

Thank you for allowing me to comment on this issue. My name is Joe Rose. I am a District retiree and recently completed a five year term as the designated trustee representing retirees on the District's Retirement Board. I currently volunteer with the Illinois Department on Aging as a Medicare counselor helping seniors with Medicare issues and problems.

I offer the following five comments regarding the adoption of a Medicare Advantage plan.

First, District retirees who are enrolled in Medicare have been able to see any doctor, hospital or medical provider who accepts payment from Medicare under the current BCBS plan. To ensure retirees can continue to see their current providers, any District approved Medicare Advantage plan should have an extensive network of providers to minimize the possibility that retirees' current providers are not part of the network.

Second, the District's current retiree health policy allows retirees who have dropped their health coverage to re-enroll only once. If the District approves a Medicare Advantage plan, the District should consider an exception to this policy so retirees who have re-enrolled once and subsequently left the District's plan can enroll in the new plan during the initial open enrollment to take advantage of the significant, projected cost savings.

Third, as an additional way to reduce retiree health costs, the District should consider paying a subsidy to retirees who elect not to enroll in the District's retiree health plan. The subsidy could be based on a percentage of the District's health care contribution rate so that the District would save money on retirees who opted out of the District's coverage. The subsidy could be in the form of a retroactive reimbursement paid to retirees once a year.

Fourth, Medicare Advantage plans can offer additional dental, vision and hearing benefits that are not covered by Original Medicare A & B. The District should consider including these additional benefits in any Medicare Advantage plan that is subsequently approved with the cost of these benefits borne by both the District and the retirees.

Finally, the Board transmittal letter recommending a retiree Medicare Advantage plan identified the District participants that were included in the strategy discussion with Deloitte Consulting. Per the letter, the participants did not include any District retirees who will be directly impacted if a Medicare Advantage plan is approved. It seems reasonable that a selection of retirees should be included in any further discussions on this subject to obtain their input and experience on such an important health issue.

Again, thank you for allowing my comments to become part of the study session and I welcome any questions.

Joe Rose

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