
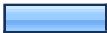











**1. Do you participate in a district health plan?**

		Response Percent	Response Count
Yes		85.0%	300
No		15.0%	53
		<b>answered question</b>	<b>353</b>
		<b>skipped question</b>	<b>0</b>


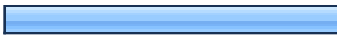



**2. If you no longer participate in a district health plan, why did you make this decision?  
Choose all that apply.**

		Response Percent	Response Count
Plan options were too expensive.		45.3%	24
Plan options did not meet my needs.		3.8%	2
<b>Participating in spouse's/partner's plan instead.</b>		<b>94.3%</b>	<b>50</b>
Prefer to choose and pay for a plan other than the district's options.		0.0%	0
		<b>answered question</b>	<b>53</b>
		<b>skipped question</b>	<b>300</b>

### 3. In which district plan(s) do you currently participate?

		Response Percent	Response Count
Anthem/Blue Cross HMO		26.5%	74
Anthem/Blue Cross PPO Prudent Buyer		25.1%	70
Kaiser		46.6%	130
<b>Delta PPO Premier Dental</b>		<b>47.0%</b>	<b>131</b>
Deltacare HMO Dental		13.6%	38
Vision Service Plan		31.2%	87
		<b>answered question</b>	<b>279</b>
		<b>skipped question</b>	<b>74</b>

### 4. How satisfied are you with your current plan choice?

		Response Percent	Response Count
Very satisfied		29.0%	81
<b>Satisfied</b>		<b>49.8%</b>	<b>139</b>
Neutral		13.3%	37
Somewhat dissatisfied		6.5%	18
Dissatisfied		1.4%	4
		<b>answered question</b>	<b>279</b>
		<b>skipped question</b>	<b>74</b>

### 5. How would you rate your overall experience with your primary health provider?

		Response Percent	Response Count
Excellent		31.2%	87
<b>Very good</b>		<b>37.3%</b>	<b>104</b>
Good		26.5%	74
Not very good		4.7%	13
Poor		0.4%	1
<b>answered question</b>			<b>279</b>
<b>skipped question</b>			<b>74</b>






### 6. How would you currently rate our district's health options?

		Response Percent	Response Count
<b>The current offerings meet my needs.</b>		<b>48.0%</b>	<b>134</b>
The current offerings meet most of my needs.		39.1%	109
The current offerings meet some of my needs.		10.8%	30
The current offerings don't meet most of my needs.		2.2%	6
<b>answered question</b>			<b>279</b>
<b>skipped question</b>			<b>74</b>

## 7. Rank the following aspects of our district health plan:

	1 (Best)	2	3	4 (Worst)	Response Count
Variety of plan options	39.0% (67)	<b>40.7% (70)</b>	12.2% (21)	8.1% (14)	172
Coverage of the plans offered	25.9% (44)	<b>41.2% (70)</b>	28.8% (49)	4.1% (7)	170
Cost of the plans offered	2.7% (6)	8.2% (18)	41.8% (92)	<b>47.3% (104)</b>	220
Customer service of the plans offered	23.6% (54)	<b>41.9% (96)</b>	25.8% (59)	8.7% (20)	229
<b>answered question</b>					<b>279</b>
<b>skipped question</b>					<b>74</b>

## 8. If you could choose one thing to change about our plan, what would it be?

		Response Percent	Response Count
Offer a super-premium plan, regardless of cost.		5.7%	16
Reduce co-payment amounts even if premium costs rose.		15.1%	42
Reduce premium amounts even if co-payment costs rose or coverage limits decreased.		29.4%	82
Offer a lower-priced plan, regardless of coverage limits.		18.3%	51
<b>If possible, provide even more options than currently available.</b>		<b>31.5%</b>	<b>88</b>
<b>answered question</b>			<b>279</b>
<b>skipped question</b>			<b>74</b>

