



www.unitedwematter.com

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kenfitch@unitedwematter.com

March 10, 2025

Delegate Ben Barnes, Chairman
Maryland House Appropriations Committee
120 Taylor House Office Bldg.
Annapolis, MD 21401

RE: Maryland House Bill 356

Dear Chairman Barnes:

I am writing this to ask for a Favorable Ruling on HB 356.

For the last seven years I have been fighting to restore this benefit for elderly and disabled State retirees both legislatively and judicially. During that time, I have amassed a large group of State Retirees who vested into this benefit and had to transition to Medicare Part D without the State subsidy in January of 2025. I have received reviews about the VIA program from State Retirees (some which I have attached) which are deeply disturbing. It is not what they were promised when they accepted employment with the State of Maryland. The lack of access to medication will cut short their lives. Would you do this to your Mom or Dad or Grandparents? I hope not.

As a Delegate, you were elected to represent the interests of your constituency. That constituency is made up of American citizens who dedicated their working years to this State in exchange for continued benefits during retirement. One promise was that of a prescription drug coverage subsidy that would reduce the costs of Medicare Part D for its retired workers. If you have regard for humanity, the wellbeing of your citizens that have dedicated their working years to supporting this government and have contributed to the fiscal soundness of the State of Maryland, you should reinstate this subsidy. Please vote in favor of HB 356.

Thank you for your anticipated cooperation.

Sincerely,

Ken Fitch

Ken Fitch, President

KEF/sd

Enclosure

cc: All Delegates on the House Appropriation Committee (2025).

response to your email re: prescription problems

From chbrown1@mindspring.com <chbrown1@mindspring.com>

Date Mon 1/13/2025 11:31 AM

To Ken Fitch <KenFitch@unitedwematter.com>

Ken: My name is Henry Brown (husband of Carolyn Brown) and a State of Maryland Retiree. I would like to tell you of a problem I am now having with a prescription I use. The prescription is Diclofenac Sodium Topical Solution 112g, 2%. Previously, under Silver Scripts, I could get this filled as a generic for \$10 per refill at CVS. Without the prescription plan we previously had the prescription would have cost me well over \$2,000/refill. I use it for a knee injury suffered several years ago. It is an alternative to having knee surgery and works well. Currently under Wellcare, using Goodrx, I would have to pay \$107.32 per refill. I use approximately 1 bottle/month. Under the new prescription plan it would cost me, even with the discount, over \$1,200. With the \$750 given to us by the State it would not cover my co-pay costs, not counting the other medications I use.

Henry Brown and Carolyn Brown

Thank you for the fight!!

chbrown1@mindspring.com

Prescription issues

From Cindy Ulrich <cculrich51@gmail.com>

Date Thu 1/16/2025 6:13 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Last Wednesday, I attempted to have my first prescription filled under the new plan. With our old coverage, I paid \$3.33 for a 3 month supply. The insurance company told the pharmacy I needed pre-authorization for this medication even though I've been taking it for more than 5 years. I spent 7 hours on the phone Thursday trying to get this straightened out. Long story short today I finally received my prescription. Sounds good right? Not so fast! My prescription is now \$45.13 for a one month supply instead of \$3.33 for a 90-day supply.

I was diagnosed with stage 4 Non-Hodgkin's lymphoma and this prescription is one of the medicines I need. The process of getting this filled began on Thursday and I didn't actually receive the prescription until Tuesday. I have eight more prescriptions that need to be filled and I'm a nervous wreck worrying what's going to be involved and how much trouble I'm going to have. Dealing with cancer has been difficult enough. The last thing I need is this type of stress to get a prescription filled.

