OPINION by Curtis:

How will the new U. S. Supreme Court deal with retiree pension issues?

Each year, from eight to ten thousand petitions for *certiorari* review of cases [i.e., formal requests to have an appeal considered] are submitted to the U. S. Supreme Court.

The justices direct their law clerks [four clerks per justice] to weed through the morass of requests and select about 75 or so cases deemed worthy of the Court’s attention. Certainly, a law clerk sticks his or her neck out when recommending that a justice take a case. Conversely, it is hard for a law clerk to get into trouble by recommending denial of a case, the usual result.

The secret deliberations and reasons for either accepting or rejecting a case are not made public. The High Court typically accepts or vacates or remands a case when they think there is a reasonable probability that the lower courts got it wrong.

When I started practicing law, in the early 1980s, the U. S. Supreme Court accepted and decided more than 150 cases a year. These days, the Court decides about half that many cases each year.

Today, the U. S. Supreme Court and lower federal courts are comprised of two major camps:

1) “originalists,” who contend that only the literal text of the U. S. Constitution and federal law has meaning; and

2) those who contend judges should exercise discretion (sometimes using their imaginations and undermining the plain meaning of words) and interpret the U. S. Constitution and federal law, considering traditional values or established precedent in order to foster political favor.

Often, the results are a federal judiciary that appears quirky, and we see hard-to-understand rulings. At the same time, it appears that all branches of the federal government have become fueled by toxic partisanship and political segregation.

(Continued on page 2)
No doubt, Justice Neil Gorsuch’s placement on the U.S. Supreme Court has created a conservative bloc of four justices. By replacing Justice Antonin Scalia, Justice Gorsuch did not change the balance on the most divisive constitutional issues. Yet, his appointment has shifted the balance towards corporate interests and against vulnerable individual employees’ and retirees’ interests and rights. During his tenure as a federal appeals judge, Gorsuch most frequently sided with employers and plan administrators.

As the collective ages of the justices get more elderly, and some justices near retirement, the percentage of accepted cases shrinks. It is most common for federal judges, especially U.S. Supreme Court justices, to time their retirements when a president of the political party who appointed them is in office. That raises the likelihood of a similarly-minded successor being appointed. The president’s choice must receive a majority vote of the U.S. Senate. The vote in favor of confirming Justice Gorsuch was 54-45.

I predict less consensus on the U.S. Supreme Court, as fault lines will be underscored. There will be an even fiercer fight, affecting this economic tug-of-war, when the next U.S. Supreme Court vacancy occurs, most certainly during President Trump’s term. The stage is set for a very noisy confirmation battle regarding a second U.S. Supreme Court Justice appointee.

Lee/Pundt v. Verizon Case

The U.S. Supreme Court, which just ended the current term in June, passed on a fantastic opportunity to address very pressing issues about the federal-law rights of pensioner retirees. In a seemingly rushed announcement immediately prior to newly-appointed Justice Gorsuch assuming his seat, the High Court, deaf to the American retiree crisis, said it would not listen to the Lee/Pundt v. Verizon case.

The Court clarified in a cold, one-sentence statement, issued without comment, that Chief Justice John Roberts chose not to participate and deliberate the issues.

The issues, presented in the Lee/Pundt case brought forward by retirees, challenged the wasteful expenditure of almost $1 billion in pension funding and the unwanted removal of management retirees from the pension plan, which caused pensioner losses of all federal protections and guarantees.

Had the U.S. Supreme Court accepted the Lee/Pundt case, the justices would have opened a ‘Pandora’s box’ of adverse consequences for pension plans managed by corporations trying to compete in a world economy where most corporations do not provide retirement pensions. Rightfully, the denial of review of the Lee/Pundt case is perceived, by both legal and financial experts, as more likely a political act as opposed to a legally based decision.

The future...

The future holds that all three branches within the federal government will not be proactive, preferring to wait for retirees’ legal problems to fester and percolate, so as to cause the masses to demand appropriate action. Reaction rather than proaction. Indeed, that seems to be the present predicament when it comes to pensioners’ rights.

Unless action is taken by everyone, meaning workers, pensioners and retirees, pension laws and their protections are destined to continuously be treated as third-class rights, subservient to corporate economic goals.

