

# *Living* **power**

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

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*North Carolina*

**Retired  
Governmental  
Employees'  
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## Retirement Systems Boards of Trustees Act

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In January the **Retirement Systems Boards of Trustees** made recommendations for employer contribution rates and cost of living adjustments (COLAs) for retirees. Facing the forecast of uncertain financial markets for the next several years, both the Local Governmental Employees' Retirement System (LGERS) and the Teachers' and State Employees' Retirement System (TSERS) Board(s) of Trustees focused on stabilizing the employer contribution rates to better manage the projected increased costs to fund the Annual Required Contribution (ARC) for both the LGERS and TSERS retirement systems.

### **Local Governmental Employees' Retirement System (LGERS)**

The LGERS Board approved a stabilization policy that will increase the employer contribution rate from 6.67% to 7.25% for Fiscal Year 2016-2017. The employer contribution rate will then increase each fiscal year by .25% for the next 5 years. Because of uncertainty in the financial markets, the Board took action to set an automatic increase in the employer contribution rate to keep the LGERS retirement system appropriately funded and to avoid any significant increase in the contribution rate in any one year. This action provides some certainty in the required contributions for local governments over the next five years.

An increase in contributions by local government will provide a **.105% COLA for LGERS retirees** for FY 2016-2017 (an average of \$2 per month). The option adopted by the LGERS Board for 2016 provides little for LGERS retirees to assist them with the continuing increase in cost of living.

Over the past 8 years, LGERS retirees have received only a total of .725% increase in their benefit, while inflation over the past 8 years averaged 1.6%. While it is important to have a well-funded system and we appreciate the efforts by local governments to maintain a well-funded retirement system for its members, it is important for the Board members, local governments and legislators to understand the impact on LGERS retirees when they do not receive adequate COLAs. Below is an excerpt of comments I made, as Executive Director of the NCRGEA, to the LGERS Board of Trustees on January 21 on behalf of local governmental retirees. "Over the past 30 years, inflation has averaged 2.8% per year and COLAs for LGERS retirees have averaged 2.3%. However, when we look at the last 10 years, LGERS retirees have only received COLAs averaging .79% while inflation has averaged 2.13%.

Over the past 30 years, the LGERS Board, on average, has provided COLAs amounting to 82% of inflation. In the past 10 years, the LGERS Board on average

has provided COLAs amounting to 37% of inflation. I encourage the Board to consider reviewing the current formula for calculating LGERS retirees' COLAs and make adjustments to the formula to better calculate COLAs that are more reflective of actual cost of living increases faced by Local Governmental Retirees”.

The NCRGEA will pursue a larger COLA for LGERS retirees in the upcoming legislative session and work to enhance the process for the LGERS Board of Trustees to directly address the inadequate COLAs provided to LGERS retirees over the past 10 years.

### **Teachers' and State Employees' Retirement System (TSERS)**

The Teachers' and State Employees' Retirement System (TSERS) Board approved a stabilization policy that will increase the employer contribution rate from 9.15% to 9.50% to fund the retirement system. The Board did not approve any COLA for the TSERS retirees for 2016. While a 1% was presented to the Board, it opted not to recommend a 1% COLA to the General Assembly.

In addressing the TSERS Board of Trustees, the NCRGEA made the following statement at the meeting, “The NCRGEA supports adoption of the Stabilization of Employer Contribution Rate and the second option for TSERS, the Consolidated Judicial Retirement System and the Legislative Retirement System, which provides a 1% COLA.”

In the upcoming legislative session, the NCRGEA will work to increase the COLA for LGERS retirees and have the legislature approve a COLA for TSERS retirees, as well.

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## **Lake Case Update**

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Discovery has been on-going in the Lake et al v. State Health Plan class action lawsuit. The parties are completing fact discovery and by the end of the fact discovery period will have taken nearly 40 depositions of witnesses, including the Plaintiff class representatives. Following the fact discovery period, a period of expert discovery will ensue. The Plaintiffs and Defendants will exchange reports from experts retained by the parties and thereafter may engage in depositions of the retained experts. The Plaintiffs have a June deadline to file a Motion for Class Certification with the Court.

Class certification is the process where the Court determines whether the case should formally proceed as a class action of a defined class of persons or be limited to the named parties. The current and tentative class includes over 170,000 retired State employees. The size of the class may grow as vested current employees retire and become eligible for the retirement health benefits.

