

Living power

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

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Trustees Adopt Goals For 2007

IN THIS ISSUE:

News & Views 2

Hearing Loss and Older Adults 4

State Health Plan: Free Generic Drugs and Help to Stop Smoking 8

Auditor's Customer Service Focus 10

Home Repair Scam 11

The Board of Trustees of the Retirement Systems met on January 18, 2007 to review actuarial reports and to approve recommendations for retiree benefit enhancements to be considered by the General Assembly in the 2007 Session. The recommendations included a proposal offered by the Retirement Systems Association Roundtable which calls upon the General Assembly to address the low employer contribution rate for the Teachers' and State Employees' Retirement System (TSERS).

Treasurer Richard Moore expressed strong support for an increase of the state's employer contribution rate. He said it would be a challenge to get the rate raised in light of concerns about the state's long-term liability for the State Health Plan.

The Trustees also adopted recommendations for Cost-Of-Living Adjustments (COLAs) for retired local government employees and members of the Consolidated Judicial Retirement System (CJRS). A summary of the Board's recommendations is presented below.

Actuary's Report

The state's actuary reviewed the results of the audits of the retirement systems for the year ending December 31, 2005. The gains in the Teachers' and State Employees' Retirement System were sufficient to fund a 1.0% COLA for retirees without an increase in the employer contribution rate. The Local Governmental Employees' Retirement System (LGERS) had gains available to cover a 2.2% COLA. The Consolidated Judicial Retirement System had enough undistributed gains to fund as much as a 3.13% Cost-Of-Living Adjustment. The actuary pointed out that the rate of inflation for 2006 as measured by the Consumer Price Index had risen by 2.5%.

Roundtable Proposal

The N.C. Retired Governmental Employees' Association, together with the N.C. Association of Educators, the N.C. Retired School Personnel group, and the State Employees Association of North Carolina, presented a proposed three-year plan of action to increase the funding of

(Continued on page 2)



NCRGEA News & Views: Past Board Member Dies

The Association is saddened to report the loss of Mr. Thomas Ellis, 94, who passed away on December 30, 2006. Mr. Ellis was a member of the NCRGEA Board of Directors from 1981 to 2002 and was a longtime friend to the Association.

Before retiring, he was the Superintendent of the North Carolina State Park Service, where he worked for 35 years. He was a recipient of the Order of the Long Leaf Pine, North Carolina's highest honor for service and dedication.

For many years, Mr. Ellis participated in the local Butner chapter of the Association, often taking a leadership role. He also recently served on the Association's Member Benefits Committee.

Former NCRGEA Executive Director, and longtime friend of Mr. Ellis, Leigh Hammond states, "I first met Tom Ellis when I was working for Bob Scott while he was Governor. Then when I came to work for NCRGEA, Tom was a member of the Board of Directors.

During all that time I found Tom to be one of the most caring, kindest, and ethical individuals that I have ever known. He always had a special interest in assuring that the Association staff was being treated fairly, both in terms of salary and working conditions."

Trustees adopt goals for 2007

(Continued from page 1)

the TSERS to assure that the system could generate gains to support COLAs and other retiree benefit enhancements. The Roundtable proposal calls for an increase in the state's employer contribution rate from the current 2.66% of payroll to 6.0% by 2009.

In 2007, the Roundtable recommends a 4.0% contribution rate, a COLA equal to the rate of inflation or to the COLA granted to active employees, whichever is higher, and a one point increase in TSERS accrual formula. The current accrual formula is 1.82%, as compared to a 1.85% rate in the Local Governmental Employees' Retirement System. The Roundtable supports parity between the state and local systems at 1.85% by 2009.

The Board of Trustees unanimously approved the Roundtable proposal. The General Assembly would have to appropriate an additional \$184 million to fund the contribution rate increase and benefit enhancements recommended for 2007.

The Board also approved a motion to support a COLA for members of the Consolidated Judicial Retirement System. The Board recommended that judicial retirees receive a COLA in 2007 equal to the rate of inflation or to the COLA granted to active state employees, whichever is higher.

Local Governmental Employees' Retirement System

The Board of Trustees unanimously approved a motion to provide a 2.2% COLA in 2007 for retired local govern-

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ment employees. This pension increase would use all gains currently available in the LGERS. Both the NCRGEA and the N.C. League of Municipalities supported this proposal.

