

From: [REDACTED]  
To: [ETF SMB Board Feedback](#)  
Subject: Options offered to retirees through UnitedHealthcare  
Date: Thursday, November 7, 2024 8:32:12 AM

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Good morning--I am an ETF member, whose supplementary health insurance premiums, through programs offered through ETF, are deducted from my pension check. My husband ([REDACTED]) and I relied on ETF for years to identify options for the supplementary health insurance we needed then and now. We were well served by Bellin Health [REDACTED]  
[REDACTED]

I received the ETF *It's Your Choice* booklet this fall, saw the options described on page 6 of this booklet, and decided to continue with IYC Medicare Advantage, my choice for 2024. You can imagine my dismay when I received a letter from Bellin (dated October 2024) just days before the ETF cutoff date of October 25, advising me that Bellin and UnitedHealthcare did not have a finalized agreement for 2025, and that my secondary insurance would consequently be impacted, perhaps even terminated.

All this is well known. But I am dismayed and worried because of the bind I find myself in as I await a determination of what will come next between Bellin and UnitedHealthcare. [REDACTED]  
[REDACTED] I have limited health care options. So why this email?

It is a recommendation! **In the future, please only list secondary health care insurance options in the ETF *It's Your Choice* mailing where a contract for the coming year between the healthcare provider and the insurance company is signed and in place.** I realize that ETF is not a party to any/all contract negotiations. But surely ETF should at least be able to find out if a contract for any given plan is signed for the coming year before offering it as a viable option to ETF retirees, as presented in *It's Your Choice*. **Only those plans, with a signed contract in place for the coming year, should be presented as viable options.**

Further, please know that at least in my experiences over the last three weeks, the telephone "help" lines have provided incomplete and/or conflicting information about how retirees should handle the Bellin/UnitedHealthcare problem. I have been advised to and consequently moved to UnitedHealthcare's Medicare Plus option, as described on page 6 of your booklet, only to be later told by Bellin representatives that regardless of the United Healthcare option, Bellin would not bill ANY UnitedHealthcare plan, even those like Medicare Plus where Medicare makes the initial payment. Further, the Bellin representative told me that I would be responsible for paying-- "out of pocket" and at the "out-of-network" rate--all expenses not covered by Medicare, with the usual thirty-day terms. Hence, I would then have to contact UnitedHealthcare for reimbursement on my own after paying Bellin first, thus presenting a significant cashflow problem for this retiree. When I relayed all this information to your phone

representatives, it came as a surprise to them.

One of the ETF phone representatives recommended that I send Board members an email with my concerns and recommendations. I hope this communication will prove to be helpful.

Linda Western