

# Living **power**

For all who have made a living **I** and now wish to make a life

## General Assembly Finalizes Budget

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### IN THIS ISSUE:

News & Views 2

Association Benefits  
Introduced 3

TRICARE Supplement  
7

All this Talk about  
Lung Cancer 8

The State Health  
Plan, Medicare  
Part D and You 11

The General Assembly approved the state budget for the 2005-07 biennium on Thursday, August 11 after nearly two months of negotiations between Senate and House conferees. During the budget negotiations, the General Assembly passed three continuing resolutions in order to maintain the ongoing operations of state government. The approved budget includes Cost-Of-Living Adjustments (COLAs) for governmental retirees and important changes to the State Health Plan. Highlights of the budget and other retirement-related legislation are presented below.

### COLAs

Retired teachers and state employees will receive a 2.0% Cost-Of-Living Adjustment retroactive to July 1. The available gains in the Teachers' and State Employees' Retirement System were only sufficient to fund a 1.46% increase. The budget appropriates an additional \$13.8 million to support the 2.0% COLA. Retired legislators and members of the judi-

cial branch also will receive a 2.0% increase in pension payments.

Local governmental retirees will receive a 2.5% COLA retroactive to July 1. In contrast to the state retirement fund, the Local Governmental Employees' Retirement System had sufficient undistributed gains to fund as much as a 4.0% increase. However, the General Assembly felt that leaving a significant reserve in the system to fund future benefit increases was the best course of action. The North Carolina Retired Governmental Employees' Association had sought a 3.3% COLA for state and local retirees.

The General Assembly also provided pension increases for retired volunteer firemen and rescue squad workers as well as National Guardsmen. The monthly pension benefit for retired volunteer firefighters and rescue squad workers will increase from \$161 to \$163 effective July 1, 2005. The minimum and maximum monthly benefits paid to retired members of the North Carolina National Guard have

*(Continued on page 4)*



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## News & Views: September District Meetings Announced

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The NCRGEA is pleased to announce the dates for several fall district meetings. Mark your calendars now so you may attend.

Members in **Alleghany, Surry, Wilkes and Yadkin** counties will be invited to attend a meeting in **Wilkesboro** on **Monday,**

**September 12.**

**Boone** will host members from **Ashe, Avery, Caldwell and Watauga** counties on **Tuesday, September 13.**

We will be in **Hickory** on **Wednesday, September 14** to see our members in **Alexander, Burke, Catawba and Lincoln** counties.

And finally, on **Thursday, September 15, Rowan and Iredell** county members will be invited to a meeting in **Statesville.**

Some of the topics that will be discussed in the morning meeting include the new Medicare Part D prescription drug card, a legislative wrap-up of the current session, and State Health Plan news. In addition, a local lawyer will explain wills, trusts, power of attorneys, and other legal issues. Do you have everything you need to be safe?

Make plans now to join us for this **free** luncheon. Remember, we only come to your area every three years to host this meeting. We'd love to see you there!



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## Betty West retires

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Betty West, the Director of Membership for NCRGEA, announced her retirement effective June 1, 2005. She joined the Association staff on August 1, 1999. During her nearly six years of service, Mrs. West was a loyal and valuable member of the NCRGEA staff team. Prior to joining NCRGEA, Mrs. West had 28 years of service with the North Carolina Community College System.

The Executive Committee honored Betty at a luncheon on May 26. We are sure Betty is enjoying her free time by spoiling her two grandchildren, Caleb and Jacob, working in her yard, and volunteering.

JoAnn Tart has been promoted into the Director of Membership position. JoAnn was previously working as our Membership Marketing Assistant. Mrs. Tart joined the Association staff in May of 2004, after retiring with thirty-one years of service with the North Carolina Retirement System.

The Association has also created a new, full-time Receptionist position. Linda Petty has been hired to fill this role. Ms. Petty was previously with North Carolina State University. She joined our staff on July 11.

*Living Power* is published to provide current information for NCRGEA's membership. Newsletters are printed bimonthly and mailed to all members of NCRGEA. Your comments are welcome.

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Edmund P. Regan

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## New Benefits Introduced

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The NCRGEA Board of Directors is pleased to announce the addition of several new benefits for members in the Association.

### **INCREASED ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

As a member of the Association, you are already covered by our group Accidental Death and Dismemberment Insurance policy. Our Board has approved an increase in coverage from \$7,000 to \$10,000.