Mr. Pat Swann, a member of the Board of Trustees, urged the NCRGEA and organizations representing active local government employees to develop a multi-year plan of action regarding local retiree benefit enhancements. Mr. Swann expressed concern that the current local government contribution rate which stands at 4.8% of payroll may soon need to be increased to sustain adequate COLAs and other benefits in the future. Mr. Swann said that local governments have been conscientious in maintaining the contribution rate. However, the ongoing costs of sustaining recent benefit enhancements, including the 1.85% accrual formula, might require a higher contribution rate. Ed Regan, NCRGEA Executive Director, said he would meet with local government employee groups to examine the issues and to develop a plan addressing these concerns.

State Health Plan Liability

Treasurer Moore concluded the discussion of retiree benefits by stressing the importance of increased state employer funding of the Teachers' and State Employees' Retirement System. He pointed out that achieving a higher level of funding would be difficult given emerging concerns among members of the Executive branch and the General Assembly about the state's long term liability for the State Health Plan.

The Governmental Accounting Standards Board (GASB) recently implemented new rules requiring state and local governments to determine the long term liability of employer provided post-retirement health insurance plans. The estimated liability for North Carolina's State Health Plan is in the range of \$24 billion.

The GASB rules require governments to disclose the health benefit liability in annual financial statements. However, there is no requirement for governmental units to pre-fund these liabilities.

Treasurer Moore said that a few state officials had suggested that temporary suspension of state contributions to TSERS should be considered to allow these funds to be redirected to a health benefits liability reserve for 3 to 4 years. The Treasurer characterized this suggestion as an over-reaction to North Carolina's large liability figure which is in line with the long term liabilities of similar states across the country. He indicated that he would vigorously oppose any proposals reducing state retirement system funding below the levels recommended by the state's actuaries.

District Meeting Upcoming Dates

Date	City	Counties Invited
Monday, March 19	Elizabeth City	Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, Perquimans
Tuesday, March 20	Greenville	Pitt, Greene, Wayne
Wed., March 21	Washington	Beaufort, Dare, Hyde, Tyrrell, Washington

If you live in one of the counties listed above, your invitation with more details will be mailed to you soon. Plan to come!

Hearing Loss and Older Adults

Hearing loss is one of the most common conditions affecting older adults. One in three people older than 60 and half of those older than 85 have hearing loss.

Hearing problems can make it hard to understand and follow a doctor's advice, to respond to warnings, and to hear doorbells and alarms. They can also make it hard to enjoy talking with friends and family. All of this can be frustrating, embarrassing, and even dangerous.

Do I have a hearing problem?

Ask yourself the following questions. If you answer "yes" to three or more of these questions, you could have a hearing problem and may need to have your hearing checked by a doctor.

- Do I have a problem hearing on the telephone?
- Do I have trouble hearing when there is noise in the background?
- Is it hard for me to follow a conversation when two or more people talk at once?
- Do I have to strain to understand a conversation?
- Do many people I talk to seem to mumble (or not speak clearly)?
- Do I misunderstand what others are saying and respond inappropriately?
- Do I often ask people to repeat themselves?
- Do I have trouble understanding the speech of women and children?

- Do people complain that I turn the TV volume up too high?
- Do I hear a ringing, roaring, or hissing sound a lot?
- Do some sounds seem too loud?

What should I do?

Hearing problems are serious. The most important thing you can do if you think you have a hearing problem is to go see a doctor. Your doctor may refer you to an **otolaryngologist** (oh-toe-lair-in-GAH-luh-jist), a doctor who specializes in the ear, nose, and throat. An otolaryngologist will try to find out why you have a hearing loss and offer treatment options. He or she may also refer you to another hearing professional, an **audiologist** (aw-dee-AH-luh-jist). An audiologist can measure your hearing. Sometimes otolaryngologists and audiologists work together to find the treatment that is right for you. If you need a hearing aid, an audiologist can help you find the right one. Although children must be seen by a physician before they can be fitted for a hearing aid, adults do not always see a physician. Adults who do not see a physician before getting a hearing aid must sign a waiver.

Why am I losing my hearing?