**9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

**Response  
Count**

102

**answered question**

**102**

**skipped question**

**251**



**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

1	I don't have an opinion for #7 but cannot complete survey without a choice. Disregard my checked item because I don't want it. Should have a option for nothing.	Nov 14, 2011 8:21 PM
2	We used to get more coverage for less out of pocket money. The district picked up more of the cost. Now, we have payroll deductions and probably will never get rid of them. We should bargain to have the district pick up more of this cost.	Nov 14, 2011 6:47 PM
3	I wish there was some way for alternative health care to be covered by these major insurances.... Thank you for asking these questions of all of us. Good Luck!	Nov 13, 2011 4:42 PM
4	we offer too much to the district and the district leans on us to take on more each year, in many non-instructional duty requirements. We need to fight against absolutely any increase in our health insurance costs! No more agreements... BTW, the furlough days we took were uncalled for and we should never be asked to do that action ....	Nov 12, 2011 11:37 AM
5	I recently got married and I am trying to decide if I should add my husband to my plan. The only issue I have is the out of pocket cost if I do this. I currently pay around \$250 per month for myself and if I add my husband I will pay around \$500 per month.	Nov 12, 2011 8:35 AM
6	Very poor choices for dentist from DentaCare USA (HMO)	Nov 10, 2011 12:56 PM
7	On question #6 it would not let me check off each question. So I rate coverage of plans offered as a 2 and customer service of the plans offered as a 2, too. Those are the two that are blank.	Nov 10, 2011 11:41 AM
8	I'd like a plan that offers more well-care coverage. For example, it seems pretty ridiculous to me that standard yearly physicals aren't covered by the PPO plan. We should be rewarding people who take proactive action to take care of themselves. This will lower costs to everyone in the long run.	Nov 9, 2011 10:28 PM
9	Yesssssssss! There are a lot of us that are in a mess (health problems, divorce, loss of income etc.) that can't retire because we would have to pay at least \$800.00 a month. You can't force yourself to work until 65 if you have any of these problems and then expect to live on a teachers retirement and this amount each year. I work with a teacher who had breast cancer and 30 years in but still had to keep working for four more years (was not 65 yet) because she was single and had to pay the high monthly cost. There were no other options because no one would insure her or the cost would be even more expensive. I've had several major operations and I'm only 53. At 55 my retirement would only be \$2200.00 a month or \$1200.00 after paying for medical. Please make this a priority not just worry about the cost while we are all young and healthy.	Nov 9, 2011 5:01 PM
10	District to cover more of the cost.	Nov 8, 2011 7:21 PM
11	I was very happy the dental plans were finally tiered. As a single person, it was nice to no longer supplement the costs of a family.	Nov 8, 2011 7:09 PM
12	Cost of moving from two people to family is a lot. I ended up purchasing	Nov 8, 2011 3:37 PM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	individual insurance for my daughters, as it was quite a bit less. Also, I lost the dental and vision for my 22-year old daughter as she was not in school any more.	
13	I think the plan variety is good but would like to have the ability to look at a more comprehensive plan regardless of deductible. Customer service - I haven't used so I don't know if it is good or bad.	Nov 8, 2011 10:38 AM
14	I think we should have a cafeteria plan where everyone receives the same amount of money from the district. I don't think I should have to pay for those who choose expensive plans. This committee should value all of us the same, not by a percentage of the plan I choose. The variance of support is too extreme. Since H/W benefits is considered part of my compensation package then it should be funded per person and not by the cost of the provider chosen.	Nov 8, 2011 4:13 AM
15	Offer a premium plan that covers 100% of hospital costs, like the Blue Cross HMO, but not an HMO so you could see any doctor you wanted.	Nov 7, 2011 7:15 PM
16	Blue Cross is no longer available at Stanford.	Nov 7, 2011 6:52 PM
17	Co-payments keep increasing!	Nov 7, 2011 3:36 PM
18	For a teacher supporting a family, the cost of health care is way out of control. Seems like we should be able to get a better deal.	Nov 7, 2011 3:08 PM
