

# Engineering Retirees Society

# ERS Newsletter

## Quarterly meeting

**Join** us for our next all-member quarterly hybrid (both in-person and online Zoom) meeting, at noon, Thursday, Dec 7. You are welcome to meet in person at SPEEA Tukwila or tune in on Zoom if preferred. At the Tukwila hall, we will have a light lunch. We will email invitations and include a Zoom link.

## Planned Agenda

The post-lunch presenter will be Jared Adams talking about federal and state estate tax changes. Elections will be held for the ERS offices of vice president, treasurer and steering board chairperson. A budget for next year will be presented for approval. Our yearly charitable donations will also be up for a vote, including more money this year due to us moving our treasury funds into higher-return instruments.

## Investment meetings

We continue to hold investment meetings **at noon** on the third Thursday of odd months. We email notices with the Zoom link and a link to any speaker-supplied information. Our November meeting featured a presentation on "Post Glass-Steagall Investment Strategy."

## Special all-member meeting Nov. 9 regarding health care

Unless you have been vacationing in Paris, you should be aware by now, there is a big change in Boeing retiree Medicare happening. Many of us have been weighing questions about our future medical insurance. The ERS steering board voted to hold a special all-member Zoom meeting on Nov. 9 to try to share information about our options going forward. The following part of the newsletter reports on that meeting and the information and opinions on those options.

Secretary Jessica Bonebright arranged for a speaker from Statewide Health Insurance Benefits Advisors (SHIBA). Communications Committee Chair Walt Ditlefsen arranged the Zoom details and put out notices for the meeting and handled Zoom host activities. More than 130 people attended the Zoom, and almost all of them stayed in the Zoom meeting for 2 hours and 40 minutes. The meeting was recorded, and Walt posted the links

to the zoom recording of the meeting and some of the presentation materials on our ERS website. If you had to miss the meeting and want to see or review things that were presented, this gives you a means to view the meeting. A CTL-click on [THIS](#) will take you to the links Walt posted on the ERS website under *Meetings/Medicare*. *(I re-watched it. My apologies. With a Zoom background on and bobbing my head around to read/send chat messages, I was distracting. Embarrassed. Learned: Turn off background and/or video. DR)*

The following augments that Zoom video recording of the meeting with post-meeting attempts to clarify some points and present some related information that was omitted from the Zoom meeting for purposes of brevity.

The meeting had two parts. The first, a bit over an hour, was a presentation by a representative SHIBA. The second part, also about an hour, was information

*(continued on page 3)*

## Minutes from the Sept. 7 – all-member meeting

ERS President Dave Baine called the hybrid meeting to order at 12:20 p.m. to allow those at SPEEA headquarters time for eating.

**September Guest Speaker:** Rick Faunt is a member of the Hearing Loss Association of America, Washington State Association since the mid-1990s. He is a retired 25-year Boeing Numerical Control Technician. His presentation covered some misperceptions of dementia and the effects of hearing loss on dementia as well as the recent availability of over-the-counter (OTC) hearing aids and features to look for. He described how hearing loss can lead to embarrassment, avoidance or withdrawal from conversations or talking too much and domineering behavior. It can lead to decreased socialization, loss of relationships or employment and creates dependence on loved ones. He discussed negative coping techniques such as bluffing/smiling or pretending you heard, blaming others for not talking loud enough or accusing them of 'hiding' their conversation or not wanting you to hear. Hearing loss behaviors can easily be mistaken for dementia and can contribute to dementia. He compared OTC hearing aids to 'cheater'/reading glasses and recommended 'fitted' hearing aids which boost customized frequencies for those with more serious hearing loss.

**Special Order of Business:** Jim Ewing received a Certificate of Appreciation in recognition of his many years of dedicated service as secretary of ERS. He also received a \$100 gift card.

*(continued on page 2)*

## Minutes from the Sept. 7 – all-member meeting - Continued from page 1

**Secretary's Report:** Jessica Bonebright's June 1 membership meeting minutes were approved as published.

**President's Report:** Dave Baine reported on rolling over our ERS CDs at BECU for a higher yield. We're still looking into renewal of our IRS non-profit status. The National Retiree Legislative Network (NRLN) is planning an autumn fly-in Sept. 23-27 in Washington, D.C. ERS planned not to send an autumn representative. Budget had been approved for travel, hotel and food, but issue-oriented ERS members did not volunteer to attend this fly-in.