Hearing loss happens for many reasons. Some people lose their hearing slowly as they age. This condition is known as **presbycusis** (prez-buh-KYOO-sis). Doctors do not know why presbycusis happens, but it seems to run in families. Another reason for hearing loss may be exposure to too much loud noise. This condition is known

as noise-induced hearing loss. Many construction workers, farmers, musicians, airport workers, tree cutters, and people in the armed forces have hearing problems because of too much exposure to loud noise. Sometimes loud noise can cause a ringing, hissing, or roaring sound in the ears, called **nnitus** (tin-NY-tus).

Hearing loss can also be caused by a virus or bacteria, heart conditions or stroke, head injuries, tumors, and certain medicines.

What treatments and devices can help?

Your treatment will depend on your hearing problem, so some treatments will work better for you than others. Here are the most common ones:

- **Hearing aids** are tiny instruments you wear in or behind your ear. They make sounds louder. Things sound different when you wear a hearing aid, but an audiologist can help you get used to it.

To find the hearing aid that works best for you, you may have to try more than one. Ask your audiologist whether you can have a trial period with a few different hearing aids. You and your audiologist can work together until you are comfortable.

- **Personal listening systems** help you hear what you want to hear while eliminating or lowering other noises around you. Some, called auditory training systems and loop systems, make it easier for you to hear someone in a crowded room or group setting. Others, such as FM systems and personal amplifiers, are better for one-on-one conversations.

- **TV listening systems** help you listen

to the television or the radio without being bothered by other noises around you.

These systems can be used with or without hearing aids and do not require you to use a very high volume.

- **Direct audio input hearing aids** are hearing aids that can be plugged into TVs, stereos, microphones, auditory trainers, and personal FM systems to help you hear better.

- **Telephone amplifying devices.** Some telephones are made to work with certain hearing aids. If your hearing aid has a “T” switch, you can ask your telephone company about getting a phone with an amplifying coil (T-coil). If your hearing aid is in the “T” position, this coil is activated when you pick up the phone. It allows you to listen at a comfortable volume and helps lessen background noise. You can also buy a special type of telephone receiver and other devices to make sounds louder on the phone.

- **Mobile phone amplifying devices.** To help people who use a T-coil hear better on mobile phones, an amplifying device called a loopset is available. The wire loop goes around your neck and connects to the mobile phone. The loop transmits speech from the phone to the hearing aid in your ear. It also helps get rid of background noise to make it easier to talk in a noisy environment.

- **Auditorium-type assistive listening systems.** Many auditoriums, movie theaters, churches, synagogues, and other public places are equipped with special sound systems for people with hearing loss. These systems send sounds directly

to your ears to help you hear better. Some can be used with a hearing aid and others without.

- **Cochlear** (COKE-lee-ur) **implants** have three parts: a headpiece, a speech processor, and a receiver. The headpiece includes a microphone and a transmitter. It is worn just behind the ear where it picks up sound and sends it to the speech processor, a beeper-sized device that can fit in your pocket or on a belt. The speech processor converts the sound into a special signal that is sent to the receiver. The receiver, a small round disc about the size of a quarter that a surgeon places under the skin behind one ear, sends a sound signal to the brain. Cochlear implants are most often used with young children born with hearing loss. However, older adults with profound or severe hearing loss are beginning to receive these implants more often.



- **Lip reading** or **speech reading** is another option. People who do this pay close attention to others when they talk. They watch how the mouth and the body move when someone is talking. Special trainers can help you learn how to lip read or speech read.

Can my friends and family help me?

Yes. You and your family can work together to make hearing easier. Here are some things you can do:

- Tell your friends and family about

your hearing loss. They need to know that hearing is hard for you. The more you tell the people you spend time with, the more they can help you.

- Ask your friends and family to face you when they talk so that you can see their faces. If you watch their faces move and see their expressions, it may help you to understand them better.

- Ask people to speak louder, but not shout. Tell them they do not have to talk slowly, just more clearly.

- Turn off the TV or the radio if it does not have to be on.

- Be aware of noise around you that can make hearing more difficult. When you go to a restaurant, do not sit near the kitchen or near a band playing music. Background noise makes it hard to hear people talk.

Working together to hear better may be tough on everyone for a while. It will take time for you to get used to watching people as they talk and for people to get used to speaking louder and more clearly. Be patient and continue to work together. Hearing better is worth the effort.

Where can I find more information?