Following the class certification proceedings, the Court will likely consider summary judgment motions for one or both sides. Summary judgment occurs where the Court finds that there are no genuine issues of material fact that need to be determined by a fact finder and that the case may be decided without a trial. If the case is not determined in whole at summary judgment, the case will proceed to trial. No date has yet been set for any trial.

Go to [www.ncrgea.com](http://www.ncrgea.com) to learn more about the Lake Case.

You can also support the Lake Case by making a contribution to the Lake Case Fund. The Lake Case Fund was established by NCRGEA for the sole purpose of supporting this legal action. Funds contributed to the Lake Case Fund will be used for non –legal expenses related to deposition, engaging expert witnesses and mailings associated with class action certification. You can make checks payable to Lake Case Funds and mail to NCRGEA, PO Box 10561, Raleigh, NC 27605.

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For over 40 years, Mark III Employee Benefits' team of professionals has been committed to providing our clients the best insurance solutions possible.

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## SHP Board Delays Approval of 2017 Plan Changes to May

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The State Health Plan Board of Trustees met on February 5<sup>th</sup> to discuss changes to the 2017 State Health Plan. The State Health Plan Board of Trustees has delayed until May the approval of the 2017 State Health Plan for active and retired teachers and state retirees. While there has been a great deal made of the proposed elimination of the 80/20 plan for active employees and non-Medicare eligible retirees, the Board took no action to eliminate the 80/20 plan for non-Medicare eligible retirees.

The Board also did not take any action to endorse the elimination of the eligible spouses to be covered under the State Health Plan. Any action to eliminate spousal coverage requires action by the General Assembly.

The Board of Trustees for the State Health Plan made adjustments to the 70/30 Plan by increasing deductions and out-of-pocket cost. There will be no premiums placed on the 70/30 Plan or Medicare Advantage Base plan (United Healthcare/Humana). The Medicare Advantage Enhanced plan, which currently has a monthly premium of \$66, will most likely have a premium increase; however, the amount of the increase has not been determined. Any changes to the Medicare Advantage Plans will be determined in May and NCRGEA will let you know of any changes to those plans.

The NCRGEA submitted comments to the State Health Plan Board of Trustees on the proposal for 2017. Our comments focused on keeping health insurance affordable for retirees, reinstating a premium-free option for the 80/20 plan for non-Medicare eligible retirees, retaining spousal coverage for all retirees and simplifying the annual open enrollment for all participants. A copy of our letter is located on our NCRGEA website at [www.ncrgea.com](http://www.ncrgea.com).

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## SHP Sessions on Becoming Medicare Eligible

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If your 65<sup>th</sup> birthday is coming up and you are a member of the State Health Plan, this is important information for you!

As you become eligible for Medicare, you have some important decisions about your health coverage and which plan is best for you and your family. It is important to understand how the State Health Plan and Medicare work together. To help you make the best informed decision for YOU, **the State Health Plan is holding informational sessions statewide from March through August.**

These sessions will walk you through the State Health Plan options available to you when you become Medicare eligible at age 65. The decisions you make about



health care are important whether you are working or retired.

Timing is everything! Don't overlook your best option or miss an opportunity because you waited too long to act.

Attend one of the SHP information sessions so you can make informed and timely decisions. These sessions are for people who will: 1) Turn 65 next year; or 2) Work beyond age 65 and are planning retirement; or 3) Will turn 65 next year and are already retired!

**For a full listing of the dates and locations of these sessions, go to the NCRGEA website [www.ncrgea.com](http://www.ncrgea.com) or the State Health Plan website [www.shpnc.org](http://www.shpnc.org).**

**Seating is limited, so be sure to register early. RSVP at [www.shpnc.org](http://www.shpnc.org) or call 919-814-4400.**

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BlueCross BlueShield of North Carolina

## 2016 Retiree Pay Dates

(Date that pension checks are direct deposited or date checks are mailed).

March 24	August 25
April 25	September 23
May 25	October 25
June 24	November 23
July 25	December 20

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## Colorectal Cancer Screening Saves Lives

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### By Humana

An estimated 60 percent of colorectal cancer deaths could be prevented if men and women 50 and older were screened routinely. However, only 61 percent of this group gets screened.

### What is colorectal cancer?

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Colorectal cancer develops in the colon or rectum, usually as a small growth on the lining of the colon or rectum called a polyp. Because it can take several years for the polyp to develop into colorectal cancer, regular screening can, in many cases, prevent colorectal cancer altogether by finding and removing polyps before they become cancerous.

