

# ***PEBB Medicare Listening Session Summary Notes***

**December 1, 2023**

**PEBB Medicare  
Listening Session Pilot**

**Summary Notes**

Tuesday, February 28, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 11 attendees (1 absentee) with the following plan distribution: 5 in UMP Classic Medicare; 2 in Kaiser Medicare Advantage; 2 in UnitedHealthcare PEBB Complete; and 2 in Premera Plan F/G.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Laurie Weidner (RPEC), Mary Lindsey (WEA-R), David Loud (Health Care is a Human Right and PSARA); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 27 years to 2 months.</p> <p>By plan, here is what was said:</p> <ul style="list-style-type: none"> <li>• UMP –Like dependability, important for those with serious health concerns; Can be used anywhere and coordinates with several specialty providers; seamless transition from coverage as an employee to coverage as a retiree; like that it is Traditional Medicare and doesn't have the perverse incentives in MA plans to deny coverage and get more profit for the company running the plan.</li> <li>• KP – transitioned from Group Health to Kaiser; Group Health was better for getting the treatment needed; had very expensive treatments and paid very little out of pocket. Affordable prescription drug costs. Only have copays when seeking specialty care.</li> <li>• UHC -liked that we could keep the same doctors, but the cost is less; Medicare coverage is good and non-Medicare coverage is excellent.</li> <li>• Plan F/G – once the premiums are paid never have to worry about copays; materials are very good; looks like it's a better plan for long-term expenses.</li> </ul>

What could be better about your current plan?

- UMP – used to have coordinated customer service; cost is very high but would like to be assured there will be at least one choice of a coordination of benefits plan (not privatized); glaring omission that there’s no exercise program coverage; why no federal subsidy – maybe need a regional alliance to advocate for different states; expense is the biggest thing; seems like bunk that UMP doesn’t get federal subsidies. Add gym membership or Silver Sneaker program. Improved vision benefit.
- KP – Decisions with KP made in CA (not locally); found it to be easier to stand in line on Capitol Hill than to spend time on phone/website trying to make appointments; takes a lot of time and get inconsistent answers; all providers’ costs – costs to be able to get the services that you actually want – it’s all about universal health care – would hope for seniors that could become a reality; phone service takes too long and sometimes you don’t see your doctor, have to see whoever is available Eye glasses are cheaper outside the plan.
- UHC – glaring problem is customer service requiring huge investments of time to try to figure out benefits and coverage without informed customer service representatives; not really a dedicated phone line (like was promised in the HCA webinar); reps handle all plans rather than specializing in one specific plan; takes a lot of research and work to get the right answer; customer service didn’t know anything about WA healthcare and couldn’t answer questions; service rep said they only refer to info on computer, which is the same that is available to everyone online; provider directory shows no acupuncture, chiro or naturopath– that can’t be true; asked for someone who could give me better answers and couldn’t get. Was surprised by \$60 limit on massage benefit & ended up having a co-pay, UMP customer service was more familiar with all insurance codes.
- Plan F/G – being on Original Medicare is very good but have to wait for approval for referrals – would like parity between Medigap and MA plans and UMP Classic in terms of exercise programs; hard to get answers from Premera on YMCA participation; just joined haven’t had much experience so far. Would like a place to receive neutral information.
- General - Could not get in contact with anyone to help make informed decision on coverage during open enrollment; was bounced from one person to another and wanted unbiased info.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

- HCA – Could improve communications; retirees need more assistance getting information about their plans; should help retirees compare and contrast the plans. When you call HCA customer service - they ask you to call the plan. HCA has plan webinars but no overarching comparison on how to compare, differences between HMO and other plans, or explaining the differences in the prior authorization process. Some kind of overarching overview of the plans should be available.
- UMP is excellent but it was hard to get counseling for depression; but get the biggest bang (best coverage) for the buck; staying for mental health coverage; gym membership seems like plans just send the gyms money based on enrollment – would rather find own health club; complexity of process during Open Enrollment (OE)
- OE – have to go through all the plans unless you want to stay on UMP; huge waste of human capital; should have more opportunities for COB plans at a reasonable cost; would like to see more dialogue with PEB Board – especially during public meetings; need a better way to provide oversight; more consumer and employee focused; need to see how to get past 'everything is cheap must be good' as opposed to quality and completeness of care; it's seldom the subscriber who benefits; OE needs are not being met; difficult to change plans; timing is bad – only 20 working days in November and forms have to be received by the last day (not postmarked) which is a big difference, especially considering the amount of time it takes to get the information needed due to poor customer service; need a whole lot of people in OE and don't need them for the rest of the year; concerned about the federal government issue (Original Medicare v. MA) and the limited amount that HCA can do about that; disconcerting that MA is the only choice; there are open market plans with better benefits – why am I paying more?
- KP – mail order prescription service for rural area (Spokane) - members worry they can't talk to their local pharmacy but rely on mail order. First Fill may be a problem in rural areas.
- UHC – Want to work with PEBB for solutions but 2 major communication errors in the past year (trying to eliminate UMP Classic with very little advance notice and letter sent to retirees in November about Poly Clinic); surprised there's not a question here about improving HCA communications.

	<ul style="list-style-type: none"> <li>• The real elephant in the room is helping retirees make a comparison between plans to make informed decisions – no overall information like the difference between HMO and PPO or prior approvals – overarching education needed to help compare and contrast plans – maybe have a list of questions folks can ask each plan so the member can focus on what is important to them.</li> <li>• Increase in ACO reach; Wall Street taking over Medicare will result in increased costs.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Hearing aid and hearing support is needed more; address issue of heaving health care plan that is consumer oriented rather than profit centered.</li> <li>• Kaiser original and Kaiser Advantage plans difference is not clear at all; opening paragraph that sets the stage for what difference is; Will the new enrollment process be screening so only have to answer the applicable questions? new website from HCA with guided enrollment process rather than form used during past process. Can HCA provide leadership and advocacy working with other states in seeing that the law can be changed in allowing that state employee plans get drug subsidy?</li> <li>• Confusion when UMP was going away; RPEC is addressing the federal (subsidy) issue; contract that UMP not going to go away but in the past, there was a move to have all retirees on MA plans; planned retirement knowing that the same coverage would always be available – disconcerting that it might be taken away.</li> <li>• Important to get public feedback – it is difficult to bring comments and concerns into any change process – how will these listening sessions be brought to HCA and when will we hear back? How will time impact any policy? Or is this a focus group that gives a good feeling for a couple of hours – how will feedback be used and how will we know when or what will happen next?</li> <li>• Can HCA put on the website CAHPS survey information for PEBB plans? When read the enrollment guide can't figure out the different between KP Original Medicare and KP MA – would be helpful to have some introductory language explaining the plans.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Will the new enrollment process be screening so only have to answer the applicable questions? Need leadership and advocacy to address the federal subsidies questions.</li> <li>• Concerns about First Fill for retirees (especially in rural areas) related to Kaiser plans; before 2022 there were no in-person benefit fairs – very hard to get information about travel and health care needs and medications and how to change plans; no objective information about how to choose plans based on medical needs; change to First Fill policy came after OE.</li> <li>• UHC is under investigation from the Dept. of Justice for Medicare fraud – how come HCA has a contract with them?</li> <li>• Would like to see more support for hearing benefits; dementia care is very costly – what can be done in terms of hearing coverage and having health care plans more consumer centered and not profit focused?</li> <li>• Is HCA fighting for a drug subsidy for COB plans, with other states?</li> <li>• PEBB needs longer public comment times at [board] meetings. 2022 in-person [benefit fairs] seminar in Spokane was very helpful.</li> <li>• Concerned about Medicare vs. MA plans and, at a federal level, ACO REACH.</li> <li>• HCA should mail information and use a larger font and smaller words/simpler wording. Mailings also important for seniors with special needs who don't use technology. Add video information on the plans.</li> </ul>
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<p>What other questions do you have? (We will not be answering the questions during the listening session. Note we want to capture questions to help improve our ongoing communication and outreach.)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• If someone leaves PEBB coverage, can't return – is that something that can be addressed?</li> <li>• Long term care insurance? Family elderly care? Youngster care?</li> <li>• Examination of consumer centered instead of profit focused plans. These are all things that should be addressed.</li> <li>• Is HCA working on lobbying for federal subsidy change? Cost is definitely a factor in UMP Classic.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., email, letters, videos, or website)</p>	<ul style="list-style-type: none"> <li>• Some members are not online and only see mailed materials. Material that gets sent out is confusing; it seems it has to be legalistic. It would be nice if it could be translated into everyday English so that folks could understand it better.</li> <li>• Nice to have charts to compare and contrast plans, but sometimes they are difficult to use. It will take a lot of creativity to change communications.</li> <li>• Need more information about how to switch plans. Webinar was only about UHC. There should be videos from all plans.</li> <li>• Need sufficient staff at HCA during Open Enrollment to get answers without long waits.</li> <li>• The problem with mail is that it has to go to tens of thousands of members at tremendous cost. Prefer email, but it should be specific to needs. Mail should be separated by plans.</li> </ul>
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### Additional Notes from Coalition Notetakers

- [UMP] Respondents were very happy and highlighted dependability, especially with those with serious health concerns; excellent coordinated care.
- [UMP] Provides good access to second opinions, where needed. Affordable prescription drug costs.
- [KP] Group Health was better because it was a co-op.
- [UMP] Coordinating service is still easy but you have to access specific phone numbers (like one for pharmacy, etc.); cost is very high but would like to be assured there will be at least one choice of a benefits plan that is not privatized.
- Would be helpful if they [UMP] list the medications that are not covered.
- [KP] available wait times to see a doctor or to get a response are challenging; no guarantee you can see your physician – or if you can, it will take a month to be seen; seeing a new doctor who is unfamiliar with your needs for each appointment is an issue. Eye center charges 4 to 5x times more for glasses, and KP may or may not reimburse for eyeglasses purchased outside of plan; they do not read the forms they created properly.
- [UHC] acupuncture, naturopathy, and chiropractic coverage provided looks good on paper but in some areas, there are no providers within 100 miles.



- [UHC massage benefit] Took 3 calls over 6 weeks to get evidence of coverage sent. Cannot recommend this plan given the poor customer service.
- [Plan F/G] referrals are made by primary care physicians but still have to wait for approval, shouldn't need preapproval process for referrals.
- [Open enrollment] Could not get in contact with anyone to help make informed decision on coverage during open enrollment; was bounced from one person to another and all provided biased information in favor of privatized plans.
- HCA PEBB Webinars show differences between coverage but no overarching explanations to help retirees decide what the best option for them is; need overarching training to help compare plans; customer service should be able to provide information rather than direct to the insurance plan phone number.
- UMP is excellent but counseling is difficult to receive when Medicare is your primary; doctors did not want to see Medicare recipients.
- [KP] In rural areas, requiring for maintenance medications that people use mail order pharmacy of Kaiser pharmacy; certain geographical locations are 100 miles away and mailing system is different in these areas; this also created major challenges during OE period.
- [General] Corporate health insurers have been conducting stealth takeover of healthcare system under guise of Medicare Advantage; over past year, degree of advantage plans cost more for taxpayers; have to deal with ACO Reach, or Wallstreet will take over Medicare plan.
- Would like HCA to communicate next steps based on feedback received at listening sessions; do not want these to disappear after sessions are over. Is HCA fighting for drug subsidy for UMP? Can they do so in coordination with other states?
- [Communications] Many retirees have limited access to communications because many are not online/don't have computers. Materials sent out are often confusing; simplify the language from 'legalese' to every-day language to be accessible for general public; needs to be mailed in large lettering with small words; creativity needed to be able to do so, but necessary for members. Letters are easier to keep track of than emails. Information about how to change plans needs to be more accessible, especially by phone. UHC was only plan with a video; need this for all plans. Need help to determine difference between plans during open enrollment in a timely manner.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, March 14, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 8 attendees with the following plan distribution: 6 in UMP Classic Medicare; 1 in Kaiser Medicare Advantage; and 1 who will be in United Healthcare as of April 1 (currently on UMP).

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Laurie Weidner (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 years to 45 years; with one enrollment not yet active.</p> <p>By plan, here is what was said:                      UMP – coordinated benefits; feel fortunate as benefits continue to be fine-tuned; excellent access to providers and care; covers well with traditional Medicare and alternative medicine (chiropractic, massage, physical therapy, acupuncture) that Medicare does not cover at all; seamless transition from coverage as an employee to coverage as a retiree; covers more than other plans do; on a medication that really works but UMP is only plan that covers it; access to providers who can give the best care, with minimum of pre-authorizations, denials and appeals; carefully thought out medical and dental benefits in plan; never thought hearing aids would be covered, but they are.</p> <p>UHC – Enrollee switching from UMP to UHC (not yet active) did so because of the lower costs.</p> <p>KP – self-contained system; all the coordination between providers is done internally rather than have to try doing it myself.</p>

<p>What could be better about your current plan?</p>	<p>UMP – Costs keep going up; makes you look at other plans that do not provide the same coverage; need to look at ways to contain costs – even if that means raising the out-of-pocket limit a little bit every year; VSP vision services which only gives reimbursement if you use VSP (but a very minor issue); cost is a concerning issue and question why it is so expensive and what am I getting for that extra money?; lack of information is an issue (how to get more information on all the plans to make a comparison); mostly a fine plan but like all insurance there are efforts to contain costs; feel like I’m infantilized (e.g., can only have 2 vacation overrides for pharmacy refills and have to request refills only at specific time; not ideal for those who travel a lot; would be better to have a system like TSA to identify people who won’t abuse the system and allow them fewer restrictions; understand that things cost more and legislators are working for us; RPEC will seek COLA increase for PERS 1 retirees; cost is high but understand that majority of that is because of no</p>
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	<p>access to federal subsidies (which would take an act of Congress to change); something HCA and PEBB don't have control over at this point.</p> <p>KP – Different world being in an HMO rather than PPO; only disadvantage is limited availability of plan based on geographical locations – only available in certain counties; moving out of state means you would need to get off Kaiser; odd that there is Kaiser NW that runs in Vancouver, Kaiser WA is in Puget Sound, Kaiser in CA, and Kaiser in various states that all seem to be separate entities; would be great if there was some agreement that would allow folks who are in WA to get KP in another state.</p> <p>UHC – haven't had any experience yet; haven't received confirmation of enrollment (feeling in limbo); all materials in HCA's hands now.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>UMP – Confusion about role of Regence and role of UMP because Regence seems to have control over benefits concerns with length of time to get appointments (sometimes 4-5 months), but may have to do with geographical location or a general shortage in providers; many appointments are being done over the phone and working with Nurse Assistants, but sometimes want to talk with doctor; problems with VSP – have to keep seeing them until they make referral to ophthalmologist – then denial for 2<sup>nd</sup> exam if you had one with VSP; used to be better when could choose which type of provider to go to; seemed to be glitch on how to access care with an ophthalmologist; tried to call Regence but couldn't locate providers when calling them; some services being approved depends on coding used and whether you can convince provider to use right codes; no massage therapists in the area will take UMP because the provider payment is so low; hard to determine from UMP website what type of insurance it is; expect more information about what it is and how it functions; UMP could do a better job of engineering their site so that someone could get complete information; when Regence took over, there was a distinctly different quality of coverage (more constrained, a little less accessible); requirements for mental health counselor to continue to qualify made it more difficult for provider; Formulary on UMP site is very hard to navigate; have to really dig for information.</p> <p>KP – Wait times can be very long; sometimes have to wait 1 or 2 months to get an appointment; longer wait time is not something unusual; nice thing to have options like a Physician Assistant or urgent care or nurse line; would like to see if wider geographical coverage area possible.</p>
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	<p>UHC – Hard to get information about prescriptions. Another participant enrolled in UMP responded to comment with “health insurance is a money-making business. Insurance companies and HCA should provide members with the information that they need so they can make good decisions on how they spend their health care dollars.”</p>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <p>Tempting to explain away delayed coverage by pointing out shortage of medical providers – but insurance is also a business – separate from ability to help deliver cost sharing for good coverage – incumbent on us to insist that HCA and insurance companies provide us with information needed to be sure that spending money appropriately; very hard to get information in one place; Google search didn’t give any good solid information; found information on HCA Board site; really convenient for insurance companies to not make information available so they don’t have to answer to consumers.</p> <p>PEBB is the largest purchaser of health care services in the state; has lots of power to make things happens -question whether they can do a better job of getting some of the plans to be more amenable to people’s needs.</p> <p>Lack of subsidy with UMP makes it costs 3 times more. Should the state be taking away UMP Classic rather than leaving that option for people to choose. Some of the KP plans require people to switch plans. If you didn't switch plans, they would default and put them in UMP. Found it odd with a disconnect when we (HCA) use UMP Classic as a default but when we (HCA) try to take it away.</p> <p>Lack of communication in a manner that is easy to access and allows for a better comparison of plans that are available; how does going into an MA plan affect things or a change to other PEBB plans? Don’t know if there’s a difference in coverage; ability to get a lot more information that’s not so general so that we can really compare options.</p> <p>Learned through training for pre-retirement seminar that even though UMP under Regence, Regence is a money manager only and doesn’t make medical decisions; need to know if that’s true.</p>
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After going to Everett clinic for 20 years, it was a nightmare to get information; Everett Clinic – PolyClinic and Regence – consumers were caught in the crossfire between insurance companies; hard to get a lot of information from HCA; had to make a lot of calls to find out if providers and facilities accepted plan.

Customer service at UHC when considering switching plans couldn't give answers on who alternative practitioners are in area; was directed to talk to their provider and providers did not have contracts with UHC. Under Original Medicare don't need pre-approval; if have to do prior authorization with other plans you may not receive the services in a timely manner.

Support Traditional Medicare – would hate to be transferred into MA plan (much more fraud in MA than Traditional Medicare); MA plans denying preauthorizations and prior approvals – no guarantee that those plans will continue to cover things or that the fees will be the same. Received a message from UW about ACO Reach – just a privatization of Medicare; offered continuity of care – “just sign up here” – but no real information.

HCA could really improve in areas of communication, education, transparency, and honesty; only reason knew HCA planned on dropping UMP was through UW Retiree Association, which allowed for opportunity to become more involved in PEBB meetings; inaccurate information given by HCA – told UHC and UMP same or better – but two completely different things. HCA provides a choice of plans, but members need to be notified if a plan is going away and there is not a similar plan to replace it. HCA needs to provide more in-depth comparison among all plans (like preauthorization denial and appeal rates and process for all plans). Those switching to Advantage plans are lacking information as to future impacts of plan compared to others. Information provided needs to be less generalized.

Only way to realize improvements is if we all work together – from HCA website, the mission is to hold health care plan partners and systems accountable for providing quality and exercise significant oversight and implement corrective action if necessary. Looked into how firmly HCA lives up to that. The CEO of one hospital said their goal is to make profit; so, this means they don't make providers accountable. Suggest taking a firmer hand in negotiations with legislators; step up with state and national legislatures to address some of the issues brought up today; don't see why we didn't adopt single payer health care system long ago; we all raised important issues that are squarely in the realm of what HCA

	<p>can do – we invite HCA to ask us how we can help you accomplish those tasks and realize those goals.</p>
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<p>What are the best ways for HCA to communicate with you? (e.g., email, letters, videos, or website)</p>	<p>General comments – Multiple attendees stated that they preferred email communications.</p> <p>Newsletter is very general and covers a lot of broad information – a lot is not necessary or relevant to my situation; would be better to have emails directed to people in specific plan; more specifically directed so hit relevant information.</p> <p>Thought HCA closed to in-person help, so had to do everything online; so many people in PEBB need a variety of communication preferences; almost have to hit everybody from all sides (Zoom, email, mail) to reach as many as possible; people at different places in terms of technology; appreciate having this forum – would be great if offered once a quarter, so that if there were questions they could be asked and answered.</p> <p>Prefer snail mail but in person opportunities at conferences or with SHIBA great.</p> <p>Like the idea of more directed emails (specific to plan); would appreciate webinar or Zoom meeting with opportunity for Q and A; important to have someone from whom you can get an answer; opportunities for smaller groups to get questions answered also important.</p> <p>Emails – generic letter that covers so much makes it easy to miss things; would hope emails could be targeted and cover specific plans so easier to find out what relates to us.</p> <p>RPEC and other associations are great at getting information out.</p>
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## Additional Notes from Coalition Notetakers

### UMP

- Excellent access to care and providers that can best assist with your needs; can access this care to appointments, procedures, and medication with pre-authorizations, denials, and appeals; capabilities and ease of working with UMP
- UMP is the only plan that covers on a very effective medication
- UMP costs keep going up which makes the cheaper plans look more appealing, but the coverage they provide is not comparable to UMP<sup>\*R</sup>
- Can't seem to find much [UMP plan] information in policies
- Feeling of being infantilized with only being able to fill prescriptions within a week of expiration and that only two vacation overrides are allowed per year, otherwise need preauthorization for more<sup>\*R</sup>
- Confusion about role of Regence and role of UMP because Regence seems to dictate much of coverage through UMP, and receiving mixed answers<sup>\*R</sup>
- Takes time to get referral for eye exam with ophthalmologist – if you just had exam with VSP, you are rejected for payment with ophthalmologist exam; coverage was better when they could choose which provider they could go to for vision; sometimes have to ask provider to use specific insurance codes or otherwise UMP will deny the ability to cover a service; many massage therapists in the area will take UMP because of the low reimbursement rates they receive – so massage therapy doesn't seem to actually be covered<sup>\*R</sup>
- When Regence took over responses became more constrained; minor issue is that you really have to dig for formulary on website; found it difficult to find what medications would and would not be covered; formulary is not usable in a searchable way.<sup>\*R</sup>

### KP

- You have to coordinate with several doctors on your own
- Wait times can be very long, even with more urgent issues

### General

- One attendee stated overall information is extremely inaccessible and can't help but feel it is intentional because insurance companies are businesses.<sup>\*R</sup>
- Changes in Kaiser WA required people to change plans; if you did not change plans during open enrollment, you would default into UMP, but if UMP is so awful and expensive to warrant its removal, why is that the plan folks are being defaulted into?<sup>\*R</sup>
- When going to Everett Clinic, Regence and PolyClinic were going to drop Everett clinic; nightmare to get information; transparency is important. Customers were caught between politics, insurance companies, and the clinic; would have been helpful if HCA had more



information; had to do a lot of calling to see if doctors and hospitals were accepted; would say this applies across all plans. \*R

- Received a message from UW about ACO Reach that only said to sign up for continuity of care, which current provider is already doing; shocking to see push for privatization with such little information being provided.
- HCA said that UHC was the same or better than UMP, when they are two completely different things. \*R
- One hospital that HCA has supervisory authority over is managed by a privately held company nationwide; company's goal as stated by CEO was to make profit for shareholders, resulting in abysmal care for patients; HCA did not hold these partners accountable or exercise significant oversight. \*R
- [Regarding retiree associations] I would not trade memberships for any other group.
- Used to get HCA retiree newsletters; don't know if publishing of those stopped; not worth effort of trying to get a hold of right person to address issue.

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare  
Listening Session**

**Summary Notes**

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Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 2 years to 32 years.</p> <p>By plan, here is what was said:                      UMP – Husband has lots of medical issues; coverage is expensive but it’s a better plan. Despite the cost want the best insurance; don’t want to lose quality medical care; want the best coverage I can buy, even if I have to pay more. Excellent coverage; can see any doctor I want to see, don’t have to belong to a particular group; plan is more expensive than others because it doesn’t get federal support; when the plan was originally set up the federal subsidies didn’t exist (they were created as a result of the federal government trying to move everyone to private plans). Secondary insurance meaning that if Medicare doesn’t cover it, the plan covers; excellent coverage, even though expensive; willing to pay because I want the best coverage. Had UMP as an active employee; really glad that I could maintain that coverage and quality of care; big difference between having secondary insurance and a Medicare plan; Medicare plans pay only what Medicare pays – limits type of services that can be received; some plans don’t cover Fred Hutch (Cancer Care Alliance), one of the best centers in the county, which recently found a drug with a 100% cure rate for rectal cancer; chiropractic, acupuncture and massage are covered; know cost is prohibitive for some retirees (PERS 1 especially); people want to be able to access the best care and not be limited to the shortcomings in MA plans. Medicare &amp; UMP coordinate well together. Appreciates that UMP covers a variety of counselors and services.</p> <p>UHC -Moved out of KP area; Concerned about the denials she has been reading about regarding Medicare Advantage plans. Worked hard to understand what would be different; not sure what missing out on by not being on UMP; been able to see any doctor would have seen on UMP; all available whether in-network or out-of-network; like coverage benefits especially the ability to have massage covered; particularly like customer service – get someone immediately. Have \$0 copays, can have 30 massages/year with \$0 copay.</p>

<p>What could be better about your current plan?</p>	<p>UMP – Cost and fuss about getting medications; had to go through 5 different medications with lots of side effects; every medical plan ought to be lobbying Congress to address pharmacy costs. Often shocked how low common prescriptions cost; would agree that if pharmaceuticals are the issue have to work at the national level, may be out of the hands of HCA. If can't get quality Medicare for all need logical amount for pharmaceuticals. On UMP can call customer care and ask if can get generic and generally answer is yes. Some copays for medications are sometimes pretty high.</p> <p>UHC – Noticed that last year drug copay was 27 cents; now it's \$5/month; haven't gotten to the point where hospital stay is needed, but worried about AI indexes kicking people out of Medicare services.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• All needs being met; no concerns over getting in to see the doctor; retired a year early and was on COBRA, now [on Classic Medicare], very pleased with quality of services; like access to quality of providers in Northern Idaho -so many providers now won't accept Medicare at all; very concerned about keeping those providers in the future; if premiums go up will continue to pay because need the coverage.</li> <li>• Slower to get in to see doctor (2-3 weeks; number of residents in area increasing but not of providers is not).</li> <li>• All needs being met.</li> <li>• Reason that reaction to Board discussion was so swift; glad that Board is listening and not moving to close the plan; know that paying more for it but getting quality care. Appreciate having the opportunity to sign up for secondary insurance, as there is a big quality difference between care you can get under a secondary plan v. MA plan.</li> <li>• In UMP don't have to run to Primary Care Physician every step and go back and forth for referrals – this can save lives.</li> </ul>
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What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?

General comments –

How can members support UMP medical plan? How can we continue this wonderful secondary insurance? What are some of the things that we can do to keep this plan?

Really appreciate that UMP coordinates the benefits with Medicare – saves members so much time.

Additional checks from UMP are great and they are not part of UHC or other plans.

Don't want to mess around with UMP; just leave it the way it is. Just got 3 checks from UMP where they did coordination of benefits.

Would like to be sure there is more notice to members in advance if there are going to be any changes to UMP; it's a lifeline. Plan choice is not just an important consideration, in many cases it's a major one.

These folks are so passionate about UMP makes me feel like a fool; perhaps offer more research links for folks to compare plans; UHC straightforward and has great benefits but want to continue to research if I remain in it.

HCA should be able to access services without politics or religion being involved or access to services being limited – if insurance covers it then it should be allowed without other factors being weighed in.

Have concerns about new articles about AI driving denials especially for critical care in skilled nursing or long-term care, etc. Questions about how state plan can have influence over companies using AI (just found out UHC owns AI company).

May have to go with higher drug copays (\$5 minimum) to cut down on costs.

For fiscal management have a drug co-charge (\$5 or \$10) to make drug costs more consistent and realistic.

We should be lobbying Congress to change the federal subsidies – some newsletters give you a link and tell you what to say; don't know if HCA can provide that information but it would be helpful.

	<p>Should the carrier do something that goes against Medicare, what remedies are there? in the past had to sue (after death) and won but very difficult.</p> <p>Advantageous to lobby Congress to ask them to extend federal subsidies to plans like UMP – would be more advantageous to everybody?</p> <p>What will happen after all these listening sessions? Will there be information about what was gathered and concerns?</p>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p> <p>other questions do you have? (We will not be answering the questions during the listening session. Note we want to capture questions to help improve our ongoing communication and outreach.)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Variety of tools – workshops; Zoom meetings; 1:1 meetings in Olympia; provider more resource links on secondary insurance.</li> <li>• Email; letters; like the amount of information received except that notice about UMP closure, which gave everyone such concerns.</li> <li>• Glad this meeting is limited to a few participants, with an opportunity to hear everyone.</li> <li>• If you belong to a retiree association, like RPEC, encourage them to get involved with Congress and state legislators.</li> <li>• Email and letters are best.</li> <li>• Email is really good; opportunities like this are really helpful; letters; website; all the methods mentioned.</li> <li>• Looking at chart in materials (no enrollment conditions or cost for pre-existing conditions in UHC) – sounds like a benefit but it is really a right; appreciated Zoom webinars presented to retirees; attending an in-person benefit fair at the community college. Appreciate lobby services to talk to people 1:1 on choices and what impacts would be; in chart – still have to have Plan F/G and maybe don't have prescription costs but these look like hidden costs.</li> </ul>
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What was your motivation for participating today?

General comments –

Continuing good habits of being informed; don't want to miss anything; HCA has good information and want to encourage you to keep doing it; there's more to health care decisions than just the premium.

Want to keep UMP; helpful hearing members talk about things I hadn't thought about.

Want to know what's in the works for UMP; want to put in my 2 cents, because I am willing to pay for care.

Future retirees should have the opportunity to have UMP; want to preserve it. Appreciate being heard and meeting everybody today.

Keep UMP.

Encourage you to keep UMP; very scary when thought we were going to lose it; very important to most PEBB members; should a major medical crisis occur, don't have buckets of money, but willing to pay for quality care.

Appreciated the opportunity to take part in the listening session.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, March 21, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 4 in UMP Classic Medicare; 1 in Kaiser; 1 in Plan F (Premera) and 1 in UHC PEBB Balance. (The person in Kaiser thought that she would get more information about what to sign up for when she turns 65; since that wasn't the purpose of the session she dropped off.)

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Linnea Mulder (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 years to 20 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Excellent coverage for eyes (family history of macular degeneration, cataracts, and glaucoma). Services are transferable; don't have to pay costs if you are out of WA and something should occur; back when I retired (20 years ago) there weren't as many choices – my primary concerns are being able to travel and be covered and to not have to go through laborious referral process if need to see other providers. Used the plan many times since retirement and have seen multiple specialists and had surgeries – never a question about whether someone would take UMP; appreciate the security of going anywhere and being seen and not have to pay more. Frankly parents had been on UMP, so I knew there were no issues because mom got the care she needed when she needed it; wanted to stay on traditional Medicare and UMP is a good supplement to it. Like that they are not contributing to a for-profit program. Retired teacher and just became Medicare eligible; if something is needed it will be covered without needing preauthorization; travel a fair amount and wanted to be sure would be covered.</p> <p>Kaiser – Like that Kaiser is all in one place; billing is very simple; agreed that eye care is being shortchanged; not sure if sign up for KP through PEBB whether I get dental or do I have to get it elsewhere.</p> <p>Plan F – Gives the flexibility in seeing physicians we would like to see; less expensive; haven't had any issues with it; had to get a Part D plan also, but mostly on generic drugs so selected least expensive Part D; wanted to stay with traditional Medicare (not sure how useful a Medicare Advantage (MA) plan would be); often travel and an MA plan restricts who you see and have to pay out of pocket if you are traveling.</p> <p>UHC -Moved out of KP area; worked hard to understand what would be different; not sure what missing out on by not being on UMP; been able to see any doctor would have seen on UMP; all available whether in-network or out-of-network; like coverage benefits; particularly like customer service – get someone immediately. Have \$0 copays, can have 30 massages/year with \$0 copay.</p>

<p>What could be better about your current plan?</p>	<p>UMP – Wish there was gym coverage; premiums are high and can't afford them; I would change plans if I could get rock solid information that I wouldn't lose the benefits I have; not confident that if I switch to an MA plan the rug won't be pulled out and I question whether I could switch back to UMP; plan costs too much; fat cats in MA are being rewarded with big discounts to encourage them to sign up people; broker sign up members and get a bonus – doesn't affect PEBB members but part of the whole system; either get rid of MA subsidies or give them to UMP as well (would prefer that). One member stated that nothing could be better about UMP plan.</p> <p>Plan F – Support that plan should have gym membership; exercise is very important (many MA plans have it included); plan is different from MA so profits should come back as more benefits (hearing, vision, dentists). Including hearing aid would be helpful.</p> <p>UHC – Fairly new plans; on Complete pay more in premium but have less out-of-pocket; biggest things in Whatcom County – some doctors that won't bill United; don't have as many eyecare places; do get reimbursed and that's great but some folks can't pay up front and wait for reimbursement. Plans never pay enough for glasses and contacts.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Might be problem in the future if more providers do not become available for Medicare aged folks; in general, medical system either doesn't think they are getting enough money from people on Medicare; seems like there may be a question if someone will see me if I am on Medicare; maybe provider not paid as well; strong supporter of Medicare for all.</li> <li>• Medicare is being challenged because of providers; need reassurance that if switch plans can come back to UMP; MA denied care that could have gotten before; MA is not the solution to Medicare issues; MA has taken over half of population; President and VP (of MA companies) get millions. When I retired, information was that only 1 shot at choosing a plan; PEBB needs to find out how MA works and provide more info to members regarding MA plans; my brother's union had a situation where UHC tried to sweep in whole union; had to call Social Security to opt out. United Healthcare is very aggressive; what will happen to the elderly? On high alert to find out about more meetings; hard to get info on</li> </ul>
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	<p>(HCA) meetings. Signed up for a previous HCA Listening Session but was unable to attend due to not receiving meeting information; on high alert for more meetings.</p> <ul style="list-style-type: none"> <li>• Communication is the key issue; spent 30 years as a librarian and dean in higher ed – reads everything; PEBB quarterly newsletter said nothing about discontinuing UMP; understandable dismay on part of retirees that were not informed even if they read everything; current newsletter has a recipe but no information about these listening sessions; if not involved in RPEC would not know these sessions going on.</li> <li>• UMP – All needs being met. Wouldn't trade benefits in order to lower costs.</li> <li>• Nothing to do with UMP, but ACO Reach makes it so doctors' groups can take people who are in traditional Medicare and force them into MA without their knowledge; I'm concerned my current provider is going to try to force me into MA. Only way out is to find new PCP.</li> <li>• Lack of communication from PEBB; let other folks know about these sessions; would have been much more helpful to other folks who are falling through the cracks; did not find out about these meetings until yesterday as they were not communicated by HCA.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• During Open Enrollment found plan comparisons to be accurate and complete.</li> <li>• Last fall when all of a sudden it seemed like HCA was going to put everyone into an MA plan, didn't know it was happening. Understand that it was folks on the west side who raised concerns; would have liked to give input at Board meeting, too but didn't know about the change until an alert during Open Enrollment in November.</li> <li>• Choice of plan is political – not willing to give money to companies that will dramatically waste money that government gives them; 2% overhead v. 15-20% overhead; not willing to support for-profit model; strong proponent of Medicare for all; why are there people in the richest country on earth who can't afford to see doctors and</li> </ul>
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dentists; want traditional Medicare run by not-for-profit company more in line with values; don't want to line pockets of fat cats who use the money to elect folks I don't agree with.

- Should be working with WA delegation to see that classic Medicare plans would also receive same subsidies; coordination hasn't been done – no one seems to be able to pick up the banner and work with the delegation.
- Thank you for listening.
- WA is in the top 5 being actuarially sound across the board; can we do what we are doing with UMP now into the future; does PEBB not need to be more proactive about researching disadvantages of MA plans? Some people couldn't talk today and calling on PEBB to be more powerful about getting information. PEBB being too passive because MA plans being aggressive about putting people into MA plans and then denying. Scientific and financial research so can back up and answer questions. Feel like fishing in the dark. How many people not hearing from? Tens of thousands have questions and deserve to be heard. Need to hold on to what PEBB has been able to do – keep us informed. If can get equal with state patrol and fireman, great but if not tell us why. Devil in details – PEBB guardians for retirees – need to own up to responsibility to give us information.
- WEA retired; lead on putting on seminars; always hear why would I go to PEBB if I can get a market plan? Can you definitively tell me benefit? No one from HCA can answer. These are really important questions; because PEBB says if you go away from us, you can't return – seems like a bit of a threat; why is it one shot and one shot only? Tell me in a more definitive way tell me why I should go with PEBB; because can only go on in certain situations; idea that folks didn't have opportunity to make best decision they could for lifetime decision.
- Better communication; always have an alternative plan to MA; benefits should be similar across all public employee sectors.
- Would like to get down and dirty with someone who knows plans back and forth; won't change plans just for lower premiums; what would I get and what would I lose; don't trust MA; don't know who to talk to; HCA should give tips how to get information; group

	<p>practice seems to be trying to get folks to switch to MA; turned out not true (didn't affect Medicare folks on UMP) - turned out that group trying to negotiate with Regence is owned by United but had to go up several levels to find ownership. PEBB should always keep non-MA alternatives available.</p> <ul style="list-style-type: none"> <li>• PEBB needs to always offer a non-MA plan to its members and needs to not try to push all members into MA. PEBB needs to improve its communications; WEA retired and RPEC do a good job of sharing information with their members, but information should be available to all members, the majority of which are not in associations; state must do a better job of communicating with each retired person; have to change the fact that other groups have different benefits (all retirement benefits, not just health care) (firefighters and teachers).</li> <li>• Need better communication about comparison between MA plan and non-MA plans; why can't non-MA plans offer same benefits? If there's more profit from CMS and more people move to MA plan, aren't we going to run out of funds for traditional Medicare? Should write to legislators about more ways to fund Medicare benefits.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Informative retiree page in every newsletter; WEA does its very best to get information out, but you have to pay dues to get into it; out of fairness HCA needs to be better about informing folks – email, massive sweep – need 1 time mailing for major changes. Teachers are used to speaking and articulating – guaranteed that there will be more attempts to change UMP or Medicare – everyone deserves to be informed.</li> <li>• Email – if you have a publication going out why wouldn't you include everything that affects retirees or Medicare folks; something big (like UMP) needs a letter to plan members; they shouldn't have to go to Board page to get information. Videos and websites are all good sources of education – well-rounded ways to get information needed.</li> <li>• HCA should get everyone on an email list.</li> <li>• Don't need recipe for creamy chicken broth. Use what you have to communicate in every way – shouldn't have people finding out</li> </ul>
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	<p>about big changes at the last minute – Attempt to drop UMP looked ageist because affected only Medicare members; use newsletter; use whatever means available to get message out.</p> <ul style="list-style-type: none"> <li>• Email is great – but make sure who is on the list; WEA retired is the most secure way for me to get information.</li> <li>• Email or postal. Looking at the letter that came out (from provider) – how do I keep from getting swept into an MA plan by ACO Reach? (PCP – Virginia Mason Franciscan). How do I be sure they don't turn my traditional Medicare into MA?</li> <li>• Publications like newsletters are for general audience – should be one page that is just for retirees – easier to focus more on it and can announce meetings or anything else of importance.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <p>My opinion counts; every time I get to share my thoughts about things that are important to me (can speak for others, too), I want to be able to share.</p> <p>Want to participate on behalf of chapter members (East King County) – reinforce with PEBB and Board how important communication is; need to be working together on challenges to Medicare; work with Congressional delegation; listening process is type of process that needs to be in place so can go forward together stronger.</p> <p>Knows how quickly one's funds (life savings) can be depleted by not having good health care – keep health insurance strong for me and everyone else. Devastating cost of illness.</p> <p>Any time given opportunity to speak out on things that affect me or people I represent (classified staff); speak out on their behalf and gain information that can help me or on their behalf.</p> <p>Whatever happens is going to affect me and family; volunteer for SHIBA and get PEBB retirees who need help, and communication with OIC/HCA very poor; talked to program director for SHIBA and he is going to get more information.</p> <p>Proactive; wants info before big change (UMP); futurist wants best for members. PEBB needs to be inclusive in communication, not just to</p>
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	retirement groups like WEA-R and RPEC. People need accurate and thorough info; medical bankruptcy.
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## Additional Notes from Coalition Notetakers

- UMP still saved lots of money since retirement
- All UMP members should have received a letter that UMP was under consideration for being dropped<sup>\*R</sup>.
- Best way to communicate is to communicate. People didn't know about Listening Sessions; nothing in "For Your Benefit" about listening sessions.

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

### Attendees

There were 10 attendees with the following plan distribution: 6 in UMP Classic Medicare; 1 in Kaiser; 1 in Plan F (Premera), 1 in Plan G (Premera) and 1 in UHC.

