

SRSRA NEWSLETTER

For SRS Retiree Association Members

Ed Somers, Editor

Volume 54 March 2013

ANNUAL MEETING TUESDAY, APRIL 23RD USC-AIKEN ETHERREDGE CENTER

INSIDE THIS ISSUE

Chairman's Letter	1	Medicare Supplements – Things to Consider	12
2013 Annual Meeting	3	Questions to Help Decision Making	16
Annual Meeting Draft Agenda	4	Treasurer's Report	18
Draft Minutes of SRSRA 2012 Annual Meeting	5	MMA WageWorks Concerns (Retirees over 65)	18
Proposed Changes to SRSRA By-Laws	8	BC/BS Concerns (Retirees under 65)	19
WageWorks Update	11	Benefits Contacts	19
What to Expect When You Turn 65	11	SRS Retiree Association Application	20

CHAIRMAN'S LETTER

Dear Member:

This has been a momentous year for all of us, and especially for your SRS Retiree Association. Each of us has had to face the challenge of making health care choices we never had to make before and in a very confusing environment. The SRSRA Board of Directors (BOD) and committees faced the challenge of helping each of you who needed help to get through the process. In a moment, I'm going to talk about where we go from here, but first I want to brag a little bit about how, as your association, we dealt with this transition.

As you know, before I became Chair of the association, Dave Zigelman and Andy Cwalina led us in fighting the good fight against the changes in health benefits. Although they were unable to stop the changes, they were able to get improvements made in what we received. Thanks to their efforts, those of us who are Medicare-eligible will receive \$200 more each year in our Retiree Reimbursement Accounts than originally proposed and have received a one-time bump of \$500. While retirees who are not yet eligible for Medicare will see an increase in their premiums, this will be spread out over five years instead of the three originally proposed. Please thank Dave and Andy for their efforts when you see them at the Annual Meeting.

In June, I became your Chair. The Board of Directors and I agreed that as much we disliked the changes, we had an obligation to each of you, our members, to help you navigate through the new processes. Almost immediately, we began working with the Site Benefits Group to identify problems and facilitate solutions. We worked closely with Kelly Sanders and her staff at Savannah River Nuclear Solutions (SRNS) to make the Town Hall meetings as useful as possible. Special thanks go to Rick Geddes, Ed Leibfarth, and the rest of Rick's team for their diligence and hard work in this.

Then we faced the “October Massacre,” when we all tried to sign up with My Medicare Advocate. What a disaster! But I cannot express the pride I feel in how well your Board of Directors responded to this challenge. Thanks especially to Rick, Gail Jernigan, Ed Somers (and John Church, our most excellent website master), the association was getting information out to you even before the site did. We helped those who needed it to get special attention from the site benefits folks. And now we’re doing the same with the WageWorks process.

You’re probably wondering what we will do for an encore. The short answer is – we’re working on it and will tell you more at the Annual Meeting. To whet your appetite, a few tidbits include:

- We are looking closely at The Affordable Care Act, budget trends, and their likely impacts on us. It's not a very pretty story. Our initial analysis is that we need to prepare to fight again, against a tougher adversary, but potentially with more allies this time.
- One of the major accomplishments this past year was our effort to increase membership. Larry Coleman, Kent Sullivan and others did a super job in getting our membership to the highest level ever. The more voices singing our song, the more powerful the chorus. And we want to sing in several venues this year. Our numbers give us strength we can use in several ways.
- We are currently looking at benefits across the entire DOE Complex. Elmer Wilhite and Jack Roberts have been in contact with retirees across the complex to first gather information and then to look for areas where we can help each other.
- Our Congressional representatives can be our most effective allies in battling DOE. Joe Ortaldo is working hard to ensure we get our story to them. Nick Kuehn is working to get our story in the local media.

This past year was a difficult one; we made it better than it might have been. There are new storm clouds in our future – all I can promise you is that we will strive to lessen the impacts of those storms as well as we have in the past. The first step is to recognize the clouds; then we must take action. The more members we have, the more we can do. So please come to the Annual Meeting; make sure friends who are eligible to be members come to the meeting and join the Association. As old Ben Franklin once famously said, “We must all hang together, or we shall certainly all hang separately.” So please come hang out with us April 23d, at the Etherredge Center in Aiken, starting at 1:30. (Tables manned by people from SRNS, My Medicare Advocate and WageWorks will be available starting at 11:00 AM.)

Thanks for allowing me to lead this great group of people!

John Plodinec, Chair

2013 ANNUAL MEETING

The board of Directors of the Savannah River Site Retirees Association holds an annual meeting each year in April to discuss the financial, political, and overall outlook for retired employees and guests. The meeting this year begins at 1:30 pm on April 23, 2013, and is in the Etherredge Center at the University of South Carolina-Aiken Campus. The major subject expected to be discussion will be the **transition from private site health insurance to commercial insurance companies** for medical, prescription drug, dental, and vision insurance coverage. This transition was driven by projected rising costs for the sites' working and retired personnel in Aiken and within the entire Department of Energy's nation-wide facilities.

Congratulations to Shirley Sumter!! You have been randomly selected to receive a \$50 gas card, courtesy of the SRS Employees' Association and the SRS Retirees' Association. You have thirty days to claim this award by contacting Ellen Miller at 803-215-6571 or emmiller25@aol.com. Please confirm your home address when you contact Ellen.