Cindy Ulrich

Medicine

From Dale King <dalelynnking@yahoo.com>

Date Wed 1/15/2025 1:39 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Ken , I hope you are recovering well. I went to CVS to pick up 2 of my prescription. One was \$148 (was \$38) the other \$45 (was zero at oncologist). I asked about my moungero and it's going to be \$554 for one month (4 shots) then I'll hit my deductible and it will be \$224 for a month or \$552 for 3 months. When I pick it up tomorrow that's the end almost of the \$750. I'm going to talk to my doctor about either going off of finding something else. This would be the reason I'm moving in with my son and his family.

You said you wanted to know how it's effecting people. This is how it is for me

Take care,

(Ms) Dale King

Sent from my iPhone

VIA

From Debbie Choquette <debbiechoq45@gmail.com>

Date Sun 1/12/2025 9:20 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Hi Ken hope you're feeling better, I do admire your resilience.

Please send any e mails to rchoquette@comcast.net. This email address is our daily contact and is checked daily.

My experience with VIA began 20 years ago when my spouse retired from what was then Pepco(Delmarva power)

After all research and consideration we ended up with him on my BC/BS insurance with the state and his Humana prescription benefits which he paid monthly with VIA.

All was well with that plan. His BC/bs is deducted from my account along with mine and I write a check to Humana monthly for his prescriptions. Ok

Now. I chose Humana for my part D. I have 2 prescription payment booklets. I have received the debit cards but only activated mine because VIA says we have 9,000 dollars on one of them.?????

That's one issue.

I had to get a prescription for a pain med which I have now found that the pharmacy had to get pre authorization for insurance. This was January 2. Holidays... my husband was picking up and they said it would be 171.00 . Ordering doctor(my pcp) office closed we could not get pre authorization so he paid. We were subsequently told by my Dr nurse that there was no way to contest and we should have been offered a few pills til the authorization could be made.

Right now I have activated my debit card not knowing how much is really on it and may use it tomorrow just to check on a longstanding prescription refill.

1 - I do not know what to do about a debit card for my spouse.

2- VIA on the phone to sign me up was ok.

It's the little details.

There's more but this is just a little bit to get you started.

VIA

From Debra Hinds <dhindskkw@gmail.com>
Date Mon 1/13/2025 8:57 AM
To Ken Fitch <KenFitch@unitedwematter.com>

Good Morning Ken,

I hope you are recovering well from your surgery.

You asked if folks had issues with VIA so here is one example. When I took a look at the plans in December offered by VIA and entered my prescriptions my estimated cost was \$1354. I entered the same information into the Medicare.gov website and they both came up with Wellcare for my recommended plan. Same Medicare plan number S4802-140-0. The estimated costs on the Medicare.gov site was \$1991. That is a huge difference in my opinion. When I asked the VIA rep to explain why the estimated costs were much different, she could not explain it. So right from the start, I was suspicious. Also, VIA offers less plan options than Medicare.gov. So if you found a better plan on Medicare.com and it was not included in the VIA plans, you were out of luck if you are eligible for HSA. The HSA forces an individual to use VIA.

In the end, I was able to get on Tricare for Life as a former spouse since my ex-spouse retired from the Coast Guard. I consider myself extremely fortunate. But, I am still outraged and will continue to be a member of United We Matter.

Debra Schott Hinds

Prescription fight

From Donna J. Owens <dowens@umd.edu>

Date Tue 2/18/2025 6:36 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Ken do you want info just on VIA or actual prescription cost data?

My Mounjaro used to cost me \$50.00 for 3 months . Just picked it up. It is now \$1067.45! My doctor had to file for a waiver to get Medicare Part D to cover it as they usually don't. Glad I have a doctor willing to fight for me. It helps a little.

Donna Owens

Via benefits

From hfeddy@myfairpoint.net <hfeddy@myfairpoint.net>

Date Mon 1/13/2025 3:50 PM

To Ken Fitch <KenFitch@unitedwematter.com>

When I signed up for a prescription plan I could not get to speak to a live person. On two occasions I was on hold on the telephone for 2 hours before I gave up. On one document about the HRA benefit, it said I could apply for reimbursal for dental expenses, but when I made an on-line inquiry, I was told I can only get reimbursed for prescription costs. It is very confusing and how do I know which is the correct answer. I am 83 years and very unhappy with this program and the stress it has caused me.