Sadly, far too many retirees limit exercising their voting rights to the presidential election, actively voting only once every four years, ignoring local, state and off-year congressional elections.

If you do not like the current status of federal government affairs, which are tilted in favor of rich corporations (albeit now known as “persons”), and you too read the ‘tea leaves,’ as I’ve tried to explain in my words above, then you must make your voice heard and vote in all presidential and congressional elections.
President’s Message

by John Rommelfanger,
Colorado/Wyoming
Co-President

Your
AUSWR
Colorado/
Wyoming
Board
heard you.

After receiving feedback from members, the officers and representatives of your AUSWR CO/WY board agreed to continue full operations through 2017 — and 2018.

We will continue to solicit membership dues until December 31, 2017. No member will be dropped because of unpaid dues.

We will continue to accept donations to the AUSWR CO/WY association. In addition, we will continue to accept donations to our Legal Fund through 2018, using the funds towards the services of Curtis L. Kennedy.

It is estimated that we will have sufficient funds to continue publishing four (quarterly) issues of the Retiree Guardian through 2018.

Again, special thanks go out to Barbara Wilcox for her excellent health care articles, to Don Warsavage for telling stories of our history, to Jim Heinze for continuing his Ombudsman role leading the Retiree Advocates. Special appreciation to Curtis Kennedy, who makes the most difficult legal issues understandable to us all. We appreciate the generous sharing of federal legislation knowledge by Bill Kadereit and Ed Beltram of the NRLN. And, of course, we thank Kitty Kennedy and her editing team members, Eve Mary Verde and Irene Chavira, who have made the Retiree Guardian the envy of all who publish retiree-related newsletters. They keep us well-informed.

Our Area Representatives will continue to be available throughout 2018, in their assigned geographical areas, to act as the first point of contact for members.

2018 Colorado/Wyoming Annual Meeting in Lakewood again

The Annual Meeting will again be in Lakewood, Colorado, again this year on Saturday, October 14th. More information is coming to you, and every member, about the details.

We are asking for a $12.50 donation for each attendee to help offset the cost of the meeting.

We promise another group of good speakers and good times to socialize with your old friends.

Hope to see you all at the meeting. 

___Rommel

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Medicare does not pay for...

by Barbara Wilcox, AUSWR CO/WY
Health Care Specialist,
Email: bmw80205@gmail.com

By now, those of us who are on Medicare have learned some of the services that Medicare does not pay for.

It can be a rude awakening if you have something done that you think is a common medical need, only to find out afterwards that Medicare isn’t going to cover it.

Here are some of the more common services that we may need or want that Medicare doesn’t cover.

**Dental care:**
Medicare doesn’t cover any common dental care, such as regular cleanings, X-rays, fillings, crowns and dentures. If you have a dental problem that results from a medical problem, or causes a medical problem, then Medicare may start covering the dental aspects of your care. That could include things like cancer or severe infections of the throat or jaw. If you kept CenturyLink dental insurance or buy other dental insurance, it will help pay for regular dental care.

**Hearing aids:**
This is something that can be a big expense for those of us who have age-related hearing loss. Medicare does not pay for either the hearing aids themselves or the services of the audiologist, who fits the hearing aids and gives you follow-up care.

**Eye exams to determine prescriptions for glasses or contacts (refraction):**
Most of us are familiar with this part of the visit to the eye doctor, where he or she tries out various lenses while you look at an eye chart and tell the doctor which lens is better. Medicare may pay for other parts of your eye care, such as glaucoma tests and other services the doctor does to evaluate possible eye disease. But, you can expect to pay out-of-pocket for the refraction (eye exam). Although Medicare generally does not pay for vision care, it does cover certain medically necessary service, such as cataract surgery. If you have Original Medicare, cataract surgery is covered under Part B as an outpatient service. The coverage includes one set of prescription eyeglasses or one set of contact lenses after the surgery.

When we were active employees, we had vision coverage from the Company. As retirees, we no longer have vision coverage. Sometimes you can buy limited-vision coverage on the open market or as a part of a Medicare Advantage plan.

**Routine physical exams:**
When you go to the doctor for a routine physical check-up, Medicare will not cover your physical exam. This comes as a shock to many because all our lives we were used to going to the doctor for an "annual physical."