The special invitees to this 2013 meeting includes: Department of Energy-SR, site management from SRNS and Savannah River Site Remediation, politicians from both Georgia and South Carolina, and various "vendors" who supply important services to the site's retirees. The main speakers will be Dr. John Plodinec-Savannah River Retirees Association Chairman and Kelly Sanders, SRNS Benefits. Representatives from Wage Works, My Medicare Advocate and Savannah River Nuclear Solutions, responsible for the transition from site coverage to commercial insurance coverage for retirees 65 and older who are eligible for Medicare, will be present. Tables for our vendors will be open from 11:00 a.m.-1:30 p.m. to discuss various issues one-on-one.

Membership registration begins at 11:00 a.m. The program begins at 1:30 p.m. and concludes at 4:00 p.m. **The latter half of the afternoon is the business meeting.**

The Etherredge Center is located at the University of South Carolina Aiken campus. Information about where the Etherredge Center is located and where to park is given on the web at srsretirees.org [The Etherredge Center's address is 471 University Parkway Aiken, SC 29801 (803-641-3327)]. **The capacity of the center is 700 and about 700 people are expected to attend. Attendees are encouraged to carpool with one or two others because school is in session and the 4 parking lots are expected to be crowded.**

Any questions about this meeting can be addressed to Ed Somers, (803-642-3088, email edsomers@gforcecable.com)

2013 ANNUAL MEETING
DRAFT AGENDA
USCA ETHERREDGE CENTER - AIKEN, S.C.
APRIL 23, 2013

11:00 p.m.	Registration Vendor Tables Available	
1:30 p.m.	Call to Order	J. Plodinec
	Introduction of Special Visitors	J. Plodinec
	Look at Past Year	
	Benefit Status; Process for 2014	K. Sanders
	Future Challenges for the SRSRA	J. Plodinec
	Q&A	J. Plodinec
	Break	
	General Business	J. Plodinec
	Approval of 2012 Meeting Minutes	
	Financial Report Review and Approval	
	Election of New BOD Members	F. Cadek
	Bylaws Changes	E. Miller
	New Business	J. Plodinec
	Door Prize Drawing	J. Geddes
4:00 pm	Adjourn	J. Plodinec

DRAFT MINUTES FROM **2012 ANNUAL MEETING**

(These minutes will be voted on for approval at the Annual Meeting.
You may want to bring a copy to the Annual Meeting.)

Savannah River Site Retiree Association **Minutes of the 2012 Annual Meeting** **April 10, 2012** **St. Angela Hall, Aiken, SC**

The 2012 Annual Meeting of the Savannah River Site Retirees Association (SRSRA) was held on Tuesday, April 10, 2012, at St. Angela Hall, Aiken, SC, at 1:30 p.m. with about 750 members attending. Chairman David Zigelman opened the meeting with a welcome and provided a few housekeeping items (location of exits and rest rooms, cell phones to remain silent, etc.) He announced that there will be many communications from the Savannah River Nuclear Solutions Company (SRNS) in the coming months, and SRNS needs all retirees' current address. He also asked that each attendee complete the comment card on the back on the yellow agenda, as these comments help in the preparation of the next year's meeting. He reviewed the agenda and explained that there would be a training session after the meeting to teach members how to approach their Congressmen to solicit support to preserve the benefits of SRS retirees. He asked for a moment of silence to remember those community heroes that have fallen as part of their service to the community.

Next, David introduced special guests, including Ian Headly from Senator Jim DeMint's staff; Nancy Bobbitt from Georgia Senator Johnny Issakson's staff; Jim Hussey from Georgia Senator Saxby Chambliss' staff, Brian Eisele from South Carolina Congressman Joe Wilson's staff; Billy Boyleston from South Carolina Congressman Jeff Duncan's staff, Jessica Hayes from Georgia Congressman Dr. Paul Broun; Dr. David Moody, Department of Energy Savannah River Site (DOE-SR) Site Manager; David Hepner, DOE-SR Director of Acquisitions Operations Division; Jim Hanna, SRNS Senior Vice President of Corporate Services; Cliff Webb, SRNS Vice President of Corporate Communications; Kelly Sanders, SRNS Benefits Manager; and Barbara Smoak and others from Public Affairs; and from Savannah River Remediation: Dave Olson, President and Project Manager and Dean Campbell, Public Affairs Manager. He then introduced Congressman Joe Wilson from the South Carolina Second District, who provided a few comments to the retirees.

Congressman Wilson explained that his district now included all of Aiken, Barnwell, western Orangeburg, Lexington and Richland Counties and 99% of the Savannah River Site (SRS). He explained his ties to Aiken County and SRS. He told the group that his office is always available to help the SRS retirees and that a new Aiken office was recently added to be able to offer further assistance. He introduced Brian Eisele who is Congressman Wilson's staffer in Aiken and who is available to provide assistance to his constituents. He also recognized the efforts of Senator Lindsay Graham to protect the health benefits for SRS retirees and said that he is in favor of delaying the changes in health insurance benefits.

Congressman Wilson then answered some questions from the audience.

