

Living **power**

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

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Busy Session for N.C. General Assembly

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As the General Assembly approaches the probable mid-point of the 2009 Session, legislators have finalized a short term fix for the State Health Plan and worked on a number of bills of interest to retirees, including a bill authorizing a 1% Cost-Of-Living Adjustment for local government retirees. Also, the Senate approved a proposed budget for the 2009-11 biennium on April 9th and the Senate Finance Committee opened discussions on a sweeping tax code reform proposal in the latter part of the month. The House now must consider the proposed budget as the state's revenue outlook continues to worsen.

State Health Plan Changes

Governor Perdue signed Senate Bill 287 into law on April 27th. The staff of the State Health Plan will send enrollment packages to every Plan member in early May. The completed enrollment forms must be returned by May 29th to allow the Plan changes to go into effect on July 1.

This shortened period for open enrollment is the result of delays in passage of the bill.

Senate Bill 287 appropriates \$250 million to keep the State Health Plan solvent in the current fiscal year. The bill stabilizes the Plan for the 2009-11 biennium with a combination of increased employer contributions, dependent coverage premiums, and increases in out-of-pocket costs to members. The General Assembly will contribute an additional \$511.7 million to the Plan over the next two years. Premiums for coverage of family members will rise by 8.9% in both 2009-10 and 2010-11, generating an additional \$104.8 million over the biennium. Changes in benefits, including higher member deductibles, co-payments, and annual maximums, will produce an additional \$300.9 million over the two-year period. Specific changes to the Plan and member benefits are presented in the article provided by the State HealthPlan starting on page 3. Some additional information is given below.

Benefit Changes

The new law establishes two new Wellness Initiatives. Effective July 1, 2010, any member who is not Medicare eligible



and who uses tobacco products will be assigned to the PPO Basic (70/30) Plan unless they are enrolled in a recognized smoking cessation program. Effective July 1, 2011, any member who is not Medicare eligible and who is obese will be assigned to the PPO Basic Plan unless their obesity is the result of a medical condition or they are enrolled in a recognized weight loss program.

Senate Bill 287 also includes a provision that establishes a 15-member Blue Ribbon Task Force to review the governance of the Plan, ensure ongoing financial stability, and address issues of cost, quality, and health care access. The Task Force specifically is charged with consideration of:

- Transferring the daily oversight of the Plan to an independent Board or State agency,
- Tiered premium rates for member only coverage for employees and future retirees based on income and ability to pay.

■ Ways to increase participation in dependent coverage through state subsidies or other methods of reducing dependent premiums.

- The benefits of enacting a closed prescription drug formulary.
- The costs and benefits associated with moving the Plan to a calendar year.

Local Retiree COLA Bill Introduced

For the first time in four years, the General Assembly is considering a separate bill to provide a Cost-Of-Living Adjustment for retired local government employees. House Bill 934, sponsored by Reps. Russell Tucker and Marion McLawhorn, authorizes a 1.0% COLA for local retirees effective July 1, 2009. The increase would be paid by undistributed gains in the Local Governmental Employees' Retirement System (LGERS) and would not require any state funding. House Bill 934 is supported by our Association as well as the League of Municipalities and the Association of County Commissioners.

In recent years, the General Assembly has left the issue of COLAs for retired local government employees to the Board of Trustees of the Retirement Systems. The Board of Trustees had voted in January to grant a 1.0% COLA to local retirees. However, an informal opinion issued by the Attorney General's staff stated that the Board, subject to the availability of gains, could only grant a COLA equal to the annual increase in the Consumer Price Index (CPI). Since the CPI rose by only one-tenth of one percent (0.1%) in 2008, the Board could not approve a higher (or lower) COLA. Since there were gains in the LGERS to support as much as a 3.4% raise, the General Assembly could authorize the 1.0% increase.

House Bill 934 was approved by the House Pensions and Retirement Commit-

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tee in late April. It has been re-referred to the House Appropriations Committee for further consideration.

Tough Budget Road Ahead

The Senate approved the Appropriations Act of 2009 (Senate Bill 202) in early April.

Senate Bill 202 does not provide COLAs for active state employees or for retired teachers and state employees. The budget does continue longevity pay for active employees. There are several changes that affect state pensions and related state retirement benefits.