Here are several other groups you can contact for more information on hearing loss and older adults:

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell)

3417 Volta Place, NW

Washington, DC 20007-2778

Voice: (202) 337-5220

Toll-free Voice: (866) 337-5220

TTY: (202) 337-5221
Fax: (202) 337-8314
E-mail: info@agbell.org
Internet: www.agbell.org

American Academy of Audiology (AAA)

11730 Plaza America Drive, Suite 300
Reston, VA 20190
Voice: (703) 790-8466
Toll-free Voice: (800) 222-2336
TTY: (703) 790-8466
Fax: (703) 790-8631
E-mail: info@audiology.org
Internet: www.audiology.org

**American Academy of Otolaryngology-
Head and Neck Surgery (AAO-HNS)**

One Prince Street
Alexandria, VA 22314-3357
Voice: (703) 836-4444
TTY: (703) 519-1585
Fax: (703) 683-5100
E-mail: webmaster@entnet.org
Internet: www.entnet.org

**American Hearing Research Founda-
tion (AHRF)**

8 South Michigan Avenue, Suite 814
Chicago, IL 60603-4539
Voice: (312) 726-9670
Fax: (312) 726-9695
E-mail: blederer@american-hearing.org
E-mail: lkoch@american-hearing.org
Internet: www.american-hearing.org

**American Speech-Language-Hearing
Association (ASHA)**

10801 Rockville Pike
Rockville, MD 20852

Voice: (301) 897-5700
Toll-free Voice: (800) 638-8255
TTY: (301) 897-0157
Fax: (301) 571-0457
E-mail: actioncenter@asha.org
Internet: www.asha.org

American Tinnitus Association (ATA)

P.O. Box 5
Portland, OR 97207-0005
Voice: (503) 248-9985
Toll-free Voice: (800) 634-8978
Fax: (503) 248-0024
E-mail: tinnitus@ata.org
Internet: www.ata.org

**Hearing Loss Association of America
(formerly Self Help for Hard of Hearing
People, Inc.)**

7910 Woodmont Avenue, Suite 1200
Bethesda, MD 20814
Voice: (301) 657-2248
TTY: (301) 657-2249
Fax: (301) 913-9413
E-mail: info@hearingloss.org
Internet: www.hearingloss.org

League for the Hard of Hearing (LHH)

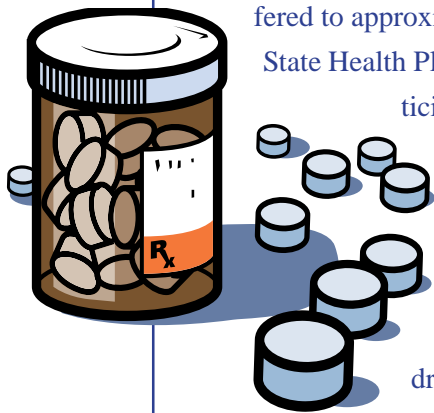
50 Broadway
New York, NY 10004
Voice: (917) 305-7700
TTY: (917) 305-7999
Fax: (917) 305-7888
Internet: www.lhh.org

**WISE EARS!® A Public Education
Campaign to Prevent Noise-Induced
Hearing Loss**

(Continued on page 11)

North Carolina State Health Plan Announces Free Generic Drugs, Smoking Cessation Program

The North Carolina State Health Plan announced that generic drugs will be dispensed free of charge to State Health Plan members, from January 1 through March 31, 2007. Members will not be responsible for copayments when they use a participating network pharmacy. The generic copayment waiver program is being of-



ferred to approximately 615,000 State Health Plan members. Participation in the program is voluntary. “The goal of our 90-day free generics program is to encourage generic drug prescribing and generic drug use, resulting in significant cost savings to the member and the State Health Plan over time,” said Executive Administrator George C. Stokes. “As requested by members, we continue to seek additional ways to improve their health, while expanding choice and improving affordability.”

Dr. Nancy Henley, Medical Director for the State Health Plan, emphasized that quality of care is likely to be improved: “A member’s physician must indicate that generic use is acceptable, and the member always retains the choice of brand name versus generic drugs. Medical research has shown improved medication compliance

when cost to the patient decreases, as with waiving or decreasing copayments. We expect improved medication use and increased overall satisfaction.”

To participate, members will take new prescriptions or refills for generic drugs to their local participating network pharmacy, and present their State Health Plan ID card. The pharmacy will automatically waive the copayment.

