IBEW LOCAL 46 | EDUCATION DEPARTMENT (GPSEW)

Retiree Q&A, Names Removed

Retiree Medicare meeting, Plan Year 2027 | November 11, 2026 | Puget Sound Electrical Workers Healthcare Trust

About This Transcript

This is an edited written record of the live question-and-answer part of the November 11, 2026 retiree Medicare meeting (recording time 25:20 to 1:43:18; the raffle from about 1:17 to 1:21 is left out).

- **Names removed.** Every person is shown by role only. Retirees who said their names, and staff named in passing, are not named.
- **Questions generalized.** Each question is rewritten in plain words. Personal health details are reduced to a general description (for example, "a retiree in active cancer treatment").
- **Answers kept close to what was said.** Filler, false starts and side remarks are cleaned up; the substance is not changed. Answers are what the speakers said at the meeting. They were not checked against plan documents.
- **Speaker roles are inferred** from what each person said about themselves (for example, "we're the consultants to the Health Trust"). The Zoom recording labels every voice with the host account, so it cannot tell speakers apart.
- **[unclear]** marks a word or phrase that neither transcript could make out. Nothing was guessed. Profanity and political side comments are left out.
- **Hospital, clinic and pharmacy names are kept**, because they matter to the network questions.

RetireeFirst representative	The presenter (Client Service Training & Development Senior Manager, RetireeFirst)
RetireeFirst colleague	A second RetireeFirst staff member who spoke about provider contracts
Trust consultant	Introduced himself as working for the consulting firm that advises the Health Trust's Board of Trustees
Trust staff member	A person who works with the Trust and RetireeFirst on member issues (role inferred)
Meeting host	The person running the room (role inferred)

Sources: Zoom auto-transcript (.vtt) and a second speech-to-text transcript (Whisper large-v3-turbo) of the meeting audio, both read in full and compared on 11/13/2026. Where they disagreed and the meaning could not be settled, the text says [unclear].

Follow-Ups Promised at the Meeting

What was promised	Who said it	When said
Get a list of in-network hospitals and providers in the area ("as of" a date, since networks change)	RetireeFirst representative	30:06, 36:00
A retiree asked that a current provider list, with the caveats, be attached to the meeting video	Retiree request (no answer given on the video itself)	33:12
Collect names of providers that are refusing the plan, and reach out to each one	RetireeFirst representative	45:19, 52:34
Board of Trustees to meet "in a couple of weeks" to discuss options for retirees whose providers won't bill the plan	Trust consultant	55:34
Follow up on a family member's neurologist (get the provider's name)	RetireeFirst representative	1:12:17
Find out whether there is a UnitedHealthcare clinic in the area	RetireeFirst representative	1:16:31
Look at dental coverage for retirees going forward	Trust consultant	1:08:38

Questions and Answers: Part 1

1. (25:42) What does "PPO with an extended service area" mean?

RetireeFirst representative: It means you are not limited to a certain region. The plan works anywhere the provider accepts it.

2. (26:05) A retiree who is just turning 65 asked what happens to them.

RetireeFirst representative: If you turn 65 now, in November or December, you go into the current plan now if you're not already in it. Then you roll over into the UnitedHealthcare and Express Scripts plans.

3. (27:09) A retiree with many prescriptions that come due at different times asked whether they can be lined up to refill at the same time.

RetireeFirst representative: Refill timing is based on when each prescription was written. Federal rules don't allow a prescription to be filled too soon; for example, a 90-day fill can't be filled again until close to the end of those 90 days. What you can do is get a list of your prescriptions and talk to your doctors about re-sending them so they line up. It has to come from the prescribers.

4. (28:59) Under Humana, retirees were steered to certain hospital groups, and then a hospital [unclear which] stopped accepting Humana. The news says more hospitals are dropping Medicare Advantage plans. Which hospitals are in network in our area?

RetireeFirst representative: I don't have the list with me, but I can get it for you. Provider networks are negotiations between the providers and the carriers, and they can change monthly or quarterly. There were network disruptions in 2026 that didn't happen in 2025, and those came from those negotiations. We try to stay ahead of when that's happening. If a provider isn't contracted but is willing to bill out of network, that doesn't affect your plan. Also remember: in an emergency, if the closest hospital is out of network, they still have to accept you.