### Don't wait for symptoms to take action - know your risk factors

The American Cancer Society (ACS) recommends screening for colorectal cancer beginning at age 50 in most people. Chances of developing colorectal cancer increase a great deal after age 50. But if you are under 50, it is important to ask your doctor if you should begin getting tested earlier. Certain risk factors can place you at higher risk for developing colorectal cancer. Earlier testing or more frequent testing may be recommended due to the following risk factors:

- **Personal history** — History of polyps or inflammatory bowel disease (IBD), including ulcerative colitis and Crohn's disease, increases your risk of developing colorectal cancer. As noted above, polyps can become cancerous and inflammation over a long period of time from IBD can cause the cells lining the colon and rectum to change into cancer.
- **Race** — African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States. American Indians and Alaska

Natives are second followed by White, Asian/Pacific Islanders and Hispanics.

- **Family history of colon cancer or polyps** — Cancers can “run in the family” because of inherited genes, shared environmental factors, or some combination of these. Approximately 20 % of people who develop colorectal cancer have other family members who have been affected by the disease.

- **Inherited gene changes** — The two most common inherited syndromes linked with colorectal cancers are familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC).

### **Get Tested**

Make an appointment to discuss the issue, or bring it up during your next visit. If you are 50 or older or at higher risk, ask your doctor about which colorectal cancer screening test is best for you. Some options include:

- **Fecal occult blood test (FOBT) annually** — Detects blood in the stool by placing a small sample of stool on a chemically treated card, pad, or wipe; then a chemical developer solution is put on top of the sample. If the card, pad, or cloth turns blue, there is blood in the stool.

- **Flexible sigmoidoscopy every 5 years with FOBT every 3 years** — Allows your doctor to view the rectum and the lower third of the colon through a scope.

- **Colonoscopy every 10 years** — Allows your doctor to look at the interior lining of your large intestine (rectum and colon) through a thin, flexible viewing instrument called a colonoscope. During a colonoscopy, tissue samples can be collected (biopsy) and abnormal growths can be removed. Colonoscopy can also be used as a screening test to identify and remove pre-cancerous and cancerous growths in the colon or rectum (colorectal cancer).

Note: Before either a colonoscopy or a sigmoidoscopy, you will need to clean out your colon. Colon prep takes one to two days depending on which type of prep your doctor recommends. Some preps may be taken the evening before the test. For many people, the prep may be scarier than the actual test. Plan to stay home during your prep time since you will need to use the bathroom frequently. The colon prep causes loose, frequent stools and diarrhea so that your colon will be empty for the test. (Just remember: A little discomfort could save your life. )

### **Can colorectal cancer be prevented?**

Besides getting colorectal cancer screening as recommended, there are other steps you can take to lower your risk for colorectal cancer:

- Increase your physical activity,
- Eat plenty of fruits, vegetables, and whole grain foods and limit your intake of red meat,



- Stop smoking — tobacco use raises your risk for colon cancer.

### **What are symptoms of colorectal cancer?**

- Change in bowel habits is a common symptom for colorectal cancer. Other symptoms may include:
  - Diarrhea or constipation,
  - Feeling that your bowel does not empty completely,
  - Blood (either bright red or very dark) in your stool,
  - Stools that are narrower than usual,
  - Frequently having gas pains or cramps, or feeling full or bloated,
  - Weight loss with no known reason,
  - Feeling very tired all the time,
  - Nausea or vomiting.

Most often, these symptoms are not due to cancer. Other health problems can also cause them. Talk to your doctor. Usually, early cancer does not cause pain, so it is important not to wait to feel pain before seeing a doctor. When colorectal cancer is detected early, it can have a 90 % or better cure rate.

If you are 50 and older or have any risk factors for colorectal cancer or symptoms, talk to your doctor today. It could save your life. Spread the word! You can also learn more by visiting the American Cancer Society website or sign-in to MyHumana, scroll down to the Condition Centers located on the left side of the page, and select Cancer — Digestive.

## Humana helps its members get the most out of retirement

We want our members' retirement years to be the best of their lives. That's why Humana Medicare Advantage Plans include services and programs to help retirees enjoy this exciting time.

Humana congratulates the North Carolina Retired Governmental Employees' Association for its leadership and service to its members. We're proud to serve many members as our customers.



