

Living **power**

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

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Board Recommends Local Retiree COLA

The Board of Directors of the Retirement Systems met on January 16 as we prepared to go to press with this issue. The Board approved a recommendation to the General Assembly to enact legislation authorizing a 1.0% COLA for Local Government retirees effective July 1, 2014. The Board took no action on a similar recommendation for retired teachers and state employees but did recommend that the employer contribution to the Teachers' and State Employees' Retirement System be increased from 8.33% to 8.76% to meet the Annual Required Contribution (ARC).

Approval of a local COLA will require approval by the General Assembly that reconvenes in May. The Board could not directly approve a COLA because there were no investment gains to fund the increase. There is a strong likelihood that Gov. McCrory will recommend COLAs for both active and retired state employees in his adjustments to the 2014-15 budget that will be sent to the General Assembly in May. Detailed information will be carried in our next newsletter.

Association Proposes A State Health Plan Option

The Board of Trustees of the State Health Plan (SHP) met on November 22nd and heard presentations from several groups proposing changes for the 2015 Plan year that begins on January 1, 2015. NCRGEA Executive Director Ed Regan requested that the Board consider another option for Medicare primary retirees that would provide members with access to a state-sponsored Medicare Supplement plan coupled with a Medicare Part D prescription drug plan. Currently, Medicare eligible state retirees have the choice of three plan options: a Medicare Advantage Base Plan, Medicare Advantage Enhanced Plan, and the Traditional 70/30 PPO. The proposal offered by the Association would add a fourth option.

The North Carolina Retired Governmental Employees' Association has supported the establishment of a Medicare Supplement as an option for eligible State Health Plan members for the past several years. The primary obstacle to such an option has been the issue of crafting a program that would provide both Medi-

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Association Proposes SHP Options... (Cont'd.)

care supplemental medical coverage and a drug benefit equal to the state's pharmacy coverage. The standard Medicare Part D plans have a coverage gap, referred to as the "donut hole". Although this coverage gap will be eliminated by 2020 as part of the Affordable Care Act, it presents a roadblock to achieving pharmacy coverage equal to the traditional State Health Plan drug benefit in the near term.

Another important challenge is to find new coverage options that are less costly for the state while providing members with coverage that is equal or superior to the benefits available in the traditional State Health Plan offerings. The Board of Trustees achieved success in this area with the introduction of Medicare Advantage options for retirees. The State was able to provide coverage equal to the old 80/20 PPO at a significantly reduced cost. The State will pay the two insurers that offer the Medicare Advantage options \$112 per member per month instead of the \$348 per member cost for the traditional 70/30 PPO or the more than \$400 per member per month for the old 80/20 PPO.

The staff of the Association specifically sought to frame a proposal that would be less expensive than the existing 70/30 PPO and provide equal or superior benefits. The proposal presented at the November meeting requested that the Board offer a self-insured group Plan F Medicare supplement coupled with an Employer Group Waiver Plan (EGWP) Part D drug benefit

similar to the EGWP plan that was offered as an option by the State Health Plan to Medicare primary retirees during the 2012-13 plan year.

There are eleven different types of Medicare Supplement policies available to eligible consumers. In North Carolina, there currently are over thirty eight insurance companies offering Medicare Supplement policies to individuals in North Carolina. In addition, large employers such as the State of North Carolina can establish self-insured Medicare Supplements as an alternative to contracting for a fully insured product through a private insurance company.

The types of Medicare Supplements currently available to consumers are labeled as Plan A through Plan N. Generally, the Plan F policies are considered to be the best offerings in terms of comprehensive coverage.

The Association's presentation to the Board of Trustees documented a number of benefits for both eligible members and the State Health Plan of the proposed Medicare Supplement/ EGWP Pharmacy Benefit. These are summarized below.

- **Lower Out-of-Pocket Costs for the Members** - Medicare Supplement plans function as true supplemental insurance to traditional Medicare Parts A and B, usually covering the 20% of medical and hospital costs not paid by basic Medicare. In comparison the traditional 70/30 PPO provides secondary coverage rather than supplemental coverage which may result in the member paying more out-of-pocket for services

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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Association Proposes SHP Options... (Cont'd.)

not covered by the State Health Plan.

