

# **SRSRA NEWSLETTER**

*For SRS Retiree Association Members*

*Ed Somers, Editor*

*Volume 56 March 2014*

## **ANNUAL MEETING TUESDAY, APRIL 15<sup>th</sup> USC-AIKEN ETHERREDGE CENTER**

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### **CHAIRMAN'S LETTER**

Dear Member:

**The times they are a-changin'...**

**- Bob Dylan**

...and your Retiree Association is changing with them.

When I became Chair almost two years ago, I did not foresee all of the changes we've experienced since then. We knew changes in our medical benefits were coming. Savannah River Nuclear Solutions (SRNS) and My Medicare Advocate (MMA) promised a smooth process with plenty of choices and lots of help. Of course that didn't happen. A little later, WageWorks made similar promises - and too many of you know how well that's not working.

Almost immediately, your Retiree Association stepped up and offered help to those who had trouble navigating the systems. In particular, Rick Geddes and his Medical Interface committee provided exceptional support to all of us during the transition. Over the past 18 months, we've continued to answer questions and offer help. The Association has had to become much more focused and more professional than we have ever been before.

But now, in the second year AC (After the Change), we are facing new challenges:

- The number of policies being offered to those now signing up for Medicare supplement policies is reduced and there is a real danger that there may be none available through MMA in some rural areas.
- The staff of the Benefits Solutions Center is a shadow of what it was two years ago, because of the budget cuts and layoffs at the Site.

- There has been a complete turnover in upper management at the Site. They don't know us, and we don't know them.
- The national health care landscape has been radically restructured, with more changes to come.

With these challenges in mind, the Board of Directors is taking four important steps. We'll discuss these in more detail at the Annual Meeting and update you on their status but let me summarize them now.

1. After sometimes heated discussions, the board made the decision to **re-engage with the site management** and work with them in whatever ways we can. The site has more resources than we do. We have to recognize that it's one site and one budget - retirees' pensions and medical benefits and site payrolls and operations all are paid from the same pot. If the site's budget is reduced, that puts more pressure on DOE and the site contractor to reduce our benefits. Thus, it is in our interest to support efforts to achieve "full funding" and to push for new missions for the site. However, we will expect the site to continue to work with us on our initiatives in return for our Site advocacy.
2. One of these is a **retiree Resource Center**. It has become clear that many of our members need more assistance than they are getting from either MMA or the site (and let's not mention "assistance" and WageWorks in the same sentence!). Last year, we retirees only used 71% of the funds in the stipend pot; one out of six of us received no reimbursement at all. The Resource Center would provide assistance to all retirees in preparing and filing benefits-related forms. The center would also point retirees to resources in their area for special situations such as Medicare or drug coverage denials, social security disability denials, and appeals of insurance company actions. We are currently working with the site contractors to determine what they will contribute to setting up the center.
3. In the last letter I also mentioned the work of John Veldman and the Benefits Protection committee. John has provided a rather complete summary of what we are pushing for - **a pension adjustment** that is aimed at the old, the poor and the sick among us. They are the ones who have borne the brunt of the changes in benefits and your Board of Directors wants to find a way to ease their burdens. I urge you to read John's write-up carefully. The site has helped us by providing data we need to put the case together.
4. In my last letter, I mentioned the efforts of John Lindsay and others to **improve communications** with prospective members, with the site and with our Congressional delegation. As a result of excellent work by John, Joe Ortaldo and Jack Roberts, the association has re-engaged with the Department of Energy – Savannah River (DOE-SR), SRNS, Savannah River Remediation (SRR) and the Congressional delegation. As indicated above, we're establishing a more productive relationship than we've had in a while. At the Annual Meeting you'll have a chance to see some of the beautiful materials John and his crew have developed.

As you can see, your Retiree Association is continuing to adapt to changing Site and national conditions. My goals and that of the Board of Directors (BOD) are simple - to defend our benefits and to help all of us to make the most of them. If you have thoughts about other things we should be doing, or don't understand or like what we're already doing, let us know. We are here to represent you.

John Plodinec, Chair

SRS Retiree Association

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## **Benefits Protection**

The SRSRA BOD is working on three important retiree issues that require continuing attention/vigilance:

- An increase in retirees' pensions to recover lost buying power
- Effective use of the retirees medical stipends
- Ensuring that the medical benefit stipend is periodically adjusted to account for increases in medical costs

### **Pension Increase**

The BOD continues to pursue the goal of a pension adjustment by 2015. The last adjustment was in 2002, and inflation has reduced the pension's buying power by 30%. Retirees are now also picking up more of their own medical costs. Helping the oldest retirees with the smallest pensions is a key objective.