### Introduction

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
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4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Emmett Mills (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 months to 32 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Options for care are all really good; as good as or better than before retired; in the end paying less in copays and out-of-pocket; really secure that anything that comes up will be taken care of and willing to pay more. In UMP there’s no delay in treatment; other people have talked about other plans where there are significant delays in treatment after diagnosis – that’s not something I want in my life. Can see almost all physicians and specialists at any time. Only issue with HCA/PEBB/UMP/Regence is that it’s really expensive; never had anything else so not sure whether it provides anything more for the money. Retired out of state – first in Montana (very limited number of providers) and now in AZ; no delay, no questions about coverage with any doctors we go to; get answers immediately (by phone); it’s important to us to be able to see any specialist we want, even though the cost is higher. I can see almost anyone at any time; there’s no group or network I have to stay in; have had both hips and knees replaced courtesy of UMP and Medicare. Not had problems in the last year or so; only issue is lack of communication between Original Medicare and UMP as secondary (and whether UMP receives documents from Medicare in a timely fashion). Hope UMP stays – yes, it’s more expensive but it takes care of us. Sometimes get different answers when you talk to folks about why things are not working smoothly. Would rather give up other things than UMP. In pharmacy some generics don’t work (but they cut the cost down); problem when tried to switch to brand name because the cost was too high, but doctors worked to figure out how to get generic covered.</p> <p>Kaiser – Doctor and I have a good relationship; we can use Zoom to talk to each other; no problems.</p> <p>Plan F/G – Switched from UMP and really like it; no problems getting care or seeing doctors; benefits are skinny – would like to see something between Plan G and UMP (because there is no current vision coverage) but really like it. Live in Pend Oreille County – changed from UMP to Plan F; all well and good within Premera coverage. It’s different in Pend Oreille because one hospital recognizes Premera but will not participate in MA plans; each year need to address whether to move down alphabet soup</p>

	<p>(of Medicare Supplement plans); do not have a lot of providers here – have to travel 40 miles to Spokane; needs to be research done on how to overcome providers not wanting to participate in Medicare plans.</p> <p>UHC - Last fall when HCA announced changes afoot, she attended a session with a few hundred others; the message was that UMP was raising premiums considerably and she can't afford it. I was told Uniform would be going away so now is the time to switch; so, I switched to UHC, but I have nothing good to say about it.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – Need better vision and hearing benefits; wouldn't mind better dental coverage for crowns. Premiums are becoming unaffordable which is very difficult for this age group. Don't like having the deductible at the beginning of the year. Don't like what's being done with drugs; doctor will prescribe an inhaler and it's too expensive; then doctor will change prescription to something that Medicare covers but after a few months it is no longer covered. Have to go back and forth (between doctor and Regence) about which drug was affordable, which would work and which will not.</p> <p>Don't understand why UMP is Regence – not sure understand how it really works. Don't know how much the plan pays – seems like everybody gets paid by Medicare; don't see that they pay any more than Medicare, so not sure how insurance works.</p> <p>Relatively lucky with no concerning health issues – no problems with payments. Wish there were better hearing and vision benefits. Jumps with premium price seem out of line with others in industry; don't see that changing but feel like we need to stay in medical plan for the choice of providers. Would like to see the costs addressed.</p> <p>Paperwork for all plans is confusing. Would like all plans to include vision and hearing.</p> <p>People need to know and be accurate in communications and all work together. All Medicare plans are just a maze; Regence monitors themselves – massage therapy went from 16 visits to 24 because they realized it helped a lot of people. Don't like confusion or people not knowing or giving different answers.</p> <p>Kaiser – Don't use the plan very often; sometimes end up having to wait 3 or 5 weeks to get to a professional.</p>
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	<p>Plan F/G – Scared of plan that is less expensive; but no problems with it; almost \$4,100 premium difference compared to Regence. There’s no vision coverage but as long as use Medicare provider plan picks up difference from Medicare; with savings can well afford glasses on own. The lack of providers has nothing to do with HCA or plan – part of the health care system generally. Lack of hearing and vision coverage are two of the weakest links.</p> <p>UHC – So grateful to have PEBB and UMP; realizing that health insurance business is getting more complex; I am getting less able to advocate for myself. I couldn’t afford UMP anymore so switched to UHC; haven’t had a chance to use it. “I think I made a major mistake in switching out of Uniform. I got so caught up in the premium that I decided to go with something else. As a single person living alone, I have to do my best to advocate. And it’s a little scary that it’s getting harder.” There has been very bad press about United denying claims and ultimately the person who was denied wins a lawsuit, but I don’t have it in me to do that. Always counted on the state to provide an advocate. Seems like I get constant wellness and home health messages and tips to stay healthy every week from UHC. Health insurance is supposed to help with costs – don’t need the other stuff. Feel further away from PEBB and frightened about the future.</p>
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<p>Are there any needs that aren’t being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Premium costs are high. If the doctor says you should have medication, somewhere between Medicare and Regence it should be covered and not cost \$100/month. Hearing instruments are extremely expensive; costs are rising in all areas. I worry about people who are diagnosed with serious diseases waiting weeks for treatment. UMP allows for a choice of doctors (not sure if other plans have that).</li> <li>• Hearing aids – the federal government loosened the rules and made over the counter (OTC) options for mild to moderate hearing loss, which should be covered. Other than that, I am very satisfied with cost and ease of use of plan. Out-of-pocket costs are very reasonable.</li> </ul>
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	<ul style="list-style-type: none"> <li>• You are assigned to a doctor in your area; no choice but to upgrade. Some doctors in KP stay only 3 or 4 years and then you have to start again with a new doctor.</li> <li>• Premium is high but I don't see how fees would be lowered. I know the plan is self-insured; not sure anyone is addressing that the premium is high and why; not sure who you work for and what you really want to hear.</li> <li>• I agree that all needs are being met. When you are in a rural community it is very difficult because there are very few doctors, but that's not a problem with the plan. Cost is an issue.</li> <li>• Cost of the plan – the premium.</li> <li>• Thanks to the participant for naming issues of why we are here. We were told at the benefits fair that UMP is going away and that's why we jumped to UHC. Raising the premium was to force people to switch. I can't get through to UHC but if UMP is not going away, I may have to switch back (but I really can't afford it). I am dreading having to use UHC for a serious health issue. UMP does provide excellent coverage for hearing exams and hearing aids and are wonder to reimburse hearing exams and follow up (full coverage every 4 years, I think, but can't remember). UMP has the best coverage around for hearing.</li> <li>• No needs are not being met. Next month I might have different matters to talk about (procedure coming up that I am not looking forward to). Pretty much satisfied [with plan] but hearing and eyeglasses are weaknesses.</li> <li>• High drug costs. Confusion about who pays what and who pays when; sometimes double billed (because I paid before the bill got sent to insurance) and it's too difficult to try to get money back. I love my doctors – they know me and do teamwork and keep me looking the way I look.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Appreciating the communication piece like this group and email given at the end of [retiree association] presentation. I sent in questions and got answers right away. Relatively easy to get someone to speak to. I would like to continue to make it easy to communicate with HCA.</li> </ul>
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- Would be good to improve the education process; there is confusion about plan comparisons, especially during Open Enrollment. Dental insurance could be improved.
- SHIBA through OIC – they have a toll-free number (1-800-562-6900) and can described different plans M-F 9-5. I was surprised that Plan G would work so well. Why do you have to buy medical coverage in order to get dental? HCA charges a surcharge for people who smoke and if they have a spouse who could enroll in a comparable plan; those surcharges haven't changed in years – would it be possible to increase them to lower premiums?
- The order of HCA/PEBB/UMP/Regence – do we have any idea what HCA does? So really the PEB Board should be listening, and they make decisions. Will you give them this feedback?
- When I retired, I knew I would have medical needs and wanted to be able to pick my doctors. I couldn't take the risk of going with any insurance where there would be any question about coverage or access. As a state retiree the cost is less than comparable coverage on the commercial market.
- Who or what office to call with PEBB to help negotiate with a new insurance plan. I haven't needed it yet. I tried to get information before I enrolled and was unsuccessful. I want to know if there is someone at PEBB who can advocate.
- Dental cleanings – for the amount of money paying through premiums, if you have a root canal or other procedures you are paying almost as much as yearly premium. Need to review dental plans for coverage and premium versus out-of-pocket expenses and track especially for retirees.
- Don't know how many Medicare plans there are. Medicare as primary worked find but some clinicians didn't want to work with Medicare; Regence UMP is full secondary insurance, so you are basically double insured. Why do they keep adding Medicare plans? And how do they work with them? Would like more information about what all the Medicare plans are and how they work with Medicare. As far as dental, I have Delta Dental separately from Regence. I have heard of folks leaving UMP and then having to fight to get back to it. I know folks who moved to less expensive plans, but the coverage is not the same.

*We received the following comment in chat from a participant:*

	<p><i>Why did you refer to talking to real people as if our representatives at the PEBB are not reflective of retired subscribers' experiences and concerns. I found that comment disparaging to our representatives.</i></p>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Email initially – direct me to other emails or phone or link or whatever.</li> <li>• Letter with information that is clarifying and concise. I want it in writing so that I can read it at my leisure and re-read and understand it better.</li> <li>• Satisfied with everything I get; I know to go to the website. I don't want email. I want notification to go to the website or want paper.</li> <li>• Letter.</li> <li>• Newsletter, which I can review, and I can go to the website listed if I have questions.</li> <li>• Email – unfortunately sometimes letters don't get read or are accidentally thrown out with other flyers.</li> <li>• After listening to folks, I see it's different for everybody. I like the newsletter first. Today I was late getting on the call because I was referred back to the original email and I couldn't find it – email is not the most reliable. I have the newsletter I got in the mail.</li> <li>• Email – history on the cell phone if you have never cleared it, can help find old emails.</li> <li>• I like letters, but I like email as well. If I don't understand or am confused, I can call (HCA, Medicare, Regence). I use all methods.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• This is my health care; I care about it; I wanted to be sure that I could share and that I knew what was going on; health care is important.</li> <li>• Health care is a priority; I need to know what's going on.</li> <li>• I think I made a major mistake in switching out of UMP – I was so caught up in the premium change that I decided to go for something</li> </ul>
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	<p>else. I agree that health care is important. As a single person, I have to be my own advocate and it's scary that it's getting harder.</p> <ul style="list-style-type: none"> <li>• UMP is all I know – this has been really good.</li> <li>• Really support having these sessions – it's important for retirees to have a personal voice and for HCA to be listening. I know that there were sessions where HCA came, and retirees didn't feel heard – it's important to know that the retiree voice can be heard.</li> <li>• Retirees need to be heard – something they are just expected to go away. Younger retirees need to help be the voice for older retirees. HCA needs to keep people involved in the process.</li> <li>• We received the following comment in the chat from a participant: Why did you refer to talking to real people as if our representatives at the PEBB are not reflective of retired subscribers' experiences and concerns. I found that comment disparaging to our representatives.</li> </ul>
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### Additional Notes from Coalition Notetakers

- In some cases, brand name drugs are not covered by UMP, only generics. Don't like what is going on with drug prices. Sometimes pay \$70 out of pocket costs for some drugs. Changed to more affordable drug options covered by Medicare.
- One participant said the UMP hearing coverage was excellent.
- You are assigned a doctor in your area and you can't change doctors. A doctor may only stay in your area for a few years, so you have to constantly adapt to physician changes.<sup>\*R</sup>
- Wouldn't trade benefits in order to lower costs.
- Want to know how I can contact PEBB when I need help. Who will help me advocate?
- Dental premiums are too high.
- Having to have UHC help me in a medical emergency is a very scary thing.
- Retirees want to have a voice and HCA needs to listen and retirees need to be part of the process<sup>\*R</sup>.

*Internal Notation: \*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, March 28, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 9 attendees with the following plan distribution: 2 in UMP Classic Medicare; 3 in Kaiser; and 5 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Emmett Mills (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 months to 22 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Stayed on UMP because scared to switch (friends had switched to other plans and were denied care); Tier 1 drug is very expensive; have to hit a certain dollar amount for plan to pay more, but now it’s costing me \$350 for 3 months. Stayed on UMP because it’s the best (and as a volunteer medical POA I’ve been exposed to lots of different companies).</p> <p>Kaiser – So far excellent, but there are no care options on Whidbey Island (have to go to Seattle) but very pleased with service and love it. Doctors have been fantastic, and staff and clinics are super – very happy with them. Transitioned over when hit Medicare age; really happy with it; pharmaceutical coverage is not great but not overwhelming in terms of cost. I don’t understand copays, but all my tests are covered.</p> <p>UHC - I switched to UHC but I have nothing good to say about it; most stressful time for me and my husband. Switched in January 2023; by lowering premium cost could afford to pay for dental; if I don’t have teeth, I don’t need medical. Couldn’t justify cost for UMP, so went on Plan G but then switched in January 2021 to UHC – haven’t paid one penny; love it so much, talked to 3 friends and convinced them to change to UHC. Premium even went down. Continue to get great coverage, minimal out-of-pocket for Rx; our Rx not super expensive; don’t have copays for most things; had surgery last summer that was completely covered. Love it (and husband joined this year); so far so good. Changed from WA Rx to Optum and I didn’t know it, so drug went from under a dollar to \$15, but certainly appreciate lower premiums and they’ve paid for all medical things. Also convinced several friends to move over. Nothing could be better – wonderful facility in Wenatchee (feel badly for folks in rural areas without these big clinics to go to); UHC always answers phone and always have someone to talk with (not the case with HCA); wonderful health care at a fraction of the cost paid before.</p>

What could be better about your current plan?

UMP – Astronomical prices; thought it worth the risk because of bad experiences friends had but recommend that PEBB negotiate with UMP to lower cost. Don't know if I can keep it up if premiums go to \$500/month. Called UHC to find out what benefit would be but unable to get an answer and didn't know what number to reach before end of Open Enrollment. Number of providers has shrunk in recent years; sometimes they are no longer accessible (so the network is shrinking).

Kaiser – Only complaint is when I was sent to PT and wanted additional sessions I was denied; had to appeal and got only 1 extra session, even though Dr. and PT agreed that more sessions were needed. Would love to have something on Whidbey so don't have to drive 100 miles to get care. In rural area, physician availability is limited and visiting doctors are not there often enough; not available as frequently as needed in area; had a phone visit with Dr. and then did lab tests locally.

UHC – Call help line is not as knowledgeable as Regence was about how the plan works for me; Not knowledgeable about PEBB UHC plan. Confusion about reimbursement rates for in-network and out-of-network providers. Rx used to be able to go local and could get 3 months for \$5 – now local is one month for \$10 – forced me to use mail order service (which is ok when at home but when I travel doesn't work); UHC is paying providers the lowest reimbursement of any plan – concern is that while it is inexpensive for me, the providers I see may drop out if they are not being paid; if UMP ever gets to a lower premium I would switch back in a heartbeat. Should work towards WA only healthcare plan where still have Medicare in the background but the state is still the one serving it - not have bean counters in the background who say you need to wait [for services] and are only concerned about profit. Move to something more local or at least humane. UHC has all types of plans and plan through PEBB is quite unique and more inclusive than other plans. At times when I've had to call UHC there was confusion because person didn't know about PEBB specific plan. Difficult to get to right person for our specific plan or to give information to provider about WA state plan (had to go to battle with chiropractor to get them to accept (doesn't matter if in network or out-of-network – UHC pays the same) but it took quite a bit to get the office to understand. UHC was very helpful; problem at chiropractic office end, not UHC. Husband diabetic for 30 years and for last 10 years gets two bottles of one drug; it has taken 3 months to straighten out so he can get the right medicine at the right amount. The switch over to the plan was delayed and then they did an emergency order to get insulin. Left lots of messages but nobody could help. Then UHC covered 2 bottles of R but not N (even though had script). UHC said

	<p>Dr. had to preauthorize and it went through but can't be refilled for 200 days – then they authorized for N and took away authorization for R; talked to Dr. and they redid authorizations – finally got 2 bottles of R and 1 bottle of N. Thoroughly believe that UHC intentionally delayed and didn't want to cover due to cost. Feel like my skin has been scalded. Trying to switch back – filed an appeal. Nerves have been shattered. WA should go the route that OR has – let the state be the self-insurer and run the MA plan. Don't believe that PEBB explained at all what would happen if one switched plans. Nobody tells you anything – pharmacy switched test strips (saying those were only ones covered) but husband doesn't have meter to use with new strips. It shouldn't be such a big deal to get insulin. If can't switch before November will definitely switch back to UMP in November. Share concern that reimbursement for providers is very low and they will drop off plan. WA should have Medicare for all covered by the state. PEBB doesn't tell you the risk you're taking for life-saving medicine – when prescription would get the right medicine or supplies it should be covered. Why can't HCA provide real humans to troubleshoot when you run into problems? Seems like a second job for retirees to go through gyrations to get what's needed – why can't HCA help?</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Haven't been on plan long enough and haven't been sick.</li> <li>• Needs are minor (especially compared to others') but would like on UHC for Rx to see local pick up or mail order delivery at the same cost; seems like they have control over mail order – would like to be able to decide for myself.</li> <li>• Explanation about who to call on UMP for information about drugs and would like to use Costco which is much cheaper.</li> <li>• Lack of communication; let other folks know about these sessions; would have been much more helpful to other folks who are falling through the cracks.</li> <li>• Tried to understand different Tier structure for pharmacy when choosing a plan; found the information very confusing and difficult to navigate.</li> <li>• UMP was amazing – when husband had serious lung problems, they flew to Japan to get special glue – now on UHC can't even get insulin for a diabetic. I was persuaded to switch because HCA sent out flyers</li> </ul>
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	<p>saying you could save a lot of money – why should this be so hard? No one to call to say help, I’m drowning.</p> <ul style="list-style-type: none"> <li>• Takes a long time to get an appointment; had an e-visit during Covid – Dr. called back within an hour (of asking for visit) and was able to get Rx at local pharmacy (much closer than KP clinic); don’t know why copays are so high and appointments take so long to get.</li> <li>• It would be wonderful if there was someplace on the website if are on UMP where you could see if the provider is not part of the plan (network). I went to see someone and didn’t check – not in network and didn’t even take Medicare so out \$600 and couldn’t get reimbursed. Would be nice to know steps to follow. If the provider doesn’t accept Medicare, you are out of luck.</li> <li>• Seems to be that plans work differently in different parts of the state; have always been able to get in to see doctor within 2 days. Thanks to PEBB for having these different plan options.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Thank you for listening sessions; haven’t heard of any other place to be able to give feedback without judgment with willingness to listen and act on feedback.</li> <li>• HCA staff will also be retiring – everyone benefits.</li> <li>• Presenter (maybe from PEBB?) explained why UMP so expensive because of how it was set up. Let us know earlier on if there is an option that’s more like Regence but functions more like UHC (federal money not coming to Regence plan but does flow to MA plans). It would help all of us to come to something that works for all of us across the board; get it right back here in the state where the government would be secondary to Medicare.</li> <li>• Thank you for listening to us and providing a chance to do this; is it even possible to negotiate with the UMP people (to lower premium) and if not, need to know so can choose a plan for myself.</li> <li>• My husband was also part of state retirement as a firefighter but didn’t have the option to participate in PEBB; I am grateful to have options. First year in Medicare went with Plan G – had to also purchase a Part D plan, which was a huge ordeal to get. Had to pay for 2 separate plans and the Rx deductible was so high. Should work on making process easier for folks who do want to be on Plan G</li> </ul>
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	<p>(recommended by SHIBA), but whole process of getting a separate Part D a big hassle. Will participants receive any information, or will this feedback just be presented to HCA? Don't understand exactly what state-run insurance would be – but would find that very concerning based on experience with things run by the state of WA. Having options that we can choose from is a better option and we have the opportunity to change every year if not happy.</p> <ul style="list-style-type: none"> <li>• I chose to work for the state because of the medical and retirement package; enjoyed state service but it was part of the trade off for lower salary to have better retirement benefits. Found it very complicated. Don't know of any to talk to about how plans are working for them. OR had a study going on with legislators and WA also – idea that state of WA runs an MA plan (instead of paying a for-profit center) is worth exploring because so many people without medical insurance and the whole thing is so complex.</li> <li>• How to gather information as to what HCA provides as opposed to PEBB and how they work together. Would love to see an advocacy for us through one of the agencies, so when there are questions or you need help it would be available. Where do you go for general information about plans? Want to thank RPEC for their participation and for developing these listening sessions.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Right now open to everything – online quite a bit but do like having a paper copy to read through. Would love a Q and A page – would be great to have it in a print version also. Heard about this through retired teachers union – Mary Lindsey does a super job communicating all the opportunities for retirees.</li> <li>• Like choice with emails and letters. Notices should be sent in advance, with reminder emails. Only knew about this session through retired teachers union and they opened up slots. There was nothing from HCA/PEBB – failure to communicate this was going on.</li> <li>• Paper; found out through WEA retired; like to have a paper copy (as well as email).</li> <li>• Mail if it is about a plan or significant changes. Q and A on email would be fine. I save information that has been sent year to year.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Email reminders or little updates to check something out; don't like to get all the information by email. Like the newsletter (especially the one before Open Enrollment). Definitely having the website available (don't use it much but like it being there). Any time communications can be made simpler would be great.</li> <li>• Letter if important information; would love to have a phone number of a real human being who can answer questions; like email alerts.</li> <li>• Prefer things in writing (letters); not everyone is on the internet. Don't always look at emails, but email alerts are good. Heard about this through RPEC.</li> <li>• Paper is best.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <p>My opinion counts; every time I get to share my thoughts about things that are important to me (can speak for others, too), I want to be able to share.</p> <p>Want to participate on behalf of chapter members (East King County) – reinforce with PEBB and Board how important communication is; need to be working together on challenges to Medicare; work with Congressional delegation; listening process is type of process that needs to be in place so can go forward together stronger.</p> <p>How quickly one's funds (life savings) can be depleted by not having good health care – keep health insurance strong for me and everyone else.</p> <p>Any time given opportunity to speak out on things that affect me or people I represent (classified staff) speak out on their behalf and gain information that can help me or on their behalf.</p> <p>Whatever happens is going to affect me and family; volunteer for SHIBA and get PEBB retirees who need help and communication with OIC/HCA very poor; talked to program director for SHIBA and he is going to get more information.</p>
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## Additional Notes from Coalition Notetakers

- Had trouble finding out if a specific prescription drug was covered. Wants more government self-insured plans.
- Provide a senior health advocate
- Interested in having HCA explore a state-sponsored MA plan. Rep. Riccelli is also interested in exploring this.
- Wish that HCA had done more promotion about these listening sessions. Heard about them from teachers' union.

**PEBB Medicare  
In-Person Listening Session**

**Summary Notes**

Wednesday, March 29, 2023  
10:00 AM – 12:00 PM  
Tumwater, WA

**Attendees**

There were 4 attendees with the following plan distribution: 2 in UMP Classic Medicare and 2 in Kaiser Washington Medicare Advantage.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Laurie Weidner, (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 2 months to 14 years.</p> <p>By plan, here is what was said:                      UMP – Good coverage and the copays are relatively low. It is very expensive, but I appreciate the coverage.</p> <p>Chose the plan because I wanted to be prepared for issues that might come. I haven't had much illness my whole life, but since I've been retired, I've had some health issues. Was a good choice for me until the prices went up so high, to a ridiculous amount (which is not in line with premiums for other plans).</p> <p>Kaiser – I was always a Kaiser member, chose it again once I retired. I have friends on UMP, but I like Kaiser because it's easy – you pay your copay and then everything else is taken care of, don't have a lot of paperwork and have a lot of choices for doctors. There is a concern about specialty care and second opinions; things I need to speak with Kaiser about. I don't want to end up like a friend who needed a stem cell transplant. I don't know if I could work with Fred Hutch – that's something I would have to talk to Kaiser about.</p> <p>I was on Kaiser as an employee for decades, so it was a seamless transition from the active plan.</p>

<p>What could be better about your current plan?</p>	<p>UMP –Price is very high. I get less from retirement income this year (even though my income went up this month) than I did each month of last year because the Regence cost is outrageous. I found out about these sessions through WEA. No real concerns except cost. Kaiser works well for my daughter (except she never gets to see the same provider). I use MultiCare; now my doctor is on sabbatical, and I haven't been able to see the same person. UMP Classic becomes less enticing – if I have to see a different provider I might as well go with Kaiser. I'd like to stay with them because I don't like to switch back and forth, but the cost is concerning. There's no guarantee that UMP Classic cost will not go up (but I think it should go down). I don't know why it is so expensive; the difference is so big, and it makes no sense. When I worked, I gave hours of unpaid</p>
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service to the school district & never got reimbursed. I never took a lunch time (because that's a good time for kids to come in and get help) and I felt backstabbed as a retiree because the state wants to push me out of a good plan. Now I have less money to spend every month because the cost has gone up. Someone who knows about finances should find out why the cost is so high. I checked out some other companies like United, which was fairly close to Uniform, but the problem is I tried to get basic information from them and there was no local information and no local contact. The person on the phone was from some southern state and didn't know much about United plans and didn't have any knowledge about PEBB plans up here. I didn't expect to be on the phone with someone not even in this area. Now I am on a lifesaving medication, have to take it for the rest of my life and it is very expensive, and had a pressing question whether I can still get the same medication at a comparable cost to UMP but wasn't able to get any information. The state didn't provide a link to someone who was knowledgeable about the plan and could provide answers.

Kaiser – Understanding the retirement process is difficult. Have to go to DRS and then you have to go to another building for the medical stuff. I was fortunate that it was pre-pandemic, so I was able to talk to someone face to face. They were very good about the explaining the paperwork and phone numbers and where to go. With Kaiser, sometimes it seems they are a little blind – feels like something is missing or I don't know if I need to do anything else. Kaiser could be better about providing information about the transition from employment (if you had Kaiser while employed) into retirement. I have a friend in Uniform (I think she has MultiCare), and every time I talk to her the doctor has changed. I assumed if you were not in Kaiser, you always got to see the same doctor. In Kaiser you have a primary physician, but they have many patients, and then have Physician Assistants or other doctors available; can call, email, or do video visits and you can get in faster, unless they take a vacation. I like the pharmacy – no problems and it is easy to switch from generic back to brand name drug. I am concerned that if UMP went away there wouldn't be medical coverage or coordination with UW Medicine and Fred Hutch available with other plans; Kaiser had agreements with Fred Hutch. I have questions about travel coverage and am always concerned about being out of network – if I get stuck somewhere being ill what would it cost and what would it take to bring me back here if I needed treatment? I paid \$800 for a \$58,000 bill, very happy with that. I have questions about out-of-network care and specialist care and how all that is coordinated. When folks go into retirement, there should be coordination with DRS and HCA; it's overwhelming because there's so much to do, paperwork, etc. – the

	<p>process could certainly be improved. The Kaiser Medicare Welcome Team wasn't well equipped to answer questions. Overall, I am paying less in premiums which is good (going in the right direction) and will be even better in 2 years when I am on Social Security), but I had to pay an extra month for Part B because of enrolling in February; seems like Kaiser should give more information. I hand delivered my check to HCA which is good because you get the chance to speak someone face to face and I found out the form wouldn't take the last digit of my Medicare number online, but when I told them, they said they heard about that in Open Enrollment and not to worry "we got you covered" and just fill in the number. Maybe nobody at HCA took care of that form yet. Really threatened the "seamless" transition.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Communication from PEBB is lacking; I found out about UMP potentially being dropped through WEA. Nobody I knew who wasn't in WEA had heard anything about this as late as September. The coverage in UMP is great – I had a knee replacement, which went so smoothly, care was timely, and didn't have to pay anything.</li> <li>• Dental coverage – I have Willamette and hoped it would be a seamless transition but when I called to make an appointment, I was told that now that I am on Medicare I am out of the network. I had assumed it would be seamless but there's not much information available.</li> <li>• I have a colonoscopy every 5 years through a Kaiser contractor in Lacey. I have had the same treatment previous 2 times (anesthesia, so I am out during the procedure). I was denied because Kaiser said I needed pre-authorization, but Kaiser should have said something beforehand.</li> <li>• Go over websites that explain all the medical plans – it's very cumbersome, and we are used to being educated. It's very repetitive information. It would help if someone could go through that website and pretend to be a user and find out how quickly the information can be found, and how clear the information is.</li> <li>• It's almost impossible to get a provider appointment; tried to involve folks at MultiCare in this conversation – seems there's a shortage of doctors in the country. I am also being told that a lot of nurses and doctors left to go to other states because of WA</li> </ul>
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requiring vaccines; when you have medical issues, you should not have to wait 2 months or even 4 weeks to get an appointment. We are paying a lot of money for insurance; the lack of quick appointments is reason alone would consider changing plans, but I need to do a lot of research first. Unsure of the reason, but this wasn't the case before with UMP; if something comes up you should be seen to rule out something serious. Tacoma MultiCare was a good company to deal with, but now difficult to get a timely medical appointment. I know others with MultiCare who have the same problem.

- I know folks are concerned about losing UMP and not knowing where the idea to end it came from. Why wasn't there involvement with stakeholders and engagement before the decision? Other agencies are trying to be model employers and have active engagement, brought in stakeholders & unions to keep everyone in the loop & keep morale up. Retirees have more medical issues and have a bigger stake in these decisions; and if you don't know about it or know it's taking place. The front-line staff know to tell folks what is going on. If only HCA had used best practices that have been around for years, they could have reduced the angst (which could cause medical problems) about UMP by following that tradition.
- Never had a problem getting care but I had a friend with an emergency eye issue and needed specialist care; and the specialist who could do it that day was not in network, there was no one available from Kaiser, and pre-approval was 24 hours, but the patient couldn't wait until next day to get approval. Preapproval for emergency situations could be a bit of a problem; with Kaiser I always assumed wouldn't have to be preapproval & everything would just be covered when you go in. Worries me that in situations where may have to wait 24 hours to get seen. I have a rotator cuff issue and I have to find a new massage therapist (I had one but they have stopped taking Kaiser because so much paperwork and they don't get paid as well). I need to look through approved folks; can't take friends' or anyone else's recommendations; it's difficult when you get into specialty, chiropractic, naturopath, acupuncture, because the provider may not be in network. It would be nice to expand Kaiser's network and get better reimbursement. I would love to try naturopathy but probably can't find someone to work with. Don't go to PEBB website often because it is confusing, and I am familiar with computer stuff; and it doesn't answer questions easily.

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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• When PEBB just decided to drop UMP, it was only for Medicare folks; it was going to stay in place who were all still employed. This made me very unhappy; seems ageist; drop all the old folks and keep everybody else. There wasn't any explanation of why they would do this.</li> <li>• The ability to get a live person to get advice and answers is key. HCA treats you with respect; their lobby folks are street smart and can help you; get problems solved in 10 minutes. This is something that HCA does really well. They have savvy folks. I want that ability to always be there. It's the mission of state agencies to be the best employers and be inclusive; jarring when you retire and are not seeing that same experience. HCA folks are perhaps not able to help us in ways that are the best practices; if in person services are not available to the rest of the folks in the state, that's a problem because it's the best way to provide answers. Take care of the little things and then won't have big things to worry about. HCA should focus on being the best collaborators and partners, but sometimes it feels like the folks on the phone are not allowed to be that way. Open up and ensure staff is the best resource you have.</li> <li>• All the other plans (aside from UMP) have an exercise plan included in the program; it should be free because ultimately it will save money because it results in better health.</li> <li>• Is the Regence plan the same as it was as Premera? How does PEBB decide what to offer (which companies) and why do things change (like plan availability)? I need a better understanding about why UMP is so expensive; I am not clear on why prices are so high. I understand it's a self-insured program, rather than national.</li> <li>• My mother was on PEBB and Kaiser; she has passed, but the whole process went well of taking her off the insurance. The telephone staff at HCA are really good; I do appreciate dealing with a live person, not just online forms, and having them reassure and assist me. It improves how I think about HCA. The telephone staff do make a difference in how I think about the agency. Please don't get rid of the call center as a cost cutting measure, they really make a difference.</li> </ul>
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	<ul style="list-style-type: none"> <li>As a retiree from a non-DRS plan, receive pension through union and have to write three checks, Medicare, HCA medical, life insurance. Didn't know of the separate payments prior to retirement.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>Emails because I don't visit the site- but I didn't receive anything from PEBB about dropping UMP until I complained.</li> <li>Regular mail for important stuff (by being a hard copy it lets me know it's important). Emails; but sometimes there are technical issues with it. Webinars – last fall when I thought about retiring, I found some important facts. I realized for the first time the need for a split account because my wife is not yet Medicare eligible. In person visits have to be available. The call center is good but have to make sure it's not in some other state. Benefits fairs every year. HCA should go around periodically to senior centers or somewhere else to allow seniors to raise questions and get answers. HCA advertises where to dispose of old medication – they do a good job on media ads; should use that model to promote other ways to get questions answered. Look at other forms of advertising (such as Facebook or social media).</li> <li>Emails are best.</li> <li>Texting is really good (because I get so many emails), especially if there's something I need to know right away. Letter or website notice of webinars, like what DRS does. When you are going to choose a new plan there should be different ways to present information (benefits, premiums, why prices are what they are) so you can go back and review. Letters are interesting because I don't tend to get those very much.</li> </ul>
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### Optional Question

- What was your main motivation for participating today (in person v. Zoom meeting)?
  - Wanted HCA to hear my concerns

- Like in person better than Zoom, I find that lacking and I'm glad you all made yourselves available for this and gave us this opportunity.
- Wanted to hear what other people had to say
- In person meetings are more real to me
- Knew about it and wanted to contribute but short notice (folks wanted to know time/date/location before registering); attended virtual session too
- Appreciate that HCA wants real people to give feedback, but need more notice – one less concern to think about
- Lack of notice or information may have contributed to folks not showing up,
- Too many Zoom meetings; I'm Zoom meeting-ed out
- On Zoom, people don't really react; most people don't use video; like in-person a whole lot better
- Tim sent email
- Not sure if got message from RPEC
- Heard about it from WEA (not HCA or PEBB)

## Additional Notes from Coalition Notetakers

- UMP – The price is crazy.\*<sup>R</sup>
- With the cost increase, the state said they were going to discontinue it. Many of us got on a Zoom meeting and complained about that.
- There was no notice, I only found out through WEA about the potential discontinuation.
- When you compare UMP Classic to some of the other companies, the difference is just so big, and it makes no sense.
- The way the original plan was to take UMP away from retirees, I felt like I had been stabbed in the back
- It opened up a can of worms, so I continued with UMP even with the cost being so high.
- From the experience as a recent retiree and enrollee, it was a very confusing process. Kaiser could improve the Medicare Welfare team and provide information for contacting the team to get answers to your questions. I had a simple question which was "I'm getting all this stuff about how you have to enable your new Kaiser membership, and I don't understand, since I was already on Kaiser during employment, why I didn't already have a membership number and had to do this." The person helping did not seem very well equipped with knowledge, and all they said is "Well it makes sense to me why you wouldn't need to do that," so that was the answer I went with. There is still a bit of wondering if that was just a spitball answer, and

whether I get a notice saying I'm in jeopardy because I didn't check this box or that box correctly. So, I don't have a lot of confidence in the Medicare Welfare team, but I'm that the process ended up being pretty seamless and I did all I needed to do. There are folks on PEBB who don't have their pension plan through DRS. There is no mechanism to deduct premiums from either DRS or Social Security, which I am not currently enrolled in. I have to write 3 checks now; one for Medicare, one for Kaiser, and 1 for life insurance because there is no other mechanism and it's a layer of confusion and can be an accessibility issue with others in the same boat. Getting all the mailing from all the other healthcare plans in addition to this is overwhelming, creates barrier for making financial plans and getting things done within the allotted timeframe. I think I am paying less in premiums, which is good, it's going in the right direction and will be better in 2 years when I'm on Social Security, but it wasn't clear to me that that was there. Every 3 months now I have to give up a big chunk of money all at once. Now I hand deliver my monthly check to the HCA building on Cherry Street and it gives me an opportunity to talk to real people. Not everyone has the ability to go see someone face to face and that was a problem during open enrollment when there was an issue with the forms that I had to have someone pencil in for me on paper. Kaiser overall has a seamless transition, but these are things that sort of threaten that.\*<sup>R</sup>

- Have been with Kaiser for 40 years, since employment going into retirement, and like it a lot. Overwhelming during retirement process
- [Kaiser] It's good if you're not traveling a lot, it's perfect.
- Difficult during the pandemic when you couldn't talk to someone in person.
- Dental coverage – I have Willamette and hoped it would be a seamless transition and it's on my invoice from HCA every month. Coincidentally I had a major dental issue in early February but when I called to make an appointment for an emergency examination, I was told that now that I am on Medicare I am out of the network. I didn't understand at all. My response was to maybe just do nothing. I had assumed it would be seamless transition, it's there on the invoice, but there's not much information available. What happens to my dental benefits? Do I have to pay thousands for my dental coverage?\*
- The thing with Kaiser is that if you're used to 1 form of treatment in a very sensitive & important process, to come back and say, 'now that you're older, you're not going to have anesthesia.' If they told me that beforehand, I don't know what my reaction would have been. It's a glitch in the process.
- [Kaiser] It was a \$65k surgery. Either had to take the risk of having surgery right then or sit up all night and hope she didn't fall asleep and wait till the next day to get the approval, which is what she ended up doing.
- [Kaiser] when I may be losing a retina in my eye & somehow not fall asleep & keep myself upright. Concerned about that as I get older.

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*



**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, March 30, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 8 attendees with the following plan distribution: 2 in UMP Classic Medicare; 2 in Kaiser; and 4 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (Please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Mary Lindsey (WEA-R); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 months to 22 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Was on UMP (as an employee); I have timely access to diagnostic tools so I can get properly treated (and other retirees indicated they wouldn't be around without having timely care). Always had Regence even though the cost is skyrocketing; recently diagnosed with a rare cancer – when I tell doctors I'm on UMP, they are very excited. Many doctors don't accept Medicare Advantage (MA) plans. My copays are minimal, and I feel very secure in my coverage. Three attendees had changed from UMP – not because of problems but because of the increase to the premium.</p> <p>Kaiser – I've been with Group Health since 1959; I have appreciated the care and continuity. I am on their MA plan and so far, so good, but I am relatively healthy. It's been consistent; I wasn't overwrought about which plan to choose – I went with what others around me were doing.</p> <p>UHC – Premium is quite a bit less than UMP Classic (although very happy with that plan). Switched from UMP in January – thought it would be ok but broke hand and needed surgery – so far everything has been paid for; been able to get with doctors and tests in an expedient manner. Got in touch with UHC – able to link up to a hand doctor in my hometown (Central WA) and didn't get charged exorbitantly for emergency service out-of-state. There is a difference in prescription drug coverage – it was a process to get switched over to a new provider. UHC has to fine tune the process – there are different copays but the amount I am paying per month surpasses the copays for drugs on UMP. Up until this year the only option was UMP and in January I switched for the premium difference and robust benefits. There are hidden costs, however; especially pharmaceutical. It's tricky to compare plans. I tried to call to PEBB, but it was impossible to get through on the phone and there was an elaborate way to send a secure message, but I couldn't never figure it out. I ended up calling the Office of the Insurance Commission to find out how to reach PEBB. Sorting out and choosing the plan and having access to a live voice and charts that truly compare plans is extremely important.</p>

What could be better about your current plan?

UMP – Wish I had more of an understanding of the cost of the benefit; if Medicare pays more you get a reimbursement, but at the end of the year could have \$1500 in savings but it goes away, and I never see it. I want more of an understanding of who does reimbursements and how.

Kaiser –Thought about considering other coverage but the names of the plans are very similar but not always similar to the plan name the year before – there was some confusion there. MA hasn't covered orthotics or podiatry for a long time; can't use UW Medicine if on Kaiser – I have to pay for my own foot care. Vision care is not sufficient – new glasses cost over \$600 (lenses alone are over \$300). I got a denial but then haven't been charged anything more which is very confusing. Wants better podiatry and vision coverage. I use the mail order pharmacy and that works fine. Wants to go to local pharmacies also vs. through Kaiser facilities. I had to have knee shots and went to Skagit Regional and for each visit there was a \$200 outpatient charge – which was a surprise because they were preapproved by Kaiser. (Other folks in RPEC were also surprised by outpatient charges for having toenails clipped.)

