



## President's Message

### HAPPY FALL EVERYONE!

As we move forward into the 23/24 year I would like to thank all of you who voted via email for the Board positions and on the Bylaws update. The votes were 100% for both the Board and the Bylaws; updates are on our website at <https://www.aftwa.org/retirees>. We know that this voting procedure was new but since we did not have a quorum at the Biennial meeting we thought this was the best way to reach out to members. Thanks again! The Board appreciates it!

The Organizing Committee is working on events for the Retiree Chapter for the coming year and would like your thoughts on subject matters and/or speakers that you think would be good for retirees, also if you know of a place in your area that could accommodate an event, for 15-20 people please feel free to contact any member of the Organizing Committee whom are Susan Levy at [sjlevy.01@gmail.com](mailto:sjlevy.01@gmail.com), Sandra Schroeder at [sandearl@comcast.net](mailto:sandearl@comcast.net), and Jacqueline Silver at [jacqueline94701@hotmail.com](mailto:jacqueline94701@hotmail.com).

They would love to hear from you!

If you have an article for the *Spotlight* on a subject matter that you would like to share with the retiree's please feel free to send to me at [Merrilee.miron@gmail.com](mailto:Merrilee.miron@gmail.com) or to [Cortney at cmarabetta@aftwa.org](mailto:Cortney_at_cmarabetta@aftwa.org).

I hope you enjoy this Autumn Season!

In solidarity,  
Merrilee Miron

## OptumRx Home Delivery: How I've learned to ride the United Health Care's bucking bronco

By Roger Carlstrom



**Roger Carlstrom**

(PEBB). We didn't want to leave the Uniform Medical Plan, but we just couldn't afford the premiums, which were at least three times more per month than those promised by United Health Care.

So far, the health coverage has been just fine. The challenge has come in filling prescriptions that I take on a continuing basis through OptumRx Home Delivery. I can order 90-day supplies of each with a co-pay not exceeding \$20. There's a website for doing so, but, oh man, you need to be careful there.

If it's not a rodeo, it's at least a bucking bronco.

I found that if I clicked on any medication listed in my account, say, to check a price or find out something about the drug, or modify its strength, algorithms are hair-triggered to order the damn drug, whether I wanted that or not. Until I learned to tame the bronco, I spent lots of time cancelling orders that I didn't make.

Sadder but wiser, I now deal with OptumRx differently. That is, I call customer service at 800-356-3477. The

Last November, my wife Connie and I swallowed hard and signed up for the United Health Care Medicare Advantage program offered by the Public Employees Benefits Board

robot recognizes me from my phone number and asks for my date of birth. After perhaps another preliminary query or two, the robot asks what I want. I say, REPRESENTATIVE. After another query or two, to which I give the same answer, the robot will put me on hold for an "advocate," but first asks what I want help with. When I say "renew prescription," the robot asks if I'd like him to help me. I answer, "No."

He then connects me with an offshore person whose English is pretty good. After answering a few questions, I am actually able to make my order, and that's that. Subsequently, I receive an email confirming that the order is being processed and then that it's on the way. Very shortly thereafter, the order appears in my mailbox. This way, I only receive prescriptions that I've actually ordered.

### That's how I ride the bronco.

*Roger Carlstrom is a charter member of Local 8045R and served as its first president. Subsequently, he served several terms as secretary of the chapter.*



(Continued on back)

## Leveling the Playing Field

By Susan Levy, Director

As you know, many organizations (PSARA, PNHP, HCFA, HCHR, etc.) have been fighting to preserve traditional government-funded Medicare from being privatized, sold or given to private insurance/equity and other for-profit organizations. This fight was also here in Washington where there was an attempt to deny retired Public Employees the option of Traditional Medicare and forced them into a Medicare Advantage (MA) plan. We have successfully stopped that attempt for now because of responses from you and other public employee retirees who want to continue on Traditional Medicare (TM).

Many of these same organizations are now saying the best solution is begin to level the playing field between TM and MA plans. That would mean TM could provide many of the benefits that some MA plans (vision, dental hearing) have, and TM would eliminate some co-pays and cap out-of-pocket expenses. The idea is to make TM and MA plans similar in benefits and costs so retirees could have real choice in choosing their retirement health insurance.

PSARA has developed some talking points on this issue and is pleased to share them. Please look them over and let us know if you have any questions.

### Talking Points:

- The insurance industry expends enormous amounts of money to advertise Medicare Advantage (MA) to beneficiaries because it is immensely profitable.
- MA policies such as prior authorization, delays, and denials of care ensure that insurers make more money but are well documented to cause harm and even death among patients.

- MA plans divert public taxes into the pockets of shareholders and CEOs, instead of using them for health care. Insurance companies gain the upper hand over Traditional Medicare (TM) in many ways - including via PR campaigns, lobbying, and by using the revolving door between the Center for Medicare and Medicaid Services (CMS) and the private sector (the health insurance industry and private equity).

### The problem - beneficiaries are virtually forced to choose MA plans and can then be trapped in MA:

- TM is significantly more expensive and more complex for the beneficiaries than MA plans. TM requires purchase of both a supplemental plan (Medigap) to cover the 20% "gap" and a prescription drug plan (Part D); additionally, it does not cover most dental, vision, and hearing.

- MA is simpler and costs less up front – but the "cost" comes later when MA beneficiaries encounter limited provider and hospital networks and treatment delays/denials, sometimes with disastrous consequences.

- MA enrollees can get "trapped" in their plans. Once MA patients experience problems with delay, denial, and limited networks, it is often too late to make a change because the current rules create barriers for those who switch from MA to TM and want to acquire a Medigap plan.

**Read the rest of this article at our website:**  
<https://www.aftwa.org/retirees>.

## Upcoming Legislative Work

By Jim Howe, Director

Retirees can share their experience and participate in Lobby Days, Days of Action, and be members of other AFT Washington committees, such as the Legislative Affairs Committee.

Leg Affairs, like many advocacy groups, is in the process now of identifying issues and preparing a draft agenda for the upcoming 2024 WA Legislature session. This is a "short" (non-budgetary) session, with a focus on policy issues, and hopefully fixing shortcomings in the recent budget. Faculty from Cascadia College recently made a strong case for AFT Washington to treat Gun Violence as a workplace safety issue for members and our vulnerable students.

HealthCare is a Human Right, with AFT Washington as a sponsoring ally, has a Policy Committee which follows a very comprehensive process to develop HCHR's agenda for both

the WA Leg session and national efforts, such as the State-Based Universal Health Care Act. In the interim between sessions, the committee has received presentations and background education on:

- progressive revenue
- hospital charity care
- behavioral and mental health
- incarcerated healthcare
- immigrant healthcare

The WA State Labor Council's 2023 Mother Jones Award recognized the work done by the PEBB Medicare Stakeholders Coalition in preserving Traditional Medicare options and listening to retired Public Employees.