Most generic drugs are the same as brand name drugs in dosage, safety, strength, how the drugs are taken, quality, performance and intended use. Before approving a generic drug product, the Food and Drug Administration (FDA) requires many rigorous tests and procedures to assure that the generic drug can be substituted for the brand name drug. By law, a generic drug product must contain the identical amounts of the same active ingredient(s) as the brand name product. State Health Plan members are encouraged to speak to their doctor or pharmacist if they have any questions.

Three NC SmartChoiceSM Blue OptionsSM PPO plans were offered to State Health Plan members for the first time, along with the current indemnity plan, during the 2006 open enrollment. State Health Plan members covered under all of these plans are eligible to participate in the generic copayment waiver program.

Major Initiative Announced to Support Smoking Cessation

The North Carolina State Health Plan also announced that all State Health Plan members are eligible to receive cost-effec-

tive smoking cessation therapy through the Plan's pharmacy benefit. Generic, over-the-counter (OTC) nicotine replacement therapy patches will be a covered benefit beginning January 1, 2007.

"Providing support to members who want to stop smoking is key to helping them achieve better health," said Dr. Nancy Henley, Medical Director for the State Health Plan. "This benefit will be helpful to members affected by planned limitations on smoking in North Carolina community colleges, the General Assembly, UNC Health Care System facilities and state correctional institutions."

Each year, State Health Plan members can receive coverage of a 10-week course of therapy. Each prescription during the 10-week course of therapy will cost \$5. The number of prescriptions necessary during the 10-week period may vary depending on individual needs. To participate, members are required to obtain a prescription for generic OTC nicotine replacement therapy patches from a physician.

"We are investing in our members' health," said Executive Administrator George C. Stokes. "Members will benefit from improved health and decreased chance for long-term illness. And, the State Health Plan expects long-term savings resulting from decreases in smoking-related medical expenditures."

Tobacco is the leading preventable

cause of death and illness in the United States, sited for nearly half a million deaths annually. In North Carolina, 37 percent of all preventable deaths are attributed to tobacco use. Each smoker represents \$1,623 in excess medical expenditures. By making generic nicotine replacement therapy patches available under the pharmacy benefit, the State Health Plan expects improved member health and significant long-term savings for the Plan and for taxpayers.

Through NC HealthSmart, the State Health Plan's healthy living initiative, members can log into their NC

HealthSmart Personal

Health Portal to access online materials to help them quit smoking. Members may also contact a health coach 24 hours a day, 7 days a week for education and support services.

Research shows that counseling increases the likelihood that an individual will stop smoking even more than medication alone. Members may also receive counseling services from their health care provider or may take advantage of the free counseling services available through the NC Quitline.

For more information, visit the State Health Plan Web site, www.shpnc.org. Contact the NC Quitline by calling 1-800-QUIT-NOW (1-800-784-8669). State Health Plan members may also contact a

(Continued on page 12)



State Agency Customer Service Focus for Auditor Merritt

State Auditor Les Merritt has launched a new program aimed at assessing the level of customer service provided by State agency personnel. *The Customer Service Assessment Program* is designed to allow customers of the various agencies to provide feedback on their interactions with agency personnel by completing a web-based survey.

“This initiative grew out of a request from a legislator to find a way to examine the services provided by State employees,” Auditor Merritt said. “The public, legislators, other State agencies, and the media are customers of the various services provided by State agencies. It is imperative that we, as State employees, strive to continually improve the provision of services to our customers.”

The Auditor’s Office has designed three different surveys: one to assess user friendliness and content of an agency’s web site, one to assess telephone services, and one to assess face-to-face interactions with agency staff. The surveys are set up on SurveyMonkey.com and can be accessed by anyone who interacts with a State agency.

The program is in the pilot phase currently, with plans to open the surveys up to the public by March 1st. During the pilot phase, the Auditor’s Office is asking members of the Retired Governmental Employ-

ees Association to assist in the evaluation of the various survey instruments by completing a survey for any interaction with a State agency. The links for each of the survey types are the following:

Website Assessment:

<http://www.surveymonkey.com/s.asp?u=894292950647>

Telephone Contact Assessment:

<http://www.surveymonkey.com/s.asp?u=11542945191>

Face-to-Face Contact Assessment:

<http://www.surveymonkey.com/s.asp?u=540992923794>

Auditor Merritt said, “If you have interaction with any State agency during the pilot period, please feel free to complete a survey on that agency. We hope to be able to summarize the pilot results in early March, so please complete any surveys by the end of February.”

