aetna>

Judge ‘Permanently’ Bans Medicare Advantage Switch for City Retirees

The Adams administration had intended to switch 250,000 retired public-sector workers to a controversial privately run health care plan on Sept. 1.

A Manhattan Supreme Court judge issued a ruling Friday “permanently” prohibiting New York City from switching its 250,000 retired employees and their elderly or disabled dependents to a privatized Medicare Advantage plan managed by Aetna.

Manhattan Supreme Court Justice Lyle Frank sided with city retirees, finding merit to their argument that the planned switchover violated longstanding guarantees by the city that every active and retired city worker is entitled to city-funded healthcare through a combination of Medicare and other supplemental insurance.

In his [decision](#), Frank ordered the city “permanently enjoined from requiring any City retirees, and their dependents from being removed from their current health insurance plan(s), and from being required to either enroll in an Aetna Medicare Advantage Plan or seek their own health coverage.”

Frank granted the retirees’ petition to stop the switch for the reasons he outlined [in a July 6 ruling](#) granting a preliminary injunction. In that decision, Frank wrote that the retirees “have shown that numerous promises were made by the City to then-New York City employees and future retirees that they would receive a Medicare supplemental plan when they retired, and that their first level of coverage once [they] retired would [be] Medicare.”

The administration of Mayor Eric Adams [moved to switch](#) retirees as of September 1, adhering to pacts with unions made under former Mayor Bill de Blasio that aimed to save the city \$600 million annually.

The Adams administration inked the Aetna deal with the support of the Municipal Labor Committee, a consortium of 102 public sector unions. The MLC [voted to approve](#) the Aetna contract in March.

“We are extremely disappointed in this ruling and intend to appeal” Frank’s decision, said mayoral spokesperson Jonah Allon.

“This Medicare Advantage plan, which was negotiated closely with and supported by the Municipal Labor Committee, would improve upon retirees’ current plans, including offering a lower deductible, a cap on out-of-pocket expenses, and new benefits, like transportation, fitness programs, and wellness incentives,” Allon said. “This decision only creates confusion and uncertainty among our retirees.”

The head of the NYC Organization of Public Service Retirees, a lead plaintiff in the case, said she hopes the retirees’ victory will inspire other retirees nationwide to act to prevent their employers and unions “from privatizing the Federal Public Health Benefit of Medicare.”

“This is now the third time in the last two years that courts have had to step in and stop the City from violating retirees’ healthcare rights,” Marianne Pizzitola, the groups’ president, said in a statement Friday afternoon. “We once again call on the City and the Municipal Labor Committee to end their ruthless and unlawful campaign to deprive retired municipal workers of the healthcare benefits they earned.”

It’s not the first time the courts have sided with retired city workers on the issue: Retirees [successfully sued](#) last year to block a previous version of the plan. In that case, a judge barred the city’s alternative offer, which would have been allowed retirees to keep their existing Medicare with Medigap health plans — if they paid \$191 a month.

The Aetna deal that’s now enjoined was key to locking in an estimated \$600 million in annual savings that municipal unions agreed to, in order to help cover the cost of wage boosts and benefits.

Many retirees have argued that the long-planned switch from traditional Medicare to the privately run Medicare Advantage [would increase](#) their health care costs and make it more difficult to get approvals for procedures.

As Frank noted in his prior decision, an attorney representing Aetna acknowledged in court that some people might not be able to keep their doctors under the plan.

A prominent labor historian said the retirees' victory signals the "beginnings of an effort to create a nationwide movement" to enable retirees to retain their traditional Medicare.

"I think the New York example shows that if retirees who know how to organize — and after all these people who had experience in the union movement, people who are used to acting together — if they band together and dig in their heels, they can really tie up the city and other government entities into knots," said Joshua Freeman, professor emeritus at Queens College and a member of the CUNY Professional Staff Congress retiree council.

"They're pushing back and they have been remarkable in what they've achieved in New York City so far — it's not over, but it's pretty incredible what's happened."

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"Subtlety may deceive you; integrity never will." -Oliver Goldsmith

Document Submitted
By
Steven Martin

It looks like it is finally time for the Committee to make a recommendation. We retirees deeply appreciate those of you who have supported us to allow us to keep Medicare and the Medifill Supplement.