As a starting point, the BOD reviewed past pension adjustment efforts. The BOD has requested and received current pension financial status information from DOE-SR, and has researched applicable pension law. SRNS has also provided requested data on the retiree population and costs. With this basic information, the BOD formulated several different pension adjustment options (percentage, tiered, and flat dollar value) for discussion with DOE-SR and the contractors. The "flat dollar" option is the leading contender at this time. With this option, each eligible retiree, who has been retired more than three years, would get the same dollar increase, with a modest addition for each year retired since 2002. Deferred vested retirees are not typically eligible for adjustments. This flat dollar approach is more affordable, and it gives those with the smallest pensions the largest percentage increase.

Currently we are working with DOE-SR and SRNS to develop a consensus proposal that can be forwarded to Department of Energy – Headquarters (DOE-HQ) for approval. We have also engaged our legislative delegation on this issue. Obtaining approval of this pension adjustment will not be an easy task.

### **Effective Use of Retiree Medical Stipends**

Last fall, the BOD sent out a flyer requesting retirees to submit all their 2013 expenses to WageWorks to demonstrate clearly that retiree medical expenses are higher than the stipend. Despite this plea, 2013 year-end stipend utilization data obtained from SRNS shows that only 71% of the available stipend funding was reimbursed. One in six retirees did not submit any reimbursement claims. Singles and age-in retirees had lower reimbursement rates than married retirees. An obvious conclusion from the BOD's analysis of the data is that the reimbursement process is difficult, especially for retirees without access to a computer, or who have limited computer skills. Therefore, the most important action is the establishment of a "Resource Center," in partnership with SRNS and SRR, to assist retirees with submitting reimbursements to WageWorks, and with other issues/problems. This "Resource Center" will provide a place for retirees to get one-on-one assistance and is discussed elsewhere in this newsletter. So far, we have received positive feedback from the Site contractors on this concept. We are also considering several ways to educate age-in retirees on the reimbursement process. We will continue to urge retirees not to "save" the stipend in their WageWorks account. It is not YOUR MONEY until it is reimbursed to you! If you are single and die, your stipend account balance goes back to the plan sponsor (SRNS). Submitting all your medical costs for reimbursement is the single most important thing you can do to support continuation and eventual enhancement of the stipend.

## **Adequacy of Medical Stipend**

As a result of our efforts, the SRSRA BOD will be allowed to become involved with SRNS in the determination of the metrics that will be used to determine the adequacy of the stipend in the future.

The BOD has become aware that some post-65 retirees are experiencing very high drug costs (greater than \$4,550 per year per person in out-of-pocket expenses). In an effort to understand the number of retirees experiencing this serious problem and the reasons for the very high cost, we have developed a questionnaire. If you are experiencing very high drug costs, please fill out and return the survey. If you have difficulty completing the survey, or have questions about it, please call David Zigelman at (803) 641-0938. If you are under 65, or are not experiencing very high drug costs, disregard the survey.

## **General**

Quarterly meetings have been re-established with SRNS, SRR, and DOE-SR. The BOD feels that it is imperative that SRSRA establish constructive engagement with these organizations, to make progress on retiree issues. Two rounds of meetings have already demonstrated the value of this approach. It appears that we will soon enter a phase in the relationship where we are working in teams, outside the routine meetings, on issues like the pension adjustment, establishing metrics to assess the adequacy of the stipend, and establishment of the "Resource Center."

The BOD has taken a very disciplined project-like approach to implementation of the strategies we have developed on retiree issues. A formal risk assessment was conducted and mitigation strategies were developed. A formal Project Management Plan has been developed to guide our efforts and track progress.

During discussions with the site contractors and DOE-SR, they expressed a desire to engage retirees in support of the Site. Examples include having knowledgeable retirees attend Citizen Advisory Board\* (CAB) meetings, establishment of a "Guest Scientist/Engineer Program" which allows select retirees to assist the site, and support of the Heritage Center. Although this support is the currency of a mature partnership, we have cautioned that rebuilding trust is a key prerequisite to broad and enthusiastic support from retirees.