**Treasurer:** Bob Ferguson reported ERS balances are: Checking \$2,079.60; savings \$5,351.17; CDs \$33,373.89 and money market \$20,089.42, for a total of \$60,894.08. In March, we reported a total of \$60,413.26. Our budgeted items haven't been as high as expected. We had saved on food expenses while we were not meeting in person.

**Steering Board Chair:** Dwight Rousu reported our ERS newsletter was emailed but a couple of problems, it's shorter and has no lighter side, but it's on our website. The steering board met the previous week.

### Committee and Rep Reports

**Badges:** Roger Aisaka agreed to be our new badges chair and will have badges for our next meeting, Dec. 7. He reported there were 27 in-person attendees and four joining via ZOOM at our Sept. 7 meeting.

**Communications:** Chair Walt Ditlefsen reported he's working to clean up our email distribution list, especially bounces and people who have 'unsubscribed.' He's also working with John Neller to see if people who are receiving paper copies of our newsletter would be willing to switch to an email copy to save the expense and effort of printing and mailing newsletters.

**Finance:** Chair Steve Ellis, as reported earlier, said our ERS CDs were rolled over for higher returns.

**Insurance chair:** The position is open. John Neller noted it's timely to get any flu, RSV, or Covid vaccines.

**Investments:** Cochair Dave Watt

reminded us the investment meetings are the third Thursdays of odd months. The Sept. 21 meeting is planned to be hybrid (in-person and Zoom) with Stephen Lach of TD Ameritrade and Schwab. On Nov. 16, we are planning a hybrid meeting and planning to have an ERS member speak about his system of reviewing and buying funds. He claims impressive returns.

**Program:** Dave Watt reported Jared Adams, an estate planning lawyer, will speak at our Dec. 7 hybrid meeting. He previously spoke to us about changes for estate planning at federal and state level. It was well received. Everyone should plan to be here since most of us don't know enough about it.

**Membership:** Chair John Neller reported we have 932 ERS members, 695 have paid dues for 2022 or 2023. John brought a membership list printout – if your contact information may have changed, please check with John to confirm we have your correct email, phone and address. Current members are welcome to invite new retiree friends.

**National Retiree Legislative Network (NRLN):** Dwight Rousu reported NRLN is eager for more members, they've invited Boeing Management Association to join. There's also a solicitation to ERS members to join NRLN as an individual member in our summer ERS newsletter. The September fly-in will not have ERS representatives. Judy Stenberg of Bellevue, Wash., chair of the Legislative Affairs, NRLN vice president of the Pacific Region, often joins our D.C. meetings with our representatives. She will not attend either. See NRLN email messages or the NRLN website for more information.

**Nominations and Elections:** Chair Steve Ellis reported elections for vice president, treasurer and steering board chair will be held at our Dec. 7 meeting. Contact Steve if you'd like to step up. Dwight added he'd like to find a replacement for his position.

**Pensions:** Position is open – contact Dave Baine if you are willing to watch for changes to keep ERS informed.

**Service:** Dick Beham wasn't at this

meeting, but the Boeing [Bluebills](#) newsletter went out recently.

**Social & Refreshment chairs:** John Meeker arranged to have our pizza delivered. He's joining by phone for health reasons. Steve Ellis picked up our cake honoring James Ewing. They will survey members via email about food suggestions for the future.

**Legislative & Public Affairs:** Chair Dwight Rousu reported three or four ERS members attend the monthly SPEEA NW and the national Legislative and Public Affairs (L&PA) committee meetings. All ERS members are welcome to apply to the committee to attend the meetings, where you would get a voice but not a vote in the committee.

**Sunshine Committee:** Co-Chairs Myrv and Joan Johansen reported three members who have passed away: Charles (Chuck) Van Valkenberg passed away in 2022 at age 92. A message was added to the Seattle Times obituary notice. Edward C. Woods passed away June 1, 2023, at age 80. We sent a sympathy card to his wife Deloris. Paul C. Piguat passed away about 2020. We couldn't find any further information.

**Travel:** John Neller reported airfares and hotel rates are up, but there are fewer problems with lost luggage due to air-tag tracking devices.

No reports this meeting for SPEEA/ERS liaison nor Governing Documents.

**Old Business: None**

**New Business:** Jim Jollimore recommends attending Bluebill meetings. Usually, the meetings are at 10 a.m. on the last Friday of the month at VFW hall. Dick Beham and Jim Ewing are also regular participants. (See service link below)

**Adjournment:** The next regular quarterly membership meeting is scheduled for Dec. 7 at noon. The next investment meeting is noon, Nov 16. The next steering board meeting is scheduled for Nov. 30 at 11 a.m.

