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Public Comment by Tennille McGinnis

Tennille McGinnis

I am very disappointment in the decision that the committee has made on my behalf (state employees) to increase the cost of the GLP-1 to \$200.00 a month this is outrages we as state employees have low incomes as it is and we try to make ourselves healthy and to do this sometimes we need a crutch to stand on. For me it was the Wagovy shot that helped me maintain my weight and craving for the sweets. With me sitting all day at a desk with little mobility and getting no exercise it is very hard to maintain. I would hope that you would take in consideration that ones that suffer. This shot had taken me from 190 to 150 and has made my life great as in mobility and energy levels. I can do more with my family without my knees or my back hurting I can keep up with my children and participate in activities longer than prior. At this time, I have stopped taking the shot, but I have also gained back 10lbs and was considering getting back on the low dose to help me maintain my weight but know with the cost of \$200.00 that is not an option anymore since that is not in my budget. Please reconsider you decision for the Obesity state workers out there not the skinny ones that that have a hard time m

Public Comment by Kate Brookins

Kate Brookins

Hello,

I am a state employee with Aetna HMO health insurance and I find it increasing more and more difficult to find laboratory services that are not considered affiliated with a hospital. With a small state such as Delaware where Christiana, Bayhealth and Nemours are creating conglomerate health systems which include outpatient services, the non-hospital affiliated providers have all but left Delaware state.

My 6 year old son has asthma and he needs annual breathing capacity testing. The ONLY place in Delaware that does this simple, 5 minute breathing test is in the pulmonology lab at Nemours hospital. And while his pulmonologist is at Nemours as well with an outpatient office right next door, the test is considered hospital affiliated, while the provider office visit is simply a specialist. The co-pay for this simple test would be \$0 if done outside of the hospital, but \$50 if done at Nemours.

Similarly, my 12 year old son is being monitored for scoliosis and has been getting annual spine xrays. this year, Delaware Imaging Network informed me that they no longer serve patients under the age of 13. They are the ONLY non-hospital affiliated xray laboratory that does scoliosis imaging. The copay for this service would be \$0 if done at DIN, but would be \$50 if I went to Christiana Care Imaging which is in the same medical center in Glasgow as DIN.

There is no reason why I should pay \$50 to one provider and \$0 to another provider both operating from the same building providing the same service. The only difference is that one is affiliated with a hospital.

I have called Aetna in the past and attempted to explain to them that Christiana Care is a health care system, not a hospital, but they do not care. If a health care system has a hospital, ALL their services are hospital affiliated. This is severely impacting availability of non-hospital affiliated services in Delaware.

Aetna representatives have attempted to assist with search for outpatient services (non-affiliated with a hospital) and have equally not been able to find them.

Each \$50 copay is a heavy strain on state employees who have multiple children, pay high day care costs and struggle in today's economy. And while our health insurance benefits are good, the unnecessary \$50 a test are really straining our budgets.

Please re-negotiate the contract with our health care insurance carriers regarding the hospital affiliation. I completely support utilization of outpatient treatment, but there is a severe flaw to the algorithm when it comes to the health care system versus hospital as a building.

Thank you!

Kate

Public Comment by C L Anderson

C L Anderson

Please consider offering an additional dental provider;

more Delaware dentists are dropping delta dental
the other choice of provider has very few dentists in southern delaware
there are several providers who might charge a higher monthly premium but offer better coverage
more than willing to go into more detail if you have an interest

C L Anderson

Public Comment by Kiania Carter

Kiania Carter

My husband was denied back surgery by my insurance Aetna, which lantern stood in and helped him locate a doctor to perform the surgery. The surgery was originally scheduled for one day but due to the doctor having an emergency it was canceled and rescheduled August 27, 2026. The surgery with the approved doctor, was approved by lantern months before. One year later lantern states that because he did not go to the approved hospital they will not pay him the \$4000 that would've been due to him for using the lantern benefit we were given a list of approved surgeons through lantern. How were we supposed to know through lantern which hospital is approved and which is not. I feel as though we should be notified in writing prior to procedure being approved that Christiana was not an approved hospital but Wilmington hospital. This was not an option given to us. This is disheartening. We have been waiting for a year just to be told because he didn't have the procedure done at Wilmington hospital, so they will not pay the benefit out. This option was not given to us nor be told by the representative for Lantern that this was an option. I think this needs to be looked into because what about all the other state of Delaware employees that may have to use lantern. I may have a surgery and it may not be covered and now I don't want to use lantern.