Medicare coverage provides for most medical conditions that you may have. It is best to make an appointment with your doctor when you have a specific medical problem or condition that needs attention.

If you don't have a medical problem, and are just going because you haven't seen your doctor for a while, be aware that Medicare may not cover that doctor visit, and you may get a bill.

Medicare does pay for an annual Wellness Visit, but it is merely a conversation with your doctor, not a physical exam. On the Wellness Visit, the doctor will review your schedule for preventative services, such as flu shots and colonoscopies, and discuss things like your exercise and diet.

On a Wellness Visit, they may weigh you and take your blood pressure, but that's all. If the doctor goes further in examining you, such as listening to your heart and lungs, then Medicare will not cover the visit.
Barbara Wilcox, AUSWR CO/WY  
Health Care Specialist,  
Email: bmw80205@gmail.com

CHART ON PAGE 7 accompanies this article

Scheduled changes to Medigap plans:

'Grandfathered' Medigap Plans C and F.

One of the provisions in the Medicare bill, passed by Congress in April 2015, made changes in two of the Medicare Supplement plans, also known as Medigap. Plans C and F are being 'grandfathered' as of January 1, 2020. After that date, they will no longer be offered to new enrollees. If you already have one of these plans, you can keep it for the rest of your life, as long as you continue paying the premiums. However, because new enrollees will no longer be able to join the C and F plans, and new enrollees are, in general, younger and healthier than those already on the plans, the costs can be expected to increase at a faster rate. Another way to look at it is to know that the pool of people on these plans will be getting older and more likely to require more medical services. After 2020, with no new infusion of younger, healthier people, costs and premiums will naturally increase.

Medigap Part B coverage:

Plan C and Plan F are the only two Medigap plans that cover the Part B annual deductible. You could choose Plan D instead of Plan C, or you could choose Plan G instead of Plan F, to get the same coverage -- except no Part B deductible coverage. The Part B deductible is a relatively small expense ($183 in 2017), so it wouldn’t be a hardship for most people to choose a plan that doesn’t cover the deductible.

If you are new to Medicare and want a Medicare Supplement plan, then steer clear of Plan C and Plan F.

Plan F has been the most popular Medigap plan, because it provides complete coverage, paying for everything that Medicare doesn't pay for services covered by Medicare. So, my recommendation to those who want Plan F services is to choose Plan G instead. Many insurance companies have not been offering Plan G, but that is beginning to change. Most major insurance companies are expected to offer Plan G in the near future.

If you already have a Plan C or Plan F, and you are in good health, you might shop for a Plan D or Plan G. You may have to answer a health questionnaire, but if you are in good health, then you should be able to change plans. If you are not in good health, you may have to stick to the plan you have now.

To read the original article on this topic, see the Retiree Guardian archives at http://auswr.org/Retiree_Guardian/2016/rg_Colo-Wyo-2016-2.pdf.

Health Reimbursement Accounts (HRA)

Thanks to our CenturyLink health care contacts, Deb Conley and Kelly Candelaria, who produced a slide presentation for our Denver-area Medicare 101 classes that included this HRA topic.

Note: The HRAs discussed here are available to Post-1990 CenturyLink retirees who are eligible for health care benefits.

What happens at age 65?

HRA FUNDING: CenturyLink automatically sets up a Health Reimbursement Account (HRA) with subsidy dollars (prorated) that you can use to help cover the cost of policy premiums. The HRA subsidy amount is prorated during the first year, based on the month you become Medicare eligible.

ANNUAL FUNDING: After the initial prorated year, the annual amount is funded to your account each January 1. You must incur an expense before it can be reimbursed from the HRA (you cannot have the HRA pay the carrier or medical providers directly).

Non-represented/management retirees:

The HRA subsidy amount is $1,740/year or $145/month ($3,480 if you have an eligible Medicare-eligible spouse).

The HRA dollars can be used to help you pay for the premiums for your Medicare-related medical, dental

(Continued on page 6)
and vision policies. Any balances are forfeited at the end of each year. (Claims must be submitted by March 31 of the following year.)

**Represented/occupational retirees:**

The HRA subsidy amount is $2,570/year or $214/month ($5,140 if you have an eligible Medicare-eligible spouse).

The HRA dollars can be used for the premiums for your Medicare-related medical, dental and vision policies, Medicare Part-B premiums and other eligible out-of-pocket expenses (generally as permitted under Section 213(d) of the Internal Revenue Code).

