

Received	Job Position	Employee Type	Organization	Location	Category	Comments
9/10/2015	School Counselor	Active	DOE	Cab Calloway School of Arts	Benefit Package	I am an educator for the Red Clay Consolidated School District. The benefit package an integral incentive to keep and attract qualified passionate professionals who have chosen a career in education instead of corporate or health care fields that offer higher paying salaries and bonuses. The average educator also spends by choice 10-20 hours per week of additional time outside of the contracted school day planning lessons, grading papers, attending conferences, volunteering to sponsor clubs and responding to student/parent questions. That equates to 40-80 additional hours per month or 400 to 800 additional hours per school year. This doesn't include summer professional development opportunities that educators often pay out of pocket to further their education and advocate for their students. I understand that the benefit package is a huge cost to our state. What will be the indirect cost to the community by increasing the cost of living to educators? It is a question to ponder.....loss of qualified professionals, less time to spend afterschool to help students and families in need and sponsor clubs that keep students off the streets and give back to the community at the same time, decrease feedback on papers/projects, lessons that don't come alive, teacher burnout because they now have to pick up another job.....the list is endless. I feel that it is important to note that there is no paid leave for maternity offered by the state or school districts. The benefit package offered to educators seems like a small price to pay when compared to the loss of increasing the cost of benefits.
9/10/2015	School Counselor	Active	DOE	Cab Calloway School of Arts	Cost Saving Ideas	Suggestions for increasing revenue and cutting costs throughout the state instead of cutting the health care benefits to underpaid state employees: Could we look at cutting the costs of the State of Delaware testing program? Each student could take the tried and true ERBs or MAP test instead of the plethora or tests that take away valuable resources from the students and provide little additional information to parents/teachers. What would the savings be there? How about Legalizing Drugs? We would reduce crime, cut court and police cost, increase state revenue, and reduce the student dropout rate (students choose to be drug dealers for a living). We would even have more money to put towards programs that prevent drug use and hopefully reduce the overall cost that insurance companies pay for medical related drug issues. Advocating for the legalization of drugs does NOT mean advocating for the use of drugs. We could stop health coverage for smoking related illnesses....that is an individual choice that all members of the community pay for or at least raise the tax on cigarettes to cover that cost. There also needs to be a stronger push to promote weight loss and exercise as a way of controlling and preventing diseases and injury. Most physicians don't come right out and tell their patients if they lose weight they might not need to be going to physical therapy for their knee replacement or taking pain medication because their back hurts. We could consolidate school districts so that there are not multiple District offices throughout the state doing the same job. Lots of money saved there.
9/10/2015	Custodian	Active	DOE	Cape Henlopen School District	Benefit Package	As a custodian, we are constantly being exposed to many occupational hazards, chemicals, and contagious diseases and infections. There are a lot of items and situations that can put our health in jeopardy, which include housekeeping, mechanical repairs, labor helpers, warehouse duties. These are a small part of our everyday duties. Health care is important to us due to what we are exposed to on a daily basis. We need a good health plan to enable us to stay healthy and be able to do our jobs so that we can provide for our families and keep a safe environment for our schools.
9/13/2015	RN II	Active	DHSS	DE Hospital	Premiums	Please keep our health care premium costs at minimum. We need to keep our copay costs low. We are state employees. Please continue to provide us with good benefits. We value that as employees. Most of us work for the state for the excellent benefits.
9/14/2015	Smyrna Educators Association	Active	DOE	Smyrna District	Premiums	Hello. I am writing to ask that there is continued look into our health care premiums. While I am very thankful for our health care coverage by the state of Delaware, I cannot afford any additional increases to my premiums. It is a struggle as a professional to afford any more increases, especially since we are not getting any salary increases. Thanks for your time and consideration.
9/14/2015	Para	Active	DOE	NCC Votech	Co-Pays	I'm a para at nccvt. I do not make a lot of money as a para,Co-pay went up hurts the low man and women who don't make a lot. thay always go after the middl and low pay emp. No lets go after state emp. don't rase taxes.
9/14/2015	Education Specialist	Active	DOE	NCC Votech	Premiums	I believe we should all pay at least \$500 towards our plan. We enjoy a very generous plan and we should bare a small portion of the costs since it is basically taxpayer funded. I know I am in the minority, so I do hope my suggestion gets further than just this email. The more we demand to be totally taxpayer funded, the more scrutiny that will come to not only our health plan, but also our pension plan. The amount of \$500 is not too much to ask for the outstanding benefits we receive.
