

# IBM Retirees Survey Results from <https://www.surveymonkey.com/r/NRLNIBM>

Number of Survey Participants: 267

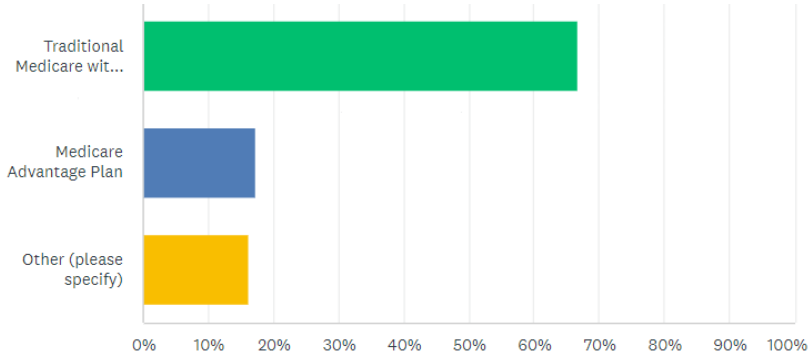
Questions 1, 2, and 3 were for entering First Name, Last Name and Email Address

## Following: Question/Results Q4 – Q25

Q4



Prior to January 1, 2023, when IBM limited your FHA/HRA options to two Medicare Advantage plans, what type of healthcare insurance did you have?

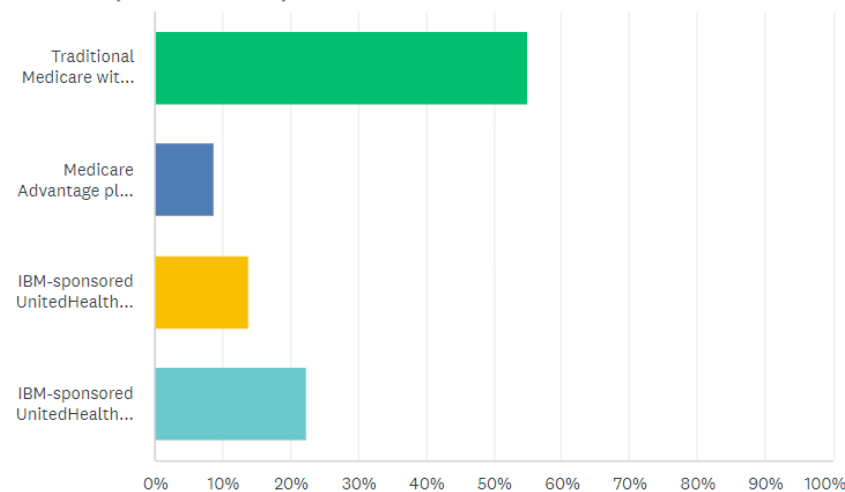


ANSWER CHOICES	RESPONSES
Traditional Medicare with Medicare Supplement (Medigap).	66.67%
Medicare Advantage Plan	17.23%
Other (please specify)	Responses 16.10%

Q5



What is your healthcare insurance effective February 2024? (Check one)

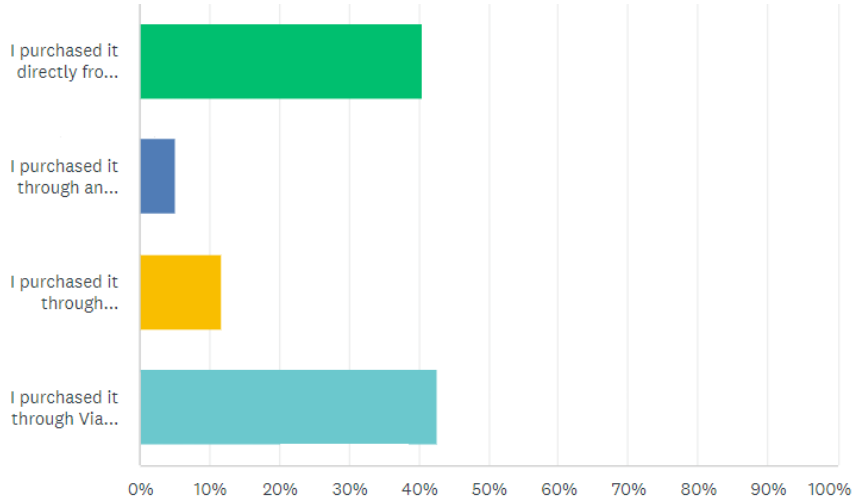


ANSWER CHOICES	RESPONSES
Traditional Medicare with Medicare Supplement (Medigap) with no IBM FHA/HRA support.	55.05%
Medicare Advantage plan with no IBM FHA/HRA support.	8.72%
IBM-sponsored UnitedHealthcare Medicare Advantage Essential PPO plan with zero-premium.	13.76%
IBM-sponsored UnitedHealthcare Medicare Advantage Enhanced PPO plan with premium covered by FHA/HRA.	22.48%