David thanked Congressman Wilson for his remarks and a video from Senator Graham was shown. Senator Graham expressed his regrets for not being able to attend the meeting and spoke of his support of the SRS retirees. He thanked the retirees for their work while at the site and their work that ended the Cold War. He

recognizes that the country has a tremendous debt but that the country owes the Cold War Warriors retirement benefits. David announced that this video will be available on the SRSRA's website, <http://srsretirees.org/>.

David announced that he had two letters of support from Congressman Broun and Senator Issakson, which will be placed on the SRSRA's website.

David introduced Kelly Sanders, SRNS Benefits Manager, to provide an update on changes being considered to retiree medical benefits. Kelly reviewed anticipated changes to the health benefits for retirees and answered some questions. David told the attendees that a copy of the slides will be posted on the SRSRA website.

David thanked Kelly for the update and told the attendees that the membership in the SRSRA is over 1200 members and the organization is growing. He stated that during the past year, the SRSRA Board of Directors (BOD) has concentrated its energies on protecting pension and retiree medical benefits while servicing member needs. He went on to say that the SRSRA BOD has determined that grandfathering retiree medical benefits at the level earned and promised at time of retirement is the best solution. Any changes to medical coverage should be for current employees not already in retirement who can plan accordingly. He stated that the BOD would continue to fight DOE's and SRNS's plans for benefit changes. He encouraged retirees to meet with Senators and Congressmen or staff members to express their opinions to these elected officials. He also said that the BOD will continue to help retirees with any possible changes.

Congratulations to Janet McClearen!! You have been randomly selected to receive a \$50 gas card, courtesy of the SRS Employees' Association and the SRS Retirees' Association. You have thirty days to claim this award by contacting Ellen Miller at 803-215-6571 or emmiller25@aol.com. Please confirm your home address when you contact Ellen.

After David's presentation, several suggestions were made including a protest march at SRS and pursuing legal action. David explained that as a 501 (c) (5) corporation, monies from the treasury could not be used to pursue legal action. However, David asked for those who are interested in pursuing legal action; please provide their names to him.

After a short break, David reconvened the meeting. Andy Cwalina moved that the 2011 Annual Meeting Minutes be approved, as provided to retirees through a newsletter and on the SRSRA webpage. The motion was seconded and passed.

Fred Cadek moved that the proposed slate of Board members be approved by acclamation. The motions was seconded and passed. The new Board members are: Edward Liebfarth, Ken Stephens, Richard Tansky, Elmer Wilhite, Carole McClure (one year) and Dave Fauth (one year).

David announced that the Treasurer's Report for the year had been distributed and placed on the attendees' chairs, prior to the meeting.

David remarked that the newsletter is the only method of communication to all SRSRA members and said he wanted to be sure that all members are receiving the newsletter. The newsletter editor is now using a bulk electronic mail service, and it has been difficult to determine if members are receiving their newsletters electronically. He asked that those who receive the newsletter electronically be sure to have SRSRA newsletter email address in their list of approved contacts.

David also explained that the BOD is looking a different ways to retirees to contribute to the local United Ways instead of using the SRS and payroll deduction. Some members do not want SRS to receive "credit" for their contributions to the United Ways. More information will be provided when it is available.

The following door prizes were then drawn:

From the Savannah River Site Employees Association, \$50 gas cards were given to: Robert Pracash, Linda Mimm, Becky Fitzpatrick, James Moody and Jerrie Bowles. Cash (\$100) was given to: Host Michael, Rommie Bryant, Judy Philbeck, and BJ Sprouse. From the SRSRA, \$100 cash was given to: Garrett Trehy, Jim McNeil, Tom Campbell and Betty Boxley. Allen Wilson won \$200 and Jacqueline Walker won \$400.

With no other business, the meeting adjourned.

PROPOSED CHANGES TO SRSRA BY-LAWS

(These changes will be discussed and voted on during the Annual Meeting.

You may want to bring a copy to the Annual Meeting.)

1. ARTICLE III -- Members

Current:

Section 2. Regular Meetings. Regular annual meetings of the Corporation shall be held each March or as soon thereafter as practical for the purpose of electing the Board of Directors, and for transacting such other business as may come before the members.

Suggested Revision:

Section 2. Regular Meetings. Regular annual meetings of the Corporation shall be held **no later than April 30th each year** for the purpose of electing the Board of Directors(**eliminate comma**) and for transacting such other business as may come before the members.

2. ARTICLE III-- Members

Current:

Section 3. Notification of Meetings. The Secretary of the Corporation is responsible for notifying members of the time, place, and purpose of meetings, whether regular or special, in writing at least (7) days before such meetings.

Suggested Revision:

Section 3. Notification of Meetings. The Secretary of the Corporation is responsible for notifying members of the time, place, and purpose of meetings, whether regular **or special membership meetings, in writing or by electronic mail, (adding comma)** at least 7 days before such meetings.

3. ARTICLE III – Members

Current:

Section 4. Quorum. A simple majority of the Board of Directors or a simple majority of the Corporation members shall constitute a quorum.

Suggested Revision:

Section 4. Quorum. **Twenty percent of the SRSRA Corporation members shall constitute a quorum for Annual or special meetings.**

(This section is related to Corporation members not BOD members).