- \$29 million for the Teachers' and State Employees' Retirement System (TSERS) to offset a deficit for the year ending December 31, 2007 that was identified by the state's actuary.

- \$1.3 million for the Consolidated Judicial Retirement System as recommended by the state's actuary.

- \$128.4 million in 2009-10 and \$267.9 million in 2010-11 additional funding to continue non-contributory State Health Plan benefits for active and retired employees.

The House of Representatives learned shortly after receiving the budget bill from the Senate that state income tax collections, the state's largest single revenue source, were significantly lower than projections in April. The House would have to address a growing shortfall that now is es-

timated to exceed \$4 billion for 2009-10.

At the same time, the Senate leadership unveiled a comprehensive state tax code reform package that would provide some additional revenue in 2009-10 although the real benefits of the reform initiative are longer term. The proposal lowers state income tax rates but limits certain deductions. The State sales tax rate would be lowered from the current 4.75% to 4.0% but the base of the tax would be expanded to include certain services (e.g.: home repairs, recreation and entertainment). These proposed changes could generate \$530 million in new revenue in 2009-10 and as much as \$732 million by 2011-12. The next issue of *Living Power* will present more details on this proposal.

- Ed Regan

Annual Enrollment for State Health Plan Members

The State Health Plan is currently conducting Annual Enrollment on a shortened timeframe. Senate Bill 287 (State Health Plan/Good Health Initiatives) was signed into law by Governor Perdue on April 23, 2009. This bill includes the State Health Plan **benefit changes** and **rate increases** for the 2009/2010 and 2010/2011 benefit years.

Enrollment Dates

Annual enrollment kits were mailed to retirees beginning on May 7, 2009. Please look for your enrollment materials. Annual

enrollment forms will be due no later than **May 29, 2009**.

All **enrollment** changes, **benefit** changes and **rate** changes will become effective July 1, 2009, with the exception of the routine vision benefit. Routine vision benefits will no longer be covered beginning January 1, 2010.

Because the legislation was just signed into law on April 23, 2009, this annual enrollment is being conducted later than normal for a July 1 effective date and within a very short timeframe. Due to this shortened timeframe, it is likely that not all members will receive their ID card by July 1, 2009. However, the ID number will not change, so providers and pharmacies will accept members' current ID cards. Therefore, members should continue to use their current ID cards until they receive their new ID card.

Benefit Changes for the upcoming fiscal year are summarized below:

- **The 90/10 Plus plan will no longer be offered. Employees and retirees currently enrolled in the 90/10 Plus plan should only complete a change form if they wish to move to the 70/30 plan or wish to add or remove dependents.** Otherwise, the retiree will automatically be moved to the 80/20 Standard Plan, along with any dependents they currently have covered on their plan. If an employee or retiree does not submit a completed form, they will remain on their current plan or will be automatically

moved to the 80/20 plan if they are currently enrolled on the 90/10 Plus plan. Employees and retirees who are moved to the 80/20 plan will no longer have to pay for employee only coverage.

- **Deductibles, copays and coinsurance maximums will increase, effective July 1, 2009.** Please refer to the Benefit Changes Chart for details.

- Routine vision exams will no longer be covered as of January 1, 2010.

Changes to the Prescription Drug Benefit are summarized below:

- Beginning on July 1, 2009, the copay for prescriptions will be for a 30-day supply, instead of a 34-day supply.

- The copay for generic drugs will remain \$10.

- The copay for diabetic supplies will remain \$10 for preferred brand and \$25 for non-preferred brand.

- Prescription drug copays for preferred brand (without a generic available), and non-preferred brand will each increase by \$5, effective July 1, 2009.

- Beginning July 1, 2009, a 25% coinsurance will be charged for specialty prescription drugs up to \$100 for each 30-day supply.

- Members will be required to use Accredo for all non-acute specialty medications. Members currently taking a specialty medication will receive additional information in the mail.

- The preferred brand copay tier (with generic available) will be eliminated

effective July 1, 2009.