To those of you who have not supported us, I can truly say I do not understand your reasoning. These insurance for-profit companies pushing “Advantage” plans have:

1. Spent millions of dollars on tv ads that attempt to lead seniors to believe that they are selling upgraded Medicare plans.
2. Spent thousands of dollars for celebrities the same age as retirees to try to convince retirees that the plans are a type of Medicare plan.
3. Spent thousands of dollars of boiler room telemarketing to delude seniors to buying plans. They lead you to believe that they are Medicare plans until you ask them who they work for as Medicare does not call you. When you ask that, then they hang up!
4. Spent thousands of dollars on mailings to convince you that you can “upgrade” Medicare.
5. Supposedly give kickbacks to unions and agencies to transfer retirees to their plans.

Remember- no company spends money without the ability to make a profit from it. The only way to get this money back is to deny coverage to retirees and to drain the Medicare trust fund. These for-profit insurance companies expect to gain windfall profits from their advertising. I personally believe that these companies should be forbidden to use the word “Medicare” in any sales pitch as their plans are NOT Medicare. They should not be allowed to get any Medicare funds but should only get funding from premiums paid like any other insurance policy.

I believe that the US is the only country that allows for-profit companies to take money out of the government sponsored health care plans. This needs to stop.

To those of you who have supported the retirees, I say thank you. You have done your homework and understand that Medicare “Advantage” plans are NOT good plans for State of Delaware retirees. We encourage you to eliminate such plans in their entirety and eliminate them as a choice for anyone. Every person on an “Advantage” plan eventually hurts everyone on real Medicare. Thank you.

I am sure that many retirees will attend the meeting in person or virtually to show our support and gratitude to our supporters.

Steven Martin

Document Submitted

By

Tom Pledgie

Public Comment SEBC October 2, 2023 Meeting

Dear Members of the SEBC:

The last time that the SEBC requested proposals for continuation of the Medicfill program there were only 4 Letters of Interest submitted and only 2 proposals (HighmarkDE and Aetna) submitted.

If Medicfill is basically a Medigap G operation with direct payment by the State, then should not there be additional vendors? If one checks the Medicare.gov website, you will find there are 29 other insurance companies that are licensed to offer Medigap G Plans in Delaware. How will the SEBC reach out to these other companies? Many are small and regional, but you will see Cigna, United Healthcare, AFLAC, Humana, and TransAmerica.

The RFP should have full transparency from the start, with maximum distribution to the widest vendor market.

1. Allstate Health Solutions
2. HighmarkDE BC/BS
3. Ace Property & Casualty
4. LifeShield National
5. Physicians Life
6. American Benefit
7. Royal Arcanum
8. Everence Associates
9. U.S. Fire
10. Mutual of Omaha
11. United Healthcare
12. Elips
13. Heartland National
14. American Financial Security
15. Cigna Health & Life
16. Nassau Life
17. Capital Life
18. AFLAC
19. Manhattan Life
20. Wisconsin Physicians
21. Humana
22. Aetna Health
23. Guarantee Trust
24. Union Security
25. Globe Life
26. USAA
27. TransAmerica Life
28. State Farm Mutual
29. Washington National
30. Hanger Fidelity
31. United American

Tom Pledge

Document Submitted
By
Deborah Micklos

I am Deborah Amsden Micklos and reside at [REDACTED]

Because I am soon to retire from employment in the state of Delaware, I am very concerned about the health insurance options available to me. **I am writing to encourage you to vote to exclude Medicare Advantage as a health benefit option.** As the RFP is drafted for the next health insurance for State of Delaware retirees, I think that Medicare Advantage should be taken off the table as it should not be recommended as a retiree healthcare benefit for anyone. Recent studies indicate that when people need to use their health insurance, Medicare Advantage does not support customers as well as other insurance options do. **I think that the RFP for the next health insurance proposal needs to be equivalent to or better than the current Medicfill.**

Over the years, we have heard that the state has great retirement health insurance. To have good health insurance as a retiree was one of the reasons for working for the State of Delaware! Medicare Advantage insurance does not meet the criteria of being good health insurance for retirees and I am disappointed that the state's decisionmakers would think so little of us to make this an option.