RetireeFirst colleague: Provider contracts don't run January to December. They come up for renewal throughout the year, and they're usually multi-year agreements. As a company we keep track of where

provider groups are in their negotiations, and we notify the consultants and our clients. Often a provider's office doesn't understand that this is a national PPO plan where you can go almost anywhere in the U.S. This is not a narrow-network plan. Once we explain what type of plan it is, they understand they'll be paid Medicare amounts. You have a lot more flexibility on a PPO than on an HMO.

5. (33:09) A retiree asked whether a current list of network providers, with the caveats just described, can be attached to the meeting video. He said people are being told no by providers, that not everyone calls RetireeFirst first, and that someone in cancer treatment doesn't need that stress.

RetireeFirst representative: Especially for new patients, office staff often don't understand what type of plan you're on. They think, "you're not in my network, so I can't see you," and that's not how this plan works. Our advocates do the outreach to the provider's office, educate them on the plan and how it works, and explain that payment is guaranteed, so you're not left wondering what to do. If you're in the middle of treatment such as cancer, there is continuation of care, and we help with that transition so your treatment isn't interrupted. I encourage you to call RetireeFirst first. That's what your trustees and your fund brought us on for. The advocates and I work hand in hand, so anything that comes to them comes to my team. I agree with you 100%: someone going through treatment shouldn't be dealing with a bill. As for the in-network list, I can definitely get that, but it can change, so it will be accurate as of the day it's pulled.

6. (36:15) A retiree in active cancer treatment, seen monthly, whose doctors and emergency care are at Swedish (Ballard), learned in September that Swedish won't be covered under UnitedHealthcare. She said RetireeFirst has been very helpful, and an advocate's supervisor told her it was not final yet and to hold off [exact words unclear]. Her question: where do I go?

Her tip for others: If you find an advocate at RetireeFirst you work well with, ask for that same person the next time. They stay on the case until it's resolved.

RetireeFirst representative: Even if a provider isn't contracted, that doesn't mean they're going to turn you away for care. We can do outreach to that provider. When a provider group ends its contract, each individual provider still has the right to accept a patient. We deal with this all the time across the U.S. Provider groups sometimes re-contract down the road. We'll have those conversations with the provider for you.

Trust consultant: I work for the consulting firm for the Health Trust. I work with the Trust and with RetireeFirst, helping the trustees make decisions about the programs and the funding. Network problems are widespread. It's not just this plan; we see it with Blue Cross networks and others, and it's very frustrating. When you get a notice from your doctor that they're leaving UnitedHealthcare's network, your first move should be to call RetireeFirst. Give them the provider's information and let them reach out to that office and educate them, because the provider can still bill out of network as long as they accept Medicare, and they get paid the exact same amount they'd get billing Medicare directly. There's really nothing negative for the provider, other than billing UnitedHealthcare instead of Medicare.

Last year, under Humana, Optum care providers said they were out of network, including several clinics such as the Polyclinic downtown and the Everett Clinic, part of the Optum network. RetireeFirst went back to them for members of this plan, and in the vast majority of cases got those providers to agree to bill. If RetireeFirst isn't successful, another option is to find other providers, but if you're in the middle of serious treatment you won't want to switch. At that point we're in contact with RetireeFirst and the Board of Trustees. There are other things we can do to help people keep coverage when there's truly no way to get the current provider to bill. That's an option of last resort, and the Board of Trustees has to approve it. But there are other options, to make sure no one goes without coverage for the services they need.

7. (43:31) A retiree received a letter from a clinic (heard as Olympic Medical) saying it won't accept the UnitedHealthcare Medicare Advantage plan. RetireeFirst was very helpful and found other covered options, but they were farther away. Another retiree said a family member, also a retired member, moved his care to Swedish and is now told he has no coverage while in active treatment.

RetireeFirst representative: Please see me after the meeting so we can follow up on these. We'll reach out again and make sure everyone understands the plan. I apologize for the experience. We'll also have a conversation with the Board about alternative options for our members.

8. (45:59) Are we locked into making a decision by December 7th?

RetireeFirst representative: No. December 7th is the annual enrollment deadline for the individual market. This is a different kind of plan, so you do have time. Don't stress about that.

9. (46:12) Please explain the earlier warning about staying away from other Medicare Advantage plans.

RetireeFirst representative: Be wary of other Medicare Advantage plans you hear about in the mail, on phone calls or on TV, including the celebrity ads. They are not the same as yours. Individual plans have many limitations that this plan doesn't, because yours is a national PPO with a lot more flexibility. Even if a caller says they're from your carrier, before you go further, call RetireeFirst and we'll confirm whether the call came from us or from your plan. If you do enroll in another plan, it will kick you out of this one. You can only have one Medicare plan at a time.