Please note: Beginning July 1, 2009, if a generic equivalent is available and a member chooses to have the brand name drug, or their doctor prescribes “Dispense as Written” (DAW), they will be required to pay the difference between the actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent, in addition to the \$10.00 generic copayment. Members who continue to use brand name drugs when a generic equivalent is available would never pay more than the total cost of the drug.

Rates

On July 1, 2009 there will be an 8.9% increase on all coverage tiers for dependent coverage. On July 1, 2010 there will be another 8.9% increase on all coverage tiers.

Have Any Questions?

If you have any health benefits or pharmacy questions, please contact the following:

- State Health Plan Web site at www.shpnc.org
- Customer Services for plan questions at 1-888-234-2416, or
- Medco Customer Services for pharmacy questions at 1-800-336-5933.

*Information for this article was provided by
the State Health Plan*

State Health Plan Wellness Initiative

The State Health Plan for Teachers and State Employees (“Plan”) will implement comprehensive wellness initiatives to support healthy lifestyles, as outlined in Senate Bill 287.

Some Commonly Asked Questions:

1.) Why has the Plan focused on tobacco use and weight management when there are many other health conditions that are also serious and costly?

Tobacco use and unhealthy diet/physical inactivity are the two leading causes of preventable deaths in North Carolina. The Plan’s NC HealthSmart programs currently provide services and supports that will allow members to take appropriate action to improve their health. Health Coaches are available now to assist eligible* members with managing chronic diseases and healthy lifestyle support. You may call a Health Coach at 1-800-817-7044, 24 hours a day, 7 days a week. In addition, the NC Quitline is available for tobacco cessation assistance. Pharmacy benefits offer tobacco cessation and weight management medications. Speak to your doctor for counseling and information regarding medication options.

2.) Has the State Health Plan explored some ways to offer incentives to members who engage in healthy lifestyles?

(Continued on page 11)

North Carolina State Health Plan - Benefit Changes for 2009 -2010¹

| Plan Design Feature | Basic Plan 70/30 | | | | Standard Plan 80/20 | | | |
|------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 2007-2009 | | 2009-2010 | | 2007-2009 | | 2009-2010 | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible Individual Family | \$600 \$1,800 | \$1,200 \$3,600 | \$800 \$2,400 | \$1,600 \$4,800 | \$300 \$900 | \$600 \$1,800 | \$600 \$1,800 | \$1,200 \$3,600 |
| Coinsurance Max. Individual Family | \$2,500 \$7,500 | \$5,000 \$15,000 | \$3,250 \$9,750 | \$6,500 \$19,500 | \$1,750 \$5,250 | \$3,500 \$10,500 | \$2,750 \$8,250 | \$5,500 \$16,500 |
| Urgent Care Copay | \$75 | \$75 | \$75 | \$75 | \$50 | \$50 | \$75 | \$75 |
| Primary Copay | \$25 | 50% coinsurance after deductible | \$30 | 50% coinsurance after deductible | \$20 | 40% coinsurance after deductible | \$25 | 40% coinsurance after deductible |
| Specialist Copay | \$50 | 50% coinsurance after deductible | \$70 | 50% coinsurance after deductible | \$40 | 40% coinsurance after deductible | \$60 | 40% coinsurance after deductible |
| Physical Therapy/ Occupational/Speech | \$25 primary \$50 specialist | 50% coinsurance after deductible | \$55 | 50% coinsurance after deductible | \$20 primary \$40 specialist | 40% coinsurance after deductible | \$45 | 40% coinsurance after deductible |
| Chiropractic | \$50 specialist | 50% coinsurance after deductible | \$55 | 50% coinsurance after deductible | \$40 specialist | 40% coinsurance after deductible | \$45 | 40% coinsurance after deductible |
| Mental Health / Chemical Dependency Office Services | \$50 specialist | 50% coinsurance | \$55 | 50% coinsurance | \$40 specialist | 40% coinsurance | \$45 | 40% coinsurance |
| Routine Eye Exam² | \$25 | Not covered | \$30 | Not covered | \$20 | Not covered | \$25 | Not covered |
| Inpatient Copay | \$200 | \$200 | \$250 | \$250 | \$150 | \$150 | \$200 | \$200 |
| Generic Rx Copay | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 |
| Brand Rx Copay (no generic equivalent) | \$30 | \$30 | \$35 | \$35 | \$30 | \$30 | \$35 | \$35 |
| Non-Preferred Brand Rx Copay | \$50 | \$50 | \$55 | \$55 | \$50 | \$50 | \$55 | \$55 |
| Brand Rx Copay (generic equivalent available) | \$40 | This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay. | \$40 | This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay. | \$40 | This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay. | \$40 | This copay tier has been eliminated. Member will be required to pay the difference between the Plan's actual cost of the brand name drug and the amount the Plan would have paid for the generic equivalent in addition to the generic copay. |
| Specialty Rx³ | Various | Various | 25% coinsurance up to \$100 for each 30 day supply | 25% coinsurance up to \$100 for each 30 day supply | Various | Various | 25% coinsurance up to \$100 for each 30 day supply | 25% coinsurance up to \$100 for each 30 day supply |
| Diabetic Supplies | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand | \$10 for preferred brand \$25 for non-preferred brand |
| Pharmacy Benefit Days Supply | 34 | 34 | 30 | 30 | 34 | 34 | 30 | 30 |