At the end of the year, any balance in your HRA will roll over to the next year, allowing you to accumulate unused funds from year to year for these expenses.

**Note:** CenturyLink does not limit the reimbursement to the monthly equivalent, so dollars could be depleted before end of the year.

**You can control how and when you receive reimbursements — Auto, Recurring or Manual**

- **Carrier Premium auto-reimbursement:**
  This option is only available if you enrolled through the exchange vendor OE (One Exchange) or Navigators with carriers that participate. Your payment history is sent by the carrier via file to YSA (Your Spending Account), who then automatically reimburses you for that month. Once established, your reimbursement will continue into each plan year, and you do not need to take any action, if you remain enrolled in that plan with that carrier. (Note: A delay may occur at the beginning of each plan year as the carriers update their systems for the new year, which can cause a potential lag in your January/February reimbursement. If you do not want to wait for the reimbursements to catch up during the first few months, you can file a one-time manual reimbursement or change to the YSA recurring process. (See below for both of these alternative processes). You must contact your exchange vendor and YSA if you ever wish to cancel this process.

- **YSAs recurring claims auto-reimbursement:**
  This option is set up directly by you through YSA by providing proof of carrier and payment amount (only need to provide once). YSA automatically reimburses you each month. No action is required from year to year if nothing changes. However, if your premium amount and/or carrier is changing, you must contact YSA at the CenturyLink Service Center at 800-729-7526 (select Spending and Reimbursement Accounts from the Main Menu) to update your account, as you may need to complete a new form. (Note: This YSA process is in place of the Carrier auto-reimbursement described above—you cannot do both! Therefore, if you are changing from one option to the other, you must cancel the other one).

- **One-Time (manual) reimbursement:**
  If you use this method of reimbursement, you submit reimbursement claims manually, and must provide proof of your premium payment amount each time you submit a claim for reimbursement. Claims can be submitted by paper form or uploaded electronically through the Your Spending Account (YSA) website, which is accessible through www.centurylinkhealthandlife.com.

**Non-Medicare eligible retiree or dependents:**

Any eligible retiree or dependent who is not Medicare-eligible will remain as an eligible participant in the group medical benefit options under the CenturyLink Retiree and Inactive Health Plan, and is not impacted by the termination of the group medical plan for the participant who is becoming Medicare-eligible. The monthly premium amount for the group medical option will be adjusted accordingly. Once the Non-Medicare-eligible dependent becomes Medicare eligible, a HRA subsidy will be established.

⇒ **Notice:** If you are mailing claim forms for reimbursement - Your Spending Account (YSA) has a new address. Send your claim forms to:
  
  Your Spending Account, P.O. Box 64030,
  
  The Woodlands, TX 77387-4030

YSA will continue to forward any mailings received at the FL address until April 2018 to ensure that all participant-processing is completed as desired.
Compare Medigap plans side-by-side

The chart below shows basic information about the benefits Medigap policies cover.

Yes = the plan covers 100% of this benefit
No = the policy doesn't cover that benefit
% = the plan covers that percentage of this benefit
N/A = not applicable

<table>
<thead>
<tr>
<th>Medigap Benefits</th>
<th>Medigap Plans</th>
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<tbody>
<tr>
<td>Part A coinsurance and hospital costs up to an additional 365 days after</td>
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<td>Medicare benefits are used up</td>
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<tr>
<td>Part B coinsurance or copayment</td>
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<tr>
<td>Blood (first 3 pints)</td>
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<tr>
<td>Part A hospice care coinsurance or copayment</td>
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<tr>
<td>Skilled nursing facility care coinsurance</td>
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<tr>
<td>Part A deductible</td>
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<tr>
<td>Part B deductible</td>
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<tr>
<td>Part B excess charge</td>
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<tr>
<td>Foreign travel exchange (up to plan limits)</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket limit**</td>
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</tbody>
</table>

# Plan C and Plan F will be grandfathered 1/1/2020
* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,180 in 2016 before your Medigap plan pays anything.
** After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.
*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission.

You live in Massachusetts, Minnesota, or Wisconsin, Medigap policies are standardized in a different way.

