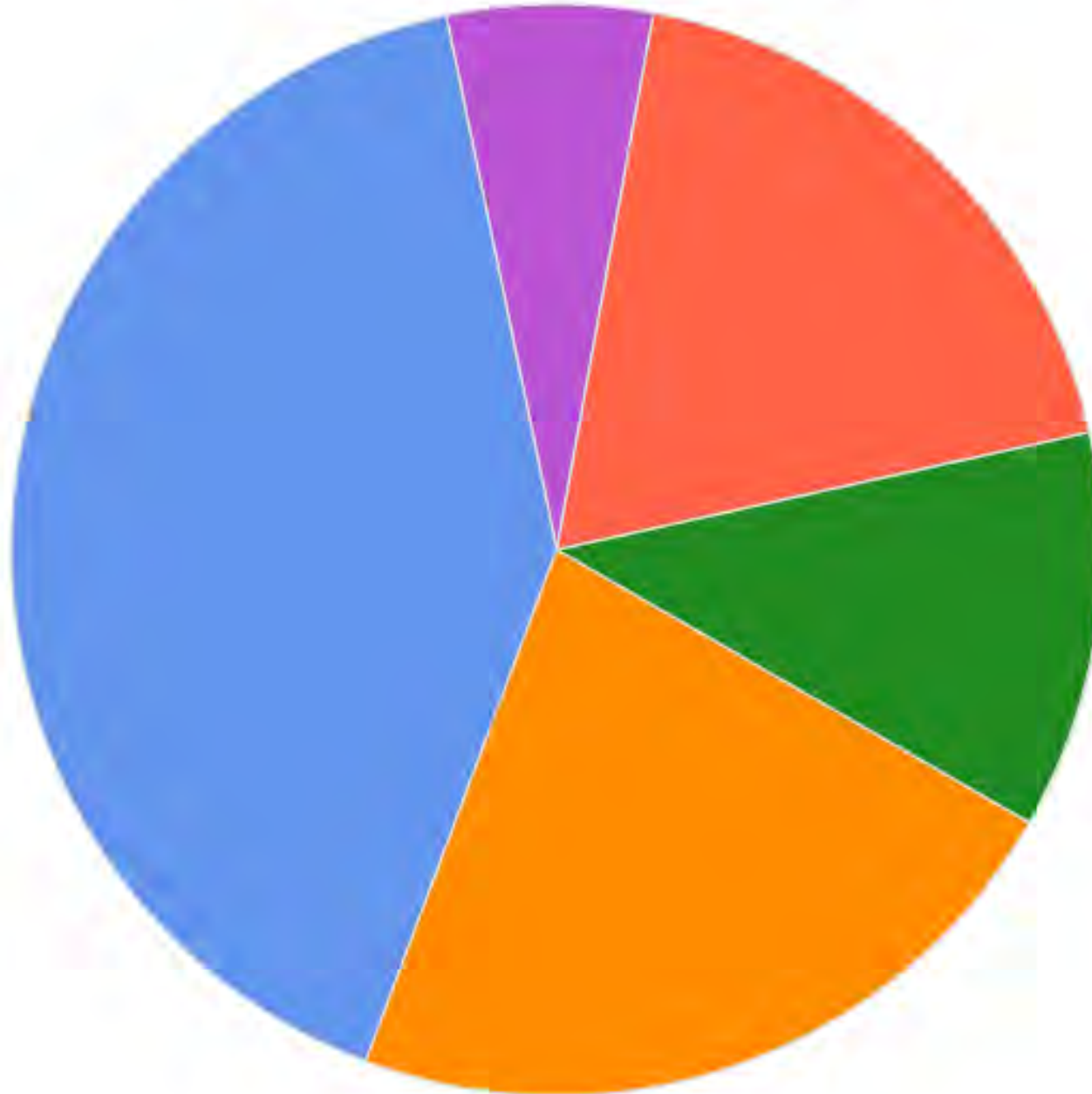


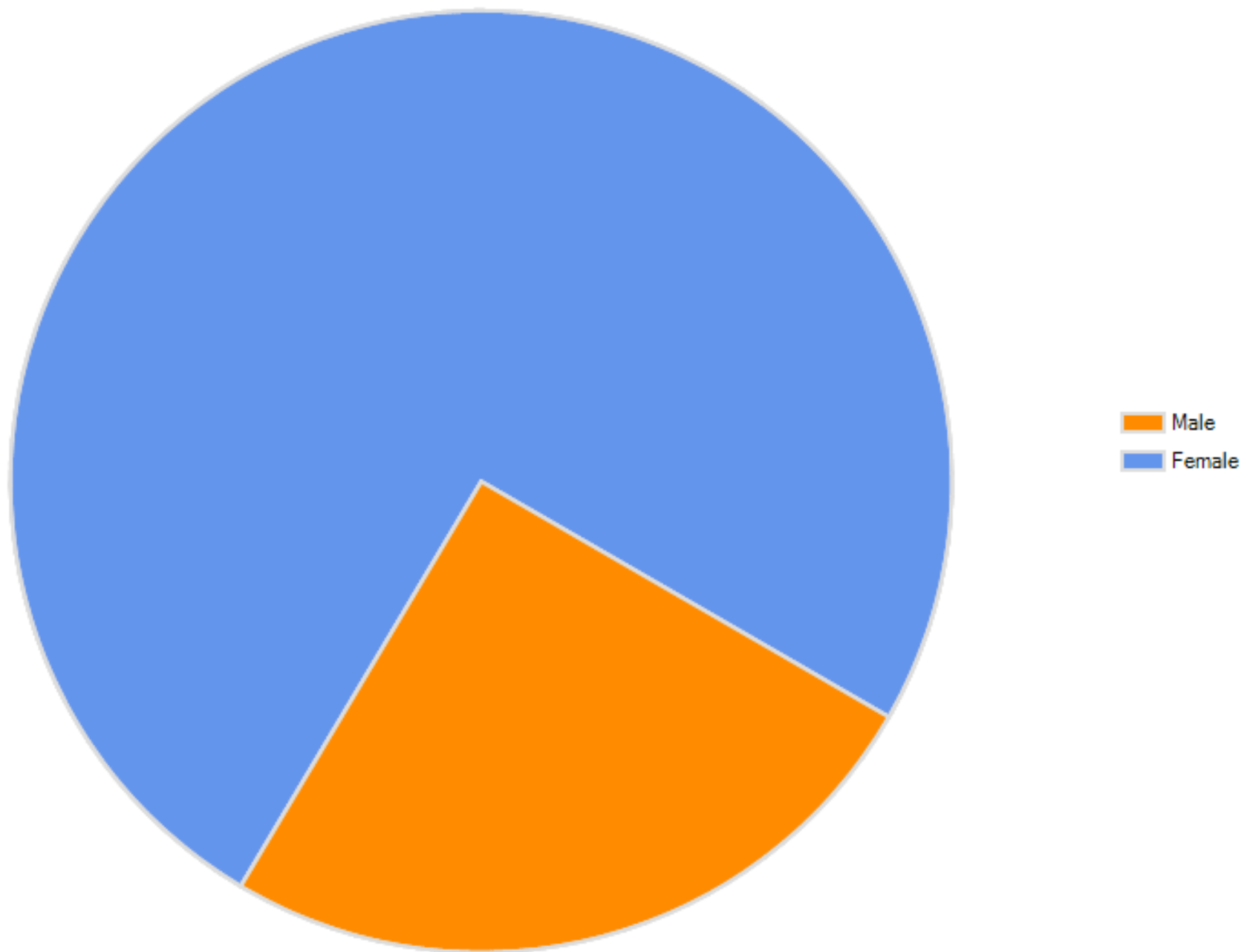
FALL 2009 PARTICIPANT MEDICAL
BENEFIT SURVEY
SUMMARY RESULTS

Please select your city of residence.

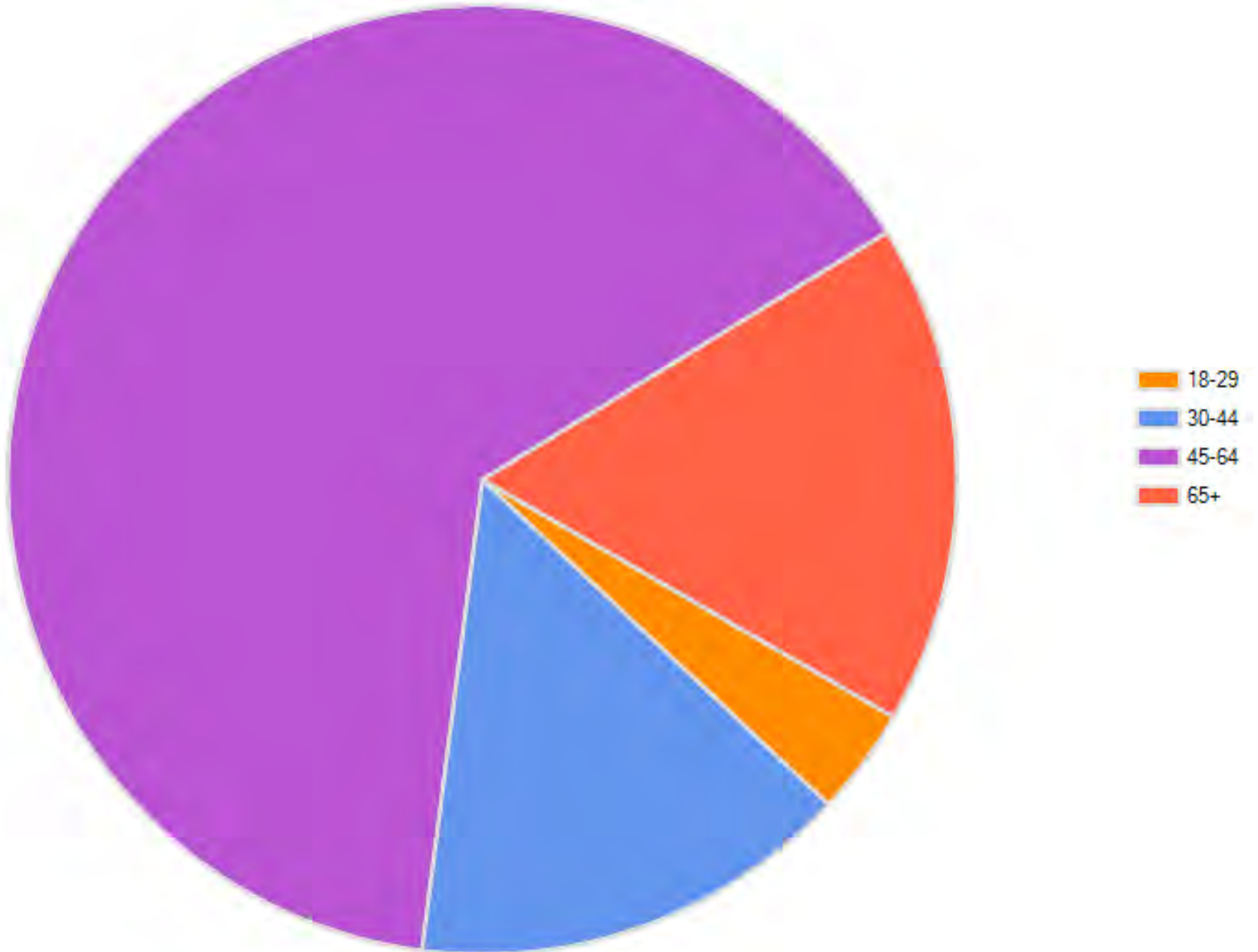


- Monterey Peninsula (Monterey, Pacific Grove, Carmel, Marina, Seaside,...)
- Salinas
- North Monterey County (Prunedale, Aromas, Moss Landing)
- Southern Monterey County (Chualar, Gonzales, Soledad, Greenfield, Kin...)
- Outside of Monterey County

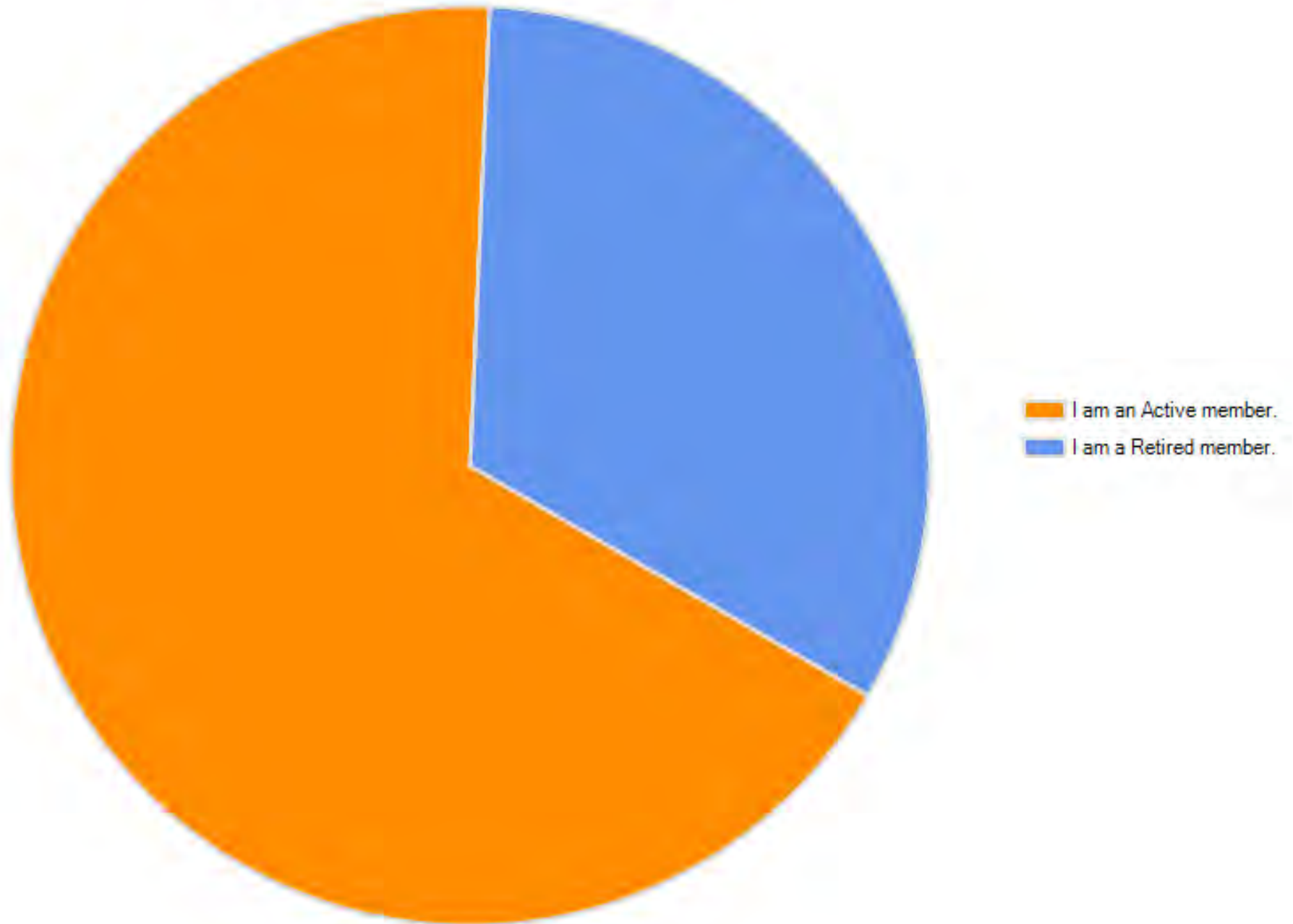
Please select your gender.