Q6



If you have a Medigap plan in February 2024, how was it acquired? (Check one)

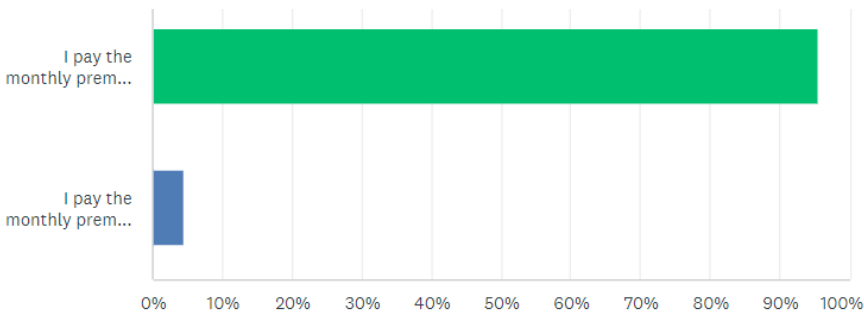


ANSWER CHOICES	RESPONSES
I purchased it directly from an insurance company.	40.44%
I purchased it through an insurance agent.	5.15%
I purchased it through Optum(UHC).	11.76%
I purchased It through Via Benefits	42.65%

Q7



If you have a Medigap plan in February 2024, who pays the monthly premium? (Check one)



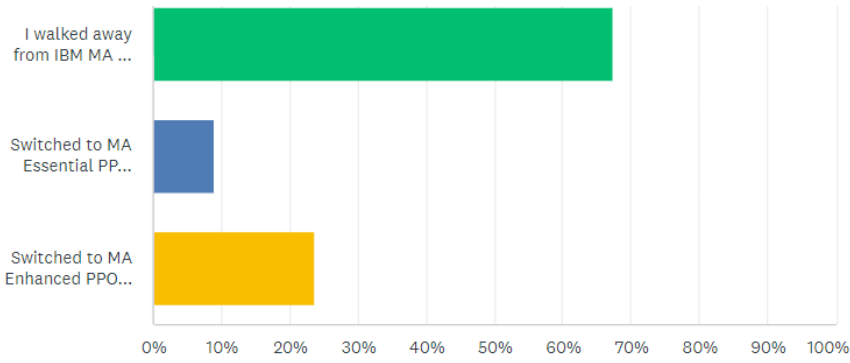
ANSWER CHOICES	RESPONSES
I pay the monthly premium from personal funds.	95.59%
I pay the monthly premium from my FHA/HRA account.	4.41%

Scroll Down to Question 8

Q8



Which did you elect to do: (Check one)



ANSWER CHOICES	RESPONSES
I walked away from IBM MA and FHA/HRA funds and now have traditional Medicare A&B and a Medigap plan.	67.42%
Switched to MA Essential PPO and use FHA/HRA funds if necessary for upgraded coverage.	8.99%
Switched to MA Enhanced PPO and use FHA/HRA funds if necessary for upgraded coverage.	23.60%

Q9



If you chose a medigap plan, which plan did you choose?



ANSWER CHOICES	RESPONSES
C	1.41%
D	1.41%
F	31.69%
F, high deductible	6.34%
G	34.51%
G, high deductible	0.00%
K	1.41%
L	0.00%
M	0.70%
N	4.93%
not sure	17.61%

Q10



If you chose a Medigap F or G plan, what is your monthly premium?

**1 Response \$265.00**

Q11



If you do not have Medigap and do not want to consider a Medigap plan skip to Question 14. Questions 10-13 will enable the NRLN to determine whether IBM retirees could be entitled to shop for and pay a lower premium for their current Medigap plan than what is being paid today. What is your 5-digit Zip Code:

**Zip Codes entered from coast to coast and border to border**

Q12



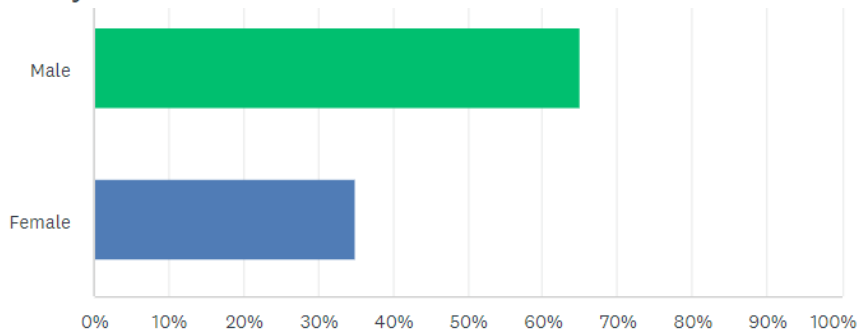
What is your Age:

**Ages entered ranging from 64 to 89 Average Age 72.7 Years**

Q13



Are you (Check one):

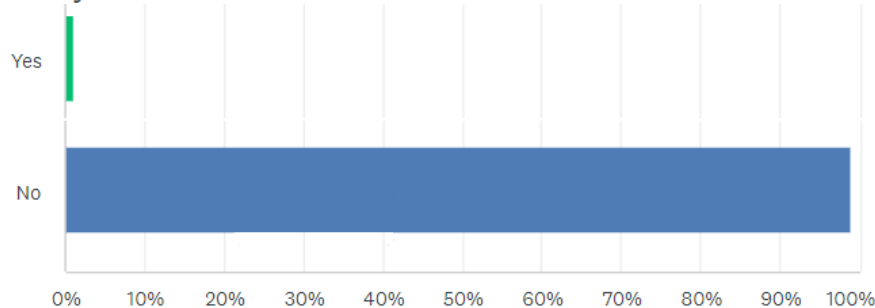


ANSWER CHOICES	RESPONSES
Male	65.00%
Female	35.00%

Q14



Do you use tobacco:

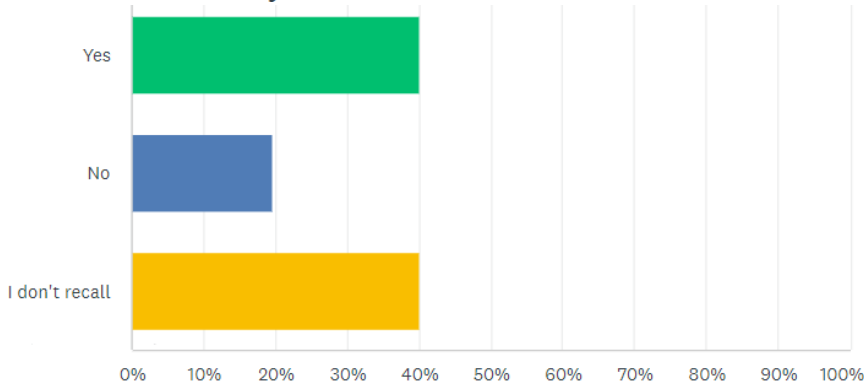


ANSWER CHOICES	RESPONSES
Yes	1.01%
No	98.99%

Q15



Did IBM, Via Benefits, or Optum(UHC) send you a written demand to choose an MA Essential or Enhanced plan with FHA/HRA money but that they would no longer allow you to pay Medigap premiums with FHA/HRA money?

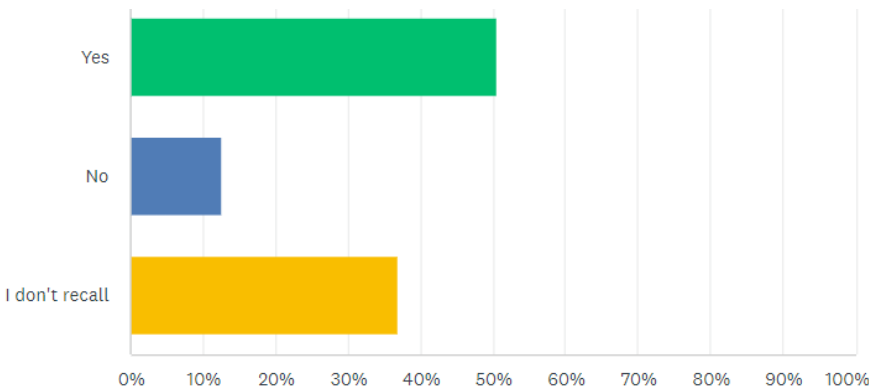


ANSWER CHOICES	RESPONSES
Yes	40.18%
No	19.64%
I don't recall	40.18%

Q16



Did IBM, Via Benefits, or Optum(UHC) send you a written demand to choose an MA Essential or Enhanced plan only and that if you chose to stay with traditional Medicare A & B and a Medigap plan that you would lose your accrued FHA/HRA funds?