The meeting was adjourned at 2:18 p.m.

*Minutes respectfully submitted, Jessica Bonebright, secretary*





*We were back in person and online for the September all-member meeting!*

## Special all-member meeting Nov. 9 regarding health care - *Continued from page 1*

gathered by the ERS steering board members.

**SHIBA** is an organization of volunteers under the wing of the Washington State Insurance Commissioner. The advisors help state residents understand options under Medicare. They try to inform, not to sell.

The two primary available action paths were option **X**) do nothing and be placed by default into the Boeing Aetna Medicare Advantage plan as agreed between Boeing and SPEEA; or option **Y**) opt out of the new Boeing Aetna Medicare Advantage plan by notifying Boeing between **Nov. 1 and Nov 22** via the dependable old telephone number or by the web link specified in the information from Boeing in the Sept. 29 mail.

The BlueCrossBlueShield of Illinois Medigap and D plan that has been the default health care supplementary insurance for retirees for over a decade is going away. Option **Y** usually assumes your traditional Medicare A and B remain in place and implies that prior to Jan 1, you will want to enroll in a Medicare supplement plan and enroll in a Part D coverage for prescription costs.

Alternatively, under option **Y**, you could instead choose to enroll in a

different Medicare Advantage plan if you wish. The federal [Medicare site](#) can provide much but not all information on the various plans and links to the insurance companies. If in a future year you want to leave MA and go back to Medicare FFS, you usually can, but under some conditions you may lose guaranteed entry rights and not be able to.

### **Additional background information**

The full panorama of details in the insurance plans, the government regulations, providers, regions, income and family situations means ... it's complex. We tried to cover basics during the meeting. If you find that we, SHIBA or an attendee accidentally misstated some important detail, we can try to note corrections of such if we are informed, though decision deadline time for choosing your plans has likely already passed. If you have deep or messy coverage issues, this may mean you probably need to do research and/or consult an expert.

**The following provides some clarifications, corrections and additions to the information in the Nov. 9 meeting.**

**Traditional Medicare:** In contrast to Medicare Advantage, if the patient is

in traditional Fee For Service (FFS) Medicare, Medicare part A and part B pays 80% of the care provider charge for anything approved by Medicare regulations, and then if the patient had bought a Medigap private insurance plan, the Medigap plan would pay their share, which is most of the remaining 20%. There is a typical smaller residual leftover Out of Pocket (OOP) charge the patient gets billed for from the service provider. Most people in traditional Medicare plans also enroll and pay for a Part D insurance plan to defray prescription costs.

**Medicare Advantage Prior Approval history:** The U.S. Office of the Inspector General, in a past investigation, found in a sample, 13.3% of pre-authorization Medicare Advantage denials were incorrect and 18% of Medicare Advantage payment denials were incorrect, as reported in a New York Times 2022 article. These statistics *under-report* the problem, however. Beneficiaries challenge only a small percentage of denials, so even though in this sample, all challenges to incorrect denials to pre-approvals were reversed by these Medicare Advantage companies, that left 79% of the improper denials uncorrected after the three-months

*(continued on page 3)*

investigation.

### ***Differences in pay structure between Medicare FFS and Medicare Advantage:***

1. Medicare FFS vs Medicare Advantage processing: It was stated in the meeting if traditional Medicare part A or part B would have covered their 80% of a cost for a service, then the Medicare Advantage would pay their fraction of the cost for that service. This mixes apples and oranges a bit.

Medicare Advantage is not run like a traditional Medigap plan.

In the private-insurance Medicare Advantage plans, the federal government pays the insurance plan a fixed amount for each customer, where that amount is partly based upon an appraisal of how healthy that customer has been. So, for any covered health care episode, the whole payment that in traditional FFS Medicare Parts A, B, medigap, and part D would pay, would instead be paid out of funds from the Medicare Advantage (if the treatment had not previously been dis-approved by the Medicare Advantage company).

Note also that Medicare Advantage insurance firms have an implicit profit incentive to dis-approve treatments. If the Medicare Advantage plan invokes a right in the contract to require prior approval, they can deny approving a treatment. If the client gets the treatment anyway, it becomes an OOP cost to the client, even though the treatment might have been recommended by the client's doctor. Either way, the Medicare Advantage company makes more profit. Many patients do not realize they can file protests against a prior disapproval by a Medicare Advantage firm.

