#10-1627

This document was emailed to each councilmember on October 9, 2012

Dear Councilmember,

As a member of the City Family, I urge you to keep UCLA and Cedar's doctors in our health benefit plans, both the HMO and PPO. I was hoping to testify before the Council in person but I found out that there were changes in my EKG reading that require a medical test this week that is only offered on Wednesdays. As you can imagine, I am anxious not only about the results, but about what my health plan will be were a problem to be discovered. My family and I have received our medical care from doctors from UCLA through the Anthem HMO since I started work with the City over 10 years ago. I have multiple and complex medical conditions and depend on about nine UCLA doctors to keep me going so that I can keep my revenue generating work unit going. I am very disturbed by the potential impact on my health that will result from changes in the FLEX plan. I am also concerned that complete information needed to make an informed decision on which plan to choose will not be available until after the FLEX sign-up period.

I don't understand why a small group of employees is essentially being asked to sacrifice our established medical care and/or take on an extra financial burden in order to attain continuity of our care. What happened to shared sacrifice? So far I have not identified a primary doctor and associated specialists within the Anthem HMO Select offerings that will work for my situation. I was told by the Anthem representative than any transition care program would end after 6 months. In addition, in searching the Anthem web site, speaking on the phone with a representative, and then speaking with one in person, I get inconsistent information. The representative did agree that although the benefits of the Anthem HMO currently being offered have remained unchanged, the service will not be the same.

In order to remain under the of care of my current doctors, assuming you vote to reinstate UCLA and Cedars doctors into the PPO plan, I will need to sign up for the PPO for six months and then, depending on the price, switch to the new HMO being offered in July. I will incur monthly charges and pay more for medical care. If I or a member of my family needs serious medical care within the six months, we could easily pay all of the deductible during that time. I was told by the director of benefits for the City that the price for HMO being recommended for a start in July will not be known until at least the end of December. I would prefer not to sign up for the PPO for 6 months to keep my health care and start paying deductibles only to find out that the PPO and new HMO plans are too expensive and that I will need to move to Kaiser. However, I would like to remain with my medical team so signing up for the PPO and hoping the HMO is affordable is the choice I will need to make.

Although the City does have a deficit and needs to consider how to free revenue, I cannot believe that this is the best choice of a way to obtain funds. All City employees could be affected by the loss from our network of doctors at these world class research centers, but only some employees will carry the financial burden. I do not know if it is possible, but I would hope there is a way to maintain services of the current plan for those employees who choose it because they cannot get the care they need otherwise

Thank you for your understanding and consideration.

Sincerely,
M. Susan Whisnant
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