- **Potentially Greater Stability than the Medicare Advantage Plans** - Beyond the 2-year horizon, there is some uncertainty as to how the future of Medicare Advantage plan, such as the options now offered to state retirees, plans might be impacted by the full implementation of the Federal Affordable Care Act. The further reduction in federal subsidies for Medicare Advantage plans could result in possible reduction of benefits and shrinkage of provider networks for Medicare Advantage plans.

- **Potentially Less Expensive for the State than the Traditional 70/30 PPO**

Based on a preliminary comparison of the current state per member per month allocation by the state to the 70/30 PPO (\$348.25) with an estimate of the combined cost of a Medicare supplement and EGWP drug benefit (\$328.41), the State Health Plan could reduce costs by roughly \$20 per month for each member who enrolled in the new Medicare option.

The financial data used in the Association's comparison of costs between the proposed Medicare Supplement option and the 70/30 PPO was very preliminary in nature. We cannot estimate how much the state would have to allocate per member per month to fund a group Medicare supplement but likely it would be less than the median monthly premium (\$177) for individual Plan F supplements that was used to develop this comparison. Also, the monthly cost estimate of approximately \$151 for

an Employer Group Waiver Plan Medicare prescription drug benefit was based on incomplete data for the 2012-13 EGWP option that was offered by the State Health Plan. It is likely that the actual monthly cost per member for the proposed Medicare Supplement would be less than the figure used in this preliminary comparison.

Further research on a Medicare Supplement option by the State Health Plan staff should clarify the costs and benefits of launching an optional Medicare Supplement plan in 2015. While the Association presented a proposal that calls for the development of a self-insured group plan F supplement paired with an EGWP style prescription drug benefit, there may be other alternatives that are more cost effective and would produce attractive options with monthly costs closer to the cost of new group Medicare Advantage plan being offered by the state.

One possible alternative raised by a member of the legislative staff would be a Medicare Supplement paired with a basic Medicare Part D Prescription Drug Plan. This likely would be a much less costly option since basic Part D plans range from \$20 to \$30 per month for individual drug coverage. However, Part D plans currently have a coverage gap ("the donut hole") which will be completely eliminated by 2020 as the Affordable care Act is implemented. In the interim, an option of this sort might be an attractive alternative to members who do not have extensive prescription drug needs.

Retirement System Seeks Three Bills in 2014

The staff of the Retirement Systems Division unveiled three draft legislative proposals that will be introduced at the request of the State Treasurer in the upcoming Session of the General Assembly. These proposed bills were presented at the most recent quarterly meeting of the Association Roundtable, a group comprised of representatives of retiree, employee, and employer stakeholder organizations.

The draft outlines of legislation include provisions that apply to all of the state and local governmental employee retirement systems with few exceptions. Highlights of these proposals are presented below.

Pension Spiking Prevention Act of 2014

The practice of “spiking” retirement benefits has drawn attention from the General Assembly and received negative publicity in the media. Essentially, some highly compensated state and local government officials have been able to manipulate their average final compensation (AFC) which is used to calculate retirement benefits. This practice puts additional pressure on our public retirement systems since some members draw retirement benefits well in excess of the amounts assumed in the systems’ actuarial calculations. This proposal seeks to address the practice of spiking through the following means:

- Clarification of the authority of the

Retirement Systems Division to disallow remuneration that does not meet the statutory definition of compensation for the purpose of calculating retirement benefits.

- Establishment of a contribution based benefit cap for employees hired on and after January 1, 2015 whose AFC exceeds \$50,000.
- Development of a benefit purchase mechanism for employees and employers to pay for the actuarial impact of any disallowed compensation.