4. ARTICLE III – Members

Current:

Section 6. Organization. The Chairperson, and in his/her absence, the First Vice-Chairman, or in their absence, a Chairperson chosen by the Board members present, shall preside at each meeting of the members and shall act as Chairperson thereof.

Suggested Revision:

Section 6. Organization. The Chairperson, and in his/her absence, the **(delete First since there is only one now)** Vice-Chairperson, or in their absence, a Chairperson chosen by the Board members present, shall preside at each meeting of the members and shall act a Chairperson.

5. ARTICLE IV – Board of Directors

Current:

Section 4. Notification of Meetings. The Secretary of the Corporation is responsible for notifying Board members of the time, place, and purpose of meetings, whether regular or special, in writing at least seven (7) days before such meetings.

Suggested Revision:

Section 4. Notification of Meetings. The Secretary of the Corporation is responsible for notifying Board members of the time, place, and purpose of meetings, **whether regular or special**, in writing or **electronic mail**, at least seven (7) days before such meetings.

6. ARTICLE IV -- Board of Directors

Current:

Section 7. Organization. The Chairperson, and, in his/her absence, the First Vice-Chairperson, or in their absence, Chairperson chosen by the Board members present, shall preside at each meeting of the Board members and shall act as Chairperson thereof.

Suggested revision:

Section 7. Organization. The Chairperson, and, in his/her absence, the **(delete First because there is only one)** Vice-Chairperson, or in their absence, Chairperson chosen by the Board members present, shall preside at each meeting of the Board members and shall act as Chairperson thereof.

7. ARTICLE IV – Board of Directors

Current:

Section 8. Absences. Any Board member who has been absent for three or more successive regular meetings, or who during a calendar year is absent from 40 percent or more of the regular meetings of the Board shall be considered as having withdrawn from membership on the Board unless excused by a motion of the Board.

Suggested Revision:

Section 8. Absences. Any Board member who has been absent for three or more successive regular meetings, or who during a calendar year is absent from 40 percent or more of the regular meetings of the Board shall **be considered as having withdrawn from membership on the Board unless excused. The Secretary approves whether a Board member is excused from a monthly Board meeting.**

8. ARTICLE V – Committees

Current:

Section 1. Special Committees and Task Forces. Such appointments shall be approved by the Board of Directors annually and all appointees shall be members of the Corporation.

Suggested Revision:

Section 1. Special Committees and Task Forces. Such appointments shall be approved by the **Chairman of the** Board of Directors annually and all appointees shall be members of the Corporation.

9. ARTICLE V --- Board of Directors

Current:

Section 2. Nomination Committee. The Chairperson will appoint a Nominating Committee each year for the purpose of presenting to the corporation members, qualified candidates for election to the Board of Directors.

Suggested Revision:

Section 2. Nomination Committee. **Eliminate Section, Nomination Committee is now a standing committee**

10. ARTICLE VI – Officers

Current:

Section 2(b) First Vice-Chairperson. The First Vice-Chairperson shall assume the duties of the Chairperson in the absence of the Chairperson.

Suggested Revision:

Section 2(b) Vice-Chairperson. The **(delete First because there is only one)** Vice-Chairperson shall assume the duties of the Chairperson in the absence of the Chairperson.

11. Throughout the Bylaws document a global change will be made to refer to the Corporation **as the SRSRA Corporation.**

WAGeworks UPDATE

During February, SRNS, My Medicare Advocate and WageWorks held a series of town hall meetings in Aiken, North Augusta and Barnwell. At the meetings WageWorks personnel presented details of how to file claims for reimbursement from our Retiree Reimbursement Accounts. A copy of the presentation is available on the SRS website,

http://www.srs.gov/general/jobs/benefits/documents/SRNS-SRR_RRA_Retiree_Mtg_0213.pdf

A Questions and Answers document is available at

http://www.srs.gov/general/jobs/benefits/documents/rra_qas.pdf

The Pay Me Back presentation is at:

http://www.srs.gov/general/jobs/benefits/documents/WageWorks_pay-me-back.pdf

The Pay My Provider presentation is at:

http://www.srs.gov/general/jobs/benefits/documents/WageWorks_pay-my-provdr.pdf

APPROACHING 65 AND PREPARING FOR MEDICARE

If you are already drawing Social Security, then Medicare enrollment is automatic and you should receive a Medicare card showing enrollment in Part A and Part B about 3 months before eligibility. If you are not drawing Social Security benefits, then you need to enroll for Medicare Parts A and B online or in person in the 3-month period before your birthday. It is important to enroll early in this period to ensure coverage beginning the 1st of your birthday month and to allow time to set up your supplement and drug plans for continuous coverage.

As an example of the timing, if you were to turn 65 in May, your medical coverage will switch to Medicare on May 1. So in late January/early February, you should be receiving your Medicare card and MMA welcome kit and personal identification number (PIN). MMA will also call you in this timeframe with an initial greeting. With the welcome kit information, you can set up an MMA account online and start considering your plan(s). By late March, after consulting with your MMA advocate, you should have chosen your plan(s). This is unless your birthday is on May 1. In that case your medical coverage switches to Medicare on April 1. In that case, move this whole schedule to a month earlier.