I want to thank you for your service to the SEBC and all that you are doing to improve the quality of life for Delawareans. I am hopeful that out of the actions of the committee will come high quality options for the health insurance for our state's retirees.

Best,
Deborah Micklos

Document Submitted
By
Deborah Schrass

I am writing you to encourage you to support ALL the recommendations proposed by the RHBAS at your Monday meeting. The RHBAS has been working very hard over the last several months and have completed a draft with their recommendations.

It is so important that Medicare Advantage NOT be part of the RFP. The RFP should only seek bids for Medigap proposals that are identical to our current Medicfill plan.

I was a teacher in the Christina School District for 27 years and want the Medicfill (or an identical Medigap policy) that was promised to me at retirement. I have a chronic medical condition and cannot accept Medicare Advantage under any terms. There are NO good Medicare Advantage plans. Some may be a little less awful than others, but none are good.

There are currently many concerned and worried state retirees. I hope I can count on you to vote yes for all the recommendations set forth in the RHBAS draft report so we can all sleep a little better at night.

Sincerely,
Deborah Schrass

Document Submitted

By

Donna Dossett

When a private company promises a great product and then delivers an inferior product after customers paid for it, that is bait & switch fraud and the Federal Trade Commission, the Consumer Financial Protection Agency and the DELAWARE's own ATTORNEY GENERAL's OFFICE would shut that company down and prosecute those responsible.

October 1, 1990 I was hired by the State of Delaware at a very low salary. I accepted the position because the package included Medicfill upon retirement and I understood Medicfill's value. Years later a bank offered to almost double my State salary for identical work. I declined their offer because the bank would not match the State's retirement benefit promise to me. I trusted the State of Delaware.

Despite what we were told by Highmark and Secretary Dematteis in information meetings, Medicare Advantage (MA) is NOT equivalent to original Medicare (OM) plus Medicfill.

Many medical providers who accept OM do not accept MA. So, if I have a condition that requires a procedure only available from providers that accept OM but not MA then I will not receive it without Medicfill, the plan I was PROMISED and I EARNED by meeting the stated required terms of service.

Doctors have reported that MA's profit-boosting pre-authorization delays & denials have led to the unnecessary deaths or disabilities of some patients who would very likely have survived and regained their health with prompt treatment.

I hope the SEBC, the Legislature, and Governor Carney will hold the State of Delaware to a higher standard than bait & switch fraudsters. To do otherwise is immoral. Medicfill+Part D is not a gift. We retirees paid for it with our time, dedication, loyalty and acceptance of the ridiculously low salaries and decades of minuscule or no cost of living raises and no bonuses or raises for excellent work. We even took a 10% pay cut from our pitiful salaries in 2008 while the bankers who caused that economic problem received big bonus checks.

Please hold the State of Delaware to a higher standard than the bait and switch scammers that its own Attorney General's Office prosecutes.

Thank you.

Donna Luff Dossett

Document Submitted
By
Jim & Judy Chaconas

Dear SEBC Member:

I spent 16 years working in the private sector before taking a job with the State of Delaware. My wife also went to work for the State. Both of us took pay cuts to work for the State but decided the State employee and retiree benefits would help to compensate for taking a reduction in income. Keep in mind too, that during our tenure with the State we did not see many pay raises. In fact one year I recall State employees had to take a pay cut equivalent to the previous year's pay raise.

We have been retired from the State now for over six years and are happy with our State retiree health care benefits we worked for. In researching the Medicare Advantage plan we were "offered" last year, we determined the plan would significantly reduce the quality of our health care benefits. Advantage Plans are a boon to health care company profits and their shareholders by effectively reducing the level of care provided to the people they insure. The volume of advertising spent on Advantage plans especially when compared to the much less amount of advertising for traditional plans says to me they must be very lucrative for the insurance companies. They are, after all, in the business of profiting from our maladies.