1) All benefits are subject to medical necessity.
 2) Routine eye exams as of January 1, 2010 will no longer be covered. Check with your HBR about your benefit options for vision.
 3) All non-acute specialty drugs, excluding cancer medications must be obtained through the Accredo specialty pharmacy.

Note from Our President

- Willis P. Whichard, NCRGEA President

As I write this, the 2009 session of the General Assembly is in its fourth month. It is faced with fiscal constraints more severe than any since the Great Depression of the 1930s. Having been a member of the General Assembly for ten years, I have considerable empathy with those now serving. The State's budget derives from a process of allocating its limited resources among a variety of worthy but competing needs. The current demands are at least as great as the past ones, while the available resources with which to meet them are limited well beyond the norm.

In this context your Association, primarily through its Executive Director and its lobbyist, is striving to maintain the tradition of annual cost-of-living increases for its retiree members, to perpetuate the State Health Plan benefits for retirees and their families, and to assure the actuarial integrity of the retirement system. Needless to say, the context described above makes those tasks difficult well beyond the ordinary. Like most investments in this recession-ridden economy, the State's pension funds have diminished in value. They remain quite sound, however, and in far better condition than most investment portfolios. The State Health Plan, by contrast, has been significantly underfunded. This General Assembly has appropriated funds to restore its stability, while simultaneously considering cost-saving measures

in the program's operation.

No one can foresee where these deliberations will end. The one certainty is that your Association's representatives are constantly monitoring the situation. They have the respect of the members of the General Assembly and a reputation for effectively promoting and protecting our interests. Ability and integrity characterize their every endeavor. They inform your officers regularly and update the full membership periodically. This certainly will continue.

The fact that we are ably represented in Raleigh does not mean that we do not need you, however. Let your representatives and senators know of your interests and concerns. They are responsive to the Association's representatives largely because they know that you, the legislators' constituents, sent them and stand behind them.

So, please tell your legislators what you, as a government retiree, desire and expect from them.

I recently renewed my Association membership. The following statement was attached to my membership card for the coming year: "This Association's sole purpose is to work for the rights and interests of retired teachers, state and local governmental employees, their dependents and beneficiaries." This is indeed our reason for being. As I meet regularly with the Association's other officers, committee members, executive director and staff, I never fail to find their dedication, ability and accomplishments impressive. I am keenly aware that I get my money's worth, and more, from that small payment of dues. I hope all of you recognize this as well.



SECU Helping Members Stay in Their Homes

State Employees' Credit Union (SECU) understands the importance of helping members improve their financial lives — it's the mission of SECU and goes hand in hand with the "People Helping People" philosophy of the Credit Union. In today's economy, helping members has become even more important, as there are some members who are experiencing significant financial difficulties due to job loss. In order to assist members with maintaining payments on their primary residence, SECU has developed a **no-cost** Mortgage Assistance Program — a program designed to provide options for members to stay in their homes.