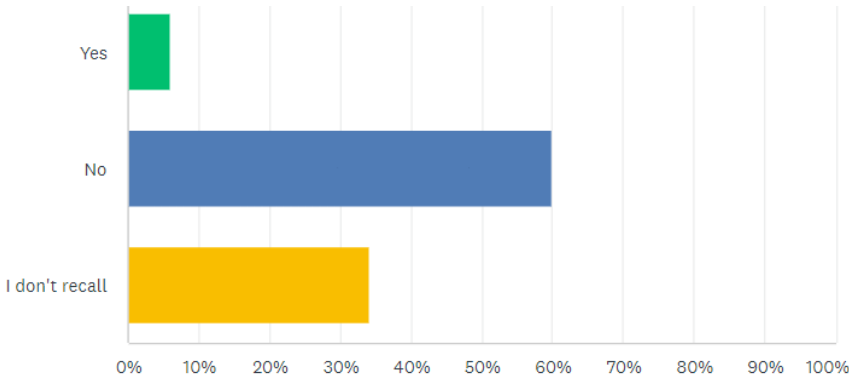


ANSWER CHOICES	RESPONSES
Yes	50.45%
No	12.61%
I don't recall	36.94%

Q17



Did IBM, Via Benefits, or Optum(UHC) send you written instructions or help if you chose to buy a Medigap plan?

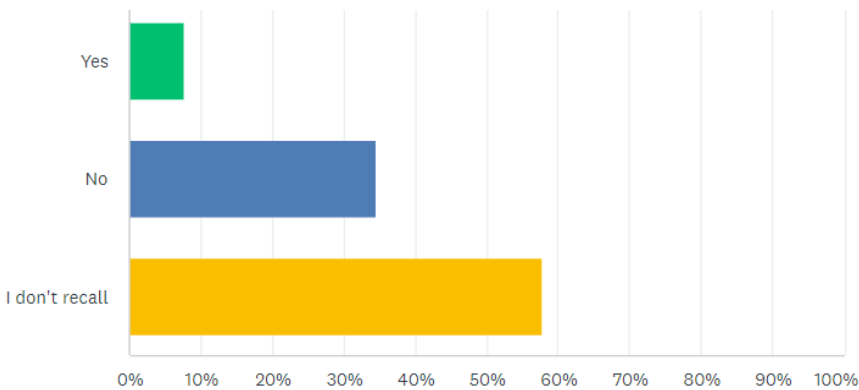


ANSWER CHOICES	RESPONSES
Yes	5.91%
No	60.00%
I don't recall	34.09%

Q18



Did either IBM, Via Benefits, or Optum(UHC) advise you that IBM's change of health plan coverage (including the discontinuance of FHA/HRA plan for Medigap) entitled you to a Supplemental Enrollment Period (SEP) during which time you could shop for a new Medigap plan at the lowest market rates and with Guaranteed Issue Rights, meaning that you would not have to meet Medigap plan insurer underwriting requirements regarding pre-existing conditions?

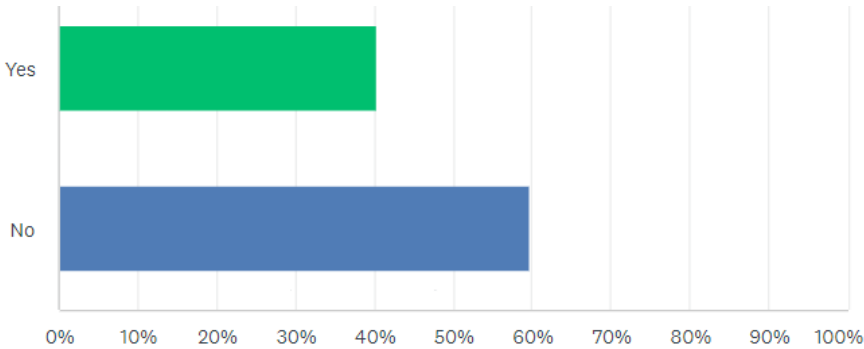


ANSWER CHOICES	RESPONSES
Yes	7.62%
No	34.53%
I don't recall	57.85%

Q19



Will you email to the NRLN at [contact@nrln.org](mailto:contact@nrln.org) letters, emails or other information or instructive related documents you may have received from IBM and/or Via Benefits and/or UnitedHealthcare?