Helen F. Eddy

Re: suiting up

From Jim Joyce <werejoyce@gmail.com>

Date Mon 1/13/2025 10:27 PM

To Ken Fitch <KenFitch@unitedwematter.com>

I Am a 82 year MSP State retiree. I retired, after 27 years, in July of 1994. I have back issues and very poor eyesight. My daughter and I have spent hours trying to enroll in this new system. I'm not sure if I've been successful yet. When the State of MD cancelling our prescription plan it has been a terrible burden to all of us old-timers. The new paperwork has been overwhelming. I believe when the law went into effect those already retired should have been grandfathered into the old system. I feel the switch over could have been handled better. The future has become dim.

James C. Joyce

(Retired MSP Sgt.)

werejoyce@gmail.com

On Sun, Jan 12, 2025 at 7:46 PM Ken Fitch <KenFitch@unitedwematter.com> wrote:

Hello Members,

I am hearing lots of disturbing stories concerning Via, such as inaccurate information about medication coverage, getting different responses from different VIA people or the amount of money per medication just to name a few.

If any of this applies to you, I would like you to email me details of your experience.

Please make sure to have your full name in the email. My email is kenfitch@unitedwematter.com. The only way we can fight this is to have more than one person willing to write down their complaints.

If you know someone pass this on. We are suiting up for this fight.

Ken Fitch, President
United We Matter
P.O. Box 44102
Nottingham, MD 21236

O: (443) 608-0866
F: (866) 499-6904

KenFitch@unitedwematter.com
www.unitedwematter.com

VIA Complaints

From JANET LONG <jski1234@comcast.net>

Date Tue 1/14/2025 5:04 PM

To Ken Fitch <KenFitch@unitedwematter.com>

We have only gotten one of my husbands 9 medications refilled using AETNA and our co=pay for the one medication is \$850.00.

I am covered by Wellcare and my Dr.s office cannot figure out who to send the RX's to. They sent them to one office and I just received a notice from them and they are saying I need to contact my provider because they cannot fill my RX.

My husband gets one shot every eight weeks and the cost of the shot was over \$10,000.00 before this new program took effect. He will not get another shot until February and I cannot imagine what that will cost....this is insane

Janet Long
Thomas Long
jski1234@comcast.net

To Whom It May Concern:

From Karen Gerstmyer <kgerstmyer@yahoo.com>

Date Mon 1/13/2025 6:10 PM

To Ken Fitch <KenFitch@unitedwematter.com>

This is response to your request.

To Whom It May Concern:

This has been a very difficult time for me as I am a cancer patient currently undergoing treatment for a recurrence of cancer. I am also a Parkinson's patient.

During the registration period I researched all my options as well as I could. After speaking to several Via Benefits counselors, I called other agencies for additional advice. I was unable to find anyone who could speak about cancer drugs. The

VIA counselors were totally reliant on the computer data generated with no personal knowledge of the plans.

I finally chose Cigna Health Care Saver RX (PDP) for my Medicare Prescription Plan with a \$12 a month fee and \$590 deductible. The first prescription I needed is considered a necessary enzyme for all post-Whipple surgery patients. Even the pharmacy was in disbelief when they called to advise how much the drug would cost. For a 90-day supply, the cost was \$1605.00. Although I hesitated, I did pay the full amount of \$1,605 with the hopes that the next refill will cost less since my deductible has been paid. I have another expensive drug I take for Parkinson's which costs about the same. There are no generics at this time for either drug.

In the same week we purchased two other medications at a cost of \$45.00 and \$41.00 respectively. We did use the VISA Debit Card which was helpful but the balance will soon be \$0 after a month's use of the card.