UHC – Live in FL; not aware of any dental coverage available out of WA state. President Biden was trying to get dental included in Medicare but was unable to get it – would love to have dental coverage. UHC is slightly getting on my nerve; get \$10 for doing surveys; rapid surveys and they are overdoing it; they are trying to change our behaviors. Get too many emails, text messages, letters, and surveys to "shape their behavior." Had to wait on phone and go through another country for prescription information. Called UHC with a lot of questions and the help line wasn't outsourced. I had recent surgery and haven't received any billing yet, but I am waiting to see if I get a printout of who paid what; used to see what Medicare paid and what the plan paid. I was happy with my dentist and made sure that he would still be covered by Delta Dental UDP along with UHC. When moved to CA there was reciprocity with Group Health, but that went away when we became residents of CA. KP has regions all over the country, so we don't understand why there hasn't been a KP option out of WA state (at least in CA where it is so common and well regarded). Praise to PEBB for negotiating pretty good plan with UHC – incredible access and benefits, however, when we called, we got a person with marginal English, and it was pretty clear they were flipping through a manual and were not well versed in the plan's benefits. They really didn't want to switch us to a supervisor. Need knowledgeable customer service and a quick transfer up the line to someone with more information; spent a lot of time on phone over just a few glitches over Rx. No difficulty accessing doctors, all either have contract with UHC or accept what UHC pays. Big jump in Rx costs v. what paid under UMP; already expensive

	<p>now twice as expensive. We prefer to be able to go to KP in CA – baffling that there isn't a contract down here. We could sign up as private pay in KP for less than paying for UHC, but we've chosen to stay in PEBB but there's no financial benefit. UHC is under investigation along with 2 other managed care programs for corrupt charges and billings; we will be watching discharge summaries. Concerned that the plan is a loss leader – cheaper now and worried that it will jump way up; concerned about how stable the plan will be over the long haul. UHC has repetitious surveys – all over the place trying to shape behavior – quite a bit of poking around asking about health; text messages, emails, letters all from UHC – trying pretty hard to look after preventive health and wellness which is maybe wasting (our) money.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Prescription coverage since I just started on the plan is unclear. I switched to online Optum Rx mail order but it's hard to get drugs in a timely manner. I would prefer it if there was not a cost difference, and I could get the same quantity of drugs by going to pick up from the pharmacy. One mailing was damaged and the capsules leaked. I am not thrilled with the online pharmacy.</li> <li>• Wondering about out-of-pocket cost limit and it that is per person or family (husband also on plan).</li> <li>• Would appreciate clarification on availability of Delta Dental out of state.</li> <li>• Plan is pretty good, and they have relationships with doctors so that you can go anywhere. Diagnostic tools are really valuable; many people not on UMP have difficulties getting diagnosed and then referred back to the original doctor and then referred for treatment.</li> <li>• It's more difficult to follow what is covered as we get older; if HCA could do more to educate people participating in plans that would be great.</li> <li>• When drugs come from Optum Rx, each prescription comes from a different place. One came from CA very quickly and another from out of state took a long time, so I had to get an intermediary script to hold me over until the mail order delivery.</li> <li>• Can't access KP hospital (which is best local facility).</li> </ul>
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- Hormone replacement therapy is safe and very effective; tried to work with Regence as a women's health issue because hormone therapy is not well covered by any plans (except Group Health); worth looking at from a drug coverage policy view. Very little is done in the plans for older women.
- Really expensive eye drop - \$600 or \$700/30 days (ads talk about how it can be free with coupon) – used to get through UMP – but Novartis discriminates against Medicare because can't use coupon. PEBB could use its bargaining power to open up discounts for members with eye issues (paid nothing under Regence) but now it's very expensive under UHC.
- Telehealth has been really helpful -wonderful to email and get a response within 24 or 36 hours; some delay in making appointments (general problem in US, not just KP). Mostly the concern is continuity - one glitch occurred when someone other than doctor answered my email without understanding the question. 4 or 6 weeks is longest time to see someone – referral or specialist; otherwise pretty timely care, especially with telehealth option.
- Would like to see plans or PEBB develop some sort of oversight for long-term care facilities, especially assisted living. Would be beneficial if PEBB as an agency I trust could put out opinion pieces as to how MA plans are affecting Medicare or have different people talking about it.
- Don't like the home visits and don't want one; resent it when they call and say it's free (funds come out of Medicare); if I need home care can come and assess it at that time.
- Hoping HCA will work with RPEC to change federal law to allow [federal subsidies for UMP] that other plans are receiving.
- Need more education concerning healthcare and plans that are offered.
- MA advantage plans are getting more traction. This could be negatively impacting Medicare.
- Appreciative of the good healthcare they have and stressed that good coverage is important as we age.

What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?

General comments –

- When I was on UMP Medicare was primary; now that I have switched, who is the primary? Is it Medicare or the plan?
- Husband facing major back surgery and he'd be eligible for some benefits after discharge. Would appreciate more information about that.
- Cost is expensive but it's comforting to know that medical will be there in a timely fashion for care and diagnostics. The travel benefits are good. Seems like in Open Enrollment we are making a guess about what we will have to face in the next year; it's unfair for seniors to have to make choices and predict the cost things they don't know. My opinion is that MA plans don't tell folks that when you really have to use it for medical care expenses what will happen. PEBB should inform folks that if you take an MA plan you have eliminated traditional Medicare. Sometimes MA plans pay by the same rules, but you have to challenge them to do so; hopefully PEBB can negotiate to make sure the plans do that.
- Vision is an issue – haven't discovered yet what to do about reimbursement on the plan; I have to explore that.
- It's so frustrating to communicate with anyone in PEBB during Open Enrollment. I couldn't find answers on the website. Did the research and still not able to get answers. Something really strange about accessing the system [through SAW] to send in email question through the website; we weren't able to figure out the system and it was too challenging. Being able to talk to PEBB is really important; having a live voice who can resolve things in a few seconds would be the best.
- PEBB and HCA are in a position to weigh in more on health care policy generally. I am working with a daughter who has a number of issues and private insurance through her company; my significant other is on an MA plan with UW (not a public employee) and KP works better than either of those plans. There has been tremendous churn in the pharmacy sector; It's really hard to be able to pick up meds in person. A lot of changes and difficulties. The state ought to be looking at how that affects health of people on the plans and their families.
- Thank you - this has been very interesting, and I am glad I participated.

	<ul style="list-style-type: none"> <li>• Keep the costs of UMP as low as possible. I really like that plan; I grew up in the military and am opposed to any type of plan with triage that reminds me of the military triage.</li> <li>• Appreciative of the virtual events, especially for those living out of state.</li> <li>• Thanked HCA for the opportunity to participate in the listening session.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Email or mail; Zoom meetings and webinars are helpful. Benefit fairs are great but being in FL, it is hard. An online benefit fair might be handy to attend as well.</li> <li>• If there are major changes or it's Open Enrollment, like it in writing. Concise information with a link for more information is good for email. I am inundated with survey scams; I am likely to delete HCA or PEBB survey because I don't know if it is secure. Lots of people don't have access to a computer or Zoom, so they can't participate unless through snail mail or a telephone call.</li> <li>• Main brochure is very helpful. Brief communications by letter or email. Unnecessary IVR – I would like to get to a real person without a tedious list of options.</li> <li>• Many don't go online. Paper or mail would be good. I don't have a problem with emails and Zoom.</li> <li>• Being sure someone answers the phone. Difference between Optum Rx mail order and Portland based concern for UMP– could call Portland and some smart person answered the phone and got you answers and could get back to you right away. Info is fine on good websites (UHC has lots of information and is pretty helpful) but nothing like a real live person at the time you have a question; For PEBB, know it's expensive but worth a million bucks; doesn't have to be all year round but during Open Enrollment maybe bring back retirees to load up call center to be sure that questions could be answered.</li> <li>• Do like email or letters as long as told where to find answers and as long as someone answers phone; 2 kinds of communication – and PEBB does a pretty good job on general information but talking about specific issue that may be complicated, that's different – need a real live person to acknowledge understanding. It's the interaction – need</li> </ul>
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	<p>that to fix the problem – person knows what you’re saying and understands the problem.</p> <ul style="list-style-type: none"> <li>• Zoom session is a wonderful thing to talk about different experiences; bravo for thinking of doing this.</li> <li>• Brochure at state level about plans is really helpful and important. I haven’t gone to a benefits fair because I decided to stay in the same plan, but they are a good idea.</li> <li>• Email for general information; print version for Open Enrollment is very helpful.</li> <li>• I hold out for snail mail. Maybe PEBB could advocate for the post office and so we can get our mail on time.</li> <li>• I represent a lot of people in RPEC and many of them don’t use computers. Paper communications would be good for many retirees. I would open a letter quicker than I could get to an email.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Health care is very important at every stage of life; truly appreciate being able to express questions and opinions and appreciate you advocating on our behalf.</li> <li>• Exactly the fact to have in person conversation about the process of figuring out plans and experiences so far. Some questions – how will those get answered, like the relationship between MA and Medicare? Will Kaiser be offered in CA anytime soon? Don’t think this is the place for it.</li> <li>• Very involved in RPEC and knew HCA was ordered to do these listening sessions because they were going to close UMP. Uproar about HCA deleting UMP. Wanted to be sure the voice of retirees was heard, and that UMP continues to stay as part of the choice for retirees. Think it’s worth the cost. I was very concerned about keeping UMP because I am afraid that other plans won’t cover chronic conditions.</li> <li>• It’s personal – I wanted to learn more and talk about glitches in my own coverage. I appreciate the session.</li> <li>• Appreciate the group advocacy; glad that the opportunity was offered to provide feedback.</li> </ul>
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	<ul style="list-style-type: none"><li>• I was caught behind the eight ball when this all started about cutting UMP; thanks to Mary at WEA-R for telling me about this. Wasn't really sure what it would be like, but I really like this format. It was nice that it was a small group. I am glad you are compiling notes and working on improving things.</li><li>• I appreciate that these sessions were put together even if they were somewhat ordered to be held. I follow MA plans at the federal level and how they are taking over and not looking at the person. They may ultimately take traditional Medicare away. When elimination of UMP was discussed without input that was very concerning. I know that HCA is under certain policies to save money, but you are dealing with human beings. Just being able to have a choice for themselves without the agency eliminating the plan. It's not just about the money – it's about having the choice.</li><li>• Complications about transferring prescriptions and being a new member. Maybe I could afford UMP but it's a big threat to compatriots who can't afford that kind of insurance. Appreciate HCA and PEBB advocating and negotiating a pretty incredible program with UHC, but I will keep eyes and ears open for problems in the future, but right now great praise (even though I have some distrust of UHC). It's a very good plan and it deserves some appreciation.</li></ul>
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### Additional Notes from Coalition Notetakers

- Problems with PEBB call center. Takes a very long time to get someone to answer. When someone does, they are not knowledgeable about the plans. You can hear them flipping through the guides.
- Host benefits fairs virtually\*<sup>R</sup>

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, April 6, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 8 attendees with the following plan distribution: 5 in UMP Classic Medicare; 1 in Premera Plan F; and 2 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Mary Lindsey (WEA-R); Matt Groshong (RPEC); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 18 months to 31 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Chose because there are some medical issues not covered by Medicare or a Medicare Advantage (MA) plan, but UMP covers. The majority of doctors on Whidbey Island do not accept UHC for a variety of reasons – issues with referrals and billing. (Would have considered switching, but less than half the available doctors consider taking UHC.) Like that there are little or no copays or out-of-pocket expenses; can choose own doctors; has little to no out of pocket; chose UMP because my mother was on it and had no issues. When you retire you still have the same coverage as when you were an active employee (although price keeps going up). Provides something that MA programs don't – total quality of service; PEBB could do a better job of educating us how these plans compare; paying more but this is very different from an MA program. Like that UMP is portable and can be used in different states; when I retired many years ago it was the only plan that would allow that.</p> <p>Premera – I like that there are no bills; everything is covered. When I retired everyone said Plan F is the best – is it still? Are MA programs better than Medigap (Plan F/G) because they include vision, hearing and gym membership?</p> <p>UHC – Although there have been issues in north central WA, UHC has been helpful in finding providers; UHC helped sort out billing issues and how to get claim paid. (Was billed for vaccination and practice called back and said UHC was right, and I owed nothing.) The UHC customer service line had me on hold as they talked to eye care provider about how the provider could do the billing to UHC. Usually and almost exclusively use alternative health care providers – thrilled that they cover chiropractic, acupuncture, and naturopathy pretty completely; it's a blessing to have that kind of service.</p>

<p>What could be better about your current plan?</p>	<p>UMP – Cost is a factor that needs to be looked at; there are some things that could be done in terms of cost containment that would improve what the premium is for UMP, which could make it more affordable; for some people it's the one plan that needs their needs in terms of what's not</p>
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covered by Medicare. It's not so much the doctors not taking the plan but the billing offices; if the billing clerk likes the plan, then it will be accepted. Information needs to go out to all of these doctors that are shying away from good plans. Need to let doctors know new plans were introduced and find out why they are so hesitant to participate because the plan is basically the same and doctors are not happy about UHC. Educating members would certainly help. I am overwhelmed with information every year, but I look at UMP and wonder it that's too much money, but then I consider having to work so hard with UHC to get claims paid – I am paying a cost for someone else (could be a billing clerk or PEBB) to coordinate benefits. Some friends switched to UHC, and they are paying more out-of-pocket already – massage was covered one way under UMP and it's different under UHC. Never understood that retirees are in a separate pool from employees – thought it was one pool and Medicare retirees would help lower costs. Friend also on UMP had question about long term Covid with a huge number of complications – wonder if down the road there would be a way to coordinate the different specialists or perhaps a nurse line specific to long Covid needs. During Covid a lot of elderly had dietary and exercise deficits because they weren't out and about – maybe there could be something for the general population that could be supported that specifically addresses how to get started again with exercise after Covid (may not be possible through the plan).

Premera – If MA covers prescriptions, vision, dental, gym membership, I would like my plan to cover that too.

UHC – Only on the plan since September so I have limited experience, but so far have been happy. It's really stressful to pick a plan – listening to people and education about COB plan v. MA v. Supplement and understanding what Medicare is going to pay and what UHC is paying. Still confusing – are they going pay only what Medicare pays?) Thought MA plan was a coordination because they cover more than just medical. New to this retiree insurance world; first thing we learned is that none of the providers will bother to file claims for patients (either due to not getting enough money back or too difficult to get paid). Filed claims went straight through with full coverage. Naturopathic claims are a complete nightmare – and continues to be a problem. Finally got paid in February 2023 for claims from 2021. Claims go through Optum and communication with them is completely botched. I sent a letter to PEBB and detailed everything; didn't hear back from Board but did get a representative from UHC (in January) who was going to be a personal representative to deal with billing; I now send bills directly to that person in UHC. I hear the same from Bastyr (teaches naturopathy) and they can't get through

	<p>Optum either. If it could be cheaper that would be better – I don't need all the other stuff – selling though the UHC store and home visits – don't need those and would like to not pay for them.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• More complete information in the Guides on choosing plans and what the benefits may or may not be. There's a lot of confusion about what is covered between Medicare and other plans – how do they interrelate with Medicare. If information was better in the plan guides it would help more; written for insurance agents and not the general public.</li> <li>• Was in SEBB and then retired and moved over to PEBB – all of the plans were different; very confusing as to what you're getting and what you can't continue with as options. Ask Alex in SEBB was interactive guide – should have something like that. In terms of what the plan covers; providers are willing to see if I pay up front and then get reimbursement. Found a chiropractor who takes UHC and bills them directly. In looking at access, I picked UHC because there is no difference between in network and out-of-network; and can travel from state to state (haven't put that to the test yet). Cost is definitely a consideration. Timeliness of care has more to do with where we are (overall it's been good). Urgent care is a lack in the area – there's no weekend coverage, so referred to ER.</li> <li>• Sometimes language issues between doctor and insurance; had massage from an injury – if needed for migraines not covered but if for neck pain, it was covered. Needs to be reasonableness between what the doctor is asking for and what is covered. I have questions about coverage out of state; Spokane has deficits for specialists – ID is close by, what are the options as far as seeking specialist's help if they are not available in our community?</li> <li>• Important to maintain health; had UMP before and massage was covered to a certain degree (and could be significant part of maintaining health); need for UHC to cover and that is not being met.</li> <li>• Out-of-state naturopathic visits are potentially being covered in full.</li> <li>• Transition from being a worker (where [insurance] is a simple affair) to being on Medicare which is ten times as confusing. Lots of efforts made to try to prepare people and options but should provide an</li> </ul>
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	<p>overall sense that it's not going to be like it was – going to be really different, so people are so shocked with the complexity.</p> <ul style="list-style-type: none"> <li>• Everything medical is covered – you get the statement, and it says Your responsibility is \$0 – very happy with that. Don't think urgent care is covered or it's not covered as well.</li> <li>• Heard that there were negotiations about how telehealth visits were being paid (50% of in-person rate) and that as we retire it may be a more important way to get health care. If doctors are not wanting to accept a plan because of how poorly it reimburses for telehealth appointments that could be a problem for aging folks.</li> <li>• Have a question whether WA health care plans can offer coverage if traveling; portability is important for where we travel or have to move, etc. and if we can keep the same plan.</li> <li>• Would be terrific if something could be developed that is interactive – could plug in specifics and it would spell out what plan would work best. Are there better ways of communicating choices – we should take advantage of technology where we can.</li> <li>• Had dental coverage for annual cleaning but for tremendously expensive things like implants (\$25,000 for 5) there's a need for a program to cover extreme situations that people can't really cover in a significant way.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• SHIBA (Statewide Health Insurance Benefit Advisers) volunteers can help, and if they can't there are people in the office who can work on issues. May have better luck and more timely payment if use SHIBA – there are regions all over the state.</li> <li>• There should be a focus on plans and what is working and what is not (at a regional meeting).</li> <li>• Plan G does not get adequate information and exposure; after the deductible it pays everything. Do have to get a separate drug plan (relatively inexpensive and most drug costs are quite low). PEBB needs to do a better job getting information out about Plan G.</li> <li>• Sometimes needs to think outside the box and look at alternatives and what turns out best. I like that in PEBB that if you don't like your plan you can switch at the next open enrollment. Plan G doesn't fit</li> </ul>
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everybody – but you go to the shoe store and not every shoe fits – same thing in terms of looking at medical plans.

- In MA plans – the plan gets a fixed subsidy for every person enrolled (varies by county - \$847/month in Whidbey) and they get that money whether they spend it on that client or not.
- I commend WEA for a very nice job of explaining things (from retired teachers) not only at conferences but also someone who talked to all teacher groups to bring them up to speed on changes. We should continue to be sure every facet is used so if even one person could get the information and get it out and share it that would be wonderful.
- Would appreciate ability to find out what was working and not in some of the other plans (when you find out about premiums) to find out whether plans are working like they should.
- Mostly the PEBB portfolio is informative and useful; benefits fairs could answer some of the questions if reps from the insurance companies could answer specific questions. Sometimes it is overwhelming to wade through everything when you are happy with UMP. Having highlights would be useful because don't want to have to go through so much information. Tweak to find a way to get the information in different ways. When heard today that there are copays along with what the doctor is charging – more expensive in the end; UMP premium is higher but taking care of copays in the end is really not much higher. It was very valuable to hear about others' experiences.
- 4 items –
  - (1) understand that drug is a big part of cost; don't use Rx (other than some thyroid); one option – reduce cost by having non-drug option; recognize selfish (because part of what lowers group cost is combining folks who use and don't)
  - (2) stricter talks about copays (change from \$2 to \$15); should be annual auditing of satisfaction with plans/costs; firm hand on how insurance companies using their money in terms of people being served v. profits
  - (3) problem with health care or other plans; someone outside of plans who could talk to; someone dedicated like ombudsman; didn't pass legislature but have plans fund someone
  - (4) realize that went to doctor in Everett Clinic and bit of shock that they are owned by Optum (which owns UHC) – just does not feel very good; when one company owns everything that

	<p>you go to and pay for – something Board should consider what kind of monopoly they are dealing with and whether it’s to the benefit of people with those plans.</p> <ul style="list-style-type: none"> <li>• Thanks for mentioning SHIBA again; when I spoke to them when I retired but they couldn’t give me a lot of specific information.</li> <li>• Read that UMP can’t receive federal subsidies that MA plans do therefore I am paying that subsidy and would like more information about that. There should be more transparency; I might want to talk to federal legislators about it (if I understood it better). MA are private contracts with the government – what drives their decision making around claim denials? Advantage is aligned with risk – what they choose to cover and what gets denied – hope that PEBB watches that their plans won’t do that; it’s a business decision about whether to pay or not rather than the medical needs of the client.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Emails are the most helpful (especially if the links work), although letters are handy so you can review the information. Availability of people at HCA – it’s a foregone conclusion that you are going to be on hold with PEBB because there are not enough people to answer questions. There should be accommodations so customer service can be available.</li> <li>• Emails; webinars and small group discussions. Called PEBB and they were helpful (some better than others). Newsletters by email are good because the links are right there.</li> <li>• Emails and referral to website. When I had personal issues and called to get help from HCA I always got help and it was handled well.</li> <li>• Email and letter; found webinars from various groups (like RPEC) helpful in providing information about changes and what’s coming up. If there’s something really important that people need to know (rates or plan no longer available) it should be in a letter not email.</li> <li>• Email with links to information and then I can decide whether to go on to website. If there’s a significant policy change, there’s an advantage to having it in writing – different level of communication. Emails need to have an effective subject line.</li> <li>• Emails are best.</li> </ul>
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## Additional Notes from Coalition Notetakers

- UHC has a bad reputation with doctors.
- Excellent service with a relationship extending 31 years.
- Information needs to be available to doctors and billing clerks on how to bill UHC for claims. Have limited access to doctors without this in place.
- No urgent or weekend care available on the weekends, necessitating trip to Brewster that is 40 miles away.
- Need greater education about plans and plan options. Choosing plans is very stressful because the landscape is confusing, and the information is overwhelming.
- Dental plans should include major dental work like implants. Plans should buffer retirees from extreme expense situations.
- Heard that telehealth might be reimbursed at a lower rate than in-person visits. This might Virtual appointments are especially important to people in rural areas and members with mobility and health issues.
- Provide interact features on the website. Take advantage of technology.
- The transition from employee to retiree should be more seamless. HCA could do more to make the transition smoother and less confusing.
- Need a stricter conversation with drug buyers.
- Need for annual audit requirements for insurance companies.
- Need an interactive PEBB booklet so that members can get help according to needs. PEBB and insurance guides are not written for the consumer, but for the insurance providers and the medical community. Need consumer-friendly booklets.
- Members needing information by phone wait 60 to 90 minutes.
- Need more definitions - stressful for retirees especially for those in Medicare. Better clarity on terminology.
- Retirees have the assumption and expectation that PEBB and HA are advocating for state retirees.
- UHC has a reputation for denials. Billing clerks at the medical offices need to better understand the different UHC plans.

**PEBB Medicare  
In-Person Listening Session**

**Summary Notes**

Tuesday, April 11, 2023  
10:00 AM – 12:00 PM  
Cheney, WA

**Attendees**

There were 10 attendees with the following plan distribution: 5 in UMP Classic Medicare; 2 in Kaiser Washington Medicare Advantage; 1 in Premera Plan F; and 2 in UnitedHealthcare PEBB Complete.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

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Noel then shared the meeting agreements:

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2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
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5. One person talking at a time.

Finally, he introduced the observers for the session: Aruna Bhuta, (RPEC); Jean Bui (HCA);) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 18 months to over 22 years.</p> <p>By plan, here is what was said:                      UMP – My husband complains about the price but never about the benefits; they cover everything: doctors, physical therapy, and prescriptions. Dental is separate but through them, good prescription benefit, no gym but I can get one on my own through Parks and Rec if I want. Not sure how well Premera and MultiCare interact and if the doctors can post information somewhere that other doctors can see it.</p> <p>I have a special cardiac condition so I chose UMP so I can see a specialist at Stanford. It also offers the Center of Excellence, including travel. Fewer doctors know about rare cardiac condition. Challenges with Medicare policy regarding health care organization and trying to keep patients in one organization like a silo. Primary care was very poor (maybe due to the pandemic); now I am getting care from MultiCare and Providence. I needed a new Primary Care Physician (PCP) and didn't find a choice through MultiCare – went to the WSU teaching clinic; I was assigned to a professor from WSU for my primary care.</p> <p>I don't use the doctor much, so there are no problems. The medical practice I use was bought by Kaiser, but KP wouldn't approve diabetes medication because it was too expensive. My son is on Kaiser through work and the same medicines are not covered by his insurance as UMP. My wife has a special heart doctor, and she can see doctors under KP; if I didn't have UMP, I would have to pay for 2 plans. I want a PPO plan. No issues and I have had some major medical issues; the plan has been a lifesaver; it is expensive, but it has paid for itself.</p> <p>Kaiser –I contacted SHIBA to find out which plan would be best and found Kaiser would allow the same coverage that I had been as an employee, so it was a no brainer. PEBB should publish that you can convert your plan when working to a Medicare plan if you want to. I have VA health care coverage as well (which paid the copay for a very expensive hospital stay). I do wish the plan had better physical therapy coverage; I had a long recovery from shoulder surgery and there were only 4 visits covered. The VA covered PT for 6 months (as long as it was needed). It would be nice to have dental coverage, but I would have wasted all the premiums because of the expense of taking care of teeth with other services, paid \$218 for tooth repair.</p>

I can get in and talk to a provider either over the phone or office visit; when husband in hospital, if I was not in room doctors called me at home to tell me what was going on. They call after a prescription fill to check how I am doing with the meds. If my doctor doesn't know what to do, I can see a specialist; they tell me side effects, explain treatment options, etc. and allow me to choose options. I do have a \$15 copay, but comforting know that can call and get in. I have gone to urgent care – see a different doctor but they did coordinate with my PCP; my PCP did check back on experience; KP does cover international travel and state travel.

Premera – Switched from UMP due to cost; my sister is on Plan F and told me there would be no copays. I wasn't well informed – I thought I understood and knew things, but we need to get information out more. I am not familiar with Plan G, but Plan F is so affordable. I would hope that the coverage would be as good with Plan G. I do have to get a Part D plan for prescriptions.

Overall, well satisfied and receiving care and addressing what is needed. We can self refer.

United – I was told that if I transferred out of UMP I couldn't get back; I had no problems with UMP except the price and so two years ago I started looking; I changed from UMP to UHC in January 2022. There are many things that are good, but I had a terrible experience. knew something was wrong; I tried to go to different doctors, and they said insurance wouldn't cover me. I ended up seeing a doctor in the emergency room because 2nd Covid vaccine brought out a lot of old injuries and other things. In May 2022 I had Covid and didn't get any help – August came back to Spokane – nephrologist referred for specific tests; waited 10 days; kidney function decreased; no one called me from United or the doctor's office. My kidney function went from 73% to 30%. Turns out UHC denied the treatment, said it wasn't medically necessary, and didn't tell the patient (me) but sent a letter to the doctor. I went to MultiCare clinic and was told the treatment was turned down; so, I had to go to bat for myself; had to call UHC by myself. They said it was a mistake – should have been covered. I ended up going into ICU for 10 days; have only 38% of kidney function because of the delay in treatment. UHC was not very responsive to doctors or the patient. You can't advocate for self if you don't know about denial. Doctors don't seem to be well connected to UHC – answers to requests don't come back until I rattle cages. On UMP I never had a problem. HCA needs to make it something that can be afforded. Now I have to be on red alert all the

	<p>time as I have to advocate for myself. UHC calls too much (asking “do you know you have this benefit or that benefit?”). I don’t know why but it seems there’s a missing link between doctors and UHC. I like the reward benefits and gym membership and wellness options.</p> <p>I am on UMP as an active employee, but I work one-on-one with retirees, who were very concerned about UMP being the most expensive plan. Glad to see UHC options (specifically with PEBB) and recommending them as a nice alternative to UMP. I am getting good feedback from retirees who like the national network of providers, but it doesn’t have international coverage. A lot of snowbirds and the Mayo Clinic in AZ loves UHC plans. Retirees know they can continue medical and dental plans and surviving spouses can, too. I try to keep a good handle on plans; I like to be educated so I know about and can recommend plans. It was a disservice to UHC that it rolled out during Covid, so retirees didn’t really know about this affordable alternative.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – No problems with UMP – only praise. Don’t like the price but wouldn’t leave it, no problems with the coverage.</p> <p>I was a clinical lab scientist; investigating and monitoring is the nature of my work. I was glad that when I retired, I belonged to a retiree association that gave me information about financial planning and health care; I learned so much. The association is watching how our quality of life could be improved. I have hearing aids and the claim got lost; my understanding is that the insurance was with UMP but because I am in Eastern WA Premera is contracted for the claims processing. I spoke with a Regence worker, but they said it wasn’t a Regence problem. I contacted Senator Patty Murray because I couldn’t get UMP to pay the bill. UMP respects the audiologist’s recommendation for which hearing aids I needed, which cost \$5,000. Senator Murray’s office and MultiCare’s patient advocate ended up talking with Regence, but my claim was mistakenly sent to another plan. The claim was denied, but I was never informed. It took 3 months to resolve. There’s a quality assurance problem with Regence and Premera and someone should look at their systems. My primary care physician wants to send me to a licensed psychologist; I have the referral but there’s a very long waiting list. There are 30 in the area and only 2 in network; how do I get to see someone? Could I go to my primary care physician and look at all the psychologists (to get a referral), or I am limited to the 2 in UMP? Network providers are different for all of Regence than just UMP. The Certificates of Coverage change over time; always have to read.</p>
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There's always confusion with UMP and Regence, even at the doctor's office. It is confusing because you see it on the ID card, too. UMP came out in 1988 when the state went from the Blue Cross plan. UMP was meant to be a "Band-Aid"; it is self-insured and not subsidized by Medicare. It is a plan built by the state. There have been different administrators (now Regence); it was meant to be most parallel to the Blue Cross/Blue Shield plan. The state provides funding for HCA to go out and negotiate for an administrator.

I am scared to change when I hear these horror stories about other plans. I have absolutely no issues on UMP, but it is so expensive; almost \$600/month. But if you have major things, come up it is truly a lifesaver in the long run. I can understand why you would want to go to something else if you don't have a lot of medical issues. We should get more out of UMP. Some things were denied by Medicare and UMP denied them also.

Not happy with increase in premiums, but otherwise I have no issues. Private & for-profit insurance companies take 30% right off the top by cutting down services; I don't want to deal with that.

Kaiser – Reminded of my shoulder issue – I had to be my own advocate. The doctor who did the surgery was an emergency room doctor. I had to get my own documents for referrals after the emergency room doctor had left. Wouldn't it be great if PEBB had an advocacy program to mediate issues between doctors and patients and insurance companies? I use a lot of different providers; Kaiser doesn't explain that a referral is not the same as authorization. Would be great for someone to present the facts about different plans (like SHIBA); to have an advocacy or referral program either through HCA or OIC, to figure out health benefits, which are so complicated. Someone to give us specific guidance.

When I was on SEBB I had Kaiser and I got a letter saying it was time for an annual physical and to bring my scripts. I tossed out the letter. This was in 2016 or 2017, when I saw the doctor, the doctor asked about my afib condition. I ended up getting a bill for a regular doctor visit, not charged as an annual (preventive) physical. I appealed and it was denied. I had never missed a mammogram, but the doctor didn't schedule one and the next year when I went, I had breast cancer.

My doctor showed me an x-ray and said, "see those white specks, that's cancer" and then he left the room. My PCP later said that doctor was fired. I had a lump on my finger and saw a specialist who said use Compound W; the wart fell off, but I couldn't stop the bleeding. I was referred to another specialist. Kaiser denied payment for the first specialist, even though my PCP had supported the visit. My husband was in the hospital for a heart valve replacement and the doctor put him on

warfarin; cardiologist called the surgeon and had to correct that. Everyone should have a chance to choose the plan that they like. Kaiser did take responsibility for mistakes and correct them; everyone makes mistakes, but some are critical.

Premera – I am 88 years old and very comfortable with UMP. I would have continued with UMP if there was not so much pressure with money. It was very comforting when I had to make decisions for my husband with dementia and I could just say I want to see someone else. I have flexibility with Plan F. I have no needs that are not being met. It was very good at placing my husband at a nursing home (and it was good to avoid issues with Medicare Advantage). Plan F spells out precisely what they will pay.

UHC – Switched to UHC due to high cost of UMP. I am writing to legislators that they should do a better job of funding UMP. Is there any reason why it's so expensive? Is it political or financial? How do we know it won't be so expensive going forward (if we are thinking of switching back)? I feel unsure that UHC will respond correctly; I have to get preapproval for infusion treatment in 3 weeks. Everything has to be approved. The insurance company is dictating life and health. Doctors are burned out; now there are fewer in specialty fields; some have 1 year waiting list (some 6 months). I don't know what to do about that; how do the insurance companies address the lack of providers? Is that an insurance company issue? I always thought UMP was better because it is not married to Medicare.

When I got on the plan [UHC], I signed up for Optum Rx mail order. I have 3 prescriptions – one said it should be a 90-day supply, but I received only a 30-day supply. I contacted them by phone, and they said no problem; we will resend. It never came. I called again and had only 4 or 5 days left, and I was assured it would be there by the day before Thanksgiving and I had to call again (and they said they would deliver it to my door instead of in the mail). I called my doctor because according to the Evidence of Coverage I couldn't get any more, but the doctor put in a prescription that I was able to get filled at my local pharmacy. I called Optum and said cancel me. Optum said no problem, but I had to go to the post office and return was shipped. I told UHC and they said that a complaint had been filed with Optum and the record showed a refund – I am still waiting for it. It is well worth the extra money to go to the local pharmacy.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

General comments –

- I have a doctor who used to be covered, but now he is not accepting Medicare. UMP had always paid before, but not now.
- There's a lack of communication between different providers; as a patient I don't have as much access as the physicians do to my records.
- In Spokane there was a group of physicians who stopped accepting Medicare.
- We need dental coverage that's affordable. Therapeutic massage and acupuncture are becoming accepted medical services and should be covered.
- Doctors don't like to talk to each other; there are different silos. My rheumatologist spent an hour with me. I asked why my PCP couldn't and the specialist said he is independent, and the insurance companies don't like him because he can spend as much time as he likes with a patient. I want my doctors to consult but it seems like the PCP is threatened by the specialist. The Medicare annual physical is so limited, it can't really solve anything. Why do it? It's a terrible waste of money.
- I wish that there was one place where all providers could see all the records. There needs to be better coordination.
- My PCP retired in July; I called MultiCare to get a new provider. It took until September to meet the doctor and I couldn't even have the annual at that visit. I have to wait until this August to have the annual physical. There are different silos of care – NW Cancer Care and MultiCare not talking to each other. Coordination of providers has a gap.
- In the Spokane area there are issues between Deaconess and MultiCare; there are barriers that need to be broken down. Providence and MultiCare don't like to cooperate with each other.
- There is a dearth of doctors and providers; there is a loss of specialists. You need to take care of yourself. How about the people who are incapacitated; how are they dealing with this, if I am having issues?



What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?

General comments –

- Sometimes it feels like there is age discrimination; doctors refer out the patients they don't want to see.
- We need education and advocacy; it could be contracted out to different agencies.
- Fear that we are being "shuttled" into one choice – UHC for instance. Would prefer that there be public health care not private corporations. One of the aspects of government paying companies to manage health care is that the companies deny coverage to control costs. We lose control through our legislators because it's all about money and companies being paid to control costs. SHIBA was told not to advise on PEBB plans. DRS doesn't have enough people to answer the phones. We need advocacy. PEBB made a mistake and put me in the wrong plan and then I got turned down for things.
- Second concerns about public versus private companies.
- UMP sends out a letter about what can be covered during the annual exam.
- Kaiser also sends out a list (and you can be referred to see other providers).
- Need more information about what the Medicare annual physical covers (based on who the provider is); seems like it is limited to aspects of aging – blood pressure; signs of dementia; etc.
- I had a doctor who did not like women. He started yelling at me that I was overdosing on the medication, but I had a printout that said I should take 2x/day. Doctor said it should have been for 1 week and then reduced to 1x/day. I called the doctor, and he wouldn't talk to me; he would only talk to my husband.
- It is hard to find a Primary Care Physician who stays. If you have a good PCP everything else takes care of itself.
- Doctors should be paid for coordinating between different doctors.
- If you get a primary doctor through Kaiser, you can use the WSU Spokane Teaching Clinic, but you have to interview and be accepted; the Clinic is Providence-owned.

What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)

General comments -

- I didn't know there was a newsletter, and I never went to a benefits fair. I would read paper that comes in the mail and respond to emails. My husband is the subscriber, and I am a dependent on his account.
- Email with links; as far as I know UMP doesn't have a website. When you call UMP, you are talking to Regence. If there is a question that they can't answer I can be directed to a supervisor, but that rarely happens. I was never told I could contact someone who actually represents UMP. Need customer advocacy.
- Retirees like in-person contacts. There was only 1 benefits fair in the Spokane area and there were very long lines. Maybe there need to be regional meetings. Medicare Open Enrollment is a different time period; there is all of this pressure on TV and radio to sign up and confusion about individual market plans and whether something is covered, or you might have to pay more. There needs to be more information about PEBB plans versus the individual market.
- Emails and I liked that RPEC contacted me about this meeting. There might be an opportunity to partner with RPEC or AARP to do specific, targeted, regional workshops.
- I like in-person. I went to the Spokane benefits fair. Websites are confusing. I read the newsletter. Not everyone has access to computers; need to not assume everyone has access to electronic means.
- Newsletter and Spokane benefits fair; there should be in-person advice (based on what my financial and medical situation are) and they can recommend a plan. There should be a lower price for UMP Classic.
- There should be precise information without me having to do a lot of reading. I don't want to dig through websites. I like the newsletters (especially the one that talks about changes), rather than trying to find things. To make a change is scary, but to look at all the plans is overwhelming, and I don't understand everything. I like things to be clear.
- Quarterly newsletter and website.
- Emails
- Newsletters. Of the 800 members in RPEC only 500 live in Spokane County. Retirees go far and wide, so it is vital to have the newsletter. RPEC also does a newsletter – they wouldn't be able to reach all their members if they didn't. Emails are okay.

## Additional Notes from Coalition Notetakers

- [UMP] I can't change to UHC because of my health issues
- UHC could have cost me my life.
- I don't know where to refer to. Doctors shouldn't be looking at our age.
- Therapeutic massage and acupuncture are becoming accepted medical services, especially in light of the opioid crisis, and should be covered.<sup>\*R</sup>
- Hospitals have private practice but do not accept Medicare.
- Best way to cut cost is to eliminate profits.
- There might be an opportunity to partner with RPEC or AARP to do specific, targeted, regional workshops on better communication with providers, etc.<sup>\*R</sup>

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare In Person  
Listening Session**

**Summary Notes**

Wednesday, April 12, 2023  
10:00 AM – 12:00 PM  
Yakima, WA

**Attendees**

There were 6 attendees with the following plan distribution: 2 in UMP Classic Medicare; 1 in Kaiser Washington Medicare Advantage; and 3 in UnitedHealthcare PEBB Complete.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Marianne Nelson (WEA-Retired); Jean Bui (HCA); and the notetaker, Ellen Wolfhagen (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 10 months to 8 years.</p> <p>By plan, here is what was said:</p> <p>UMP – When I turned 65, I stayed on UMP because people like it. I continue because it has excellent coverage. I was concerned that it would be eliminated; RPEC is working with HCA to find a way to bring the cost more in line with Kaiser. I like having a preferred provider rather than an HMO. I have had no trouble getting coverage for any of the doctors in Yakima. Dental is with UDP; I was advised to talk to my dentist and find out which insurance to use. I have a friend who transferred to UHC because of the cost; she liked UMP and has been concerned about the change because her husband is diabetic, and she isn't sure of the medication coverage. They haven't been on it long enough to decide whether to stay; they would come back to UMP if the price comes down.</p> <p>I am pleased to find out that UMP was reinstated. I appreciate the information being sent regularly so I understand where I am with PEBB.</p> <p>Kaiser – I am very happy and it's a very good plan. It covers all issues. Only problem is I have to get maintenance drugs through Kaiser mail order instead of the local pharmacist. The transfer to Kaiser was delayed and after a while they decided it was not a maintenance drug and the script was transferred back to my local pharmacy. I am on PERS Plan 1, and we do not get a COLA unless the legislature grants. I hope HCA keeps that in mind when they negotiate with carriers (same for TERS 1). I have friends in Hawaii, and they are worried about HCA doing away with UMP because they weren't sure what they would end up with a secondary insurance to Medicare. I have had surgeries and feel that Kaiser covered those well.</p> <p>United – I started on UMP during my first year of retirement and was apprehensive about where to go and what is the best plan. I was encouraged to try UHC and see how it works. I am worried about it. I didn't realize that UHC Complete was a Medicare Advantage plan; after I signed up, I felt I made a mistake. HCA needs to make sure people understand the differences. I am confused about preferred provider v. HMO; it would be helpful for folks to understand. My experience has been really good. I have friends who are considering changing but they have medical needs and are wondering if is worth the extra monthly premium</p>

to know that they are covered. I have particular drug needs and wonder what the costs will be. I pay extra for vision and dental and don't know if they are included in UHC. It is important to give folks choices. Friends on UMP said they never had to pay anything out-of-pocket (not sure it's true). The gentleman who helped me make the decision said this plan looks better. I am currently not paying anything out-of-pocket and have not had any serious health issues or surgeries. But maybe if months down the road I have a medical issue, what kind of coverage would I have? Friends on UMP who have drugs for diabetes and those are now really expensive under UHC. Change as of January on prescription copays (\$15 for 90 days); I could get it for \$10 if I used mail order, but I am apprehensive about mail order.