### **Additional Medicare Advantage background information**

The Medicare Advantage appraisals of patient health are fed in large part by codes applied by employees of that Medicare Advantage plan. If the code is increased, then the Medicare Advantage company gets more money from the feds for that patient. Dishonest "upcoding" is one of the major scandals

of Medicare Advantage graft that has been investigated in the last couple years.

2. **OOP Maximums:** Zoom meeting discussion of traditional Medicare OOP costs may have been misstated. Do not depend on those statements; do your own research. My SHIBA contact David says the Medicarefaq info following is basically correct, and also, type G plans are what he recommends. (Alley OOP would axe some questions.) A web search turned up this statement from the Medicarefaq site: "Do Medicare Supplement Plans have an Out-of-Pocket Maximum?" (Source: [medicarefaq.com](http://medicarefaq.com)) Most [Medicare Supplement \(Medigap\) plans](#) do not have a maximum out-of-pocket because it is unnecessary due to the benefits they provide. Medigap plans cover most of the costs original Medicare leaves behind, so putting a limit on out-of-pocket expenses is unnecessary. However, [Medicare Supplement Plan K](#) and [Medicare Supplement Plan L](#) have maximum out-of-pocket limits because they are cost-sharing plans that do not cover 100% of your costs.

### **Additional helpful information:**

**Prescription drug tiers:** Regarding expensive drug prescriptions, [www.medicare.gov](http://www.medicare.gov) in describing drug tiers states an action you might try to get better coverage for an expensive drug.

Here's an example of a Medicare drug plan's tiers (your plan's tiers may be different):

Tier 1—lowest copayment, most generic prescription drugs

Tier 2—medium copayment, preferred, brand-name prescription drugs

Tier 3—higher copayment, non-preferred, brand-name prescription drugs

Specialty tier—highest copayment, very high-cost prescription drugs

In some cases, if your drug is in a higher tier and your prescriber (your doctor or other health care provider who's legally allowed to write prescriptions) thinks you need that drug instead of a similar drug in a lower tier, you or your prescriber

can ask your plan for an exception to get a lower coinsurance or copayment for the drug in the higher tier. Plans can change their formularies at any time. Your plan may notify you of any formulary changes that affect drugs you are taking.

Pharmacy Benefit Managers (PBM) – A PBM works as a third party between drug manufacturers, pharmacies and health insurance providers. PBMs also create and maintain formularies, which are lists of approved prescription medications. A formulary is split into different tiers, depending on drug availability and costs.

This news story reveals some of the pricing, kickbacks and dark money that are part of getting a drug into a plan formulary and assigning the tier in a plan:

This November, a U.S. Senate panel advanced a bill 26-0 that would require pharmacy benefit managers who are servicing Medicare Part D insurance programs and Medicaid to be subject to audits and to return kickbacks to the insurance companies. It also prohibits spread pricing for Medicaid prescriptions. Spread pricing occurs when a PBM charges an insurance plan (or an insurance plan charges plan participants) a price for a prescription drug that exceeds the price paid to the pharmacy for the drug. U.S. Sen. Bernie Sanders introduced a related bill.

**Other miscellaneous news** stories and opinion links you can click on:

- Medicare Advantage plans being dropped - [USAtoday](#)
- Longer, general Medicare article with economics and ethnicity trends - [KFF](#)
- AARP advocating keeping traditional FFS Medicare - [FFS](#)
- Kirkland Evergreen Health hospital example dispute with Aetna story - [KIRKLAND](#)
- Medicare.gov for the biggest trove of data if you search down the right path - [GOV](#)
- Medicare Advantage prior approval graft - More Perfect [Union](#)



## Editor's Corner

In past years, I have appreciated Boeing's "YourCause" 50% matching of charitable contributions. I was going to write up a guide for accessing the matching for our December newsletter. I decided to first try donating via YourCause and getting a match first, so I did not give you a bum steer. But when I tried it, I met failure, as did others on the steering board. So, if you try to get matching but cannot get in, you should contact Boeing to see if there is a remedy. If you find a way, pass it along. I did discover that the organizations that handle such things have been rearranged and renamed. There seems to be a difference in handling retirees prior to or after 2011. I would like to see gift matching fixed.

**Side note:** It might have made the Medicare insurance emergency easier to analyze if we had had a member filling the role of Insurance chairperson.