Finally, I received a letter outlining the "Life Sustaining Prescription Drug Program," which I had previously called about. I was advised that a person's drug must specifically be listed to qualify and there were additional steps to take to validate your request for reimbursement. Very cumbersome and no assurance that it would be approved.

I did the best I could to find a feasible plan. I trust the \$2,000 cap on Medicare prescriptions will help with the affordability. Unfortunately, the stress of the past two months has not been good for my health.

Karen Gerstmyer

Sent from my iPad

Re: suiting up

From LindaJack Rhew <rhewgang@live.com>
Date Mon 1/13/2025 6:22 PM
To Ken Fitch <KenFitch@unitedwematter.com>
Cc LindaJack Rhew <rhewgang@live.com>

Hi Ken,

Below you will see my frustration of dealing with WellCare RX plan. It is a nightmare!

My name is Linda Lou Rhew
235 Willow Avenue
Towson, MD. 21286

I have a tier 3 medication that appears to have been moved to tier 4 and went up almost \$200.00 from the estimate when I signed up on November 25, 2024.

When I called VIA about it on January 10, 2025, my call was answered in Asia! That is what I was told when I asked. It was difficult for me to understand everything being said and I had to ask them to repeat what they said several times, which did not help much as I still could not understand what they were saying, no matter how hard I tried.

The service reps were not very well informed. However, I did get that when we were signing up for a plan, we had been given the 2024 prices and formularies. When I questioned this or anything else they said that had been misleading, I would have to listen to the fact that after I pay the \$592.00 deductible and reach \$2000.00 out of pocket costs then I don't have to pay anymore. I want to know how was it legal to give us the numbers for the year that was ending, instead of the year we were going into effect for the first time? The answer was the \$2000.00 limit out of pocket explanation. Oh and the first 2-3 tiers do not count towards this out of pocket amount! Where did they get trained? Are they licensed in the US, or in Maryland? I filed a grievance with WellCare for all its worth. The Supervisor representative put me on hold, wrote the grievance and did not share it with me. Therefore, I have no idea what was written especially with the language barrier.

Also, representatives referred me to look at the website to find the costs and formularies and when I did, it referred me to call in and speak to someone. What is it

that they want us to do; use the website or call them so they can tell you to use the website?

My Januvia was estimated on November 25, 2024, to cost me for three months' supply at \$1057.00 for the year. When I tried to fill a three-month prescription of it in January 2025, the cost was \$673.45. I was told on the phone this is now a tier 4 drug. It changed from a tier 3 drug that I told when I signed up.

There doesn't seem to be any consistency to their wordage for members to be able to understand. Staff is not able to be understood due to the language barrier and WellCare cannot decide if we need to call in or look at the website.

I have never had a RX plan that I wasn't able to understand or get answers to any questions I have.

Who is paying me for another hour of wasted time, trying to get answers?

Please let me know if anything additional is needed.

Thank You,
Linda Rhew

□

From: Ken Fitch <KenFitch@unitedwematter.com>

Sent: Sunday, January 12, 2025 7:48 PM

To: Ken Fitch <KenFitch@unitedwematter.com>

Subject: suiting up

Hello Members,

I am hearing lots of disturbing stories concerning Via, such as inaccurate information about medication coverage, getting different responses from different VIA people or the amount of money per medication just to name a few.

If any of this applies to you, I would like you to email me details of your experience. Please make sure to have your full name in the email. My email is kenfitch@unitedwematter.com. The only way we can fight this is to have more than one person willing to write down their complaints.

If you know someone pass this on. We are suiting up for this fight.