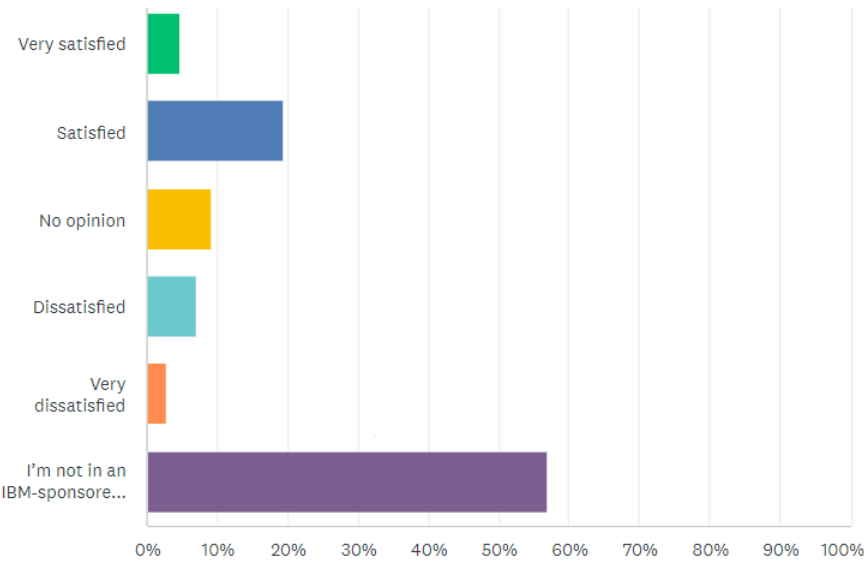


ANSWER CHOICES	RESPONSES
Yes	40.30%
No	59.70%

Q20



If you are in one of the IBM-sponsored UnitedHealthcare Medicare Advantage plans (Check one)

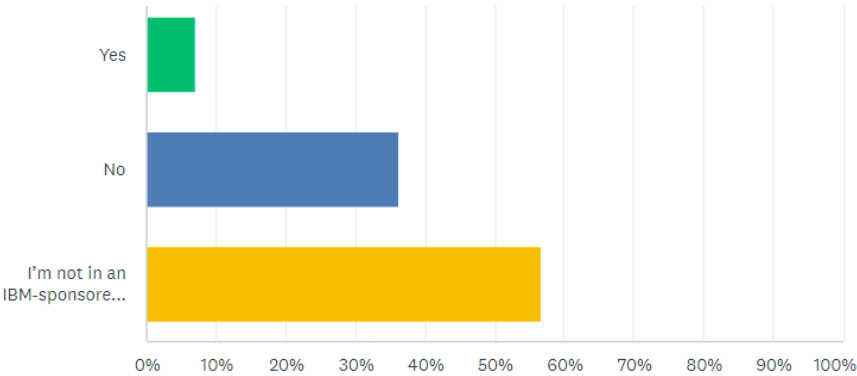


ANSWER CHOICES	RESPONSES
Very satisfied	4.63%
Satisfied	19.44%
No opinion	9.26%
Dissatisfied	6.94%
Very dissatisfied	2.78%
I'm not in an IBM-sponsored UnitedHealthcare Medicare Advantage plan	56.94%

Q21



If you are in one of the IBM-sponsored UnitedHealthcare Medicare Advantage plans, have you had to change doctors, clinics or hospitals?