This is a blanket plan which covers all of our members. Therefore, we do not keep beneficiary's names on file. If you were to suffer from an accidental death, the benefit would typically be paid to your spouse, if you had one. If you did not, the benefit would then be paid to your estate.

Some members confuse this plan with the Contributory Death Benefit offered by the North Carolina Retirement System. The AD&D plan is a completely different plan which covers only accidental death and dismemberment. You do not pay additionally for this plan; it is one of your benefits in the NCRGEA.

To report a claim for an accidental dismemberment, call the Association's Office at 1-800-356-1190 within 365 days of the Covered Injury. Accidental Dismemberments include the accidental loss of hand(s), foot or feet, sight in eye(s), or loss of thumb and index finger of the same hand. We will mail you a claim form.

Please inform family members of this

benefit. We advise members to make a copy of the front and back of your membership card to keep in your records. If you were to suffer from an accidental death, your family should call us within 365 days of the loss of life.

### **HEARPO HEARING AID DISCOUNT PROGRAM**

We have signed an agreement with HearPO to provide our members and your families with substantial discounts on hearing aids and related services. The discount program is available across the country. There are 78 hearing assistance centers in North Carolina and a total of 1400 in the United States. They are the largest benefits provider in the United States and offer substantial discounts off suggested retail price. There is a minimum 60 day trial on all instruments.

We are in the process of mailing all of our members a brochure which will give you more details as to how to access this exciting new program.

### **SECU FINANCIAL READINESS PROGRAMS**

Finally, the Association is partnering with the State Employees' Credit Union to begin offering a series of seminars around North Carolina on Financial Literacy issues. These free seminars, lasting one to two hours, will offer information on such topics as Identity Theft, Reading and Understanding Credit Reports, and Recognizing the Risks in Investments.

We will begin testing the program this Fall in combination with several of our district meetings and, if successful, hope to begin hosting these seminars this winter around the state.

## General Assembly Finalizes Budget

*(Continued from page 1)*

been raised. The minimum monthly benefit increases from \$50 to \$75. The maximum monthly benefit for retired members of the Guard with 30 or more years of service increases from \$100 to \$150.

COLA increases for all governmental retirees will be included in the August pension checks. The one-time retroactive payment for July also will be in the August checks.

### State Health Plan Changes

The state budget for the 2005-07 biennium includes appropriations to cover the increasing costs of the State Health Plan. However, even with this additional subsidy from the State General Fund, certain co-payments, member out-of-pocket costs, and the premiums for dependent coverage will increase.

The General Assembly appropriated \$108.6 million for 2005-06 and \$142.7 million for 2006-07 to cover the additional state costs of free health insurance coverage for individual active and retired employees. The monthly premiums for coverage of dependents will increase by 12.3% on October 1.

The changes in co-payments and out-of-pocket expenditures for State Health Plan members became effective July 1 and are summarized below.

- Branded Prescription Drugs with

Generic Equivalents: Co-pay increases from \$35 to \$40 per prescription

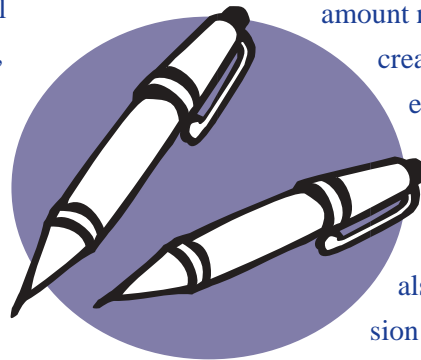
- Branded Prescription Drugs Not on State Formulary: Co-pay increases from \$40 to \$50 per prescription

- Annual Out-Of-Pocket Expenditures: The maximums increase from \$1,500 to \$2,000 for individuals and from an aggregate \$4,500 to \$6,000 for individuals with dependent/family coverage

- Out-Of-Pocket for Hospital Stays: The amount increases from \$100 to \$150 for the first day of each hospital stay

- Outpatient Fees and Charges: The amount not covered by the State Health Plan is increased from \$50 to \$75 per episode

- Emergency Room Services: The amount not covered by the Plan increases from \$100 to \$200 per episode when not related to admission to the hospital



The General Assembly also included a special provision in the budget to provide options for members of the State

Health Plan. The Board of Trustees for the Plan is authorized to adopt an arrangement for optional health and medical benefits programs, such as a PPO. The optional programs would not be subject to the general benefits and cost sharing requirements that apply to the State Health Plan. The Board also may set premium rates for the optional programs that would require partial payment by participating members. The implementation of optional programs

will require roughly one year of planning and development.