Ken Fitch, President
United We Matter
P.O. Box 44102
Nottingham, MD 21236

O: (443) 608-0866
F: (866) 499-6904

KenFitch@unitedwematter.com
www.unitedwematter.com

Response to your Facebook post

From Mary Joy Campbell <joysnewphone@yahoo.com>

Date Mon 1/13/2025 3:16 AM

To Ken Fitch <KenFitch@unitedwematter.com>

Hi Ken, I am one of your followers and a retired state employee. As probably everyone has said, I had to chose a Part D this year for prescriptions. While we got a cola raise in our retirement checks, I didn't see it because I am now paying more for the Humana plan I chose for prescription coverage. My paycheck is now \$88.00 less than last year with the cola raise and I am now paying more for my prescriptions. Humana was the only plan I could afford out of the choice of prescription drug plans. This year I've only had to refill three of my medications, these were the cheaper ones, but still have to pay more than with the state plan. I already told my physicians that I'm on a new plan, and that I am about to pay more for my diabetic and heart medications with Eliquist being one that is costly. They are scrambling to find cheaper more older medications that don't cost as much, and are not as effective as the newer medications. My insulin is costly and I can only afford one insulin prescription and I cannot afford Jardiance anymore, so I will be taken off of it. It's extremely embarrassing to have my doctor call a much needed prescription in, and go to pick it up and find it is filled, but I cannot afford it and have them have to put it back on the shelf. Plus having to call my doctor back and explain I need a less costly alternative. I'm on a lot of medications and now have to cut some of them back from twice a day, to once a day to stretch out my medication supply because I cannot afford my prescriptions anymore. I just found out my A1C is high because I had to cut back on my insulin. It's getting harder to survive with this new medication plan. I cannot believe the State of Maryland saw fit to put its retirees in this predicament, they should be ashamed of themselves, but apparently it doesn't affect them so they don't care!

Sorry for the rant Ken. But every month I have to pray I have enough money to cover prescriptions and then food to put on my table.

Thanks for listening and thank you immensely for what you and Deborah do.

Sincerely,
Mary Campbell

Dropped RX Results

From noscalf3@hotmail.com <noscalf3@hotmail.com>

Date Tue 1/14/2025 1:12 AM

To Ken Fitch <KenFitch@unitedwematter.com>

We went with Cigna because they covered 12/13 of my husband's meds.. He is diabetic and on 2 injected insulins, Ozempic and Basaglar. Today when he went to our participating pharmacy to pick up his Ozempic, his copay was \$642.90. He was told the next refill would be \$400+, the 3rd \$200+. He did not get it and now has to contact his Dr. for other options. He called Cigna...no help, empathy or suggestions from them at all. Can't imagine what his Basagular and Metformin will cost. Good news was his Gabapentin was only \$5 copay. Welcome to our new world Maryland State Diabetic Retirees, insulin dependent. Thank you Martin O'Malley 🙄🙄🙄🙄🙄🙄🙄🙄. Praying that everyone manages to obtain their medications, keep a roof over their head and food on the table 🙏🙏🙏🙏🙏🙏🙏🙏. Everything seems to be a tier 4. What ever happened to \$35 insulin through Medicare? I thought that was a cap for injected insulins. I can only pray we survive through this year, as we will not be able to afford long prescribed medications to keep our health conditions under control. Cannot even imagine what my husband's Eliquis will cost for his heart. Soo distraught already and it's only been 4 days under this plan. All prescriptions we've taken for over 5 years. All were reasonable copays through Medicare and State Silver Script program. This is just an atrocious situation for us to deal with now. It's like we must prepare to go unmedicated and make end of life plans. I'm in tears and 🙄 Cannot understand how things could change so drastically. Same meds, same pharmacy, all under plan and cannot afford to get them 🙄🙄🙄🙄🙄🙄🙄🙄

Norma Cook

2014 Retiree

29 1/2 years of dedicated service

Prescription

From Olga Tsipenyuk <olga.tsi@icloud.com>

Date Tue 1/14/2025 10:28 AM

To Ken Fitch <KenFitch@unitedwematter.com>

Hi Ken, this is Olga Tsipenyuk.

My husband Mikhail Tsipenyuk medication OZEMPIC for diabetes with old plan cost \$50.00 for 3 months supply. Now it cost \$47.00 for 1 month. We were told by Via Benefits that it will be cheaper than with old plan. It's almost 3 times more expensive. We have a UNITED HEALTH CARE INSURANCE.

