

Benefits Feedback

Date	Employee Group	Carrier	Notes/Summary
3/23	EEA	GHC	Positive feedback of comprehensive coverage, easy paperwork and seamless communication between providers with multiple and significant use of benefits
3/23	EEA	UHC	- Hidden costs on Lab and X-Ray - Denial of nose x-ray because UHC stated not necessary due to nothing could be done to treat - Prescription- Dr. prescribed medication, arrived at pharmacy to pick up, UHC denied, contacted Dr. to send in new prescription and ask to push UHC to honor prescription. Two week later received approval. - Wrong information provided by UHC Reps - Chiropractic office calls to verify coverage for x-rays. Told 100%, After x-ray, UHC refuses to pay. Employee spends 30 minutes on hold while listen to "random solicitations for random services. (i.e. dining.com, vacation, etc.) - Representative couldn't provide information on coverage and could track questions. Rep offered to call doctor's office and never did. Employee paid for x-ray - Copay- if you have secondary co-insurance and their co-pay is higher UHC charges higher co-pay - Not all things count toward deductible - Co-pays don't count toward deductible
3/24	EEA	UHC	Do not cover 3-D mammogram imagining. Asked question of UHC and told "it is not scientifically proven to be any better than the imaging they have now, or ultrasound imaging." Prompted if asked if called back for a problem, would it be covered? Response- No same reason.
3/24	EEA	UHC	- No UHC doctors currently accepting new adult ADD patients - Follow up email 10 minutes later that found some on UHC site; previously was using recommended list from former doctor
3/25	EEA	UHC	- Denial echocardiogram and stress test due to miscommunication between Everett Clinic and UHC. Member had to pay cots and appeal. Won the appeal. No previous experience having to pay bill due to misunderstanding between insurance and doctors - Prescriptions- Hx of ongoing medication being switched from brand to generic despite generic having more severe side effects. Two months ago switched to generic and resulted in medical issue
3/25	EEA	UHC	Tx Denial- Hx of 30 years of illness that an approved treatment is Botox. Covered by multiple previous carriers; denied by UHC. Current appeal in process
3/25	EEA	Vision	Difficult to find forms for reimbursement and lack of response
3/25	EEA	UHC	- Poor customer service - Lack of service providers who accept UHC due to delays in payment and/or lower payment rates. Some providers state they take limited UHC patients but not accepting new patients - Prescriptions require additional steps to be approved
3/25	EEA	UHC	- Denial of full coverage for counseling - Provider reports UHC bill her in unequal increments

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			• Payments are not covered equitably, accurately or in timely fashion • Customer service line not supportive, calls dropped and long wait time
3/25	EEA (on leave)	UHC	• United Health is AMAZING. On leave due to cancer treatments and complications from first cancer treatments. Paid for 40 hyperbaric tx, all surgeries and other treatments and prescriptions.
3/26	EEA	UHC/GHC	• Request bring back Premera Blue Cross/Blue Shield. Frustrated by the “corporate feel” of both UHC and GHC. • GHC concern- Switched to UHC because of care/concern over back pain. Found treatment outside of GHC network instantly created treatment plan. GHC provider emailed/called occasionally but was unsympathetic and uncaring and only recommendation was to prescribe ice and pain killers and to wait • UHC Concern- Robo calls asking to speak clearly. • Concern about increase in benefit costs and copay while decline in benefits.
3/27	EEA	UHC	• Billing process errors; reimbursed at different amount for different services. • Provider dropping UHC as a provider
3/28	EEA	UHC	• Billing Concerns, Meeting out of pocket expenses in Nov. according to online portal. UHC Reps on phone stated maximum out of pocket not met. Billed form \$142.86 additional. Reports 30 hours of phone calls and emails to recover all but \$24. No explanation to account for expenses.
3/29	EEA	UHC	• Paperwork requirements for coverage ○ 4 pages of documentation for PT for approval 8 sessions; must fill out again for more ○ Not able to access as a preferred provider Regional Hemophilia Clinic ○ Customer service. Received calls from unknown number no message so didn’t answer. Received a form to fill out that someone else was responsible for injury. “If he didn’t fill out the form, sign and send back within 20 days then all coverage denied.”
3/29	EEA	UHC	• Unflattering media coverage • Chiropractic coverage with Primers 12 per year. Contact by 3rd party asking for return call without identification. Received letter saying call ASAP or claim denial. Concerned about sharing information with a third party
3/29	EEA	Navia	• Wants to add the transportation benefit option. (Not a trust decision; referred to Randi Seaberg)
3/30	EEA	UHC	• Maxed out of pocket expenses but have to “fight” to pay required amounts • Prescription refusal because “expensive”. Required to use alternative drugs which have been tried. • Payment/Claims process difficult to understand. • Flex Plan denying claims for out of pocket expenses because can’t substantiate claim with UHC.
4/2	EEA	UHC	• Limited preferred providers/specialists not on the list • Staff having to stop treatment because not covered by UHC • Medical supplies not covered
4/8	EEA 2 members	UHC	• Very happy with plan and know many others who are happy as well