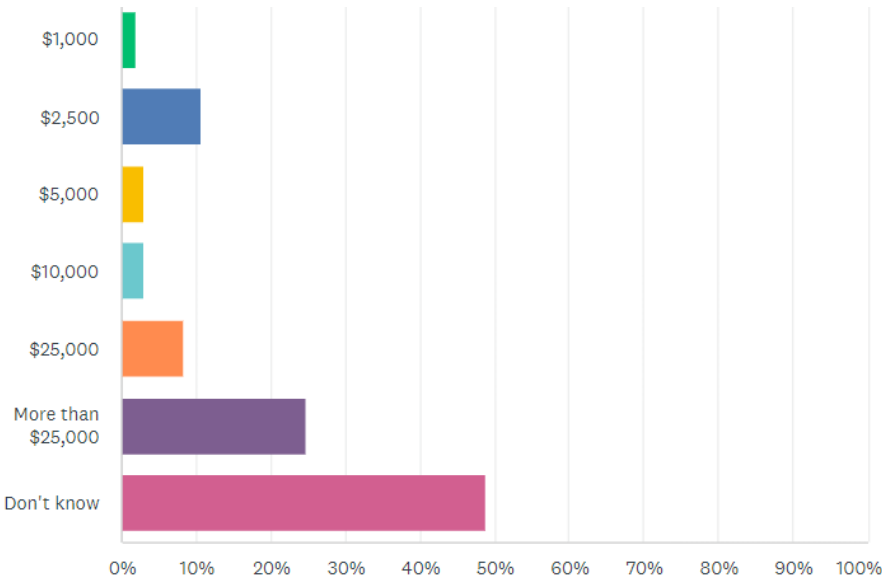


ANSWER CHOICES	RESPONSES
Yes	6.98%
No	36.28%
I'm not in an IBM-sponsored UnitedHealthcare Medicare Advantage plan	56.74%

Q22



If you know, what was the approximate value of your FHA/HRA on December 31, 2022?



ANSWER CHOICES	RESPONSES
\$1,000	1.93%
\$2,500	10.63%
\$5,000	2.90%
\$10,000	2.90%
\$25,000	8.21%
More than \$25,000	24.64%
Don't know	48.79%





If your healthcare coverage is no longer supported by an IBM FHA/HRA what impact has it had on you and your family? Also, please provide any comments that you may have about IBM's policy change for retirees' healthcare benefits.

Due to existing heart disease, I felt like it was in the best interest of my family for me to choose a supplemental Medigap plan rather than risk the high potential costs of a Medicare Advantage plan, even though it meant that I would give up the \$43K health benefit I had earned from working at IBM. Obviously, I felt strongly about protecting my family from my health costs. I will now end up paying that \$43K from my own pocket because I chose to better protect my family from potential future hardship. Not a trivial amount of money for a retiree. I really feel like IBM took away my freedom to choose how I wanted to protect myself. I understood the higher premiums for a supplement plan and feel like they are worth it to me for the added protection, but I think IBM should have respected and honored that decision rather than take away something I had earned. You know, Respect for the individual. I'm still not sure why IBM decided to decide my choice wasn't as sacred to them as someone who chose a Medicare Advantage plan. Was it to save IBM money at my expense? If so, I hope they are enjoying my hard-earned benefit.

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It is very much a financial burden to me. I was in the IBM finance planning department and regularly checked my FHA/HRA account balance and planned to utilize those funds for the next 10 years of my life. I turned 65 in November 2022. Hence, I got to utilize a lousy two months of my fund. I was extremely upset and cried for the following week. I have had previous medical issues and rely on good doctors which were not in the Medicare Advantage plans. IBM benefits told me my doctors were in the Advantage plans and when I checked directly with my doctors, they said no they were not. A very good doctor friend of mine told me a year previously to my turning 65 DO NOT TAKE AN ADVANTAGE PLAN, it's like socialized medicine. I wrote multiple letters to the IBM CEO and HR executives. I left the top HR executive multiple phone messages and she never returned my calls. I seriously believe that was the most dishonest and disrespectful change they have ever implemented – a total disgrace to their employees of many years. The least they should have done was grandfather us in.

///

Both my spouse and I received \$3,000 per year which helped pay our Medicare supplemental insurance and copays. Losing \$6,000 a year has had a significant impact on our lifestyle. No way to make it up.

///

I lost \$43K+ that I was counting on to fund my Medigap plan. I made my Medigap decision based on health concerns and felt it was worth the premium over a Medicare Advantage plan, but I was assuming I would have access to my HRA money that I felt like I had earned as a loyal IBM employee only to have those dollars taken away by IBM. Not fair to do that to us.

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Knowing I had \$82K that I can't use is devastating. I have multiple medical issues and cannot trust being shuffled to other doctors and plans that may not cover my issues.

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The removal of FHA/HRA reimbursement of premiums has increased my healthcare expenses, reducing money available to my other day-to-day expenses. This has resulted in earlier, larger withdrawals from my retirement savings and could ultimately affect my long-term retirement solvency. Had I been informed that I qualified for a Supplemental Enrollment Period, I might have been able to find a Medicare supplement plan at a lower rate than I am paying, which could have mitigated some of the increased expenses I assumed in 2023. IBM's stated goal of providing the best healthcare options to retirees is at odds with reality since they offer retirees only two UnitedHealthcare Medicare Advantage plans.

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With many doctors and hospitals accepting, then not accepting UHC Medicare Advantage patients it is hard to know if we can keep our same doctors sever month/year. However, to go back to a Medigap plan now requires

underwriting and may be more expensive than if I had stayed with Medicare and Medigap the whole time. Doing that would have locked me out of my \$35K in FHA/HRA that IBM had promised all these years.