\*The CAB is a group of local citizens who have volunteered to provide their perspectives to decisions made at the site. While DOE and the contractors do not have to follow the CAB's recommendations, they do listen to the concerns of the site's neighbors. However, CAB members frequently have little or no knowledge about site activities, and DOE would like to see retirees help the citizens understand site issues before they make recommendations.

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## **2014 ANNUAL MEETING**

Each year the Board of Directors of the Savannah River Site Retirees Association holds an annual meeting to discuss the financial, political and overall outlook for retired site employees. This year's meeting will be held on April 15, 2014 at the Etheredge Center on the University of South Carolina Aiken Campus. Member registration will begin at 11:00 a.m. and the meeting will start promptly at 1:30 p.m. It is expected to conclude at about 4:00 p.m.

Guest invitees to this year's meeting include: Department of Energy-SR, site management from SRNS and Savannah River Site Remediation, politicians from South Carolina and Georgia, and various vendors who provide important services to the site retirees. These vendors will set up tables and be available to provide information about their services to retirees. Their tables will be open from 11:00 a.m. until 1:30 p.m. to discuss various issues one-on-one.

The major subject expected to be discussed at the meeting will be the transition progress from site health insurance to stipend provided medical, prescription drug, dental and vision insurance coverage. The main speakers at the meeting will include: Dr. John Plodinec, Savannah River Retirees Association Chairman, who will discuss the state of the Association; John Veldman, Chairman of the Retiree Benefits Committee of the Savannah River Retirees Association, who will discuss retiree benefits; and Dr. David Moody, SRS Operations Manager, who will talk about Site progress.

The Etherredge Center is located on the University of South Carolina Aiken campus. Information about how to find the center and where to park can be found at [srs.retirees.org](http://srs.retirees.org). The center's address is: 471 University Parkway, Aiken, SC 29801 (803-641-3327). The capacity of the center is about 700 people and we are expecting capacity attendance. Attendees are encouraged to carpool with one or two others because school will be in session and the four parking lots are expected to be crowded.

Any questions about the meeting can be addressed to Ed Leibfarth (706-833-8272), email [desmin@comcast.net](mailto:desmin@comcast.net).

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## **MEDICAL INTERFACE**

The 2014 enrollment period for SRS medical as well as Medicare and supplements is over, and I hope everyone got through the process a little easier this year. Most of us probably didn't need to make any changes to our Medigap/Medicare Advantage plan, but I hope everyone revisited their selection of a drug plan.

This year we have learned a lot about dealing with our new medical benefit system. Here are our observations.

**For the younger crowd remaining on the SRS plan.** We hope you took advantage of some of the ways to prevent your deductible from increasing this year. Those incentives (and possibly others to come) will continue and need to be completed again to avoid higher deductibles in 2015. We have had questions about why folks have not seen a reduced deductible on their early Explanation of Benefits statements (EOB) or one their online account status checks, despite having completed one or more of the specified actions to reduce this year's deductible. If you look closely you should see that the way this program is being implemented is not by reducing the 2014 deductible (\$600), but rather by providing a credit against the deductible. So for instance, if you completed two of the actions last year, your first EOB of 2014 might show \$250 of this year's higher deductible already satisfied, before you had any deductible-qualifying expenses this year.

The large premium increase of 2014 is likely to continue for several more years, so you need to do all you can to control your cost. Also recognize that the under-65 retiree pool has been separated from the larger site

population, so our individual insured medical cost is playing a larger role in determining the premium. For your health and your finances it behooves us all to do the things we can to improve our health and reduce medical costs – e.g. lose weight, stop smoking, eat healthier, exercise, etc.

**The older (post-65) crowd is also seeing changes.** Service by My Medicare Advocate has improved – we think. Since we heard far fewer complaints this year, we assume that those people who had to deal with MMA found the experience to be better than the horror of last year. Especially those aging in and being in contact with MMA other than during the October and November peak period should have found the process to go relatively smoothly. **By the way – a message to those of you aging in** --during the first 12 months that you have Part B, you should get a “Welcome to Medicare” preventive visit – essentially a physical. This visit is prescribed by Medicare and includes a review of your medical and social history related to your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. When you make your appointment, let your doctor’s office know that you would like to schedule your “Welcome to Medicare” preventive visit. You pay nothing for the “Welcome to Medicare” preventive visit, but if your doctor performs additional lab tests or exams they will be covered by normal Medicare reimbursement which may include some copay or coinsurance. Thereafter you should get an annual “wellness” visit.

