

March 11, 2014

The following are excerpts taken from the AR School Employees Health Insurance Facebook page submitted by page's moderator, Shelley Smith. The quotes represent major themes being expressed by public school employees.

THEME: Customer Service Concerns

I was told at least 3 different times that my husband's medicine was covered (tier 2). I have the bronze plan so we have spent almost \$2000 just since January on this medicine, under the impression that once we met our deductible we would only have to pay 20%. I even called to verify that all this out of pocket expense was in fact going towards our deductible. *I was told "yes it is." I just learned yesterday that it is NOT COVERED.*

I finally had the nerve to call data path the other day. I was a little uneasy in the fact that *they didn't ask for any identification just school and name.* My balance is what I had taken out last month and it posted to my card the day after payday.

Has anyone tried to get through to EBD lately? I called last Wed was told it would be 3-5 days for someone to call me back. *Today was the 5th day and still no return call.* We are forced to have this insurance and they won't talk to their customers. Has anyone else had this problem or is it just me?

THEME: Lack of Confidence in EBD

So now our legislature is considering giving the EBD control of our health savings accounts, FICA savings, and cafeteria plans? *Have they not already proven themselves to be unfit by mishandling our insurance?* If you don't want to see this happen you better contact your legislator ASAP!

Within the minutes of the most recent EBD meeting, there are some frightening revelations. *It certainly appears that the EBD is prepared to absolutely destroy our healthcare benefit package and eliminate choice.* There is not one single solitary statement in the minutes that should act as a comfort to public school employees.

On 11-1 I called Health Advantage to see if I had met my deductible and co-insurance max (\$4000). They said "yes". This is documented. I went to two different doctors on 11-27. I was covered 100% as I should have been (this would make the second time I was told my Health Advantage I had reached my max out-of-pocket expense, once when I called on 11-1 and now this). I had another procedure on 12-23. This one was NOT covered 100%. I was told some of my prescriptions had been refilled and that dropped me below the \$4000 max. I received NO notification of this what so ever!!!! If I had known, I would not have had the procedure done on 12-23 because I can't afford it. When I asked the lady at the EBD if she thought that was fair, she said "absolutely NOT" but it was her supervisor's decision. I have left a message for him to call me but of course he has not!! *Be cautious when dealing with the EBD!!!!*

THEME: Prescription Benefit Issues

I'm so sorry to hear that EBD is keeping yet another person from their doctor's desired medical treatment. I have the gold plan as well. *Not only have I had to get off of my cymbalta and lyrice, but they have denied the chemotherapy my oncologist wants to administer for my cancer.* He's appealed to them directly with no avail. They will not pay for the drug that could save my life. I hope that none of their family members are ever in the situation they've placed us in.

Well, it begins! I'm on the gold plan. My doc prescribed humira. The specialty prescription pharmacy company called me & told me what my copay would be, how to administer & how often to administer self-injections. Next day, they call back. *Health Advantage, by EBD design, has denied the already approved [med] according to Allowable RX list prescription of humira...* Insurance made them send my RX to a Secondary Specialty Pharmacy & is refusing to pay for my meds that were approved at the other company. They want me to take a cancer medication, methatrexate instead. Problem is, the second med is more dangerous and a broader use drug, while the first med, humira, specifically treats my problem. *I'm diabetic & humira is safe for diabetics while the methatrexate is not safe for diabetics.* Humira is expensive do they don't care what the side effects will be for me. The insurance company just wants to give me a cheaper drug even though it will most likely cause me more health problems. Again, why are my doctors not being allowed to treat me appropriately?!