

RISEDELAWARE INC., <i>et al.</i> ,	:	
	:	
Plaintiffs,	:	
	:	
v.	:	C.A. No. N22C-09-526-CLS
	:	
SECRETARY CLAIRE DEMATTEIS in	:	
her official capacity as Secretary of the	:	
Delaware Department of Human	:	
Resources and Co-Chair of the State	:	
Employee Benefits Committee, <i>et al.</i> ,	:	
	:	
Defendants.	:	

AFFIDAVIT OF ANREA MACDONALD

STATE OF DELAWARE)

COUNTY OF SUSSEX)

I, AnRea MacDonald, hereby depose and state as follows:

1. My name is AnRea MacDonald, and I am a State retiree receiving my healthcare through the plan provided as a benefit to retirees.

2. I was a State of Delaware employee for 40 years, starting in 1980 with the Christina School District, and retired January 1, 2020. I served the State in the positions of teacher, Dean, Assistant to the Principal and Head Mistress of the Christina Academy. I also served as the Chairperson for the joint project between the Christina School District, State of Delaware, Governor Castle’s Office, and the Joseph P. Kennedy Foundation. This joint effort was to reduce the number of teen

Pregnancies within the State. Wearing many of these hats during my 40-year service was far more than a regular 9-5 position.

3. I feel that my many long unpaid hours, and hard-working work ethic drove my dedication to providing excellent service to both the State and school district. While the world tempted the thoughts of more lucrative positions, I chose to remain as a State employee because I knew in the long run that the future promised benefit of healthcare in retirement would make life less stressful in my golden years.

4. I rely on these benefits and **STRONGLY** object to the Medicare Advantage Plan. I would like to emphasize that at 69 years old it is frightening when: (1) You are being notified a couple of months before Open Enrollment that your health care is about to change, but at that time the State provided only a little information as to how, and it was confusing. (2) You are being told by the people you elected and trusted to advocate for you that your Medicare is **NOT** being taken away. (3) Calling the State Benefits Office was confusing because the workers were unable to provide accurate information. Compound this with a condition that demands you to remain calm and less stressed. (4) Contacting the Medicare Office to be told that going to Medicare Advantage I am **LOSING** my Medicare to a third-party private insurance company. I have worked for many years, since I was 11 years old, and looked forward to the day when I, like my parents, would feel safe knowing

I was protected through the traditional Medicare Program. I do not feel safe with the new Medicare Advantage plan.

5. When you are young, you cannot even imagine that there will come a day when things begin to fall apart. Like my ancestors, longevity could be in my cards into my late 90's. Now I fear, through all my personal research about Advantage Plans, that these plans are not kind to seniors. Insurance models work on the premises that the more insured, and the less pay outs, bring more profit to the insurance company. A senior like me requires more payouts and less profit to the insurance company.

6. In my view, the Medicare Advantage plan being offered by the State of Delaware validates my concerns. For example,

Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan.

Their ambulance coverage frightens me. I have been diagnosed with a brain aneurysm. How will I be able to determine at the very moment of hemorrhage whether another means of transportation can be detrimental?!! Then if I manage to survive, I would arrive home only to receive an astronomical bill because a non-medical, pencil pusher for High Mark deemed my need for an ambulance "not warranted"?!!!

7. Just recently, I was suffering for over 18 months (during Covid) with severe sciatic pain. My back doctor saw my anguish, and thanks to my traditional Medicare program, he immediately sent me downstairs for an MRI and was able to schedule me for an injection within two days without prior authorizations. This new plan would have me waiting for a long extended time. My doctor reviewed x-rays taken after the injection and discovered a cyst that is close to the fluid near my spine. He urged me to see a specialist, for fear it could grow and paralyze me. After seeing the specialist, I consulted with my back doctor and said I needed to get his opinion quick before my health coverage changed. When I asked him if he was going to accept Medicare Advantage, he responded, "RUN!!!!" "Those plans are bad for you." I have been going to my doctors for over 30 years and it scares me to have to start all over again with people who do not know my history or are willing to conform to the "Advantage Way" which will reduce the quality of my health care.