9/15/2015	Offenders Records	Active	DOC	Dover	Premiums	It is my understanding and most of my colleagues that employees that are married only have to pay \$25.00 each, per month, for their health care coverage. This is absurd. When you have single people, or single parents with children paying the high premiums. This is not right. When the bill goes up, so does our payment per month. The double share individuals still only pay the \$25.00. Our suggestion would be to have one spouse cover the entire bill and have their spouse as a rider on that policy. Or make them each have their own policies, but be responsible for the premiums just like a single person. When the premiums go up, they also have to pay the higher premium. This only seems fair.
9/21/2015	Accounting	Active	DOA	Dover	Comments	From the News Journal: "Administration officials say higher deductibles and co-pays are now necessary because of a surge in unexpected costs to the Delaware health plan." How could there have been a surge? Who was responsible for doing the forecasting? Why was this missed? What are the details of these costs? From the News Journal: "The state experienced higher-than-expected bills for specialty and compound drug claims, and high-cost medical claims." Is this related to the ACA? There should be a trend over time of a gradual increase in costs and/or use. What has spurred this? Who (demographics) is using the specialty and compound drugs that was not in the mix previously? What is considered a high-cost medical claim? Again, what is the causative factor in the spiking of use? Again, is this somehow connected to the ACA? Are there a larger number of people with existing conditions getting coverage and treatment that were not able to before? They deserve it but we should know if that and any other "new" factors might be causative to the "accelerated numbers." The presentation provided at <a href="http://ben.omb.delaware.gov/hptf/">http://ben.omb.delaware.gov/hptf/</a> for the September 9, 2015 meeting materials, State Employees Health Plan Task Force Presentation, was helpful. Page 5, Plan Overview needs to be broken out more. The pie graph breaks out percentages of total members; however, there should have been a chart for just state employees and retirees and a separate chart for non-state group members in addition to the total health plan member chart. Page 7, Plan Overview actually helps to answer one of my questions above – who is impacting the costs. Clearly, that group is the NM Retirees group. The Actives and MP Retirees seem to be in line with premiums to claims. However, as I mentioned above, there should have been two additional bar graphs here showing state only and non-state as well. Page 10, Historical Overview of GHIP Costs mentions the relatively stable levels in FY12 and FY13 and that there was an explosion in FY14. The argument then goes on in that page and other pages that there will be a continuing rise containing that kind of explosion. How do you know this was not a one-off? That is why it is helpful to understand just what and who contributed to this. It is not necessarily a continuing trend. What is a trend is that health care costs continue to rise in this country regardless of the ACA. This is where the fight really needs to take place – to put in controls – provider costs, medication costs, medical treatment costs, etc. Page 11, High Level Cost Increase Overview and page 18, Medical and Prescription Drug Trend speaks to this somewhat. Our Governor, state officials, and legislature needs to be engaged in this issue at a national level working with other states to leverage lobbying power on both Congress and the medical care and drug companies as a whole to push down costs. Page 19, Sizing the Problem shows the impact of this supposed Cadillac or Excise tax. As stated above, public officials need to be lobbying Congress to eliminate this portion of the ACA because it is counter-intuitive – health care costs rise and plans become unaffordable because these taxes will just be passed down to the consumer or the plans will be eliminated leaving the employees to fend for themselves in getting coverage from the health exchanges. Folks should be talking with Carper, Coons, and Carney right now about them working to introduce congressional legislation to fix this issue. Both pages 19 and 20 assume a continuing trend. The specifics of what transpired need to be fully understood to help inform better forecasting. No assumptions should be made that the blip in FY14 will continue; granted, they may. The News Journal as well as Ann Visalli have both indicated that the health plans provided to those who work for the State of Delaware or who have retired from service receive extremely generous health care plans at the expense of Delaware taxpayers. An important thing to remember is that all state workers are also Delaware taxpayers. So, we don't just get compensation from the tax and fee base, we also pay into it just like everyone else. Another thing to remember is that salary rates for public sector jobs are generally significantly less than those for private sector jobs when doing equivalent work. Traditionally one of the factors for those of us who choose and elect to serve in public sector jobs is to have a reasonable benefits package to help compensate for the lower pay. The Governor's original proposals included a mix of increased co-pays and significantly increased deductibles. When looking at the proposed co-pay increases, one could assess that they were reasonable if that is what it would take for employees/retirees to help shoulder some of the burden. However, the deductible increases are extremely problematic. Currently, if a one chooses to incur lower premiums, they can get a higher deductible plan. And if one chooses to have a lower/no deductible plan, one pays higher premiums. But the proposed deductibles and out-of-pocket maximums is where the most pain would be incurred. All of this is in addition to raising the rates of the plans during annual renewal. Lastly, the pain would be felt most strongly on our lower pay-grade employees earning from \$18,000 to \$25,000 a year. A family of 3-5 is in poverty at these annual incomes. See: ( <a href="https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1">https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1</a> ). The health plans to date are fair based upon what one can afford to select. The bigger problem is the overall cost of healthcare across the United States. I know what it is like to be self-insured with high premiums, high deductibles, high co-pays, and high out-of-pocket maximums having to have covered a family of four for several years. It is a huge burden when 25% or more of your compensation goes to paying for health care costs.