The budget provides for 100% coverage of annual mammograms for State Health Plan members age 40 and older. The Plan will pay 100% of allowable charges when these procedures are performed at medically supervised facilities.

### Retirement System Repayment

The General Assembly has appropriated \$25 million for 2005-06 for the third installment of the monies owed to the Teachers' and State Employees' Retirement System (TSERS). In 2001, Governor Easley escrowed a portion of the state's employer contribution to the Retirement System as part of emergency measures to balance the state budget. The General Assembly made a commitment in the following year to repay the Retirement System over a 5-year period. This year's appropriation leaves a balance of \$74 million to be repaid in the next two years.

### Retiree Re-employment

The re-employment of retired teachers and state employees received a great deal of attention during the deliberations on the budget. The approved budget contains two provisions which will affect state retirees who return to work with state agencies and local school systems.

The General Assembly approved a 2-year extension of the law that allows retired teachers to return to work without loss of retirement benefits or limitation on earnings (exempt from the 50% earnings

cap provision). Retired teachers must be separated from service and not employed by a school system in any capacity for at least six months prior to being re-employed. Each school system that employs retired teachers is required to pay a Re-employed Teacher Contribution Rate of 11.7% of covered salaries to the Teachers' and State Employees' Retirement System.

The budget also includes a provision that amends the definition of "retirement" for all members of the Teachers' and Employees' Retirement System (TSERS) who retire effective November 1, 2005 or later and who return to work under the 50% earnings cap provision. The new definition requires a complete separation from service for at least six months prior to being re-employed by a governmental unit that participates in the TSERS. The retiree must render no service, including part time, temporary, substitute, or contractor service at any time during the six-month separation. This provision does not apply to employees who retired prior to November 1, 2005. Also, this provision does not apply to participants in the University of North Carolina Phased Retirement Program until June 30, 2007.

### Pending Retirement-Related Legislation

*(Editor's note: This article was completed on August 11 and it appeared that the General Assembly would adjourn within two weeks. The following summary of legislation that we have been tracking during this Session shows the status of bills as of this date. A report on the disposition of these bills will be included in*

*(Continued on next page)*

## General Assembly Finalizes Budget

*(Continued from page 5)*

*the September-October edition of this newsletter.)*

The following two bills are eligible for inclusion in the omnibus Studies bill that likely will be approved before the General Assembly adjourns. These studies, if authorized, would be conducted before the General Assembly returns in 2006.

**House Bill 1653:** Study Commission on Mandatory COLAs for TSERS (House Committee on Rules)

**Senate Bill 573:** Study N.C. National Guard Pension Changes (Senate Committee on Rules)

The bills listed below currently are in the Appropriations Committees of the Senate and the House. These bills will remain eligible for consideration in 2006 if they are not approved this year.

**Senate Bill 148:** Death Benefit for Part Time Law Enforcement Officers (House Appropriations Committee)

**Senate Bill 156:** Retired DOT Engineers Return to Work (Senate Appropriations Committee)

**Senate Bill 837:** State Health Plan - 10 Year Vesting Period (Senate Appropriations Committee)

**House Bill 402:** Purchase of Military Service/Retirement (House Appropriations Committee)

Several bills remaining in the House and Senate pensions and retirement committees are listed below. If approved, these

bills will be re-referred to the appropriations committees.

**Senate Bill 648/House Bill 709:**  
25-Year Retirement for First Responders

**Senate Bill 710/House Bill 763:** Fire and Rescue Workers' Retirement

**House Bill 1237:** Change Local Government Retirement Board

**House Bill 1497:** Elected Officials/  
Local Retirement System

In summary, this has been a difficult legislative session. The year began with the General Assembly confronting a budget deficit of more than \$1 billion. At the same time, increasing school enrollments and growing Medicaid costs required additional state resources. The solution to the budget shortfall included painful cuts in programs and controversial increases in taxes.

Obviously, we did not obtain everything we wanted. The Cost-of-Living Adjustments for retirees were lower than the increases that we sought. Even so, the General Assembly was able to respond positively to many of our issues. The Legislature appropriated more than \$250 million to maintain the State Health Plan, \$25 million to repay a portion of the funds owed to the State Retirement System, and \$13.8 million to provide the 2.0% COLA that state retirees will receive. We appreciate what the General Assembly was able to do, given the circumstances. We look forward to a better year in 2006 as the state's economy continues to rebound.