It would be wise to obtain copies of the multiple publications put out by Medicare that explain Medicare and your options. These publications are available online from the Medicare web site, www.medicare.gov. Retirees will have to make unprecedented choices to use their site stipends wisely to purchase supplementary medical and drug insurance. Some will see large cost increases because of changes in the system; others may see reduced costs; and some will see increased costs because they chose unwisely.

My Medicare Advocate (MMA) will be contacting you about 3 months before age 65 to begin the process of signing you up for medical and drug insurance policies and can transfer you to a dental plan by phone, if you so desire. These calls may be lengthy and may require several callbacks as the choices are complex. You will have to enter your own list of drugs into the MMA plan evaluation computer program either online or through your MMA advocate. This will enable MMA and you to find the best drug plan for your situation.

Congratulations to Sue Crotts!! You have been randomly selected to receive a \$50 gas card, courtesy of the SRS Employees' Association and the SRS Retirees' Association. You have thirty days to claim this award by contacting Ellen Miller at 803-215-6571 or emmiller25@aol.com. Please confirm your home address when you contact Ellen.

Once you are registered with an account, you will be able to see some of the plans and prices offered through MMA. But be sure to ask your advocate about other options as some plans and prices are not shown because the insurers do not want their pricing published.

So what is your deadline for purchasing a Medicare drug plan? The Medicare Part D plans are required to get you ID cards or a letter you can take to your provider within 10 days of your application being approved. The Medigap Plans take 2-3 weeks to get your ID cards. So as long as you are signed up a month or so ahead of your transition to Medicare, everything should go smoothly. If not, your MMA advocate's job is to help you.

The Association has collected some information, thoughts and ideas to consider when choosing your Medicare supplement plan. This information is based on retirees' experience during the initial transition. Because you may be approaching Medicare when there is not a national sign-up time, hopefully you will not experience the long wait times on the telephone trying to contact My Medicare Advocate. (However, if because of your birthday you must sign up for a new plan in October-December, you may experience problems getting through to MMA by telephone, as this is the time for the national sign up. If you call and are placed on hold, please stay on the line until someone talks to you. Your phone call will be placed in a queue, and MMA representatives will answer the phone calls in the order received. Your wait time may be as much as an hour.) You can read more about choosing a Medicare supplement plan or download a pdf file at our website (srsretirees.org). We hope you find this information useful. Below is additional information to help those who will be choosing a Medicare supplement plan.

MEDICARE SUPPLEMENTS - THINGS TO CONSIDER

The following information is just information. These thoughts and ideas are NOT recommendations. Below you will read about some of the experiences some SRS retirees have had with My Medicare Advocate (MMA). There are some suggestions and ideas to consider as you choose your Medicare Advantage or Medigap medical insurance, drug insurance and dental insurance. For specifics, you should ask your advocate for advice. You can also contact your State Health Insurance Assistance Program (SHIP) for advice. *2013 Medicare & You Handbook* is another good source of information, as well as the medicare.gov website, if you have access to a computer.

IMPORTANT REMINDERS

- You must sign up for a medical plan through MMA.
- Remember to consider spouse coverage. Unlike our current SRS plan, the retiree and spouse must enroll individually and may find that differing plans and companies for medical, drug, and dental coverage provide better value and benefits.
- Remember that switching to a different company or different plan in the future may subject you to medical underwriting and potentially much higher rates.
- You need to buy a Part D drug plan
- All Medigap plans with the same letter provide the same benefits, per government mandate.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPS)

Medicare requires each state to provide assistance and counseling to seniors regarding Medicare and Medicare supplement plan enrollment and benefits. These are called State Health Insurance Assistance Programs (SHIPs).

SHIPs operate under a Federal program that allows states to provide one-on-one personalized counseling, information, and assistance to Medicare beneficiaries and their families. This allows the recipients to better understand and utilize their Medicare benefits. SHIPs help beneficiaries identify and understand programs and plans, including Medicare prescription drug coverage, Medicare Advantage plans, Medicare supplemental insurance policies, Medicare Savings Programs, long-term care insurance and financing, and other public and private health insurance coverage options. SHIPs also assist eligible participants in enrolling in these programs and plans. Additionally SHIP's can assist with issues such as:

- Billing problems
- Complaints about medical care or treatment
- How Medicare works with other insurance

In South Carolina the SHIP office is called the *South Carolina Insurance Counseling Assistance and Referrals for Elders Program* and is known as "I-CARE". It is a program of the Lieutenant Governor's Office on Aging. The main office is in Columbia ([800-868-9095](tel:800-868-9095)) or there is an office in Aiken operated by the Lower Savannah Council of Governments ([803-649-7981](tel:803-649-7981)). Staff at either office will be happy to provide personalized support and counseling.

In Georgia, this program is known as "Georgia Cares" and can be reached at **1-866-55AGING** ([1-866-552-4464](tel:1-866-552-4464)).

For other states the SHIP Program's phone numbers can be found by a web search or on the back cover of the *2013 Medicare & You Handbook*.

Read! Read! And then read some more. Call SHIP advisors. Talk to the people at your doctors' offices, druggists, and other medical service providers that file insurance claims and ask questions. Talk to fellow retirees, and share. Persist until your questions are answered and hopefully you are satisfied you got the best product available for your situation.