Part D Plan, 3 star or >, with a \$6000/yr Rx, as of Oct 20	Monthly Prem	year prem	First of year deductible	My Rx \$/yr	Total prem + Rx
AARP Walgreen UHC	50	600	410	1208	1808
SilverScript Smart Saver, Aetna	3.3	39.6	280	1788	1828
SilverScript Plus, Aetna	89.4	1080	200	2111	2130
AARP basic UHC	40	480	545	2106	2586
SilverScript Choice, Aetna	44	528	545	2160	2688
Humana Walmart Value	35	420	545	2342	2762
Humana Basic	45	530	545	2465	3000
AARP preferred UHC	98	1176	0	2018	3194
Humana Premier	105	1260	200	2226	3486
Asuris Script Enhanced	127	1524	0	2338	3862

**Personal note:** Going traditional: I sent my enrollment papers to Premera for a Blue Cross type G medigap plan. I have applied for enrollment in the AARP Medicare Rx Walgreens from UHC (PDP) part D prescription plan. Here is my spreadsheet for part D plans with a \$6,000 dollar a year, tier 3 drug included.

-Dwight

## Service Corner

Many of us already volunteer in our communities or local organizations. ERS Services Committee chair Dick Beham is active in the Bluebills, a service organization of all Boeing retirees, engineering or not. See [BlueBills.org](http://BlueBills.org). The Bluebills invite you to become an active Bluebill member and join their efforts. Their motto is "Together, we can make a difference!"

### BlueBill contacts:

- Central & South Puget Sound  
Dick Beham  
[rsqdnrc@foxinternet.com](mailto:rsqdnrc@foxinternet.com)
- North King & Snohomish County  
Alan Rice  
[aerice77@yahoo.com](mailto:aerice77@yahoo.com)
- Olympic Peninsula  
Clinton Webb  
[cwebb91275@aol.com](mailto:cwebb91275@aol.com)

## Reminder about links

For those receiving a print copy of the newsletter, links are live in the newsletter posted [online](#) at [engineeringretirees.org](http://engineeringretirees.org) if you or your grandkids have access to a computer. The link target is accessed by CTRL-left CLICK on the link.

## On the lighter side

The word "swims" upside-down is still "swims."

I'm not saying I'm old and worn out, but I make sure I'm nowhere near the curb on trash day.

Some people think I've become lazy. The truth is I'm just being more energy efficient.

I'm on two simultaneous diets. I wasn't getting enough food on one.

Trying to get my head around the idea that 'take out' can be food, a date or murder.

My new SUV has a button that says rear wiper. I'm afraid to touch it.

I got gas today for \$1.39. Unfortunately, it was at Taco Bell.

According to legend, Moses was the first man to download files from the cloud using a tablet.

If at first you don't succeed, skydiving is not for you.

Typical golfer walks 900 miles in a year. Typically drinks 22 gallons of alcohol per year – 41 MPG!

I drink wine because my doctor says I should not keep things bottled up.

Ant colonies never get sick because they have lots of little anty-bodies.

Mirrors don't lie, but at least they don't laugh.

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## Volunteers who make it all happen

### Elected officers

President



*Dave Baine*

Vice President



*Steve Ellis*

Secretary



*Jessica Bonebright*

Treasurer



*Bob Ferguson*

Steering Board Chair



*Dwight Rousu*

### Appointed Committee Chairs and Reps

Badges ..... Roger Aisaka  
Programs..... **OPEN** (Dave Watt)  
Communications (website) .... Walt Ditlefsen / Stan Lind /+  
Insurance ..... **OPEN**  
Governing Documents ..... Walt Ditlefsen  
Discounts..... **OPEN**  
Finance, Elections ..... Steve Ellis  
Refreshments ..... John Meeker / Steve Ellis  
Investments..... Dave Watt / Ken Kuehnl  
Social ..... Steve Ellis  
Legislative & Public Affairs.... Dwight Rousu / Dave Watt

NRLN..... Steve Ellis  
Liaison ..... Steve Ellis  
SPEEA Liaison ..... Dave Baine  
Membership ..... John Neller  
Sunshine..... Joan and Myrv Johansen  
Pension..... Dave West  
Travel..... John Neller  
Service (Bluebills) ..... Dick Beham

We would like **VOLUNTEERS** for the chair **OPEN**-ings noted above and members for Refreshments committee when we meet again in person.

Contact SPEEA: (206) 433-0991 / [speea@speea.org](mailto:speea@speea.org).