- Ed Regan

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## TRICARE SUPPLEMENT CONTINUES AS HEALTH CARE OPTION FOR RETIREES

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The ASI TRICARE Supplement is offered as a state sponsored alternative to the North Carolina Teachers' and State Employees Comprehensive Major Medical Plan administered by Blue Cross and Blue Shield. The TRICARE Supplement became available after Governor Michael Easley signed it into law in July, 2004. Letters to all retirees were sent earlier this year announcing this new health insurance option.

The TRICARE Supplement plan is designed to be secondary coverage to TRICARE (Dept. of Defense military coverage). The TRICARE Supplement pays the deductible, cost share, prescription drug copays, and excess charges under the TRICARE Standard and Extra options so that on a combined basis, eligible participants have 100% coverage in most cases. The TRICARE Supplement is underwritten by The Hartford and is administered by Association and Society Insurance Corporation.

North Carolina retired employees eligible for both state health benefits and TRICARE benefits are able to enroll into the TRICARE Supplement. If you or a spouse is retired military and eligible for TRICARE retirement benefits (20 years service), you are eligible for the TRICARE Supplement. You are also eligible if you are the spouse of an active duty ser-

vice person, or you are retired from the National Guard/Reserve (20 years) having also attained the age of 60. Contact the Defense Eligibility and Enrollment Reporting System (DEERS) at 1-800-538-9552 for confirmation of TRICARE eligibility.

To participate in the TRICARE Supplement, eligible subscribers must be under age 65. Spouses under 65 are also eligible as are dependent children up to age 21 (age 23 if full time student). They must also terminate their North Carolina Teachers' and State Employees Comprehensive Major Medical Plan coverage to enroll in the TRICARE Supplement. This action makes TRICARE primary coverage for the eligible subscriber at which time the TRICARE Supplement may be added.

Additional features of the combined TRICARE plus TRICARE Supplement include no pre-existing conditions and freedom to use any TRICARE authorized provider or Medicare provider. The states of South Carolina, Florida, Alabama and Nebraska already offer the TRICARE Supplement as a part of their health insurance program. The states of Texas and Washington have passed legislation and their respective governors have signed it into law. Twenty-six of the top 30 national defense contractors also offer the ASI TRICARE Supplement to their eligible employees.

There is no cost for State of North Carolina retirees that qualify for retiree

*(Continued on page 12)*

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## All this Talk about Lung Cancer

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With the recent death of ABC News Anchor Peter Jennings, the little talked about lung cancer has made national news. Following is an overview of the disease and information that you or a family member may need to know.

### What Is Lung Cancer?

The lungs are 2 sponge-like organs found in the chest. The right lung has 3 sections, called *lobes*. The left lung has 2 lobes. The left lung is smaller because the heart takes up more room on that side of the body. The lungs bring air in and out of the body, taking in oxygen and getting rid of carbon dioxide gas, a waste product. The lining around the lungs, called the *pleura*, helps to protect the lungs and allows them to move during breathing. The *windpipe* (trachea) brings air down into the lungs. It divides into tubes called *bronchi* (singular *bronchus*), which divide into smaller branches called *bronchioles*. At the end of these small branches are tiny air sacs known as *alveoli*.

Most lung cancers start in the lining of the bronchi, although they can start in other parts of the lung. Lung cancer often takes many years to develop. First, there may be areas of pre-cancerous changes in the lung. These changes are not a mass or tumor. They can't be seen on an x-ray and they don't cause symptoms. But these changes can be found by special tests of cells in the lining of the airways of lungs damaged by smoke. As these pre-cancerous areas go on to become true cancer,

they may make chemicals that cause new blood vessels to form nearby. These new blood vessels nourish the cancer cells and allow a tumor to form. Finally, the tumor becomes large enough to be seen on an x-ray. Once lung cancer occurs, cancer cells can break away and spread to other parts of the body in a process called metastasis.

### Types of Lung Cancer

There are two main types of lung cancer and they are treated differently.

- Small cell lung cancer (SCLC)
- Non-small cell lung cancer (NSCLC)

If the cancer has features of both types, it is called *mixed small cell/large cell cancer*.

#### SMALL CELL LUNG CANCER (SCLC)

About 13% of all lung cancers are of the small cell type. This type of cancer often starts in the bronchi near the center of the chest. Although the cancer cells are small, they can multiply quickly and form large tumors that can spread widely through the body. This is important because it means that treatment must include drugs to kill the widespread disease. This kind of cancer is almost always caused by smoking.