8. Since I learned about what the State did to take away my traditional Medicare benefits, I have been having a hard time falling asleep, in constant worry, grinding my teeth, suffering from anxiety, and loosing clumps of my hair. All this stress can produce more health issues, more money and so the cycle continues. I will be responsible for my husband's medical benefits upon his retirement, but more importantly I also am responsible for my grandson's medical expenses as he was diagnosed with Autism when he was 8. Knowing that the State was providing and

promised me with help with 20% supplemental insurance and having my stress-free Medicare insurance made life more stress-free.

9. If I opt out of the State plan, the cost of supplemental insurance is going to place a substantial financial hardship on my family with a likely high cost (I am guessing over \$1000 a month) to cover all of us. Compound that with prescription, eye and dental insurance and it brings me way over what I can afford. Instead of enjoying retirement, I will have to consider going back to work to supplement the cost of my insurance. I am still in the process of shopping around with only days away from the start of Open Enrollment and I feel frustrated because the State did not give me enough time to explore my options and therefore has cost me even more anxiety.

10. Within a few weeks, I must make major decisions concerning my healthcare. How am I going to be able to do this when:

- a. I have not received sufficient information that spells out clearly this entire Medicare Advantage Plan,
- b. I haven't seen the fine print,
- c. I cannot get adequate information from the people who run the State Benefits Office (SBO),
- d. I'm asked to just trust people who as it turns out were not correct that I wasn't losing my Medicare,
- e. I wasn't asked to be a part of the decision making,
- f. I'm asked to trust the Town Hall Meetings provided by the very people, such as High Mark Representatives, SBO delegates and politicians who think this plan is wonderful for me yet ignore the studies of the significant problems with Advantage plans, and
- g. I am fearful of what it will cost me if I must purchase insurance to keep my Medicare.

11. We knew from the onset of our careers that we would be provided with 20% of supplemental medical insurance. We never asked for anything more. I am extremely upset that the State of Delaware took it upon themselves to “THINK” they had the right to touch my 80% Medicare and without my prior authorization. The State also denied me choices that would be available should I decide not to accept the Medicare Advantage Plan. Being told, “take it or lose your State benefits” was not an option I was expecting from an Institution I served for 40 years. I have not yet even been able to figure out definitely what it will cost me to opt out and get my own supplemental Medicare plan and prescription coverage but I know it will not be cheap. I already have so many other financial responsibilities that it scares me what opting out could do to me financially. But staying in is also scary with costs for having care delayed or denied.

12. On another note, my dearest friend and former State colleague who is 16 years older than me, has been in and out of the hospital and a nursing home since March. She has an aorta aneurysm with other complications and is in constant worry about that. She had no idea about the State’s change in our healthcare plan. She became very upset when I told her. I said to her, “You worry and pray about getting better and I will fight and pray for our medical care.” I worked as a State employee with wonderful people who are now in their late 80’s and 90’s. Given that my friend had received no information, I worry that other of my former friends and colleagues

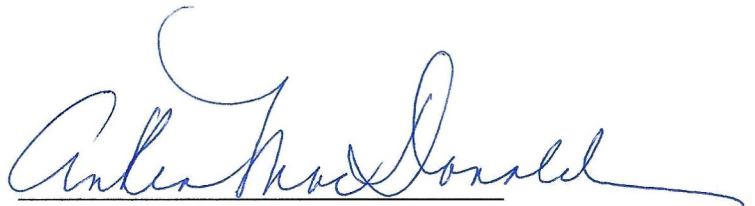
also do not know about this change and I worry how they can cope with it if they do not have someone to advocate for them.

13. In conclusion, I pray that the Court recognizes the physical and emotional damage that the dedicated retired State workers are experiencing due to the Governor's persistent comments that there is "nothing that can be done about it."

14. I am over the age of eighteen (18) years and am competent to testify.

I declare under penalty of perjury that the foregoing statements are true and correct.

Executed this 2nd day of October, 2022.


AnRea MacDonald

State of: DELAWARE

County of: SUSSEX

Subscribed and sworn to before me this

2ND Day of OCTOBER, 2022

Notary Republic