This proposal also addresses two other important policy changes that have been under discussion for the past several years. These are:

- Restoration of the five-year vesting period for the Teachers and State Employees Retirement System (TSERS) and the Consolidated Judicial Retirement System (CJRS). The vesting period was changed to 10 years in 2011.
- Allow the return of employee contributions with accumulated interest (4% per year) to members who leave state or local government employment with less than five years of service.

Retirement Administrative Changes Act of 2014

This proposed legislation includes several changes to the law to reduce difference among the retirement systems and to clarify existing statutes. The most important of these are summarized below.

- **Purchase of Furloughed Time** - Currently, TSERS members who are paid with

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(Cont'd.)

federal funds may purchase service for which they were furloughed, but LGERS members cannot. This provision would extend this option to Local Governmental Employees.

• **In-Service Distribution for Firefighters & Rescue Squad Workers Pension Fund (FRSWPF)**

- Clarifies age 55 in-service distribution procedure for firefighters & rescue squad workers in the FRSWPF.

• **Name Beneficiaries for the Contributory Death Benefit & Separate Benefits Fund**

- This section puts the CDB on parity with all other death benefits by allowing participants to name their beneficiary.

• **Retirement Technical Corrections Act**

- This proposed legislation is a collection of updates and technical adjustments to bring state statutes compatible with Federal law.

Key provisions are outlined below.

• **Clarify & Update Consumer Price Index Reference in Statute**

- This section clarifies that the proposed usage of the Consumer Price Index for calculation of the earnable allowance and allows the retirement system to use the replacement measure being provided by the U.S. Department of Labor.

• **Clarify Definitions of Compensation for CJRS and Legislative Retirement System (LRS)**

- As recommended by Buck Consultants, the retirement systems' actuary, this section clarifies the CJRS and LRS definitions of compensation for

retirement purposes. It does not change the policy, it only changes language to enhance clarity.

• **Clarify Funding Policy Statute** - This section would restate and clarify the TS-ERS and LGERS funding policy statutes to increase transparency under new GASB accounting standards. This does not change the funding policy of either system.

GET YOUR LEGISLATIVE REPORTS BY EMAIL

Be ready to receive NCRGEA Legislative Reports in 2014. To receive our Legislative Reports electronically, email your full name (first, middle and last name) and email address to info@ncrgea.com or sign up on our website www.ncrgea.com.

Legislative Reports are accessible on Fridays through our toll-free number 1-800-356-1190 after 5 p.m.

2104 Tax Requirements

In response to a change in state law, which eliminates many exemptions, deductions, and tax credits, the North Carolina Department of Revenue is requiring that retirees and benefit recipients complete and submit a new Withholding Certificate for Pension or Annuity Payments form, Form NC-4P (Revised 11/25/13), or update your tax withholdings through ORBIT in order to withhold the correct amount of State income tax for any pension payment periods beginning on or after January 1, 2014.

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2014 Tax Requirements

... (Cont'd.)

The North Carolina Retirement Systems sent emails to impacted retirees and DIPNC benefit recipients that they will need to file a new tax form.

As a result of the new law, the NC Retirement System sent an email to retirees and DIPNC benefit recipients informing of the requirement to update their withholdings. A postcard was mailed to them the first of the year.

Questions and Answers

Q. Who must update their tax withholdings?

- Retirees and benefit recipients who have one or more tax exemptions on their current tax document, must update their withholdings.
- Retirees and benefit recipients who made no election or had no state taxes withheld and are not Bailey vested must update their withholdings.

Q. I am Bailey vested. Do I need to change my tax withholdings?

- Members who are Bailey vested do not need to change their tax withholdings

Q. What happens if I am not Bailey vested and do not update my tax withholdings?

- The Department of Revenue requires the N.C. Retirement System to default retirees who do not update their tax withholdings to Married plus three.
- The Department of Revenue requires the N.C. Retirement System to default DIPNC benefit recipients who do not update their

tax withholdings to Single and no allowances.

Q. I am already strained to meet my bills. Why is this being required?

The change is being required to meet State law HB 998, which passed last summer. As a retiree [or benefit recipient] the NC Retirement System is considered your “employer” and must request the tax withholding change.