To give you some security: when the carrier reports that someone has left the plan, we call every individual person to confirm it was intentional. Over 70% of the people we call didn't mean to, and we help them get out of the other plan and back into this one.

10. (48:02) If you opt out of the plan, can you opt back in later?

Trust consultant: The way the plan is set up today, once you come into retiree coverage you can keep it as long as you want. But once you opt out, under the rules as written today, you're not allowed back in. If it's accidental, like what was just described, we would work to get you back in. But be mindful of that.

11. (48:53) A retiree read from a web notice that a provider group in Western Washington will no longer contract with UnitedHealthcare Medicare plans (PPO and HMO) starting [unclear date] in early 2027, with an exception for certain special-needs plan members. His own clinic told him it won't take UnitedHealthcare as of January 1, and he had business cards from several more providers that said the same, including specialists, a walk-in clinic, and Providence urgent care. He said retirees pay into the trust (for him, about $500 a month), feel the rug is being pulled out, and should have been notified earlier, around June. His question: what do I do when a provider tells me they won't accept my plan?

RetireeFirst representative: I'd love to get copies of those providers' information from you. Our team will do the outreach to explain the plan and how it works. With past network disruptions, a large majority of the providers we contacted were willing to bill, and it became a non-issue. We won't say there won't be any. For those cases, as the consultant said, the trustees are looking at something for people who can't otherwise continue care, for example with a cancer doctor. Decisions are made together with your trustees.

Trust consultant: On timing: we start as early in the year as we can, but for the Board to decide, we need all the information. Medicare publishes its payment methods for the next year, and then we have to wait for the carriers' premium proposals. We start asking in May or June, but it's often August or September before we have final quotes. It's partly about the bottom line, because the Board wants to keep retirees' costs down, but that does no good if providers won't see you, so we're always balancing that. We're coming out of 2026 with a lot of frustration over providers leaving Humana's PPO network. UnitedHealthcare has worked well for

similar groups, but now we're seeing other provider groups say no through their negotiations. Again: tell RetireeFirst, because that's the first line of defense. We're in contact with them and will track how successful they are. The Board meets again in a couple of weeks, and we'll talk about what can be put in place so folks can keep seeing the doctors they need and want to see.

For those in cancer treatment: there are transition-of-care rules that require the carriers to cover care for a transition period under the new coverage. "I think it's at least up to 90 days." It's not without end, but it gives time for those conversations, so if you're in the middle of treatment on January 1 you won't be cut off right away.

12. (56:22) Did the trust know, when it started negotiating, that many providers wouldn't accept UnitedHealthcare, and go ahead anyway?

Trust consultant: No. We were not aware of the notices about Swedish and [unclear, possibly Providence] no longer accepting UnitedHealthcare until after the Board had made its decision.

Follow-up comment: A retiree said that if so, the trust should cancel the change and stay with Humana. He added that his main problem with Humana was repeated robocalls offering in-home physicals, and asked whether that will continue.

RetireeFirst representative: Some of those calls come from the plan, for example wellness visits, which some people like. Others are carriers or marketers trying to solicit business. If you're getting repeated calls and want them to stop, call our office. We've gotten people added to the do-not-call list and the calls stopped.

Trust consultant: The other part is the financial side the Board always looks at. Humana's proposal to renew the same plan for 2027 was, "I think," about a 35% increase in premium rates. With this move, premium rates are basically flat. It's not certain the Board would have decided differently even knowing about the disruption, because there are fallback options the Board can discuss if RetireeFirst can't get providers to bill. Last year a few people moved to a disruption plan, more like a Medicare supplement, that their providers would take. That's a last resort, because it's much more expensive. And networks usually don't announce a change until they know for sure the contract won't work; there are rules about how many days' notice they must give before a contract ends.

13. (1:01:19) The FAQ says the plan has a network, but you can go to any willing Medicare provider. If Swedish and other hospitals say they won't accept the plan, what does that mean for us?

RetireeFirst representative: The plan covers any willing Medicare provider who will accept the plan, because it's a national PPO. Even if a provider isn't contracted with the carrier, you can see them if they're willing to bill the plan, and your cost share stays the same. When this happened under Humana with the Optum network, we reached out and explained the plan. Each provider can choose whether to accept the plan. If they won't, that's the second layer the consultant described. Some people are willing to change providers, and our team can give you a list of in-network providers in your area, including farther away if needed. This was also just brought to our attention, and we're working with the trustees to compile the list and work with each of you who hits a roadblock.