Sent from my iPhone

Issues with new prescription program

From Robin & Phylis <rproberts1113@gmail.com>

Date Mon 1/13/2025 9:56 AM

To Ken Fitch <KenFitch@unitedwematter.com>

Ken and Deb

Our first experience with the new prescription plan was picking up a pain medication at our pharmacy we have used for years. Went to use the VIA card for the copay and put in the pin number we were sent and it was denied. Put the card back in and hit credit and it took it.

We chose Wellcare for our new prescription plan. We are on a sync program with our pharmacy. My spouse's meds were due to be synced and when we picked them up, the following happened. The refill consisted of 4 tier 1 prescriptions and 1 tier 2 prescription. They are 90 pills each. (3 months) With our old insurance it ran \$50. Told us today the total was \$149.

When questioned the pharmacist said if we just took the cash total through the pharmacy and didn't use Wellcare the total was \$74. The catch was going through Wellcare at \$149 it went towards our deductible. Going through the pharmacy was cheaper but did not go toward our deductible. We could use the HRT card for the \$74. Confusing and in a busy pharmacy my husband chose going through the pharmacy and he paid the \$74 out of his pocket.

Now this pharmacy is on the list to use with Wellcare but not the preferred. NOW I called Wellcare and questioned why the charge was \$149 through them, when what I signed up for would have only been \$15. (What we picked up were all generic tier 1 and tier 2. All tier 1 according to the plan showed \$0 Co pay. The outcome from the phone call with this representative was if we used the preferred pharmacy which is Walgreens the total cost will be \$15 for what we picked up. My plan is to stop the sync for my meds have my meds switched to Walgreens and pay the Co pay with the card. This is confusing and makes me question why Wellcare had no monthly cost and everything is way cheaper. I later was told by another member and he sent me a snap shot of it. That all tier 1 and tier 2 do not go toward a deductible.

I am holding my breathe because my spouse now has learned he has cancer again and I anticipate issues. I have also developed some gastric issues and I have bone on bone with my rotator cuff. Got a shot in my shoulder for now which isn't doing much if anything. See a gastric doctor in February and my spouse sees a surgeon today for the cancer.

The State has really hurt our retirees when we most need what we had.

Phylis M. and Robin E. Roberts

1113 Caleb's Way

Salisbury, MD 21804

410 726 7894

Medication Coverage

From Bob Harr <bch7717@yahoo.com>

Date Tue 1/14/2025 2:20 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Hi Ken,

Per your request, I just had a monthly prescription refilled at Giant Pharmacy.

Prior to selecting my Medicare Part D coverage, I looked up the cost of my prescription (Via & Wellcare). At that time, the monthly out-of-pocket cost for my medication should have been \$27.50.

Today, when I picked up my prescription (1st one under new plan) my cost was \$141.24

I'm already taking the generic of this medication, not sure if I'll be able to continue to pay this each month (the Via debit card will help for a while). I'll have to talk to my endocrinologist about this.

Robert Harr
4800 Coyle Road, Apt. 404
Owings Mills, MD 21117

Not sure if I have a We Matter membership number

DebHill@outlook.com

From: Ken Fitch <KenFitch@unitedwematter.com>
Sent: Friday, March 7, 2025 6:08 PM
To: DebHill
Subject: Fw: Prescription Plan

Follow Up Flag: Follow up
Flag Status: Flagged

Ken Fitch, President
United We Matter
P.O. Box 44102
Nottingham, MD 21236

O: (443) 608-0866
F: (866) 499-6904

KenFitch@unitedwematter.com
www.unitedwematter.com

From: Robin Hooper <mymnmgirls63@yahoo.com>
Sent: Friday, February 7, 2025 11:18 AM
To: Ken Fitch <KenFitch@unitedwematter.com>
Subject: Prescription Plan

Good morning, Ken. I hope you are feeling better after your recent hospitalization. I am writing to you in reference to Wellcare vs. Silver Script.