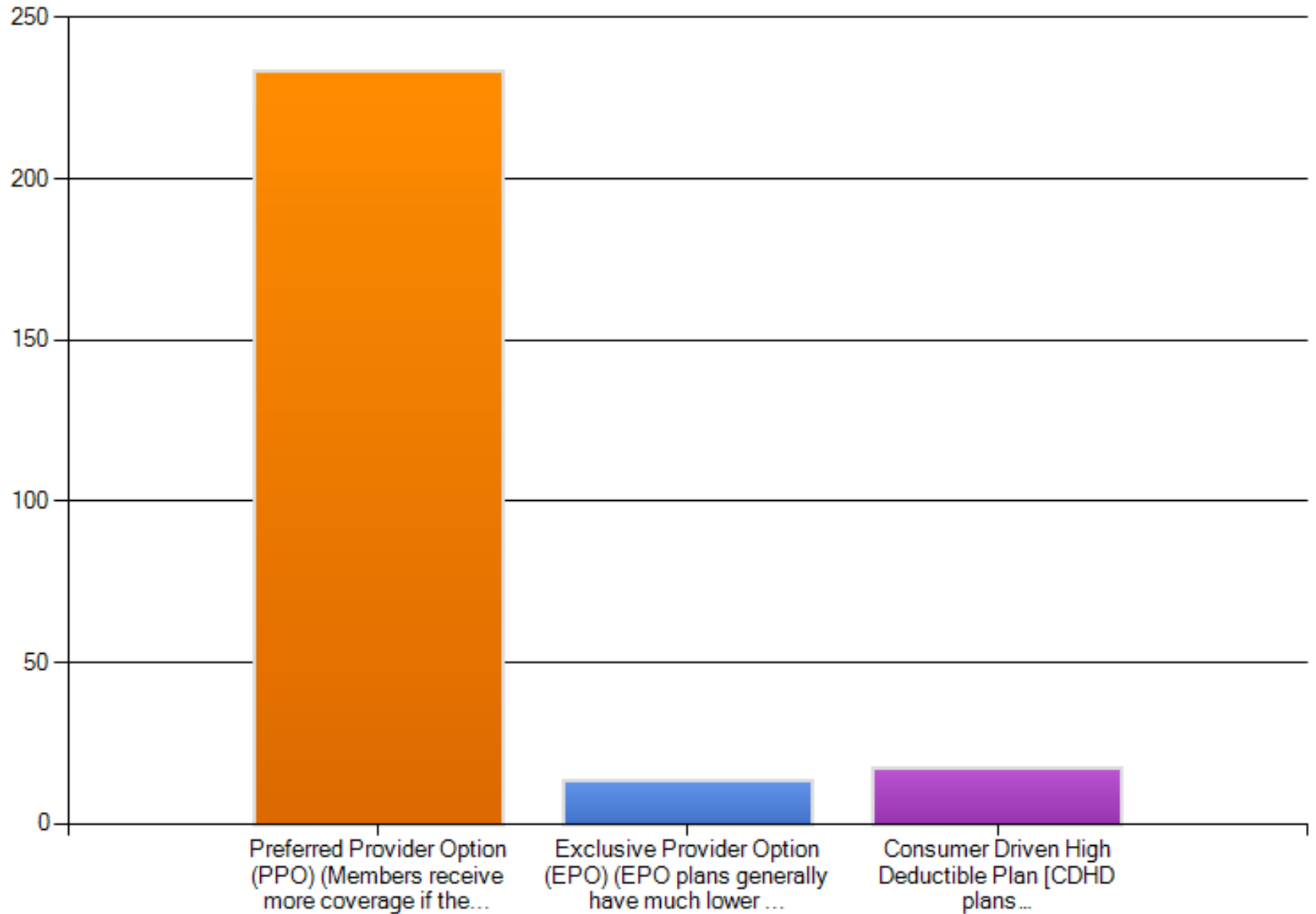
Please select your age range.



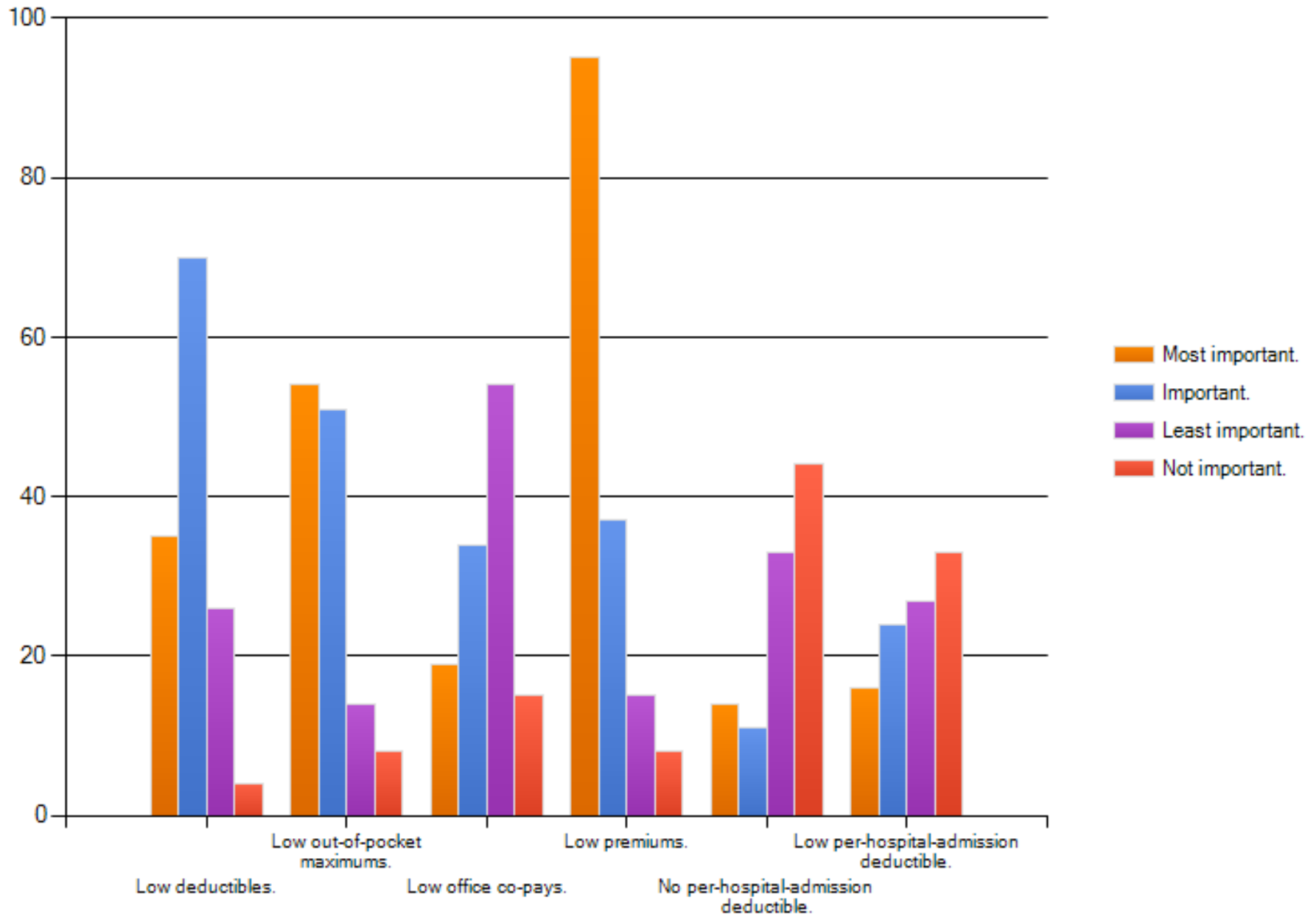
Please check one of the following:



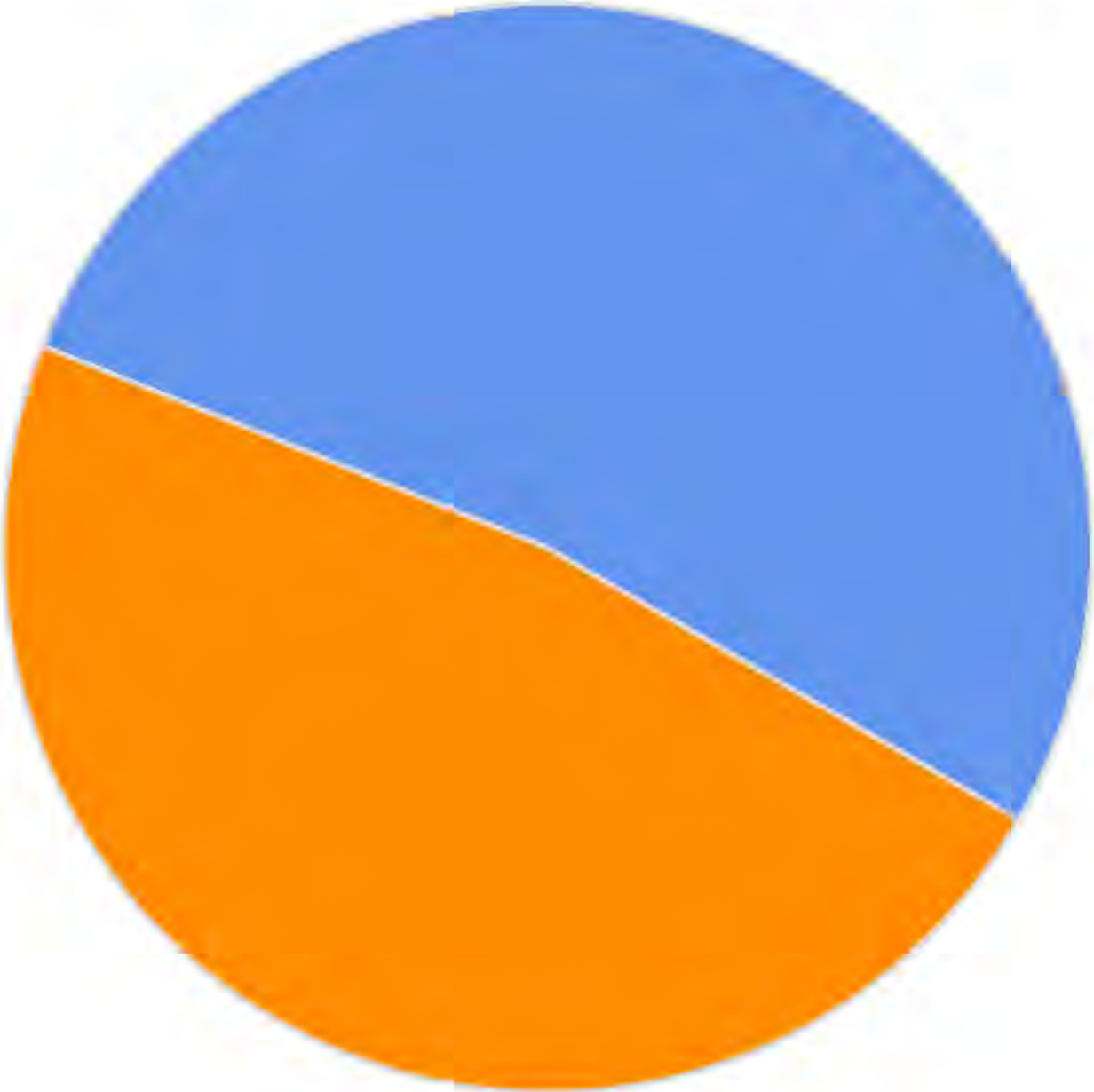
What type of medical plan options would you like MCSIG to offer?