The Mortgage Assistance Program offers members an opportunity to meet in person with a senior officer of SECU and develop an individualized financial plan. SECU is committed to meet with members whenever and wherever feasible and investigate all opportunities to assist. Options within the Mortgage Assistance Program are for members who may be in a delinquency or possible foreclosure situation, as well as for those who anticipate a loss of income in the near future. Options could include mortgage loan extensions, mortgage loan modifications or refinances, or payment alternatives — SECU is available to provide proactive or reactive services.

Remember, SECU will investigate all opportunities which will allow a member to stay in his or her home. If there's a so-

lution, we'll help you find it!! Your financial success is critical not only to you as an individual member, but also to State Employees' Credit Union as your financial cooperative.

For more information, contact your local branch and ask to meet with an SECU representative, contact the SECU Call Center at (888) 732-8562 or (919) 857-2150 locally in Raleigh, or log on to SECU's website at www.ncsecu.org.

Annual Board Meeting Announced

The annual meeting of the Board of Directors for the North Carolina Retired Governmental Employees' Association has been set for Tuesday, June 23, 2009 at the North Carolina State University Club in Raleigh.

NCRGEA President Justice Willis P. Whichard of Chapel Hill will chair the meeting. Board members will hear reports on topics including the Association's membership, district meetings, dental insurance program and investments.

The 21-member Board of Directors include two members from each of our nine districts. District 8 (Wake County) has an additional three members serving on the board. Members are elected to serve a term of three years, with the possibility of one additional term.

Outgoing board members whose terms are expiring include Fountain Odom of Charlotte, Clifton McNeill of Hope Mills, William "Bill" Sutton of Apex, and Dennis Ducker of Brevard.

SHIIP Thanks Its Volunteers

Did you know that North Carolina has more than 1.3 million Medicare beneficiaries? And all those beneficiaries are served by just over 900 volunteers and coordinators from the Seniors' Health Insurance Information Program. That's nearly 1,500 beneficiaries for every volunteer.

Housed within the North Carolina Department of Insurance, SHIIP was established in 1986 to help educate Medicare beneficiaries about Medicare, Medicare supplements, long-term care insurance, Medicare Advantage, Medicare Part D prescription drug plans and other health insurance options for people with Medicare.

SHIIP operates a call center that has professionally trained staff to help provide unbiased information to Medicare beneficiaries with questions. SHIIP also has a volunteer base of 110 county coordinators and more than 800 volunteers to assist Medicare beneficiaries in all 100 counties.

Volunteers for SHIIP must successfully complete a 24-hour training course to become certified to better help people with Medicare. SHIIP volunteers are required to attend quarterly follow-up training, and they must provide 40 hours of counseling services annually to maintain their certifi-

cation. Without our remarkable volunteers, SHIIP could not reach out to all the people with Medicare in our state.

SHIIP volunteers are required to submit reports on each client they assist, and according to our records they have helped nearly 40,000 Medicare beneficiaries in one-on-one counseling sessions over the past year. This is an outstanding accomplishment. SHIIP is very grateful for all our volunteers and we can never thank them enough for all that they do to assist people with Medicare.



Each April National Volunteer Week is a great time to publicly thank all the SHIIP volunteers in North Carolina for the remarkable service they provide.

SHIIP is always looking for new volunteers. Would you

like to give back to your community? Do you have computer skills? Are you a people person? Do you have the ability to easily explain things to others? If you answered yes to any of these questions, you may be a great addition to the SHIIP family of volunteers.

How can you become a SHIIP volunteer? Call our office today at 1-800-443-9354 or contact the SHIIP coordinating site in your county. Let us educate you about Medicare so you can help the citizens of this great state. Maybe it's time for you to become part of the SHIIP team. Call today!

Generic Medications Save You Money on Prescription Costs

Generic medications are always the least expensive prescription option for State Health Plan members. You can save money by asking your provider if there is a generic option for a brand name medication you have been prescribed. Many popular brand name drugs now have generic equivalents that provide the same benefit as their name brand counterparts, but have a copay of \$10, instead of \$30, \$40 or even \$50.

Generic drugs are medications that have been approved by the Food and Drug Administration as safe and effective alternatives to brand name drugs. They contain the same active ingredients at the same strength as their brand name counterparts. To find out if the medication you're taking has a generic equivalent, please visit www.shpnc.org/pharmacy.html.