14. (1:04:05) RetireeFirst designed this plan. Shouldn't you know whether people will be able to go to Swedish?

RetireeFirst representative: We didn't design the plan, and we're not the carrier. Providers' contracts are with the carriers. We're a retiree advocacy program: we're here to help retirees navigate, and we work with the carriers. When providers say they don't accept the plan, we've had great success once we explain how it works. Not 100% of the time, but we did with the Optum providers that pushed back last year, because our

team reaches out and educates each provider. It's a national PPO, which is very different from the individual market and from HMOs.

Follow-up: So you can't give a direct answer on whether a provider will take it until you reach out?
RetireeFirst representative: Correct. We have to reach out to them.

Trust staff member: To add to that: last year Optum and the UW network said they wouldn't take the plan. When members called to say their doctor wouldn't take their coverage, they contacted me or RetireeFirst, and RetireeFirst called the individual providers. Most were able to keep their coverage. RetireeFirst explained that the provider can bill the plan and get paid exactly the same way. We will work with you and for you. Call RetireeFirst first. If you feel like you're spinning your wheels and need another person to talk to, call me. I'm happy to take your calls.

15. (1:07:22) A retiree moving from the non-Medicare retiree plan to Medicare asked why retirees have no dental coverage, other than "it's too expensive."

Trust consultant: That's a great question, and I don't have a full answer other than that, in the past, it was probably about expense. It's been that way for the almost 10 years I've worked on this plan. It's a very common issue, because Medicare doesn't cover dental. I'd encourage you to raise it with the trustees, and it's something we can look at going forward. It is an added cost, either to the plan or to retirees.

16. (1:08:56) Is the retiree monthly premium changing? And can we still fill prescriptions at Costco?

Answer: The premium is staying the same. "I think it's been the same since 2020." And yes, if you've been filling prescriptions at Costco, you should be able to keep doing that. Express Scripts has about 60,000 in-network pharmacies nationwide.

17. (1:10:01) The front sheet says the emergency room and urgent care cost is waived if you're admitted within 24 hours (as read aloud; wording partly unclear). What does that mean?

RetireeFirst representative: You pay zero dollars either way. It's a standard statement included to let you know.

Follow-up comment: The retiree explained that a family member with a serious neurological condition, which took years to diagnose, was told in the waiting room at Optum (Northgate) that the clinic no longer accepted her insurance. A conference call with RetireeFirst and Optum didn't change it, and it took four months to find another neurologist. The plan paid for several ambulance trips in the meantime. She is stable now. The retiree added that the clinic has since sent letters asking patients to come back.

RetireeFirst representative: If I could get the provider's name afterward, I want to make sure we follow up for you.

18. (1:12:41) Three questions: (a) Can someone stay in the plan but use Original Medicare alone to keep seeing a doctor who won't take the plan? (b) Is there a UnitedHealthcare clinic in the area? (c) Is RetireeFirst open evenings and weekends?

RetireeFirst representative: (a) No. If you show your Medicare card, it will be rejected, because you're enrolled in a Medicare Advantage plan. If your doctor won't take the plan, call us so we can look into it. (b) I'm not sure; I'll have to look into that. (c) We're available Monday through Friday, 8 AM to 5 PM. After hours you'll get a recording. If it isn't urgent, leave a message and someone will call you back the next day. If it is urgent, the recording directs you to an urgent line, and someone will call you back within an hour on evenings and weekends, until about 10 PM. Please note: the urgent line is not for medical emergencies. It's

for plan problems, for example if you're traveling and lost your ID card. If you're having a medical emergency, always call 911.

Questions and Answers: Part 2 (after the raffle)

19. (1:21:34) A retiree said his research found UnitedHealthcare has very low consumer ratings on review sites (about 1.3), a high rate of claim denials, and government investigations. Why choose a company with that reputation?

RetireeFirst representative: I can't speak to the decision, but I can speak to the member experience. We have several groups in UnitedHealthcare plans, including one that has been with UnitedHealthcare since 2020 and is still there. Our experience with these national group PPOs has been very positive overall. RetireeFirst does not represent UnitedHealthcare; we're here to advocate for you. Also, these are Medicare plans overseen by CMS. The plan has to cover Medicare benefits. It cannot deny those.