NOT ALL Insurance Companies offer all Plans IN ALL STATES

From Medicare.gov

<table>
<thead>
<tr>
<th>FIRST. Call the CENTURYLINK SERVICE CENTER at 800-729-7526</th>
<th>Retiree Advocates</th>
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<td>RETIREE ADVOCATES can help you if you have unresolved</td>
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<tr>
<td>questions or problems AFTER you call the Service Center</td>
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<th>If you live in:</th>
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<tr>
<td>Arizona</td>
<td>Kitty Kennedy</td>
<td>520-444-6617</td>
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<td>Idaho or Montana</td>
<td>Shirley Moss</td>
<td>208-342-3449</td>
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<tr>
<td>Iowa or Nebraska</td>
<td>Gordie Lundy</td>
<td>402-203-2042</td>
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<tr>
<td>New Mexico</td>
<td>Cassie Kelley</td>
<td>505-298-8666</td>
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<tr>
<td>Utah</td>
<td>Byron Lemmon</td>
<td>801-295-4653</td>
</tr>
<tr>
<td>ALL OTHER STATES</td>
<td>Jim Heinze</td>
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</tr>
</tbody>
</table>
Don Warsavage’s ‘Person-to-Person’

In the ‘Spirit of Service’ — Remembering strikes

Don Warsavage, Phone: 303-776-7782
Email: oldsavage14@gmail.com

“Mr. Watson, come here,” said Alexander Graham Bell back in 1876. And just look at what followed. Copper, steel and iron wires were strung everywhere. We were all hard-wired together. Electro-mechanical switches and people called operators moved the words we spoke to the ears that listened. That’s how we talked to our relatives, our businesses and friends. AT&T, Bell Laboratories, Western Electric and 23 operating companies employed us—about a million of us. We were called The Bell System, and we were the best.

The system became essential to our daily lives and national security. So much so that draft deferments were granted to some technicians during wartime, and heroic efforts were mounted when service outages occurred that were caused by flood, storms and other disasters. We were ordinary people, just doing our jobs, and, along the way many were cited for “Noteworthy Public Service” (about 1,400 Vail Medals) for rescuing others in harm’s way.

After World War II, when strikes shut down the system, the whole country was affected. Hundreds of thousands left their jobs all at once.

Joseph Beirne, President of the Communications Workers of America appeared on the radio version of “Meet the Press.” The announcer introduced him saying, “Because of our national dependence on the telephone, his union has great power and great responsibility.”

Mr. Beirne was also called to testify before Congress in 1947 to justify mass picketing and why he was asking for a 15-cents-an-hour increase, when the going rate across the industry was 10 cents an hour.

The Bell System companies responded to the strikes by backfilling the vacated jobs with a variety of management people. In some cases, adversarial behaviors occurred. Sometimes unexpected things happened — some weird, some extreme, some funny — all certainly different.

During a strike in Illinois Bell, seven major cables were cut, shutting down service to Chicago’s south side.

In 1972, in New Jersey, management people, serving as repairmen were stopped in their trucks while crossing picket lines. The gas caps were removed by picketers, and cigarette lighters held over the open tanks. The trucks were rocked back and forth, terrifying the drivers. In downtown Newark, where the wreckage of former riots was still evident, two “repairmen” entered a bar to fix the pay phone. The patrons, some of them strikers, turned on the two, calling them scabs and threatening them. The bartender produced a large billy club and whacked the bar, spilling glasses of beer. He told his patrons, “leave these boys alone!” The two were not slow returning to their truck and speeding away.

In April 1968, Pauline Foster, union steward in Pueblo, Colorado, and more recently a member of the board of AUSWR Colorado/Wyoming, stood at the back of the operator services switchboard room and blew a whistle. The shrill sound signaled the 30-some operators who unplugged and removed their headsets, got up from their chairs and walked out en masse. The abandoned switchboard immediately lit up with unanswered

(Continued on page 9)
incoming calls. Some management people who’d been forewarned, and who’d had minimal training, ran to the switchboard to start answering calls. Dorothy Murphy, the Chief Operator, just shook her head as she watched her finely-tuned operation descend into a well-meaning chaos.

Comments were heard across the room like: “Well, you see, Ma’am, I’m not a regular kind of operator,” or “Well, if you don’t know how to spell it, I sure don’t know how to find it!” “Well, it’s not my fault you’ve been waiting so long.”