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9/21/2015	Accounting	Active	DOA	Dover	Comments	<p>(cont'd) Prior to my self-insured years when I was in business for myself, I worked for private sector companies. Health care premiums and coverage were very reasonable and like with the State employees one could select from a menu of plans depending upon one's particular financial situation. Regarding salaries – today, I am earning less in 2015 working for the State than I did back in 2002 when I last worked for a private sector company that I was laid off from due to a merger and acquisition. I do similar work today as I did then. That should be illustrative of the situation – public sector salaries being less than private sector salaries. Further, there has been barely any movement upward across the board during the Markell Administration. When you work for the State, there is no real merit increase opportunity. With the trajectory that the Governor's original plan was on, my prediction was that health care claims would actually rise over time. Why? With major increases in deductibles, employees and retirees would delay and defer visits to health care providers and would cut down on purchase of medications – because of the increased costs. These actions in turn would lead to an increase in more severe health issues that could have been curtailed and/or eliminated with preventative care. Page 9, GHIP Active and Non Medicare Plans Comparison., is a bit troubling in that the sample Gold and Platinum plans are not specific to the Delaware market place – an apples to apples comparison is necessary; otherwise, it is apples to oranges and not a true assessment. There is already a menu of options that employees can choose from. Higher deductibles in exchange for lower premiums or lower to no deductibles for higher premiums. That is what was available to me years ago when in the private sector with. Perhaps some of that has changed since 2004. Generally, the higher premium one paid the more generous the plan. I think we have to question what is behind the News Journal quote of "average private-sector family deductibles in Delaware rose to \$2,340 in 2013." In all honesty, that is bad news. What is driving that increase? That is a further erosion of our health care system. I'm sure this did not adjust for salary differences between private and public sectors.</p> <p>Many employees/retirees could weather some adjustments in the form of reasonable increased co-pays. But the complete solution proposed by the administration was questionable as far their not coming up with the most common sense oriented and fair solution to everyone. Employees/retirees were being asked to shoulder the whole burden. Some of us are better equipped to handle the increases while others simply are not. When coming up with a solution, the administration should also factor in paygrades for active employees and what level one retired at for retirees. The higher the pay grade, the higher the cost share whether in the form of a higher deductible or higher premium. Why does the State self-insure its health care plans for employees and retirees? What kind of coverage could be provided if Aetna or Highmark not only administered the plans but also provided the insurance coverage like is done for private sector organizations?</p> <p>Pages 21 and 22, Areas to Address the Deficit thoughtfully presented many areas to look at when doing this assessment – it is a thorough list. Regarding participation in wellness programs – at one point in the not too distant past there was a huge push to participate in Delawell which was disbanded. I did not participate in some of the features due to privacy issues. I did the Governor's 5K walk/run last year but he did not sponsor it this year – why not? I think that a wellness program replacement should be if one is under regular preventative treatment by a primary physician, which I am and I see him twice a year for preventative care and for maintenance care. This type of relationship should be considered as a credit/wellness program replacement. Here is something to consider while contemplating wellness activity surcharges: <a href="http://www.digitalinsurance.com/en/benefitsawork/oc/play-or-pay-wellness-programs-arent-too-popular">http://www.digitalinsurance.com/en/benefitsawork/oc/play-or-pay-wellness-programs-arent-too-popular</a></p> <p>I know that I take my maintenance medication, eat well, exercise, and do what I can to be well and stay well. However, I can't run due to knee and back injuries. So, I walk and ride the bike. The point is that it may be more of a challenge for some folks to be able to do all of the requirements to avoid surcharges due to their particular situation and it would not be fair to apply the same standards to all people. When considering Centers of Excellence, reference this document from New York: <a href="http://www.nyhealthcarecommission.org/docs/quality.pdf">http://www.nyhealthcarecommission.org/docs/quality.pdf</a>. At the end of the day, I still think part of the bigger story is health care costs in the United States continue to grow beyond what many people can afford. The ACA was flawed but at least it was an attempt to move the US as a developed country closer to some of our peers on the world stage. To me – fair, affordable, and great health care should be available to all citizens in an advanced and wealthy country such as the US.</p>
9/22/2015	Chiropractor	Vendor	DCSN	Newark	Chiropractic Benefit	DE Chiropractic Services Network (DCSN) - Provided the handout(s) received at the Carvel Bldg Public Testimony Meeting; this was already recorded & provided to Task Force Committee on 9/29/2015.
