

Living power

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

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ASSOCIATION DENTAL PLAN LAUNCHES OPEN ENROLLMENT

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NCRGEA recently mailed you information regarding the latest renewal of the MetLife Dental Plan sponsored by the Association. **In a move that may never be duplicated by any other healthcare insurance company, MetLife is not only lowering rates 18% across the board, but also adding benefits to the coverage.** Effective January 1, 2008, new benefits covered will include both implants and oral cancer screening.

When you consider how important good oral health is to your general health, your need for good dental benefits should not be ignored. MetLife has offered dental insurance coverage for over 40 years and is the single largest dental plan administrator among single commercial carriers in the

U.S., currently serving nearly 21 million people. MetLife's Preferred Dentist Program (PDP) network is one of the largest in the industry, exceeding 100,000 participating dentist locations and over 22,000 Specialist locations nationwide.

Being enrolled in the MetLife PDP plan means lower out-of-pocket expenses when you visit a PDP dentist. Whether or not the service is covered by your plan, you will always receive the MetLife PDP negotiated fee. The negotiated fee is typically 10-35% less than the average fees charged by a dentist in your same community.

In North Carolina there are nearly 1,000 General Dentists and almost 200

(see page 3)

NCRGEA MetLife Dental Plan - Rate Comparison Guide

| | <u>1/01/06 - 12/31/07</u> | <u>1/01/08 - 12/31/09</u> |
|-----------------|---------------------------|---------------------------|
| Member Only | \$35.65 per month | \$29.23 per month |
| Member + Child | \$55.51 per month | \$45.52 per month |
| Member + Spouse | \$80.18 per month | \$65.75 per month |
| Member + Family | \$99.75 per month | \$81.79 per month |



NCRGEA News & Views

The Carthage, Lumberton and Fayetteville district meetings are right around the corner. Mark your calendar now and plan to attend.

Confirmed for our agenda include the always-popular estate planning segment from an elder-law attorney. Learn about wills, powers of attorney, living wills, and

other legal issues pertinent to retirees. We will include a segment on the State Employees' Credit Union's new financial planning division and what they can do for you. Medicare questions can be answered by Barbara Pope with the Seniors' Health Insurance Information Program. Finally, with all the questions regarding the upcoming end of the State Health Plan's Indemnity Plan, a special one-and-a-half hour segment will be devoted to discuss what this means for you and what options you will have. The State Health Plan segment will be after lunch so that our city and county retiree members can choose to leave after lunch since this information is not relevant to them.

Members living in **Anson, Lee, Montgomery, Moore and Richmond** counties will attend the meeting on **Monday, October 22, 2007** at the **Little River Golf Resort in Carthage.**

Bladen, Hoke, Robeson and Scotland

county members are invited to attend the Lumberton district meeting on **Tuesday, October 23** at the **Lumberton Holiday Inn.**

And finally, the **Crown Convention Center in Fayetteville** will host members living in **Cumberland, Harnett, Johnston and Sampson** counties on **Wednesday, October 24, 2007.**

Remember, the Association staff schedules meeting across the state so each North Carolina member is invited to attend a district meeting every three years. Attendance to this meeting and luncheon is free and is one of your benefits of membership in the Association.

The vast majority of members surveyed after attending the meetings have consistently rated their attendance as "very worthwhile". Members are welcome to bring a spouse or guest with them.

Invitations have been mailed, so if you would like to attend, please mail your reply card back to us by October 12th to reserve your spot. We look forward to seeing you there!

Newsletter Online

If you would like to save a tree and help our environment by reading your bi-monthly issue of *Living Power* online instead of receiving it in the mail, send an email to tinam@ncrgea.com. Another advantage of receiving the newsletter electronically is you will receive it about ten days earlier than members getting it in the mail, since we don't have to wait for the printer and the post office.

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

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MetLife Open Enrollment

(Continued from page 1)

Specialists in the MetLife PDP Network. Those members living or traveling outside the state of North Carolina will be able to visit any participating dentist in the MetLife PDP nationwide network. Of course, as always, you have the freedom of choice to visit any dentist, in- or out-of-network.

NCRGEA members currently enrolled in the MetLife dental plan do not need to reenroll for the 2008-2009 guaranteed rate period. No action on your part is necessary unless you wish to make a change in your coverage. If so, please use the change form enclosed with your letter and return it by November 9, 2007.