“This program has tremendous potential for improving not only the actual services provided by State agencies, but the public’s perception of State government and State employees. Our plan is to provide periodic updates to agency heads on the responses received for their programs so that the information can be used to make changes for the better,” Auditor Merritt concluded. “We also foresee an annual report that summarizes the results for the public. As I see it, this is a win-win situation for all of us, and we greatly appreciate your participation in the pilot program.”

Home Repair Scams

Sooner or later every home needs repairs or improvements. Finding a reliable company to do the job may not be simple. Although some companies do good work, some do not. These dishonest companies target older and low-income people.

A home repair scam could start with a telephone call or someone knocking on your door offering to “help” you with home repairs. Here are some warning signs to alert you that someone may be trying to scam you:

- If a salesperson contacts you first, tells you to make repairs immediately or indicates they have “extra materials” left from another job.
- If the salesperson tries to pressure you into signing a contract immediately.
- If a home improvement company offers to finance the cost for you, often this company wants a mortgage (deed of trust) on your home. This means if you do not make all of your payments to their company, you could lose your home!

Here are some ways that you can avoid this type of scam:

- Before you contact a home repair company, decide what repairs you need and what you can afford to spend. Don’t let a company decide this for you.
 - Get at least two estimates. Many companies offer free inspections and estimates. Ask if there is a guarantee or warranty—if so, get it in writing.
 - Talk to family and friends to obtain names of reputable contractors.
- Courtesy of State Employees’ Credit Union

Hearing Loss and Older Adults

(Continued from page 7)

Office of Health Communication and Public Liaison, NIDCD
31 Center Drive, MSC 2320
Bethesda, MD 20892-2320
Voice: (301) 496-7243
Toll-free Voice: (800) 241-1044
Toll-Free TTY: (800) 241-1055
Fax: (301) 402-0018
E-mail: nidcdinfo@nidcd.nih.gov
Internet: www.nidcd.nih.gov/health/wise

Information from this article was provided by the National Institute on Deafness and Other Communication Disorders, National Institutes of Health, 31 Center Drive, MSC 2320 Bethesda, MD USA 20892-2320
www.nidcd.nih.gov
800-241-1044

Editor’s Note:

A reminder that all active members of NCRGEA are eligible for the HearPo Hearing Aid Assistance Plan offered by the Association. If you think you or a member of your family may need a hearing aid, please call 1-888-HEARING (1-888-432-7564). You will be given the choice of providers in your area. You can then schedule a comprehensive hearing evaluation at the discounted price. Should you be found to need a hearing aid, discounts have ranged between 20 to 60 percent. Batteries for existing hearing aids are offered as well.

There are more than 1400 providers in the United States. The HearPo Hearing Plan is the largest benefits provider in the United States and offers products from the following companies: Siemens, Sonic Innovations, Phonak, Rexton, Unitron and more.

State Health Plan

(Continued from page 9)

NC HealthSmart Health Coach by calling 1-800-817-7044.

The North Carolina State Health Plan covers approximately 615,000 teachers, state employees, retirees, current and former lawmakers, state university and community college personnel, state hospital staff and their dependents. More than 310,000 active employees; more than 146,000 dependents; more than 157,000 retirees and their dependents, with one or more members covered primarily by Medicare; and finally, more than 2,000 COBRA participants and their dependents. Dependents include spouses and unmarried children under age 19 (or under age 26 if full-time students). The State Health Plan is self-insured and exempt from ERISA as a government-sponsored plan. Access the State Health Plan online at www.shpnc.org.

Important Phone Numbers to Remember

NCRGEA	1-800-356-1190
MetLife Dental	1-888-466-9073
NC Retirement System	1-877-733-4191
CIGNA (Medicare Administrator)	1-800-633-4227
Seniors' Health Insurance Information Program ..	1-800-443-9354
Medical Review of North Carolina	1-800-722-0468
NC State Health Plan	1-919-881-2300
Blue Cross/Blue Shield	1-800-422-4658
(State Health Plan Administrator)	
Social Security Administration	1-800-772-1213
State Employees' Credit Union	1-888-732-8562
Local Government Federal Credit Union	1-888-732-8562