Wife and I had UMP since it was created and just recently changed to UHC for the lower premium. Wife had some issues with UHC and drug coverage, but the local pharmacy helped to fill the prescription at a reasonable cost. My wife managed to get off-label drugs not covered by standard tiers. She has a condition that is controlled with a low dose of Ambien, which makes it possible for her to sleep. It is not covered by anybody. The recommendations for other drugs all have dangerous or unpleasant side effects; her provider said it was ok to be on Ambien. The local pharmacy gave her a price quote to buy over the counter; not sure of all the details. The pharmacist said he could do better by buying in bulk and passing the savings on to her. It is much cheaper and beats the system. I am moderately disgruntled with UHC. I used to be able to get 12 sessions of physical therapy a year (between UMP and Medicare), but UHC decided to manage the 6 sessions approved by Medicare (and then have to measure any change that occurs). This year with the whopping premium change and UHC at one quarter of the price, it looked like a good deal. Now for generic drugs I have to pay \$15 copay; I can handle that, but not cheerfully, after paying nothing or less than a dollar for the same drugs. I had a spinal fusion in 2015; Premera/Medicare forked over \$150,000 to put me back together; I can extend the expected 10-year window with greater activity (and regular PT is a part of that treatment plan to avoid the need for further surgery). Current premiums are more manageable than before, but I am not so sure about coverage.

I switched from UMP to UHC in January because of the smaller premium. I am happy with it so far, but I have to make an adjustment for copays that I didn't have to pay before. I am having to get used to the higher copays for drugs, but compared to the premium, it's ok.

What could be better about your current plan?

UMP – High rates of inflation and I have a limited income yet medical costs are exploding. I love UMP and will keep it no matter what happens. The cost is prohibitive for some people. The carriers will have to negotiate with the pharmaceutical companies to reduce drug costs. I like mail order of drugs because that works best where I am located, but that’s not the case for many people.

I don’t want to change plans, but the cost is prohibitive and increases every year. It seems the coverage is comparable to Kaiser, but it costs so much more. I hope HCA can work it out with the feds to get money for prescriptions so the premium can be lower. I sometimes get a check from UMP, and I don’t know why, but it’s nice to get a refund.

Kaiser – We either wear out or rust as we age. There are 10 chiropractic visits covered, but I am concerned that I have to pay more out-of-pocket after Medicare. Drug costs are too high. Even though the doctor prescribes what I should take, Kaiser limits the drugs to 1/every 3 days. I had to go through \$250/month to get a Tier 3 drug finally approved. I have a compounding pharmacy, but the formulation is not on the Tier list. I can get it for \$55. The new version doesn’t work as well as the former formulation. Every year as an employee I could do the annual survey (in SmartHealth) and get an Amazon gift card or premium credit, but there’s no such benefit for retirees. There should be something for retirees.

UHC – The local YMCA is covered; you have to go directly to the front desk and that YMCA; it’s free. Big concern for a friend that the specific drug (antidepressant) they take isn’t covered at all. Maybe they don’t want to change plans; UMP shows the same that it’s not covered, but if you go the pharmacy, it’s \$10/month. Pharmacist said go to Good Rx. Why can’t you just go through the plan and get the coverage? I had a stomach drug and there’s so much confusion about what’s covered or not and how much it will be. Initially it was \$150 and then it went to \$10/month. I had different procedures and paid \$100 out-of-pocket. They should have been covered and I protested and was told it was a coding error; the claim was recoded and still denied, so I just paid it. My concern is if I have a major illness can I go back to UMP? There was good coverage on UMP but have confusion about drug costs on all plans.

Coverage for PT should be changed. Could reduce the price for the end user by reducing their investment in marketing. My wife is in TRS Plan 1, and I am in RPEC. We get in legislators’ faces every spring. We hope it’s educational for them to know retirees are out there and we vote. A lot of people have to choose between utilities and medications. Legislators can do more, especially with the current budgetary situation – there’s no



	<p>shortage of funds. The fact that my wife had to do all the end runs to get a low dose of her drug (below market cost) and do it legally, should speak for itself in terms of what's included in the formulary. Even if it's a high-risk drug, there should be ways to track it (like how Sudafed is tracked) and might be helpful. There needs to be better education about drugs and alternatives that work. My Tramadol prescription only allowed for 6 pills at a time due to potential danger. There is really good research that Tylenol will do as much pain management as heavier drugs. I try to follow the DSHS policy of minimum medication for symptom reduction. I try to substitute exercise for drugs, which is why I want to get back to the previous PT limit or even extend that limit.</p> <p>I did mail order drugs with UMP, and it was wonderful. Now with Optum, if I want to order I have to go online. They do a wonderful job of letting you know what the price would be but not how to order. Optum just goes ahead and orders; I had to call them and cancel. UHC has too much marketing. They wanted me to do a Medicare survey – said it could be put in anonymously; not sure how they can use it then. Optum website has real potential but doesn't live up to it. Optum customer service has a long way to go. UHC customer service is very good. Optum customer service is in Manila; hard to hear and difficult to understand. Was told I could only get 30 days of tramadol, but last time I was able to order 90 days. It is irritating to have to order pills every 30 days. They wanted to come and do a health visit at home, but I told them I don't want one; If I need one, I'll go see my doctor.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• There's a lack of providers; Yakima is in a unique situation – lost a hospital in the last 2 years and lots of providers have moved; They have to serve a lot of low-income people and hospitals don't do well with that. I am not that happy with my primary care provider, but don't know how easy it would be to find another who takes Medicare. I had an allergy doctor for many years, but they closed down. If I want to go in person, I have to go to Tri Cities (Richland) or Issaquah. I need to get a new sleep doctor every year, but UMP will pay a percentage, even if they are out-of-network.</li> <li>• I love my provider, but it takes months to get in. I have to go to MediCenter or urgent care. My sister told me that urgent care wouldn't accept UHC. I don't understand the difference between and HMO and PPO.</li> </ul>
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	<ul style="list-style-type: none"> <li>• People that design and approve websites forget that not everybody grew up with a computer. PEBB needs to consider that many seniors have limited internet skills and the website can be difficult to navigate. I liked it better when I got a booklet from Kaiser. I shouldn't have to print out plan comparisons and worry if I have everything. There needs to be an easier way to compare plans (even how things are worded).</li> <li>• Kaiser doesn't have enough local facilities.</li> <li>• Looking back, it would have been beneficial if pre-retirement seminars had made the pathway forward plainer. I didn't know there were specific deadlines. I didn't know that I could enroll in a dental plan at every Open Enrollment. Where can I get this in writing? Would be nice if UHC could do underwriting for hearing aids like UMP.</li> <li>• UMP is secondary insurance; they do the coordination with Medicare which is the reason it is so expensive.</li> <li>• Hard to get through to HCA during Open Enrollment.</li> <li>• If you want help with medications, you have to call Optum, not UHC, but they don't know what country a person is in and whether this plan is an employer plan not a commercial plan. UHC does lots of advertising, but it's on the commercial side.</li> <li>• I am not fearful about insurance coverage, but rather whether I can find a good doctor.</li> <li>• Uniform Dental Plan but administered by Delta Dental; that's very confusing.</li> <li>• I question the availability and quality of health care in the Yakima Valley.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Is there a phone number for HCA? I have the website and the resource list but not a phone number.</li> <li>• People need to have choices; they need to decide what's the best choice for them. UHC is so much cheaper than UMP, but people are leery of change. How can HCA ease the apprehension with members? Don't know how to take away the fear that it's a Medicare Advantage plan. HCA should help people understand that it's an employer plan and get that message out, especially for folks that will be retiring.</li> </ul>
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	<ul style="list-style-type: none"> <li>• It's nice to have health plans that have vision, dental and prescriptions. Thanks to HCA for providing that.</li> <li>• I have a concern about Optum making automatic refills; I prefer to call in to them to order when I need.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• These listening sessions are very effective.</li> <li>• I get my info from WEA – Retired. I like the October newsletter about open enrollment. I haven't used videos and website so much. I get lots of emails, but I am not sure which ones are from HCA.</li> <li>• Information needs to be delivered in more than one way. I wouldn't want to see any method go away.</li> <li>• I like the website; it would be nice to have the 1-800 number on the first page and prominently featured as part of the logo (otherwise you have to search for it).</li> <li>• It has been helpful to listen to other people with different plans. It's helpful to be able to ask questions of other members on the same plan and different plans.</li> <li>• Email and letters. I really liked the in-person benefits fairs when I was an active employee. Having phone numbers for HCA is very helpful.</li> <li>• I do a lot of AARP work online, so email is good, but if there is anything consequential, I like to have it in writing.</li> <li>• Letters &amp; newsletters by mail.</li> <li>• Mail works really well</li> </ul>
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### Additional Notes from Coalition Notetakers

- I have had UMP for over 20 years and love it.
- UMP needs to continue as an option!

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, April 18, 2023  
10:00 AM – 11:30 PM  
Zoom Meeting

**Attendees**

There were 6 attendees with the following plan distribution: 2 in UHC, 2 in UMP Classic Medicare; 2 in Premera

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Mary Lindsey (WEA Retired), Tim Welch (RPEC), Alisa Richards (HCA), Stella Ng (HCA), Marcia Peterson (HCA), Jean Bui (HCA), and Mackenzie Castro (HCA; Cohost for Zoom).

Discussion	
Question	Summary Notes
<p>Please introduce yourself (first name), what Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from less than a year to ever since they started working.</p> <p>By plan, here is what was said:</p> <p>UHC - No problem with UHC Complete; switched from UMP; some challenges with massage therapy reimbursement but that's minor compared to the overall savings; \$3500 in savings for 1 person; \$7000 for a couple. Cost issue with UMP was when they switched last Fall from UMP to UHC; no referral like other MA plans do; are pleased with the plan so far; All of their specialists they have been able to get.</p> <p>Plan F - Chose that for 5 years and met every single need; less expensive than other plans. When they had health assessment done, including prescription drugs, and found Plan F fits their situation in their home at this time. Totally happy about this plan. They have an outside person through Medicare in Snohomish. That person did a health assessment and prescriptions, and Plan F is good. She said she couldn't beat it. Hope Plan F stays. It's been a good one for them. What they don't like about Plan F is it won't cover naturopath. It stays pretty much Western medicine; Savings have been incredible.</p> <p>UMP – Very expensive and it's a concern; it covers what Medicare doesn't, like naturopath; has been on it since 2011 and pleased with the plan. Has been on the plan since she was working and now retired; has considered other plans but happy with UMP.</p>
<p>What could be better about your current plan?</p>	<p>UHC – There are more reimbursement forms to do with UHC than UMP, like massage and acupuncture. Getting money back is a pain and takes a long time; lots of additional paperwork; inconvenient but not a deal breaker. He and wife talked a lot if they don't like UHC, they would have an opportunity to go back to UMP. Look at different specialists and that was an important consideration. Cost is significant to be on UMP but if UHC doesn't work, they would go back.</p>

	<p>UMP - Concerned about Medicare for all. Would like a rider for massage, it does pay for naturopath; found a Massage Therapist that takes Regence in Tacoma.</p> <p>Main concern is Medicare and things that don't go through. Have issues with test strips; Medicare has a rule about test strips 3 times a day; She is diabetic and uses a lot more than that. When she orders them, it takes weeks and weeks to get the approval; she gets her stuff, but the pharmacy doesn't get reimbursed; she can't go to two pharmacies anymore now. The pharmacy doesn't get reimbursed if Medicare doesn't pay, UMP then doesn't pay.</p> <p>Premera – Would like naturopathy to be covered.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments:</p> <ul style="list-style-type: none"> <li>• The fact that HCA had Medicare Advantage plans that bid to be similar to UMP helped. It seemed to be packed up without any problem with the MAPD. 97% providers covered in WA compared to UMP and it's proven to be true. No issue with doctors or pharmacies. Hear about dissatisfaction from others occasionally, centering mostly on [poor coverage for] vision, massage, or acupuncture, and some of those things. Our needs have been met very well. But we're on our 4th month. We are cautiously optimistic. Orthopedic, etc. a variety of different services but nothing of consequence. Haven't used the gym services but I like that it is a freebie on the side.</li> <li>• Big concern that she can't change is that her PCP is going to retire, and she has been with the PCP since 1996. Nothing the plan can do about it. Praised Medicare for being so easy. She just got a hip replacement. Went in and all the providers said they take Medicare. Things like naturopathy aren't covered as much as she'd like, but also doesn't need that very often in a year. She thinks that if you don't use a lot of naturopathy, it might not work to have savings in UHC; but with vision, it's a little awkward; they just cover a nominal amount because it's every two years, but as we age, our vision needs change more often than that.</li> <li>• No complaints with UHC; access to doctors is comparable with UMP.</li> <li>• No trouble with Plan F. They live far with a 30-minute drive, and they go to Everett Clinic. Haven't had problem getting providers, so no complaints. General practitioners have been a little more difficult</li> </ul>
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	<p>to find just because of the turnover. Everett Clinic works for her. She doesn't know how to change that. Get more doctors.</p> <p>My doctor of 40 years retired, but I had been traveling an hour to see him. I found that all the doctors were taking UMP that I had, and it wasn't an issue. Haven't had any issues with finding doctors that accept UMP.</p>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans, general comments or questions)?</p>	<ul style="list-style-type: none"> <li>• It's pretty obvious that people love UMP, still 40,000 people on UMP. Why not pursue a UMP on A &amp; B and then add a drug plan? You don't have any subsidy on prescription drugs and the price might get to the point where you have to say, "can I afford it?" I know there are reasons not to do it but they should at least look at it. People in the schools are used to SEBB so why not give them a plan where they can have A &amp; B and then enjoy the drug coverage.</li> <li>• He is a SHIBA volunteer; They received a lot of calls with SHIBA phone call line about PEBB retiree issues during the changeover and couldn't get through to HCA. PEBB retiree stakeholders are desperate for information. Significant calls for SHIBA; people are talking about 1-2 hours wait; they have a lot of consumers. They were told very carefully about giving advice about PEBB health plans by the OIC since they're not trained. There should be some way for the PEBB members to get their questions answered and it's a big deal to switch health plans. There was a lack of info about why UMP couldn't do it if MA can. Tell them that Medicare gives MA plans a significant subsidy. Communicating with the PEBB members and helping them answer their questions is a significant issue moving forward.</li> <li>• She retired late in July of last year. Want to commend the union with WEA for providing much information she needed at their retirement workshops. Got a good presentation from them. The ladies were terrific. One of them was 88 years old. She went through 2 full Saturdays. She visited the Olympia HCA office; waited but eventually got the counseling. Felt it was personal that she had a private counselor.</li> <li>• Plan F may not work for her. Someone helped her but she couldn't find someone to help her. It was 5 years she was able to speak with someone about her choices as compared to the choices she had on a bigger scale. Has, the dental plan, but has no vision. Direct information would be helpful.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Got advice from ad hoc human sources in Snohomish County but didn't know who to talk to about choices going into a PEBB retiree plan.</li> <li>• When she retired, she didn't attend any kind of seminar so there are lots of things she didn't know what to do. Maybe reaching out to prospective retirees to let them know what's available would have been helpful.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., email, letters, videos, or website)</p>	<p>General comments:</p> <ul style="list-style-type: none"> <li>• Email and then a backup with the For Your Benefits letter. I don't think it's a problem for people who are already in PEBB but there are people who miss the 60-day window, and they call me. In the K-12 world, get with the Benefit Administrators. 60% of retirees are on PEBB and some of them are on Tricare. And there is a significant amount who missed the 60-day window and cannot get back in. HB 1008 allows Plan 2 and 3 to defer. Knows HCA will do a good job. Knows the Governor will sign it within 60 days and that will be effective in July. There are so many retirees in the nursing homes, and they rely on families. There are 130 people on UMP have pension so low that they have to write a check to DRS to cover the premiums. WSSRA and RPEC try to help them. Not sure if we can reach out to nursing homes and work with their POAs but it's very difficult.</li> <li>• Email is the best. Anything HCA can do between OIC and HCA for people to get counseling support. PEBB retirees are way ahead compared to other people he counseled at SHIBA.</li> <li>• When the email comes, if it says HCA or PEBB in addition to someone's name. I delete if I don't recognize the name. Email works best for me.</li> <li>• Email is the best for me. I may have missed some things because there is so much coming through. I do like the video and speaking in a smaller group. By listening to people. Because we all are talking as opposed to just listening. She has other teachers calling her about PEBB. She deferred and that saved her. Because she deferred, she was able to get to PEBB. Some went to their spouse's insurance, and they weren't able to get PEBB back. That saved her in November. Got great information at the retirement seminar. More at the retirement seminars on PEBB would be good.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Emails are a good way to communicate. Some people may not be good with email, and we need to figure out a way to communicate and find out how to get them involved. Sending regular mail to people who have email is not efficient. Mail should be an option and allow people to choose how they receive information.</li> </ul>
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<p>Optional question: what was your motivation to participate in this listening session?</p>	<p>General Comments:</p> <ul style="list-style-type: none"> <li>• The work I do as a volunteer I see people every day who are frustrated with healthcare coverage and with PEBB we have a unique position. How do we help people to understand their options so they can make thoughtful decisions. Some of them may not be technologically savvy.</li> <li>• Individually he wants to make sure others know he has good experience with UHC for 4 months. He appreciates HCA and knows HCA is working hard.</li> <li>• She was with a school district. Her union sponsored training in all of this and she participated. The union used it in their contract negotiation. The union was able to get what they wanted when they went to negotiate with the district. So, it's very powerful, this process of giving and picking up information that can benefit stakeholders later. That's why she wanted to participate.</li> <li>• She is getting an education. She got the Plan F for as long as it goes. She is a long-term union member with 2 states. She appreciates what the union does for her and wants to pass on information to strengthen retiree benefits. Bottom line is she is really grateful for the opportunities and what's available. She still communicates with other people, like siblings in other states. She works closely with someone in Everett for union work. It's bigger than her to spread the word.</li> <li>• When she heard UMP may no longer be available, she panicked. She has been on the UMP ever since retirement, she feels important to be here and hear others' experience and see how the communication will work for these types of decisions.</li> </ul>
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## Additional Notes from Coalition Notetakers

- It would be nice if there was more alignment of the two carriers on those services, because of those who chose to get off UMP for whatever reason, such as the cost or potential loss of UMP.
- Confused about Medicare for all and the threat to UMP was just one of many feared outcomes of "Medicare for all." Feared that assumption, coverage for massage & naturopathy would go away.
- Disadvantage of UMP is a lack of Plan D drug plan, no subsidy on prescriptions. Since UMP is so well liked
- They have to understand the transition into a PEBB retiree plan (if they're not Medicare eligible when they retire) and the PEBB part of Medicare enrollment at age 65.
- It [For Your Benefits letter] needs to emphasize to new retirees how important the 60-day enrollment window is.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, April 20, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 9 attendees with the following plan distribution: 2 in UMP Classic Medicare; 3 in Kaiser; 1 in Premera Plan G and 2 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Kathleen Groshong (RPEC); Jean Bui (HCA); Marcia Peterson (HCA); Stella Ng (HCA) and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 4 months to 13 years.</p> <p>By plan, here is what was said:</p> <p>UMP – I had UMP as an employee and stayed with it. My husband passed away 15 months ago and had 3 different cancer diagnoses and treatments. It was a good test of coverage. UMP was a godsend; they were always supportive; a real person always answered my questions. I had serious medical issues last year that put me in the hospital. I have never had a problem in the 13 years I’ve been on it. There is no hesitation in getting care; no waiting for approval; I’ve never had an issue with getting coverage for a doctor or tests. I was really concerned when HCA threatened to take UMP away. I am a snowbird, so the plan has worked out really well because UMP has a huge network in SoCal. Blue Shield has a really large network, so it’s the only plan that works. I know it’s a lot of money, but it’s trouble free and worth it. You don’t need to worry about what will be paid or not. Health is stressful enough. I don’t know what will happen in 2024 if the PEB Board revisits taking it away.</p> <p>UMP works well and absolutely love it. There are no gatekeepers; nobody says you can’t have that. Wife passed away 15 months ago. Zero issues with her accessing care. I’ve had zero medical issues, but I am here to advocate for the continuance of UMP. HCA should offer Classic and other options; there needs to be a variety of plans, not an either/or thing.</p> <p>Kaiser – I like the plan; it is local and comprehensive and includes prescriptions. I am moving out of state to Oregon, and they don’t have same plan. I am looking for a plan can use there. Timeliness is hard (6 weeks to 2 months to get into clinic).</p> <p>Plan seems to meet needs (for me and my wife). I had it when I was an employee so stayed. It seemed like the best value for costs and benefits. What could be better? – I am looking for assistance to ensure still have best plan; it is often a challenge to compare plans. I prefer to talk to someone because charts are necessarily short.</p> <p>Currently employed; hoping to retire in July. I am planning to move to central OR; I know want to be on KP NW. I am waiting to hear back from Medicare; I had great difficulty in finding out when to sign up.</p>

Premera – I only had 2 options because I moved to Virginia. UMP and Premera Plan G – started with UMP Classic – seemed like the best plan for extending coverage I had as employee; because of cost switched to Premera. The cost of UMP was too much, but I’ve not enough experience with Plan G to say how it works. I tried to do research with my colleagues and friends who have similar supplemental plans like Plan G, and they seem to be happy. My major concerns – having good and complete access to all potential health care options that might be available. I understand that being out of state means I can’t have access to UHC plans.

UHC –Moved from UMP in January; I like the lower [plan] cost and perks like gym membership. The price of drugs has gone up; not astronomical and a tradeoff with premiums. I read that once you are on a Medicare Advantage plan you can’t go back to regular Medicare; UHC because didn’t sign in right away – hammered with paper; really annoying with all the marketing; heard from somebody who knows something about UHC have to be very careful if use someone out-of-network because United closes the door on anyone out-of-network; When UMP was going to being taken off; we were told that UHC closest thing to UMP; that UHC accepted the same doctors and pharmacy; only change was slight increase in cost of medicines.

When we first retired 9 years ago – MA plans weren’t so good; I kept asking my husband to get clarification from PEBB about MA plans and if we could switch back. We understood that it wouldn’t be a lesser program and then saw an article in Seattle Times that concerned us, but we heard this MA under PEBB is created by the state and it's different than other MA plans. There’s still a concern about UHC and whether we can switch back; we loved UMP.

Started off w/UMP because had it as employee and then switched in January. My only experience with prescriptions. I do like the gym membership. It's difficult finding information about what exactly MA is compared to Regence or just using Medicare and how that relates to PEBB. UHC wouldn’t talk to me until I signed up for a plan (seems not right – like you have to buy something). It would be helpful if PEBB had something like a handout – never found something like that. Some people say UHC has such a low reimbursement that providers don’t like to work with it. My pharmacy got transferred because it closed; I had to transfer again to Optum.

What could be better about your current plan?

UMP – Perfect the way it is, but I worry about whether it will still be there or price itself out of the market. I have never had anything declined. Cost is an issue. Insurance is like going on a cruise – could have all-inclusive or could be nicked and dimed. As soon as my husband retired his cancer improved. If I have to worry about payment for medical care, it's very stressful. UMP is perfect as is. Worried about losing it. Stress contributed to my husband's cancer-worrying about health insurance would have been amped up if not for UMP. I am grateful for what UMP did during very rough times. Never a problem when the "rubber hits the road" with more complicated health issues. All very seamless.

Kaiser –Could be available in central OR; really liked Kaiser – worked out well; some health concerns and they took care of it fully; referred to specialist; there was a problem and had to go to UW. Had some issues with UW contract that got discontinued for a while and delayed treatment, but all worked out in the end; hoping that UMP would work out; confused as to which plan would cover in Oregon; hopeful that read somewhere that I can enroll outside of OE can switch plan; haven't confirmed it that is true. Hope to change plans as I'm moving in early June.

The Kaiser plan shows up as Medicare Advantage plan; I didn't realize it was an MA plan. All the ads you see on TV are also MA; need more clarification on the terminology.

Premera – I love to use Plan G with Original Medicare. When you use Original Medicare, the number of plans that you need is ridiculous – separate Medicare plans for myself and spouse; Plan G covers both; dental plan and then Part D plans are separate (and my wife has a different one than I do). Managing the bills and signing up is hard. The appeal of Medicare Advantage plans is everything is in one package.

I am on Premera as an active employee in SEBB. I am just in the process of learning; I am turning 65 and I turned in forms but there were mistakes. It's a very frustrating process.

UHC –Concerned about being in a MA plan. Situation similar to Tim and Pam (right down to reading the Seattle Times article); so confusing and no one to talk to; just trying to find pharmacies covered and twice got calls asking about health history and found it annoying; get conflicting information from UHC; talked to someone else who said the pharmacy is not in the network; but checked on website and found it; website pretty

	<p>complete and have to go with that; had a home health visit and very helpful; When you call some people, you get some of the people on phone are good and some not; hard enough to get info and if can't trust it the information I am getting.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Concerns about comparing plans; I haven't had issues at that level yet but as one gets older all sorts of issues come up and one wants to be sure access is complete. If I use original Medicare either UMP or Premera it's Medicare that pays; UMP can potentially cover more. I have struggled to find out what will happen if you have something serious and how well will it be covered. I call all these companies and they will send all these documents, like 50-document and I cannot figure it out. You can't anticipate what the issues are. Vision and hearing aids, acupuncture and massage aren't covered by supplemental plan, but at some point, with premium savings you could easily pay for those things. Are there things that Medicare wouldn't cover that UMP would fill in (because secondary but not supplemental plan)? If you just look at the plan comparison charts the MA plans look very comprehensive (just by what's listed UHC looks great – 1/3 of cost) but there's a feeling if it's cheaper it can't be as good. There's no way to even know because you read articles about problems with MA plans; hard to know if PEBB plan is better than commercial plans. MA plans restrict access and there are a number of cases of fraud; those of us with original Medicare are probably subsidizing that. Again, I don't know if those are issues with PEBB plans. Question – could HCA/PEBB could do more in-depth comparison of plans instead of the tables (right now it's superficial information)? All PEBB plans have requirements that something be covered by Medicare.</li> <li>• Nothing to complain about; wouldn't change anything.</li> <li>• Currently none, but I am concerned about changing plans. I am hopeful that there could be contact information for HCA to call in with questions about switching plans.</li> <li>• Nothing yet; I wanted to inquire about therapeutic massage, but nobody answered the phone. I looked at the materials. There must be some massage therapists that take Medicare. I will ask my doctor and see what happens.</li> </ul>
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	<ul style="list-style-type: none"> <li>• When first of year came around, I was told I couldn't use Costco anymore – had to use Kaiser's 90-day mail order; since I am two minutes from Costco, I was not happy. It seemed that Costco would be cheaper but then I found out that Kaiser mail order included 90 days with the last month free. If it's a new prescription, you could go to your choice of retail pharmacy but only for the first time. I am not sure whose responsibility it is, but under chart where I see Kaiser costs \$176 – I'm guessing that is per person per month; understood the state is paying half the cost – can't reconcile because I am being charged \$350/month for myself and wife. Also, the premium chart is not showing Delta Dental, but I believe it is through Kaiser.</li> <li>• I turn 65 in July, and I am concerned about signing up for the first time and making it all happen. I don't want a gap in coverage as I have some medical issues.</li> <li>• I am turning 65 also and don't want a gap in coverage.</li> <li>• I have a torn hamstring tendon and the issue has been going on for months. One of the procedures was a platelet injection; I was told there was nothing else to do (as a treatment) but it is not covered by Medicare, so it was a \$928 out-of-pocket expense. It seems to be working. Straight blood (whole) injection would have been covered but not platelets; it's a Medicare limitation on both original Medicare and MA; it was covered by Medicare until a year ago. I have no idea of what other things Medicare doesn't cover; if Medicare doesn't cover the supplemental plan won't cover it either.</li> <li>• No gaps in coverage. I am wracking my brain and can't think of anything else. I have no acute needs. I sleep really well knowing I am well covered for anyone or specialist I might see in the future; I just don't think about it. I am just here as a strong advocate for the UMP Classic plan.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• PEBB HCA should produce more in-depth information than charts.</li> <li>• Need help understanding what Medicare will and will not cover. Got run around about therapeutic massage and received conflicting information over the phone.</li> </ul>
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- Would like to understand who I can call to get information when I am confused.
- HCA customer service is very helpful but it's a challenge to get through to them. Don't call during Open Enrollment. In June lot of teachers are retiring, so there are better times to call. WEA Retired and UW Retiree Association had great workshops; it would be good if HCA could put those on for folks without access to different associations. I never understood why UMP Classic is so expensive. I would like some explanation. Attended a couple of workshops to make sure I understood. Continue offering workshops.
- It would be great to understand better why some plans get subsidies and some like UMP don't; seems unfair. The difference between supplemental plan which only fills Medicare gaps and secondary plan which potentially does more is good to know, but is that why UMP is so expensive? My understanding from having spoken to HCA a lot is that we are part of a group (PEBB) and should never give that up; it does allow you to change back and forth because in the group. PEBB gives some privileges because outside a group you are not in as good a situation (there may penalties and can't change plans).
- Transition to Medicare is scary. Listening to folks is confusing. I went through the WEA workshop and Medicare workshop, and I want to reassure folks there is good information. HCA has in-person appointments. I appreciate all the information shared today.
- Thanks for clarification on the Medicare supplement; it's just a matter of walking through all the materials. It is a good thing that you can change plans every year.
- Like this format as an opportunity to hear about other plans; reinforces what I feel about my plan. I heard when you get an MA plan outside of PEBB you may not be able to get back to original Medicare because of pre-existing conditions. My feeling is that PEBB has worked it out.
- What really counts is now going forward – this listening session first one aware of – the proof of the pudding is in the eating – result will be in what comes out of sessions. Credits be given to those who put together these listening sessions. I hope that there will be more of these on a reasonably frequent basis. I appreciated the handout; if I had read the FAQ would have answered questions that came up. I appreciated the phone numbers and

websites. It would be helpful to see organization chart so we can understand who reports to whom – plans, HCA, PEBB – to better understand what recourse there might be. I want to thank RPEC who did their part to enable these listening sessions to happen. Just want to give some positive feedback as a balance. Confirmation email came late but having the questions in advance was helpful.

- I am a member of AFT and higher ed but haven't had any workshops. It would be great to go to a workshop that walks through all the different plan options.
- All along I've been healthy and on UMP; it is scary to have to make a transition.
- Just before I retired, I attended a workshop by WEA-R and they went through the plans and how to get ready for retirement. It turned out so well I met with my personnel dept and there were things I had to do, and they wouldn't have had a clue. That's what people need - tools to use. I am very pleased with WEA-R.
- If we have a problem with UHC giving confusing/inadequate information, do we call PEBB/state?
- Maybe on handout you could add who do we call if we have a problem with plan –to get some kind of help. I don't want to be in the position of getting confusing info or the runaround. Is there a resource through state? UMP is very expensive because it doesn't meet some of the Medicare requirements to meet for getting subsidies. What is PEBB doing to lower costs? I heard the state would do some things to address with Congress. I hope to find out if they are doing that. When it's Open Enrollment, can I switch back to UMP from a Medicare Advantage plan if we can afford it?
- UMP is original Medicare plus a supplement; other plans which are MA are a totally different model. MA plans get a lump sum of money from Medicare and the government steps out of the picture, so the insurance company is now responsible for caring for you. Insurance companies have a profit motive; they don't make money if they are too generous in care. They want to keep a fair amount of money for themselves. How they save money is by strongly tightly managing care. You have to look hard at MA and compare it to original Medicare with a supplement plan.
- Would like to see an org chart/hierarchy for HCA/PEBB so I understand what recourse I have.

	<ul style="list-style-type: none"> <li>• Like the listening session format. Opportunity to reinforce my preference for UMP.</li> </ul> <p>Thanks to HCA and team for bringing us together.</p>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Email, but it doesn't hurt to have regular mail as a back-up.</li> <li>• Email; my concern is that I need to change my email soon when I move. I am wondering if that will be a smooth process or not. It is very beneficial to talk with others. I appreciate you bringing us all together.</li> <li>• Email and I am happy to follow weblinks to get more information.</li> <li>• Email, but don't send too much of it; I don't need to be notified of unimportant stuff. Thanks, Noel, for being in charge – you are doing a nice job and I appreciate you being here.</li> <li>• Email; webinars are useful, but timing doesn't always work with my schedule. Other forms of communication are appreciated. I understand it's not always practical to have a 2-way conversation where we ask questions and someone from HCA answers, but some of the questions are more general so I am concerned that if there's a delayed response to specific questions, we can get answers to the general ones so we can all benefit from those.</li> <li>• Email is good but having information in the real mail is good as a backup just in case I miss the email.</li> <li>• Emails, but they need to be identified as coming from the Health Care Authority. I get way too much junk mail, but getting something printed means I will always see it. Putting HCA in the subject line would help. WEA-R always sends things out and it's really clear it's from them. Getting the Open Enrollment package that can be gone through slowly is really helpful.</li> <li>• Email; appreciate the annual packets and the website. It is a great idea to identify emails that are coming from HCA in the subject.</li> </ul>
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## Additional Notes from Coalition Notetakers

- Concerned that UHC is more restrictive than UMP. We had UMP for 8 years and it was fantastic. Switched to UHC. Hearing not covered. Would like UMP to lower costs so that I can switch back.
- Had difficulty signing up. Made mistakes on the forms. Concerned about coverage gap.
- Need help understanding what Medicare will and will not cover. Got run around about therapeutic massage and received conflicting information over the phone.
- Would like to understand who I can call to get information when I am confused.
- What matters now... responsiveness.
- If you go to a MA plan, will you be denied based on a pre-existing condition? Can you return?

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, April 25, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 10 attendees with the following plan distribution: 7 in UMP Classic Medicare; and 3 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Kathleen Groshong (RPEC); Linnea Mulder (RPEC); Alisa Richards (HCA); Jessica Fernstrom (HCA); and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 months to 41 years.</p> <p>UMP - I have had UMP classic Medicare since 2001 when I retired. I also have the dental which I like. There is minimal out of pocket, but it's high price. I learned that it's a secondary plan vs. supplemental. So, I'm interested in changing during Open Enrollment, but then I would have to figure out the pharmacy and would need to find out if dental is available. I think I'm paying a lot – it's overkill and a big chunk out of my pension.</p> <p>I live in Bellingham. I've had UMP Classic Medicare since 2011. It's accepted widely in my community for medical support and pharmacy. Referrals are processed quickly. My providers tell me they like that it pays them promptly and the pharmacy benefits have been very good. My husband and I are both retired public employees and we have had UMP classic. The comprehensive benefits and coordination of care makes the out-of-pocket low except for the premiums. Good pharmacy benefits also.</p> <p>Like the comprehensive benefits and coordinated care of UMP. My concern with other plans is that PEBB is offering one great expensive non-advantage plan and an increasing array of Medicare Advantage plans, and they are all private and will eventually get you with their higher cost, and they made a deal with the government, and I don't want any part of those plans. All other plans are private insurance and costs will increase.</p> <p>I'm from University Place, I retired in 2004, was on UMP and then on UMP Medicare. I've been happy with the program, appreciate the benefits. It's been low maintenance, but the cost keeps going up. I'm hopeful we can access some of the government grants that other plans receive. I am totally happy with it and hope it continues. I've been on the same plan since 1982, never had any trouble with getting things authorized. For years I had a private practice as a psychologist, and I know it's easier to bill a medigap plan. I used to only take people from Medicare to avoid the time I spent getting paid otherwise.</p>

I'm in Spokane, I've had UMP since 2013 and before that when I worked. I'm satisfied except for the price. Hearing aid coverage, and pharmacy coverage is good, almost no out-of-pocket.

I live in Ohio. I've had UMP since my retirement in 2016 and I had UMP before. I've never had any issues. Had five surgeries. There is seamless coordination of benefits with Medicare. I like that I can add on vision, dental and pharmacy and it all comes out of my retirement plan. Good vision, dental and pharmacy. Auto deduction from my pension.

UHC – I retired from UW in 2015 and was on UMP. I went on Medicare in January and decided I didn't want to pay that much so I switched to UHC complete, which is about half of what I was paying under the COBRA rate. It pays for chiropractic, acupuncture, physical therapy, vision, and massage. So far, they have paid 100%. Surprised with prescriptions, used to be \$0.67 and now are \$15.

I was with UMP all my working career with the state, and when I retired, I continued UMP, it was amazing in terms of what it covered. Particularly when my now-late husband was hospitalized multiple times. It was seamless. However, I switched in January of this year for two reasons: the significant jump in cost and the uncertainty with HCA considering revoking it. I didn't know it would continue. I decided this would be a year to try it out. Only three months, and so far, so good. I like the gym membership, a huge bonus. I'm not sure yet about medications, I was surprised that I am paying more for medications. How that evens out over the year is unclear but the jury is out at this time.

Before I retired, I was with Kaiser/GHC, and was on UMP for a year. But when UHC was offered I moved to Complete, and I've been happy. I wanted something with national coverage, I liked the cost compared with UMP, it pays for my gym membership which I enjoy.

What could be better about your current plan?

UMP – Great plan with excellent coverage and great staff who help. The cost. I’m sure the cost pays for the ease of the program. I talked to a SHIBA representative, and they were helpful and went over the HCA PEBB program with me. They said that there are many other options that are just as good so don’t bail now because you can’t come back.

Several years ago, I asked about gym membership and was told it would have to be offered to everyone. There used to be wellness benefits, like you get an Amazon gift card. I’d like to see if those could be offered to Medicare retirees. And get some of the benefits that the advantage plans do.

Suggestions: make the Certificate of Coverage information easier to understand. I know it’s complex, but I like the idea of our providers knowing what is covered. I’ve had my allergist prescribe something that wasn’t on Tier One, and I had to do it myself. The doctor doesn’t know, and they prescribe tests that aren’t covered, and we have to figure out what to do about it.

The cost is prohibitive and is getting increasingly difficult. At one point the providers didn’t enter the right billing and that was really hard to figure out. I had to go through all my bills to see what was submitted to Medicare and what wasn’t. I had to do a copay for physical therapy, and I was billed for a larger copay than I needed, and it was hard to get the money back.

Cost is an issue for UMP, but I am very pleased with it, particularly the pharmacy. One drug is very expensive, but I only pay \$24.99 per month. Like the surprise checks. I will stick with Uniform as long as I can afford it.

The cost, but if reducing the cost meant reducing the range of services or length of time, I wouldn’t be for it. It’s unfair that there are subsidies for private insurance that we don’t get. I don’t understand it.

Primarily the cost, but I’m happy especially with the pharmacy.

One of the things I’ve thought about is I would have much preferred to pay more when I was working and less when I retired. I looked into MA plans when I turned 65 and I discovered if you count in the out of pocket and the deductible then it’s a wash with UMP in terms of premium. I would like the chart to show the total cost. Those hidden costs aren’t



shown with the other plans. I am out of state, so my choices are limited. I appreciate having a choice. I haven't looked into UHC Complete, but I will at the next Open Enrollment. UMP covers out of country travel. I'm going to take a trip. I want to know if other plans cover out-of-country travel.

UHC – I've been a medical record administrator for 40 years. Now I'm a recipient and it's amazingly complicated. While many of the benefit plans you have talked about said you can use the same providers and that's only true if they accept Medicare, so I am billing it myself. It's a lot of phone calls and hours spent. Not a PEBB issue, it's United Health Care issue. It has great coverage, but you can't access it because you have to jump through a lot of billing hoops. I get reimbursed eventually, but there is a cash-flow issue. If we could get some claims information for how to get reimbursement it would help when you are selecting a plan.