///

This change cost me an IBM retiree guaranteed benefit of an HRA of \$2,300/year with survivors benefit to offset the cost of healthcare. After years of service to the company I felt betrayed. I did not want Medicare Advantage due to the poor experiences some friends have had in this program. I wanted to keep my Medicare Plan F, D and dental and continue to use the IBM Via Benefits guided process. My prior belief was that IBM would negotiate better prices and vet out good programs for those who gave years of their lives for the company. All I saw was an attempt to make the books look better or a bargaining chip for an outsourcing deal. Not only that, but IBM also sold my core pension to Prudential with no warning. This action fragmented my revenue stream and caused me to develop a new relationship with a poorly managed annuity program and caused serious concern for the future. I felt like I got kicked to the curb. Other companies keep good relationships with retirees and in so doing leverage that population as a large extended family group. As a military veteran I find this recent behavior dishonorable.

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This issue relates to IBM's requirement that retirees select an UHC Medicare Advantage program to continue to receive their retiree healthcare benefit (HRA). IBM and UHC have provided information to allow retirees to make "informed decisions" regarding whether doing so is in their best interest versus remaining on their current plans and losing their HRA. However, the information provided is incomplete and inaccurate and relying on it will lead retirees to the wrong decisions which will cost them thousands of dollars in lost benefits from IBM. Furthermore, it appears that UHC is knowingly withholding important and relevant information from the information packages provided to retirees. The literature provided instructs retirees to go to the IBM retirees' medical website to find providers in the UHC PPO network to decide if they will meet our current and future healthcare needs. As instructed, I entered my zip code and searched the UHC network providers. I got the following: (1) Hospitals: 3 in-network, hospitals within 100 miles, closest is 88.8 miles away in Naples, FL. (2) Primary Care Clinics: Zero. (3) Urgent Care Clinics: 11 in-network, closest 85 miles away in Homestead, FL. (4) Medical Imaging Center: 1 within 20 miles. 11 beyond 85 miles. (5) Colonoscopy: 1 within 20 miles, 4 beyond 90 miles in Naples, FL. (7) Mammogram: 11 in-network all beyond 85 miles. (8) Cardiologist: 1 within 20 miles, 25 beyond 90 miles. It is apparent that UHC's network providers are extremely sparse in the Florida Keys.

///

I lost the \$3K yearly healthcare subsidy that IBM provided prior to 2023. The impact is that I need to now cover an additional \$3K in healthcare costs. I tried the enhanced Medicare Advantage plan for 2023 but was dissatisfied because I needed to focus too much on getting approvals. I needed to track billing and personal costs and the responsibility was on me to resolve errors and discrepancies. Not all of the benefits I was promised by the marketing teams proved to exist. For these reasons I abandoned the Medicare Advantage enhanced plan in 2024 and returned to Medicare Medigap Plan F.

///

My retirement planning budget was predicated on the continued use of my FHA/HRA funding for 5 years after retirement. I was depending on that benefit to supplement my income until certain obligations were satisfied. Consequently, I have had to cut back on food and heating.

///

I lost my \$3,000/year by not going to the UHC Medicare Advantage plan. With traditional Medicare there was never any question on coverage when I needed a second back surgery. After reading about UHC Medicare Advantage needing to debate with the doctors whether treatment was needed or not, MA was never a valid choice for me. After 43.5 years with IBM, I felt abandoned and discarded when they decided they needed the \$3,000/year more than I did in my retirement years.

///

Losing my FHA funds caused me to use personal funds to pay for my Medigap policy. This has negatively

impacted the things I am able to do in retirement. I tried IBM's sponsored Medicare Advantage program for one year and was not happy with it. The amount of follow-up required to get claims paid was very time-consuming.

Also, I felt that as I got older, I would not necessarily be able to keep up with the required follow up and paperwork that was necessary. Therefore, I went back to a Medigap plan.

///

We are on a tighter home budget because of the loss of my FHA/HRA. When I was hired by IBM in 1965, I was informed that employees' salaries might not match other companies but that our benefits, including medical insurance, would make up for the difference and that I would have medical insurance for life.

///

I was always on Medicare Medigap Plan F. I have too many conditions/doctors to risk being denied treatment by a Medicare Advantage Plan or not use the doctors I'm used to seeing. I miss the \$3,000/year I used to receive to defray premium costs.