Unfortunately, we were all surprised to find during this year’s enrollment period that MMA reduced the list of companies with which they contract. While many companies offer Medigap plans (there are 35 available in the Aiken area), most of them are unknown companies we probably wouldn’t choose even if they were offered to us. In this area MMA offers AARP/United Healthcare, Humana, and Blue Cross plans (GA or SC), but this year MMA dropped Aetna. Aetna is a significant player among our retirees for Medigap plans – about 20% of us enrolled with Aetna. We can keep our Aetna plan and retain stipend eligibility, but cannot make any changes. So if you have Aetna, I hope you are happy with it. To retain stipend eligibility any changes must be made through MMA therefore you would have to switch to another company and be subject to medical underwriting. In general, unless you have a strong reason to switch, we recommend you stay with the plan you have. That is why it is important to carefully consider your initial enrollment and choose a plan you expect to stay with the rest of your life.

On the flip side however, the companies MMA still supports represent about 80% of our Medigap plans and nearly all of the Medicare Advantage plans. So the plans most people are likely to choose are still available. It remains to be seen if this trend of reducing options continues in future years.

## **Drug Plans**

Our major vulnerability to extreme medical costs is drugs, where no commercially available Medicare Part D drug plans are as good as the SRS plan – both because the SRS plan covered all prescriptions, not a limiting formulary and because of the relatively low \$2000 out-of-pocket limit of the SRS plan. It is essential that each of us (and our dependents) shop our drug plan each year. Drug plans have true open enrollment – there is no medical underwriting, no consideration of your health or how many drugs you take.

MMA will help you shop for drug plans – tell them all your drugs and their computer will determine the best option from among the plans with which they contract. However, if you are computer-confident, we recommend you do this plan comparison yourself at the [medicare.gov](http://medicare.gov) website. Many more drug plans are available and since you are making only a one-year commitment, you do not have to be hesitant about picking some plan/company you haven’t heard of. Just be sure you are correctly inputting your drugs and

your preferred pharmacy(ies). You can enroll online right on the Medicare website, and you can choose to have your premium deducted from your Social Security. This is the simplest approach we know of.

We offer the same advice as last year. If you take no or few drugs, get the cheapest plan available (a Humana plan is available in the Aiken area for \$12.60/month). Evaluate your plan choice based on the drugs you take routinely. Don't worry about an occasional antibiotic or some drug you might take in the future. And remember, buying a more expensive plan offers no assurance that if you start taking some drug in the future, the coverage will be better than a cheaper plan.

**WageWorks.** Experiences with WageWorks over the past year have been mixed at best. Some members report few, if any difficulties. Many others have reported denials of requests for reimbursement for reasons that make no sense. We have also heard about inconsistent application of criteria, conflicting answers to questions, and representatives who are just not knowledgeable. We have worked throughout the year with SRNS to get this fixed. There has been some improvement, but we still hear too many complaints. From everything we have heard, the best experiences seem to be requests for automatic reimbursement of monthly premiums, or better yet, one-time reimbursement of the annual premium. You pay the whole premium at the beginning of the year and get a one-time payback. This minimizes the number of interactions, therefore limiting the opportunities that you will be frustrated. File for the easy things first. Use your annual letter from Social Security that comes in December. This annual letter identifies your Social Security benefit for the upcoming year and how much will be withheld for Medicare Part B (This year the standard amount is \$104.90). Use a letter from your Medicare supplement plan and your drug plan detailing your coverage and the premium as the basis for repayment. You must also show evidence of payment, cancelled check (both sides) or bank withdrawal statement. In many cases you can also get evidence of payment online from the insurance company. Many plans have online access and show transactions including premium payment.

Your retiree association recommends that you avoid the WW "pay-my-provider" option. There are too many things that can go wrong leaving you in a panic to fix the problem.

This year WageWorks has implemented an automatic reimbursement system with a few companies. For us, this initially affects those enrolled with Aetna, Humana, and Delta plans. You do not have to file for reimbursement of your Medigap and Medicare Advantage premiums to these companies. However, it appears that you can expect reimbursement to lag by up to 6 weeks by the time the insurer sends payment data to WW and then they issue reimbursement. So it is likely that you will always be one month behind in reimbursement in exchange for not having to gather coverage and payment information and try to get our friends at WW to approve your submittal. I think most of us think this is probably a worthwhile trade.