The one thing I have noticed is that the eye care in UHC is not as great as UMP, particularly the number of providers in my area that I can go to that accept that plan. I haven't found one yet.

I've been on UHC for 3 years, but I've been healthy. The one thought I have is about health care in the US. I wish it was easier to navigate what is covered and what is not. If I go to the dentist, they know what I will pay for things. But with medical coverage, you have to call to see if things are covered. It would be nice if the PCP knew what was covered.

All of my providers accept Medicare, so I don't have the issue the other participant has. Except for vision, it took a while to navigate it and I got refunded.

Hard to understand how to bill claims through the UHC website. Benefits are there but hard to figure out how to do it.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

General comments –

- [UMP] Years ago, my husband needed an allergy skin test and doctor thought it was needed, it was expensive, and we had to pay total bill out of pocket. We were not able to get reimbursed.
- If Medicare doesn't cover it but UHC does, it would be helpful to cover dieticians. UHC has not processed the bill from my dietician for 6 months. If you are diabetic, you're covered but if you're prediabetic it's not. It would be nice if they would add dieticians since it's preventive.
- UMP covers things that Medicare does not, like PT. I'd like to see some wellness benefits. In this community it's hard to find a PCP if you have to change medical plans. Two major PCP groups and one does not accept UHC. If you have a community where it's hard to find a PCP. The trend here is to not take the MA plans.
- This is for both UMP and UHC, neither of them covers platelet rich plasma injection which I have had in my hip to help rebuild the cartilage and avoid a hip replacement. It's expensive and I had to pay out of pocket in UMP.
- The travel benefits. Happy with UMP and its coverage. Out of country travel is a gap.
- Charts with maximum information to compare plans. Better explanation of secondary plans vs. supplemental. Clarity around the issue of hearing coverage with Medicare and UMP. UMP customer service clarified misinformation provided to me. UMP would pay for hearing coverage. Kudos to UMP for calling me back and clarifying.
- Happy with UMP. Gym membership would be nice, but it is not a deal-breaker.
- The only issue has been with diabetic supplies. Normally UMP covers everything. I got a letter letting me know which product they cover. Odd they don't do a good job of covering diabetic supplies. They cover hearing aids, but it took a very long time to reimburse for that.
- I would appreciate it if there was a chart that includes all the costs. I went to a hearing exam, and I wasn't sure what secondary was vs. supplemental and how do you navigate that? Got help from a PEBB rep. who researched an issue and called me back.
- The international coverage with UHC is out of pocket and is then reimbursed. I travel a lot and would like to have a less difficult form of international coverage.

What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?

General comments –

- Medicare’s part D plans are so complicated. It would be great if HCA could make that easier. It’s hard to know what’s covered and what’s not. More information prior to Open Enrollment would be helpful.
- UHC is owned by Optum which is a for-profit company. It’s a big business and they are kind of a monopoly. It’s troublesome. Even so, the coverage is better for OT/PT than the UMP plan. The state has done a great job of negotiating an MA plan to give us some good benefits. Some of them are better than UMP.
- Be careful with some of the Advantage plans. Friends of mine would consider the supplemental plan except there is no option for a pharmacy plan. Why isn’t there a separate pharmacy plan if they wanted the supplemental plan rather than the secondary plan?
- My mom was on a UHC MA plan and what we have is significantly better than her options were at the time. The power of a very large group and the negotiation power has been great. So far so good. Check back with me at end of year.
- When the next Open Enrollment happens, I would like to see a more robust and thoughtful presentation of the plans than is currently given. The consumer has to do their own research on the plans and what they cover. People are enrolling in plans they don’t know are private. They seem economical but then they end up not. I want PEBB to continue with UMP but would also like to see other non-advantage plans as choices during Open Enrollment.
- Since we don’t get the subsidies, what do we need to do in order to have that? I’d like to know the background and what we can do as individuals.
- I appreciate UMP being a public government plan. I had a problem with Medicare, and I called my congressional representative, and then someone called me from Medicare. I doubt this would happen with a private insurance company.
- The pharmacy benefit in UMP has improved, it is much more straightforward. Also, I get the [PEBB] newsletters and they are easy to understand, and it gets me to look at the website. Thanks for setting up listening sessions; never done one before and I am in Ohio.
- Pay attention to the long-term evolution of the MA plans since there is a lot of investigation of them (like Humana). I want to make sure we pay attention to it and the whole issue of private insurance.

	<ul style="list-style-type: none"> <li>• Medicare Part D is complicated with 24 options - hard to research. Confusing to figure out what is offered and what is not in the plans prior to open enrollment.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• I do read the HCA newsletters. I like email reminders.</li> <li>• I normally would say 'please don't text me unless it's really important'. But I do pay attention to snail mail.</li> <li>• If I get a piece of print in the mail, I will pay attention. Like a newsletter.</li> <li>• Having something arrive in the mail, I pay attention to that. But I also appreciate getting email reminders.</li> <li>• Make the email headings specific, so we don't overlook it. Getting something targeted from HCA or PEBB is going to bubble up. I am advocating for both mail and email. Then targeted websites so we can save time.</li> <li>• I like email but with enough info about it at the top in the subject line so I can scan it.</li> <li>• For simple things email can work. But if it's complicated it's hard to save the email to go over it again. [Zoom] has made it easier to attend webinars.</li> <li>• I get too many emails and I only look at them once a week. Put detail in subject line. Text and paper I tend to look at.</li> <li>• I prefer the newsletter to prompt me to look at the website. If I'm considering changing plans, have a webinar about each of the plans. One for each plan.</li> <li>• Email and mail. I won't go to a website to look at updates without a prompt.</li> </ul>
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## Additional Notes from Coalition Notetakers

- Wouldn't have been able to keep our house without UMP.
- Continue to have UMP in retirement. Completely happy with it other than the cost.
- Hopeful we can access government grants that will subsidize UMP.
- It seems like it's rigged in favor of the private insurance companies.
- This [plan reimbursements] should have been discussed upfront. We need claims information. How to get reimbursement should be included in the front end of how to choose a plan.
- PEBB staff don't know these [plan] systems. I don't know how people in retirement who don't have my professional background do this
- Lots of people don't know how to access the back end of benefits.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, April 27, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 4 in UMP Classic Medicare; 1 in Kaiser; and 2 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Mary Lindsey (WEA-R); Jean Bui (HCA); Alisa Richards (HCA); Stella Ng (HCA), Marcia Peterson (HCA), and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 4 months to 13 years.</p> <p>By plan, here is what was said:</p> <p>UMP – I honestly don't know what I would have done without this plan. Spent a lot of days at the hospitals and doctors' offices. Now that I am 80, I have had serious back issues, MRIs, ultrasounds, x-rays, cortisone shots and the plan has been constant; UMP has been with me every step of the way. I have had very little out of pocket expenses. I don't know how many of you have done a side-by-side comparison between Medicare and your insurance plan. UMP and Medicare is almost same amount of money every month. I don't mind paying for it because it's worth it. What we need to do is work with elected folks in DC and convince them that they need to provide assistance for state run medical plans as they do for private plans. RPEC was well on its way to send a letter and send one together with HCA but haven't heard from HCA whether HCA would join. We need to be equal with the private sector (they shouldn't get a handout that we don't get). I have a complaint – I don't know that HCA has really had its constituents' best interests at heart – they found a plan that maybe we didn't want without checking with us first. At the last Board meeting the microphones went out and the audience couldn't hear what was going on. I wonder whose best interests they have at heart. HCA got busy without checking with everyone. You kind of wonder whether they are receptive. We could get better assistance from them.</p> <p>I like that I can pick my own doctors, but I am not using a lot of medical care now.</p> <p>I love the plan; it has been great and covered everything I need. Prescription coverage is great – I hardly pay anything. I am really pleased with the plan and hope it continues to stay with us for a very long time. I do have to pay a gym fee because it's not covered, but it's only \$25/month.</p> <p>I am so grateful for UMP. Retired in 2010. My brother had severe cancer and he was on UMP, and I watched what a great job they did caring for him. Was grateful. The plan is pretty comprehensive. My doctor is appreciative that I am on it because if there are things that Medicare won't cover UMP will. It's really additional insurance, rather than gap coverage. I have an aromatic child. I wouldn't know what to do with the child had I not been on the plan. My concern is about the takeover of</p>

insurance plans that are not really Medicare; if private pockets are being subsidized, we need to work on that. Either individual letters or a group or both. That needs to be fixed because it is just wrong.

Kaiser – Likes that the eyeglasses deduction went from \$150 to \$300 and they also raised the hearing aid allowance (but I still think it need to be more). Also, premium has not gone up dramatically (think it went down \$1). I do have a concern about dental (which just takes care of basics) and everything else costs so much. Some Medicare plans are offering dental and that would be my question. Monthly premiums have not increased much. Happy to have a choice of plans.

UHC – Had been with UMP. Changed to UHC 4 months ago. Extremely happy with the cost. Receiving a lot of emails. Like the gym membership because it provides social time. Loves the nurse line. Takes time to get prescriptions started because it takes a lot of approvals. Has had trouble getting prescriptions before leaving on trips.

I was with Kaiser when I was working and decided to go with UHC, but I am having issues with prescriptions, so I may have to go back to Kaiser during the next open enrollment. I am just here to listen.

One of the main drivers is communication that they have; they send lots of mail, like every 2 weeks, but a lot of the information is very helpful. They want me to sign up for home health program. I joined Crunch gym. I talked to about three different gyms and decided on Crunch; they've been great and help me with a healthy lifestyle. UHC also gives so much per quarter to spend on things you would buy anyway. My cousin has the same plan in Las Vegas and never used that benefit. Their call center is very nice and always gives the information you need. This plan is so broad with all the different things they have. I do have a small concern about prescriptions and needing the doctor to have it okayed again. I need a prescription for a cruise (leaving Saturday) and don't know if it will come in time. I am on Eliquis, and it was cheaper on UMP; now I am paying three times the amount, but the pills come right away. I had to have an MRI and found a tumor. Didn't get a bill yet. I already had my next procedure pre-approved. I had to get 2 prescriptions at the local pharmacy, and it was 12 cents and \$1.62. (Optum mail order says \$5 or \$10 – maybe that's for 3 months). I have been paying \$700 a month for the last few years between me and my husband. Having the cost lowered is wonderful. So far, we are happy. I am saving a lot of money. Lobbyists fight for retired educators and that is a big help. Broad based service is better for us; and I love the nurse line and like that feature.



What could be better about your current plan?

UMP – Nothing unless we can get the federal government to pay. I have had long discussions with doctors, and they say they get paid right away and don't have to wait. They don't have that same relationship with UHC. I was distraught when I thought UMP wouldn't be available. It is a godsend, and I don't want it to go away. I am in it for the medical care and not for any extra perks. I got hearing aids last year and called UMP and I almost started to cry when I was told they were 100% covered. The person on the line said she loved her job because she got to tell folks good news; I was tickled that she felt that way.

If you could add the gym without adding to the premiums.

I agree that the perks in Medicare Advantage plans are great until the member gets ill. My friend is on MA and had to appeal to get her care. It wasn't through a PEBB plan, but all the plans use an algorithm for determining the care you are going to get. UMP should continue to focus on medical care so I can get it when I need it. The doctors are paid fairly and quickly and they like that.

Cost maybe, but I have a son on the plan, too, which makes it more expensive. I don't use much health care or medical, so I haven't run into any problems.

Kaiser – So far happy with Kaiser. Sometimes they rotate doctors; have Kaiser for 40 years. They should increase things like glasses and hearing aid allowances. As we age, we need these more. Also there should be more access to specialists. I enjoy the gym benefit and fitness classes.

UHC – There are about 10 educators in my group, and we had a big discussion about whether to switch plans. My cousins went with PEBB Balance. I am happy with the plan that we have now. There are some issues with prescriptions (my husband takes several drugs; he doesn't get it in a timely manner and gets them 3 months at a time). The teacher group decided to try UHC. A nice feature of PEBB is that we were told we can always come back to UMP.

I just started on the plan and am running into issues with the mail order pharmacy. I have to wait and see how it goes for the rest of the year.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

General comments –

- I appreciate that I can pretty much manage my own health care. I can see who I want to see. My goal isn't to be argumentative, but I think the UHC prescription problem is very serious. It bothers me when the other participant's husband can't access his prescription before the cruise on Saturday.
- Medical insurance is meeting my needs, but there are huge gaps in the entire medical system. I am very appreciative that I can self-refer to a specialist. For a lot of folks, access to care is through the insurance company and I haven't had that issue. When you are part of an MA plan, the money is going into private pockets and not back into the system and I don't like that. I don't want to go back to what it was before the Affordable Care Act when it was all private.
- There are no gaps, but I've only been on it 4 months. Everything seems to be going smoothly. My doctor said there are a lot of doctors who are just not participating in Medicare anymore, so it is harder to get in to see specialists.
- I had to wait a couple of weeks to see a doctor at Peace Health in Bellingham, but that not an insurance issue, more the general lack of doctors. Sometimes I have to wait longer, but if it's an emergency, I can always go to urgent care. I like being able to refer myself to specialists. Usually, I have to wait longer to see them, but that's because there aren't enough of them.
- No gaps; I consume very little medical care. If I need a specialist I get referred and drive to Poulsbo or Sequim.
- No gaps have arisen so far.
- No gaps that I've noticed to this point.

<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I hope HCA continues to work with and serve the people they represent (the people in the plans). They should pay more attention to the people they are providing service to. They seem to forget they are serving the retirees. They haven't been good about that up to now. I hope there are more opportunities for feedback like this.</li> <li>• Thanks for being receptive to the concerns about losing UMP and doing these sessions and getting feedback. I hope we move forward and talk to the feds about equalizing it; make it fair, because right now it's not. It is terrible to watch folks on other plans not get the care they need. Keep up with the good work. Thank you very much.</li> <li>• I want to thank Ellen. Once she spoke with me, she made things more simple. She was very helpful. The information was very confusing when I was thinking about changing from one plan, I'd been on for a long time. We as participants in health care have to be proactive; sometimes you have to do things yourself.</li> <li>• Appreciate HCA is conducting this listening session. I appreciate the UMP plan and it covers everything. Just hope the cost can go down. Continue to keep this plan so that folks continue to have a choice.</li> <li>• Hope that UMP continues. Keep it affordable.</li> <li>• Have to see how it goes with UHC.</li> <li>• Thanks for allowing us to have this listening session. HCA and PEBB have to work to get the best plans for retirees because more and more folks are aging out of the workforce. Don't eliminate plans, so that everyone can continue to have choices.</li> </ul>
<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• HCA website is hard to manage and not very user-friendly. It is hard to get to where you want to go; hard to find things.</li> <li>• HCA website is difficult to navigate. You should take people who know nothing to test it out. I do like that there are multiple approaches to communication. I like some overview on paper every so often. Reminders on the email are helpful. Continue with what you're doing, so you're getting to as many people as you can in a variety of ways. I sent an email to all the teachers I worked with about UMP closure. It would be nice for local groups to get the word out; I sent email to 50-100 teachers; is there any way for HCA to facilitate? Only maybe 5</li> </ul>

	<p>folks were aware of the issue. Communications with the districts would be helpful.</p> <ul style="list-style-type: none"> <li>• Website is hard to navigate. I like all the communication channels. I like direct communication with a person. I like the options of webinars and newsletters. I file them.</li> <li>• Email is what I like best. When it is time to choose different plans, I love to get the paper comparisons. Newsletters are nice. Website could be easier to use. I have used email and chat and have gotten quick responses. I am too far away now to be able to go to the HCA office, they were super helpful when I went to the office before COVID but it's hard otherwise to get someone to talk to.</li> <li>• Emails; I haven't used the website.</li> <li>• Website is hard to get used to. I can master it now. If I have questions, I send an email and I am impressed with the quick response. I have yet to sign up for the newsletter. Email is best.</li> <li>• Multiway approach. I enjoy getting things in the mail as a reminder, especially in November. Keep the multiple approaches going. I agree with the comments about the website; I have to think every time I go into it; navigation could be streamlined.</li> </ul>
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Optional Question:

*What was your main motivation for participating today?*

- To keep the voice going that people are out there using health care and HCA can find ways to improve by listening to members. Making sure that there is a voice for people.
- Really wanted the opportunity to give a plug for UMP, particularly since we went through this horrible effort to close it down without having input. I am concerned about HCA just offering a cheaper plan instead of finding a way to make UMP cheaper. Didn't like how it was communicated and didn't get a chance to voice. It was very short-sighted in how it was handled.
- I wanted to show support for the medical care that I have, and I want to retain it. I wanted to register my desire to keep medical care as it is.
- Being new to retirement, I wanted to hear others and know about issues and concerns.
- Speak up, show up, step up – it's important to have your voice heard. Mary Lindsey encouraged me to participate. Relationship building between HCA and stakeholders is paramount. It's our duty to be proactive. We need to call you and let you know what's important, too.

- So that voices could be heard directly since HCA is asking what we think. I was really glad we had the ability to share. I was very disgruntled that they were going to end UMP without input. It is very important to speak up. It's a good opportunity and she appreciates it.

## Additional Notes from Coalition Notetakers

- HCA needs to be more receptive with HCA/PEBB having more interaction with their members. Does HCA have its members at heart?<sup>\*R</sup>
- PEBB/HCA need to work together to provide the best plans.<sup>\*R</sup>
- "I have health insurance because I need to be sure I have good health care. All of the perks some of the plans offer are nice, but not what I have health insurance for."

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, May 2, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 3 in UMP Classic Medicare; 1 in Kaiser; and 2 in UHC. 1 attendee had not yet retired and was there to listen. That person is on UMP Classic.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Phil Jones (RPEC); Amy Fortier (RPEC); Amanda Olson (HCA); Dave Iseminger (HCA) and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 3 months to 40 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Continued with UMP when Medicare eligible; wants UMP Classic to continue past 2024. I understand it costs more than other but I’m blessed to be able to pay that fee, I choose to spend more, that’s my choice. I prioritize my medical coverage and I’m able to do so. We never got bills, husband went through cancer treatments, and I’ve had two hip replacements, no problem at all. I’m against what’s going in Medicare with the Advantage plans and I’m against the privatization of Medicare.</p> <p>I am very pleased with the plan. My husband was sick, and it covered everything. Pleased that it covers me wherever I go in the US. I have moved several times; it covers me with no problem at all. I like the fact that it covers prescriptions. I am happy, I am paying a little more, but it covers everything I need.</p> <p>On UMP for 40 years at UW. I like the ability to self-refer, the broad network of providers, and it has prescription coverage. I’ve had some health issues and I’ve been really pleased with how it covered those.</p> <p>They covered my entire hearing aid, and they covered the best one that was offered. That saved me more than I could have saved going to these other plans.</p> <p>I’m against the privatization of Medicare.</p> <p>Kaiser – I like that you don’t have to interview doctors, but it’s all in one place, one service. I’ve been fortunate in not having any health problems. I like being able to order my medications online and, in a day, or so they are in my inbox. It’s important to have alternative plans available.</p> <p>UHC – I like the PPO plan and the emphasis on wellness. I have a gym membership at the Y. I got a Fitbit Plus through them and I’ve had really good coverage since I’ve been on the plan.</p> <p>So far, it’s been okay. Like the lower premiums. It’s saving approximately \$500 a month. There is less paperwork. I’ve had no problem with procedures. I had an angiogram and didn’t have to do any</p>

	<p>preauthorization, the providers did that, and it was no hassle for me. They give you an allowance of \$40 per person quarterly for non-prescription items. That saves. They pay the cost of a fitness program but haven't joined yet. It's a very good benefit. Overall, we're happy with plan and premium difference is amazing. The PEBB MA plan is different than the plans you can buy on the street. We felt we didn't have anything to lose by trying it out.</p> <p>Not eligible for Medicare yet; will be 65 in September. Retired from school district. Considering Regence uniform which looks ok.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – They did a carve-out for parts of vision. With the carve out they want me to see an optometrist for the measurement for lenses. I have been going to an ophthalmologist who does all the checking. I don't like these carve out things. They were thinking of carving out PT.</p> <p>I wish they covered vision better. I wish it would cover a few more things that Medicare doesn't.</p> <p>Agree that vision coverage could be better. Overall, very pleased with coverage.</p> <p>Kaiser – I think you get more service outside of Kaiser. It's important to keep a non-MA option. May want to change to UMP. I have concerns about Medicare Advantage.</p> <p>UHC – As I looked through the booklet it didn't say anything about massage being covered. They do cover massage; it would be helpful to have it in the booklet.</p> <p>I'm having trouble figuring out the UHC website. It could be easier to find what you are looking for.</p> <p>Will be Medicare eligible soon. Regence tends to not pay for some prescriptions and having a hard time with generics due to allergies. \$500 cost for blood pressure medicines. Wants to know which plan to sign up for.</p> <p>We are paying more for prescription drugs at the pharmacy because it's a different calculation and it's Medicare and they don't pay much on your pharmacy until you have paid about \$2000, but we are still saving money.</p> <p>I share the concern about MA plans. I don't want Medicare to be privatized.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• UHC – In past went to naturopath but doctor retired; haven't found new doctor. Want naturopathy because it looks at whole body. Preventative care is very important because of antibiotic incompatibility.</li> <li>• UMP – The only gap is the vision that I think the optometrist should be included with the ophthalmology.</li> <li>• Kaiser - There is no Kaiser in some areas, so the lack of coverage is an issue. I'm getting hearing aids from Kaiser, and I have friends who get theirs from Costco and they get better choice and better coverage. Hearing Aids plan pays \$2,000 for hearing aids, but still have to pay \$2,000 more.</li> <li>• Timeliness of care. It takes a long time to get an appointment with Kaiser.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I want UMP kept as an option.</li> <li>• Since they cover my massage and chiropractor, I thought I'd try to get a naturopath. I was told that's not covered by your plan. It would be great if that could be added.</li> <li>• Kaiser – My biggest question is the cost of premiums. I'm paying \$175/month and the state is contributing \$175 so it looks like Kaiser is getting \$350/month. I would like to see someone look at why Kaiser is getting more money from me. Don't go to Urgent Care at Kaiser because you will sit around for hours. My husband was told he needed an immunization, and then he got a bill. They told him it wasn't covered. When you try to contact them online, their website really sucks.</li> <li>• It would be interesting to know how much the state pays for each program. I want them to look critically at the MA plans because the government gave special subsidies to companies to start health plans to show a better outcome.</li> <li>• The more we are privatized the more we are paying to private health insurance.</li> </ul>
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	<ul style="list-style-type: none"> <li>• I had to call PEBB with some questions when I was first retiring, and I was on hold for 1.5 hours. A call back system would be great. The way I hear about what is happening with PEBB is through WEA retired. Need a better way to sign up for notifications.</li> <li>• It is my understanding that the reason UMP is more expensive is because the Fed government doesn't pay for the prescription part of the plan.</li> <li>• I hope that through these listening sessions HCA and the PEBB board are encouraged to seek out a better plan for us, better options.</li> <li>• I share the concerns about the MA plans. Those private companies have been getting a lot of money and are not being held to account. It is my understanding that the reason UMP is more expensive is because the Federal government doesn't pay for the prescription part of the plan. I think someone is working at the federal level to get that changed. It would be great if the state could get a break there. It might be a challenging ask but it's worth pursuing because of the expense. There should be a middle ground somewhere.</li> <li>• I hope that through these listening sessions HCA and the PEBB board are encouraged to seek out a better plan for us, better options. We worked hard for the state and now we're retired, and I'd like to see people working on our behalf. I'm really glad you're having listening sessions because I was one of the ones who protested when you were trying to get rid of UMP without us having any say. I think you've learned not to do that again.</li> <li>• This is a commercial for RPEC; that organization has a lot of information, and they are the ones that were instrumental in having feedback to HCA to alert people as to what was happening in UMP. They are on top of all issues related to retirees. It is well worth the membership, but you can get information without being a member.</li> <li>• During Open Enrollment, getting customer service was ridiculous. I was put on hold and hung up on. You should get a call-back situation so they can call you back when they're available. Tried getting different PEBB numbers and did not reach anyone who could assist.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p>
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	<ul style="list-style-type: none"> <li>• Email followed up by a letter. The request is that the subject on the email makes it clear that it's from HCA. So, I will be alerted to what the subject is. It's not just a person's name.</li> <li>• Emails works best for me. I do have concerns that while younger retirees are very comfortable with email, a lot of older members are not comfortable with email, so snail mail is important.</li> <li>• Email works for me. I like the idea about making sure we know who it is coming from, so it doesn't go to junk.</li> <li>• A text with a link to a website would be best because I sometimes don't see all my emails. But it should include a letter to follow up.</li> <li>• Email is best. If it's really important it should be followed up with a letter. I don't always look at my emails.</li> <li>• Email or text is best for me with a possible follow up by mail if it's really important. Also links to the websites where we can get additional information.</li> <li>• Email is fine; I prefer email plus a letter.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I appreciate the listening sessions and because I am in Kentucky and can't participate in person it gave me a chance to give my input.</li> <li>• I think that it's important to give feedback when it's asked for. I don't recall that it's ever been solicited before. This is a chance to have my say. I thought it was important and my organization encouraged us to attend. Thanks for the opportunity.</li> <li>• To make sure my voice was heard about maintaining UMP past 2024 and I appreciate the ability to participate in this democratic way. So, thank you.</li> <li>• I really appreciate being able to have a chance to participate. I liked when I saw you were limiting the number of people and it was on Zoom, so I didn't have to travel.</li> <li>• I appreciate the opportunity and my motivation was to be sure that UMP continues long into the future.</li> <li>• I wanted to compare the different plans so I know which ones I can sign up for in September. And I want to let people know that as non-</li> </ul>
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	<p>Medicare retiree PEBB members, I am paying \$800/month for UMP for just me. Our medical is a lot more than the UMP Medicare premiums.</p> <p>-</p>
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## Additional Notes from Coalition Notetakers

- Hoping UMP can continue.
- Can get back to UMP if needed without worrying about pre-existing conditions.
- Don't like separate care of optometrist vs. ophthalmologist.
- [I don't like these carve out things], it becomes more like Medicare Advantage Plan and patient care should be put first, not last. Advantage plans never showed a better health outcome. More privatization means that more is going in to enrich private companies instead of government insured programs.
- Regence Uniform – prescriptions. Needs way to lay comparison of program offerings. Thought listening session would give more info about programs.
- UHC - Confusion with coverage. One customer service rep said something was covered and another said it was not. Want to see if naturopath is covered; need the right code. Uses with Optum RX, never received confirmation of payment. Feels naturopathic care is better treatment and this should be added to MA.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, May 4, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 11 attendees with the following plan distribution: 4 in UMP Classic Medicare; 2 in Kaiser; and 5 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Mary Lindsey (WEA-R); Judy Finn (RPEC); Stella Ng (HCA); Marcia Peterson (HCA); and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 4 months to 25 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Like it very much; always more than helpful. I never had to appeal was never denied any service. It's been wonderful. I am willing to pay for the confidence that I will be covered. I went to work with the feds as a contractor and have gone through a potpourri of different systems; when I came back to the state to claim retiree benefits, I chose UMP. I like the flexibility as I travel and quality of care out of state; it is accepted just about everywhere. (I had Group Health previously and did have trouble when I traveled.) Claims processing and payment system is efficient and prompt. UMP provides "superb" service. I had a major medical issue and went to UW and Fred Hutch and had no problems at all. The providers are ecstatic that I have UMP because they pay their bills. Aside from cost being an issue, I am very happy. When one has success with a certain plan one is likely to stick with it.</p> <p>I like the travel coverage and being able to keep the care providers who I've had for 30 years. I am willing to keep up with the cost to keep those providers.</p> <p>When I retired, I had understood that if I left UMP, I wouldn't be able to switch plans.</p> <p>The decision to go with UMP was a mosaic; I retired before I was Medicare eligible, and my husband was self-employed so we both needed to be on UMP. I chose it because I can select my providers. I have a carefully curated group of providers and I am anxious about switching to a plan without those providers. I worked as a nurse and dealt with prior authorizations – that's made me very careful about health insurance.</p> <p>I have great confidence in UMP for meeting my healthcare needs. I have never had to deal with denial of care or appeal a decision.</p> <p>Kaiser – I retired to Anacortes and the coverage has been pretty straightforward. I am less satisfied with Kaiser than I was with Group Health. Next January, I will reconsider plan options.</p>

I have friends in OR who have a very different Kaiser plan; it has better coverage than our Kaiser plans. I am beginning to think I am getting substandard care. I was a medical social worker and have familiarity with care. Kaiser gave extraordinary care to people in OR and CA.

Kaiser premiums are lower, but prescription drugs cost more.

UHC – So far, I am happy with the plan; I have been able to use it in AZ. Come August I will find out if it can be used in a foreign country. I have enjoyed what I've seen so far – haven't run into any doctor problems, all my providers have accepted the plan. Prescription costs have maybe been a little cheaper than UMP and the price difference in premiums is great.

I am still working my way through the plan. Prescription costs are at a higher rate, but the premium is at a lower rate (than UMP). I liked the coverage under UMP but it was too expensive so I decided to switch and see if I can live with UHC.

If I had been on the ball, I would have switched in 2021 when the plan first became available; I didn't pay enough attention in November 2020 to make the switch. I can't say enough good about UHC. I love it; it has been a godsend because my wife and I had serious health issues, and the coverage was phenomenal. We had some major medical issues and UHC has been great. We had a lot of referrals for tests and so forth and no denials. We switched to Optum Rx for mail order; our drugs cost the same or less than if we got them at the local pharmacy. It's a great program. Wish it would have been available when he retired (in 2018). Recommended this plan to a few colleagues and shared the plan info. with them. Some of them joined and have been happy about it.

Haven't used UHC yet but switched from UMP because of the price. Because of my jobs I travel quite a bit, so I am hoping I have the coverage I need with UHC.

Don't know what's best yet; haven't used it very much.



What could be better about your current plan?

UMP – Really don't know – can't think of anything. I've never had to appeal anything; everything has gone smoothly. Can't think of anything to change except to bring the price down (but the payments are worth it for the care I get).

The plan is great – it got me through tough times (cancer treatment). I had a nurse consultant contact me to say that if I had any problems, they would run interference. Nice to know they had my back. Dental is the biggest deficit; a lot of major oral care is out-of-pocket. As one gets older more likely to have problems and dental seems to be under-covered at best. Federal plans actually cost more than UMP. Open market is pretty scary for folks not part of an enclave like PEBB.

I really like the plan; don't know what else to say except for cost. Can't say I have any complaints.

Would be nice if premiums were lower. Would be nice, if possible, to negotiate this type of plan that allows patient to make choices about where to get care and who providers would be, to get federal subsidies like other plans. The trend is that more of Medicare is being put into the hands of private companies, which is not the best option for care being the top priority. Dental coverage is not great; would grumble if I had to have major work. Delta Dental kind of has a monopoly on providers. Not great coverage for actual intervention for dental care.

Kaiser – I like that the charting is accessible to me – I can look at records. Their web designer could use some help. Very satisfied with my own particular providers, but when those folks have gone, you have to take whoever Kaiser provides. On Medicare the wellness visit is regulated and limited to one topic to discuss. If I have more than one question, I have to schedule another appointment; seems like a waste of time. Kaiser has a little more coordination, and all the providers have access to the records. The key is continuity of care; I had to coordinate care for my mother on Blue Cross/Blue Shield and it was very tiring.

Not so much about my plan (health policy was career) and I am philosophically against notion of having for profit (and not-for-profit) companies who profiteer. UMP was a good plan and didn't have to change providers because they came and went in a network. Since moving to Kaiser have to switch a lot of providers all because providers leave network. It's all about the plan maximizing income and minimizing expenses; no particular beef about Kaiser. The fact that Kaiser is one of more than 4 or 5 plans in PEBB for retirees means that we have to choose providers because they leave network. Having competing health plans is antithetical to continuity of care. I don't like that dental coverage has to

be separate. Mail order pharmaceuticals have been the death knell to rural pharmacies around the country, which is a corollary problem.

Kaiser's website needs improvement.

UHC – Haven't been on it that long. I am a retired teacher and know from other teachers in other states that they have enjoyed UHC very much and they encouraged me to change. The price with UMP is prohibitive. I know that I can go back to UMP if I find that UHC is not what I want.

I would be with UMP if not for the cost. I have only 4 months experience on UHC. I can't say what will happen with UHC. In my previous plan I spent \$3 for drugs and now I am paying \$25.90, but the premium is lower. I would go back to UMP if the premium cost were lowered.

There is some level of disconnection with workers in UHC; I got about 10 calls to set up an in-house appointment and then it turned out they didn't have anybody who could go to Pullman. I finally got connected to a wonderful nurse and had a very basic exam over Zoom.

I can't see any shortfalls; I've had a lot of experience with the plan since January 2022. I saw the deterioration on coverage and quality with Kaiser and that's why I decided to try UHC MAPD. I haven't seen anything that I would change or that needs improvement. It's unbelievably good coverage for the price (and the premium even went down for \$6 in 2023 and the coverage hasn't change). I haven't had any PCP or specialist issues (used Fred Hutch, UW, Virginia Mason) – no one balked that we had UHC Complete. I would be upset if it went away.

I would like to have UMP at a lower cost. I have a history of surgeries (with UMP) and never had any problems; I felt that UMP was a partner in my care. I don't trust United. The media is full of stories about the company not being trustworthy. I am concerned that if UMP goes away, UHC will be more expensive and less trustworthy. I want the state to do whatever they can to advocate for subsidies from the federal government for UMP.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

General comments –

- It would be nice if there was better coverage for eyeglasses and while Kaiser does cover chiropractic care, none of the local (Anacortes) ones participate with Kaiser. When you have multiple health plans available there are issues with limited networks (as providers choose not to participate in some plans). There are not enough PCPs – takes a lot of time to get in to see one.
- Don't have any needs not being met. I moved to southern CA and haven't had the problems that others have experienced; never problems with UMP getting needed care; trying to guess whether it's a problem with individual providers or with plans.
- No needs not being met other than enhancements to the dental plan. UMP is great for travel and major medical issues. I float between 2 systems (Providence in Olympia and UW up north); enhancement of MyChart system has increased visibility so local Olympia doctors can see what's going on with the Seattle doctors.
- I am on Eliquis, and I always have to order it one week ahead; never can be 2 or 3 days ahead. When I travel and want to get a prescription filled early it's a hassle (I may be gone for 28 or 55 days). I had that problem under UMP and have it now under UHC.
- In reference to dental, I never had dental coverage but decided that with what I am saving in premiums I can now afford it. I am a snowbird and I have seen the same dentist for 30 years. I tried to see the dentist last October (there was very little printed material about the dental plan) and when asked, the dentist said they took Delta. But then when I had an appointment all set up it turned out it's not the Delta Dental that they take. Turns out you have to have the Uniform PPO plan. I had been with the same dentist for 43 years and how I am assigned to a dentist and have to be out there shopping for a new dentist. Would like to know if I could drop it now. I couldn't get anywhere with trying to contact HCA except to get a recording. It is money down the drain. I would never choose a dental plan.
- Just started with UHC and so far, it has been good. Cannot compare to what my children are going through – I suffer for younger generations that don't have these plans available.
- Dental – on Uniform Dental (Delta but a PPO; other one is DeltaCare. You want Uniform Dental Plan; dentist has always accepted it and it has good coverage. Have to be careful when you sign up; one is a PPO, and the other plan is an HMO.

	<ul style="list-style-type: none"> <li>• I am an over-user of urgent care because of access issues with Kaiser. The consulting nurse is excellent – don't know if other plans have that feature. I overuse the consulting nurse because I can get help quickly. Timing for appointments depends on how flexible I want to be or how far I want to travel (have to flow between clinics). I have friends on UMP, and they say it is hard to get into see their providers, too.</li> <li>• The sign-up process with PEBB is a complete and total labyrinth. I would like to see dedicated customer service staff at UHC just for PEBB retirees. I have called a couple of different times and got inconsistent answers; I would like to be able to speak to PEBB specialists.</li> <li>• I appreciate the choices I have and being able to work with different providers. I have no needs not being met. I am concerned about switching plans because I suspect there would be a wait to get in to see providers. I like that on UMP I can self-refer to a specialist.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Would like to see HCA do an analysis about relative costs and benefits to having multiple plans across the book of business (including Medicaid). Would like to see a clear-eyed assessment of whether this approach solves more problems than are inherent in such an arrangement.</li> <li>• Feeling very fortunate with coverage. No other concerns. I don't plan to change unless I see something better. I do appreciate having this meeting.</li> <li>• Glad that HCA decided to recant from last year and actually listened to consumers using the services and decided that UMP needs to be an option. UMP is worth it regardless of the cost. It fits with the social agenda – need to look at the larger picture of how we pay for health services. (Bizarre that it is up to employers). There are so many services, and it seems so disorganized. Thanks for the opportunity to talk about this.</li> <li>• UHC has been sending out quite a lot of information and also through phone calls.</li> </ul>
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- You have to be careful to read the guide. Now I am getting the Let's Go Shopping guide. It's very confusing as that information should have come when I first got the plan guide.
- If UMP costs were less, I would switch back. My concern is that UHC read that it was better than UMP, but my concern is that if I really need it what services would be available. I'm going to re-read the information about prescriptions because I thought I didn't have to pay for drug coverage.
- HCA and PEBB need to be more consistent about the names of plans (like UnitedHealthcare, UHC, MAPD Complete). There is inconsistency in terminology – they need to come up with 1 name and use it everywhere and all the time. Easy to confuse people. I think that's why I missed it when it was first available. When it rolled out, I didn't know what MAPD was. The reason I figured out what was going on with the plans was because of SHIBA. I am in RPEC and at one of the meetings a SHIBA person came and explained the plans in detail. A lot the people are older and not on a computer. HCA and PEBB could work better with SHIBA. I order \$40 worth of over-the-counter stuff from First Line (UHC), and it's delivered in a few days. Some of the medical plans have similar names but they are different plans. There is overuse of the initials for these plans. It is confusing.
- Provide open enrollment information sooner. Want more time to study the plans. Want an impartial description of the plans in open enrollment.
- Several friends who had been on UMP are older and there was lots of misinformation. It was very confusing about what to do because they couldn't afford UMP and they worried about UHC and didn't want Kaiser. Three different couples and we didn't know what to do. We felt passed around from HCA. HCA needs to have feedback from actual users to know how plans are working.
- Would like to see dedicated folks at HCA who could answer questions and provide specific information about plans, concerned about most vulnerable retirees, especially for people not on computer and older retirees or those with serious and chronic conditions and people in rural areas. (I had to move my mother-in-law from rural OR because she couldn't get care). Kudos to Ellen consistently working with Medicare. What does a supplemental plan versus a secondary plan mean? I was honestly shocked that PEBB made this announcement to retirees without having input. We were not respected in the same way as employees.

	<ul style="list-style-type: none"> <li>• I appreciate that HCA listened to the outcry last summer and recognized that UMP is a plan they have to continue to offer. HCA seems to recognize they need to be more transparent. I realize they were responding to cost but taking away one of the most popular plans based on just that one issue seemed ridiculous. It was serendipitous that the announcement was made at a Board meeting. Most of the retiree associations didn't know about it and had to scramble to get their members to express concerns over the issue.</li> <li>• Appreciate the opportunity to share their experiences and concerns with HCA.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Like YouTube video tools. Would be nice if PEBB/HCA could put together a decision tree tool to guide folks through thinking about plan choices – it can't be individually tailored but could guide decisions.</li> <li>• Email and printed material. Both have been helpful.</li> <li>• Email and hard copies. Suggest that this type of process is really valuable. Things change over time – PEBB would be miles ahead if they did YouTube tutorials on what all the health care systems would look like and compare them with slides. If this was done on an annual basis it would prepare people to make informed decisions. Could be included in Facebook or social media to send out the message of what's going on. Disconcerting to find out at the last minute that there was a plan to dump UMP. It would be useful to have FAQs on the website (informed by this very process). Feedback would feed into which questions were raised the most because plans change. This needs to be budgeted for on an ongoing basis to support communication efforts (hasn't been a huge priority) and it needs to be expanded dramatically so folks feel more informed.</li> <li>• Newsletters; like email (can print hard copy) and I like these Zoom gatherings. All the information that people have given today has been excellent.</li> <li>• I am a reader and saver of hard copy material. I would appreciate being able to talk to a live body and get an answer in a timely fashion. I will look to see if I get answers from looking at the website.</li> </ul>
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- Emails guiding us to whatever is going on; newsletters; social media is okay but don't want to be finding information through social media and Facebook.
- I like the idea of having the information earlier. I have used the phone system and it is difficult to get to the right place (but one you do, talking to them has been very helpful).
- I like getting the newsletter in October right before Open Enrollment. I go to the website a lot and think it's good. I like email. I think there is a PEBB-specific customer service line for UHC.
- Dental plan confusion and what is the front office staff telling folks – the office staff is confused – to them Delta is Delta. Where do we go to find out if the information is really true.
- Email; newsletters; beginning of an information packet in June. It takes more time to think and research. It is not helpful to call the individual plans. Looking for an impartial, comprehensive summary of the plans. I continue to find in UHC things that were not in writing (a bit of a wake-up call). Talking about UHC staff who are singularly educated about the MAPD plans.
- I like the newsletter; it is a quick way to look through and see if there's anything to delve deeper into. The HCA website is not helpful – don't want to get into rabbit holes on the website. It's great that HCA has in-person offerings again. When HCA was making a huge decision about UMP, face-to-face wasn't really happening, which may have been a contributing factor to the upset. Need to have a real person who can answer questions without being on hold for a long time. Having the ability to call somebody is important – want to have a live conversation even if can't travel to Olympia or am not a computer user.