NCRGEA members not currently enrolled in the MetLife Dental Plan have been mailed an enrollment package offering you the option to join. We do not have access to your Retirement System files so when we mailed the enrollment package to you, we had no way of knowing if you are currently enrolled in another dental plan. For example, there is a dental plan offered by the Department of State Treasurer through United Healthcare Dental (formerly the NPD plan).

If you wish to enroll in the MetLife plan and are having a premium deducted from your retirement benefit check for dental insurance, double check to see if the deduction appears on your payment voucher as NPD/SINS. If so, you would need to cancel that plan by the end of their

(Continued on page 12)

MetLife Dental Program Benefit Summary

| | | |
|-------------------------------|------------|-------------|
| ANNUAL DEDUCTIBLE: | INDIVIDUAL | \$.00 |
| TOTAL ANNUAL MAXIMUM | INDIVIDUAL | \$ 1,000.00 |
| MAJOR SERVICES ANNUAL MAXIMUM | INDIVIDUAL | \$ 750.00 |

PREVENTIVE - ALL PROCEDURES COVERED AT 100%*

ORAL EXAMS - 2 PER CALENDAR YEAR
CLEANINGS - 2 PER CALENDAR YEAR
TOPICAL FLUORIDE APPLICATION-1 PER CALENDAR YEAR (CHILD & ADULT)
BITEWING X-RAYS - 1 SET PER CALENDAR YEAR
FULL MOUTH X-RAYS - 1 PER 60 MONTHS
PALLIATIVE (EMERGENCY) TREATMENT
SPACE MAINTAINERS - 1 PER LIFETIME PER AREA UP TO AGE 19
SEALANTS - ONCE PER 60 MONTHS UP TO AGE 19
ORAL CANCER SCREENING

MINOR RESTORATIVE - ALL PROCEDURES COVERED AT 60%*

AMALGAM RESTORATIONS (FILLINGS)
RESIN RESTORATIONS (FILLINGS)
CROWN AND BRIDGE REPAIRS
PERIO SCALING/ROOT PLANING - 1 PER 24 MONTHS PER QUADRANT
PERIO MAINTENANCE THERAPY - 4 PER CALENDAR YEAR, INCLUDE 1110
PERIO SURGERY - ONCE PER QUADRANT EVERY 36 MONTHS
SIMPLE AND SURGICAL EXTRACTIONS
ORAL SURGERY - SOME LIMITS APPLY (SEE CERTIFICATE)
ENDODONTICS/ROOT CANALS - ONCE PER TOOTH PER 24 MONTHS
GENERAL ANESTHESIA - WHEN DENTICALLY NECESSARY OR IN CONNECTION WITH COMPLEX SURGERY, MAX UP TO 2 HOURS
CONSULTATIONS - 1 PER 12 MONTHS

MAJOR RESTORATIVE/DENTURES - ALL PROCEDURES COVERED AT 50%*

BRIDGES - REPLACE ONCE EVERY 5 YEARS
DENTURES - REPLACE ONCE EVERY 5 YEARS**
DENTURE REPAIRS
ADJUSTMENTS TO DENTURES**
DENTURE RELINING AND REBASING**
TISSUE CONDITIONING
CROWNS - 1 PER TOOTH EVERY 5 YEARS
IMPLANTS - ONCE EVERY 5 YEARS PER TOOTH

* PERCENTAGES OF USUAL & CUSTOMARY FEES

** RELINING OR REBASING OF EXISTING REMOVABLE DENTURES WILL BE A COVERED DENTAL EXPENSE NOT MORE FREQUENTLY THAN ONCE EVERY 36 MONTHS (COVERED ONLY AFTER A MINIMUM OF SIX MONTHS AFTER THE INITIAL INSTALLATION OF THE DEVICE.)

NCRGEA MEMBERS CAN VIEW CLAIMS INFORMATION AND FIND A PARTICIPATING DENTIST VIA THE METLIFE MYBENEFITS WEBSITE. (WWW.METLIFE.COM/MYBENEFITS).

2007 Legislative Wrap Up

Introduction

The General Assembly adjourned on August 3 and will return to Raleigh on May 13, 2008 for the regular Session. The July/August issue of *Living Power* included a story on the adoption of the state budget, highlighting the Cost-Of-Living Adjustments provided to retired state and local government employees and the sweeping changes authorized to the State Health Plan. This article presents a final report for the 2007 Session and is subdivided into three sections. These cover the following: Provisions of the 2007 Appropriations Act, ratified bills, and pending or failed legislation.