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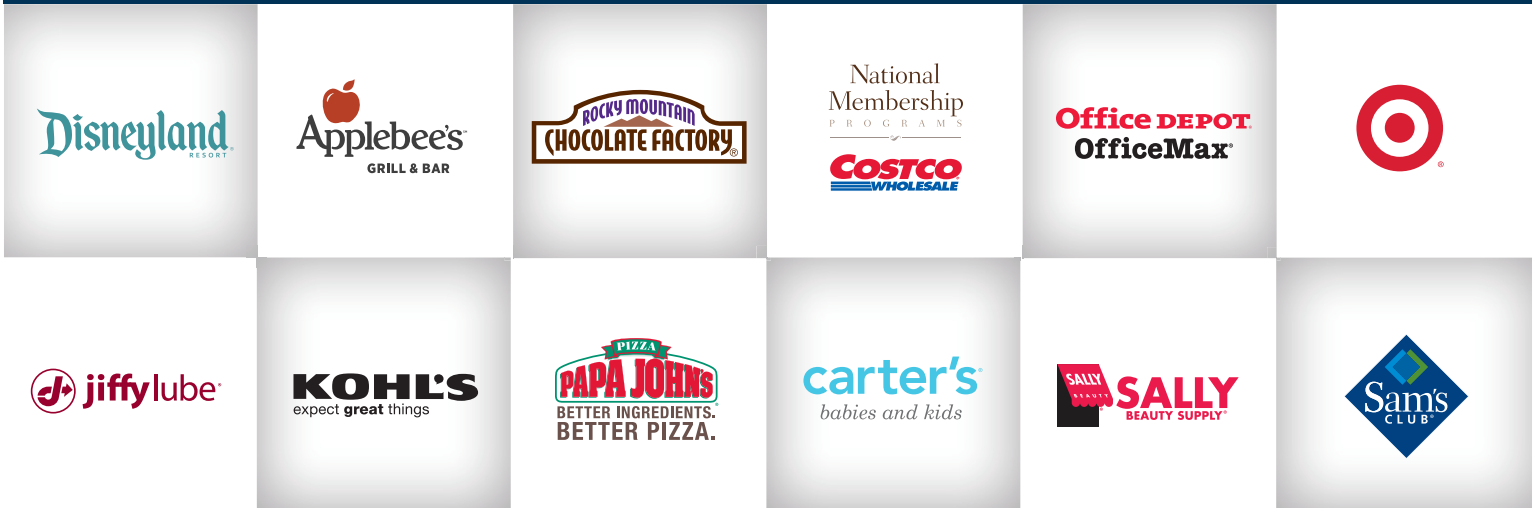


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When your enrollment is processed, you will receive an email acknowledgement of your payment from NCRGEA and a second email with your account activation information and log-in.

**PLEASE PRINT**

First name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code

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(Required) \_\_\_\_\_

**Price: \$18.00 for One-Year Discount Purchasing Program**  
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**Payment Methods:** Check or Credit Card

**To Pay by Check**      Make your check payable to NCRGEA  
Mail to: NCRGEA  
PO Box 10561  
Raleigh, NC 27605

**Pay by Credit Card:**      You can enroll in Access Perks on our website:  
[www.ncrgea.com](http://www.ncrgea.com)  
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If you have questions, call NCRGEA 1-800-356-1190.





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- 3** Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

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March - April 2016

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## Weekly Legislative Updates

NCRGEA members can get a weekly update on the status or progress of legislation that impacts retirees. You can sign-up to receive NCRGEA Legislative Updates by email!

- Go to [www.ncrgea.com](http://www.ncrgea.com).
- Click on: **Sign-up to Receive NCRGEA Communications Electronically!**

### IMPORTANT PHONE NUMBERS

NCRGEA.....	1-800-356-1190
In Raleigh Area .....	919-834-4652
MetLife Dental.....	1-800-942-0854
Superior Vision .....	1-800-507-3800
NC Retirement Systems.....	1-877-627-3287
CIGNA (Medicare Administrator).....	1-800-633-4227
Seniors' Health Insurance Information Program.....	1-855-408-1212
In Raleigh Area .....	919-807-6900
NC State Health Plan .....	1-919-814-4400
Blue Cross/Blue Shield .....	1-888-234-2416
Express Scripts (SHP Rx Drug Administrator) .....	1-877-680-4882
Humana .....	1-800-944-9442
United Healthcare .....	1-866-747-1014
Social Security Administration .....	1-800-772-1213
State Employees' Credit Union .....	1-888-732-8562
Local Government Federal Credit Union.....	1-800-344-4846
NC Total Retirement Plans 401K/457 Plans .....	1-866-627-5267

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

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