## Additional Notes from Coalition Notetakers

- UMP premium is “worth it”. Federal retirees have similar plans to UMP but pay more in premiums. Will stay with UMP despite the increased premium. Does not want to see Medicare “being put into private hands.”
- Likes the “My Cart” feature to coordinate care among various providers in UMP. Would like more comprehensive coverage under the Uniform Dental Plan (UDP).
- Plans to return to UMP in the next open enrollment. Dissatisfied with Kaiser and is willing to pay the higher premium to preserve plan choice. “Don’t take away my choices.”
- Kaiser has an unacceptably high turnover rate among doctors and health professionals attributed to their business model. This disrupts the continuity of care and is bad for patient outcomes.
- Kaiser service is becoming less and less satisfactory. Doctors are assigned within the system and not chosen by patients. Doctor appointments are restricted to “one question” per visit. Says: “I will be looking to change plans” next year. Friends in California and Oregon who are under Kaiser have a “much better” plan than PEBB’s Kaiser plan. I am beginning to think I am getting substandard care. I was a medical social worker and have familiarity with care. Kaiser gave extraordinary care to people in OR and CA.
- The coordination between primary care and specialty care under Kaiser is good once a treatment plan is approved.
- Three participants said they had not been with UHC long enough to judge the quality of service. (All enrolled in January 2023). Two had switched from Kaiser to UHC and are pleased so far with the coverage. One called the service “phenomenal” and is recommending it to friends. Another left UMP due to the premium increase.
- Found the initial process for getting established with UHC with an initial physical exam to be frustrating and disorganized.
- Specialty care is not available everywhere and is lacking in certain communities. Better vision coverage is needed.
- Better guidance and information from HCA is needed for enrollees to understand and make informed decisions when choosing among plans during open enrollment. Differences among plans need to be explained in a user-friendly and helpful manner as much as possible, including for dental plans. Current experience on the website is like “going down a rabbit hole” or being in a “labyrinth”.
- Enrollees must be able to talk on the phone to a “real person” and reliably consult with knowledgeable HCA staff members.
- Please have procedures in place to assist those members who are not necessarily adept in using computer technology.
- Please increase the amount of time in advance of the enrollment period for enrollees to consider and research a plan.



- Please develop and publish a clear-eyed analysis to address problems inherent in the healthcare system at large which affect PEBB plans with the goal of improving healthcare offerings and service to PEBB members.
- Please do not remove popular plans without better communication and consultations with retiree groups.
- Please recognize and respect the “lived experience” of retired enrollees who have been public servants dedicated to providing an excellent level of service to their clients over many years. Retired enrollees ask the same from HCA in return.
- The SHIBA program under the Insurance Commissioner’s office is highly respected for its service to the senior populations to successfully navigate the complexities among various Medicare plans. This methodology could possibly be used as a model for best practices in serving all Medicare enrollees at HCA.
- Please increase and prioritize efforts to gain federal subsidies to sustain UMP Classic Medicare and lower the cost of premiums.
- In general, it is becoming increasingly challenging to be seen by a primary care physician when changing doctors. This is true across the spectrum regardless of medical plans.
- The distinction between “supplemental plans” and “secondary plans” is not always clearly explained.
- Delta Dental is confusing as there are many plans under one umbrella and not all dentists accept all the plans. Need better coverage as we age. Out of pocket costs are high.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, May 9, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 10 attendees with the following plan distribution: 3 in UMP Classic Medicare; 4 in Kaiser; 1 in Premera Plan F and 2 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Laurie Weidner (RPEC); Jean Bui (HCA); Stella Ng (HCA); Marcia Peterson (HCA); and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 17 months to 15 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Deferred PEBB coverage for a few years because husband was still employed. Like it because I have orthopedic issues and I appreciate the coverage for PT and massage. My husband has pre-existing conditions as well and is on clonidine – it’s costly and offered in the form of a patch and he’s not able to use another form of that medication that might be cheaper.</p> <p>I love it because of the coverage; an infusion medication that I have is on highest tier but concerned that UHC wouldn’t let me do that – I’d have to go to lowest tier and work back up and no guarantee they would cover.</p> <p>Very pleased except for the premiums have been outrageous; stay on it because I don’t believe in privatization of Medicare; know that if I travel I am covered; have heard stories about folks who didn’t get care they need or were referred for care they didn’t need; wish there were something that could be done to lower premiums because apparently the federal government won’t give money to traditional Medicare that it gives to MA plans. Wish the state could do more to fill in the gaps the federal government isn’t filling.</p> <p>Kaiser – I like Kaiser because they allowed my disabled son to remain on coverage after he turned 26. If I change, a new carrier won’t cover my son with his history. I have been able to get the care I have needed so far.</p> <p>Was on Group Health when it switched to Kaiser; in Bellingham Kaiser decided not to cover from various pharmacies and opened their own pharmacy; difficult to park and get to the pharmacy; it is inconvenient, but it works; glad they haven’t canceled UMP because very important that it should be available; have questions about huge companies that have taken over MA programs and are profiting, but have good coverage.</p> <p>Planning on just staying on KP plan; here just to listen to what everybody has to say; always happy with KP; love it; want to stay with it.</p> <p>I have mixed feelings; good job of coordinating care; helpful when you really need something done; KP very helpful in stepping up and making sure tests ordered in timely way; don’t like that some states won’t take KP when I travel; minimal response in getting reimbursed; should be some kind of reciprocity.</p> <p>Premera – Quite adequate for medical needs; live in Pend Oreille County; medical coverage is limited to UMP or Plan F; no MA plans north of Elk WA; area south of Elk has other coverages available in Spokane County; anxiety for some</p>

	<p>people north because hospital has said won't support MA plans; coverage and copays work great; has covered medications; no out of pocket expense; for my spouse the saving grace is one of the drug coupons (Good Rx coupon that Costco takes) -saves \$80 copay</p> <p>UHC – Switched from UMP to UHC and really liked it; don't pay copays; saved a lot of money; heavy user of PT; found UHC and UMP to be really similar except UHC less expensive for just about everything; they don't reimburse as well as Medicare does, and some providers won't work with UHC because they are not reimbursed; thinking about switching back.</p> <p>Was on UMP but switched to UHC and like UHC; saved me a lot of money; chose to test so that I was sure I was giving good information to retirees I work with; super pleased.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – No complaints about UMP but the cost; I am a retired teacher and all those long hours that you're not getting paid for -- reasonably priced healthcare is my reward for service; reasonably priced medical insurance in retirement would be a good reward for that.</p> <p>The only thing that could be better is the cost, other than that no complaints.</p> <p>Cost, the premiums skyrocketed; seems the HCA board could do something about subsidy at the state level if feds won't do it, so retirees can stay on it and still get subsidy.</p> <p>Kaiser – Son often struggles to get care he needs; even needed a peer to peer call with doctor to get what he needed; biggest issue w/Mom who had KP through PEBB; when she needed to go to rehabilitation home and KP got to determine how long; supposedly 180 days under Medicare; she was ambulatory and could pretty much take care of herself – just needed transportation – 2 person assist; after 10 days, KP said she reached baseline; social worker – knew that KP folks were first to be discharged; UMP much better; could appeal, but could then deny again; KP tries to control costs by saying reached baseline too early.</p> <p>KP has been very helpful in coordinating things that didn't happen out of doctor's office; I'm often out of state and it's hard to find care; some urgent care clinics don't want to deal with KP; won't bill them; they say KP not easy to work with; on mail order for Rx in WA that's fine but they won't mail anywhere else; have to go to other pharmacy outlet; hasn't worked well; most of the time you never got the Rx ordered – just didn't come from pharmacy in CA; they tell you "you can do this" but it doesn't work; good about coordinating PCP and specialists; Family Care Network and Peace Health Network don't talk to each other; have to get approval from KP to go to Peace Health doctor; things that happen with Peace</p>
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	<p>Health but they don't communicate back and forth; doesn't get in record or back to PCP when seeing a Peace Health specialty doctor.</p> <p>Premiera – Nothing unless you want bells and whistles; haven't found out how much to pay if had a lengthy stay in hospital or how higher cost drugs would cost me.</p> <p>UHC – Issue of UHC not reimbursing providers well enough; cheaper for me but not PT; not able to see who I want to see because she won't take MA plans because of reimbursement; \$5 per Rx; most RX less than that but now paying the \$5; high tier medication that have to appeal every year and they cover it every year.</p> <p>Retirees that want to go to UHC to cut down on costs, but they are afraid to switch because of the uncertainty; form to switch was highly complicated (especially for seniors with diminished capacity); spent hours helping folks with form so they could switch; difficult getting the form; had to call in to get them; problem with mail service (rural); took 7 days; form arrived after cutoff date; had folks overnight forms to HCA and pay extra to be sure received in time because of difficulties with local mail service.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Trouble getting PCP appointment; waited 4 months for wellness visit; offered me a visit with someone else in practice, but I wanted to see my PCP; luckily, I could wait for that; even in Seattle they steer you to urgent care; if you have to see specialist, you can get an appointment in a couple of weeks; PCPs need to be paid better. For dental, I looked at premiums and different services needed, and the cost is just a little bit more if paid out of pocket for routine maintenance; coverage is kind of even; wouldn't mind if premium less or coverage better.</li> <li>• People don't appreciate the struggle it takes to get those needs met by going through appeals; if you are not able to fight for yourself not sure how people get the care they need.</li> <li>• When I was employed, I had various wellness options, including a consultant on health and weight loss weekly for 6 months. When you enter senior years – wellness options connect a person and having an active life; behavioral health and mental health options are needed. I don't know if some of these things are trendy but not cost effective. I would like more information about the COB rebate checks from UMP. It says if provider maintains cost effective measures, you will get a rebate. Sometimes I get a check for \$90 and sometimes 59 cents; how cost effective to send that check; maybe put all in one check at the end of the year.</li> </ul>
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	<ul style="list-style-type: none"> <li>• My husband and I are both retired; why doesn't each person get the PEBB subsidy? Paying twice as much but only getting one thing back.</li> <li>• Live in rural area on Olympic peninsula and is difficult to get doctors and dentists out her; I was w/out a primary for 3.5 years because doctor retired; just because rural that we don't have enough doctors (they get 2 or 3 times as much money in Puget Sound corridor).</li> <li>• The MA plans try to keep you well and offer wellness things; when Covid hit the exercise plan at YMCA couldn't meet; opened Zoom classes; seems as though KP didn't want to reimburse for Zoom classes, so I had to pay.</li> <li>• Recently moved to Olympia and having a hard time finding a PCP, so I drive to Seattle. I have to keep trying, but there are just no doctors; looking for an internist but can't seem to find one who is taking patients; they do ask if I'm on PPO insurance.</li> <li>• Weak link is dental; pretty close to thinking that premium is \$80; good for cleanings but if go in for oral surgery or fillings, seems as though money I am paying out is better than 65% of what insurance will cover, so that needs a review. Access issues, if you need to see someone it will take 3 months, or you go to the emergency room. It is industry wide.</li> <li>• Interested in listening to people; very hard to get an appointment with PCP; either statewide or maybe national issue; takes about 3 weeks; they tell you if bad just go to walk in clinic; need more doctors – why a lot of people are frustrated; not with insurance – more widespread at least in WA.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Feel lucky to be in state of WA and having HCA and PEB Board looking out for us; despite the problems we're having, we are able to get better health care than lots of people in the country; the MA plan that we have has a lot of stuff in it that isn't in regular MA plans; really grateful for that; needed to offer coverage because the other plan had good coverage; want to make sure it stays that way.</li> <li>• Any chance that UMP would consider moving Medicare retirees into other pool that includes actives to spread costs (lower them for Medicare folks); want to be sure get question answered about subsidy for 2 people; please keep a regular Medicare program available.</li> <li>• Thanks for listening to people and doing the very best with the parameters they have; PEB Board and HCA one of the best in the country; encourage them to keep doing what they're doing; balancing act in terms of what are paying for and what are we not paying for.</li> <li>• Question of long-term care is a huge one; just before 65 after receiving all these pressures to take out long-term care insurance; took it out; you are at</li> </ul>
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	<p>the mercy of what's happening around you; my \$2K /year is now \$4K year; paying since 2004; no guarantee that cost won't go up and up and up; would be a huge investment for the state to undertake.</p> <ul style="list-style-type: none"> <li>• The fewer plans you have the bigger the pool and the lower the premiums; that's the case for insurance. Have to look every year, all these plans and complications; the simpler the better; make it as little goes out to profit and as much as possible goes to care.</li> <li>• How about long-term care? Anything coming down the pike on that? Is the state going to go into that any deeper as far as how everybody pays for that and anticipated costs. Sister w/Alzheimer's about \$3 or 4K month; doesn't take long to eat up resources. Anybody looking at insurance for that or copays for that? The pool idea can go both ways; insurance companies need to make some sort of profit – maybe it can't apply to retirees but could apply to actives, if there's some sort of long-term benefit, could be added to other coverage; investment solely into the long-term care with a separate amount to pay.</li> <li>• Combining everyone into one group and having our insurance and copays mixed in with all the others, start dealing with unions and different unions negotiate with state for different benefits; it's a bees nest; might encounter some opposition because of way it's set up for unions to negotiate with the plans; tried to get all these entities under one umbrella; would take a lot of work; to get every union and bargaining group that is covered by PEBB would have to be included; takes a lot of work and wouldn't happen overnight.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Email (not that good at navigating the website); but like the newsletter that has all the changes; easy to get to when I have a question; like having that physical piece around enrollment time; real live person to talk to.</li> <li>• Work a lot with older people who want postal mail.</li> <li>• Appreciate the information, have had great responses with calling and talking to folks at HCA. Brought paperwork to HCA office and they were very helpful.</li> <li>• Ability to reach a live person when you call.</li> </ul>
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## Additional Notes from Coalition Notetakers

- [PEBB] Should enable those who want to stay on Medicare to do so.
- Pay \$5 for prescriptions. Surely some cost more or less. I'm paying for meds that could actually cost less. I am on a high-tier med. I have to appeal annually to be on this medication. I pay more for this prescription. PTs doesn't take MA plans because of the reimbursement issues.
- Problems with access to physicians in Port Angeles.
- Need for more doctors in some areas of the state.
- Hard to get appointments with Kaiser. Have to book 3 weeks or more out. Need more doctors. A lot of people are frustrated. I know this is not an insurance issue, but this seems to be widespread in WA.
- Primary care doctors need to be paid more so more doctors will want to be in the profession.\*<sup>R</sup>
- Dental premium for Kaiser is a little more than the out-of-pocket premium. Anything with the exception of routine cleaning is much more expensive.

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*



**PEBB Medicare  
Listening Session**

**Summary Notes**

Wednesday, May 10, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 4 in UMP Classic Medicare; 1 in Kaiser; 1 in Premera Plan F; and 1 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

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5. One person talking at a time.

Finally, he introduced the observers for the session: Judy Finn (RPEC); Alisa Richards (HCA); Marcia Peterson (HCA); and the notetaker, Ellen Wolfhagen (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 1 to 37 years.</p> <p>By plan, here is what was said:</p> <p>UMP-</p> <p>The UMP network is broad, can go to any doctor for any condition that comes up. Now as retiree, disabled son can stay on plan; if selected a different plan, son would have to remain on UMP (only plan for dependent). Providers tell me how great UMP is and easy to work with; they know exactly how services will be billed. Trust that getting correct coverage from each provider. CDC reports that MA plans are denying things that Medicare would cover; and, like the assurance that I don't have to deal it. Premiums are high but end up paying nothing after premium unless service not covered by Medicare and that's not explained at all. It looks like in chart you will pay copay, but need to explain that you end up paying nothing because COB, then more people would choose UMP (helps financing because you would have more people). Like that there are extra benefits (more hospital days, therapies). UMP has more extra things than UHC. Since I am younger, not accessing all those things but the day will come. Have good doctor choice.</p> <p>Basically, UMP pays what they say they're going to pay and pay promptly. Don't second guess provider's decision. Only issue with plan is cost. Plan seems to be better than any other program and that's been confirmed by providers.</p> <p>I know what they (i.e., the plan) are going to pay. After my deductible and after Medicare, never have many expenses. No prescriptions have been needed. Everything is very low priced, only concern is cost – big chunk of retirement check. If cost increases, won't be able to stay on it because I won't have a pension; over \$5000 a year compared to others that are \$1-2K.</p> <p>Spouse also on same plan (otherwise would have to purchase some other secondary plan). Overall, very pleased [with UMP]. Some prescriptions but almost no expense. Website is very accessible. Explanation of benefit are very clear. Any change [to plan] is going to be a takeaway; not getting</p>

	<p>more benefits. Like nationwide coverage; not true for many of the other plans. Luckily I can pay premium and comfortable with existing care.</p> <p>UHC- Haven't had much experience with plan. Had a couple of tests and prescriptions and haven't encountered any problems. Barraged with tons of advertisements from MAPD to sign up for different programs. UHC called to say time for Medicare exam; manage my own care, but know it's a way to manage. Switched to UHC due to premium cost.</p> <p>Kaiser- KPWA MA – it's been good to me. Do a lot of traveling; both have been treated in Mexico – had surgery and KP covered fully; really appreciated. Wife had MRI in Mexico and KP covered.</p> <p>Premera- In 2020 was when the state took over insurance for school districts; when state took over from Premera, there was no record of me having coverage from 2020 until I retired. No coordination between Medicare and Premera; so, then I had to coordinate. Husband on plan too and had to do his separately. Plan G, once bugs worked out it's fine. Good about making coverage known to us. Talked with others from SD that are thinking of retiring; not aware they had to be on Medicare Part B before they could apply for PEBB insurance (at least 1 month before they retire).</p>
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<p>What could be better about your current plan?</p>	<p>UMP – Vision plan is terrible; changed about 2 years ago and it's awful; very restrictive and had to find a different doctor. We've done fine with prescriptions coverage, but it seems like they are getting stricter with tiers but it's a tiny thing. UMP pays the deductible back because of coordination of benefits, if you have more claims during the year. Dental coverage is the same and unfortunately doesn't cover much beyond preventative.</p> <p>Prefer that UMP covers progressive glasses and they don't – very minor issue.</p> <p>Like that I can go to all the doctors and if I change doctor no issues. With dental, surprised that had to pay copay for fillings (wasn't aware of that).</p>
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	<p>Vision plan not the best. Once pay plan deductible know that I don't have to pay anything else.</p> <p>Vision coverage not very good; purchased VSP plan separately. Delta dental covers 2 exams per year but other than that doesn't cover very much. UMP takes care of everything medically.</p> <p>UHC- Haven't used UHC very much. Pay \$15 for 90 days for meds. More things coming up this year, so will have more experience with plan.</p> <p>Kaiser- Frustrating that specialty care has to be previously approved by KP. Living in Skagit County we have more flexibility because no direct KP service, but it does require prior authorization.</p> <p>Premera- Have used only very few prescriptions, separate Part D plan. Very low cost. Have retirement from another state and have better dental plan so that's where I get my dental. We just bought a separate VSP vision plan and it's better. I was in payroll and benefits – did a lot of research; benefits weren't as rich as I could get elsewhere (separate plan).</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <p>UMP-</p> <ul style="list-style-type: none"> <li>• We're really happy; no needs not being met, as long as Medicare provider UMP covers things that Medicare doesn't. MA plans have these too, but we have naturopath and massage that are covered too.</li> <li>• U Dental P – why isn't more being paid by company for caps on teeth?</li> <li>• UMP pays in full for hearing aids; wonderful thing; surprised and happy. Pay big premium but if Medicare doesn't pay UMP will.</li> <li>• Difficulty trying to get appointments; sometimes take several months; concerned that if have to switch out of UMP would take months to get to see a provider. Live in San Juan; chose to keep doctors in Seattle; choice I made. Peace Health – they take UHC so could switch if I had to but have to travel off island for specialists.</li> </ul>
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	<p>UHC-</p> <ul style="list-style-type: none"> <li>• Not yet (i.e., needs being met). Listening to everybody is enlightening – will see how things are covered for the remainder of the year. Reassuring piece that if wanted to continue with providers would still be covered if out of network; will see how coverage actually processed.</li> </ul> <p>Kaiser-</p> <ul style="list-style-type: none"> <li>• Hasn't been an issue for us (i.e., no needs not met)</li> </ul> <p>Premera-</p> <ul style="list-style-type: none"> <li>• Something you have no control over but surprised that there are things that Medicare doesn't cover, and you have to pay the full cost (like hearing aids). Don't know connection with Medicare and what can do about it; don't cover compression hose (regular insurance does); some of those medical needs that you would think Medicare would cover but they don't.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments -</p> <p>UMP-</p> <ul style="list-style-type: none"> <li>• Very fearful of changing to other plan (privatized where they control more about my medical care than I do). Another benefit of COB is donut hole for prescriptions; don't have enough medications to reach that; have several friends in KP where they reached donut hole and then they have to pay in full until they reach their out-of-pocket limit and then plan pays. Felt HCA was trying to purposely prevent people from signing up for UMP; never explained that don't pay anything; being more out front about that you should be staying in PEBB and not looking at commercial market; UMP coverage better than marketplace; some folks find out about that too late; can't get back into state plans. Called SHIBA (have to read and read and read) and they said be sure to stay in state plan. Only found out about listening session through UW RA seems like HCA should have done outreach but very glad you're doing these; understand HCA won national award and this fits in with that. It's hard to know what you would save by going to any other plan because expenses are different (out of pocket costs) – for example hearing aids. Just because premiums are high it doesn't mean you are wasting money – could even be saving. Would be helpful to understand why UMP is so expensive;</li> </ul>
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	<p>husband worked and had to switch back to employee insurance and saw the employer/employee contributions – seemed to be less than paying on Medicare – don’t understand why it costs more than if you are not a retiree; state doesn’t get reimbursement from feds and the MA plans do. Would like to know how to lobby – could there be an organized effort to change that; doesn’t just want to sit and hope and complain – want to actively improve. Seems like part of privatization – ridiculous.</p> <ul style="list-style-type: none"> <li>• Only trust being in program that is traditional Medicare.</li> <li>• Agree with notifying people (agree with Michael).</li> </ul> <p>UHC-</p> <ul style="list-style-type: none"> <li>• Found out about (end of last year) through UW RA and friend didn’t belong and had to get her in loop; last Oct/Nov was very confusing time. Email responsive; one of the protective factors is the contract with PEBB; would that have any eventual limitations; how long would that protective part of the UHC contract be? Any period when PEBB might pull away from that market.</li> </ul> <p>Kaiser-</p> <ul style="list-style-type: none"> <li>• General concern – MA programs moving causing Medicare to become a privatized medical insurance; as a state should be cautious about that; profit oriented and generated to create a profit; straight Medicare isn’t; hope that we are cognizant of that and keep costs down by sticking with govt programs; Rx – buy in Mexico – can buy virtually anything OTC; KP wouldn’t pay because not on formulary; were going to charge \$450 for 1 month supply; bought in Costco in Mexico and it was very simple; WA should become medical supplier and buy from other countries (not sure if legal)</li> </ul> <p>Premera</p> <ul style="list-style-type: none"> <li>• Concern that some folks having to pay so much out of retirement – is there something through DRS like a percentage of increase that helps retirees afford those premiums? Other states have something like that.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails,</p>	<p>Email and compliments on website (use extensively); would like to get email from HCA rather than associations (not everyone in association); like the call center; because of getting surprised signed up for PEBB</p>
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<p>letters, videos, or website)</p>	<p>meeting notices and can read agenda and minutes; state has actually approved hearing aid coverage, so there will be coverage for everybody (next year I think).</p> <p>US mail and email.</p> <p>Email; if something new that's come up send out email and include link to access for more information; belong to WEA R – first place I get info; sent out message about these listening sessions; our president is on top of issues and sends out information; if not a member please join.</p> <p>Emails; didn't know about videos on website (maybe good exercise to look at).</p> <p>Emails good; occasional letter is good. Overwhelmed with junk mail but pay attention to anything from HCA/PEBB.</p> <p>Emails are great; enjoy website because a lot of information; good to have email reminder to check out if something new.</p> <p>Email; don't mind something coming through the mail from time to time.</p>
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### Optional Question:

What was your main motivation for participating today?

- Hoping to hear other people's experiences; figured I could learn from that. I have 2 friends that I am going to encourage to participate in other listening sessions because I think they could benefit from that.
- Insurance is a big part of my budget; anything I can learn or share is valuable; hearing from others could only help me going forward.
- Curiosity; just got back from Mexico; wanted to find out if more information was available.
- Wanted to know what was going on and see if I could learn anything more; learned a lot today from other people; good to have other perspectives.
- Make sure that HCA and PEBB understand how important UMP is to us. Want the option of something not privatized. Always learn from other people and appreciate the opportunity.
- Hear and learn from others. Don't get rid of UMP; any substitute would be a takeaway.
- As RPEC member, the message we got was that you guys needed to hear from us and also to hear what other people had to say about their own experiences

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, May 16, 2023  
10:00 AM – 12:00 PM  
In-person meeting – Bothell City Hall

**Attendees**

There were 3 attendees with the following plan distribution: 1 in UMP Classic Medicare; 1 in UHC; and 1 in Kaiser. Note: 1 of the attendees was also an observer/notetaker.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."* and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

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3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Susan Levy (Coalition); Jean Bui (HCA); Stella Ng (HCA); and notetaker, Marcia Peterson (HCA).



Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 4 months to 20 years.</p> <p>UMP – I retired 4 years ago and opted into the PEBB plan as soon as I was eligible. My husband and I have an extensive health background. The reason I’m on UMP is because of it being the most robust. The cost is a tough nut to crack but we’re making it work. Our healthcare needs justify having a plan that is more robust. I have liked it from the beginning. I’m grateful for the UMP plan, the others don’t meet our needs. Keeping our fingers crossed that we can afford it. When I do have to call, other than those first few months, people have been incredibly helpful. Very responsive, keep commitments. That’s the level of customer service I find with UMP: live people I get to talk to; and very few computer prompts I have to get through. Same with the website, I found it pretty easy to navigate.</p> <p>UHC – I was on UMP which I liked but I never really used it. I switched to the MA plan, I’m kind of leery of the MA plans. But it’s cheaper. Within a year I could go back to the old plan. Plan doesn’t pay for therapist upfront; I get reimbursed after mail in insurance forms.</p> <p>Kaiser - I never joined Kaiser. I had joined Group Health and stayed with them and then it became Kaiser. I like that they take care of you. And if I need physical therapy, I don’t have to go find a physical therapist; they make a referral, the physical therapy department called me; plus, I like the quality of care.</p>

<p>What could be better about your current plan?</p>	<p>UMP – There were a few hiccups at the beginning. And I found people who thought they knew what they were talking about, but they didn’t. Need reform, cost is ridiculous – healthcare is a human right. I have to struggle to get counseling (behavioral health/addiction); it’s not considered as important. Therapist was covered while I was working, but not now under UMP.</p> <p>UHC – Health care is complicated. And I don’t like to see the private plans taking over. When you submit to UHC for a therapist, and they don’t do UHC, so I have to submit it and I get reimbursed. But I have to send it in by the mail. Why can’t I send it by email? Mail gets lost. That is so primitive.</p> <p>It takes a long time to get reimbursement. It takes about a month and a half. They have their ways of doing things.</p> <p>Kaiser - It seems that there are more bureaucratic hassles and confusion that has started recently. It has to do with money but also one of my friends said aren’t you glad I’m a senior? So, I can stay on the phone with you all afternoon!</p>
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I don't know if it's Kaiser, and I don't know if they didn't do a good enough job when they went from GH to Kaiser, whether they didn't communicate with me, or all of us. It has to do with their business model. Which went from a co-op to a "not for profit".

I got authorization for massage, I got that from my doctor. I set it up, I got 10 massages. Nobody told me that all referrals end at the end of the calendar year. So, whether it was my doctor's fault or what, but my provider wasn't getting paid. And it probably took, I don't know how many hours of me dealing with it.

I had a brain tumor, and I got a referral to UW. Surgeon at UW. It turns out that they did genetic testing on the tumor. They billed Kaiser. Kaiser said we're not going to pay it. And it will be several thousand dollars. But they told me don't worry, you will never have to pay it. It turns out was they wanted to know if they had done genetic testing or if this was a scam to bill them. And that's good practice. On the other hand, who was the one who had to spend all of her time thinking about \$7000? They finally asked me if I ever got results. Yes, you have them! I think that's everywhere. That's the kind of stuff.

It's that kind of respect for the consumer or member that I think is going downhill. Maybe I'm more frustrated now because I have time to be frustrated. There were problems with coordinating between Kaiser and UW. I asked for a 2<sup>nd</sup> opinion, and they gave me two fine surgeons at UW and the surgery went fine. They have protocols and those are like any other bureaucracy. They don't start with what the person needs, they start with what they always do.

Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

- Yes, there are needs that aren't being met. Because we don't have a universal health care system.
- Dental shouldn't be such a big deal as far as healthcare. It should just be a part of every medical plan. You shouldn't have to pay extra for hearing and vision and dental.
- Where do you go for emergency dental care? Maybe out in Issaquah. It's crazy but that's our country. I wish other states were as progressive as Washington is.
- Timing for health care appointments. I was in to see my dermatologist and she wanted to know who do you see in internal medicine? It was March and she was booked through July. I live in Belfair now and I can get on the ferry and walk on, and I can get to VM. I'm glad that VM has outlying clinics because I went to a clinic on Bainbridge Island, and they could see me in a week.
- Do I want to spend half my life resolving these problems when I could be on a riverboat cruise? I do appreciate that you can go other places because of the network.
- Cost is my biggest concern. I have worked since I was 15 years old and I saved and I contributed to my savings plans, I paid for myself to get through school. I've been fiscally responsible and even with that, is the money that

	<p>we've saved going to last? With rising costs that's the biggest cost you have when you retire.</p> <ul style="list-style-type: none"> <li>• I do like my providers a lot; the quality of care is good when I can get it.</li> <li>• Vision, hearing and dental. That's got to get in there. That's coverage. We have some but not enough.</li> <li>• It's the initial appointment vs. the follow up. I went to PT for a knee it took about a month for the appointment. Then the follow-ups were scheduled weekly. If you can get in, the follow up is fine.</li> <li>• Mental health coverage is starting to get better. Once you get in you can use it. You would think they would want you to get in. But if you don't have a crisis, it's harder to get in.</li> <li>• There are a whole lot who don't qualify [for insurance]. I don't know if that is something that PEBB can look at. Any of the plans we are involved in, and how they handle the uninsured. Like part-time employees, substitutes. They are outside the PEBB network, but they are employees.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• There is confusion about the plans.</li> <li>• You're supposed to know what your healthcare needs are going to be so you can start with the right health plans. I'm just frustrated.</li> <li>• I appreciate you are doing this today. But I thought there would be more people here.</li> <li>• If you can't give people a pill for it the healthcare system doesn't deal with it so much. And Medicare too. We only have to look to Europe to get some ideas. If there was just one standard plan throughout the country. The system in this country just sucks. We need universal healthcare, and it would be so much easier for PEBB. The state should fight for that. A Universal healthcare system.</li> <li>• I wonder how many other states have retirement plans. When it was designed how was it designed? Was it set up the way every other state is set up? It's crazy [that they're all different]. How do other states do this stuff? It's all expensive, and the state gets money from the taxpayers.</li> <li>• I think it's great that there are a number of options. God forbid that we can't afford the UMP plan. It's nice to know that there will be something that we can get. I do appreciate how thorough PEBB is to keep in touch. There is a sincere desire to know how we feel about the plans. And I feel like I am being heard. I don't expect miracles, I do expect to be treated with respect and I am getting that.</li> <li>• I was taking medications and needed new ones and they would approve it but then the door would shut. And there were different people looking at the same information. Once I got through those first couple of months. I have a</li> </ul>
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	<p>healthy skepticism. But I am careful that the person I am speaking with knows what they are talking about.</p> <ul style="list-style-type: none"> <li>• My union has seminars on what to do when you retire. I wouldn't know if I hadn't attended those, and I went twice.</li> <li>• I'm confused about HCA, PEBB and the Board.</li> <li>• I know what I would like, and I get once a year coming out before OE, this big thing that I could study now that I'm retired. On the other hand, you should have "here are the key things you should look at", in deciding if you want to change. Here are 3 or 4 things you should look at. It doesn't mean you shouldn't provide everything.</li> <li>• Can there be guidance? Here are the things they differ in, like costs and major changes. That would work also for people moving into retirement. I get too much information and when I get too much it goes into the drawer or the recycle bin.</li> <li>• I know PEBB puts on seminars, and it was helpful because they gave us "this is who you call" and the resources.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<ul style="list-style-type: none"> <li>• I want to read it on a piece of paper. I don't have a computer. And my cell phone is hard to read. I could get email too. I could print it off. You could give people a choice of if they want a hard copy. I would opt for a hard copy. But people don't always have a printer.</li> <li>• I feel like it's been nicely balanced. I'm a tech person but I like paper, I don't like backing things up to the cloud. I appreciate hard copies, but I don't have to have them. I do like videos, and I use those to learn. I have found the website reasonably easy to use. I do rely on my union a lot, it's WEA retired.</li> <li>• Do you tweet? What I see in this list is no social media. And I get yelled at about 'don't you use social media?' I like your idea of the FAQs and the myths and having that updated. That is really good, but how would I ever know it? How are you going to let the PEBB members know that it exists?</li> <li>• I respond best to emails but I don't keep them. But if it's an alert "big revision in PEBB information" and take you to a link. Because I don't want to have to go to HCA.wa.gov every week.</li> <li>• I want to get the FAQs as a result of this listening session. I am a Luddite. I feel that way about most electronics. It doesn't mean it shouldn't be used. Most things I get that I want to keep, I print it.</li> </ul>
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**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, May 18, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 4 in UMP Classic Medicare; 1 in Kaiser; 1 in Premera; and 1 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Tim Welch (Coalition); Linnea Mulder (Coalition); Jackie Boschok (Coalition); Ellen Wolfhagen (HCA); Alisa Richards (HCA); Laura Chesterman (HCA); and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 5 months to 13 years.</p> <p>By plan, here is what was said:</p> <p>UMP – I retired about 5.5 years ago. My husband was also on the faculty, and he passed away about a year ago. We’re on UMP classic and we were on it while we worked at the UW; have been on plan for 30 years. They are and were extremely easy to work with and everything was very clear. We could select the doctors we wanted to see and get the care we needed.</p> <p>I am in Asotin County, so my choices are limited. The premium is high but because of my location I’m extremely pleased. I’ve been able to use it in Idaho and have gone to UW for assistance. It’s expensive but worth every penny.</p> <p>We reside in Oklahoma, and we’re covered by UMP. It takes more effort to try to make sure that what you need is covered when out of state. I used to teach at University of Oklahoma, and I get most of my services at the university, but my wife sees people not through the university. BCBS is different in every state. On Delta Dental also, pay more OOP in addition to premium for fillings, etc. At the beginning of open enrollment last year, I looked at changing to the supplement. I had a heck of a time getting any information regarding plan F or G and I got busy signals and emails tried going through HCA and PEBB and I wasn’t successful, so I just continued with UMP. My wife is now Medicare aged so our premium is now less than \$1000/month. We are healthy. And for drugs what I end up paying is about \$20 for two prescriptions for 90 days.</p> <p>I’ve been pleased with it and have been able to choose my own doctors. I see naturopaths. With Medicare all the benefits are coordinated and a lot of times I get money back. I’m not sure how it works but it ends up covering a lot and reimbursing me a fair amount.</p> <p>Kaiser – It’s a wonderful plan, they have a wonderful website, and they have great doctors. And the premium cost is quite reasonable. Great coverage when had health issues that would’ve cost hundreds of thousands. The copays are reasonable, and that includes copays on all drugs. They’ve got their own pharmacy.</p>

	<p>Premera/Plan F – I’ve been on PEBB for 8 years and it covers everything. Medicare pays it all and I don’t see that Premera pays everything, but I don’t see it.</p> <p>UHC - Retired from L&amp;I in 2018. I had Premera for the first few years but when PEBB offered an MA plan I decided to switch. I have UHC Complete, no copays or deductibles but I may switch to supplement plan. I’m conflicted about it since I’m against the privatization of Medicare. So, I feel that I am supporting something that I am against. I have read too much about how the MA companies are stealing from the government. A very good plan, by the way. But they do micromanage your health. They are in your business.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – I’m extremely happy with the plan and I also expect to be on this plan the rest of my life; happy with dental also. We budgeted for the premiums and knew they would be higher. I trust PEBB to do the best for us that they can. The vision benefit [could be better]. They go through a different provider, and it limits where you can receive services. That’s the one thing I’m not pleased with.</p> <p>Happy with UMP but they need to consider rural areas. I have to travel a long distance to get care. There should be some type of grant to lower the premium. That should be researched to lower this. Our pensions aren’t keeping up with inflation. And being in UMP classic I chose it for travel outside of the US and I haven’t had to use it but that was a bonus.</p> <p>It would be really nice to have things that are associated with wellness. There are plans that provide health clubs like Silver Sneakers. Having worked in healthcare I have friends who’ve been heads of companies. If you have a plan that keeps people healthier. And they don’t cost a lot and they save more than what they cost. Since these are plans designed for retirees, among the things that start to go is vision, hearing, access to assistive devices in terms of hearing. Those are things that it’s important to have access to. There used to be coverage for if you were outside of the country. I hope to spend more time traveling since I’m semi-retired. That is something that is a real plus. Knowing you have coverage from your home base health plan.</p> <p>The vision change was a disappointment. In the previous plan we had a benefit up to a certain amount. And now it’s a pair of glasses and they</p>
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can be expensive. But now it's once every two years and then you only get it that one time and you can't apply for the remainder.

I agree with the previous speaker about prevention. Having taken care of my mother who is 96 and she is living in a retirement home, and you see people in walkers, and they are shaky on their feet. I have a knee problem that was a result of not going to the gym. I was not as strong as I could be. And watching my mother increase her fall risk as she aged, that was all related to weakening muscles. It would be beneficial to have an annual PT assessment. That would be helpful. It could help decrease the cost of hospitalization due to falling and other consequences of falling.

Kaiser -- I'm extremely happy with our plan. It covers Silver and Fit, which means you can go to many health clubs. My wife and I do water exercises. I've been on MA since 2007. I like the fact that GH has its own pharmacy and I get my prescriptions filled by mail and that is extremely good. I am a retired state employee, and the state assists all programs part of PEBB with \$183 payment for the cost of our premiums. I believe that is a wonderful thing.

Plan F – I'm pretty happy with my plan. I don't have eye care or dental care; I chose not to get any because I haven't need it. I had cataract surgery and dental care, so I just pay out of pocket. I like the idea of an annual PT evaluation. The physical therapist can tell so much about you and how to prevent things which is important. The company that covers my drugs is Clear Spring RX and I don't pay much but they have changed places where the pharmacy is (now Fred Meyer) and I don't like that, but I can't complain. All in all, I'm very happy with my plan.

UHC – UHC seems like a Cadillac plan. It has everything you can think of including a lot of wellness options. The gym membership is covered, if you have a Fitbit, you can sign up for the premium Fitbit program. You can get a wearable device that calls 911 if you have an emergency. They mail things out encouraging people to take advantage of their perks. When I got new glasses, they have a \$300 benefit. My optometry office wasn't able to bill directly, and I got the reimbursement check in a couple of weeks. I just requested it. I have no complaints about the UHC plan that the state has negotiated. You can go to any doctor, anywhere in the US, and international travel is covered if you have an emergency. I can't think of a thing they could do to improve it.



Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?

General comments –

- I've discovered we are also covered by the dental plan which is out of state. Through Delta Dental I've paid more out of pocket in addition to the premiums for fillings than anywhere I've lived. My share for fillings recently was \$350. It's not covering as much as I expected.
- I have no needs that are not being met. I have a PCP and can self-refer to any doctors. And most are in the network. I recently started with an acupuncturist, and she was in network. I get the money back because of the COB. When the issues came up with UMP possibly being on the chopping block, I was surprised with how upsetting it was. Thinking I had things covered and then it wasn't. UHC would have been a fallback, but I have concerns about that company and that type of care.
- I could not get to the UW without a referral. So, I went to all the doctors in my region for 8 months before I could get a referral. That is a long time to wait to get a referral for TMJ. Luckily UW solved it for me, so I think the referral system needs to be looked at especially in the rural areas. UW is the furthest and it was a plane ticket. The Tri-Cities is 2.5 hours away. I tried all the doctors in this region, and they kept trying things but couldn't help. I got quite frustrated.
- I still think the out-of-state copays (with UMP); maybe it's the rates they pay here; but maybe that could be negotiated. These are in-network providers. Since there is prescription coverage, there are a lot of products that people see advertised that are biologics. If they're infusions, they are covered by the medical plan; non-infusions are not covered. But sometimes they are covered by the drug benefit. And there are formularies. To make sure that people have access to the drugs. Staying on top of that takes a lot of effort.
- I try to see my physician in Bellingham as little as possible. I go to Seattle for an ongoing oncology appointment. Both places are fine, and I have no complaints.
- So far, I haven't encountered any issues (with UMP), although with the ending of the Covid public health emergency I discovered Regence is not covering rapid covid tests anymore. Those should be covered, at least in part.
- I've had substantial needs and they've all been met. Kaiser has a lot of extra providers, and you can make your appointments online.

	I know Kaiser is not everywhere and if we're traveling the costs will be higher, but Kaiser will cover some of those costs.
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• UHC has two plans one costs more but has no copays, so I was going to switch, and I waited to the last minute. But the UHC application when you sign up on PEBB has pages and pages that are not applicable to me. It was mind-boggling when I first signed up. Some of those pages seemed irrelevant. I wanted to sign up for the lower cost one and I got signed up for the higher cost one. But the following year I decided I didn't need the no-copay plan. When I tried to switch, I gave up. The UHC paperwork to sign up is tedious and ridiculously long, boring, and tedious.</li> <li>• I've struggled with trying to understand how the plans differ and how they are better for each person's circumstances. Like what I'm hearing today. So, what would be the difference between those three plans? Why would you choose one plan over another? It's hard to figure it out if you're just looking at charts. The benefits fair I went to in Lacey was overwhelming. There was a line for UHC that was a block long. Why is UMP better? Is it because it costs more? Do doctors prefer it? Are they getting a higher reimbursement from any of these plans? There's no way to find that out.</li> <li>• I've appreciated hearing from everybody and their experiences and concerns. Rural medical care is an issue with insurance coverage but just access to medical care is difficult. And also, whatever pressure the HCA can put on the restrictions about getting money to our self-insured plan.</li> <li>• I am very happy with Uniform. They have paid everything. I had a \$50k surgery and I only had to pay a couple of hundred dollars. In Asotin County I have one choice and it's the only one that allows you to go out of the country. Rural communities need to be considered.</li> <li>• I'm learning a lot from everyone on this call. My experience with UMP has been favorable. I agree with some of the comments I'm hearing. Within Washington state, having access to services you should have the same level regardless of what county, if it's support for travel, or minimizing the out of pocket.</li> </ul>
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- If you're changing from one plan to another is there anything that HCA can do to improve data sharing between plans; is it an IT thing? The information is all the same stuff. Isn't there some way that information that has already been captured can be pulled in when applying for a different plan? I feel my cognitive function is not what it used to be. There should be some way to make that less onerous.
- The UMP plan is a BCBS plan. I realize they are the administrator. And all over the country there are BCBS plans. And when you go to another part of the country there are different expenses. Is that something HCA could negotiate so that out of pocket cost is the same no matter where you receive the care? They're all individual entities throughout the country.
- The thing about sharing and resharing information and the person who takes the call wants me to go through all the information. Maybe part of it is people are just lazy about looking up what is already there.
- Before I retired, UMP covered my surgery and then I became Medicare aged and [the doctor's] comment was he was not happy. And he said that they have to accept Medicare patients. You can see that Medicare pays very little compared to what the doctor bills.
- I concur that UHC sounds good, but I'm concerned that it is a privatized Medicare plan. I'm concerned that they are a profit-oriented company. UMP is a self-funded plan and that sounds like a good idea, with our health being at the top of the concerns and consideration. If I had to, I would go to UHC if UMP were axed and I hope it isn't. The government subsidizes these MA plans, but it seems like UMP being self-funded is not. And that is an unfair situation. I wish there was some way that PEBB could push to try to get the federal government to understand that this is important for better healthcare for people.
- I'm afraid that we often don't see what's behind the scenes. The Polyclinic had a dispute with UMP on its rate of payment. This is one of the things we don't see that makes us feel it's out of control. Polyclinic is owned by UHC and didn't like the rates being offered by UMP. One of my providers left because of the hassles of insurance.
- The retired public employees are looking forward to having a speaker from PEBB or HCA. When you're happy with your plan and you don't have to think about switching. It's hard not to be happy.

What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)

General comments -

- I rely on the website for links to other places; there is so much info that can be hard to find. No tips on how to improve but there is so much information. Sometimes I go to the UW benefits pages. I appreciate getting emails and those have links to specific information. I don't mind getting some paper as a tangible reminder.
- Some newsletters and information by paper. I'm a member of the UW retirement association and they'll send us links.
- I like paper, email, and newsletters. We get so much email from other things we don't want. Email messages can be lost. I thought I would get a reminder and I had to search for it because it got buried in a bunch of other messages. These are all avenues.
- Email, and print material, but a general comment on communication. There needs to be bidirectional information with HCA/PEBB. I've spent a lot of time on hold trying to get to a person. Once you get someone it's phenomenal. But the amount of time it takes to get there is not good especially if the question is time sensitive.
- If the email comes too early, then it gets lost, so I do like a paper reminder.
- There is a lot of vertical integration happening in health care. All part of the same big company. In terms of negotiating benefits keeping track of consolidation is important. It can limit access.
- I consume it all, email, videos. I read all the newsletters, the updates. I like them all.
- I'm happy with the newsletters. They are informative and useful. Like direct communication with health care provider.
- I think we are a generation that came up through paper and technology. That's why we like to have it in our hands.
- I want to thank HCA for listening.

## Additional Notes from Coalition Notetakers

- [If plan includes a silver sneakers program], it drives down the cost of care.
- [UHC] Worth the extra premium cost just to not deal with the application again.
- There should be support from federal government for state funded plans [i.e., UMP].

**PEBB Medicare  
Listening Session**

**Summary Notes**

Thursday, May 25, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 10 attendees with the following plan distribution: 4 in UMP Classic Medicare; 2 in Kaiser; and 4 in UHC. (Two of the attendees were retirees but not yet on Medicare).

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Shirley Hickey (Coalition)/ Jackie Boschok (Coalition); Ellen Wolfhagen (HCA); Stella Ng (HCA); Laura Chesterman (HCA); and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 5 months to 11 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Previously had United Healthcare and had option for spouse for medical treatment but chose UMP Classic instead since my retirement in September 2021. As I’m learning about Medicare, I’m trying to have a plan that was as similar to the one I had when I was working. My experience with UMP has been positive. I like that it is a supplemental plan, with the ability to choose providers in a broad network. It’s not managed care. Many services don’t require prior authorization. Like that it has nationwide and international coverage that includes non-emergency needs; think it’s the only plan that covers that. Covers vision. Still learning, but I was pleasantly surprised when it covered a service that Medicare denied; was a bonus, didn’t expect that.</p> <p>Retired May 2021. We live on the other side of the state, and we have limited choices. Stayed in UMP classic when retired, and husband was kicked into UHC when retired, but is also covered under UMP as spouse; easy healthcare without hassle; and my spouse is on UHC and that has been excellent so far. I have been with almost 37 years since employment. We would like to stay on the system that is similar to UMP. We will probably go on UHC because of the cost. Either way we have been happy with both plans, especially with last year. Worked quite well, had two surgeries and pacemaker.</p> <p>I have been with UMP since I started in 1995; had Group Health before retirement. I have been happy because I have believed in preventive measures, and I am avoiding expensive surgeries thanks to that. I was very frightened by talk of discontinuing that plan. This plan has been very helpful. As you get older doctors say you can’t tolerate surgery, then what options do you have at that point with whatever you are experiencing to support you through that process? I am a very firm believer in UMP, and I hope it is not going to go away ever.</p> <p>I retired in 2014 and continued on UMP because it was easy to do, and we were used to it. There are times when so many changes happening you don’t want to make another change. We continue to be happy with UMP, but the one thing we are unhappy with is the monthly cost. In spite of that we pay little out of pocket for our medications. We are on brand name medications that we have to take, and the costs are almost all covered by Regence, just a small out of pocket cost. My husband has had</p>

several surgeries and paid little out of pocket. Seeing positive action being on UMP. I don't understand why the COB process is not funded by Medicare. Because it seems like that should be the way to go. UHC is the other plan that we will look at to see if we can save some money that way. It frightens me because we are comfortable with the amount of money currently going out. Out of pocket for prescriptions is \$1,000. We are pleased except for the monthly cost.

Kaiser – On Kaiser for 11 years. I have experience from when it was GH and had UMP when I was still working. I've given several plans a try. Like that with Kaiser I always get excellent care, no complaints whatsoever. If I have any concerns or questions, or even complaints, I appreciate that they have a member service that you can call and let them know. Even during the pandemic when it was so difficult to get appointments, you could go to them and get some assistance via the phone. I don't know other plans that do that. I belonged to Polyclinic, and I don't think they had that.

I am not at the age to have Medicare yet. But I am PEBB retired and I'm on Kaiser. I can pay my premium by using my VEBA, but I'm worried after my VEBA money runs out and I will have a year trying to pay PEBB. For people who retire a little early and they don't qualify for Medicare there is nothing there for us to help in terms of expensive premiums. The program right now is very good and covers medication and preventive care as well as other necessary things. But the referral for a specialist is very hard to get for specific illnesses unless you end up in the ER. That is my concern. I do not currently need to do anything extra for my health, but at the same time I am very concerned about if I ever do need to see a specialist.

UHC - Husband had two surgeries on his left shoulder and a pacemaker that had to be done first. And everything was taken care of efficiently by the health care system. It is less expensive.

I am on UHC complete and switched from Regence this year, so I have been on it for 4-5 months. What I look for is something that is comprehensive, has a broad network of physicians that cover in-state and out-of-state. Lesser priority is international, but that is something in consideration. The program is pretty good. I haven't had to deal with billing. I've been able to deal with arthritis and went directly to a sports medicine person without going to my primary care. Price was the biggest thing that caused me to switch. The 2 programs were pretty comparable.

Switched to UHC in January 2023 from UMP. We did research on why there was a different in price [between the plans] and it appeared to be a



	<p>comparable plan. We attended a webinar with the state that described the differences and learned about MA, did some research, reviewed all of our medications to compare costs of the two because of conditions husband and I need (need fair amount of medications), review doctors and have one specialist I have a hard time giving up as she has given me a lot. Found UHC is comparable. We wanted nationwide coverage, and my specialist. We've been mostly happy with the new plan.</p> <p>We were always with UMP but switched this January to UHC and have had no adverse issues with the plan. I'm very happy with the plan. The cost is much lower than UMP. All of our doctors are in network. And we have the interstate availability and all the coverage we had before. Happy with what UHC provides at this point.</p>
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<p>What could be better about your current plan?</p>	<p>UMP – Limited experience with plan. I'm sorry for those who have had a bad experience with the pharmacy, but it was informative to hear that. It's pricey but as a new retiree my perspective was it wasn't a good time to downgrade my health provider. It's more important to have good insurance as you age. For me that was Classic. No negative experiences with it at this point. We don't use the pharmacy a lot. Just the price that is negative.</p> <p>We like UMP but the costs will push us over to UHC. The only complaint with UMP was in another state, we went to an urgent care, and I sent in the claims, and they rejected them. We are both afraid that some of the plans are using an online pharmacy and we have used our pharmacy for 30 years. They know our doctor. They want us to use mail order. The pharmacist explains it to us like part of our family. Mail order is not a member of our family. One of Mike's drugs was cancelled by UMP, and it is something that he's used for years.</p> <p>I was told that once you leave UMP you can't get back. I am pleased that I can pick my own providers, not in a clinic where we have to accept that "this is the guy." We have an established relationship. I don't like the thought of having to switch providers. I've had physicians retire. It was difficult to find another that I'm comfortable with. I can do preventive care. I was injured in 2015 and struggled but I found a PT and got better, and could walk, then they terminated services. Vulnerable, couldn't walk again, started seeing a naturopath and now walking better. My naturopath was able to get me back on my feet. I don't want knee replacement surgery, but 2 doctors said I needed a knee replacement due</p>
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to arthritis. Selection of physicians is very important, and being able to do the things you know your body needs and responds to is important. I am very happy with UMP the way they respond when I call; nice and efficient. Except for the price, which is high.

The one negative is the monthly cost. How do we get Medicare to start contributing to that plan? Ease of use. Husband has name brand prescriptions. If we have to go to Optum, we have to go through UHC. I'm not going through Optum after hearing what is happening from other participants. Regence is the supplemental and they have been fabulous, easy to deal with, correct quickly, answer questions. They can make the changes easily. I can call and get someone to respond. As seniors we don't need hassles and complications, it is stress generating. Sticking with UMP.

Kaiser – The biggest concern with Kaiser is its lack of portability. I am in Southern California where I go every winter. And every year I get a letter saying if I am gone for 6 months my insurance will be canceled. Medicare denies they are the ones that would cause the cancelation. PEBB said Kaiser can't cancel it, but they (PEBB) could. I would like to know who is responsible for the restriction, especially with Kaiser having a large presence several other states, including California. That [portability] has been a hassle. When policy options are presented, that should be made clear. It is a rude letter. I intend to spend my winter in the sunshine. Why doesn't the clock start over Jan 1<sup>st</sup> if we leave in November or December? I don't want to leave Kaiser because I get good care, even here I am only one exit from closest clinic to me.

I am new to the system so doing the research was difficult switching from Premera to try to have all the help I need with conditions. I don't have complaints about the services in Kaiser. The clinic is close to my place, very convenient, but I was referred to a specialist to see more of my conditions and I noticed I have more monthly flare-ups. That is something that needs to be taken care of. One positive thing I do want to mention is that I believe in chiropractor and acupuncture. I'm glad the program has that service and insurance pays for those, as they help my conditions. I retired at age 62 so I'm not on Medicare yet and I am single, so \$700/month is very expensive without including dental. Need to consider for people choose not to retire at 65. I got sick after the pandemic teaching online. 32 years of service and so I decided to retire at 62 to take care of myself. I consider giving so much to the system that cost should be taken care of.

UHC – Wife and I each have a couple of Tier One prescriptions and have never gotten into mail order prescriptions. Savings of having transferred that to Optum, I thought about it, but haven't done it yet. After listening to these folks, I will not use Optum RX and will keep getting it locally. Before I made the decision to switch, I was looking into hearing aids. I called UHC several times and never got a whole lot of information, but they really wanted to sign me up for insurance. To get hearing aids, you have to get a referral from a local store and it's difficult to figure out what stores are part of their network. Fortunately, my wife's provider is with them. But the store said even with reimbursement it would be cheaper to go with the big box store. Did have hearing test with them and was not disappointed, hearing aid is convoluted. Haven't looked into glasses yet.

When we moved from UMP to UHC we did research on our medications, and we called them. Meds have been the biggest hiccup. They work through Optum RX and finding someone who understands medications is difficult. I have a medication that they said there are other meds you can have at a different level so I would have to get a preauthorization. They gave me a month's worth while doing the preauthorization. My specialists wrote the PA and explained it and they refused it and told me to do step therapy. I went back to get that turned around as I had already done step therapy. I had to do step therapy and within 5 days my condition was out of control. They immediately gave me my medication back and it took me a month to get better. To have 5 weeks of my life turned upside down. I'm disappointed with that. That was working with Optum mail order. And they mailed it to our home address instead of the temporary address. So, we dropped Optum and went back to Fred Meyer. It's more expensive but the premium is less. But they keep calling us to switch over to Optum. And they keep calling us for a home visit to review our medications. Not interested in that. Other than meds we've been quite happy. What will happen next time I need to change medications? We are wondering if we should go back to UMP in January. We are seriously considering that.

With regard to Optum mail order, we are snowbirds. We had many years of positive experiences with postal prescription. The switch to Optum has been a nightmare. Completely unsatisfactory. When we switched in January, Optum bundled the three drugs together, and then they cancelled the whole refill. One drug required a preauthorization, and we didn't know. Why is Optum getting in the way of the prescriptions written by our physician? We finally got a local pharmacy to fill it. We are 6 weeks into the plan, and they've used a years' worth of our refills. The doctor wrote a generic and Optum substituted a more expensive brand drug for \$300. Optum has its own Facebook page of people who are complaining. There is a consent decree where they were fined. Staff should look at the

	<p>BBB on Optum that gives them 1.2 stars out of 5. Command HCA to do some research because their problems are not unique to the PEBB plan.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• All of the people who have spoken are taking care of their needs but there seems to be a huge need for more information and advocacy of who to turn to if you cannot negotiate or navigate these issues, especially as you age. What if you are at an age where you can't negotiate for yourself - can PEBB or HCA work on that?</li> <li>• Anyone who is staying in one place will do well with the cost and the service with Kaiser. It's only when you travel [outside the service area]. Hearing people talk about prescriptions, I have a similar problem here in California. PEBB should be more specific about some of the problems you might need to deal with.</li> <li>• I'm a member of RPEC and I think we have a member on the PEBB Board. But in the past, they didn't have a vote. Shouldn't we [seniors] have a vote? Who is responsible for the limited areas of service for Kaiser? Also, I agree with the earlier speaker. We depend on information for making decisions. Unless we're given information it makes it difficult for us to make these decisions.</li> <li>• We had similar problems with hearing aids. I went to Costco and the claim was rejected and I called and called and finally they paid. Because of where we live, outside of general practice care, it's a 1-2-hour drive for a specialist or surgery. Coming out of surgery and then driving for 2 hours is bad. We ended up staying in a hotel and incurred extra costs. Make things clearer for travelling out of state (snowbirds) to be able to find things easier. Looking up places that cover our insurance, the ease of transferring your prescription to another place has been a challenge.</li> <li>• I live in King County, and we use Virginia Mason. We're in pretty good shape. I understand the difficulty in Eastern WA. We don't snowbird but we go to CA twice a year for 3 months. When we were on Regence my wife had to go to hospital and it worked out. I took Complete because it was more comprehensive and it's hard to judge. They pay the bills. I'm happy so far.</li> <li>• As we age, we become less capable of negotiating our healthcare. If we don't have an advocate, what do we do? I have concerns about switching. As I age, I don't want to have to deal with</li> </ul>
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	<p>problems. I have had reactions to medications and been hospitalized, so I avoid as many as possible and limit the number of scripts. I take supplements to address problematic areas. I am still working part-time because of lay-off in 2010. I'm having a hard time letting go of that employment because I'm concerned about having enough money to pay for my health care, which isn't all that much; most if paid for out of pocket or through Regence. No complaints except for high initial cost.</p> <ul style="list-style-type: none"> <li>• Our needs are fully met. We love Regence, UMP has been very good. The negative is the cost. We'd love to figure out how to get that cost down. Need someone who can explain things. There is a need for advocates who can help people navigate and understand what they're trying to do.</li> <li>• Giving props to the PEBB Board for replicating the UMP for much less of a price. We were with UMP for decades and the side-by-side comparison is the same for a lower cost. We snowbird and have doctors we go to in AZ, and whatever we have down there is within network of UHC. It duplicates the vision care. There is a hearing component. You have interstate coverage. All of our needs are met except for Optum.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I debated if I knew enough to participate in the listening session and I was anxious and not sure what I was going to say, getting all the materials, etc. But I really appreciate the process and I've learned a lot. Very informative. And I do appreciate the powers that be that allowed this to happen.</li> <li>• This was helpful and informative and interesting to hear other perspectives. We took notes the whole time. Seeing how people interacted with the system will help us make informed decisions about any potential future changes. We need more access to easier information. And we need a seat at the table so they can't make us part of the menu. Thank you for having us. This was very interesting.</li> <li>• When UHC plan came out in 2022, I was trying to figure out how the two plans (UHC/UMP) could be so comparable and such a difference in cost. I couldn't find anyone to talk to and PEBB didn't have any guidance either. So that was a concern. The website is pretty well laid out to get information. But getting opinions or</li> </ul>
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	<p>advice was a struggle at the time. Because of that I didn't change the first year due to the fear of the unknown.</p> <ul style="list-style-type: none"> <li>• Thank you for the opportunity to do this. Gathered quite a bit of information.</li> <li>• Really appreciate this listening session. Helpful to hear about others' experiences firsthand with their other plans. Incredibly helpful.</li> <li>• We as senior citizens need to have representation where decisions are being made. How are we represented? With a diverse group of people, who are also people of color, we face different problems with the health care system. I appreciate the listening sessions to hear everybody's perspective. I hope to continue to do that for any decision making. If we are not invited to the table when the decisions are being made, I have concerns about that.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• I like the email reminders, the snail mail, and in-person meetings. And I want to do a shout out, before I retired the WEA retirement group did in-person sessions and those were amazing.</li> <li>• Email and the health fairs that were in various areas where you could collect materials and talk to the representatives.</li> <li>• Emails and mail are great. There used to be a yearly in-person meeting before Covid that was helpful in getting information; haven't done that since Covid but hoping to have it again on this side of state. I'm hoping you do one of those in eastern Washington. We like the snail mail paper that we can keep in our file as a hard copy; want to continue to receive in the mail.</li> <li>• Anything electronic for those who are out of the area is good. Email, mail, and webinars online are helpful, including this listening session. I went to a public meeting in Lacey in November 2022. That was amazing, but the place was packed. Not enough capacity.</li> <li>• Website and email.</li> <li>• I prefer mail or email. I didn't have luck with the fairs because they were packed, and I think I got misinformation. Parking is a problem. I usually like in-person things.</li> <li>• Email and material on the web. I print it off and file it.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Email is good. I always pay attention to WEA information.</li> <li>• Anything electronic. Email, website.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I wanted to have my voice heard and I had some fear about what would happen if I didn't participate, and changes were made, and I didn't take the opportunity to have some input.</li> <li>• I am an activist and I'm interested in health care for all. I have been called upon to help others wade through material to make their choices. I like to focus on that as an important aspect for all of us. We can complain but if we want to improve anything we need to do our part.</li> <li>• I'm signing up for Medicare right now so I'm trying to gather as much info as possible.</li> <li>• Know a lot of work time and effort by people in the background who arranged this to give folks the opportunity to voice opinions. It was the least I could do to support those efforts. The more opportunities we have to contribute to our benefits program, the better off we will be. Want a seat at the table.</li> <li>• To be able to assist in looking at plans and what's going well and what's not.</li> <li>• I wanted to raise the flag again for UMP. Not the first time it was considered to be cancelled. It's valuable. This is a good opportunity to learn about what else is out there. We could do a Zoom fair to find out about the different plans. Getting accurate information is not as easy as it could be.</li> <li>• Gathering information and I was pleased to see there are no plans to cancel the UMP program. Especially when the last statistic showed 51% were in UMP.</li> <li>• I want to be able to get to know more about the issues.</li> <li>• I wanted to make sure you and staff were aware of Optum's level of performance.</li> </ul>
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## Additional Notes from Coalition Notetakers

- [UMP] Everything was efficiently taken care of in health care system. Husband is in UMP with wife, but processed under UHC, which is much less expensive. Husband is also on Medicare, and I am signing up for Medicare now.
- [UMP] Surgeries are not good for me, still have trouble with some. Have trouble with eyes because something was left in them during cataract surgery. Took 3 weeks for them to find what they had left in there and eyes weakened but can't sue doctor because you can't get anyone else in Washington to complain, then you have to go through expensive situation to find someone outside of state.
- [UHC] Will continue to look into prescription drugs locally.
- [UHC] Really liked UMP, but due to costs we were pushed to UHC. Only issue, as snowbirds, is that we were out of state and needed care, sent everything we had paid for, and they rejected both claims. This will probably happen again because we are snowbirds. We are both afraid of some plans needing online pharmacist. Have been using same pharmacist for 30 years and same with doctors, they know us and know each other. No, UHC wants us to do mail order, even though we can walk right to the counter and get useful information on medications; they are our family, and mail order is not. One of my drugs was cancelled by Uniform, doctor is in process of appealing that. That is a little frustrating.
- When we moved from UMP to UHC on January 1<sup>st</sup>, we did research on our medications, and we called UHC and went through medications. Meds have been the biggest hiccup already. They work through Optum RX and finding someone who understands medications is difficult. We were told that all medications we have were covered—all of them. I have a medication that Optum RX said "there are other meds you can have at a different level and less expensive but would have to get a preauthorization." While waiting, they gave me a month's worth of other medication while doing the preauthorization. My lung specialist, who I drive 2.5 hours to see, wrote the PA and explained the other piece of it and insurance refused it and told me to do step therapy, and I had already tried the medication they wanted me to try. Had been on other medication for 12 years and was doing well with it. Went through having to take step therapy and take medication and within 5 days my condition was out of control. Specialist immediately contacted them, and they immediately gave me my medication back, and just in that month my symptoms had become much worse. UMP copay was much higher, but to have that taken away and have 5 weeks of my life completely turned upside down was unacceptable. Saw letters the doctor wrote, which were very detailed on why I needed those medications for autoimmune disease. I'm disappointed with that. Other thing with medications is working with Optum mail order. Had no issue with UMP; would contact prescription service and they mailed medications with no issue. With Optum, we called and ordered and gave them our out of state address, and they mailed it to our home address instead of the temporary address. Neighbor had to mail the medications to me. Called Optum and was then told they don't send to alternate addresses, only the home address on file. So, we dropped Optum and went back to Fred Meyer pharmacy. Paying full 3 months instead of getting 3 months for 2 months, which was a worthwhile decision. UMP has high premiums, but UHC keeps calling us to switch to Optum mail order, asking us to do a home visit to review



medications. I tell them I will not allow them into my home, you do not understand medications and my past experience was awful. Concerned about facing that again. Other than meds we've been quite happy. What will happen next time I need to change medications? We are wondering if we should go back to UMP in January despite the high cost. We are seriously considering that.

\*R

- With regard to Optum mail order, we are snowbirds. We had many years of positive experiences with postal prescription. Optum has caused many issues; interactions with them have been detailed and complex. The switch to Optum has been a nightmare. Completely unsatisfactory. When we switched in January, we had 3 prescriptions, and needed 1 refill, Optum bundled the three drugs together, which we told them we did not need, so they cancelled the whole refill. Then Optum said they were awaiting response from primary care, never explained that prior authorization was necessary. They tell us our provider did not provide enough information. Why is Optum getting in the way of the prescriptions written by our physician that we have been filling for several years? They cancelled prescription because doctor either didn't provide enough info or didn't respond soon enough. Refills of meds dropped from 4 to 2. Next, we tried to fill other script, we tried to unbundle the meds, one prescription was cancelled. When we tried to refill it, they bundled 2 scripts together one with \$10 charge and one with \$0; we asked to take one off and they cancelled the entire order and took away refill prescriptions for med. We finally got a local pharmacy to fill it. They have used a year's worth of refills in just 5 months, so having to go to doctor, getting 180 days for prescription when only need 90 days. We have used all refills for this year. The doctor refilled a generic med and Optum substituted a more expensive brand name drug for \$300 for a 90-day supply; generic costs \$30 for 90-day supply. Have to contact Optum to see if they can refill prescription the doctor wrote instead of substituting for expensive alternative. Completely unhappy with this service. Optum has its own Facebook page of people who are complaining. There is a consent decree in California with Board of Pharmacy where they were fined for these missteps. Staff should look at the BBB on Optum; you will find over 1000 reviews giving them a cumulative 1.2 stars out of 5, listing similar complaints as other participants in this session. Commend HCA to do some research because their problems are not unique to the PEBB plan. \*R
- I still don't get it. If doctor originates in WA, getting prescription is very tricky.
- Information is number 1 need.
- Because I am so content with UMP, despite monthly cost, I have concerns about switching, especially after hearing others' issues by switching away from UMP.
- Need to know who is responsible for contracts, even though I appreciate they are doing good job in some areas. We depend on information in making these decisions.
- To me, COB seems like it should be a good thing,
- [Kaiser] When I have any friends looking at the same plan, I tell them to pay attention to that part [portability] of the policy.

\*R - Restatement of HCA notes, not double-counted for tabulation purposes.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Tuesday, May 30, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 7 attendees with the following plan distribution: 5 in UMP Classic Medicare; 1 in Plan F (Premera); and 1 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Shirley Hickey (Coalition); Pam Fueling (Coalition); Ellen Wolfhagen (HCA); Alisa Richards (HCA); and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 5 months to 8 years.</p> <p>By plan, here is what was said:</p> <p>UMP – Retired in 2020 and kept the Uniform Plan because I was happy with it when I worked. I like having it. Choice of doctors. I can travel out of state and still see a doctor covered by my insurance. I like supporting traditional Medicare. I’m suspicious about the managed care plans because they can change what they offer at any time. Uniform is tied to the place I worked. It’s the price that’s disturbing since it’s expensive. I was hospitalized with a major medical problem and paid almost nothing, and it was well worth what I’m paying for UMP monthly.</p> <p>I changed from Kaiser because I live in two states and communication was difficult. I’ve been happy with it. It’s expensive but I wanted to sign up today because of discrepancies I ran into when I was signing up for the plan. It was easy but in looking at others I had some challenges.</p> <p>It’s been the best insurance. I’ve never had problems with seeing any doctors, getting any tests. They do want some preauthorization, but they do it very quickly. It is expensive and going up, but I don’t feel like I can’t have it. I wouldn’t know what to do without it.</p> <p>It is so expensive I probably can’t remain with it. But I like it because I’ve had a family doctor for 45 years and I’m hesitant to give up a doctor that can talk to me like a neighbor next door. The cost is prohibitive right now.</p> <p>Retired early last year. Turning 65 next month so the whole process of signing up for Medicare is daunting. I am trying to figure out the whole process. Talked to a really nice person Evan on the PEBB health line. I was panicking and misinformed because I got a letter that said you have to sign up for Medicare 3 months before you turn 65. Evan let me know that my uniform coverage just carries over. There are no forms I need to sign. I just need to send in my Medicare card. I’m glad that right now I have Uniform through PEBB. I belong to a sorority and when they learned that UMP might be dropped there was quite an uproar. The teachers wanted Uniform regardless of the cost.</p> <p>Plan F – Retired in 2015 and have been on plan F. I am very happy with my plan. No deductibles or copays. I can go to any doctor. I had a rotator cuff problem, and I could go straight to orthopedic surgeon without seeing my family doctor first. I had an MRI within two days. It’s affordable. I also like the fact that I am supporting traditional Medicare.</p>

	<p>Some of these advantage plans are in the business to deny care because they profit if they deny care whereas a traditional care doesn't. I have a friend who has been struggling with UHC for months. I'm a healthcare advocate and want to have Medicare for all.</p> <p>UHC - I started in January 2023. I was on UMP since I retired in 2009 but this year I changed to Complete. It's a bit overwhelming. I've been inundated with info from UHC - calls, mail, and email; it's like a tsunami of information. They want me to check in daily by email to make sure I take my meds. They want to send out a nurse and a doctor. I wasn't prepared for it and I'm not sure what's critical and what's not. UMP classic never contacted me.</p> <p>I changed because of the increased cost of the premiums but I wanted to make sure, I talked with someone at HCA, that I can go back to Classic if I found it was not as good. But because I live out of state. It seems like UMP is focused on the state of Washington. I had no problems with it, but they kept saying 'out of network provider' so I was always leery that something would happen. But I think the same thing might happen with UHC. Stanford says they accept UHC, but do they accept UHC PEBB's plan?</p>
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<p>What could be better about your current plan?</p>	<p>UMP – It's the price. It's very expensive. I don't understand the explanation that they don't get a subsidy. I don't think the University I worked for was paying as much money as I am paying now. When I looked into switching, I got very weird answers about the cost of insulin. But they said it [RX cost] depends on what kind you're taking; thought it would only be \$35. It turned me off to the managed care plan way of looking at things.</p> <p>It's the signing up for me. I was panicking with the wording on how to sign up for insurance. I wish I just got a postcard that said, "this will be seamless, you had Medicare before, and you will still be on UMP." I appreciate having real people who can help. If the process could be simplified and have more human contact early on, that would be helpful. I appreciate the listening sessions like this.</p> <p>I am on recently and haven't even had a bill yet. Nothing to add to what could be better.</p> <p>The cost, but I'm in favor of keeping it even if the cost can't be reduced. It's about the expense of the drugs. I've had a couple of drugs that are name brand only, so I have to pay that. But it's a question of if it's a</p>
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	<p>better medication I want the better Medication. I don't want to be involved in an HMO. I can choose my own doctor. Things are running well, and I don't want to disrupt that. And I appreciate this session to be able to express this to you.</p> <p>I was having issues and went to see some specialists and they said that UMP would not cover a CT scan for my heart. Doctor suggested doing something more invasive that would be covered. So, I'm seeing another doctor soon. I'm not sure why. Is there a way to go around some of that? I'm concerned that sometimes coverage is hidden, and you don't know what might not be covered until you stumble upon it.</p> <p>Plan F – I'm pretty satisfied, but I have to get a separate drug plan. The drug plan is not that expensive, but it doesn't have much benefit as to what it covers. I was diagnosed with glaucoma, and I went to a specialist, and she recommended a specific type of eye drops that cost \$595 for 3 tiny bottles. That was at the beginning of the year, even after that it would cost me \$300. The alternative is to take an eye drop that doesn't work as well and I could go blind. I also have rosacea and need an expensive prescription cream for my rosacea. I sent away for my rosacea cream from Australia, and it cost me much less. Then I get my glaucoma eyedrops from Canada and even with the shipping I get twice as much for a quarter of the costs. There probably is no way around it for people on Plan F to get a better drug plan. Retired nurse and not wealthy but I live reasonably well, but a lot of people don't have \$600 to pay.</p> <p>UHC – Every plan could have more clarity about what they cover without having to experience something or be denied. This area is worse than anything with regard to acronyms. It's hard to know what is going to be covered until you are denied. I wish there were the 10 most important elements. I've been inundated by people who work for UHC, and they are in S. Carolina, and I find that I would like to have some central go to [person] that would answer specific questions and you don't find out after the fact that they don't cover it. There ought to be a better way.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Premera Plan F – I had a family emergency and needed to get into some mental health counseling, and it took me a month and a half to find an available doctor. Everybody was full - that was really hard. Fortunately, I wasn't suicidal, and I was able to manage that [delay]. I go to the Polyclinic and my FP left the practice. They had a shortage of doctors, so there was a 4-month period where I</li> </ul>
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	<p>wasn't being followed. Not a problem of the plan, it's a problem of the service area having less availability of mental health treatment.</p> <ul style="list-style-type: none"> <li>• UMP – It's only 2.5 years since I was employed. The amount of money they [UMP] covered from an exceptionally expensive procedure for a triple fracture, I paid very little.</li> <li>• UHC – I need new glasses and hearing aids and according to the chart that you sent out with this session it indicates that UHC pays for hearing aids, glasses, and contacts. But my ophthalmologist said it's not covered by your insurance. Are there only certain ophthalmologists who accept UHC for eyeglasses? How do I know who will cover it? It's onerous that I have to call around.</li> <li>• UMP – I have experienced needing to wait for a specialist. But it has to do with availability of specialists. I've had to wait months to see a dermatologist.</li> <li>• UMP – I've had to wait up to 3 months to see a specialist, but I don't think that has to do with the plan. It's doctor availability in this area. I eventually get in and I'm thankful for the care I'm getting through UMP and straight Medicare.</li> <li>• I don't seek out what I need that's on the website as effectively as I should. I need to do more of that. Some of my medications went from a copay to \$500/month.</li> <li>• UMP – [turning 65 next month] Assuming current coverage will continue and stay the same in retirement with no problems.</li> </ul>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• Healthcare is really complicated and it's very difficult to compare the plans. Health is very personal, and we all have different needs. Our healthcare in this country is extremely complicated unlike countries that have national health care. The more comparison charts with as many different categories you can think of that compare the plans simply would be helpful. Unfortunately, we all have to be proactive. I wish it wasn't so hard for people. The more that PEBB can do to put out charts and comparisons the better.</li> <li>• I wanted to thank PEBB for doing these listening sessions. I hope they've learned a valuable lesson and that's why they're having these talks. It was hard to imagine getting rid of it even though the cost is an issue.</li> </ul>
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- I need clarification. I have a March EOB from UHC. I have called them up and asked them if Stanford was in their network and they said yes. But as I look on the EOB every doctor listed here it says out of network provider. Is the PEBB UHC plan different than some other UHC plans? Where do I go to find out this nuance about why I am getting this? PEBB wrinkle is an issue as I am not in the state of WA anymore.
- Thank you to Ellen Wolfhagen who I emailed, and she replied quickly. I appreciate that a lot. When I was signing up, I wanted to know what I was doing. I read a lot of things to understand Medicare. I experienced some discrepancies. I thought I would sign up for Premera Plan G. It said you have to be a current Washington state resident, but Ellen explained that's okay. But it made me nervous that there might be a problem. So, I called Premera, and the first number didn't work, then there was over an hour wait for the second call. When I did get someone, they didn't give me a good answer. A PEBB person said it [Plan G] was used for several purposes. This should be explained in the PEBB booklet. I was looking at UMP and there was something about preauthorization. Ellen said that's [prior authorizations required] for all of them because it's set by Medicare. But why does the Statement of Understanding single out the MA plans? It made me nervous. In UMP it said they'd only pay 15%, but Medicare was paying 80%. And UMP explained it was just on services that Medicare doesn't provide and later a PEBB person said there is a 15% charge: very frustrated. Ellen confirmed it.
- I feel that I've been very fortunate because when I was in state employment there were a number of workshops presented by PEBB and they presented an opportunity to get general information but then provided a way for us to get more specific answers on what we wanted to do into retirement. HCA communications have always been clear to me.
- I'm very happy with PEBB. It's been a good thing for educational employees. I found them very helpful, I get good responses when I call. I think they're doing a great job. It would be nice to have a better plan comparison. Also, an in-person opportunity that might be beneficial to talk to people about the changes that are happening. Once in a while I get a check. I'm not sure about dental and vision (UMP) and how we have to get our own. So, I buy a secondary and it's an additional expense. Do I need that double coverage or not?

<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• Getting regular mails. The title of emails should say something important. Open enrollment period is very short, and I would like to have more time to consider options. Alerting people to something earlier would be a good idea. HCA should provide something 3 months in advance that compares plans.</li> <li>• I prefer the written format because I can keep it. I do read the emails but there are too many. I need to get more accustomed to checking the website. Every person's needs are different. What I think would work is a good website to start with. A lot of specificity so you can drill down into a subject as far as you want. I wish someone would explain MAPD. After the website get more personal and have chats or phone calls. I like chats because then you can print it off afterwards. That is specific to your question or your need at that time.</li> <li>• Email tends to get lost because I get so many. I tend to prefer paper but when I signed up for my coverage, I found the website useful. It's nice that there is a variety [of ways to communicate] available.</li> <li>• I like written material sent to me so I can refer to it easily afterwards. Emails get buried.</li> <li>• Emails with very clear titles would be helpful. Text messages are the best way to alert people of something. That's the first thing I see is a text message. That's my input. I am inundated with cards from the HMOs asking me to attend a presentation. I don't want to see all of that stuff. How do I know what those other plans are? I want to know how to sort that out and if the PEBB Board can help us sort that out.</li> </ul>
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<p>What was your motivation for participating today?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• I do want to see UMP continue but I also know how complex Medicare is. Health care is a business in this country. That is why you get thousands of mailings in the fall. I want to make sure PEBB knows how valuable UMP is to some of its members.</li> <li>• To get clarification on how secondary insurance coverage works.</li> <li>• I had a frustrating experience with the discrepancies when I was trying to sign up.</li> </ul>
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	<ul style="list-style-type: none"><li>• When I heard that they were thinking of doing away with UMP Classic I was very motivated to let you know that I'm very much in favor of it and for me it's working well. It is expensive but I've had that plan for over 30 years. It's still working well with Medicare. It is a very valuable plan and I appreciate that you provided this opportunity.</li><li>• I had questions about the cost. I have been on classic a long time and it's very valuable to have UMP. I've been resistant to drop it, but I could save money. If I drop it, can I get back on it after a year?</li></ul>
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### Additional Notes from Coalition Notetakers

- I am concerned that they [MA plans] will take over and destroy traditional Medicare.
- [UMP] Benefits have been worth the expense.
- Have friends who want UMP regardless of the cost.
- [UHC] I have been overwhelmed with all the info received from UHC and figuring out what's critical information and what can wait. They want me to check in with them daily by email and to send a visiting nurse and doctor to my home.
- [UHC] I am not sure what I needed to do or what I should have checked off. I am unsure about out of state coverage, living in CA.