Provisions of The 2007 Appropriations Act

Governor Easley signed the budget act (House Bill 1473) on July 31. Two important provisions of the budget affecting the retirement systems that were not covered in our July/August article are explained below. Also, there is additional information regarding the repayment of the monies owed to the Teachers' and State Employees' Retirement System.

Public Defenders Move to the Consolidated Judicial Retirement System

Section 29.21B of the approved state budget authorizes the transfer of public

defenders to the Consolidated Judicial Retirement System (CJRS). All public defenders serving as of July 1, 2007 and persons who become public defenders or who re-enter service as such after this date will draw benefits from the CJRS upon retirement. Members must be at least age 65 or have completed 24 or more years of service to be eligible for retirement benefits. Creditable service prior to July 1, 2007 in the Teachers' and State Employees' Retirement System of serving public defenders will be transferred to the CJRS. The term "public defender" also includes appellate, capital, and juvenile defenders.

Change In State Health Plan Premium Payments for Re-employed Retirees

Effective July 1, 2007, **employers** that participate in the Teachers' and State Employees' Retirement System (TSERS) are required to pay the monthly State Health Plan costs for each state retiree who has been re-employed in a position that normally would require employers to provide State Health Plan coverage. This provision does not apply to part-time positions or to retirees hired as independent contractors. However, it does cover interim and temporary re-employment.

Historically, the costs of State Health Plan coverage for retired teachers and state employees have been paid from a reserve fund specifically established for this purpose. This new requirement simply changes the source of payment from the

reserve fund to the agencies employing the retirees. It should have no fiscal impact on the retiree. However, it could have serious insurance coverage implications for re-employed retirees who are covered by Medicare. The State Health Plan becomes the primary insurer for the re-employed retiree and Medicare becomes the secondary coverage.

Repayment of Escrowed Funds

As previously reported, the budget includes a \$45 million appropriation to make the final payment on the 5-year plan to repay the TSERS for monies that were diverted in 2001. The \$45 million covers the remaining principal but does not include payment of accrued interest. The General Assembly will address the payment of interest in 2008.

Ratified Bills

House Bill 779: Increase Contributory Death Benefit

This bill increases the Contributory Death Benefit from \$9,000 to \$10,000 with no increase in premiums paid by state and local government retirees. The benefit increase applies to both current and future participants.

Senate Bill 720: Contributory Death Benefit/Open Enrollment

This bill authorizes a one-time open enrollment for all retired state and local government employees who did not enroll in the Contributory Death Benefit at the time

of retirement. The open enrollment period begins on February 1 and ends on May 31, 2008.

Senate Bill 659: Officials Forfeit Pensions for Felonies

This bill requires that any state or local government elected official who is convicted of a state or federal offense involving public corruption or a felony violation of election laws while serving in office forfeit their pension from the state, local, legislative or judicial retirement systems. The new law became effective on July 1, 2007 and applies to offenses committed on or after this date.

Senate Bill 580: State Treasurer/Local OPEB Investments

The bill provides assistance for local governments to address long-term post-employment liabilities and enhances current state and local law enforcement officer retirement benefits. The new law authorizes the Treasurer to establish the Local Government Other Post-Employment Benefits Funds and the Local Government Law Enforcement Special Separation Allowance Fund. The former fund will allow local governments to deposit monies to cover future liabilities for health insurance and other benefits provided to local governmental employees. The latter fund will permit local governments to set aside monies to cover future special separation allowances for eligible law enforcement officers. *(next page)*

2007 Legislative Wrap-Up

(from page 5)

Local government participation in these two funds is voluntary and both funds will be managed by the Department of State Treasurer.

This new law also allows currently employed state and local law enforcement officers to transfer funds from their 401(k) accounts to the retirement system at the time of retirement. Such transfers will be converted to annuities that will be managed by the Department of State Treasurer and paid out monthly along with regular pension payments.

House Bill 1593: State Health Plan/ Plan Year Change

In original form, this bill proposed to change the State Health Plan year from the current July 1 through June 30 fiscal year to the regular calendar year effective January 1, 2009. However, concerns about the fiscal impact of this proposal led the General Assembly to modify the bill. As ratified, the bill requires a study by the Executive Administrator of the State Health Plan of the implications of conversion to the calendar year. The findings of the study must be presented to the General Assembly's Committee on Employee Hospital and Medical Benefits by April 1, 2008.