Last year, I was diagnosed with a severely clogged left carotid artery. Following an MRI and a CT scan, my general practice doctor told me the artery was 95% clogged and I needed to see a thoracic surgeon immediately, to schedule an endarterectomy to clean out the artery. He scheduled an appointment for me with the surgeon for that afternoon. The surgeon was able to schedule the surgery on his next available surgery date a few weeks later. It turned out my left carotid artery was 99% clogged - not a healthy situation. There were no problems with our current health insurance. I shudder to think about the stress of waiting for approval or possible denial of coverage as determined by a paid middleman (paid to find reasons to disapprove medical tests, doctors visits and surgeries) if I was insured by a Medicare Advantage plan instead of our current health care plan including Medicare during this process.

This past year I was treated for recurrent prostate cancer. In my case it's early stage and fairly treatable. After consulting with my doctors, I decided to opt for radiation treatment with Bayhealth radiation oncology because there's a 95% chance of curing the cancer. This involved 39 radiation treatments over the course of two months. I was able to decide what type of treatment I wanted and when to start it. Again, I'm glad I didn't have to defer to a paid middleman to decide what's right for me.

We are very happy with our current health care benefits and do not wish to settle for anything less than what we have now. That said, we respectfully request the SEBC to take the following actions:

Please honor Retirees' rights under the Court's Stay Order requiring the SEBC to "take all necessary and proper steps to ensure that the healthcare insurance and benefits available to State retirees prior to October 3, 2022. remain in full force and effect." In other words - Retirees are entitled to have Special Medicfill in the upcoming RFP.

Please vote now on the contents of the RFP and not wait to vote until bids have been received to consider what healthcare benefits to give. At that point, it is too late for change.

Please adopt all the recommendations of the RHBAS, including to make the RFP contract be for three years, not two. We should not have to go through this all over again in two years!

Thank you very much for the work you are doing.

Respectfully,

Jim and Judy Chaconas

Document Submitted
By
Nancy Knight

I am writing to you about retirement benefits for state employees. It is my understanding that despite an abundance of evidence provided to SEBC from the RHBAS committee as well as public reporting on the downfalls of Medicare Advantage you may be inclined to still support an implementation of Medicare Advantage. May I remind you that monitoring the funding of retiree benefits is your responsibility which begs the question; have you not been fulfilling your obligation the last few years? Certainly, a shortfall cannot come as a surprise. Now you want to recommend that loyal hard-working employees and retirees bear the burden of your lack of attention with life altering consequences. For the last few years, the current administration has ineptly overstepped and this is just one more example.

It is imperative that you do the right thing and vote to keep the current Medicfill plan.

Nancy Knight

Document Submitted
By
Randall Williams

Dear State Employee Benefits Committee Members,

I write this morning to urge you to ensure that the State of Delaware continues to provide the Medicfill Supplemental Healthcare Insurance plan for retirees on Medicare. When I retired in 2006, after nearly 30 years of state service, I knew that when I became 65 years of age I would be required to transition to Medicare as my primary healthcare insurance program and that the Medicfill supplemental healthcare insurance would become my supplemental healthcare insurance. I fulfilled my obligation and applied for and transitioned to Medicare and Medicfill. The State of Delaware now needs to fulfill its obligation to State retirees on Medicare by maintaining Medicfill as our supplemental healthcare insurance program, as we were promised when we retired.

It is a well known fact that Medicare Advantage Healthcare Insurance programs, like the one Governor Carney, Secretary DeMatteis, Budget Director Cade, and Secretary Geisenberger tried, unsuccessfully, to implement last year, are inferior products. I must add that I was so very disappointed and felt deceived by the manner in which these individuals tried to implement these very significant changes to our State Retiree Healthcare Insurance program. I feel that they were not at all transparent as they worked behind the scenes to change our pension benefits without meaningful, if any, input from current pensioners.

The problems with Medicare Advantage Plans are well know across our nation and have actually prompted Congressional Hearings on the efficacy of those programs. They result in higher costs for participants and significantly limit medical care choices for seniors and their medical providers. The "Prior Authorization Process" employed by Medicare Advantage Plans is extremely cumbersome and often results in the delay or denial of necessary medical treatment for Seniors, ultimately resulting in catastrophic outcomes for Seniors.