With respect to the current three PPO plans (Options I, II and III), please rank the importance of the following to you:

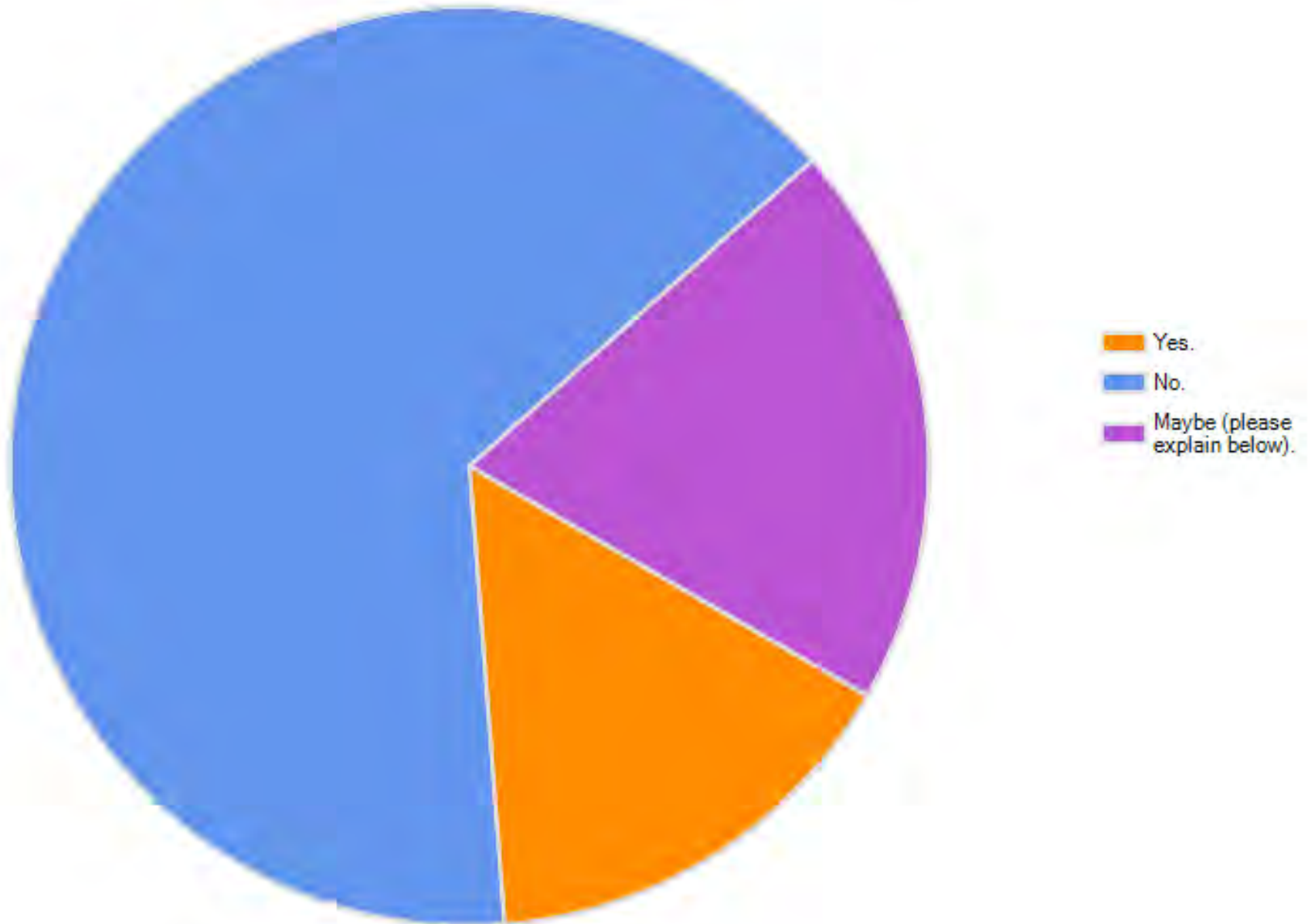


Please indicate your preference from among the following choices:

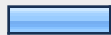

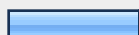


-  I would be willing to pay a higher monthly premium, if necessary, to ...
-  I would be willing to pay a higher annual deductible and have a highe...

Would you be interested in participating in a medical plan that offered a lower premium in exchange for a limited provider network and no out-of-network benefits?



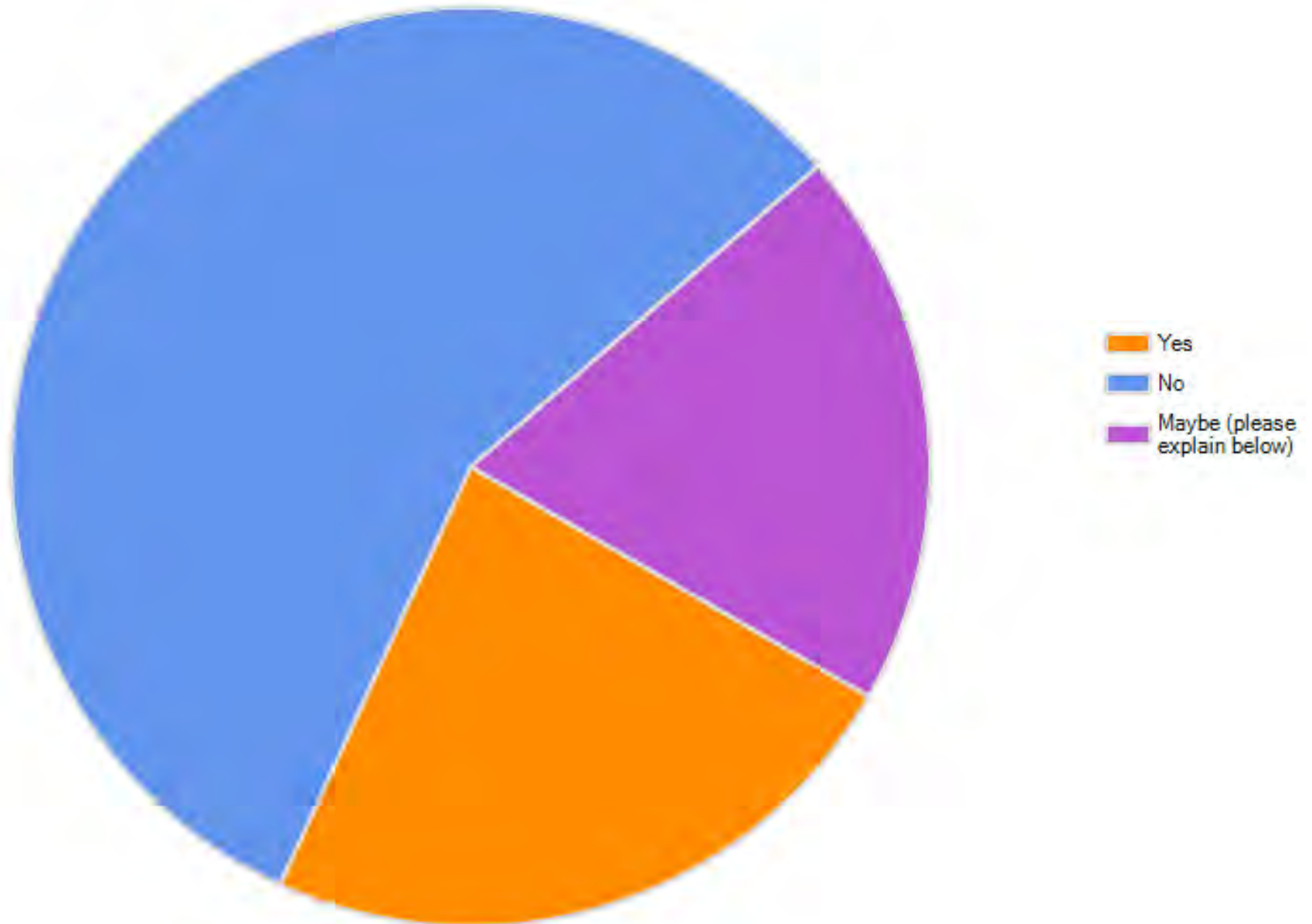
Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Would you be interested in participating in a medical plan that offered a lower premium in exchange for a limited provider network and no out-of-network benefits?			Response Percent	Response Count
Yes.			15.4%	38
No.			64.6%	159
Maybe (please explain below).			19.9%	49
			Explain:	46
			answered question	246
			skipped question	0

Explain:		
1	I am picky about my doctors and am very happy with the ones I have. I wont want to lose them.	Oct 19, 2009 7:09 PM
2	I am not sure what this would mean to us.	Oct 20, 2009 5:22 PM
3	How limited would the provider network be? Are my preferred doctors in-network? What if I am traveling and there are no "in-network" providers around?	Oct 21, 2009 1:37 AM
4	I don't think so but I would need more information before giving a definitive answer.	Oct 21, 2009 1:39 AM
5	If the provider was the one that I am currently using, I may be interested in participating.	Oct 21, 2009 2:08 AM
6	not sure, as don't use hospital a lot, but like the idea of a choice in an emergency or need.	Oct 21, 2009 3:38 AM
7	but what about when I travel-vacation????	Oct 21, 2009 3:49 AM
8	As long as I was covered when traveling also.	Oct 21, 2009 2:32 PM
9	if ok to go out of network in emergency	Oct 21, 2009 2:51 PM
10	Depends on the provider list and if my dr. are on it.	Oct 21, 2009 11:48 PM
11	Depends on where the network is	Oct 22, 2009 4:11 AM
12	it is very important to me to be able to choose my doctor and hospital	Oct 22, 2009 11:09 PM
13	I want to continue our medical plan --it is great.	Oct 23, 2009 12:05 AM
14	Depending on how limited it is	Oct 23, 2009 12:31 AM
15	I want to be able to stay with the doctors that are treating me. They may or may not be MCSIG providers.	Oct 23, 2009 4:33 PM
16	Not fair to people already established with doctors that don't take Anthem!! Insurance shouldn't dictate doctors!	Oct 23, 2009 8:20 PM
17	depends on provider lists of Dr's	Oct 23, 2009 9:35 PM
18	I would need more information about this; I want to be able to use our local hospital	Oct 24, 2009 2:18 PM
19	Would need to know more about the list of providers	Oct 24, 2009 4:40 PM
20	would depend on whether the specialists I see were included or not...	Oct 24, 2009 11:41 PM

Explain:		
21	It would depend upon whether my doctors are in the network or not.	Oct 25, 2009 12:26 AM
22	The quality of health care is also determined by the experience and successfulness of the medical providers. If I have something that poses a challenging surgery, I would like to go to someone who knows what they are doing and not just the cheapest who only does this surgery once a year rather than 20 times a year.	Oct 25, 2009 4:30 PM
23	I would like to know who the providers would be and where they would be located as well as participating state wide providers, travel implications, and what the cost would be in the event of a limited provider was not available.	Oct 25, 2009 6:01 PM
24	if my doctor were in the network. . .	Oct 25, 2009 9:20 PM
25	I would want to see what options I had.	Oct 25, 2009 11:46 PM
26	not if out of area needs were not covered	Oct 26, 2009 3:18 AM
27	It would depend on how far a doctor, urgent care center, or hospital is located.	Oct 26, 2009 1:22 PM
28	What happens when you need medical attention and you are out of the immediate area?	Oct 26, 2009 7:45 PM
29	King City health care options would have to be given a chance to participate.	Oct 26, 2009 10:35 PM
30	I would like choice in medical providers.	Oct 26, 2009 11:52 PM
31	I need to know each of them first. I want lower monthly but higher deductibles.	Oct 27, 2009 9:47 PM
32	I'd have to compare it with what I have now.	Oct 27, 2009 10:17 PM
33	devil is in details	Oct 27, 2009 11:53 PM
34	I'm new to this and would have to see exactly what that would mean.	Oct 28, 2009 4:16 AM
35	I have a second home located in a different area and hospitals may not be covered.	Oct 28, 2009 5:20 PM
36	It would depend on where the services were located, I live 160 miles from Monterey County	Oct 29, 2009 12:11 AM
37	depending on who the providers are (what network)	Oct 29, 2009 5:32 AM
38	Would really depend on assuring that all specialty areas would be covered....	Oct 29, 2009 6:13 PM
39	we live out of state and don't have a choice	Oct 29, 2009 6:15 PM
40	Not interested in no out of network benefits	Oct 29, 2009 6:20 PM
41	We live in the state of Idaho.	Oct 29, 2009 10:42 PM
42	Is out of Monterey County considered out-of-network?	Nov 1, 2009 10:52 PM
43	I have had trouble finding a doctor who will take me and my insurance, so perhaps a this options would give me some network doctors to choose from... assuming they were local offices or local group providers.	Nov 2, 2009 12:11 AM
44	I live in a semi rural area. I would be concerned about the out of network consequences	Nov 5, 2009 6:36 PM
45	Did not understand the question.	Nov 6, 2009 4:35 AM
46	it would depend on the breadth of the network. In my employee group, I would probably want to offer it as one option, not the only option (I don't think it would work for everyone).	Nov 6, 2009 5:33 AM

If you answered 'yes' to Question 8 would you still be interested in participating in such a plan if some local hospitals were NOT in the low-cost plan network?



Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

If you answered 'yes' to Question 8 would you still be interested in participating in such a plan if some local hospitals were NOT in the low-cost plan network?			Response Percent	Response Count
Yes			23.5%	31
No			56.8%	75
Maybe (please explain below)			19.7%	26
		Other (please specify)		27
		answered question		132
		skipped question		114

Other (please specify)		
1	I didn't answer #8 yes, but 9 still requires an answer.	Oct 19, 2009 7:09 PM
2	I answered "no" to # 8, but the survey required an answer. I'd need more information on this one.	Oct 19, 2009 11:36 PM
3	I answered NO to question 8	Oct 20, 2009 4:44 AM
4	CHOMP's costs are out of control and skewing the entire county. The state needs to step in and do something about this. Talk about a monopoly!	Oct 20, 2009 3:29 PM
5	We answered NO to #8	Oct 20, 2009 11:58 PM
6	It would depend on where the hospital was located at, something in the bay area may be okay.	Oct 21, 2009 2:08 AM
7	I didn't answer yes	Oct 21, 2009 2:59 AM
8	depends on how far for a hospital	Oct 21, 2009 3:49 AM
9	didn't answer yes	Oct 21, 2009 4:12 AM
10	Didn't answer yes to question 8	Oct 21, 2009 5:43 AM
11	Travel is a problem from south county, so if Mee isn't part of the plan then it is a big problem.	Oct 21, 2009 2:32 PM
12	if ok to go out to local hospital in case of emergency with no \$\$ penalty	Oct 21, 2009 2:51 PM
13	There need to be some hospitals in the Carmel area included for those of us in that area	Oct 21, 2009 2:54 PM
14	If I replied 'no' to answer 8 then why does question 9 need an answer?	Oct 21, 2009 8:47 PM
15	don't have a choice--only one local hospital	Oct 21, 2009 9:21 PM
16	I did not answer yes to question 8 so making me answer here is not correct.	Oct 22, 2009 1:30 AM
17	????????????????????????????????	Oct 22, 2009 3:52 AM
18	Depends on which ones are not in the plan	Oct 22, 2009 4:11 AM
19	Not out of state your current plan. for many out patient procedres if I have to go to san diego, the MD states do not fly or drive over 2 hours for 2 weeks - it makes no sense to go to San dieog, who is oging to pay for the hotel for 2 weeks until I can fly? what if I have complications? The heathamerician system you have implemented is not consumer or family oriented at all.	Oct 25, 2009 4:30 PM

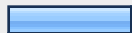


Other (please specify)		
20	It would depend on my options if it is heart surgery - I'd want the very best. I am not clear on what is considered elective surgery. If I need a procedure I want the very best for continued quality of life. In many cases, you get what you pay for cheap is not always cost effective if complications arise.	Oct 25, 2009 6:01 PM
21	CHOMP would need to be in.	Oct 25, 2009 9:20 PM
22	clarify-if you go by ambulance do they only take you to hospital in your plan?	Oct 26, 2009 3:18 AM
23	No if both CHOMP and SVMH are out.	Oct 26, 2009 7:45 PM
24	Prefer to be hospitalized, if necessary, at Mee Memorial; Mee would have to be given a chance to participate.	Oct 26, 2009 10:35 PM
25	If only county hospitals like Natividad were included I would not be very interested.	Oct 29, 2009 12:11 AM
26	What about emergency situations?	Nov 1, 2009 3:43 PM
27	I would need to research the hospital privileges of my doctors.	Nov 6, 2009 5:33 AM

Would you be interested in participating in a Consumer Driven High Deductible Plan (a plan with lower monthly premiums but higher deductibles and out-of-pocket maximums funded by a medical or health savings account)?



- Yes.
- No.
- Maybe (please explain below)

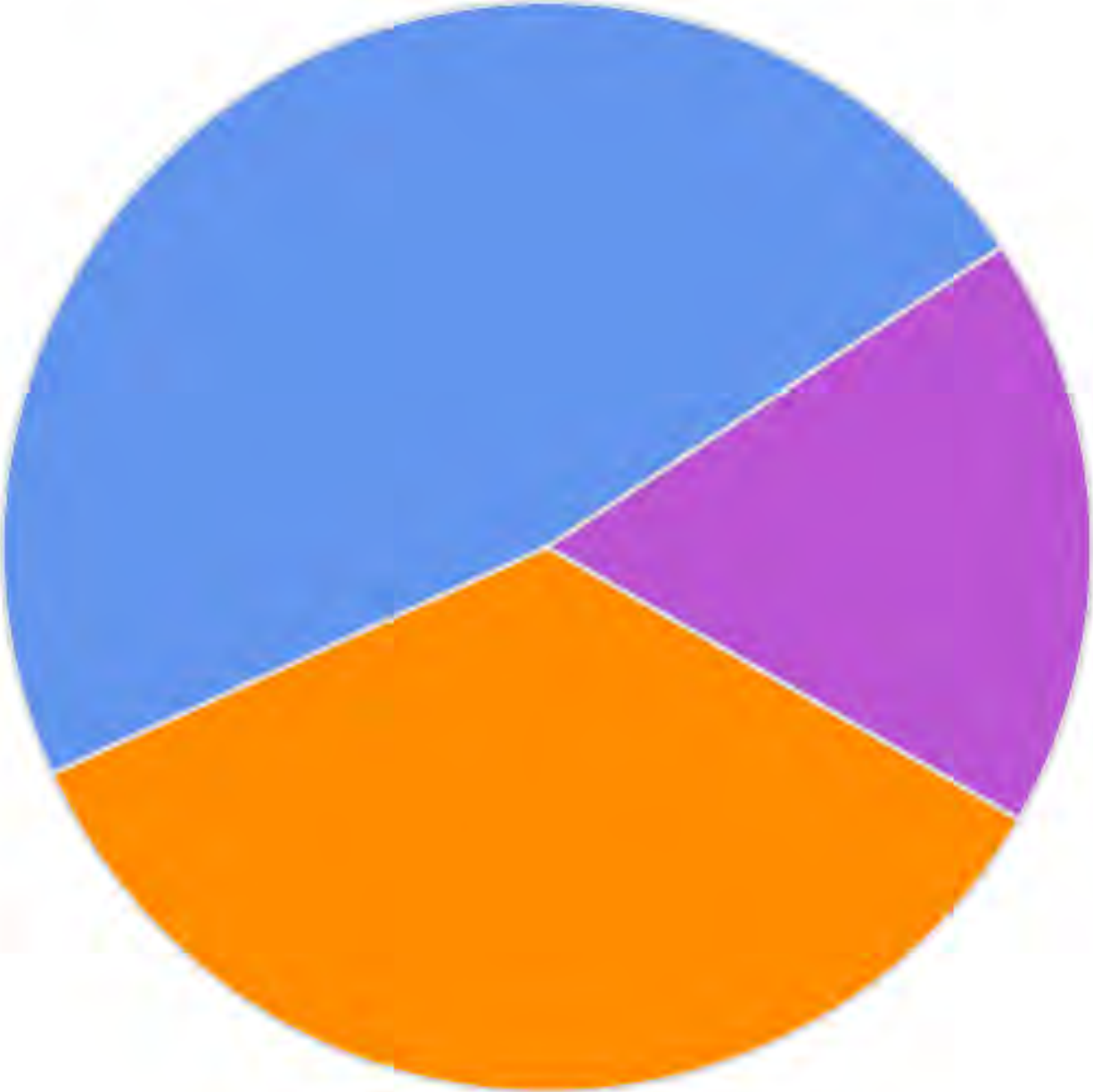
Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Would you be interested in participating in a Consumer Driven High Deductible Plan (a plan with lower monthly premiums but higher deductibles and out-of-pocket maximums funded by a medical or health savings account)?			Response Percent	Response Count
Yes.			18.7%	46
No.			63.8%	157
Maybe (please explain below)			17.5%	43
Explanation:				35
			answered question	246
			skipped question	0

Explanation:		
1	I'm a retiree, I don't think I qualify for the savings account.	Oct 19, 2009 7:09 PM
2	Not sure what this is	Oct 20, 2009 2:16 PM
3	I need you to send me more information so that I can be educated re: this type of plan	Oct 20, 2009 3:29 PM
4	I would need to see tyhe details.	Oct 20, 2009 5:22 PM
5	not sure need more info	Oct 21, 2009 1:01 AM
6	How high will the deductibles and out-o-pocket maximums get? There's got to be a limit.	Oct 21, 2009 1:37 AM
7	I don't think so but I would need more information before giving a definitive answer.	Oct 21, 2009 1:39 AM
8	I would have to read more about this plan before I can make a decision.	Oct 21, 2009 2:08 AM
9	If I was given clear information on how to use the HSA	Oct 22, 2009 4:11 AM
10	I don't fully understand what this is	Oct 22, 2009 8:45 PM
11	Need more info... do all employees receive same amount in their account. I'm single and others in my district have families covered. This is already unfair amount of benefits received. If we all received the same dollar amount to spend as we wish, then yes I would be interested in a medical savings account. Need more details.	Oct 23, 2009 8:20 PM
12	Unclear ?	Oct 23, 2009 9:35 PM
13	depends upon the actual terms, including any network restrictions	Oct 23, 2009 10:09 PM
14	Again, more explanation is needed.	Oct 24, 2009 2:18 PM
15	would need more info	Oct 25, 2009 2:31 AM
16	You need to reaward those who do things to kleep costs down and those that choose to smoke or are obese, have greater risk therefore they should have to pay. I don't want to pay for peopels bad behaviors or additctions.	Oct 25, 2009 4:30 PM
17	I would need to educated as to the benefits of such a plan and the down side as well.	Oct 25, 2009 6:01 PM

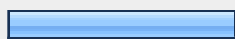
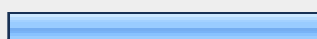
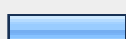
Explanation:		
18	More information needed about this.	Oct 25, 2009 9:20 PM
19	Would have to have a better understanding of how medical and health savings accounts work and their effect on my income and taxes	Oct 26, 2009 2:24 AM
20	don't understand this option	Oct 26, 2009 3:18 AM
21	you already asked this	Oct 26, 2009 6:34 PM
22	Need more information.	Oct 26, 2009 10:35 PM
23	if you have a choice of providers	Oct 27, 2009 4:58 AM
24	Doesn't Medicare cover some of this? I am on Medicare.	Oct 27, 2009 9:55 PM
25	I am on Medicare and think that plan covers most if not all of my deductibles.	Oct 27, 2009 10:17 PM
26	not eligible for saving acct because of retirement, but a good option if I still worked	Oct 27, 2009 11:53 PM
27	This sounds really risky.	Oct 28, 2009 4:16 AM
28	if savinga were pretax and carry over year to year with no penalty when they are used.	Oct 28, 2009 5:18 PM
29	need to know more. Can savings account be funded with pre-tax dollars.	Oct 28, 2009 5:20 PM
30	i need to know more about this	Oct 29, 2009 12:55 AM
31	Need more information	Oct 29, 2009 6:20 PM
32	I would need more details	Oct 29, 2009 10:42 PM
33	Depends on how high the deductible will be.	Oct 30, 2009 3:50 AM
34	If this could be phased in over a 2-3 year period, so that participants would have an opportunity to build up their medical savings accounts.	Nov 1, 2009 12:41 AM
35	do not understand	Nov 4, 2009 10:35 PM

Would you be willing to pay a higher monthly premium to keep all local hospitals in the network?



- Yes.
- No.
- Maybe (please explain below).

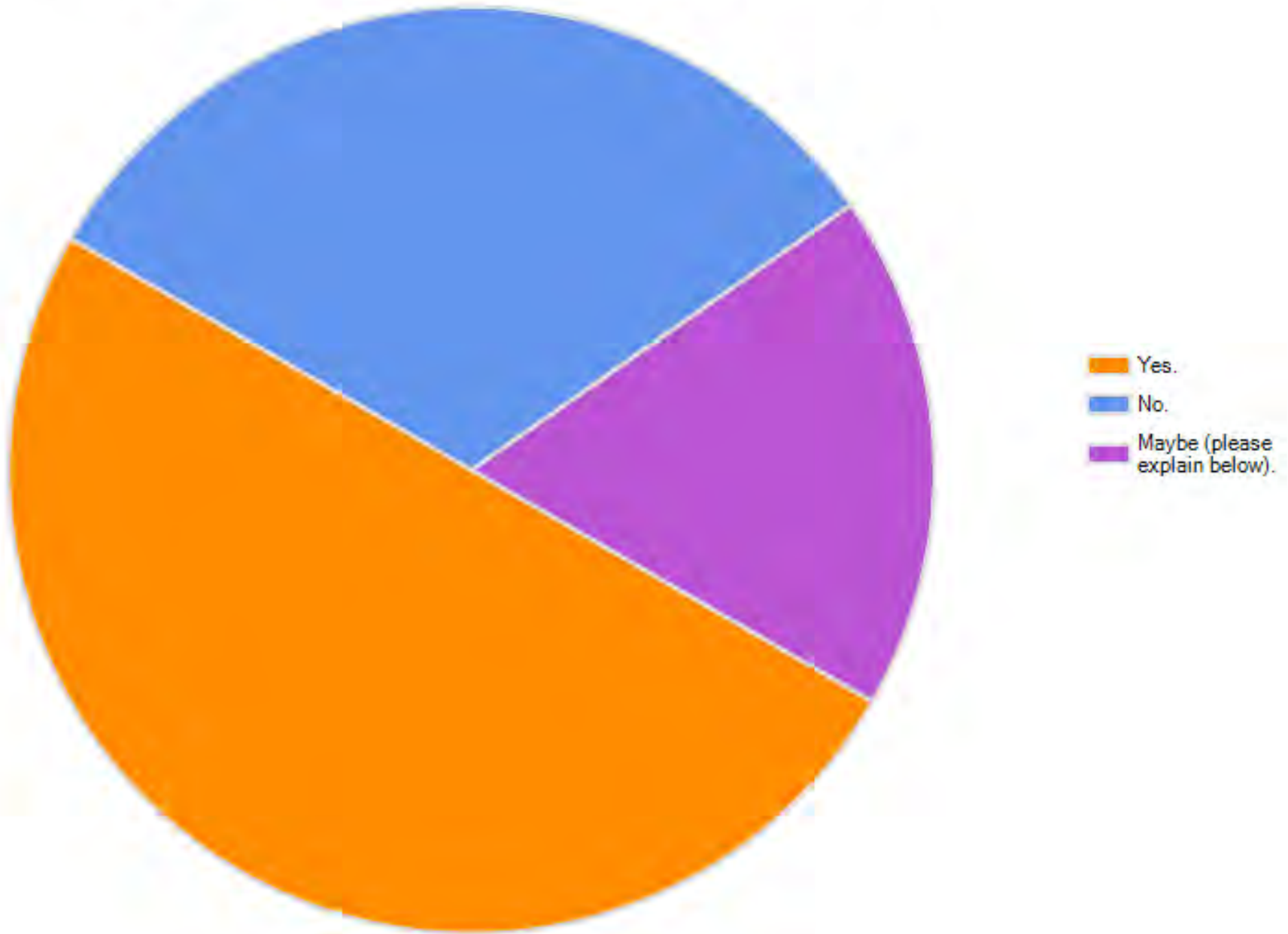
Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Would you be willing to pay a higher monthly premium to keep all local hospitals in the network?				
			Response Percent	Response Count
Yes.			34.8%	85
No.			47.5%	116
Maybe (please explain below).			17.6%	43
			Explain:	41
			answered question	244
			skipped question	2