House Bill 956: Retired Teachers Work

The bill (Session Law 2007-326) extends until October 1, 2009 the exemption that allows retired public school teachers to return to work at full salary without loss

of pension benefits. However, the new law places several additional restrictions on the re-employment of retired teachers. In order to qualify for this exemption, teachers who retire after October 1, 2007 must have 30 or more years of service, or be at least 60 years old with 25 or more years of service, or be age 65 or older with 5 or more years of service.

(Please note: There were several bills introduced during this session that proposed to change the law governing the re-employment of state and local government retirees other than teachers. However, only House Bill 956 was approved this year.)

Pending and Failed Bills

The General Assembly adjourned without addressing a number of important and, in some instances, controversial bills. Unless otherwise noted, the bills summarized below are not eligible for consideration in 2008.

Senate Bill 1226: Retired Public Health Care Professionals Return to Work

In its original form this was a state-wide bill to authorize the re-employment of retired public health care professionals by local health departments on a full-time basis without loss of pension benefits. As amended, the bill applied only to retired public health nurses who are re-employed by the Cleveland County Health Department. The bill was re-referred to the House Pensions and Retirement Committee on July 28 and it is eligible for consideration in the 2008 Session.

House Bill 34: Remove Retirement Earnings Cap

This bill would eliminate the 50% limitation on earnings for state retirees who return to work with a state agency or local school system. The bill remained in the House Pensions and Retirement Committee at the end of the 2007 Session and is not eligible for consideration next year.

House Bill 213: Remove Local Retirement Earnings Cap

The bill would repeal the 50% limitation on earnings for local government retirees who return to work with a local government. The bill was not heard during the 2007 Session and remains in the House Pensions and Retirement Committee.



House Bill 233: Equal Tax Treatment of Gov't. Retiree Benefits

This bill would extend the “*Bailey Case*” state income tax exemption for governmental pensions to all North Carolina state and local government retirees. The exemption also would apply to retired Federal Government employees who are state residents. Governmental retirees from other states would be allowed a \$4,000 income exclusion against their N.C. state income tax liability.

The bill was approved by the House

Pensions and Retirement Committee and was re-referred to the Finance Committee. This bill can be considered in 2008 because it affects the state budget.

House Bill 883: Purchase of Military Service

This bill would allow members of the state and local government retirement systems who have at least 10 years of creditable service to purchase military service time at a rate lower than full actuarial cost.

House Bill 1806: Investment Authority to Retirement Board

The bill proposed to transfer the authority to invest the assets of the retirement systems from the State Treasurer

to the Board of Trustees of the Retirement Systems. HB 1806 was referred to the House Pensions and Retirement Committee where it remained at adjournment.

House Bill 1775: Investment Authority/Retirement Systems

This proposal is similar to HB1806 described above. However, this bill would transfer the investment authority from the Treasurer to a new 11-member Investment Management Board appointed by the Governor and the leadership of the General Assembly.

State employees get good coverage

- George C. Stokes

[Editor's Note: For the average state retiree receiving \$25,000 in pension, the increase in dependent premiums of \$591.60 is more than the 2.2% COLA (\$550) approved by the General Assembly.]

State Health Plan (SHP) rate increases cover a two-year period, while private sector employers have annual increases. In addition, SHP increases reflect improved benefits unlike the national trend of reduced benefits, combined with increased rates and continuous cost-shifting to employees.

The average annual increase for State Health Plan members is approximately 5.6 percent. (Stretched over 2 years, it's 11.2 percent) In comparison, according to the National Coalition on Health Care, employer health insurance premiums in 2006 increased by 7.7 percent, or two times the rate of inflation. In the Carolinas, the average increase was 10.9 percent in 2006 and 9.6 percent in 2007, based on a survey by Kansas-based Compdata Surveys.

Also according to the National Coalition on Health Care, the annual premium for an employer health plan, covering a family of four, averaged close to \$11,500. The annual premium for single coverage averaged more than \$4,200. In contrast, the State Health Plan annual premiums for 2007 through 2009 are projected to be \$10,030 for a family of four, and \$4,157 for single coverage.

For North Carolina's covered State

Health Plan employees, the state covers 100% of the employee health care premiums. North Carolina is one of only a small number of states that provide such fully subsidized employee premium coverage.

In addition, the Kaiser Family Foundation and the Health Research and Educational Trust report that premiums for employer-sponsored health insurance in the United States have been rising four times faster, on average, than workers' earnings since 2000.