9/22/2015	Employee	Active	DOC	Smyrna	Healthcare Increases	Why is it that every time whether it be state workers or others get what little pay raise we get that your bureaucrat's stick their hand out and rob us of our money ? Why don't you cap off your higher echelon of their pay who our probably profiting from us who struggle to make a living VOTE NO ! Leave medical alone.
9/27/2015	Teacher	Active	DOE	Capital	Healthcare Increases	As a teacher and parent I appreciate my health benefits. It makes my low salary tolerable as well as the constant lack of increases in our pay. I love my career and the children I work with but I also have a family to care for. I fall in the low income brackets guided by the state of Delaware for my child to receive free lunch and other state benefits; however I am a state employee so I don't qualify and now you want to take more money from my family the one area I can rely on from my job is good medical coverage for my family and changing the plan or more increases simply hurts the families who are trying to help the out come of our future. We want to in courage people to teach not push them away due to lack of concern for there human and family welfare.
10/2/2015	Clinic Manager	Active	DHSS	Georgetown - Adams SSC	Premiums	Does the HMO plan really save money? It causes extra visits to the PCP office that cost money and sometimes extra tests prior to the employee seeing the specialist that is necessary. There are many things that a PCP doesn't not know anything about, and any PCP that says they can manage anything is one to look out for! I believe most state employees are capable of managing their own healthcare. What about a cash incentive plan where they could cash in part of their unused sick time for the year, or if they completed all of their preventive screenings. Some places give the employee "X" amount of dollars to spend on healthcare, they get what they choose and they get to cash out whatever is left. I think the other challenge is to ensure that employees get the health care and health care insurance that they really need. It does a person no good if they can't ever afford to pay a high deductible in order to be able to use their insurance benefits. Maybe offering healthcare insurance counseling to employees prior to open enrollment so they have someone who can evaluate their situation and help them to choose the best plan for them/their family. One last thing- I don't know how we are supposed to pay increased healthcare costs when we are not even getting minimal annual increases. It costs us more to live too.
10/2/2015	Clinic Manager	Active	DHSS	Georgetown - Adams SSC	State Share	One way to reduce expenses is to eliminate the perk where the state picks up the full cost of insurance for a couple if they both work for the state.
10/6/2015	Teacher	Active	DOE	Appoquinimink School District	Step Increases	I am one of the more than 30,000 state employees whose healthcare benefits were targeted last year for budget cuts by the SEBC. I am also a single mother of 4 children writing to ask that you consider my individual situation and that of other state employees who may also have the same situation as I. Any changes to the healthcare fund should not be made on the backs of state employees, many of whom cannot afford reductions in benefits or increases in premiums and deductibles. Last year's proposed changes would have cost me at least several hundred dollars- before my healthcare benefits would have even kicked in. As a dedicated teacher who works countless hours outside of my contractual duty, without expectation of additional pay, I am also very concerned about the possibility of the elimination of step increases. The elimination of step increases and increases in healthcare costs will create a burden which will cause me to seek state assistance in order to care for my children. The annual step increase helps pay for my education loans as well as living expenses for my family. Thank you for taking my concerns into consideration, and please do not change my healthcare benefits without finding real solutions to the Health Fund Budget or eliminate my step increase.
10/6/2015	Teacher	Active	DOE	Appoquinimink School District	Step Increases	I am one of the more than 30,000 state employees whose healthcare benefits were targeted last year for budget cuts by the SEBC. Any changes to the healthcare fund should not be made on the backs of state employees, many of whom cannot afford reductions in benefits or increases in premiums and deductibles. Last year's proposed changes would have cost me at least several hundred dollars- before my healthcare benefits would have even kicked in. I am also very concerned that if the state decides to take away public educators' step increases, as was also proposed last year, in addition to changes in my healthcare benefits, I will bear the burden of these cuts twice as much. Thank you for taking my concerns into consideration, and please do not change my healthcare benefits without finding real solutions to the Health Fund Budget.
10/6/2015	Teacher	Active	DOE	Appoquinimink School District	Step Increases	I am one of the more than 30,000 state employees whose healthcare benefits were targeted last year for budget cuts by the SEBC. I strongly believe that any changes to the healthcare fund should not be made on the backs of state employees, many of whom cannot afford reductions in benefits or increases in premiums and deductibles. Last year's proposed changes would have cost me at least several hundred dollars- before my healthcare benefits would have even kicked in. I am also very concerned that if the state decides to take away public educators' step increases, as was also proposed last year, in addition to changes in my healthcare benefits, I will bear the burden of these cuts twice as much. In my household that would be doubled because both my husband and I are teachers in Delaware. Thank you for taking my concerns into consideration, and please do not change my healthcare benefits without finding real solutions to the Health Fund Budget.