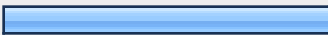

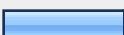
Explain:		
1	Which hospitals would be affected?	Oct 20, 2009 5:22 PM
2	depends on how high a premium	Oct 20, 2009 11:29 PM
3	I consider my premium to be very high already.	Oct 21, 2009 1:37 AM
4	It depends on what constitutes "higher monthly premium."	Oct 21, 2009 1:39 AM
5	How much higher would be relevant	Oct 21, 2009 2:51 AM
6	SVMH needs to get their costs under control so the consumer isn't being gouged	Oct 21, 2009 2:59 AM
7	It is important to me that SVMH be part of the network.	Oct 21, 2009 4:31 AM
8	Are we being penalized for wanting to stay local?	Oct 21, 2009 1:56 PM
9	I don't want to have to travel more than 40 minutes for hospital care, 30 would be better.	Oct 21, 2009 2:32 PM
10	As long as there are hospitals for all areas	Oct 21, 2009 2:54 PM
11	I have Medicare as my primary so local hospitals are no problem	Oct 21, 2009 6:08 PM
12	Depends on the amount of increase premium	Oct 22, 2009 4:11 AM
13	you can cancel using chomp hosp.	Oct 22, 2009 10:46 PM
14	local hospitals should stay on the network without having to pay a higher premium	Oct 22, 2009 11:09 PM
15	both Chomp and Memorial fees are way out line. local government should step in and bring them in line with reality or bring in allow another hospital to come into the area.	Oct 23, 2009 1:23 AM
16	CHOMP	Oct 23, 2009 4:10 AM
17	On the peninsula there's only one hospital. I am not interested in going to Salinas!!!!!!!!	Oct 23, 2009 8:20 PM
18	only if my local hospitals were included!	Oct 23, 2009 9:43 PM
19	depends on the cost	Oct 24, 2009 5:36 AM
20	depend	Oct 24, 2009 8:50 PM
21	depends on amount	Oct 25, 2009 2:31 AM
22	Still need to know the numbers and how hard we are attempting to negotiate with local hospitals. They are losing money, staff and maybe willing to talk	Oct 25, 2009 6:01 PM
23	Can't see the connection between number of hospitals and premium. . . explain	Oct 25, 2009 9:20 PM

Explain:		
24	If it would be possible for the nearest hospital to be available to each participant (e.g., CHOMP for someone on the Peninsula, SVMH for someone in Salinas, but not both hospitals for both participants), then I might consider limiting the number of hospitals included in the network. If it would be only one or two hospitals for all participants, regardless of where they live, then I would not want this option, and would be willing to pay a higher premium to keep all the hospitals in the network.	Oct 26, 2009 2:24 AM
25	my current hospital is kaiser in Santa Clara County, my answer is not relevant	Oct 26, 2009 3:18 AM
26	It depends on how much higher of a premium.	Oct 26, 2009 1:22 PM
27	All local hospitals should be in network regardless.	Oct 26, 2009 6:28 PM
28	I want CHOMP included	Oct 26, 2009 10:48 PM
29	you can choose SVMH or CHMP	Oct 27, 2009 4:58 AM
30	if it isn't too much	Oct 27, 2009 9:55 PM
31	as long as my closest hospital (CHOMP) is on the plan	Oct 27, 2009 10:12 PM
32	If it isn't too much more. Our local hospitals should be covered by our plan.	Oct 27, 2009 10:17 PM
33	dump CHOMP and ration Memorial	Oct 27, 2009 11:53 PM
34	Depends on the amount.	Oct 28, 2009 5:20 PM
35	I would not want to be required to go to Natividad or any other hospital I didn't want	Oct 29, 2009 5:29 AM
36	depends on how much higher - too vague to answer yes or no - need to know numbers to evaluate value of each	Oct 29, 2009 5:32 AM
37	depends on what the premium jumps up to	Oct 30, 2009 2:01 AM
38	Unlessf there was a choice of more than one hospital, I would not be willing to pay a higher monthly premium.	Nov 1, 2009 12:41 AM
39	I would need to know which hospitals would be in the network.	Nov 6, 2009 12:46 AM
40	my local hospital is Dominican in Santa Cruz; I think you need to negotiate locally- why would they not work with you??	Nov 6, 2009 3:03 AM
41	Again, I would need to be sure I and my doctors have other options.	Nov 6, 2009 5:33 AM

Would you be willing to pay a per-admission co-pay for admissions to higher-cost hospitals to help keep the monthly premium down?



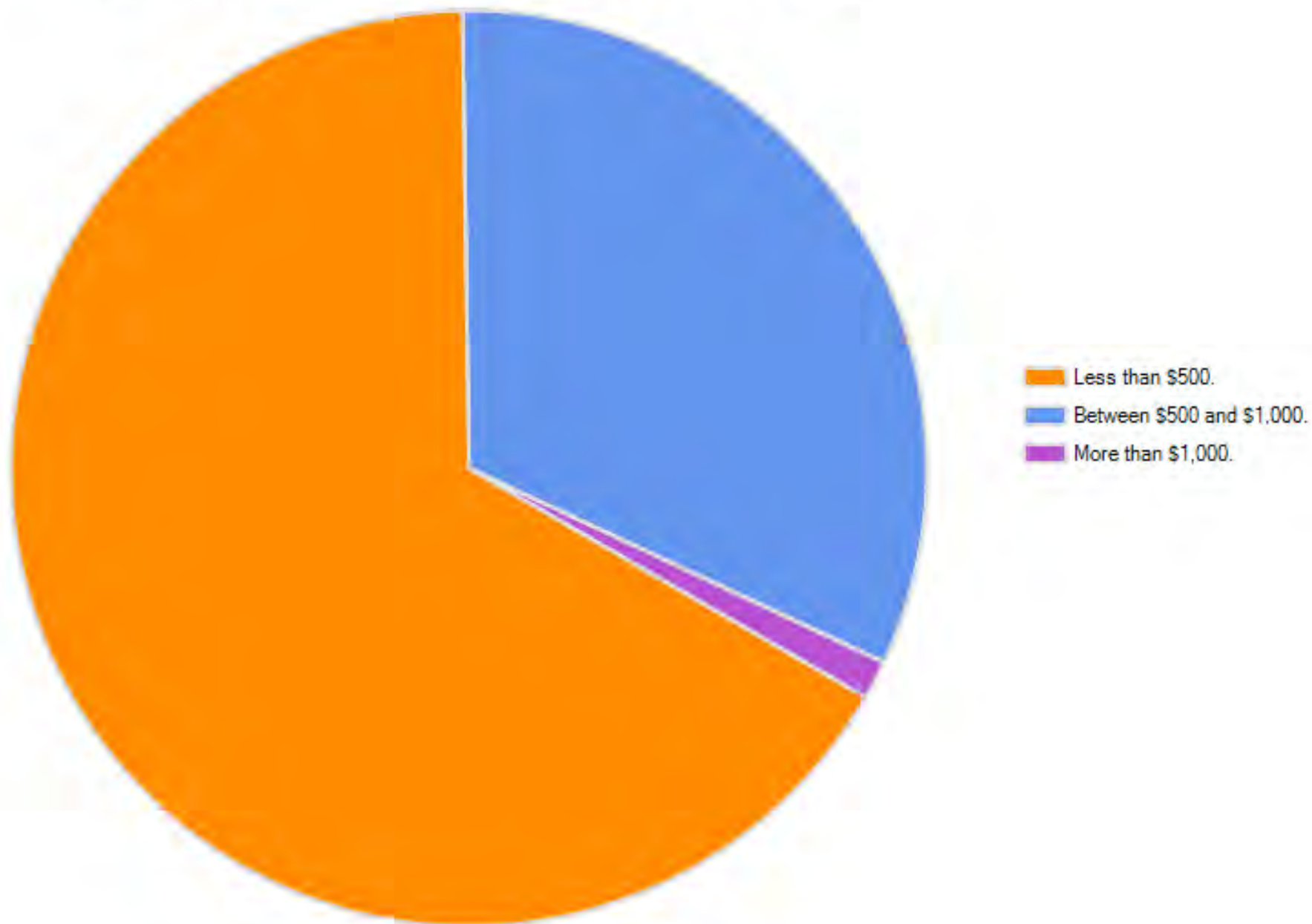
Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Would you be willing to pay a per-admission co-pay for admissions to higher-cost hospitals to help keep the monthly premium down?			Response Percent	Response Count
Yes.			50.0%	122
No.			32.0%	78
Maybe (please explain below).			18.0%	44
			Explain:	40
			answered question	244
			skipped question	2

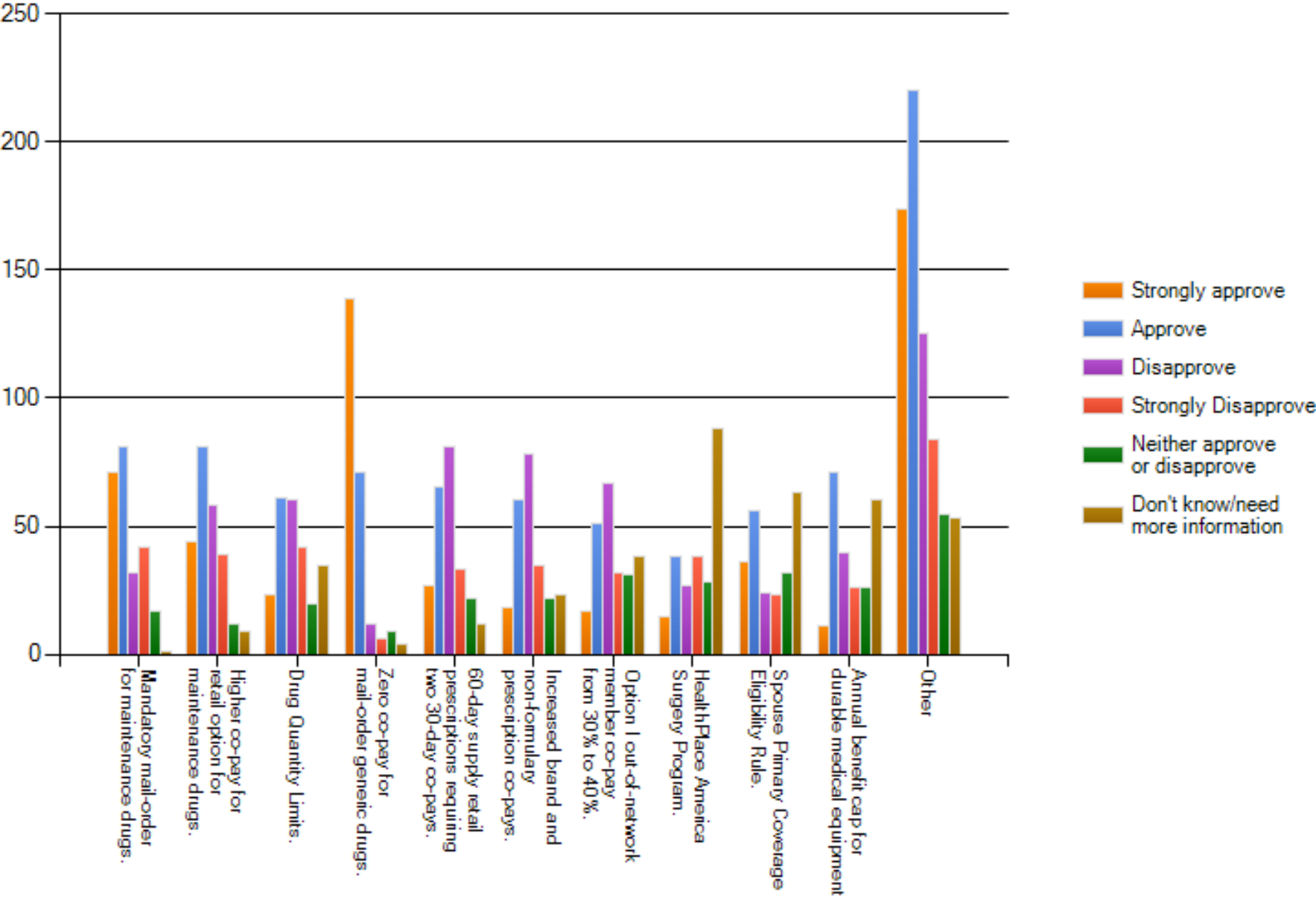
Explain:		
1	I would like to be able to go to SVMH. I live near the hospital, and it is the one I am most familiar with.	Oct 20, 2009 2:16 PM
2	It depends on the amount of the co-pay.	Oct 21, 2009 1:06 AM
3	If the co-pay counts toward the out-of-pocket maximum.	Oct 21, 2009 1:37 AM
4	I don't understand this question.	Oct 21, 2009 1:39 AM
5	SVMH needs to get their costs under control...yes, we'd prefer to use our local hospital & doctors	Oct 21, 2009 2:59 AM
6	all depends on the bottom line of cost either way.	Oct 21, 2009 4:12 AM
7	If there were multiple no additional cost hospital options and if secondary insurance was accepted	Oct 21, 2009 5:43 AM
8	Would this pertain to Medicare primary billing?	Oct 21, 2009 6:08 PM
9	Depends on the amount to be paid	Oct 22, 2009 4:11 AM
10	I'd like more info on this before committing. We currently have this, don't we? CHOMPS, etc.	Oct 22, 2009 3:10 PM
11	I would need an explanation of the ramifications	Oct 22, 2009 8:45 PM
12	but if other chose to use the higher costing hosp they should be required to pay more	Oct 22, 2009 10:46 PM
13	depends of cost of pay per admission...we need to have access to local hospitals.	Oct 23, 2009 5:08 PM
14	Seems like a loaded question. Maybe Anthem needs to pay more competitive rates or negotiate better. I feel I should be able to choose my hospital and keep the monthly premium should stay down.	Oct 23, 2009 8:20 PM
15	If the copay was not very much.	Oct 23, 2009 9:43 PM
16	depends upon what the actual fee structure would be	Oct 23, 2009 10:09 PM
17	Depends on which hospital.	Oct 24, 2009 2:55 AM
18	Which Hospitals?	Oct 24, 2009 4:40 PM
19	It is my understanding that hospital costs are currently paid 100% by Medicare.	Oct 25, 2009 12:26 AM
20	is that what we have now without any info if surgery is needed	Oct 25, 2009 2:31 AM