My name is Robin Hooper, retired from Natural Resources Police on disability from an on the job injury in 2003.

I have been diagnosed with Chorea and Torsion Dystonia. When I was on Silver Script, I paid \$33 a month, while they paid \$16,000 a month for Austedo. My new prescription plan with Medicare Part D has denied approval for this much needed medication. I have filed 3 appeals and all have been denied. There are no other medications for these diseases and my next option would be deep brain stimulation. Needless to say I don't want brain surgery.

I am at a loss. Without this medication, I get severe muscle spasms, to the point where I sometimes fall down. Is this the type of information you are looking for? Hope you have a great day

Sincerely,

Robin Hooper

Via Benefits

From Robin Schweers <rdschweers@gmail.com>

Date Tue 1/14/2025 6:03 AM

To Ken Fitch <KenFitch@unitedwematter.com>

My husband and I are both State of Maryland Retirees on Medicare. He is a retired Maryland State Trooper and I was the Board of Public Works Coordinator for 10 years. We both received our insurance cards and HRA cards in a timely manner. The HRA cards were both funded on 12/5/2024, however my husbands funding of \$750 (he was the policy holder for our benefits), was retracted on 12/26/2024. I have since been fighting with them to find out why the funds were retracted. I have been working with a representative there by the name of Melisa Gadi. They either did not responds to my emails at all or had no idea why the funds were retracted. I finally got an email from them the other day telling me that it was retracted because he is not yet 65. He has been on Social Security Disability for almost 8 yrs and on Medicare for 5 yrs. He is on a Medicare part D plan through the state and VIA benefits, all they have to do is look. I sent them his Medicare ID # and still have no funding. I have contacted Melisa Gadi yet again who promised to correct the issue, and I have talked to Rhonda in DBM Retiree Benefits and left her messages. We are now 2 weeks in to January and he still has no funding. This is completely unacceptable. Please reach out if you need further information.

--

Robin Schweers



Virus-free www.avast.com

The VIA Program

From Sandy Dalton <sandydalton611@gmail.com>

Date Thu 1/16/2025 12:37 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Dear Ken,

I am a retired State of Maryland employee who had to choose one of the prescription programs offered by VIA to replace my prescription program I had. The first prescription I put in for was Ozempic. When I went to pick it up they said it would be \$649.00. I handed them my Humana card and the lady said that it does not cover any of the cost. I take approximately 14 prescriptions, two of those are too costly so far, Gemtesa and Fosfomycin. I take these for incontinence and UTIs. I asked for an exemption for these two medications and it was denied so I can no longer get them. I had continuous UTIS until I was hospitalized and given the Fosfomycin. My doctor continued this regimen after she prescribed numerous medications that did not work. Now I can't even get it!

Because I am a senior citizen is it easier for them to reject me? I was told the VIA representatives were fully trained. I say bull.... We were given very little time, I got my paperwork in early and you couldn't get through after that. Several times I held on for the four hours they suggested it would take to get through and when the four hours was up, the call dropped.

I don't know what to do. Right now I have stopped Ozempic and have asked my Dr. to replace it.

Sandra Dalton
1402 Nutwood Court
Crofton MD. 21114
(410) 440-1204

Inaccurate Information from VIA on Wellcare

From sheila HOOFNAGLE <shoofnagle@msn.com>

Date Tue 1/14/2025 10:10 AM

To Ken Fitch <KenFitch@unitedwematter.com>

 2 attachments (1 MB)

Jan Trelegy Payment.pdf; Quote.pdf;