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10/6/2015	Teacher	Active	DOE	Appoquinimink School District	Step Increases	I am one of the more than 30,000 state employees whose healthcare benefits were targeted last year for budget cuts by the SEBC. Any changes to the healthcare fund should not be made on the backs of state employees, many of whom cannot afford reductions in benefits or increases in premiums and deductibles. Last year's proposed changes would have cost me at least several hundred dollars- before my healthcare benefits would have even kicked in. I would like to take a minute to tell you a little bit about myself and how this proposed change could negatively affect my family: I am a Special Education teacher at Louis L. Redding middle school in Appoquinimink School District. I am also actively involved in the community here in Middletown, as it is the place in which my wife and I have chosen to raise our growing family. My wife is a stay-at-home mom raising our 2-year old daughter, and we are expecting our 2nd child next February. Right now, in my 4th year teaching and with a BA +15 credit, I am taking home just under \$1300 a paycheck. So soon, we will be facing a budget of \$2600 a month for a family of four. I have seen how moving from one district to another has cost me \$20 a paycheck due to how much each district covers for healthcare expenses. Even \$40 a month makes a huge difference for my family right now. I CAN NOT afford to lose ANY of my salary at this time. Please do not change my healthcare benefits without finding real solutions to the Health Fund Budget. Thank you for taking the time to read this and taking my concerns into consideration.
10/18/2015	Spouse	Retired	Retire	Pensioner	Highmark	First, thank you for even reading this. I understand health care costs are very difficult to control and, as the wife of a state pensioner, I am not against reasonable increases. I am very grateful for the coverage and the low cost to us. However, very high deductibles, (over \$2000) I believe, are counter productive because people just put off healthcare and thereby miss early detection and increase the risk of more costly treatments. I read a Wall Street Journal article in September which reported that HighMark has lost over 350 million dollars this year and continues to lose a million dollars a day. This is mostly due to pursuing ACA business, which is spectacularly costly and unprofitable. Also, my understanding is that the federal govt has not reimbursed insurers for any ACA subsidies. My concern is that Highmark, as one of Delaware Employees largest providers, will attempt to pass on those costs to groups that are lucrative for them, such as the State of DE business. I would just like to be reassured that State Planners are aware of these problems and planning accordingly. We do not mind increased costs to us due to State budget requirements or rising healthcare costs, but we certainly do not want them because of poor business decisions by Highmark.
10/29/2015	Guardianship Advocacy Director	Active	Public Guardian	Wilmington	Cost Saving Ideas	I have compiled some suggestions that could assist the State of Delaware in addressing employee health care costs. Most of these suggestions were taken from the following article: <a href="http://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx">http://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx</a> <ul style="list-style-type: none"> <li>Elected state legislators should not be offered health care benefits or should be offered benefits "optional at legislator's expense". Legislative aides should continue to be offered benefits.</li> <li>Consider creating state ran on-site health clinics and allow state employees and their families to receive care expense free. "Some respondents reported decreased costs as a result of dependent-care audits and on-site clinics. Corpus Christi, Texas, for example, has saved \$1.84 million in health-care costs by starting an on-site clinic for its 3,000 employees and running an eligibility audit on all dependents covered by city health insurance plans, which helped to remove ineligible participants."</li> <li>Begin or increase dependent-care audits.</li> <li>Consider offering a small incentive to employees who "opt out" of state medical benefits. For those employees who go under their spouses medical plans, the state should offer them a small incentive like they do to participants in the DelaWell Program.</li> <li>Request/Participate in the CHIP program for state employees who qualify. 'In response to States' repeated requests for Federal support in this area, Congress added the new option for States in the Affordable Care Act. Specifically, section 10203(b)(2)(D) of the Affordable Care Act amends the definition of a targeted low-income child in section 2110(b)(2)(B) of the Act by permitting States to extend CHIP eligibility to children of State employees who are otherwise eligible under the State child health plan to the extent that one of two conditions is met. These conditions are described in a new section 2110(b)(6) (added by the Affordable Care Act and amended by Public Law 111-309) of the Act and will be referred to as the maintenance of agency contribution condition and the hardship condition. States now have the opportunity to receive Federal funding to provide CHIP coverage to children of State employees when either of these conditions is met.' The ACA authorizes the inclusion of the children of state government employees under two conditions: (1) the state has maintained