19	Very upset that the district decided which part of obama's health plan they would delete- my daughter should be covered for vision- but the district chose not to have that option	Nov 7, 2011 3:07 PM
20	The PPO coverage isn't very good for the price.	Nov 7, 2011 2:35 PM
21	When answering question 6, the survey would only let me answer one of the categories. My choice for all of the categories would be "2."	Nov 7, 2011 1:45 PM
22	The meds are a bit much, and now we can't use the drive-up options of Walgreens for Anthem. Second and most important, I am concerned that we don't have access to Stanford should we even develop a serious cancer. Please advise.	Nov 7, 2011 12:39 PM
23	Teachers do not make top dollar. In the past we were given health care coverage to offset this lower wage. Now our health care costs are over the top. Private industry companies charge their employees MUCH LESS than the district charges us and gives these employees SUPERIOR coverage (lower copayment and better benefits). It is sad when the district puts profit and other things before employee health. If teachers are not healthy, they cannot teach well. I feel that we have given away EVERYTHING by subsidizing our health insurance. WHY are the only options pay more copayment, pay more premium, or receive lower cost plan with less coverage? WHO is looking out for the teachers and staff of CUSD? Not those that can afford to pay more or have other cheaper coverage. Think about it!	Nov 7, 2011 11:59 AM
24	#6 in the survey will not allow you to rate different sections with the same rank. I	Nov 7, 2011 10:38 AM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	would like better coverage at lower cost. Given reality, our plans and coverage are good. I do not believe in #7 either, but I had to answer.	
25	Options for question number 7 are two restrictive. My priority would be reduction of premium costs without any decrease in coverage or increase in co-payments. Premium costs are a burden.	Nov 7, 2011 9:41 AM
26	This may be comment on health care in general in the US, but here it is. Our plans are not geared toward staying healthy and preventative measures. What I mean is that they are geared toward if you get sick give them a pill, instead of taking healthy measures to not get sick in the first place. I would like to see more physicals, discounts for not smoking, discounts for being at a healthy weight, discounts for participating in healthy activities (hiking, running, cycling), ALL immunizations paid for.	Nov 7, 2011 9:21 AM
27	I really like Kaiser for me and my family. I just wish overall it did not cost so much.	Nov 5, 2011 7:50 PM
28	San Jose Unified School District pays for PPO anthem Blue Cross for a family in full. Cupertino should also. I had to take my family off the health insurance because it is too expensive (\$800.). We used to have double coverage and now we don't, so there are a lot of expenses to pay for the percentage of bills that are not covered. Ten years ago I was single and paid the same for benefits that people with families did. Now I am not getting any retribution for supporting those with families. There is no reason why Cupertino should have less benefits than San Jose Unified.	Nov 5, 2011 4:11 PM
29	I'm dissatisfied with the dental plan. The district changed over to Delta Dental about two years after we voted that we didn't want it. Some dentists won't take Delta Dental, or make you pay upfront because Delta Dental is so SLOW to pay them.	Nov 4, 2011 4:43 AM
30	#6 did not let me rank all choices. Ideally, we would have reasonably/low-priced health care with at least US-wide coverage so we would be covered even when out-of-town on vacation (not just for emergencies when out of Kaiser-service area).	Nov 4, 2011 3:47 AM
31	On question #7 of this survey, there was not a response choice with which I truly agreed! However, the Survey Monkey would not allow me to skip this question, so I just checked the one about providing more plan options. Actually, I think that the options we currently have are just fine.	Nov 4, 2011 3:38 AM
32	Some benefit coverage should be offered for retiring members at least for a few years.	Nov 3, 2011 7:23 PM
33	Number 6 did not allow me to answer for each section.	Nov 3, 2011 7:22 PM
34	I had to choose an answer for #7, but I only would like to reduce premium amounts and increase copayment. I do not want to decrease coverage.	Nov 3, 2011 5:28 PM
35	Do not want to change anything about the plan, but that little survey monkey would not let me continue without an answer to number 7.....so disregard the	Nov 3, 2011 5:08 PM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	answer to number 7	