Marketing Manager Neal Simpson was assigned to fill in as an information operator. It couldn’t be too hard he thought. All you had to do was answer the call by saying, “Information.” The caller would then say a name and what he had to do was look it up, alphabetically, and give the caller the number and move on. And, so he did. Once he got going, he felt he was doing just fine. The next call came in, and he said, “Information.” The caller said, “I’d like the phone number for Neal Simpson.” Neal hesitated for quite a pause, and then said, “uh… speaking… I think.”

Companies placed ads in local newspapers like this one from The Idaho Daily Statesman: “PLEASE CONTINUE TO PLACE ONLY EMERGENCY CALLS.”

The relative animosity of the strike often reflected the work atmosphere before the strike. Pauline Foster asked her District Traffic Superintendent if he would like a broken leg as he crossed the picket line one morning. The picketers and the superintendent all laughed. Pauline had wrangled with him during many grievance meetings in the past.

Jody Georgeson, currently of the Telecommunications History Group, was the Motorized Mail Supervisor in Denver in the strike of 1983, where Director Audrey Hargrove pitched in, delivering box lunches to the Central Offices. As management, they both had to cross crowded picket lines in Denver. Jody had a secret weapon when she approached the picket line. The drivers on the picket line who worked for Jody, told their fellow picketers, “That’s Jody. She’s cool, so don’t hassle her.”

In the strike in 1968 in Trinidad, Colorado, the management-replacement operators were surprised to find homemade pastries at their switchboard positions, left for them by the operators when they’d walked off the job.

When managers were called on to do the work of the absent, striking employees, they often came away with a new appreciation for the front-line folks of telephone work. The telephone operator’s job could be pretty complex, especially handling calls from pay telephones. Consequently, whenever lights came in on the board from pay phones, they were deliberately avoided by the ‘novices’ at the switchboard.

One customer standing in a phone booth in a small town in western Colorado had dialed “O.” It was raining. As the rain came down in buckets, and as the audible rings kept repeating, his temper kept rising. Finally, a brave man on his first experience as an operator, plugged in to the flashing pay phone light. The man in the booth exploded, shouting the name of a Christian deity. Our hero at the switchboard didn’t miss a beat. He quickly responded in his most courteous tone: “Yes sir, will that be person-to-person?”

Today’s scene at a weekend family gathering finds several older adults talking to each other. The younger folks are concentrating on 2 by 6-inch rectangles in their palms called Galaxy something or other. Their fingers are flying. One is texting his cousin in Topeka. Two others are having a text conversation with each other. Their words are passing between them and a satellite somewhere above the earth. No wires. No operators…. What’s a picket line anyway?”
We remember ...

Send information about a member who has passed away (please include the date and newspaper source of the obituary) to: Bill Alsdorf at AUSWR@q.com

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<td>Sanders, Jane Kathleen</td>
<td>(1944-2017)</td>
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<td>Idaho</td>
<td>Druce, Walter Smith</td>
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<td>Bauer, Michael</td>
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<td>Fisher, Gilbert W</td>
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<td>MaGee, Jesse</td>
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<td>Poor, Jess Holly</td>
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<td>Postema, Flossie L</td>
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<td>Schopfer, Kenneth Howard</td>
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<td>Utah</td>
<td>Avery, Pamela Belsom</td>
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<td>Park, Clara Daphne</td>
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<td>Sleight, Sharon Dawn Coffin</td>
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<td>Wyoming</td>
<td>Dennis J, William F 'Bill'</td>
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If you have a change in your name, mailing address, phone number, or e-mail address, please use this form. On the back page of this newsletter, your membership expiration date is included on the mailing address. If your expiration date is near, use this form to submit your annual dues.

- IF YOU KNOW of any prospective members who have not yet joined the Association, please provide them with a copy of this AUSWR Colorado/Wyoming MEMBERSHIP APPLICATION form, or have them contact John Rommelfanger, Colorado President, at 303-475-8225. A copy of the form also can be printed from our web site at: www.AUSWR.org.