///

I took a huge hit on my fixed income budget. It was dishonest, if not illegal, to bait and switch a retirement benefit I EARNED! I walked away from \$20K out of fear that my healthcare needs would not be met. Shame on IBM.

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My wife and I both retired from IBM and had a Medicare Medigap Plan G in 2022. We enrolled in IBM's Medicare Advantage plan for 2023. We decided to switch back to Plan G in 2024 and forego approximately \$7K of the FHA fund between both of us. Essentially, IBM "hijacked" our benefits and made us choose between our benefit and the freedom to our healthcare choices. We felt betrayed by the company we dedicated over 55 years of our productive life to.

///

It is much harder to make it without the IBM \$3,00/year annual supplement for my Medicare Medigap premiums. But I was very concerned that going to a Medicare Advantage would be bad. UHC would be making my healthcare decisions, not my doctors. Delays in treatment, or denials, could end up being life threatening. And some of my doctors might not accept MA. Just too many possible negatives with MA. IBM basically is extorting us to go to MA or financial support. IBM is not concerned about what is best for us.

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When I call or email UHC about an issue, it almost never gets resolved. When I submit a written grievance, the issue almost never gets resolved/ Also, the vast majority of the "answers" that UHC medical and dental reps give on the phone are blatantly wrong. Furthermore, the enhancements are incredibly difficult to access. The transportation enhancement through Modivcare is essentially non-functional and little more than a scam. Dental reimbursements require extraordinary measures by the dentist to show that crowns are required, far beyond what other dental insurance companies require. About 40% of the UHC phone reps exhibit very poor phone etiquette and are generally rude even when the customer is extremely polite. None of the other insurance companies that I deal with have reps that exhibit the rude behaviors of many UHC reps.

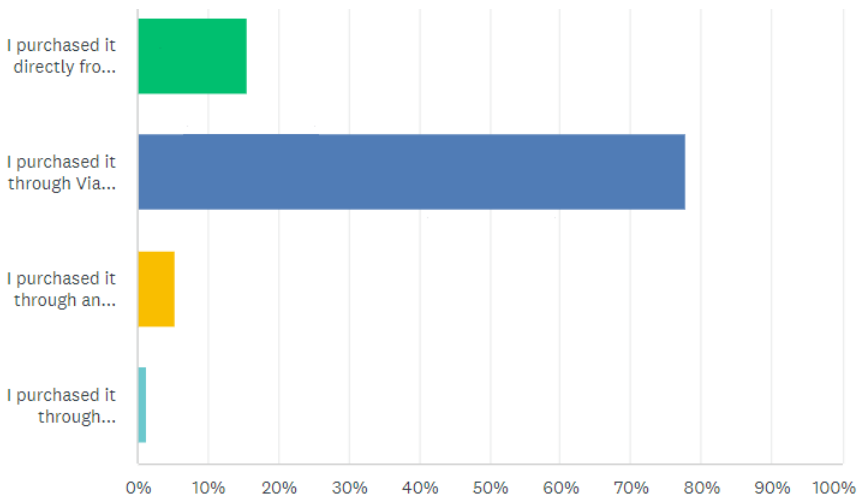
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Scroll Down to Questions 24 and 25

Q24



If you had a Medigap plan on December 31, 2022, how was it acquired?

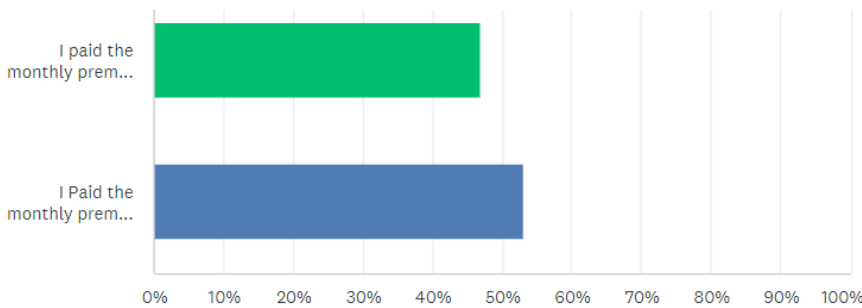


ANSWER CHOICES	RESPONSES
I purchased it directly from an insurance company.	15.57%
I purchased it through Via Benefits	77.84%
I purchased it through an insurance agent.	5.39%
I purchased it through Optum/UHC	1.20%

Q25



If you had a Medigap plan on December 31, 2022, who paid the monthly premium?



ANSWER CHOICES	RESPONSES
I paid the monthly premium from personal funds.	46.91%
I Paid the monthly premium from my FHA/HRA account.	53.09%