36	Question six was not set up to answer all of the options.	Nov 3, 2011 3:51 PM
37	Has anyone looked into combining with another school district to get better rates? FUSD has similar plans, if not the same, at least for Kaiser, with the same copayment but much less premium.	Nov 3, 2011 3:11 PM
38	I would like to have a vision plan separate from Kaiser.	Nov 3, 2011 1:49 PM
39	Many districts offer fully funded benefits whereas Cupertino doesn't. Our premium amounts are already so high, and our copayments/coverage has decreased over the past years. It just doesn't seem to make sense.	Nov 3, 2011 7:21 AM
40	My husband works for Kaiser, so we get healthcare through him. I am happy that CUSD provides Delta PPO, because my dentist stopped accepting DeltaCare HMO. I would have liked to have kept Anthem Blue Cross for my medical so my doctor(s) would be in Santa Cruz where we live, but it was too expensive considering that I get Kaiser for free through my husband.	Nov 3, 2011 4:57 AM
41	want out of network counseling coverage option separate from medical coverage	Nov 3, 2011 2:41 AM
42	I am concerned that the Deltacare HMO dental plan does not offer a lot of private providers. I would like to have more choices in this regard. The services offered at the SmileCare offices are less than satisfactory and seem impersonal since each time I go in for a checkup or dental work, I am seen by a different dentist. I prefer consistency and that is lacking for the most part since the choices are limited.	Nov 2, 2011 8:08 PM
43	Six years ago I opted out of the district's medical health plan. Now, I'm told I cannot get back into the medical plan unless something catastrophic happens to my husband, i.e. he loses his job. I don't understand why I don't have the right to opt back in during the open enrollment period. Is this policy legal? With all the Obama health care provisions, it doesn't seem that this policy is right. When I ask this question to the district I don't get a concise or a consistent answer. Could you please look into this and provide an answer to union members on the legality of it? I am hoping that this is something that should be occurring and not something that needs to be "negotiated" into a contract. Thank you	Nov 2, 2011 7:45 PM
44	Your health care plans cost WAY too much!!!! A single person should not have to pay ANYTHING out of the monthly paycheck for a PPO, and the HMO is TERRIBLE. I've taught for over a decade, and this is the first district where I had to pay out of my paycheck for my premium. Also, massage therapy should be covered. Let's face it, teachers pull WAY more than an 8 hour day with present class sizes, and this is a high stress job. Health benefits should help us cope with the physical effects of this stress.	Nov 2, 2011 6:57 PM
45	My husband has the same insurance for over \$200 less a month than what is currently offered to us. I actually just had to drop the main plan with CUSD/Kaiser due to not being able to afford what is offered. I am now paying less for an entire family plan( including my child) with my husband's coverage. Not everyone is this lucky and does not have the option. I consider myself	Nov 2, 2011 5:49 PM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	fortunate, but this is the worst coverage I have had in my years teaching for the money.	
46	HMO options for employees outside of Santa Clara County	Nov 2, 2011 5:11 PM
47	It is hard to reach the insurance company to get problems handled. On hold! A teacher doesn't have time for that.	Nov 2, 2011 4:49 PM
48	Was just notified that anthem/blue cross is no longer associating with teaching schools. Therefore, I am no longer covered if I need to go and receive services at Stanford hospital. For the amount I pay for ppo with anthem/blue cross, I should be covered when going to Stanford.	Nov 2, 2011 2:57 PM
49	I was surprised that preventative health visits were not covered by insurance. This would be one thing I would want to see changed (unless it was changed this year and I am not aware). Additionally, I changed from PPO to HMO - - it was not affordable on a typical teacher salary.	Nov 2, 2011 11:46 AM
50	Offer health care to retired teachers in the district so they do not have to pay for all of it out of pocket like some other districts do.	Nov 2, 2011 11:28 AM
51	On question six, I am not able to rate each aspect. It only allows me to rank one out of the four.	Nov 2, 2011 11:15 AM
52	I think that physicals should be part of the plan. This is part of prevention that can keep medical costs lower later in life.	Nov 2, 2011 10:45 AM