SRNS has hired My Medicare Advocate (MMA) to assist us in determining our options, evaluating what is best for us, and assisting us in the signup process. Remember you must purchase your new medical insurance through MMA in order to activate the SRS stipend. MMA will also assist with drug, dental, and vision coverage upon your request, but you can also purchase this coverage independently, online or through local

agents and be reimbursed from the stipend fund. However, we suggest you talk to MMA and consider their recommendations and options before you buy elsewhere.

There have been - and probably will continue to be, for a while - problems with MMA, especially relating to call volume. You will need patience when calling MMA. There have been reports of hold times of greater than an hour. There continue to be reports that the MMA did not call a retiree, even though that retiree had an appointment. **The choices are complicated so calls are much longer than anticipated.** Don't be discouraged. We suggest if your appointment is missed, call your advocate and request to be recalled. MMA has hired temporary employees to answer the phones, but these are not agents; and thus, they cannot advise you about any selection. However, they can send information by mail, if you need it, or take your name and phone number so that an advocate can return your call. As disconcerting as this may be for us, we have to recognize that MMA services multiple companies, not just ours. Also, many of the participants have been calling since the enrollment start date.

If you are dissatisfied with your advocate, you may request another advocate or specify that you want a MMA advocate. (Some advocates are contractors to MMA.)

In Aiken, only Aetna, BC/BS, and BC/BS Select Medigap plans are listed on the MMA website. MMA offers a few others but does not list them on their website because the companies will not let MMA post prices on the MMA website. AARP/United Healthcare is one that will not allowing posting of their prices. You should ask about plans you can buy which are not on the MMA web site.

My Medicare Advocate encourages retirees to enroll online through the MMA website portal, whenever possible. However, many insurance companies do not allow online enrollment. In those situations, the advocates work with the retiree over the phone to complete the Medicare insurance supplement (either Medicare Advantage or Medigap) application.

Neither the SRS Retiree Association nor SRNS nor MMA ever said any insurance plan is better than another. This is a personal decision. Nationally, 80% of those with a Medigap plan have chosen Plan F. All Medigap plans work anywhere Medicare (domestically anyway) is accepted. If you travel a lot, or if you move, your Medigap plan remains in effect (If you move to an area not served by your Medigap insurer you would have to switch companies next year).

To help with your decision, it may be helpful to add the costs for your out-of-pocket expenses for the past year. You should include the premiums deducted from your pension statement plus the expenses from your Blue Cross/Blue Shield (BC/BS) Explanation of Benefits statement. If you don't have all of your statements, the first page on the last statement summarizes what has been paid by BC/BS and you for the year.

The first decision you need to make is whether you are interested in a Medicare Advantage plan or a Medicare Supplement Plan (Medigap). After 65 we have been enrolled in what is often called "original Medicare" – that is Medicare Part A and Part B. Our SRS coverage supplemented original Medicare and provided our drug benefit.

Medicare Part C, or Medicare Advantage, is a program offered by private insurers that replaces original Medicare. Coverage and benefits match original Medicare, but these plans usually add drug coverage as well as additional benefits. Often the premium for these additional benefits is zero or just a few dollars. However these plans operate like an HMO – that is they have a network of doctors and hospitals that you must use for maximum coverage (except in emergencies). Out-of-network charges are paid at a reduced rate. Each company's network is different, and each company's benefits beyond original Medicare are different. Fully

evaluating all the plans can be a significant effort. In our part of SC there are only seven Medicare Advantage plans offered, and only a few of those are offered through MMA so the process of evaluating them is somewhat easier. MMA can help by providing information regarding which doctors and hospitals are included in each network. In Richmond/Columbia counties, however, the number is much larger and evaluating all of them is more difficult. However, since you must purchase your plan through MMA, your investigation should be limited to only those plans offered by MMA, a much smaller set.

The alternative to a Medicare Advantage plan is called a Medicare supplement or Medigap plan. Medigap plans are accepted anywhere Medicare is. They do not affect Medicare benefits; rather they pay some or all (depending on the plan you choose) of the cost of Medicare -approved procedures that Medicare doesn't pay – except drugs. Some companies do offer a Medigap plan, usually called a “select plan” with lower pricing if you use hospital(s) and doctors in their network (similar to our current BC/BS).

There are three types of pricing systems for Medigap plans: (1) attained age, (2) age-at-issue, and (3) community rated. Most plans are attained age, which means the price increases each year for inflation and your increased age. Age-at-issuance plans are less common but may be a good option if you enroll initially while you are quite young (young in this case being relative), and you think it is likely you can stay with this company for many years. However, none are offered through MMA. The only community-rated plan offered in SC is AARP/United Healthcare. This is a little deceptive, because they have what is known as a "standard rate," which is their rate for age 75 and beyond. Before age 75 they offer an "enrollment discount" of 3% per year, i.e., their rate at age 65 is 30% less than their standard rate and age 70 is 15% below. So their rates also increase each year, but top out at age 75. All other companies have age-based rate increases to higher ages. The top age bracket can be 80, 85, or 90 - each company is different. You can check each company's rates through their website or MMA should be able to provide this information.