Seniors dealing with serious health issues should not have to spend their precious remaining time and energy fighting the needless and endless bureaucracy, intentionally designed and employed by private, for profit, medical insurance providers in order to increase their profits, in order to receive critical medical services to which they are entitled, have been promised, and have earned over the many years they have contributed to the Medicare program through tax deductions. To allow these benefits to be ripped away from our Seniors under the hollow and misleading promises made by Medicare Advantage insurance plans is nothing short of immoral. The very fact that these programs are allowed to use "Medicare" in their name is grossly misleading and should not be allowed by Medicare. No matter what the celebrities hawking the plans on TV might say, Medicare Advantage Plans are not Medicare! Not even close.

I respectfully request that SEBC Members take time to review and understand the video presentation which you recently received from SEBC-RHBAS Member Representative Paul Baumbach. The video does an outstanding job of outlining the SEBC duties, responsibilities and membership, the RHBAS recommendations, the need for transparency in the upcoming RFP process as well as the need for a three year Term of Contract. I sincerely hope that you take time to view and understand the points presented in the video.

I also respectfully urge the SEBC to follow the recommendations of the Healthcare Benefits Advisory Subcommittee and to discharge its statutory responsibility and authority related to the control and management of all employee benefits coverage. It is my understanding, based on my reading of the statute, that it is the responsibility of the SEBC, **not** the Governor, **not**

the Secretary of Human Resources, **not** the Budget Director and **not** the Secretary of Finance to control and manage all employee benefit coverages, to select carriers to provide those coverages, to enter into coverage contracts, and to adopt rules and regulations related to the administration of benefits coverages. It is also my understanding that it **is** the role of the Secretary of Human Resources and other members of the Administration to operationalize the policies and programs adopted by the SEBC, as the SEBC deems appropriate.

I thank you for listening to my concerns and respectfully urge you to maintain the Medicfill supplemental healthcare program for State Retirees on Medicare and to eliminate Medicare Advantage programs from further consideration as a supplemental healthcare program for current and future State of Delaware Retirees.

Respectfully Submitted,
Randall E. Williams
State Retiree

Document Submitted
By
Terry Jaywork

I am sure you have heard most, if not all, the arguments against implementing Medicare Advantage so I will mention only three here: First, retired state employees spent decades at a an arguably lower pay than available in the private sector earning the right to the supplemental health insurance plan promised to them as future state retirees. Their financial planning for retirement assumed that plan would remain in effect, and changing it now, after they have retired, will undoubtedly create financial problems for many of them. Second, it is common knowledge that Medicare Advantage Plans are designed by insurance companies to make money for the insurance company by limiting and controlling their insureds' ability to get proper medical care. Forcing people to see only those healthcare providers in their network (who may well be the "low bidders" among available health care providers) and requiring "prior authorization" from actuaries employed by the insurance company to get proper care, are only two of the ways that Medicare Advantage plans make them profitable. These companies have been so misleading and deceptive in marketing Medicare "Advantage" plans that, as you may be aware, new federal regulations are being adopted to control the way they advertise. Finally, if what I have read is correct, it is not the cost of providing supplemental health insurance *to retirees* that is causing the State's financial problem, it is the cost of providing health insurance to the State's *active* employees. (Indeed, if what I read was correct, the premiums paid by retired state employees actually exceed the cost of providing them coverage). The administration's "plan" appears to be to partially offset its cost to insure *active* employees by sacrificing the benefit its retired employees have earned through long years working for the state.

I have followed a lot of the public discourse on this subject and I do not recall a single person advocating for a Medicare Advantage plan for retired (or even active) state employees – understandably, everyone understands that forcing that type of plan on retired and currently-active state employees is simply a coldly-calculated means of reducing the State's financial burden rather than an attempt to provide its employees with a worthwhile benefit. I am also aware that the Retiree Healthcare Benefits Advisory Committee has overwhelmingly recommended against allowing Medicare Advantage to be considered as an option. The fact is that no one, other than some members of the administration, support Medicare Advantage as an option, and they do so only for financial reasons.