In North Carolina, a state employee making \$39,000 will see a 4 percent salary increase this year, totaling \$1,560 more for the year. If this same employee pays for family coverage on the PPO Standard Plan, the monthly premium will increase \$49.30 per month, costing \$591.60 more per year for dependent premiums. Clearly, a 4 percent salary increase has a greater impact than premium increases for dependent coverage. Also, health care premiums for dependent coverage are paid for with pre-tax dollars.

Looking at these indicators, it certainly appears that state employees receive excellent health care coverage, at no premium cost to them.

At this time, I would also like to thank State Health Plan members across the state for their input and ideas, resulting in benefit enhancements to the PPO plans. As a customer-focused organization, the State Health Plan will continue to offer our members affordable health care choices and quality programs.

- George C. Stokes is executive administrator of the North Carolina State Health Plan.

Will Substitutes: A Welcome Addition to an Estate Plan

When it comes to estate planning, many automatically assume a will dictates how all assets should be distributed at death. However, this is not always the case. At death, assets will be transferred by one of two ways: Probate or Will Substitute. As discussed in the last issue of Golden Living, probate is the process of determining the validity of the will; once this process is complete, any assets controlled by the will are distributed as directed. However, some assets are not subject to probate and supersede the terms of a will. These assets are titled in some form of will substitute and go to specific beneficiaries. The distribution of will substitutes cannot be controlled by a will.

Will substitutes transfer property by two methods. The first method is the principle of right of survivorship, also referred to as “operation of law,” which includes property titled in either joint tenancy with right of survivorship or tenancy by the entirety. When property is titled in either of these ways, upon the owner’s death, the property should be distributed equally among the surviving owners. This transfer happens regardless of the terms of the will.

Assets that include beneficiary designations are the second form of will substitute. Life Insurance policies, Individual Retirement Accounts (IRAs), pension plans and living trusts are common ex-

amples of assets driven by contractual beneficiary designations. It is important to note if a beneficiary is not designated, or if an estate is named as the beneficiary, the asset loses its will substitute form and must pass through probate. Will substitutes can also be added to non-contractual assets by titling them Payable on Death (POD) or Transfer on Death (TOD). Such provisions state that at death, the assets avoid probate, and automatically pass to the beneficiary. The POD provision is commonly used with deposit accounts and cash equivalents, whereas the TOD provision is usually associated with securities.

Will substitutes provide for a probate-free transfer of assets, and as the probate process can be quite lengthy, may allow beneficiaries quick access to funds needed to pay final expenses and administrative costs. Although will substitutes, when used correctly, can be a useful estate planning tool, there may be other property (titled Tenancy in Common, or Individual ownership with no beneficiary designations, e.g.) that will need to pass through probate. Therefore, it is important to establish a will, and perform a periodic review of the will, along with any will substitute arrangements. Always keep in mind changes to will substitutes must be made individually on each asset.

Questions about wills and will substitutes may be answered by consulting an attorney. The material above is intended to be accurate; however, consultation with appropriate professionals for assistance is recommended.

Courtesy of State Employees’ Credit Union

New to Medicare? SHIIP Can Help You Navigate the System

More than 100,000 North Carolinians will turn 65 in 2007. If you are among those who will begin receiving Medicare benefits this year, or if you are a baby boomer trying to prepare for the next phase of your life, you probably have several questions about how to navigate the Medicare system. The following are frequently asked questions in the Department of Insurance's Seniors' Health Insurance Information Program or SHIIP:

How do I enroll in Medicare?

If you are currently receiving Social Security benefits and have paid into the Social Security system for at least 40 quarters, you will be automatically enrolled in Medicare. If you are not receiving Social Security benefits and have paid into the Social Security system for at least 40 quarters, visit your local Social Security Office to apply for Medicare.

What if I don't meet the 40-quarter requirement?

If you are an American citizen or lawfully admitted non-documented citizen who is not eligible for premium-free Medicare, you may purchase the insurance. If you have worked fewer than 30 quarters, you will pay \$410 per month for Medicare Part A (hospital insurance). If you have worked 30-39 quarters, you will pay \$226 per month for Medicare Part A. Everyone who receives Medicare pays at

least \$93.50 for Medicare Part B (medical insurance). These premiums are subject to change annually.

If I'm not automatically enrolled, when should I apply for Medicare?

