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Diane Valade
State Commission on Patient Safety
Mailcode B713
2700 West 11 Mile Road
Southfield MI 48034

Dear Ms. Valade,

I am sorry I cannot be at the public hearings on improving patient safety in person, but I would like to add my comments by letter.

I am a State of Michigan retiree. Since I have retired, my medical benefits have been reduced in ways which I do not think benefit either me or the State, which helps to pay for my insurance.

A year ago, several significant changes were made in the health insurance available to me as a State retiree. The first was to eliminate the last HMO available to me because I live in Livingston County. We had had HMO coverage for many years and were very happy with "managed care". Our last HMO was with Blue Cross/Blue Shield. We still have BC/BS, but now only the PPO is available to residents of my county.

If I lived 10 miles down the road in Oakland County, (but still had the same medical providers), I could select the BC/BS HMO, as the HMO is still available to State retirees in the "SE Michigan" BC/BS area. Only our "Mid-Michigan" BC/BS HMO was eliminated.

For many years, whenever I went to a provider in the "SE Michigan" HMO area, they had to fill out tons of extra paperwork to see me, even if they were already certified as a "SE Michigan" area provider. When I asked why one BC/BS area would not accept the other's certification, I was told this would soon be resolved by the various BC/BS HMOs merging into a statewide organization. Instead, my area of the state was eliminated entirely from the BC/BS HMO coverage.

I was happy to participate in HMOs and glad it saved the state money too. Now, I pay hundreds of dollars out of pocket for the same services from the same providers. I do not understand why the Blue Cross/Blue Shield HMO does not become a statewide organization, so we can continue to participate in an HMO.

The second change had to do with a drastic decrease in coverage for preventative

services. This October, most preventative services stopped being covered at all by my Blue Cross/Blue Shield PPO, except for a maximum of \$750 credit/per year for all prevention services. Because they took these normal preventative services completely out of the policy, we no longer get the Blue Cross negotiated rate, so that \$750 does not go nearly as far as the care we used to get. BC/BS paid a reduced rate, but we got much more preventative service before this recent change.

I am 57 years old. My doctor wants me to have a colonoscopy, which I have never had. I understand a full colonoscopy is recommended routine preventative care for patients in the 50s. However, once my annual OB/GYN physical, pap and mamogram is paid for, I have only about \$550 total left for the year in my "\$750/year cap". If I could get the Blue Cross negotiated rate, I would only have a few hundred dollars left to pay out of pocket to get a full colonoscopy. But since this is completely a "non policy covered service", I am told I will have to pay the "full rate". That means that if I am ever to get the full colonoscopy my doctor says I need, I will have to pay over \$1,000 out of pocket.

I am a State retiree. I am probably going to be in the state insurance pool for the rest of my life. I do not understand why the medical coverage through my state retirees plan is reducing prevention services, which should save the state money, in the long run. It certainly makes it tough for me. No one benefits from making it so expensive to access the care that will keep me well.

One final comment. As a state retiree, my health insurance also does not cover the treatment of obesity. Michigan has among the highest rates of obese people, and I am one of them. I am loosing weight and paying out of pocket, again.

All the time I was a state employee we were urged to practice prevention. I would like to, but my state employee medical insurance is throwing up significant barriers to my doing so.

Sincerely,

Jean K. Becker

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