Explain:		
21	However, all aspects of health care need to go to the annule out of pocket - so tests, MRI's - the plan is too selective on this.	Oct 25, 2009 4:30 PM
22	Need to know specifics and rate of increase as the years go by. It would depend on the alternative and my own need for care.	Oct 25, 2009 6:01 PM
23	depends on the amount of the per-admission co-pay.	Oct 25, 2009 9:20 PM
24	I would want to see what that really means in writing.	Oct 25, 2009 11:46 PM
25	probably, hypothetically	Oct 26, 2009 3:18 AM
26	It depends on how much and if it is billed or needs to be paid up front.	Oct 26, 2009 1:22 PM
27	Depends how high.	Oct 26, 2009 7:45 PM
28	The co-pay should be reasonable and affordable.	Oct 26, 2009 11:00 PM
29	I think if members want services at the "cadillac" hospital, they ought to pay more.	Oct 26, 2009 11:52 PM
30	need more information	Oct 27, 2009 1:16 AM
31	I have Medicare, which covers this.	Oct 27, 2009 9:55 PM
32	Maybe this doesn't apply to me, since I have Medicare.	Oct 27, 2009 10:17 PM
33	Again, details are important	Oct 27, 2009 11:53 PM
34	depend on what this means in dollar figures. Concepts are good until you se the dollar amount	Oct 30, 2009 2:01 AM
35	Didn't you already institute this???	Oct 30, 2009 6:42 AM
36	if it did not limit access to only the lowest cost hospitals but only excluded the very highest cost hospital	Oct 30, 2009 11:14 PM
37	noy sure what hospitals are higher cost? how would i know what hospital to choose if i had a choice?	Oct 31, 2009 3:38 AM
38	I am most concerned about needing a hospital while out of the local area and then getting stuck paying a high co-pay because of limited hospitals in rural areas.	Oct 31, 2009 2:26 PM
39	Not sure what the \$\$ amounts this refers to... It all depends on how much I will end up paying!	Nov 4, 2009 4:39 AM
40	(see Q13) How much of a difference would it make in my premiums?	Nov 6, 2009 5:33 AM

If you answered Yes to Question 12 above, indicate how much of a hospital per-admission co-pay you would be willing to pay.



Please score each of these recent PPO plan design changes that were implemented to keep premiums lower.



Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Please score each of these recent PPO plan design changes that were implemented to keep premiums lower.							
	Strongly approve	Approve	Disapprove	Strongly Disapprove	Neither approve or disapprove	Don't know/need more information	F A
Mandatory mail-order for maintenance drugs.	29.1% (71)	33.2% (81)	13.1% (32)	17.2% (42)	7.0% (17)	0.4% (1)	
Higher co-pay for retail option for maintenance drugs.	18.1% (44)	33.3% (81)	23.9% (58)	16.0% (39)	4.9% (12)	3.7% (9)	
Drug Quantity Limits.	9.5% (23)	25.3% (61)	24.9% (60)	17.4% (42)	8.3% (20)	14.5% (35)	
Zero co-pay for mail-order generic drugs.	57.7% (139)	29.5% (71)	5.0% (12)	2.5% (6)	3.7% (9)	1.7% (4)	
60-day supply retail prescriptions requiring two 30-day co-pays.	11.3% (27)	27.1% (65)	33.8% (81)	13.8% (33)	9.2% (22)	5.0% (12)	
Increased brand and non-formulary prescription co-pays.	7.6% (18)	25.4% (60)	33.1% (78)	14.8% (35)	9.3% (22)	9.7% (23)	
Option I out-of-network member co-pay from 30% to 40%.	7.2% (17)	21.6% (51)	28.4% (67)	13.6% (32)	13.1% (31)	16.1% (38)	
HealthPlace America Surgery Program.	6.4% (15)	16.2% (38)	11.5% (27)	16.2% (38)	12.0% (28)	37.6% (88)	
Spouse Primary Coverage Eligibility Rule.	15.4% (36)	23.9% (56)	10.3% (24)	9.8% (23)	13.7% (32)	26.9% (63)	
Annual benefit cap for durable medical equipment.	4.7% (11)	30.3% (71)	17.1% (40)	11.1% (26)	11.1% (26)	25.6% (60)	
Increase in emergency room co-pay to \$250.	10.5% (25)	35.0% (83)	28.7% (68)	14.8% (35)	7.2% (17)	3.8% (9)	
Elective surgery \$500 co-pay for surgeries performed at CHOMP/SVMH for surgeries available through the HealthPlace America Surgery Program.	14.2% (34)	27.2% (65)	19.2% (46)	15.1% (36)	10.9% (26)	13.4% (32)	
Increased lifetime maximum medical benefit from \$3M to \$5M.	48.9% (115)	30.6% (72)	4.7% (11)	5.5% (13)	5.1% (12)	5.1% (12)	

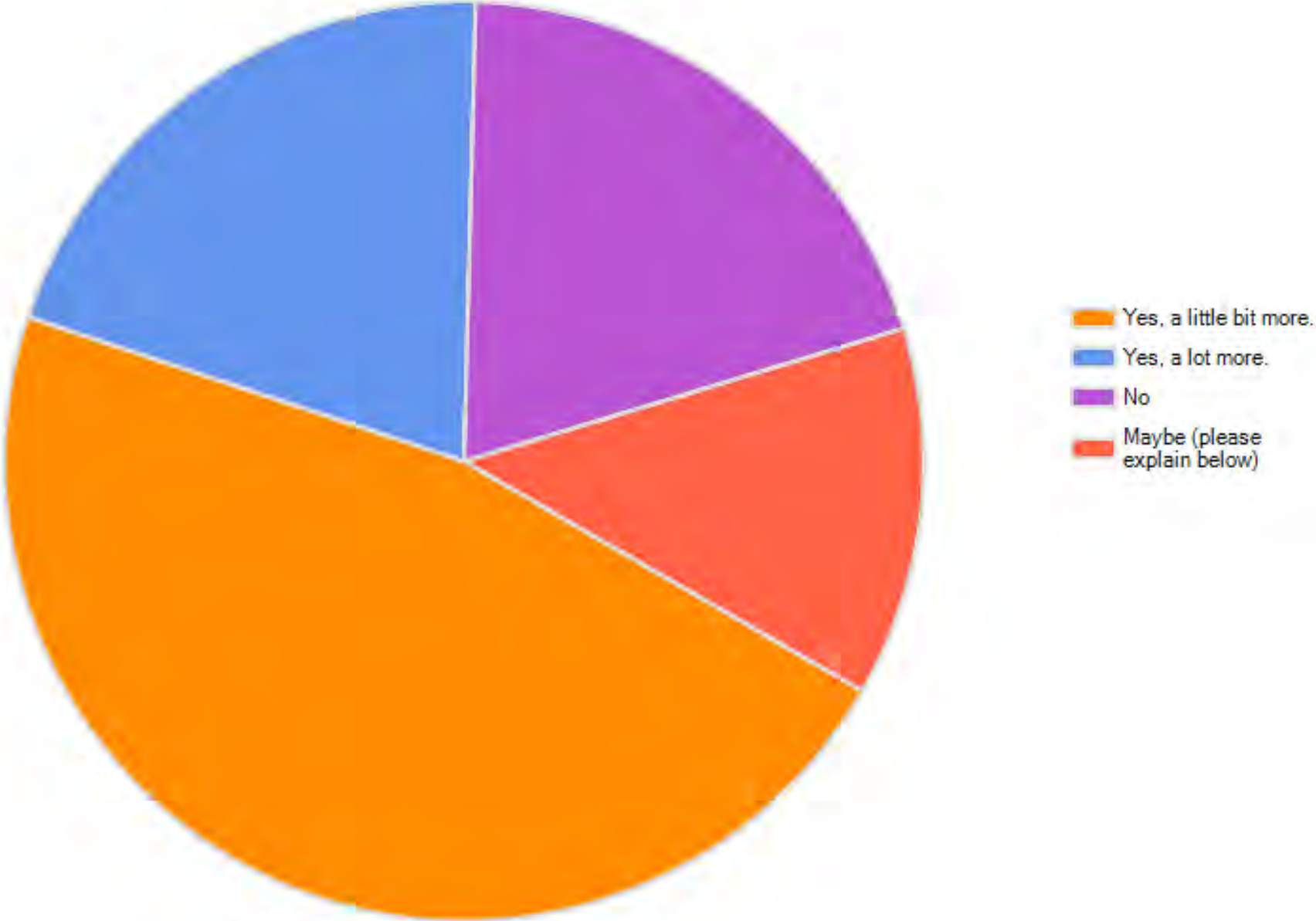
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
skipped qu

Other (please specify)		
1	Who determines what is a maintenance drug? I have occasional need for some medications that are considered "maintenance drugs" but I do not take them all the time. For me they are not maintenance.	Oct 21, 2009 1:37 AM
2	Hate that you think sending us across the US for surgery is a good option	Oct 22, 2009 4:11 AM
3	MCSIG should begin a campaign to bring Chomp and SVMH fee in line. They have a monopoly and their political power is the only reason they get away with it. Fight fire with fire. What's ironical is that they're on 3 star rated hospitals.	Oct 23, 2009 1:23 AM
4	I would like to know what Medicare provisions affect the above.	Oct 25, 2009 12:26 AM
5	I appreciate the problem solving attempts made by the MCSIG administrators.	Oct 25, 2009 6:01 PM
6	What are the after-hours options for care, besides emergency room? If none, \$250 copay too much.	Oct 26, 2009 3:18 AM
7	Often caps 2nd guess primary care provider's medical plan. Mail order RX makes mistakes & more difficult to talk to than local pharmacist. If higher cost options are a personal choice, individuals should pay for them; when they are best medical option, same rules should apply as generics, etc.	Oct 26, 2009 10:35 PM
8	people with diseases resulting from over or underweight should have	Oct 27, 2009 4:58 AM
9	I do not like the HealthPlace America Surgery Program-extreme out of area!!!!Florida????	Oct 29, 2009 5:29 AM
10	I disapprove of overhead costs related to MCSIG administration of our medical benefits. When other medical insurance plans have had \$0 dollars increase, yet MCSIP increases are double digit every year, that's not right. (PERS for one)...MCSIG should be looking to increase our group's morale and not decrease it especially during tough economic times. I was ready for one, to picket the MCSIG office along with other Districts' personnel and still will if the prices continue increasing in the future. There are other plans that would seem to save members' financially more and hopefully our District will be looking into them. "We keep you alive to serve this ship. Row well and live." [Ben Hur]	Oct 31, 2009 9:48 PM
11	I most vehemently disapprove of the first item.	Nov 2, 2009 5:54 PM

Do you think plan participants should pay a proportionately higher share of costs for high-priced specialty drugs when there are other, equally effective drugs available?



Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Do you think plan participants should pay a proportionately higher share of costs for high-priced specialty drugs when there are other, equally effective drugs available?			Response Percent	Response Count
Yes, a little bit more.			46.7%	115
Yes, a lot more.			20.3%	50
No			19.9%	49
Maybe (please explain below)			13.0%	32
Other (please specify)				38
			answered question	246
			skipped question	0

Other (please specify)		
1	Some drugs are not able to be copied	Oct 19, 2009 10:37 PM
2	I believe that the Pharma-Cartel is out of hand and that generic drugs should be used unless it's a special case	Oct 20, 2009 3:29 PM
3	depends on the situation, if a generic will work, use a generic	Oct 21, 2009 12:16 AM
4	In general, yes, but some generics are not equal to the brand names and do not work exactly the same. If the generic is attempted without positive results, then the brand name should be covered.	Oct 21, 2009 1:37 AM
5	The way the question is phrased makes me want to answer yes, but more info is needed before I can give a concrete answer.	Oct 21, 2009 1:39 AM
6	who decides what is 'equally as effective'??	Oct 21, 2009 2:59 AM
7	not sure because I don't know what those drugs benefits are versus others.	Oct 21, 2009 4:12 AM
8	Based on medical history - if a participant cannot take a specific drug they should not be penalized.	Oct 21, 2009 2:54 PM
9	in answer to Maybe--Who is to decide if the specialty drug is as effective as a generic, the insurance company or the doctor? I have 3 generic drugs that work fine, but I have two brand name drugs that work better than the generic. I have tried a generic statin, Liptor is the only one that does not effect me negatively, so my doctor prescribes Liptor. I also take Benicar for High Blood Pressure. It is not on the formulary, so I have pay a higher co-pay. My doctor has tried me on several different drugs for this condition. Benicar is the only one that has kept it in the acceptable range.	Oct 21, 2009 8:44 PM
10	not if the generic or lower priced drugs are not effective or have an allergic reaction	Oct 21, 2009 11:48 PM
11	If there is no generic available, drugs should still be available at a reasonable cost. If there is a generic, then costs could be increased.	Oct 23, 2009 1:06 AM
12	I believe a person should take what their doctor prescribes. Insurance companies shouldn't make that decision.	Oct 23, 2009 1:23 AM
13	Depends on doctor's recommendations	Oct 23, 2009 8:20 PM

Other (please specify)		
14	who determines "equally effective drugs" -- MCSIG or my physician?	Oct 23, 2009 10:09 PM
15	sometimes other ingredients in name brand drugs make them work with less side effects	Oct 23, 2009 11:48 PM
16	Express Scripts sent me generics that were not as effective as the original. I am against being penalized for not using generics.	Oct 24, 2009 2:55 AM
17	Not all generic and brand drugs are created "equal" - if someone has tried the "generic" and do not get results, they should be allowed to try the "brand" name to see if they get better results. If they do, they should not be financially penalized for this.	Oct 25, 2009 4:30 PM
18	I would want the Doctor's opinion on this and the patients reaction to the alternative medicine.	Oct 25, 2009 6:01 PM
19	Occasionally there is a difference between a speciality drug and a similiar drug that the physician would prefer you to take.	Oct 25, 2009 9:33 PM
20	This is a complicated question, as some people seem to have more favorable reactions to one drug than another, even when they are supposedly equal. It seems to me there should be some way of defining or quantifying "equally effective" on an individual basis. If there is no way to do this, then I question the fairness of this policy.	Oct 26, 2009 2:24 AM
21	Does equally effective also mean no greater side effects?	Oct 26, 2009 3:18 AM
22	Only if the doctor doesn't specify that the other drugs are not effective in a particular case.	Oct 26, 2009 1:22 PM
23	If higher cost options are a personal choice, than person choosing should pay; when they are best medical choice, perhaps not.	Oct 26, 2009 10:35 PM
24	It depends on if the Doctor says the lower priced drug is good enough	Oct 26, 2009 10:48 PM
25	I would want my doctor choosing the most appropriate medication for my condition. Each person reacts differently to medications. One size does not fit all.	Oct 26, 2009 11:00 PM
26	If the higher priced drug is what works for your particular case there should be NO punitive costs as there are now.	Oct 27, 2009 1:16 AM
27	But not if a doctor feels that the drug is the best for the patient.	Oct 27, 2009 5:51 PM
28	If they work as well for the individual patient.	Oct 27, 2009 10:17 PM
29	sometimes the equally effective other drug does not work for a person and they must use the namebrand product	Oct 28, 2009 5:18 PM
30	Brand name drugs maybe.	Oct 28, 2009 6:40 PM
31	Not all psuedo equal drugs are actually equal in chemical action within the body- case by case	Oct 29, 2009 5:29 AM
32	Compound drugs should not have higher co-payments for patients	Oct 29, 2009 7:32 PM
33	ISome drugs are NOT equally effective in all patients	Oct 29, 2009 11:22 PM
34	Who decides what is appropriate in any given situation?	Oct 30, 2009 6:42 AM
35	If specific allergic reactions have been noted to certain generic drugs, then yes.	Oct 31, 2009 2:26 PM
36	Not all drugs affect everyone the same; Ritalin which is a much cheaper treatment for ADHD does not work as well as Strattera in many people.	Nov 1, 2009 3:43 PM
37	Some drugs are not effective for certain people and they shouldn't be penalized when they need a higher cost drug.	Nov 2, 2009 2:28 AM
38	Quite often these drugs are the ones that the doctor and patient have found to be the most effective.	Nov 6, 2009 12:46 AM

Fall 2009 MCSIG Participant Medical Cost/Benefit Survey

Please share your ideas to help MCSIG control medical costs.		
		Response Count
		94
<i>answered question</i>		94
<i>skipped question</i>		152

Response Text		
1	get rid of chiropratic and accupunture benefits	Oct 19, 2009 2:41 PM
2	Negotiate with local pharmacies for the same pricing as the mail order or something closer in price. It is better for everyone when one buys locally and I feel hinder in buying locally which helps all of us in the long run.	Oct 19, 2009 7:09 PM
3	Yoga Studios should be as important as Gyms for some kind of discount.	Oct 20, 2009 1:20 PM
4	Pay out more than \$300/year to healthy in the Healthy Solutions Incentive Plan to active participants that are already doing everything in their power to help keep healthcare costs down by exercising and eating right. Maybe \$500-\$1,000 per person. They would gladly use this money for exercise equipment and/or to pay for their monthly costs of natural supplements to continue their good habits and keep costs down for everyone. Reward the people that are helping to keep costs down and motivate others to do the same. The almighty dollar is very persuasive.	Oct 20, 2009 3:29 PM
5	Use Medical practitioners when possible instead of M.D.s	Oct 20, 2009 5:22 PM
6	Continue to provide us with information to keep costs down.	Oct 20, 2009 11:58 PM
7	American Medical Response (AMR) is the only ambulance company serving Monterey County, yet it is out-of-network. May I ask why? Would it help save costs to make them an in-network provider?	Oct 21, 2009 1:37 AM
8	I don't have any ideas on how to control medical costs.	Oct 21, 2009 1:39 AM
9	Have more incentives for people live A MORE healthy lifestyle.	Oct 21, 2009 2:08 AM
10	More prevention/lifestyle modification incentives.	Oct 21, 2009 2:45 AM
11	Limit number of visits to alternative medical care such as Chiropractic and accupuncture. Copays should be required	Oct 21, 2009 2:51 AM
12	The current prescription mail order program in which mail order offers free generic drugs and greatly reduced brand drugs through the mail service is wrong. Anytime anything is given away for free (or minimal consumer responsibility), value, personal responsibility and accountability is greatly reduced. I personally do not think that MCSIG participants should be "greatly" penalized to use their retail pharmacy providers and heavily incentivized to use the mail order program with tackets like "free" and enormously decreased co-payments for such services. The choice to use a community pharmacy should not be so greatly disincentivised.	Oct 21, 2009 3:41 AM
13	let me just comment on the out of area hospital care. How can that be a good thing when a family member needs all their family around them when in medical crisis? That person who is to help you make arrangements should be better used to assist with what has been in place by helping patients keep costs down with figuring on the necessity of procedures. This all needs to be done in with the sensitivity and care of the patient and their family.	Oct 21, 2009 4:12 AM
14	Reward people for doing preventitive health care and working at staying healthy	Oct 21, 2009 4:23 AM

Response Text		
15	Continued negotiations with local health care providers to limit costs, incentives for a healthy lifestyles and achievement of health goals by members	Oct 21, 2009 5:43 AM
16	Do more for health maintenance to keep costs down, FREE immunizations, low cost maintenance drugs, lower cost for those that have long term conditions so patients continue to stay on them and not get other secondary conditions that cost.	Oct 21, 2009 2:32 PM
17	support a public option!!!	Oct 21, 2009 2:51 PM
18	More preventive measures - annual doctor visit requirements or some incentive to keep members healthy.	Oct 21, 2009 2:54 PM
19	Urge participants to refrain from seeking help at the Emergency Room and go to their Dr.'s office or Urgent Care instead. Unless it is a life threatening condition.	Oct 21, 2009 6:01 PM
20	I believe that Wellness Programs can help anyone that wants to control their health. MCSIG is to be commended for all that they strive to provide for the members. We as members need to do all that we can to help by eating healthy, excercising and lowering our stress levels. It is never to late to start eating right and excercising! I am 75 years young and I walk 3 miles in an hour on my treadmill each day, Mon. - Sat. for a total of eighteen miles a week. Members who have not retired yet need to realize that one day they will reach 65 and will be on Medicare. They, then will have to pay for their MCSIG and if the costs keep rising, they will not be able to afford to continue to purchase MCSIG insurance. Right now I pay \$1851.69 every three months for my husband and myself. That is a lot more than 1 of my PERS monthly checks. I was paying just over \$850.00 quarterly when I turned 65. You can see that in 10 years the cost has increased by \$1000.00 quarterly. I believe that everyone who wants a healthy retirement, needs to start NOW. Stop eating fastfood, drinking sodas, and If they are smoking to STOP!!! Parents need to set a good example for their children. Drink water. Eat vegetables and fruits. Less red meat. More chicken and fish. Broil, bake or grill the chicken and fish. I wish there was a way for some members to look into their future, because,maybe they would then make different lifestyle choices.	Oct 21, 2009 8:44 PM
21	SVMH and CHOMP, need to feel the pinch like everyone else. Why can they charge what they want and expect us with insurance to pay those costs. I think Stanford, UCSF are better alternative for elective and non emergency surgeries.	Oct 21, 2009 11:48 PM
22	If specialty drugs work better than generic, there should be no additional cost!	Oct 22, 2009 1:30 AM
23	The 90 day mail order has cost me several hundred dollars along with the cost to MCSIG. When maintenance drugs change you get caught with some left over drugs. Buying locally and at 30 at a time helps reduce the overall cost of drugs.	Oct 22, 2009 3:05 AM
24	I think the America Surgery Program is so cruel. Having your family close by after surgery helps in recovery. Being miles away from home is stressful for all involved and can't be good for healing.	Oct 22, 2009 4:11 AM
25	I think that plan participants should pay a proportionately higher share of costs for medical treatment of lifestyle related illness when there are other, equally effective healthy lifestyle choices and solutions available and the member chooses to avoid the healthy options.	Oct 22, 2009 4:24 PM
26	I am very pleased with my coverage, but I use it minimally. I was surprised with the having to leave the area for surgeries, especially when you would have to go out of state. I guess it depends on the type of surgery warranted. I do believe wholeheartedly that the provision of medications should be controlled by generics, when available. It is astounding how much they cost. Maybe if enrollees knew, and had to bear some of the true cost of the services they received, they'd think twice about having them.	Oct 22, 2009 7:17 PM
27	Instead of rebates for "healthy" living reduce costs. Why pay people to get mamagrams or live a healthy life. I agree that we should. I do not agree with using our money & our districts money to pay us for that. I believe if that same money was used toward medical costs we would have reduced fees.	Oct 22, 2009 9:37 PM

Response Text		
28	Bring the problem of CHOMP and SVMH to the attention of the political powers who can do something about it. I would go to one of Health Place America Hospitals if they were local, but I will not because I want the local physicians performing any surgery, etc. should I need it.	Oct 23, 2009 1:23 AM
29	Keeping premiums low, copayments for office visits low, and precription copayments 0 to low through mail order has helped families. Good job MCSIG.	Oct 23, 2009 4:10 AM
30	Keep control of premiums retirees pay. Money doesn't go too far today.	Oct 23, 2009 4:33 PM
31	Cafeteria plan! My district provides employees and their families benefits. I'm single. This is an unfair distribution of benefits and benefits are a way for districts to compensate employees in addition to salary. I realize this is the way my particular district has written its contract, but maybe some support from MCSIG would bring light to this issue and CHOICE to employees benefits. Would like more information available on the Medical Savings Account driven plan.	Oct 23, 2009 8:20 PM
32	Stop increasing the co-payments and lowering our coverage. Instead of Monterey County Schools Insurance Group, you are acting like Monterey County Schools Insurance Gangsters. On # 7 neither but since you want an answer.	Oct 23, 2009 9:08 PM
33	I believe co-pays are important and necessary and elective surgery should have a premium co-pay or not even be covered.	Oct 24, 2009 2:18 PM
34	Have an alternative plan that excludes Memorial Hospital/Chomp in cases where there are alternate hospitals available. Keep coverage for these hospitals in cases where the patient was unable to make a decision (accident, other emergencies where patient is incoherent).	Oct 24, 2009 4:40 PM
35	support national health plan	Oct 24, 2009 4:45 PM
36	We are happy with MCSiG as it is and most strongly disapprove of Obama health care reform as presented to date.	Oct 24, 2009 8:50 PM
37	Increase benefits for well-care. I've appreciated that acupuncture is covered in full under my plan - I was able to get off of some medication as a result and I have been able to stay healthier by having regular acupuncture treatments. This has surely helped to control medical costs (I'm not having to take expensive medicine any longer or visit my physician so often). Why not cover chiropractic, too? (there's a co-pay). Why is there a co-pay for annual physical exams? The emphasis should be on providing preventative health care - actually HEALTH care instead of SICK care.	Oct 24, 2009 8:57 PM
38	Allow participants to order prescriptions for more than one month at a time. This would save us money and maybe save MCSIG money because of record keeping	Oct 24, 2009 10:27 PM
39	Since CHOMP and SVM have a monopoly on local health care their unwillingness to negotiate creates a real dilemma for MCSIG members. Do local physicians practice at these surgery centers? It is unrealistic to expect post-surgical patients to stay in motels away from home after procedures. Physicians are not readily available when patients return home after procedures. The idea of having to travel again for post-surgery follow-up is unsettling.	Oct 25, 2009 12:25 AM
40	Cost increases should be different per plan. ie option 1 should have a higher % increase than option 2 or 3. To increase all levels the same amount does not seem reasonable.	Oct 25, 2009 2:31 AM
41	Limit access to SVMH and COMP as they cost more than other hospitals	Oct 25, 2009 4:28 AM