**NEWS FLASH –The automatic reimbursement program is being expanded to include United Healthcare (AARP) Medicare supplement plans and Humana drug plans. In the long run this has to be good news, particularly for those who are having difficulty getting the information together to file for reimbursements. However, this program has experienced some start-up difficulties. It appears that, in some cases automatic reimbursements have been issued which duplicated reimbursements for some people who had submitted requests. For now they have apparently halted the program and are going to send out letters about it. We have little choice but to bear with them as they try to straighten it out. Hopefully, eventually, this will turn out to be an improvement as automating the program has to be better than dealing with these types of frustrations.**

Be aware that SRNS is aware of difficulties and issues with MMA, and especially WageWorks. While it's too soon to make major changes in the system, SRNS is promising to consider future changes – both in the

companies contracted to service us, and in the methods and systems used to provide our coverage and financial support.

**Finally, a request.** The SRSRA thinks that all of us should strive to use all of our stipend each year. From a cost standpoint, few of us will have a problem identifying sufficient medical costs to exceed the stipend. The only difficulty is getting WageWorks to approve the claims. Since one of our organization's goals is to seek a periodic increase in the stipend, we think it is important to show that we are using what we have. But as of the end of 2013, only 20% of retirees had used their entire stipend. In fact, about 1 in 6 of us hadn't filed for any reimbursement and nearly a third of the total funding was still available. Remember, there is no time limit – you can still go back and file for 2013 expenses.

If you submit claims exceeding the annual stipend, WW will approve the claim and pay out a lump sum when sufficient funds become available. In fact you might get a lump sum payout of the entire annual stipend (\$2400 per person) in early January if enough claims are pending. This sum could be used to pay the next year's premium up front. Just don't forget to refile that amount for future reimbursement.

For those of you thinking that not filing allows the fund to accumulate for a "rainy day", remember that at your death, if there is no spouse, the funds revert to the company. Therefore we recommend that if you want to save these funds for the future, file a claim and save your reimbursement in another personal savings account.

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## **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 three 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 three-month period before your birthday. It is important to enroll early in this period to ensure coverage beginning the first day 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 from Medicare and Welcome Kit and personal identification number (PIN) from MMA. 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, [medicare.gov](http://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.

MMA will be contacting you about three 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 James V. Logan!! 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 Neal Smith at 706-481-0970 or [pnealsmith@gmail.com](mailto:pnealsmith@gmail.com). Please confirm your home address when you contact Neal.

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 Retiree 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 from the Medicare website ([medicare.gov](http://medicare.gov)). There are links to these documents on the Retiree Association website. We hope you find this information useful. Below is additional information to help those who will be choosing a Medicare supplement plan.

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## **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](http://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 the former 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.

Congratulations to Russell Smith!! 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 Neal Smith at 706-481-0970 or [pnealsmith@gmail.com](mailto:pnealsmith@gmail.com). Please confirm your home address when you contact Neal.

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.

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## **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](http://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.)

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## **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 the CSRA). 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**

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## **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). Your first recourse should be to call Blue Cross/Blue Shield at 800-325-6596 to resolve your issue directly. If you cannot get resolution this way, You can also call Gari Howard, your BC/BS service representative, at 803- 264-5805, or toll free at 800-868-2500 ext. 45805 or email [gari.howard@bcbssc.com](mailto:gari.howard@bcbssc.com). If you have records of BC/BS 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**

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## **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 (toll free)
- ◆ [service-center@srs.gov](mailto:service-center@srs.gov) (e-mail contact for this service)

- ◇ Westinghouse Corp. Pension 800-581-4222
- ◇ My Medicare Advocate 877-591-8904  
[www.mymedicareadvocate.com/srs](http://www.mymedicareadvocate.com/srs)
- ◇ WageWorks 877-924-3967  
[www.wageworks.com](http://www.wageworks.com)
- ◇ Medicare Helpline 800-633-4227
- ◇ Medicare Web Site [www.medicare.gov](http://www.medicare.gov)

- ◇ Blue Cross/Blue Shield of SC 800-325-6596  
[www.southcarolinablues.com](http://www.southcarolinablues.com)  
Option 1 for Medical  
Option 2 for Dental  
Option 3 for Pre-Cert/Med Authorization

## 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**