Follow-up comment: A retiree who has had the same doctor and medical plan for about 30 years said it sounds like retirees could be "tossed out," that RetireeFirst gave him the runaround two years ago, and asked what anyone will actually do to change this.

Trust consultant: I work for the Board of Trustees of the Local 46 Health Trust, which is made up half from the Local and half from [unclear]. They manage the plan and hire us to advise them. The main point: UnitedHealthcare and Humana have PPO networks, and providers choose to contract with them or not. When a provider says it's no longer contracting with UnitedHealthcare, it means they're leaving that PPO network. On this plan, the out-of-network benefit is exactly the same as the in-network benefit. Those providers can bill the plan out of network and get paid the same as if they billed Medicare. Nothing in this plan keeps them from billing and getting paid; it's up to the provider to say yes or no. I'm not here to defend UnitedHealthcare or Humana; I'm not a fan of big insurance. But I want people to understand that. It doesn't help if your provider refuses. RetireeFirst can go to bat for you, and you as the patient can tell the office the same thing: my plan pays out of network, and you'll get the same amount. Sometimes pressure from the patient carries real weight. But in some cases the office will simply say no, and that's the frustrating part.

20. (1:28:11) How long do carrier contracts last? Retirees don't want to go through this every couple of years.

Trust consultant: That's a great point, and it was part of the Board's decision. We didn't want to switch to UnitedHealthcare and then switch again a year later. We got two-year rate projections from UnitedHealthcare and Express Scripts: one was basically no change, and the other was a small increase (heard as 3 or 4 percent [unclear]). So the trust is set not just for 2027 but also for 2028.

Follow-up: How much money is that? **Trust consultant:** Compared with what Humana originally proposed to stay on the current plan, the difference is about $1.5 million across the entire trust.

21. (1:29:59) Comment: A retiree said providers had refused them many times, even when they offered to pay out of pocket. RetireeFirst did everything it could, including advising them to write a letter to the doctor. They hope not to go through that again.

22. (1:31:01) Why not go back to the Local 46 trust's own plan, which was accepted everywhere, and just add RetireeFirst's advocacy?

Trust consultant: When we moved in 2025, the trust saved money because of how Medicare (CMS) pays Medicare Advantage plans. Money flows from Medicare to these plans that helps subsidize the cost of coverage. A self-funded plan doesn't get those subsidies. Going with RetireeFirst, through a carrier

arrangement that included RetireeFirst's advocacy, also let us build these plans just for this group, with $0 cost share for medical and prescription copays the same as actives pay. If we went back to our own Medicare supplement plan, the cost would be significantly higher: "probably well over 50% higher," maybe 50 to 75%.

Meeting host (1:33:19): Before the next question, we're going to move to individual questions with the RetireeFirst team, because the general meeting is coming up in this room. RetireeFirst is available to you. Call them if you're having problems.

23. (1:34:10) Comment and question: A retiree said members worked their whole lives in construction for good health and welfare and had the same coverage for decades. He has a past heart condition, and the doctors who finally got his problems under control are ones he now hears he can't use. He asked why more money wasn't put toward health and welfare, and said retirees want to know what happened to their plan and want to be sure they can keep seeing their doctors.

RetireeFirst representative: I appreciate you saying that. We want these questions. Helping you navigate is what we're here for. Thank you for staying and taking the time to talk with us. Please use RetireeFirst. We are here to support you.

24. (1:37:17) Statement and question: A retiree said that in an emergency a hospital may not turn you away, but afterward it can bill thousands of dollars if it doesn't accept your insurance. That happened to them; it went to collections and took a year to clear up. They asked for a good, current list of providers that won't cause trouble. Their personal question: under Humana, chiropractic and physical therapy were covered, but the pay rate was so low (they said about $23) that their longtime chiropractor and physical therapist stopped taking the plan, and their pharmacist said Humana's payments didn't cover his costs. Will UnitedHealthcare pay providers any better?

RetireeFirst representative (speaker inferred): When providers contract with Medicare and with these carriers, they agree to a fee schedule for certain services. Pharmacies are the same: what they get paid depends on contracts between carriers, drug companies and pharmacies, including large chains, and different things are paid differently. I can't guarantee what they'll be paid.

The retiree said Medicare pays about $40 a visit for physical therapy, so Medicare was the better deal. The rest of this exchange could not be made out [unclear].

RetireeFirst representative (closing): We'll be in the back room if you have personal questions. Thank you all for your time.