53	Cost is very high and all I need it for is an occasional doctor visit. Would be cheaper to pay out of my pocket than pay for insurance.	Nov 2, 2011 10:40 AM
54	Add more money to our health care system.	Nov 2, 2011 10:34 AM
55	I couldn't rank all the questions on #6 because the computer would only allow me to choose a "2" only once. For question #6 on Coverage of the plans offered and Customer service of the plans offered, I would also pick "2". For question #7 I would like to Reduce the premium amounts even if co-payment costs rose , but not if coverage limits decrease.	Nov 2, 2011 10:26 AM
56	The concern I have is the double coverage on dental and if that is cleared up. I used to have double coverage with dental PPO and they said since the double coverage was both Delta PPO, they would not honor the double coverage (it was double dipping, even though my husband and I were both paying in). I am not sure if that was cleared up or not. I dropped double coverage because of not knowing if this was cleared up with the Delta company.	Nov 2, 2011 10:03 AM
57	I think it is absurd that my PPO does not cover yearly check-ups. Isn't preventative medicine the best health care? This MUST be addressed! It just makes doctors lie about the purpose of the visit which is an inaccuracy in our medical records.	Nov 2, 2011 10:02 AM
58	I think there should be a plan created for people that don't really use the health care. I have used Kaiser for my 7-8 years of employment here, and I have used Kaiser twice not including my annual physicals. The amount I pay to NEVER use	Nov 2, 2011 9:48 AM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	a service is a little much, maybe we can create an incentive plan for healthier people?	
59	With Kaiser you have zero options to go out of network unless you pay everything out of pocket. If there is one doctor you want to go see you have to switch plans entirely or pay everything at cost. The other health plans are pricey for families, but it would be nice to have some coverage for a non Kaiser doctor.	Nov 2, 2011 9:44 AM
60	Shop the price; join a larger group to get better prices for the same coverage.	Nov 2, 2011 9:39 AM
61	Co-pay amounts are high. It has cost me to skip some appointments.	Nov 2, 2011 9:29 AM
62	I don't really like any of the choices for #7 but I had to choose something to continue.	Nov 2, 2011 9:20 AM
63	I was shocked that my plan didn't include annuals or physicals. Thankfully, as of 9/2011 this changed. WHEW!!	Nov 2, 2011 9:09 AM
64	I am very satisfied with my plan.	Nov 2, 2011 8:52 AM
65	Monthly premiums are very high. We had to move to HMO this year because PPO was so expensive. We would like to return to a PPO plan, but cannot afford it.	Nov 2, 2011 8:19 AM
66	I am concerned about having a new plan. I have health issues that I don't want to discuss with a new provider-- I want to choose my doctors. If we end up having a new plan and it saves money, that's great... BUT not at the cost of being able to choose my providers.	Nov 2, 2011 7:59 AM
67	Our dental insurance is sub par. The DeltaCare coverage forces you to select a dentist from a limited list and the Delta PPO is far too expensive. There needs to be an additional plan that is less extreme than these two options.	Nov 2, 2011 7:53 AM
68	The wellness coverage age for Blue Cross needs to be changed to cover children to at least five years of age. My children's immunization shot were not covered for their needed shots after age three.	Nov 2, 2011 7:43 AM
69	For part time teachers, the plan is terrible. It's not fair that they have to pay over \$1,000 per month for health and dental benefits - especially if they are healthy and hardly use the plan! The same for full time teachers - it's getting so expensive and many teachers only go to the doctor once a year and have to pay \$ 4,000. to \$5,000 per year. The union did is a disservice years ago when they negotiated for higher pay and let go of the rising cost of health care. There were several years when my salary actually was lower every year because of the rise in health care!	Nov 2, 2011 7:11 AM
70	Thank you for providing a PPO option. Because of some medical issues it is essential for me to have that option, and greatly appreciate that. If there wasn't a PPO option I don't know what I'd do!	Nov 2, 2011 6:50 AM
71	The price of Kaiser has increased four-fold in the last 15 years and we pay much more for co-pay. For group coverage, the current payment seems out of line with individual payments available from Kaiser. If 80% or more of district	Nov 2, 2011 5:50 AM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