its contribution levels for coverage for employees with dependent coverage, looking back to 1997); OR (2) the state can demonstrate that the state employee's health benefit program's out-of-pocket costs pose a financial hardship for families (premiums and cost-sharing would exceed 5% of family income). Alabama, Georgia, Kentucky, Montana, Pennsylvania and Texas (as of 1/25/2012) have cleared the federal regulatory requirements, usually a state plan amendment, needed to make the federal benefit available to state government workers and their families. All states that applied have been approved so far. According to an analysis by Stateline, (December, 2011) the number of states using this feature seems low "despite the fact that the provision has the potential to save states millions in employee benefits, lower the number of uninsured children, and improve the household income of thousands of low-wage state workers."</li> <li>Implement a smokers surcharge to those employees who smoke. "Georgia initiated a smoker surcharge. Beginning July 2005, more than 54,000 people covered by the insurance plan for state employees are paying an extra \$40 per month because they smoke or use tobacco. For 2013, an additional \$80 will be added to the monthly premium if you or your covered dependents use Tobacco products."</li> <li>Consider adopting a value based insurance design like Oregon. "Oregon's Experience With Value-Based Insurance Design: In 2010 two Oregon public employee benefit boards adopted a value-based insurance design system that is showing results, writes Joan Kapowich, who administers Oregon's Public Employees' Benefit Board and Educators Benefit Board. This article presents lessons learned from offering value-based tier benefit plans for 128,000 state and university employees and dependents and 155,000 public education employees and dependents. The plans increased copayments for overused or preference-sensitive services of low relative value and they covered preventive and high-value services at low or no cost. Kapowich says one lesson is that many purchasers will choose the path of least resistance and increase traditional cost sharing, rather than add copay disincentives to their value-based benefit programs, to avoid employee pushback. Source: Health Affairs November 2010."</li> <li>Consider implementing a tier system for the premiums that employees pay based upon their salaries. It does not make any sense that an employee making \$25,000 a year pays the same amount for their health care premiums as those state employees who make more than \$100,000.00.</li> </ul>
11/14/2015	Maintenance	Active	DHSS	New Castle	Rates & Costs	I would hope that we can somehow keep the rates low for the core employees of the state. There are more paygrade 7 than any other paygrade group making \$25,663.00 per year. That is less 5% for pension for those hired after January 2012, and then Union dues, and then taxes, and then health benefits. It would seem to me that we could somehow give these front line employees a break somewhere, they are in the Federal Poverty Guidelines. I feel that there should be a system of payment that goes up as an employees pay goes up, somehow it just does not feel right that someone making \$300,000.00 per year pays the same as someone making \$18,049 per year. There were also promises that were made to our retired employees that are on fixed incomes, I know there are some that have made out like fat rats but at the same time there are a lot more that are not making that much and feel as the system is failing them. Thanks for your time and have justice in your decisions on these important matters.
11/24/2015	Executive Assistant	Active	DOJ	Wilmington	Flex Time for Health	Hello, Jessica Eisenbrey forwarded a nice email to me to let me know you received my suggestion of 3 hrs flex time per week for state employees so we may workout or use this flex time towards healthy living. I am really hopeful this will be seriously considered as I've talked to many coworkers who really expressed interest in it. A lot of colleagues like to run, take a class, bike ride or yoga. We don't have showers so doing this at lunchtime isn't an option for us. I've given this a lot of thought, and I am probably one of 70% of the women I know who walk at lunch time during the week, and an extended lunch hour doesn't help us do anything other than walk longer. I know many like to take spinning classes, belong to YMCA's, do yoga, ride bikes or run – we all have individual ways to stay healthy. This would be a great way for the Governor to say – go do your thing to keep your health in tack and still tend to your family life after work. I hope this will be considered at least for a year or so to see how it goes. I know it would really help improve our health, boost moral, and compensate somewhat for not receiving raises.
11/30/2015	Accounting	Active	DOA	Dover	Comments	Submitted a 5 page document with comments
11/30/2015	RN III	Active	DHSS	Chapman Rd, Newark	FSA	You've upped our charges but how about raising our Flex plan to \$5000. We have to spend more and yet that did not change. 2550 is not very much with the increase in charges. We state workers have had no raise for merit or cost of living in around 10 yrs. Yet our plan has increased. State legislatures received raises but how about constituents that work in the system? Don't we deserve a substantial raise too? There's very little incentive to improve health since Del-a-well has changed to our insurance companies. It's totally impersonal in all domains.