In choosing a Medigap plan, you need to pick the right letter plan. **All Medigap plans with the same letter provide the same benefits, per government mandate.** A chart comparing the different lettered plans can be found in your copy of the *2013 Medicare & You Handbook*. The difference in them is the pricing method, cost, and ability to continue with that company if you move to another state/region.

The price of Medigap policies usually go up annually with inflation (and maybe age) so you have to be able to pay future premiums, probably some money out of your own pocket since our stipend probably will not keep up with inflation.

It was stated in all the meetings that we have a one-shot "guaranteed issue" status, i.e., no medical underwriting. That means we can sign up for any Medigap Plan at standard/base rates. If you switch companies or want to upgrade your plan in the future, you may be subject to underwriting and charged higher rates or declined. Neither Medicare Advantage (Part C) Plans nor drug plans (Part D) have this issue. They have true open enrollment annually without regard to medical condition. However, choosing a Medicare Advantage plan now uses up that one-time guaranteed issue. If in the future you choose to go back to a Medigap plan, you will be subject to underwriting.

If you get a Medigap plan (or in the unlikely event you purchase a Medicare Advantage plan that does not include a drug plan), you **need to buy a part D drug plan**, even if you take few or no drugs. If you don't, there is a 1%/month premium penalty for every month you were eligible to enroll in a drug plan and didn't. The penalty is forever. So if you wait two years (24 months), you will have a 24% penalty assessed forever. If you don't take any drugs now, sign up for the cheapest plan available. The cheapest plans offered in SC are the AARP MedicareRx Saver Plus plan (\$15.00/month) and the Humana-Wal-Mart Preferred Rx plan

(\$18.50/month). Both are honored at most pharmacies. But it is important if you do routinely take drugs, that you use a computer evaluation tool to find the best plan for your situation. (Remember, it may be different for you and your spouse.) You can perform this evaluation on your computer at either the Medicare.gov website or the MMA website. Alternatively, the MMA agent will do this for you, a SHIP counselor can do it, and many pharmacies will do it. The good news is that if you select a poor plan or your drug regimen changes you can enroll in a different plan each year without penalty. If you have several non-generic medications, it is likely you will end up paying substantially more for drugs than in the past regardless of which plan you choose. Out-of-pocket costs can be submitted for reimbursement from your stipend, if you haven't used the entire stipend amount for premium costs.

When using the MMA website:

- The map for drug coverage has a zoom out feature. Use that control and your pharmacy may appear on the list.
- Apparently, once you sign in, the default goes to Medicare Advantage. Even if you choose another tab (Drug Coverage, Medigap, etc.), once you leave a page, it defaults back to Medicare Advantage. If you are not interested in Medicare Advantage, make sure that you have the tab you want before you continue.

Again, these are only ideas for your consideration when choosing your health insurance coverage. The SRSRA BOD wants this process to be successful for every retiree; however, we all have much to learn. If the BOD can help you, please let us know.

QUESTIONS TO GUIDE YOU THROUGH THE DECISION PROCESS.

As our post age 65 members work through purchasing individual insurance policies to try and provide the insurance coverage that they had received through the site medical plan, there are many questions that need to be addressed. In theory, My Medicare Advocate (MMA), the company hired by SRNS to assist in the process of purchasing individual insurance policies, should address and answer all of these questions. Based on the experience of several Board members and numerous inquiries from members to the Board, this is not always the case. This is a list of questions that the Board hopes will provide some guidance as you evaluate policies based on your own individual situations. The Board is not in the position to make any specific recommendations concerning individual insurance policies but believes that if you work with MMA to address all of these questions you will be better prepared to use your stipend to select insurance policies that best meet your needs.

Questions to Guide Selection of Insurance Policies

- Did you use the MMA website www.mymedicareadvocate.com/srs, to document your personal medical and drug information before starting the enrollment process with your MMA advocate?
- Do you understand the differences between Medicare Advantage and Medicare Supplement plans?
- Have you considered what your maximum annual out of pocket cost would be for medical and hospital costs for each plan?

- If you are considering a Medicare Advantage plan, have you verified that your present doctors accept that Medicare Advantage plan?
- Do you understand the differences between the various Medicare Supplement plans? (e.g., what is covered and at what percentage)
- Do you understand how prescription drug coverage works with Medicare Advantage or as a standalone Medicare Part D?
- Do you understand that costs for prescription drugs can be different during the period before you have met your deductible, while your costs are below the start of the donut hole, while your cost are within the range of the donut hole and then after you have passed through the donut hole?
- Do you understand that estimated total annual costs for prescription drug plans are based on the prescription drugs you are now using?
- Do you understand the penalty for delaying enrollment in a Medicare Part D prescription drug plan?
- Do you know what the rating is of the various company policies you are considering?
- Do you know if the premiums for Medicare Advantage or Medicare Supplement policies you are considering are age based or community based?
- Do you know how premiums have increased over the past few years for Medicare Advantage or Medicare Supplement policies you are considering?
- In making a selection for a Medicare Advantage or Medicare Supplement policy have you determined if the company offering the policy operates in a state where you may move in the future?
- In making your selection for a Medicare Supplement have you considered whether or not you will be able to afford the policy in future years as policy costs increase and your stipend may remain the same?
- Do you understand that if in future years you elect to change Medicare Advantage or Medicare Supplement policies during the open enrollment period you may be subject to insurance underwriting, so that past medical history can be considered in setting your premium? [Note: Changes in Medicare D plans are not subject to underwriting.]
- Have you considered purchasing a dental plan to provide coverage similar to that provided by your present site dental plan?
- Based on your individual circumstances, have you considered other insurance policies? (e.g. eye care, hearing aids etc.)