I am a retired lawyer (formerly a partner in Hudson, Jones, Jaywork, and Fisher of Dover, Lewes, and Rehoboth), on Medicare, supplemented by the State's supplemental plan as the spouse of a retired school teacher. I have a past history of A-Fib and have annually seen my electrophysiologist at John's Hopkins in Baltimore with whom I am now scheduled to have a catheter ablation in January of 2024. I also have a history of skin cancer (having had so many surgically removed I'm beginning to feel like a patchwork quilt!) and see my dermatologist at Johns Hopkins twice a year. Under any state-sponsored Medicare Advantage plan, I would no longer be able to see either of them – doctors who have kept me alive, healthy, and fit, for years. Truth be told, my situation is really quite mundane compared to those of many retired state employees and their spouses who have far more serious conditions and who require treatment by physicians and facilities far superior to what may be available in Delaware. With all the respect in the world to our local health care professionals, I suspect that the most skilled and experienced doctors and specialists don't come to Delaware to practice when they can go to metropolitan hospitals and/or to teaching hospitals like Johns Hopkins.

If the state implements a Medicare Advantage plan for retired state employees, my wife and I will have to enroll in another supplemental health insurance plan that will allow us to see any doctor that accepts Medicare (*i.e. the doctors we have been seeing for years*). That will cost my wife and I in the range of \$4,000-\$5000 a year, but we are fortunate enough to be able to afford it – many retired state employees will not have that option.

At the end of the day, I would rather see a significant (but reasonable) increase in our state supplemental insurance premiums to keep coverage as it is, than be forced into any Medicare Advantage plan.

So – please do not allow retired State employees and their spouses to be forced into any “Medicare Advantage” (perhaps more aptly named “Medicare Dis-advantage” plan.

Sincerely,

//Terry Jaywork//

Documents Submitted by the Following Members of the Public:

- Leonar & Maria Dornberger
- Anne Marie Higley
- Jeannie Warner
- Jill Lewandowski
- Paula Hastings
- Richard & Betsy Struck
- Shirley Killen
- Kathleen Reynolds
- Steven LePage
- Linda Neel

Leonar & Maria Dornberger

I urge you to vote for the following at the upcoming SEBC meeting:

- Ensure that Special Medicfill is included in the upcoming RFP;
- Vote now on the contents of the RFP and not vote until bids have been received; and
- Adopt all recommendations of the RHBAS.

Anne Marie Higley

I was promised a good health plan when I retired and have found our present Medicare Medicfill program to be very good. I have many concerns about Medicare Advantage plan since I have been reading about it, limited Doctor selection, pre approval for tests and treatments recommended by health care professionals. Please share my opinion with the committee and ask them to keep our present health plan.

Thank you.

Jeannie Warner

I am asking that you stand strong for the current and retired State employees. Please offer your support and vote *against Medicare Advantage*.

Jill Lewandowski

I am writing to urge you to remove Medicare Advantage from consideration for State of Delaware retirees. This plan has caused coverage issues for retirees in other states, resulting in lapses of care and overall harm to health. Thank you for your attention.

Paula Hastings

Please seriously consider the RHBAS Findings and Recommendations. This committee has worked very hard to find a solution to the funding problem. It is very clear that Medicare Advantage is not the solution. Do not let MA be part of the RFP. The RFP process should be transparent also. Who writes RFP, why is it not available to the public for comment, and why has it been rubber stamped for approval? Medicare retirees are counting on you and the committee to make this right.

Richard & Betsy Struck

As a spouse of a retired state educator, we would like the Medicfill plan to continue going forward. It covers all of our needs without question. And it is easy to see a specialist, if necessary. Please support our retired educators of Delaware with Medicfill.

Shirley Killen

I am a State Retiree. I do not want a Medicare Advantage plan. I also want a plan identical to Medicfill.

Kathleen Reynolds

Please do not support a Medicare advantage plan for retirees. Thank you

Steven LePage

My neighbor who is also a State Retiree sent this to me. I thought it was good so am sharing what he shared with me.

Hospitals are dropping Medicare Advantage left and right

<https://www.beckershospitalreview.com/finance/hospitals-are-dropping-medicare-advantage-left-and-right.html>

Linda Neel

Please support the recommendations of the RHBAS and give retirees a Medicifill plan NOT a Medicare Advantage plan.

My husband worked 30 years for the state, now has Parkinson's and deserves a comprehensive Medicifill Plan he was promised when he retired.

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