#### NON-SMALL CELL LUNG CANCER (NSCLC)

The other 87% of lung cancers are of the non-small cell type. There are 3 sub-types within this group. The cells in these sub-types differ in size, shape and chemical make-up.

*Squamous cell carcinoma* is usually linked to smoking. It tends to be found centrally, near a bronchus.

*Adenocarcinoma* is usually found in the outer region of the lung.

*Large-cell undifferentiated carcinoma* can appear in any part of the lung and tends to grow and spread quickly, which can make it hard to treat.

Other types of tumors can grow in the lungs as well. Some of these are not cancer and others are cancerous. Carcinoid tumors, for example are slow-growing and usually cured by surgery.

## HOW IS LUNG CANCER FOUND?

Since most people with early lung cancer do not have any symptoms, only a small number of lung cancers are found at an early stage. When lung cancer is found early, it is often because of tests that were being done for something else.

## COMMON SIGNS AND SYMPTOMS OF LUNG CANCER

Although most lung cancers do not cause symptoms until they have spread, you should report any of the following to your doctor right away. Often these problems are caused by something other than cancer. But if lung cancer is found, getting treatment right away could help you live longer and relieve symptoms.

- A COUGH THAT DOES NOT GO AWAY
- CHEST PAIN, OFTEN MADE WORSE BY DEEP BREATHING
- HOARSENESS
- WEIGHT LOSS AND LOSS OF APPETITE
- BLOODY OR RUST-COLORED SPUTUM (SPIT OR PHLEGM)
- SHORTNESS OF BREATH
- INFECTIONS SUCH AS BRONCHITIS AND PNEUMONIA THAT KEEP COMING BACK
- NEW ONSET OF WHEEZING

When lung cancer spreads to distant organs, it may cause bone pain, weakness or numbness of the arms or legs, dizziness or

seizure, yellow coloring of the skin and eyes (jaundice), and/or masses near the surface of the body, caused by cancer spreading to the skin or to lymph nodes in the neck or above the collarbone

## IF LUNG CANCER IS SUSPECTED

After asking questions about your health and doing a physical exam, your doctor might want to do some of the following:

**Imaging Tests** There are a number of different tests that can produce pictures of the inside of your body. Some of these are used to find lung cancer and to see if it has spread.

**Chest x-ray:** This is the first test your doctor will order to look for any spot on the lungs. It is a plain x-ray of your chest. If the x-ray is normal, you most likely do not have lung cancer. If anything looks suspicious, the doctor may order more tests.

**CT scan (computed tomography):** A CT scan is a special kind of x-ray. Instead of taking just one picture, the CT scanner takes many pictures as it moves around you. A computer then combines these pictures into an image of a slice of your body. The CT scan will give the doctor precise information about the size, shape, and place of a tumor.

**MRI scan (magnetic resonance imaging):** MRI scans use radio waves and strong magnets instead of x-rays. MRI scans are useful in finding lung cancer that has spread the brain or spinal cord.

**PET scan (positron emission tomography):** PET uses a form of sugar that con-

The information for this article was provided by the American Cancer Society. For more information, please contact the American Cancer Society at [www.cancer.org](http://www.cancer.org) or by calling anytime at 1-800-ACS-2345, or 1-866-228-4327 for TTY.

tains a radioactive atom. Cancer cells in the body absorb large amounts of the sugar. A special camera can then detect the radioactivity. This test can show whether the cancer has spread to the lymph nodes. It is also helpful in telling whether a spot on your chest x-ray is cancer.

**Bone scans:** A small amount of radioactive substance is injected into a vein. This substance builds up in areas of bone that may be abnormal because of cancer. Bone scans are usually done in patients with small cell lung cancer.

**Other Tests** The following tests can be used to confirm whether something seen on an imaging test is really lung cancer. These tests are also used to decide the exact type of lung cancer and how far it may have spread.

**Sputum cytology:** A sample of phlegm (spit) is looked at under a microscope to see if cancer cells are present.

**Needle biopsy:** A long, thin needle is placed into the tumor in the lung to remove a piece of tissue. The tissue is looked at in the lab to see if cancer cells are present.

**Bronchoscopy:** A lighted, flexible tube is passed through the mouth into the bronchi. This test can help find tumors or it can be used to take samples of tissue or fluids to see if cancer cells are present.

**Mediastinoscopy:** With the patient under anesthesia, tissue samples are taken from the lymph nodes along the windpipe through a small hole cut into the neck. Again, looking at the tissue under a microscope can show if cancer cells are present.