Retail Generic Prescription Programs

Be sure to shop around for your generic prescriptions. Many national and local retail pharmacies now offer generics at discounted prices. Generic medications

| <u>Retailer</u> | <u>Program Design</u> |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CVS CVS Health Savings Pass | \$9.99/3 months \$10 enrollment fee 10% off Minute Clinic services |
| Harris Teeter Harris Teeter generic prescription savings club | \$9.99/3 months \$4.99/year enrollment fee |
| Kmart Kmart generic program | \$15/ 3 months \$1 for limited list of OTCs |
| Kroger Kroger generic program | \$4/1 month \$10/3 months |
| Rite Aid Rite Aid generic program | \$8.99/3 months on limited list of generics \$15.99/3 months for other generics 20% on name brand and other generic prescriptions 10% on Rite Aid brand products |
| Target Target generic program | \$4/1 month \$10/90 days |
| Walgreens Walgreens Prescription Savings Club | \$12/90 days \$20/year enrollment fee |
| Walmart WalMart Generic program | \$4/1 month \$10/3 months \$9/30 days for women's health meds \$4 or less for a limited list of OTCs |

may cost only \$4 for a month's supply or \$10 for a three month's supply. Each retailer has a unique program with different generic medications covered. Check the list of discounted generics at each pharmacy to see if they carry the generic you take.

The discount generic programs available in North Carolina are listed in the table at the bottom of page 10.

Each retailer has a specified list of generics that are covered at the discounted prices. Most are limited to the more common generics that have been available for a few years. Many of the newer, more expensive generics such as allergy medication fexofenadine (generic Allegra), simvastatin (generic Zocor) for cholesterol, and omeprazole (generic Prilosec) for heartburn are not included on these lists. However, it is worth checking to see if these generics are covered, as the lists are constantly being updated.

State Health Plan members can take advantage of these discounted generics, and Medco will capture and process the claim according to the retail program.

Association Announces Summer Schedule

The Association would like to remind you of our annual summer schedule.

Beginning on Friday, May 29, our office will be open on Monday - Thursday from 7:30 a.m. to 5:00 p.m. and on Fridays from 7:30 a.m. to noon.

We will be closed on Monday, May 25 and Friday, July 3rd.

Wellness Initiative

(continued from page 5)

The Plan is looking at cost-effective incentive options to support healthy lifestyle behaviors. Tools and resources have been developed by the Plan and other partners to highlight the benefits of healthy lifestyles, including healthy eating, physical activity, tobacco use cessation, and stress management. NC HealthSmart materials and information are available on the State Health Plan Web site at www.shpnc.org.

3.) How will the Plan implement these new programs?

The legislation includes a provision for the Plan to ask members to self-report tobacco use and weight status during annual enrollment. The Plan is currently assessing procedures and rules around the tobacco and weight management programs, and will make these available for public comment prior to program implementation. The legislation requires the Plan to inform members about the specifics of the initiatives no later than October 1, 2009.

4.) Who's eligible for the member wellness initiatives?

Members eligible for program participation include active employees, retirees who are not on Medicare, and dependents. Members on COBRA are also eligible for these programs.

**Eligible members are those with the State Health Plan as their primary insurance. Information for this article was provided by the State Health Plan Office.*



North Carolina
**Retired
 Governmental
 Employees'**
Association

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Are you receiving our weekly legislative updates?

If you're not and are interested, you have two ways to get this valuable information! For those members with computer access, please visit our website at www.ncrgea.com to sign up for our update. We do not share our email addresses. We send out emails every Friday with a summary of the week's legislation affecting retirees.

If you don't have a computer or if it just gathers dust, please call our toll-free telephone number, 1-800-356-1190 (or locally at 919-834-4652), to listen to our recorded hotline. This hotline is available 24 hours a day and is updated on Fridays.

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 | 1-888-234-2416 |
| (State Health Plan Administrator) | |
| Social Security Administration | 1-800-772-1213 |
| State Employees' Credit Union | 1-888-732-8562 |
| Local Government Federal Credit Union | 1-800-344-4846 |