Response Text		
42	Prevention is a hugh factor is keeping costs down. There are a lot of "choices" out there and some members do not know how to access them. I think that those that smoke, are obese, do not exercise regularly, should have higher premiums. I have been a member of a gym for 12 years - I was not allowed to use the low cost option because it was brought on board after I had joined - I think this should be an ongoing option and have members "prove" that they do exercise and get a financial reward, or some sort of reduction in their benefit if they are trying to stay healthy. The healthplan american is ridiculous. Most same day surgeries require that the person not fly or drive long distances for several days to weeks - yet the closest out patient surgery center to Monterey is San Diego - explain that one please? does that mean that MCSIG will pay for the airfare and hotel for 2 weeks for that person undergoing the procedure and a family member? What if they have small children in school? I went on line and looked at several of the approved surgery places - I also went on line to the MCSIG recommended health care statistic sites - many of those facilities were not even rated. As a nurse in the health care field, I do not want to have surgery at some facility that has poor ratings and whose MD's have poor outcomes. Why would I or you jeopardize my health care just because of cost? The potential for post of complications would far exceed what the cost of that procedure could have been at CHOMP, Salinas or even Dominican Hospital. That plan makes absolutely no sense other than to some financial person who is just looking at the numbers and nothing else.	Oct 25, 2009 4:30 PM
43	Promote healthy lifestyles. Charge those who insist upon living unhealthy lifestyles. Rates based on annual physical, adjusted for age and other possible variables beyond control of self.	Oct 25, 2009 5:28 PM
44	I think the alternative services like acupuncture, chiropractor etc should be looked at. We added these services then they are abused by those who finally end up at the "regular doctor" or physical therapy anyway. I have been healthy and take one medication, while I was teaching I saw a lot of what I consider abuse of the system. Maybe I am just hardy but really a massage is not a medical treatment nor is herbs etc. Perhaps more health fairs and preventative incentives. I hope I can afford coverage when/if I need it.	Oct 25, 2009 6:01 PM
45	I like the idea that you are doing this survey. I also LOVE the MCSIG WELLNESS incentive program. That money I made last year helped me to pay better attention to my diabetes	Oct 25, 2009 11:46 PM
46	Provide exercise opportunities at work, and add shower rooms, so that people can fit in their workout over the lunch hour or at the end of the day. Finding time for exercise is one of the biggest barriers to improved health. The location of the offices on Blanco Circle offer no real viable way to exercise during the day. (Walking, which many people prefer, is even limited by the traffic. How many times can you walk around the parking lot?) How about having classes in a meeting room (pilates, aerobics, yoga, etc.) during lunch with shower facilities as a way to improve health?	Oct 26, 2009 2:24 AM
47	none	Oct 26, 2009 3:08 AM
48	Get MCSIG members behind political initiatives to reduce medical expenses. I think I get an Option III payment in lieu of medical benefits, fortunate that my husband's plan currently covers me 100%. I didn't need an upward adjustment in the amount, are there others in my situation who could forego increases?	Oct 26, 2009 3:18 AM
49	I like the current plans, but I would like to see a HMO option too. Also, I'm new to this area so many of my responses are based on observations. Finally, question 6 will not keep an answer in the same column.	Oct 26, 2009 1:22 PM
50	Are insurance plans lowering their profit margin? What internal business costs are being controlled? Hold on salary increases?	Oct 26, 2009 10:35 PM

Response Text		
51	On the whole I think MCSIG has done a pretty good job of keeping down the health care costs. I am unclear about what is elective surgery and what isn't. I would like to have some examples so I have a clearer understanding about the new hospital plan. That is the one area I'm having a hard time understanding how it works.	Oct 26, 2009 10:45 PM
52	I don't think people should travel to other parts of the country to have surgery with Doctors they don't know. There has to be a way to work with CHOMP and SVMH to keep the prices reasonable. (I haven't needed to go to one, but if I need to, I want to stay local)	Oct 26, 2009 10:48 PM
53	I know that it is very hard to keep costs down, when everything is going up. I would not be in favor of having to change doctors. I would be willing to pay a little more for medications that I buy retail. I would use a mail order Rx for drugs needed for some things, but would want the option of using a retail setting for others. I'm sorry but I don't have any other helpful suggestions.	Oct 26, 2009 11:00 PM
54	I think it is important for members to have incentives to stay well and learn to be careful and discerning consumers of medical care. Reduce member costs (copays and deductibles) for preventative care (as you have done) and increase costs for expensive options (CHOMP, or retail prescriptions). MCSIG has some of the right incentives in place - keep it up.	Oct 26, 2009 11:52 PM
55	i have requested a medical card and a list of coverages; so has luann raras at hartnell college, and nothing. please respond franks	Oct 27, 2009 12:09 AM
56	Incentives for healthy living contracts, weight watchers, etc. Higher co-pays, Keep premiums lower for those who stay healthy.	Oct 27, 2009 12:28 AM
57	Don't saddle those that pay for insurance with the cost of the uninsured! There should be a public option of choice.	Oct 27, 2009 1:19 AM
58	a higher co-pay for weight-related diseases resulting from obesity or anorexia (but no higher co-pay for psychological counseling)	Oct 27, 2009 4:58 AM
59	I'm good with anything as long as it has NOTHING to do with Obama's medical plan.	Oct 27, 2009 4:05 PM
60	Explanations of MCSIG benefit changes need to be more specific. I read the literature in July, but I had no idea that my premium would triple (from \$200.00 to \$600). I changed to Option III immediately, but unfortunately, that left me with a smaller pay check in September, because the change will not take place until October.	Oct 27, 2009 4:21 PM
61	Retirees upon reaching Medicare eligibility should be out of MCSIG.	Oct 27, 2009 7:46 PM
62	The increase in Emergency room copay is ridiculous!	Oct 27, 2009 9:37 PM
63	We need a meeting to know each plan's benefits and its monthly deductions.	Oct 27, 2009 9:47 PM
64	Shop for other healthcare providers. Are there any better than Anthem?	Oct 28, 2009 4:16 AM
65	limit chiropractor visits, reduce or eliminate acupuncture, maybe maternity could be offered on just one of the plans so that the people who will not be using that particular part do not have to pay for it. Private insurance has a rider for maternity.	Oct 28, 2009 5:18 PM
66	Doctor's degrees should be free of tuition at universities in the USA. After they get their degrees, they must do at least 2 years of general practice in hospitals or/and clinics (we will have more doctors and their salaries won't be as high). MCSIG should own their own generic drugs companies (even if they need to be subsidized by the Federal/State Government).	Oct 28, 2009 6:40 PM
67	1. Increase premium for smokers, chewers, etc. 2. Eliminate gastric bypass surgery, make it cosmetic. 3. Include retirees in Wellness program, right now they aren't eligible.	Oct 28, 2009 11:11 PM
68	Give members a percentage of the savings gained by member finding mistakes in hospital bills.	Oct 29, 2009 12:09 AM

Response Text		
69	I vehemently disagree with the HealthPlace America surgical plan. As a patient, I have no control over my care and my care is being dictated by money, not quality of care which is subjective-my subjective requirements.	Oct 29, 2009 5:29 AM
70	lower salaries of the employees of MCSIG - and lower the benefits for MCSIG employees which ultimately equal expense - for example, I have heard that there is discussion of giving MCSIG staff 15 days of leave (that is more than members of MCSIG get in jobs - also --- I was recently told how much the Director earns - nice person - but to have a salary that is higher then most (maybe any) of the superintendents in the districts represented by MCSIG is not okay - also..... I understand that former directors left with fact packages - that is just WRONG!	Oct 29, 2009 5:32 AM
71	check and or audit bills a little more carefully for medical, hospital especially for excess charges and or duplicate charges that may have occurred.	Oct 29, 2009 6:15 PM
72	provide more diverse options for preventive care treatment so a need for hospital, illness would be less.	Oct 29, 2009 6:26 PM
73	Restrict emergency room service to real emergencies, such as auto accidents, heart attacks or strokes. Some people abuse the ER privilage.	Oct 29, 2009 10:42 PM
74	Increase efficiency of Express Scripts-ther is no need for multiple long winded phone calls and repeat phone calls to say your medications are being sent, they make many mistakes, long winded effort to prove your identity when phoning to reorder. Staff often not informed. Computer mistakes on EXpress scripts end . More prompt payment to hospitals and medical offices/ One year is to long!	Oct 30, 2009 12:31 AM
75	I disagree equally with both options for #7, but the survey would not let me move on without making a choice.	Oct 30, 2009 1:00 AM
76	What is Coastal Healthcare doing now? I liked them much better than Blue Cross.	Oct 30, 2009 2:59 AM
77	Continue to offer incentive programs such as the recent Walking program	Oct 30, 2009 3:50 AM
78	People who are doing what they can to promote their own health should get a discount. I have found many alternative solutions to drugs and drastic medical measures. We've got to get out of the stranglehold of the pharmaceutical companies and start being sensible. Health does not REQUIRE toxic drugs in many cases. We deserve other options.	Oct 30, 2009 6:42 AM
79	lobby to defeat the current health reform bill in congress and petition or representatives to pass cost reduction reforms: malpractice limits, Insurance co. competition, incentive health programs, continue to audit billings, reduce unnecessary tests, continue your good work in cost reduction and encourage more JPA"s.	Oct 30, 2009 11:14 PM
80	First be more aggressive with negotiations with Blue Cross or seek other health care insurance for your constituents. MCSIG has the highest rates that I have seen in the last six years of teaching. Second, change your slogan. I find it insulting that it states MCSIG: Great plans, Great value!	Oct 31, 2009 3:18 AM
81	Require everyone get a check-up once a year to catch medical problems early and save cost of undiagnosed medical problems that are discovered at a later stage. Charge more premiums for people who smoke or have drinking problems. Demand that they get help or pay more!	Oct 31, 2009 3:38 AM
82	Aggressively promote "well" practices. Non-smokers, non-drinkers, and low risk folks need a larger break. The young and healthy end up paying higher costs for low usage. Blue Cross-Anthem raked in \$750,000,000 in profits in '07 in California! That is nearly a billion in profits. Are there other companies in the "monopoly" of health care? It seems health care costs are driven by the companies needs for huge profits. I contend health care costs are being driven by a system that allows the huge companies to charge excessive prices for "throw away" services and then turn around and tell the public that medical costs keep going up and therefore will have to charge higher premiums. No one is in charge at the top. There are no regulators and Blue Cross Anthem takes advantage of that fact.	Oct 31, 2009 9:05 AM

Response Text		
83	Do your jobs and look for ways to decrease costs. I teach and therefore am always looking for strategies and techniques that will benefit my students and allow them to learn optimally in my classroom. I was at a CTA conference related to health benefits during the summer which also gave me information about health insurance. My job as a teacher is 40 hours+ per week besides the after school program. During that time and on my own time I'm looking for ways to increase students' learning and help me become a better teacher and facilitator of learning in class. I would hope that MCSIG also takes pride in providing every member with efficient service regarding health care benefits, claims, information, etc. Our monthly health premiums provide you with the means to move forward and become the best medical insurance provider in the County. Make us proud!	Oct 31, 2009 9:48 PM
84	Encourage local small rural hospitals to initiate and promote wellness clinics and physical fitness for people with chronic illnesses. Bill electronically. Encourage electronic medical records where not now used. Lobby for conservative candidates that will support tort reform and insurance marketing across state lines.	Oct 31, 2009 11:26 PM
85	I believe that participants should receive some monetary benefits for health maintenance and preventive care--taking responsibility for thier own health--which could reduce the health care costs for those participants. This would be a way of using positive incentives to assist in keeping costs lower overall.	Nov 1, 2009 12:41 AM
86	<p>I am not willing to pay higher premiums for any reason until you reduce your profit percentage.</p> <p>I want your corporation to give up GREED! When my insurance is higher than my rent, you are gouging me - all out of greed! I seriously resent your attitude. You make me want Congress to force corporations to limit their profit percentage in an effort to keep a balance, reducing your profit to ensure a reasonable percentage for participants. The only reason laws and rules are enacted are to force entities/individuals to do the right thing. When you operate in an unfair manner, you deserve to be regulated.</p> <p>I also HATE Express Scripts! I resent losing personal, eye-to-eye contact with those who fill my RX. I resent that they tried to contact my DR in order to secure permission to change medication WITHOUT INCLUDING ME IN THE PROCESS! I resent that I can't even get them to use small bottles. I resent them calling me with a completely non-human survey.</p> <p>Your industry's immoral profit over people attitude has caused great hatred and resentment in me. You need to get it! Because you don't use a reasonable profit percentage, I am extremely in favor of a government-run option - and I hope you go out of business!</p>	Nov 1, 2009 2:35 AM
87	What about giving participants the option of HMO plans? I know that some districts offer them but others do not.	Nov 1, 2009 3:43 PM
88	Maybe providing more info. on alternative hospital choices and doctors nearby (e.g. Bay Area) where the costs aren't as steep as CHOMP and SVM	Nov 2, 2009 2:28 AM
89	Check with school districts and county offices of education outside of Monterey to see how they are able to provide health plans that virtually pay 100% with little or no co-pay and yet the premiums are less than ours.	Nov 2, 2009 3:20 PM
90	Regarding my response in Other in #14, above: other factors besides the cost of the Rx are at play. The FedEx carbon footprint is higher, the cost of shipping is higher, local pharmacies are suffering, there is a wait-time for Rxs to arrive, and no relationship is established with a licensed pharmacist, to name a few.	Nov 2, 2009 5:54 PM
91	I would love for you to have a mtg. so we could ask questions and get some answers, I know you are busy , but it would benefit all of us	Nov 5, 2009 3:01 AM

Response Text		
92	Am basically happy with my medical coverage. I appreciate all the preventative healthcare that is covered in our plan(s). I'm against drug companies making huge profits, so lean towards prescription policies that tend to level the playing field.	Nov 6, 2009 3:03 AM
93	I think MCSIG needs to investigate becoming part of a larger group to increase its purchasing power. I don;t think we can significantly control our costs otherwise, especially in Monterey County. The efforts to control costs at CHOMP, and to get doctors to accept HMOs, are worthwhile but not likely to happen anytime soon. So I think we need to determine if this organization,, as structured, meets our needs.	Nov 6, 2009 5:33 AM
94	Some doctors will not prescribe generic drugs (e.g., my dermatologist)	Nov 7, 2009 4:17 AM