**Thoracentesis and thoracoscopy:** These tests are done to check whether fluid around the lungs is caused by cancer or by a condition such as heart failure or an infection. For thoracentesis, the skin is numbed and a needle is placed between the ribs to drain the fluid, which is checked for cancer cells. Thoracoscopy uses a thin, lighted tube connected to a video camera and monitor to view the space between the lungs and the chest wall.

## Treatment for Lung Cancer

There is a lot for you to think about in choosing the best way to treat or manage your cancer. There may be more than one treatment to select from. You may feel that you need to decide quickly. But give yourself time to absorb the information you have learned. The most important factors to take into account include the stage and type of cancer, your overall health, the likely side effects of the treatment, and the chance of curing the cancer or extending your life.

It is often a good idea to get a second opinion. A second opinion can provide more information and help you feel good about the treatment plan you choose. Age alone should not keep someone from having treatment. Older people can benefit from treatment as much as younger people as long as their overall health is good.

The treatment options for lung cancer are surgery, radiation therapy, and chemotherapy, either alone or in combination, depending on the type and stage of the cancer.

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## The State Health Plan, Medicare Part D, and You.

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Beginning in January, 2006, the Federal Government will begin offering a prescription drug benefit, Medicare Part D, to all those who are Medicare eligible. For a monthly premium of around \$37, Medicare will pay 75% of a person's drug costs after meeting a \$250 deductible up to a total out-of-pocket expense of \$2250.

Once you reach this amount, you will pay the complete cost (100%) of your prescription drug costs until you reach \$5100 in total prescription costs. At that point, Medicare will pay 95% of your drug cost for the remainder of the year.

For those who are currently on the State Health Plan, the Plan's prescription drug benefit offers a much richer benefit than the benefits being offered by Medicare or any Medicare Prescription Drug Plan. With the State Health Plan, you have no deductible for prescription drugs and your total out-of-pocket limit (the total dollar amount of co-payments you must pay) is \$2500 annually.

Over the next several months, you will be receiving lots of information from companies asking you to join their Medicare Prescription Drug Plan. The most impor-

tant thing for you to remember is that your State Health Plan prescription drug benefit is much richer than the Medicare Part D benefit. **Therefore, you do not need to sign up for coverage for Medicare Part D. Again, as a State Health Plan member, you do not need to sign up for any Medicare Part D Prescription Drug Plans. The State Health Plan will continue to provide its current prescription drug benefit plan for all those members who are Medicare eligible.** Only if you

are receiving Medicaid or think you may be Medicaid eligible should you consider taking a Medicare Part D plan. If you are receiving Medicaid, please contact your local Medicaid office to verify which plan is right for you.



In the next few months, you will receive official notification from the State Health Plan regarding its intent to retain drug coverage for Medicare Retirees. **This notice, entitled the "Notice of Credible Coverage," will be proof that you have prescription drug coverage from the State Health Plan.** If you have any questions, please contact customer service at 1-800-422-4658 or go to the State Health Plan Web site at [www.statehealthplan.state.nc.us](http://www.statehealthplan.state.nc.us) for more information.

## TRICARE SUPPLEMENT

*(Continued from page 9)*

health benefits. **The deduction for spouse coverage is \$59/month which is down from \$100/month in January of 2005.** The deduction for a family is \$100/month. Your dependent deduction is on a pre-tax basis.

**For general or enrollment information** about the TRICARE Supplement, contact ASI at 1-800-638-2610 extension 255. Information is also provided on the web at “[www.absmil.net/nc](http://www.absmil.net/nc)”. Retirees may enroll through September of 2005.

*This article was written by Marty Lewis, Consultant, ABS Corporation, 5002 Carolwood Lane, Durham, NC 27713, 866-191-6573 (toll-free).*

## Important Phone Numbers to Remember

NCRGEA .....	1-800-356-1190
NC Retirement System .....	1-877-733-4191 (questions about your retirement check, to get direct deposit, change of address, to report a death)
CIGNA (Medicare Administrator) .....	1-800-633-4227
NC State Health Plan .....	1-919-881-2300
Seniors' Health Insurance Information Program .	1-800-443-9354
Medical Review of North Carolina .....	1-800-722-0468
MetLife Dental .....	1-888-466-9073
Blue Cross/Blue Shield .....	1-800-672-7897 (State Health Plan Administrator)
Social Security Administration .....	1-800-772-1213