12/1/2015	Social Svs Administrator	Active	DHSS	Jesse Cooper Bldg, Dover	Insureds Pool Size	Instead of shrinking the group size by limiting enrollment to full-time permanent employees, has any thought been given to GREATLY expanding the size of the group by offering coverage to a greater number of state employees? The larger the group size, the greater potential to negotiate lower premiums. The workers who are currently excluded may tend toward younger, less skilled but healthier (from an underwriting standpoint), which might offer the opportunity to change the complexion of the group. Costs to add to the eligible enrollment pool could be recouped by adjustments to the salary plans (to reflect the shift from paid dollars of salary to paid benefit dollars).

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12/2/2015		Active	DOE	Old State Elementary School	Budget Cuts & Step Increases	<p>I am one of the more than 30,000 state employees whose healthcare benefits were targeted last year for budget cuts by the SEBC. Any changes to the healthcare fund should not be made on the backs of state employees, many of whom cannot afford reductions in benefits or increases in premiums and deductibles. Last year's proposed changes would have cost me at least several hundred dollars- before my healthcare benefits would have even kicked in.</p> <p>I am also very concerned that if the state decides to take away public educators' step increases, as was also proposed last year, in addition to changes in my healthcare benefits, I will bear the burden of these cuts twice as much.</p> <p>If cuts would be made (especially step increases and health cuts) I would have to make cuts to free programs that I offer to children at least once a week after school and supplies that I buy out of my own pocket to ensure student success. Cuts will affect children in the state of Delaware and will have ripple effects for years to come.</p> <p>Thank you for taking my concerns into consideration, and please do not change my healthcare benefits without finding real solutions to the Health Fund Budget.</p>
12/3/2015	Director, HR	Active	DSHA	Dover	Cost Saving Ideas	<p>Preferences:</p> <ul style="list-style-type: none"> <li>• Eliminate the PPO &amp; Basic options, but offer both HMO &amp; CDHP or HMO &amp; Basic</li> <li>• Definitely would not prefer CDHP options only</li> <li>• Support increasing the dependent coverage employee contribution amounts/percentages</li> <li>• Support eliminating the Double State Share option if it would make a sufficient impact on revenue</li> <li>• Regarding retirees that have not reached age 65, I do not support sending them to the Exchange. Eliminating the PPO option may help reduce the cost. They would then be limited to HMO &amp; ... Also, increasing the cost for dependent care may also bring in more funds.</li> <li>• The union spokesperson made a couple of good points – even though the presentation was inappropriate             <ol style="list-style-type: none"> <li>1. seeking doctors notes for every absence is costly to our insurance plans and</li> <li>2. the insurance companies turning down less costly options other than surgery results in increased claims.</li> </ol> </li> </ul> <p>Perhaps seeking doctors notes frequency should be addressed at the HR Roundtable with the senior HR staff who could then get the message down to other HR staff and supervisors. Could a form be created for State employees to bring back from doctor's offices that has the key info needed to excuse a person from work? i.e. Date, Physicians office info, Patient Name, Unable to Work or Limitations section, signature We'd have to be careful because doctors charge to complete forms now as well. However, if it was a statewide required form, the physicians would get used to the required form.</p> <p>Thanks for taking the time to read and consider my input.</p>
12/5/2015	Chiropractor	Vendor	DCSN	Newark	Chiropractic Benefit	<p>Asked to correct his credentials</p> <p>Dr. Scott E. Rosenthal          Delaware Chiropractic Services network          Rosenthal Chiropractic          507 South Maryland Avenue          Wilmington, DE 19804          RosenthalChiropractic.com          302-999-0633 (office)          302-373-6539 (cell)          610-925-5536 (home)</p>
12/10/2015	Asst Director	Active	Office of Unclaimed Property	Wilmington	Committee Members	<p>It would be helpful to have the Task Force's email addresses listed instead of just their name and title.</p>

Received	Job Position	Employee Type	Organization	Location	Category	Comments
12/14/2015	Employment Services Supervisor	Active	DOL	Georgetown	Cost Saving Ideas	<p>Here are some suggestions that may help with containing health care costs by improving employee health. If this is not the right email to use to provide suggestions, please let me know where to send my suggestions.</p> <ol style="list-style-type: none"> <li>1. Offer incentive to use State Parks for walking and biking trails which would lead to better health. Perhaps ½ price park passes for state employees. We have wonderful State Parks in Delaware with a great deal of opportunities for activities that improve health. I have been using Killens Pond and Cape Henlopen trails (gorgeous places) and think this may be one of the best kept secrets.</li> <li>2. Change massage therapy to a covered service for back and neck problems and other relevant conditions. Many back issues are soft tissue, ligament, muscle problems. Physical therapy and chiropractic are an excellent option, but massage therapy combined with either of those options should or may improve outcomes.