**PEBB Medicare  
Listening Session**

**Summary Notes**

Wednesday, May 31, 2023  
10:00 AM – 12:00 PM  
Zoom Meeting

**Attendees**

There were 10 attendees with the following plan distribution: 4 in UMP Classic Medicare; 3 in Kaiser; 1 in Plan F (Premera); and 2 in UHC.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

Noel then shared the meeting agreements:

1. Be respectful.
2. Be prepared to share – we want to hear from everyone.
3. Health care is very personal - please keep personal sharing in confidence.
4. No cell phones. (please turn off cell phones or place on vibrate mode)
5. One person talking at a time.

Finally, he introduced the observers for the session: Shirley Hickey (Coalition); Pam Fueling (Coalition); Ellen Wolfhagen (HCA); Jean Bui (HCA), and the notetaker, Marcia Peterson (HCA).

Discussion	
Question	Summary Notes
<p>What Medicare plan are you or your family member on now, how long have you been on this plan, and what is the one thing you most like about it?</p>	<p>Everyone had at least one thing that they liked about their current plan. Enrollment times ranged from 5 months to 27 years.</p> <p>By plan, here is what was said:</p> <p>UMP –I feel privileged in that the marketing of the programs that have been offered was my job in my workplace. I oriented staff and told them about the good things about their benefits. I still hear from some of those folks. Some of the things I hear have to do with access and cost. UMP is prohibitive if you’re on a single, fixed income. The cost of medications as we get older, some things are out of our reach. Retirees have to choose between medication and eating. It’s a frustration that I don’t have the access to a computer. When I lost my spouse, everything was covered. I have very little to complain about. I would like to feel like I can manage my affairs and not have to make choices.</p> <p>I don’t have much to complain about. I’m relatively happy with it.</p> <p>I really like it because it’s enrollee centric. It’s not a corporate plan beholden to shareholders in which enrollees are a means for making profits. It’s not a limited network. There are reimbursements. If that was a corporate plan that would be going to the corporation. Tried and true. Been around a long time. Consistently great. I don’t have to give up Medicare to be on a MA plan. My queries are addressed in a local matter. I don’t have to talk with someone overseas. It’s accepted widely and enthusiastically. I’m extremely happy with it. The reimbursement and overages they get, and we don’t have copays, help offset the premiums. I’m very happy with it.</p> <p>Been on the plan since 1986, been happy with it because of the choice of healthcare that meets my needs and some of the seamlessness. Didn’t have any medical problems until about 3 years ago with my husband. It’s been good but costly.</p> <p>I’m pretty happy with it. One of the things I have no trouble with is that anytime I call, they are local, and they help me understand how to get the help I need. Someone helped me with drug coverage. They are great. They are helpful. I’m willing to pay for this plan. It’s great you get the reimbursement. I’m very comfortable with it. It’s very reliable. In the last three years my husband had some serious problems. The care was seamless and was through SCCA so I am very reluctant to change into anything else that would jeopardize that coverage and that assurance. But it is very costly. But when we have needed to get to a specialist, and we needed care there was no obstruction. It’s one of the reasons I stuck with UMP. I didn’t want to deal with the unknowns. My only concern</p>

besides cost, I'm willing to pay because of the security. I wouldn't want it to go away.

Kaiser – I appreciate the coordination you can get your lab tests, x-rays, and prescriptions done in one place and I like urgent care. Husband has needed more health care recently and his care has been fine.

I'm with Kaiser MA, have been for 13 years. I'm satisfied with my coverage as I heard other people remark. The older I get the more I realize the medical need will increase. I'm concerned that as a senior we have adequate coverage. Through the covid years it's been difficult. I know the industry has taken a hit with staffing. I'm ok with the plan.

I was on KP as an employee, and it was a seamless transition when I retired. I have the same doctor and live in Seattle, so I have a lot of choices.

Plan F – Was with UMP the whole time and carried it over up until 4 years ago when I discovered that Plan F suited me better and was less expensive. It's much more affordable. Ease of use. All the same doctors I had with UMP. I appreciate it's not a private business.

I've had excellent service. My husband recently had some hospitalization and I'm delighted with the coverage. But I also realize that Plan F is an original Medicare plan. And when I speak about my concerns about the PEBB programs I would encourage people to look at Plan F, but you can't, but Plan G is like Plan F with a slightly higher payment. Nothing to complain about. When I transferred from UMP, I feel that I have not lost anything except the drug coverage and it's more affordable. I have no complaints.

UHC - I switched to UHC this year having been a really long-term consumer of Uniform. I switched solely based on cost. My doctors are covered. I'm happy with the membership at the gym. I worked at the UW.

I couldn't do the classic because I couldn't afford it. Would have taken one of my pension checks. I've heard great things about it. It's like one of the Medicare supplements.

I felt that my best option was this MA plan.

I still do not completely understand the MA plans. I'm grateful for the fact that these are offered, from what I'm looking at and reading. I do think the costs are lower in the MA plan than what is available in the market. The state has negotiated a pretty good plan on our behalf. But I'm still unclear on what it costs. I am worried as an elder and when I see the

	things that aren't covered by Medicare, I have some concerns about the future of all of us.
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<p>What could be better about your current plan?</p>	<p>UMP – My greatest concern is about the problems with the access to mental health services. Especially as that intersects with the reimbursement problems and the limitations that Medicare has with provider reimbursement. All of my health care needs are being met currently. I appreciate this is a pipeline that Medicare is reluctant to open because of the variety of people who label themselves as mental health providers. It is difficult to access that market regardless of the ability that one has to choose a competent provider. I recognize there is coverage of mental health issues provided certain things are met. But providers can bill beyond the point at which Medicare is able to participate because demand is so high right now.</p> <p>I was surprised by the presentation of the plan for the year rather than the booklet. We got multiple pamphlets and you had to wade through all that to find what you're looking for. We are getting better at what's online, but many seniors are not online. We could utilize the information in a different format.</p> <p>During the height of covid and cancer care I looked into health counseling services, and I noticed that rather than going to a provider, most were filled up. There was this third party, that concerns me about security issues. It seems like they are contracting out the coordination of mental health care. That third party contracting concerns me as far as privacy.</p> <p>I've stuck with Regence for so many years and I'm reluctant to change. I know they don't get the subsidies. The system is different in terms of funding, and they don't get the federal subsidies that the advantage plans have and that's one of the reasons it's more costly.</p> <p>I am concerned that as you age what will be there? Is the cost going to rise more and more in consecutive years. I predicted this 20 years ago because I dealt with my mom's hospitalization and passing. I knew that medical care was the big hurdle. So, that's where I am.</p> <p>Kaiser – Olympia has difficulty with access to care in the audiology department. Sometimes you call up and they'd say the calendar is full through May and you have to get on the waiting list. As people age many people have hearing issues. But research shows that when you have hearing problems it can lead to dementia. Kaiser doesn't handle that very well. A couple years ago they allowed you to get reimbursed for glasses. The solution would be to access audiology to a private provider. And allow</p>
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	<p>reimbursement for that. Waiting over 6 months to get a hearing exam is unacceptable. Not just a Kaiser issue, because of covid so many have left the profession especially primary care. If you can't get an appointment. Sometimes you can get an appointment for 6 to 8 weeks out. They do have urgent care and once you get in, they are really good. At least there's a way to get service.</p> <p>I'm with Kaiser MA and I agree with the remarks about the difficulty of scheduling an appointment with your PCP. They just dropped the ball. Earlier this year I had an issue and they referred me out of Kaiser, took a month for the appointment. Labs were done and I never heard back from Kaiser. Lately I had some issues, and it took me more than a month with my PCP. It seems to be glitchy. I agree with those comments about Kaiser having problems. Kaiser cutting costs by not paying for orthotics, very short sighted since they keep me healthy and able to exercise.</p> <p>Plan F – I have no complaints, very happy. Excellent services. Very affordable. Husband delighted with services received. It is like UMP just without drug coverage.</p> <p>UHC – Not happy with this plan. It has a gym membership that does nothing for me. I need hot yoga as my preventive workout stuff. My physical therapist does not accept Medicare. Was told plan would reimburse for P/T with massage but reimbursed for less than what was paid – felt like bait-n-switch.</p>
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<p>Are there any needs that aren't being met (e.g., coverage, costs, comfort, convenience, provider choice, timeliness of care)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>• The way that changes come about for retirees. Prior to retirement many organizations had pre-retirement seminars. No way could they have predicted covid or the way cost of living has soared.</li> <li>• How do you differentiate? One on one counseling for retirees when you are in the workplace. Once you retire there is nothing. At a time when it is so difficult. We need more people in the field working to help our seniors. We're willing to pay for what we need. But I need to understand what I need. That's what's missing. Support.</li> <li>• During covid I was trying to manage testing, and surgery. Kaiser wants you to use their online stuff. All your appointments aren't online. I had a minor thing, and I couldn't find it. Took me two phone calls. Rep couldn't answer it. She had to call me back and tell me what time I was supposed to show up. Seemed ridiculous. I</li> </ul>
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never got a reminder. If they want us to use it, then it's got to be good [online tools].

- My understanding of why UMP is so expensive is it has to do with the cost of drugs. When the numbers were broken down there are like 10 drugs that are expensive. As another alternative if someone could look at those 10 most expensive drugs, is there an alternative to covering those so that everyone else doesn't have to shoulder the burden?
- I think listening to your customers is really important for PEBB and for HCA. I'm appreciative of what you're doing, and I hope you will continue to do it, so that people feel engaged and considered in the decisions.
- Did people look at other states that also offer these benefits? Did they find anything that was being done differently in another state that had an ability to reduce costs in some way? Maybe there are no other options, but it would be interesting to know. The cost for this plan will continue to go up.
- The difficulty in booking timely appointments [in Kaiser]. After the appointment, I don't hear back. Medical care should be accessible. Easily. It hasn't been.
- As a person with ADHD, it is very difficult to find good high-quality care. Just the whole thing with access. Why is this generic drug okay and this one isn't? Neither one is a high cost. I feel like I have to advocate and fight for things that should be simple. I feel fortunate that I live near the Valley UW network because my provider is so responsible. We use myChart. She'll do telehealth. It makes things so much easier.
- It would be nice if healthcare was patient centered and focused on you getting what you need. Especially for those who need something a little different.
- I have gotten marketing emails from [UHC] that I find offensive. I don't want to receive marketing materials from my health insurance provider. Seems like a conflict.
- Training and awareness for consumers and the staff at PEBB or HCA. I had submitted paperwork and I called, and they said they needed more information. And I gave that to them. I had to sign it as of that date. So, my health insurance wouldn't be in effect. You can't have a break in your coverage. So, I had to pay a month in classic. Just so I wouldn't lose my benefit. That came at the same time Medicare sent me a bill for the rest of my premiums for 2022.

	<p>And I was told that because I had chosen to get it deducted from my social security, I couldn't get my money back for 6 months. Two pieces of bad information cost me \$1500 that month.</p>
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<p>What other feedback would you like to share (e.g., needs, concerns, confusion about PEBB portfolio of plans or general comments)?</p>	<p>General comments –</p> <ul style="list-style-type: none"> <li>Retired from teaching in September 2022 and I found it to be one of the most confusing processes. Especially the health insurance part. I thought I would be eligible for Medicare, and I would need to purchase additional insurance. I don't understand the Medicare advantage. Deductions are taken out from Medicare and my health care premiums. I understand that MA is Medicare. Its Medicare part C so it covers drugs and throws in some other things like glasses and maybe dental. I'm not clear what I'm buying. I know it's funneling taxpayer money through a private company. I could keep my provider. I lost a mental health provider because she won't take Medicare. One of the medications they said it was not in the approved tier.</li> <li>Some of this is systemic to the American health care system. Some of these issues are a responsibility of PEBB. Far more transparency on the part of the government would be so helpful. There is so much misunderstanding about Medicare and MA. In the 1990s, under a balanced budget act they created MA which is part of privatizing the government so that private industry can profit off of it. So private companies can profit. And part D and drugs that are usually part of Medicare. Which is the plan F that one of the participants described. It is so confusing. I took all the seminars that I could. And I still felt like I don't know what I'm doing. The websites are almost useless. Getting questions answered and having transparency at the federal state and private insurance company level.</li> <li>The privatization of medicine in ways that remove or displace healthcare's primary thing to make people well and care about them. And it's become an income producing service for the stockholders of the various companies.</li> <li>I recommend An American Sickness by Elizabeth Rosenthal, which explains how medical services have changed and become a for-profit business. One of the problems is that the law says that shareholders come before everything else. So, the people getting the services are no longer important. I would like to see the PEBB board and HCA pay attention to the quality of the services and the</li> </ul>
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cost of the services being diverted into Kaiser. I would like to see HCA stick with the original Medicare plans because they are not driven away from customer service. They're not driven away from caring. The whole system was designed to make us get well. Much of the money is going on the stock market. I recommend that everyone read the book I've mentioned. Every legislator and congress person should read it too. There is a really big gap that is happening in the country. And our medical services don't come close to what Canada gets. We have higher childbirth deaths. Because this has become a business opportunity.

- PERS 1 people are not on websites. And how we keep people informed is part of the problem. The confusion. The lack of info, the lack of PCPs, who are better paid in the specialty area. I hope HCA encourages it.
- This listening series started because HCA pulled the plug on Uniform last year and this is the result of that. Is there a plan to have ongoing stakeholder input and voices in the conversation from here on out? So, people can feel like they have a voice at the table? I'm sure there will be hard decisions made today. I have heard several people say they are firmly supportive of UMP, and I don't know what conversations have gone on over the course of the year. I do hope there are stakeholder voices at the table with parity in terms of opinions and thoughtfulness. I'm asking for that. What kind of follow-up can we expect from these sessions?
- How did it come to be that the decision was made to walk away from traditional Medicare and to get people into MA? Has that been undone or are we being faced with being pushed into the Advantage plan? Who will make the decision on that and when? As a 30-year employee of the State health department if we had tried to do that some people would have been fired for that.
- My concern is with the MA plans. They are focused on making money and I know PEBB offers an MA plan but when UHC demanded higher premium payments from Regence and Regence was saying it was unsustainable. And then Premera did something similar for UW groups. PEBB can't control that. These MA plans will do what they want to do. If you don't have another plan offered and you don't leave UMP in the plan it will be a problem for a number of us. They are buying the whole ladder from the pharmacy to the doctors and controlling the whole vertical market. There has to be some resistance to those plans having to pay more. Like regence having to pay more. I agree with folks worrying about the privatization of medicine. I do think it's a problem.

	<ul style="list-style-type: none"> <li>• A lot of this is just a systemic problem that has been going on for a very long time. I don't know what the answer is, but I do know as far as getting care, even in UMP there has been more delay and providers have switched. I've been going to the Eye Institute and the provider I saw only works one day a week. I was lucky to get an appointment. My previous doctor moved to North Carolina, so there's a lot of pressure everywhere. Because of Covid, personnel are switching. I've seen it at NW hospital, SCCA, and after three years 60% of them are not there anymore. And that includes front office staff and scheduling. The pressure is on. Has nothing to do with HCA. The pharmacy industry is switching. Bartell's was bought out by Rite Aid, and they are sketchy now. You have to double check the drugs. This is systemic. I appreciate you having these discussions.</li> <li>• MA was started under the Bush administration in 1997. It was the Balanced Budget Act. It was this model of having all these parts. It's all going through the private sector.</li> </ul>
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<p>What are the best ways for HCA to communicate with you? (e.g., emails, letters, videos, or website)</p>	<p>General comments -</p> <ul style="list-style-type: none"> <li>• How many languages? How many retirees don't speak English that well? What interpretation services are available for a large part of the population?</li> <li>• Emails and hard copy.</li> <li>• Hard copy mail.</li> <li>• We all trickle into the system based on our dates of retirement. I would suggest it would be good for HCA to have a first communication with us and say "here's what we're going to communicate with you. Here are the vehicles for communication. What we will use when and so forth." And get us all up to speed about what we can expect and what kinds of messaging we can expect from HCA and its partners so we're in a better place to be alert to anything that's particular. Most of us are inundated with all kinds of stuff. It would be useful to let us know early on. Who will be telling us what. I hope that's not too complicated.</li> <li>• Hard copy mail.</li> <li>• I like the newsletter. The written communication. Email for time sensitive and urgent and prefer written. Videos are good also.</li> </ul>
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- Email and selective hard copy. I do read any hard copy I get from HCA. But I like email. I like links to websites. The videos I don't find informative. I'd rather have it written.
- Written communication and email works fine too.
- I go on the website, I check email. But if it's really important I would like to get it in print. There's not just one way for me.

### Additional Notes from Coalition Notetakers

- [UMP] I am very comfortable with the reliable plan, as when quality care is needed, it must be addressed in a timely manner.
- When UHC demanded Premera payments from Regence and Premera did similar from other medical groups, MA plans will do whatever they want to do. It will be a problem. MA's control the whole vertical market – RX and on up.

**PEBB Medicare  
Public Forum**

**Summary Notes**

Wednesday, April 26, 2023  
10:00 AM – 11:30 PM  
Zoom Meeting

**Attendees**

There were 9 attendees with the following plan distribution: 4 in UMP Classic Medicare; 1 in Kaiser Washington Medicare Advantage and 4 in UnitedHealthcare PEBB Complete.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

He also spoke about how the feedback will be used and reminded participants that policy changes take time to be implemented.

## Summary Notes

### UMP

In June 2011 I retired, and I am on UMP Classic Medicare. I have 4 questions –

- With regard to escalating premiums – what steps are being taken by HCA to decouple the pharmacy benefit from UMP?
- What is being done to educate the WA federal Congressional delegation about the fact that UMP Classic Medicare can't get the same subsidies given to Medicare Advantage plans?
- What changes are being made to improve communications with HCA? The materials produced by HCA and the current website are confusing. This is complex area, find current HCA website and written materials to be confusing with limited help. In speaking with PEBB customer service about routine and specific questions, I have gotten incorrect information. Staff require better training and resources. We need better education about plan choices (I am 100% satisfied with UMP since 2011, except for the escalating premium, but how will my experience compare on another plan?)

It seems HCA is interested in having more people switch to the Medicare Advantage plans; what data can HCA provide to support that, such as a comparison of denial rates. How are complaints tracked and reported? Do the Medicare Advantage plans use the same computer algorithms for reimbursement of providers as Medicare? Trust in HCA proclamations is not strong.

I would appreciate transparency on the numbers for determining the premiums for UMP Classic Medicare. I have repeatedly asked HCA and been told no numbers would be released because there is public and private detailed financial information. There are hundreds of millions of dollars going in and out; are a small group of people taking very expensive drugs, driving up the cost? I just don't know. I have an MBA and was surprised that Sue Birch, who is also an MBA is not releasing the numbers. We do not see where the money is going. What is the cause of premium rises? I just read about a lawsuit about transparency and the state not releasing records. This is shameful. The idea of sunseting UMP is not new; it has been analyzed for at least 4 years now – just pull the plug if it's not sustainable. It's obviously not working with the lack of the subsidy. If the government is not supporting the plan, it should be completely privatized. If public sector plans are not working, sell them off and be privatized completely like Europe. Public universities have lost their public support. People need to accept that's what public officials do. I am surprised that HCA would recommend a private plan with a company that has incredible profit margins.

[UMP] - I am totally spoiled – Got practically everything covered and I have very little out-of-pocket expenses. I'm sure I attributed to the rising costs. I was scared to death when I heard that UMP would be closed. I appreciate having a coordination of benefits (COB) plan; I use UW Medicine there's never an issue for the coordinators. I know that the plan is getting more expensive, but I've never had a problem. I'm just myself and am happy to pay. I have to compare my coverage across all the plans in the Open Enrollment information. I like what I have, and I want to keep it. I have friends who switched to the UnitedHealthcare plan, and they will live with it for a year and then tell me what to

think about it. I don't want to switch to a Kaiser plan because I don't want to lose access to my UW providers.

I urge HCA to keep the UMP Classic Medicare plan or some alternative that offers a coordinated benefit with Medicare; a COB plan should always be part of the portfolio. There should be options to reduce premium costs, which must happen. It is important to retain a self-insured plan, but customer service must be improved by PEBB/HCA. HCA should look at other states to see how they are handling self-insured plans. Want all the research data should be made readily available to members, without having to use Public Record requests. Private equity is destroying the health system in this country.

### **Kaiser Medicare Advantage**

I am a recent enrollee in Medicare and the meaning of that could have been explained better. Health care options information comes from PEBB, not the Department of Retirement Systems. I expected a seamless transition to the Medicare Advantage plan because I was staying in Kaiser, but it was very confusing because there are two payment tracks; the premium to HCA is not the only one; also have to pay Social Security for Part A and Part B and that comes on a separate invoice. Kinda a shock. The premium rates did go down a bit but not as much as I expected. The good thing about HCA is if you are placed on hold or have trouble with the website, you can go down to their headquarters and see someone face-to-face. I got my questions cleared up right away. Kaiser had a welcome team, but the person was not very well versed. A bit nervous about that and worried about I got something I didn't want. Having in-person answers and help filling out forms is a great asset.

### **UnitedHealthcare PEBB Complete**

My wife and I have been on Medicare for one year; the plan has been very good for us overall. 3 asks - The process for establishing naturopathic doctor claims reimbursement has to be fixed; it is totally broken. That's the only provider we see. Almost universally, naturopaths won't bill United directly, so you have to pay and get reimbursement. Most commonly Optum (which processes the claims for United) has lost claims; when I've spoken to folks at Optum they don't know what forms to use for the claims. UHC can't find the claims once submitted. There were two claims from last August and September. The state should do annual audits of hidden costs. Noticed overall costs have increased even though the premiums went down (due to increased pharmacy costs). We pay \$2 for a common drug and then went to \$15 (700% increase). HCA should consider the implications and benefits of contracting with health care monopolies. Optum owns the systems, the providers, the insurance.

I have been on United since I retired. Seems like there was no contest in comparison; it seems very patient centered. There are more resources like gyms and home health visits. I am lucky that I am in good health. There a very low maximum out-of-pocket and \$0 copays. I have never had an issue with accessing the plan and I have seen specialists. All of my providers are covered. I never had one who didn't accept the plan. I did read about a man in Pennsylvania who was denied coverage for pharmacy costs of over \$1 million a year, but that's very rare. Even when I had tests done that were at first denied, I went back and explained why the test was needed and the plan paid about \$14,000 with every penny covered. Every time I have contacted United's customer service, I have been 100% satisfied.

I have specific concerns about United's customer service, which I previously voiced in a listening session. I had a broker tell me that United's customer service is known to be bad. HCA should work to have better United customer service. They should have specially trained agents for PEBB Complete and PEBB Balance. I am personally satisfied with PEBB complete so far, but do not recommend the plan for anyone unwilling to do the work to manage your healthcare services. I called UMP for information because there is no published Medicare specific information, even in the Certificate of Coverage. That is highly misleading. I urge HCA to require Regence to publish that. HCA should change the online Medicare comparison, to specify non-Medicare benefits. What plan is there to include the notes taken by Stakeholder groups? Everyone has their own blind spots, so it's a problem that HCA is taking the notes. I urge incorporation of the Stakeholders' Coalition's notes, especially since HCA is taking their own notes rather than having an impartial third party.

I retired in May 2022, and it was a very difficult process. I spoke with individuals about setting up insurance, but it was not helpful, and the experience cost me a couple of thousand dollars out-of-pocket for the mistake they advised me to take regarding signing up for insurance. They were not familiar with the state retiree system; and I was given bad information. Customer service was not able to tell me which forms to fill out, so my Medicare forms were delayed, and I was forced to stay on COBRA coverage for 4 months. That delay created a further delay in getting on to the Medicare Advantage plan. It is a pretty complete program, but it was never explained to me that as a retiree I now pay about 4 times as much as I paid in premiums as an active employee. United requires that all pharmacy copays are \$15 even if that exceeds the cost of the medication. I have to pay \$15 every time I get a refill even though I used to pay 35 or 37 cents at the pharmacy – and this is for a generic that everybody is taking. Quite a bit out of pocket. Expenses are considerably higher than what I had to pay as an active employee.

## Additional Notes from Coalition Notetakers

- UMP provides greatest flexibility to select providers for chronic health issues & cancer checkups. Customer service agents at UMP are well educated and responsive.
- [UHC] - Last week helped neighbor with a broker sign up for Medigap. Broker said poorly trained UHC customer service representatives are well known, and broker moves people from UHC Medigap to Regence; they are a better run company.\*R

*\*R - Restatement of HCA notes, not double-counted for tabulation purposes.*

**PEBB Medicare  
Public Forum**

**Summary Notes**

Wednesday, May 17, 2023  
10:00 AM – 11:30 PM  
Zoom Meeting

**Attendees**

There were 4 attendees with the following plan distribution: 2 in UMP Classic Medicare; 1 in Kaiser Washington Medicare Advantage; and 1 in Premera Plan F.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

He also spoke about how the feedback will be used and reminded participants that policy changes take time to be implemented.



## Summary Notes

### UMP

I just turned 65 and the whole signing up for Medicare was not clear. I am still working [and on UMP as an active employee] and the process is just not clear (which is true for a lot of associates of mine who are still working). Have many associates who plan to work to 70 and encouraged me to do the same. I signed up for Medicare Part B by mistake. On website it says you will be fined 10% for rest of your life, so thought "might as well check the box," and was mistake on that. There needs to be more clarity for people who plan to continue working. It took months to get it cleared up. What I am doing is listening and learning; when I left lucrative job at Boeing to come to state with long time state employees. I want to have the highest amount of coverage for everything and anything and don't know what it looks like, or what I should be asking or looking for. Assuming UMP carries over into those years, but we just pay different premiums with different options. Is UMP a gap program? I have an MBA and I want to cry sometimes with how complex and difficult it is. I wonder how many people out there just give up.

Retired from state, my wife is also on PEBB. I agree there's a lot of information that, as a consumer has to be absorbed. You have to study carefully, which wife and I have done as both employees and retirees as of a few years. We lived in Pierce and Thurston counties most of our lives and moved to Clark County to be close to a specialty provider available in Portland, as there are no specialty providers with that knowledge and expertise in King County, or anywhere. They happen to have a center of excellence for wife's condition. When we heard that HCA/PEBB was considering discontinuing UMP, we panicked because it seemed like by living in Clark County that options would be even more limited as far as insurance plan availability. Do not know any other option that would give access to specialty providers needed. No problems so far with access to care with UMP. When we visit family out of state, we have careful research to continue care for wife there and exchange of information from provider to provider. Very useful for us. When studying different plans and options available, there is no way the others would've worked for us. Don't know what triggered the discussion on sunsetting UMP. Concerns about costs? When wife and I retired, once turned 65 we were qualified for Medicare, primary provider in UMP, BlueShield secondary provider. Cost savings to us. Unable to afford the premiums. Premiums are always increasing, and the money is getting tight, no avoiding that. Fortunately, RPEC has been advocating for COLA increases [now get extra \$100 per month]. Point being, UMP is a life saver for us and our lifestyle. If UMP was cut off that would be a real problem. To cut it out, we would be in place of "where is she going to go?" Where do we both go, why did we move to Clark County? Do we have to move back to Pierce or Thurston County? Maybe we could get a different plan or different providers, but it would put us in a very tough situation. I know that others have similar concerns. Why are we having these meetings if UMP is not closing? I appreciate that somebody at the state is still listening to our concerns and taking us seriously. No access to care issues and out of state coverage has been really good for us. When it comes time to consider different plans, UMP premiums are the highest, but don't let that scare you. It has worked for my wife and me. We have not experienced some of the waits and we have more choices of providers. It doesn't provide gym membership, which is one thing you would lose but coordination

with original Medicare works seamlessly. Even though the premiums are higher we don't have other expenses and feel it might work out that we're not paying more in the long run.

### **Premera Plan F**

During employment people are on UMP or Kaiser and after retirement they stay on those plans because it is easy. No information was given regarding different healthcare plans. When people are retiring there are seminars on estate planning, but nothing on health plans. It would be great to have a neutral third party like OIC or HCA or PEBB present on health options and the pros and cons of the different plans that supplement Medicare, based on lifestyle and premiums and one's own health care needs. We want more information about the ways to change from one plan to another and what points to consider before changing. Having that information prior to Open Enrollment in November is very important. We need people on the phone and in person, as well as the web to provide information to about these changes that people are trying to make. Medicare open enrollment for the marketplace begins in October – it's very confusing, and at the same time, they begin bombarding with advertisements. There should be explanations to providers and members about how the United plans are different from the marketplace plans in terms of prior authorization, especially denial rates for procedures, services, and prescriptions. During Open Enrollment, UHC customer service is very frustrating and confusing and there are long waits to speak with someone; was transferred from one extension to another with 30-40 minutes wait times. At the in-person event in Spokane, United has a huge line and we could not get answers. The presentations didn't have information about different plan options. We need to know the denial rate and the process for appeals for United. Premera offers some discounts for gym membership, but they don't include the YMCA, which offers social experiences as well as other wellness options. It would be helpful if United's PEBB Complete would have a separate customer service line and know about the details of the plan. One of the people in our group had service denied, even though on UHC, and her health deteriorated. She called and found out she should not have been denied services. Need informed representatives on the lines for UHC, as they are not at all helpful. Need better training for customer service representatives. There should be some parity between the benefits of UMP and UHC and the Medigap plan (Plan F/G), which would be very helpful. Need better education for those near retirement to choose the best plan based on lifestyle, such as traveling or living in two states. We need more information and education for people who are going to retire about changing plans.

### **Kaiser**

I am from Lynnwood. My husband and I have Kaiser Washington Medicare Advantage. I am paying so much but it is not clear to me what I am getting for that money (compared to marketplace plans). I am concerned about CEOs making such high salaries in shortage of nurses. Also, I am concerned about the time it takes to see a primary care physician and about convenient care clinics that have all been closed. There is a shortage of nurses. I am concerned about the loss of Silver Sneakers. I am not happy with Silver and Fit and now I am unable to find a place close by that offers chair yoga. I am concerned with the time to see a mental health counselor (almost a year). I was sent a list of names of counselors, but they all were not taking new clients. I had to wait 2 years for surgery. I am concerned about Kaiser's advertisements and feel there are better ways they could be spending their

money. I have to have authorization to see a specialist; I would like to be able to see someone with having to get prior approval. I don't understand how much I am paying for drugs or that payment process. I have a concern about the fact that the Justice Department is investigating Medicare Advantage plans, such as Kaiser, for fraud. I have a friend who is a nurse who said I'd be better off going with a Medicare Supplement plan (which coordinates with Original Medicare). What's going to happen with all this information being compiled – will we know? I am concerned that Bartell's closed their urgent care clinics (which has limited my access).

**PEBB Medicare  
Public Forum**

**Summary Notes**

Wednesday, May 24, 2023  
10:00 AM – 11:30 PM  
Zoom Meeting

**Attendees**

There were 4 attendees with the following plan distribution: 2 in UMP Classic Medicare; 1 in Kaiser Washington Medicare Advantage; and 1 in UnitedHealthcare.

**Introduction**

Noel Villarreal, of Ernst & Young, introduced himself as the contracted facilitator for the meeting.

Noel provided introductory statements including why the sessions are being held and shared both the PEB Board resolution of June 29, 2022, stating: *"Resolved that the PEB Board postpone action on closure of the UMP Classic Medicare plan until at least January 2024 to allow staff to interact in earnest with stakeholders."*

and the joint statement from the Stakeholders' Medicare Coalition and HCA: *"The UMP Classic Medicare is not closing and there is no recommendation, proposal, or intended action by current HCA Leadership for the foreseeable future, demonstrating HCA listens to and respects the voices of PEBB members."*

He also spoke about how the feedback will be used and reminded participants that policy changes take time to be implemented.

## Discussion Notes

### UMP

Thanks for the opportunity to speak. I have been in UMP for about 40 years and hope it continues to remain an option. [I am glad I do not need preauthorization for drugs.] 2 topics: 1 – preauthorization (specifically pharmacy and HB 1327 prior authorization process) and approval process. HCA could provide more information about prior authorization and provide links to prior authorization policy for different plans in the newsletters on rates. They should include denial rates for claims for each insurer. HCA has the responsibility to find out as much as possible and share that information with PEBB members. As a retired nurse, I saw that prior authorization and denials led to bad outcomes. 2 – the Legislative Report. I am interested in knowing what methods HCA will be using for determining the information presented. Notes will be incomplete and inaccurate as it is challenging to capture all members' thoughts. It is a disservice to not have listening sessions recorded or notes not taken by an unbiased professional notetaker or scribe. There is very dense information being presented in these public forums.

Thanks for the opportunity to speak. I and some of my retired friends were caught off guard by the loss of UMP and surprised that our progressive state would partner with privatized Medicare Advantage. It is a fact that Medicare Advantage plans are profit driven. UHC only adds to the confusion; several friends thought Medicare Advantage was real Medicare. Not everyone keeps up with reporting that identified fraud in Medicare Advantage. Many people were reminded by HCA about the cost of UMP and felt pressured to change plans. Because so many people changed to UHC it drove up my premiums by \$73/month. That shrinks the pool for people in UMP. Wouldn't HCA's fiduciary duty be better served by expanding the pool for UMP? More individuals than groups are getting to know about losing UMP and that it is excellent. I urge the continuation of UMP for all public service employees. There are many groups opposed to the closing of UMP including Retired Public Employees Council, Washington Education Association – Retired, Health Care is a Human Right, AFSCME, Washington State Alliance for Retired Americans, Social Security Works, Puget Sound Advocates for Retirement Action, AFT Washington, Senior Citizens' Lobby and the 46<sup>th</sup> Legislative District Democratic Organization.

### Kaiser

Thanks for the opportunity to speak. I have been with the PEBB system for 47 years and I am on Kaiser. I do enjoy the services; everything complete. You can do a lot of special care with them without extra costs. I would like to see UMP cost less. I have to see what else is out there but enjoy Kaiser. I need to see better information on all the plans if I decide to change. I do have a dental concern in that the cost is higher than it should be for the benefit received within the year. Dental doesn't cover dental implants (which is a growing need for elders), and it should be added.

## United

Thanks for the opportunity to speak. Overall, my ask is that HCA provide more information that is clear and complete to make appropriate health care choices. I changed from UMP to UHC because I thought it would cost less. I didn't know that it was a Medicare Advantage plan or that medical charges would be higher. Medicare now charges me more on a monthly basis for prescription coverage. Twenty years ago, I was diagnosed with chronic migraines. The only drugs for migraines on the UHC formulary are really expensive - \$400 on UHC but on UMP it was \$5 for 90 days. I chose to pay the \$400. You need to give more information. I worked for a state agency in info technology. HCA needs to update its technology to reduce paper; PEBB relies entirely too much on paper. Many customers use cell phones to choose health plans; technology should support what the customer needs. I am a veteran of the Marine Corps and served in Vietnam and have hearing issues. I am very disappointed with the hearing aids offered by UHC; the choice is very limited, and they offer only those that go over the ear, which don't work for me. That may be a reason to switch back to UMP which has much better hearing aid coverage.

## Other Retiree Feedback Received

Dear Noel Villareal and Members of the PEBB Board,

Thank you for the opportunity to directly participate in submitting comments through the Medicare Public Forum process. Unfortunately I was unable to participate on May 17 due to an unexpected emergency, so I'm sending written comments.

I retired in 2021 after 22 years of service as director of the State of Washington's Office of Public Defense. My husband and I are longtime members of Uniform Medical Plan and have been satisfied with its services. Last fall, PEBB advised us that "Medicare retirees pay much higher monthly premiums for UMP Classic Medicare than for other PEBB plans with comparable or better benefits." United Health Care Advantage's program was described as covering the same benefits as Original Medicare Part A and Part B, plus additional benefits. No downside at all to UHC Advantage was named. The cost for two retired subscribers was stated as \$388 per month, while UMP cost \$484 per month more.

Trusting PEBB to provide accurate information, I concluded that we were throwing away thousands each year on UMP, which was presented by PEBB as not only more expensive, but having inferior benefits. This was reiterated to me by an HCA employee when on November 22, 2022, we filed a PEBB Open Enrollment Change form.

After we filed the change form. I started hearing negative information about UHC. Speaking to one of our providers, I learned that she had been unable to collect thousands of dollars by UHC's provider process requiring her to wait on hold for many hours and being sent multiple times to employees who denied knowing what to do (which she described as being the opposite of UMP's process.)

Speaking to two physical therapists, I learned that UHC had denied an adequate amount of therapy for a number of their patients, authorizing only the bare minimum. They contrasted UHC's way of proceeding to UMP and other insurance plans' processes, which were more supportive of patients. The physical therapists' words were that UHC did not appear to be concerned with the health of the patient but rather with minimizing treatment costs.

Fortunately, we personally were able to rescind the PEBB insurance change form at the last minute and remain on UMP.

UHC Advantage is a national for-profit enterprise. An AARP website article sheds light on its treatment of subscribers. In September 2022 (incidentally, just before PEBB's communications to Medicare retirement subscribers), the federal government suspended authorization of several UHC Advantage plans due to audit results. The suspension was based on findings that **UHC failed to spend the legally required minimum of 85%** of their subscribers Medicare premiums on individuals' medical benefits and claims- spending only 77% to 84.5%.

Despite these audit results, UHC still is not fulfilling its legal obligation to spend 85% of subscribers' Medicare premiums on benefits. An April Wall Street Journal article reported that the huge for-profit company reported billions and billions in record profits for the first quarter of 2023, noting that their subscriber benefit payments had not totaled the 85% legally required, but only about 82.5%--resulting in an additional increase of billions of their predicted profits.

## Other Retiree Feedback Received

I request the following:

1. PEEB is knowledgeable about the history, performance, and trustworthiness of the offered plans—and should be communicating more of the *full picture* for the offered plans- downside as well as upside. Suggestions about online research retirees can do as well would be helpful—not just the plans’ websites containing more of their sales-pitches.
2. Hopefully there are more Medicare supplement plans that could be available to Washington State employee retirees. It would be very helpful to PEBB’s retiree constituents if PEBB could do in-depth research on this. I’ve read that a large percentage of retirees want to remain on Medicare rather than enroll in an Advantage plan.
- 3 . The UMP should continue to be retained. It is of great value to state retirees, as it does not seek to profit off its subscribers and supports, rather than alienates, them and their providers. Thank you for PEBB’s commitment to continue the UMP plan.

I appreciate being able to comment. Please let me know if there are any questions or additional comment opportunities.

Sincerely,

Joanne Moore



## Other Retiree Feedback Received

**From:** [aspau@comcast.net](mailto:aspau@comcast.net) <[aspau@comcast.net](mailto:aspau@comcast.net)>

**Sent:** Monday, May 8, 2023 12:16 PM

**To:** Laurie Weidner <[laurie.weidner@rpecwa.org](mailto:laurie.weidner@rpecwa.org)>

**Subject:** Uniform Medical

Dear Health Care Authority

I started working for Washington State in 1976. When I signed up for health insurance, I picked whatever Uniform Medical was called in 1976. I continued with Uniform Medical when I retired in 2013. I really like Uniform Medical and want to keep it.

Uniform Medical has served my family and continues serve to me very well for all these years (almost 50 years). I have been seeing the some of my doctors for over 20 years. I want to stay with these doctors and not be limited to a plan that only covers certain doctors. I like that Uniform also covers other healthcare items like acupuncture and chiropractors. I know the monthly premiums are getting high, but I love the choice of using any physician I like. I also appreciate that like Medicare I do not need to see a gatekeeper before seeing a specialist. Thank you for your help.

Linda Spaulding  
360-866-3947