**AUSWR Colorado/Wyoming MEMBERSHIP APPLICATION—please PRINT**

CHECK ONE: New Member: ___________ Annual renewal: ___________($10.00) Change: ___________

Last name: ____________________ First name: ____________________

Dual membership: Last name: ____________________ First name: ____________________

Mailing address: _____________________________________________

City: _____________________________________ State: _______________ Zip code: __ __ __ __ __

Phone: ____________________ E-mail: ____________________

I would like to volunteer in the following areas: _______ ANY U S WEST/Qwest or predecessor company retiree is welcome _______

(you will be contacted—you can check more than one):


Other (describe): ____________________

I retired from (Name of company): ___________________________ Date: ____________________

Spouse retired from (Name of company): ___________________________ Date: ____________________

I own CenturyLink stock: Yes: ____________ No: ________________

Please mail DUES check for $10 to: AUSWR CO/WY, PO BOX 27027, DENVER, CO 80227-0027

CHANGES TO ADDRESS, PHONE NUMBER OR E-MAIL ADDRESS

Aurora: Pat Finley —303-425-0804 / pfinley00@msn.com
Boulder/Longmont: Kay Daugaard —303-790-9637 / mkdaugaard@msn.com
Broomfield: Judy Campbell —303-466-5666 / jcampbell38@gmail.com
Castle Rock: Charley Hearded —303-660-5953 / Cheard@att.net
Colorado Springs: John Pirmat —303-221-0805 / jpirnat@att.net
Denver East: Ed Arnold —303-321-7766 / earnold72@gmail.com
Denver North: Kay Daugaard —303-790-9637 / mkdaugaard@msn.com
Denver South: Robert Wiswell —720-859-7641 / rwiswell@x.netcom.com
Denver Southwest: John Pirmat —303-221-0805 / jpirnat@att.net
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Fort Collins/Loveland: Chuck Rider —970-267-0817 / clmrider@att.net
Fort Morgan: John Jumper —970-867-7221 / jjumper143@q.com
Golden: Kay Daugaard —303-790-9637 / mkdaugaard@msn.com
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Greeley: Chuck Rider —970-267-0817 / clmrider@att.net
Lakewood: Don Hinkle —303-988-0095 / dhinkleqy@gmail.com
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Littleton (80223—80225—80227): La Verne Lanskey 303-726-2520 / lalanskey@gmail.com
Littleton (80224—80226—80228): Tom Spall —303-745-0233 / marytomm@realctor.com
Middle Park: Kay Daugaard —303-790-9637 / mkdaugaard@msn.com
Parker/Sedalia: John Rommelfanger —303-475-8225 / jrommell@live.com
Pueblo/South Park: Tony Juarez —719-546-6065 / tsp50@gmail.com
South East Colorado: Wesley Colvin —719-384-2436 / redbarn@centurytel.net
Thornton/Brighton: Bill Alsdorf —303-659-4189 / balsdorf@q.com
Westminster/Weed Ridge: Alice Peterson —303-424-7609 / alliecad@aol.com

**WYOMING AREA REPRESENTATIVES:**

Casper Area: Gary Overturf —307-527-9005 / ago@tritel.net
Lander-Riverton: Jim Reddon —307-856-6833 / jamesr@bresnan.net
Cheyenne Area: Dorothy Rhoades —307-235-4501 / drhoades36@hotmail.com

**ARIZONA REPRESENTATIVE:**

Statewide: Kitty Kennedy —520-444-6617 / kkenedy404@gmail.com

All other states OR to volunteer in your area — CONTACT:

John Rommelfanger —303-475-8225 / jrommell@live.com
Denver-area Medicare ‘101’ Classes

**Tuesday, October 3, 2017**
9:30am -11:30am
Aurora Central Library
14949 E. Alameda Parkway

To register, or to ask questions about the schedule, please contact Kit Thomte at 303-526-1664, or Email mtnnplains@gmail.com.

If you have questions about Medicare or how Medicare works with CenturyLink benefits, contact Barbara Wilcox, Email: bmw80205@gmail.com.

Classes are geared towards Post-90 retirees who will be 65 soon or are going on Medicare for any other reason, such as on Social Security disability for two years. Anyone interested in Medicare, and how it interfaces with CenturyLink retiree health benefits, is welcomed. Classes are a collaboration between AUSWR CO/WY and the State Health Insurance Assistance Program (SHIP); they are free of charge. CenturyLink Human Resources personnel are often present to answer questions, depending on their availability.

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