Good Morning. I had multiple discussions with Wellcare before making my decision. My husband has emphysema, COPD and other airway diseases from exposure to burn pits and Agent Orange in Vietnam (Been working with VA for two years. That is another story.) My point is, he needs three different medicines to breath. We were told his Trelegy (the only one that helps him even be able to move) was going to cost \$275.18 first month, \$89.79 second month and \$68.80 March- December. (Paperwork attached listing monthly prices and total yearly OOP). I picked up his prescription from CVS (same location we had on our paperwork) and it cost \$598.13 (receipt attached). I contacted VIA and was told I should call the prescription company. I called Wellcare and two hours later and 5 representatives I still kept receiving the same answer. We had to pay the \$598.13 because of the deductible (we were not told there would be a deductible the first month per the attached quote.) From February - December, the cost will be \$149.50. The estimated total cost for all 5 of his prescriptions for the year was quoted \$1404. Trelegy alone is going to cost \$2242.63 this year.

I talked to 5 different people at Wellcare because the first one I could not understand at all. Very thick accent so I hung up and called back. Second one just kept repeating the cost and could not tell my why so I asked to speak to Supervisor. "Supervisor" couldn't answer my questions and after 30 minutes said she was transferring me to their prescription department. This was an automated line that had to do with billing of premium. No person. Called back and spoke to rep with same word track and had her transfer me to Management. "Management" knew even less. I told her the answers were unacceptable and I needed to talk to her superior. It's important to know that everyone you spoke to had extremely loud background of other reps talking to people. Since this is a call center it's strange that management is in the middle of all of them and not in a quieter space. The last rep I spoke to in "Management" told me she could not transfer me to anyone else. She is as high as they go. I asked her if she owned the company and paid everyone's salary. Did she handle all the decisions and no one gave her any input? I know she was not the top of the line. But she refused to pass me higher or send my information to anyone higher. I asked her name and she said it was Kenny (I had her spell her name) and no last name or identification number. There was no follow up asking for feedback or rating on the callers. Nothing. Just here is your answer and no place else you can go.

Please let me know if you need additional information.

Thanks for letting me vent.
Sheila Hoofnagle

Re: VIA

From Susan Greenbaum <susanlgreenbaum@gmail.com>

Date Sun 1/12/2025 10:51 PM

To Ken Fitch <KenFitch@unitedwematter.com>

Hello Ken,

This was my negative experience with VIA that is going to cost me an additional \$653.00 per year because they did not provide accurate information.

In shopping for plans for my husband, I browsed plans, put in drugs, selected a plan that covered ALL, researched pharmacies, checked the costs of the drugs under plan details and plan snapshot. We made the decision to go with Cigna because of the cost of Ozempic (for diabetes) would cost \$1,118 per year at one of the pharmacies listed (Ruxton Pharmacy), which also happens to be our local pharmacy. It was the least expensive.

Long story short, when I went to the Ruxton Pharmacy to fill the Ozempic prescription, I was told that they **don't carry Ozempic**. Angry doesn't even describe how I was feeling...

The next least expensive choice is the Giant Pharmacy, which will cost \$1,771 per year, according to VIA's website. That's a **difference of \$653** per year, which we had not budgeted for.

I don't understand how VIA can provide information without checking the facts. I'm sure they'll blame Cigna and they'll all be pointing fingers at one another - at our expense.

Thanks for continuing to fight for us!

Susan Greenbaum
1900 Landrake Rd.
Towson, MD 21204

Susanlgreenbaum@gmail.com

P.S. I selected a different plan for myself but I haven't had to fill any of my prescriptions yet.

Via

From tammy burdette <tammy2toots@yahoo.com>

Date Tue 1/14/2025 4:10 PM

To Ken Fitch <KenFitch@unitedwematter.com>

When I enrolled in WellCare through VIA benefits I had a list of all my medications and we went over each one and I was told they were all covered. I just went to CVS to pick up my medication for Arthritis and was told my copayment was \$155.00. The medication without insurance is \$185.00. This is a one month supply. This is the first prescription I have had to fill, and if this is the type of coverage they provide, I hate to see what my and my husbands other prescriptions will cost. The medication I had filled was Diclofenac -misoprostel I hop this helps.