TREASURER'S REPORT

Stan Smith

This report covers the period February 1, 2012 through February 28, 2013.

Opening Balance	\$46,471.43
Dues Income	\$25,390.00
Interest Income	\$245.63
Expenses	\$16,018.45
Closing Balance	\$56,088.61

The major expenses were the 2012 annual meeting including door prizes, postage and printing associated with the newsletter and membership enlistment and communications, and gas cards awarded through our association but funded by the SRS Employee Association. All assets are held in a combination of CDs and a checking account.

MY MEDICARE ADVOCATE / WAGeworks CONCERNS

We receive letters from retirees trying to get proper WageWorks reimbursement for their medical bills. Most of the problems occur when the retiree/patient lives out-of-state (i.e., no longer in SC). If you have records of My Medicare Advocate or WageWorks service problems to share with SRSRA members, please **send a letter outlining your case to:**

Rick Geddes, Medical Benefits Committee
SRS Retiree Association
P.O. Box 5686
Aiken, SC 29804

BC/BS SERVICE CONCERNS

We receive letters from retirees trying to get proper Blue Cross/Blue Shield reimbursement for their medical bills. Most of the problems occur when the retiree/patient lives out-of-state (i.e., no longer in SC). If you have records of BC/BS service problems to share with SRSRA members, please **send a letter outlining your case to both:**

Rick Geddes, Medical Benefits Committee or
(See Address Above)

Kaye Bozeman, Major Service Representative
I-20 at Alpine Road AV-100
Columbia, SC 29219

or e-mail your information to: **KAYE.BOZEMAN@bcbsc.com**, or Fax: 1-803-264-9353. You can also call Gari Howard, your BC/BS service representative, toll-free at (800) 868-2500, ext. 45805. As a last resort, you can call Kaye Bozeman at 800-288-2227, extension 44452 or 803-264-4452.

BENEFITS CONTACTS

Benefits Service Center (a one-stop service for most HR and payroll activities and questions).

- ◆ **803-725-7772 (local area SC and GA)**
- ◆ **800-368-7333 (long distance)**
- ◆ **service-center@srs.gov (e-mail contact for this new service)**

- | | |
|--|---|
| ◆ SRNS/SRR Savings Plan 866-288-3257
www.ibenefitcenter.com | ◆ Blue Cross/Blue Shield of SC
800-325-6596 |
| ◆ Westinghouse Corp. Pension 800-581-4222 | www.southcarolinablues.com |
| ◆ My Medicare Advocate 877-591-8904
www.mymedicareadvocate.com/srs | Option 1 for Medical |
| ◆ WageWorks 877-924-3967
www.wageworks.com | Option 2 for Dental |
| ◆ HSA Bank 800-357-6246
www.hsabank.com | Option 3 for Pre-Cert/Med Authorization |
| | ◆ Medicare Helpline 800-633-4227 |
| | ◆ Medicare Web Site www.medicare.gov |
| | ◆ Pre-Certification for Mental Health / Substance Abuse 800-868-1032 |

Savannah River Site Retiree Association Membership Application

_____ I want to RENEW my membership in the SRSRA
(...and I am willing to serve on the Board of Directors) _____ Yes _____ No

_____ I want to JOIN the SRSRA
(...and I am willing to serve on the Board of Directors) _____ Yes _____ No

_____ My spouse is also retired from SRS and wants to JOIN the SRSRA
(...and my retired SRS spouse is willing to serve on the Board of Directors) _____ Yes _____ No

_____ I am the surviving spouse of an SRS retiree and wish to JOIN/RENEW my membership in the SRSRA
(...and I am willing to serve on the Board of Directors) _____ Yes _____ No

Annual Dues:

Current Year

_____ \$15 for Retiree
_____ \$0 for Retiree's Spouse (also retired from SRS)
_____ \$5 for Retiree's Surviving Spouse

Next Year

_____ \$15 for Retiree
_____ \$0 for Retiree's Spouse (also retired from SRS)
_____ \$5 for Retiree's Surviving Spouse

SRS RETIREE NAME _____

SRS Retired or Surviving SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

SRS RETIREE RETIRED FROM: SRNS _____ WSRC/SRR _____ BSRI _____ BWXT-SRC _____ BNFL-SRC _____ OTHER _____

SPOUSE RETIRED FROM SRS: SRNS _____ WSRC/SRR _____ BSRI _____ BWXT-SRC _____ BNFL-SRC _____ OTHER _____

SRS RETIREE: DATE OF RETIREMENT _____ E-MAIL ADDRESS _____

SRS RETIRED OR SURVIVOR SPOUSE: DATE OF RETIREMENT _____ E-MAIL ADDRESS _____

Return to: **SRS Retiree Association**
P. O. Box 5686
Aiken, SC 29804
Attn: Larry Coleman, Membership Chairman