You have seven months when you can initially apply for Medicare — the three months prior to your 65th birthday, your birthday month and three months after your birthday. However, choosing when to enroll during these seven months determines when your Medicare coverage begins. If you enroll in Medicare during the three months prior to your 65th birthday, your Medicare coverage will begin the first day of your birthday month. If you enroll during the month of your 65th birthday, your coverage begins on the first day of the following month. And if you enroll during the three months after your 65th birthday, your coverage is delayed two months after the month that you signed up; for example, if Mrs. Johnson turns 65 on Aug. 18, 2006, and enrolls in Medicare on Sept. 1, her coverage will not be effective until Nov. 1.

Do I need any other insurance besides Medicare?

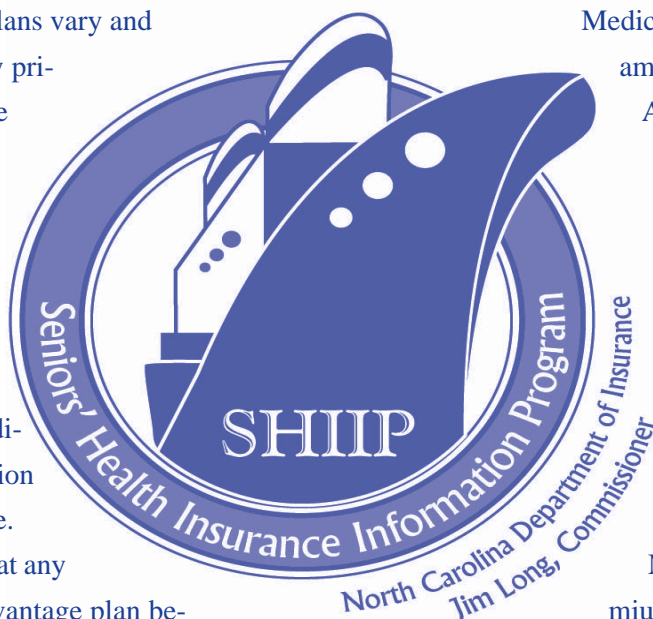
Medicare's basic benefit (Original Medicare) has several significant gaps in coverage, so it is recommended that you have supplemental coverage. Your employer group retiree health plan can act as secondary coverage to Medicare, or you can purchase a Medicare supplement (Medigap) policy to fill the gaps. You can

find an interactive Medicare supplement comparison guide on SHIIP's Web page, www.ncshiip.com. This program features information about all companies that sell Medicare supplement insurance in North Carolina including up-to-date premiums.

How do I pay for my prescription medication?

Medicare Part D provides prescription drug coverage for people with Medicare who enroll in a stand-alone prescription drug plan or join a Medicare Advantage plan. These plans vary and are offered by private insurance companies. Please note: Medicare Advantage plans may or may not include the Medicare prescription drug coverage. Look closely at any Medicare Advantage plan before joining.

Low income beneficiaries may qualify for Medicare's prescription drug assistance program through the Social Security Administration or North Carolina's newly established NCRx program. To learn more about extra financial help for Medicare Part D, contact your local Social Security Administration office, call NCRx at 1-888-488-6279 or call SHIIP at 1-800-443-9354.



What are Medicare Advantage Plans (Part C)?

Medicare Advantage Plans are an alternative health insurance option to Original Medicare. This includes Medicare managed care plans, such as Medicare health maintenance organizations (HMOs) and preferred provider organizations (PPOs), as well as the private fee-for-service plans (PFFSs) and Special Need Plans (SNPs). The newest option in North Carolina is the Medicare Medical Saving Accounts (MSAs). Each year people with

Medicare may choose among the Medicare Advantage Plan choices available in their area. No matter which Medicare Advantage Plan a person with Medicare chooses as their Medicare coverage, they will continue to pay the Medicare Part B premium. All of these Medi-

care Advantage options are offered in North Carolina; however, all options may not be available where you live.

The Medicare system has seen many changes in recent years, and SHIIP has trained employees who are educated about these changes and who understand that enrolling in Medicare can be a daunting task for some people. If you have any questions or concerns about your Medicare options, please call SHIIP at 1-800-443-9354.



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ADDRESS SERVICE REQUESTED

MetLife Dental (From Page 3)

open enrollment period. If you do not cancel the NPD plan, there will be two dental premium deductions monthly beginning December 2007.

As the sponsor of the MetLife plan, NCRGEA receives no money from MetLife. We sponsor this plan strictly as a benefit to our members so we will be happy to discuss the differences between the two plans with you. However, you will need to decide which is the better plan for your needs.

If you would like additional information regarding the MetLife Dental Plan or have not received either of the mailings described in this article, please contact us at 1-800-356-1190 or info@ncrgea.com.

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 |