employees have Kaiser, the payments should not be so high. I think the money for health care should be apportioned equally and that those who choose Kaiser should not be charged more, so those with Blue Cross pay less. In Palo Alto each person is allowed a specific amount for Health Care/Dental Care. They then choose the plan they want and if the plan costs more they pay additional money into the plan, if it costs less, then that amount is added to their paycheck. This is a more equitable plan as those who are single pay for one person and those who want to cover their family pay on a family plan.

72 there is a problem with question 6 -no 2 questions can have the same response Nov 1, 2011 10:20 PM

73 Our plans do not cover certain medical conditions. I would like to see what the out of pocket cost to us would be if we could choose a dental plan that has a higher per person/per family amount of coverage per year. Nov 1, 2011 9:48 PM

74 I'd like to be able to opt out and have the District reimburse me for their costs. I am covered by my husband's company so I have double coverage, which I do not need, but unless there is some compensation from the district (50%-75%) I will continue to opt in. That is costing the District more than if they were willing "to think outside the box". Nov 1, 2011 9:27 PM

75 If possible, provide an option where if I were on another person's plan, I could get the money back that I would have spent on my health coverage through the district. Nov 1, 2011 9:00 PM

76 Preventative care is not covered under my plan, which doesn't seem to make sense. Nov 1, 2011 8:56 PM

77 There is a change in Blue Cross PPO not using Stanford Hospital at plan rates which are curtailed - extremely disappointing. Reinstate coverage to include Stanford Hospital on the plan. My wish. Nov 1, 2011 8:34 PM

78 It would be nice to have more coverage for dental than what I have with delta hmo. I get 2k of coverage, but dental work is expensive, and then I wind up paying too much out of pocket, it makes me wonder sometimes if the coverage is more preventative or if it's just to pull the rotting teeth out of my face. Nov 1, 2011 8:21 PM

79 As a single only, I would appreciate everyone receiving the same monetary benefit with a plan that has suitable coverage with as low a premium and co-payment as possible. I don't feel I should have to pay for spouses and families. Nov 1, 2011 8:13 PM

80 I am mostly upset with my vision plan. I need prescription lenses. However, the insurance only covers contacts or glasses every other year. Meaning, I need to pay out of pocket to see clearly every other year. I think this is ridiculous, and my optometrist office has not seen many plans as poor as this one. Nov 1, 2011 7:44 PM

81 A great health care plan used to be one of the best "selling points" to counteract the lower pay of becoming a teacher. Unfortunately, it is no longer true--many of the tech companies have equal/better coverage and price. When CUSD needs more teachers, how will the health plan help attract the best candidates? Meanwhile I feel my take home pay has taken a bit hit with increased medical ins. costs over the past 3 or so years. The cost of medical coverage makes the Nov 1, 2011 7:25 PM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

lower pay of being a teacher more difficult even "mid career." With the uncertainty of what's going to happen with Obamacare, it is difficult right now, but I think a great health care plan should always be a priority for CEA; it should be reviewed often.