</li> <li>3. Partner with community organizations or private businesses that have indoor pools to increase availability of water therapy which is also an excellent choice for physical therapy for back conditions. Right now, the availability for water therapy is generally during the daytime work hours of many employees. Losing time for sick leave to attend therapy or concern of employee for using additional leave time, may reduce how much the employee utilizes this type of therapy. I know that personally it was difficult for me to participate in water therapy even though it was one of the most effective tools I had for pain relief. Having to leave work in the middle of the day, go to therapy, change, come back, made it very time intensive.</li> <li>4. Partner with local business to offer discounts to employees for purchase of health related equipment such as bikes (indoor or outdoor), treadmills, etc. which may provide additional incentive for employee to engage in healthier lifestyle. Offer partial rebate to employees who purchase a device that tracks steps and activity reminder Example: pedometer (\$20 or less), Jawbone or Fitbit type device (basic devices are not terribly expensive). Rebate could be based on some type of proof that the item is being used by employee. (Not sure how that would work. My Jawbone Up2 gives me updates all day long and vibrates to remind me to move and gives me daily charts of my activity. I just don't know how I would share that with someone else to prove my activity.)</li> <li>5. Provide better work environment that encourages movement instead of sitting at a desk all day long. From what I have seen, this is one of the biggest health risks many state employees face. Prolonged sitting can lead to lack of muscle tone, increased weight gain, more back problems, etc. Allow employees to take a 10 or 15 minute walk break, twice a day, or whatever is considered reasonable. Encourage walking teams within offices and friendly competition with small incentive/prize.</li> <li>6. Pilot the use of work stations that allow for standing, slow walking, and sitting combined to see if there is an increase in the health of the employee. Measure the positive outcome of better health against the cost.</li> <li>7. Become aggressive in improved air-quality of state office buildings. Many buildings have suffered water damage, had mold problems, limited air filtration. These building conditions can have a negative impact on asthma, respiratory health, and general health during times of viral or flu outbreaks.</li> <li>8. Offer state employee training through Integrative Health workshops such as meditation for stress management, laughter therapy, etc. Beebe Hospital has an excellent integrative health department and they may be able to provide such workshops, or perhaps our EAP partners could.</li> </ol>
12/14/2015	Business Development Leader	Active	DEDO	Wilmington	Infertility Medication	<p>To Whom it may concern:</p> <p>Many women are feeling pressures from the work place to work longer into their careers before starting a family. The current situation puts undue pressure on the female in the work place and offering proper infertility coverage for women is the right thing to do. Locally, Barclays offers full infertility benefits and the state of Maryland has actually legislated that it be covered (it is not in ObamaCare). While it is nice to have some coverage from the state, the coverage for both the pharmaceuticals and the procedures, is minimal at best.</p> <p>Our current coverage for infertility medication works out to a minimal discount and the net effect is around a 15% savings and not a 75% savings.</p> <p>Let me give you an example:          Currently, if you use our prescription drug coverage to purchase infertility drugs, the plan covers 75% of the full retail cost up to \$15,000. The catch is that if I were to purchase the drugs without a prescription, the drugs are consistently discounted 50%-80%. This reality means that the \$15,000 that the state covers, only covers about \$7,500 worth of the drugs. In one instance, there was only a \$10 difference between the coverage and not covered price on a multi-hundred dollar drug.</p> <p>Possible solutions:          1. Give up to \$10,000 in reimbursement for fertility drugs, but let us find our own pricing and submit receipts directly to the state, since we are self-insured. (The state saves \$5,000 and the patient would receive another \$5,000 - \$10,000 in coverage)          2. Minimally, let it count against the employees Max Out Of Pocket limit.          3. Keep the \$15,000 max coverage but only require a minimal copay. This will allow for max saving from the patient, but with the same cost to the state.          4. Copy the state of Maryland's program.</p> <p>Our current infertility coverage is 75% up to \$10,000. This works out to one IVF treatment with an out of pocket cost of \$3,400 to the patient. This works out to approximately 50% saving to non-insured pricing. Many times these treatments have to be stopped in the first month to try again a following month. This process quickly maxes out the savings.</p> <p>Possible solutions:          1. Allow us to negotiate our own terms and then submit the receipts directly to the state (Since we are self-insured and the insurers only do administrative duties.)          2. Allow it to count against the employee's Max Out Of Pocket limit.          3. Keep the \$10,000 coverage but only charge the copay for the office visits (this allows max saving for the patient at no extra cost to the state.)          4. Copy the state of Maryland's program.</p>
12/15/2015	Information Resource Specialist II	Active	DE Public Archives	Dover	Final Report	Please provide the final report that has been submitted to the Governor and General Assembly