82	In item 6, you cannot mark the same rating for different questions. For example, it erases your answer if you wanted to mark more than one of your answers (2). I am unhappy that we can no longer use Stanford Hospital. Several of our doctors use that hospital. It means losing the best hospital for serious surgeries. With Delta Dental, I maxed out in one year - with one crown and one root canal, I didn't have enough left over for cleaning and regular visits. What if someone needed gum surgery??? I didn't want to chose any option on #7: the changes I wanted were not listed there, but I had to answer something to get out of the program.	Nov 1, 2011 7:08 PM
83	I'm not sure how to answer #7. I don't know how we got here in the first place. I have friends in other districts and we pay significantly more premiums than they do. Between the years of 15 and 19 I waited for a raise only to really lose it along the way as my premiums increased.	Nov 1, 2011 6:36 PM
84	I wouldn't mind a slight increase in yearly premium as long as the co-payment went down enough to make it worth the increase. Otherwise, keep things as is.	Nov 1, 2011 6:02 PM
85	Question 6 wouldn't let me answer using the same number for more than 1 aspect.	Nov 1, 2011 4:06 PM
86	I think the co payment is high especially with dental visits.	Nov 1, 2011 4:03 PM
87	The monthly cost and up front deductible are expensive.	Nov 1, 2011 3:37 PM
88	For #6, it wouldn't let me choose 2 more than once. I choose 2 in all of the choices except for the one I wrote 3 in.	Nov 1, 2011 3:12 PM
89	No	Nov 1, 2011 3:05 PM
90	I am particularly frustrated that many scheduled well-child visits are NOT covered in our program. I pay \$500+ a month for health insurance and then have to pay an additional \$350 to pay for a normal, scheduled visit? Why pay so much when I then have to pay so much on top? If we were looking for extra services or had special circumstances, I would understand why there may not be coverage. But normally scheduled check-ups seems like a gross over site.	Nov 1, 2011 2:25 PM
91	It would be nice to have a dental plan that was better than the Delta HMO but not as expensive as the Delta PPO. I pay \$600 a year in premiums and the district pays another \$1400 just so my wife and I can each get 2 cleanings each. That comes out to nearly \$500 per cleaning. The insurance company is making a lot of money. Is there a way to get insurance that rewards people for taking care of their teeth?	Nov 1, 2011 2:24 PM
92	For #7, I didn't want to answer yes to change ANY of the choices for change. I'm very happy with Kaiser coverage and overall cost to me, although I wish the co-pays were not quite as high as they are currently. I chose "To reduce	Nov 1, 2011 2:22 PM

**Page 3, Q9. Are there any other comments or concerns about our health care that were not covered in this survey? Add any additional information here.**

	premium amounts" on #7 just because I've been very healthy and haven't had to see the doctor, so it currently makes sense for me to have lower premiums and a higher co-pay.	
93	I feel my family is very lucky to have such good insurance and I am fortunate to be able to provide this through CUSD. The monthly costs for family is very high. If there were a way to reduce costs it would be very helpful. With children in college and tuition rising each semester it is a financial challenge.	Nov 1, 2011 2:15 PM
94	I like my current coverage, but just wish the premiums were lower. For health/vision/dental it's costing over \$700/mo for a family and that's rough on a teacher's salary.	Nov 1, 2011 2:11 PM
95	I believe that we need to move towards a coverage for all school teachers in California. That would reduce our premiums and out of pocket costs. Do NOT get rid of Kaiser.	Nov 1, 2011 2:07 PM
96	The premium is too much money. The district should have better health coverage.	Nov 1, 2011 1:59 PM
97	While I like the idea of 3 plans in theory, I would think that we could reduce costs even more if the district just covered the cost of Kaiser; the district could allow people to continue to opt for the HMO or PPO but people would have to cover the full cost (above what a Kaiser rate would be) of the plan. While this would not cover the full cost of Kaiser for everyone, it would certainly give people a more affordable option without subsidizing "Cadillac" plans. Considering not everyone lives conveniently close to a Kaiser, I could see offering Kaiser and the HMO as the two subsidized plans and charge more for the PPO.	Nov 1, 2011 1:56 PM
98	Question "6. Rank the following aspects of our district health plan" is set up wrong. I want to rank all categories as a 3 but it won't let me.	Nov 1, 2011 1:44 PM
99	As a single woman, I feel like I pay a lot of money for my health care. Basically, what I have is catastrophic coverage that I pay through the nose for. I am healthy and go to the doctor once, maybe twice, a year. Paying my deductible, combined with the co-payments, means that I pay out of pocket for everything.	Nov 1, 2011 1:42 PM
100	Please keep co-payments down, and cover as much of the premium's as possible.	Nov 1, 2011 1:38 PM
101	As a single person, I dislike having the cost of my plan increase in order to include and account for other teachers' dependents.	Nov 1, 2011 1:35 PM
102	In #6, I'm satisfied in all those areas. I don't feel any are the "worst" but I wasn't able to select 1 or 2 for all of them.	Nov 1, 2011 1:30 PM