How do I get the Form NC-P?

You may download the Form NC-4P from the Department of Revenue’s website <<http://www.dornrc.com/downloads/nc4p.pdf>> and mail the completed form to the NC Retirement Systems, 325 N. Salisbury Street, Raleigh, NC 27603 or you may log into your ORBIT account and change your tax withholdings by visiting www.myncretirement.com.

If you receive retirement benefits from multiple accounts, you must complete a separate tax withholding document for each benefit you receive.

Please update your tax withholding status by the end of January. If you do not meet this deadline, we will default your withholdings according to the guidelines provided by the Department of Revenue. Please refer to the tax form or the state Department of Revenue’s frequently asked questions at www.dornrc.com for information on withholding requirements.

Also, please be aware that effective January 1, 2014, the \$4,000 tax deduc-

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2014 Tax Requirements ... **(Cont'd.)**

tion will not be allowed. You may need to adjust your tax withholding.

If you have questions about your taxes or the withholding form, please contact the state Department of Revenue at 1-877-252-4487. Higher than normal call volumes are expected during this tax season.

Changes in Medicare Parts A and B for 2014

Each year the federal Centers for Medicare and Medicaid reevaluate the numbers for Medicare Parts A and B to determine if changes need to be made to deductibles, coinsurances and out-of-pocket amounts. SHIIP, the Seniors' Health Insurance Information Program, wants to help Medicare beneficiaries understand how they will be affected by these changes in the coming year.

Part B, Medical Insurance

There are no changes in 2014 to the premium or deductible for Part B, Medical Insurance. The premium remains \$104.90 each month for most beneficiaries; premiums will be higher for people with incomes higher than \$85,000 a year. The deductible for Part B remains \$147 per year.

There will be a change to the coinsurance for Outpatient Mental Health Servic-

es. In 2014, the Medicare beneficiary will pay 20% of the Medicare-approved cost after the deductible, as opposed to 35% in 2013.

Part A, Hospital Insurance

Hospitalization costs for Medicare beneficiaries will increase in 2014. (*See chart below*). Medicare will continue to pay 100% of approved costs for the first 20 days of Post-Hospital Skilled Nursing Facility Care. For Skilled Nursing Care between 21 and 100 days, the charge per day is increasing to \$152, from \$148 in 2013.

The premium for Medicare Part A will continue to be \$0 for eligible beneficiaries. For those ineligible, the premium for Part A is \$426 per month for those who worked fewer than 30 quarters, and \$234 per month for those who worked between 30 and 40 quarters. These amounts are a decrease from the previous year's charges.

Medicare Supplement Plans

There will also be a few changes in 2014 to the Standardized Medicare Supplement Plans in 2014. The out-of-pocket limit for Plan K has increased from \$4,800 to \$4,940, and the out-of-pocket limit for Plan L has increased from \$2,400 to \$2,470. The deductible for the Plan F Prime is increasing slightly, from \$2,110 to \$2,140.

Hospitalization Costs for Medicare Beneficiaries for 2014

<u>Hospitalization Costs</u>	<u>2013</u>	<u>2014</u>
First 60 days	\$1,184 deductible	\$1,216 deductible
Days 61-90	\$296 per day	\$304 per day
Days 91-150	\$592 per day	\$608 per day

Changes In... (Cont'd.)

SHIIP, a division of the NC Department of Insurance, can help answer any questions about Medicare costs and coverage over the phone or in person. SHIIP counselors are available for free, unbiased counseling appointments in all 100 NC counties. Contact SHIIP at 1-800-443-9354 or visit www.ncshiip.com.

Take Advantage of Disenrollment & Special Enrollment Periods for Medicare Advantage

As we begin the New Year, SHIIP, the Seniors' Health Insurance Information Program, wants to remind North Carolinians about two special enrollment periods for people who have Medicare Advantage plans. The Medicare Advantage Disenrollment period runs from Jan. 1 through Feb. 14, 2014. The Medicare Advantage Special Enrollment Period began on Dec. 8, 2013, and ends on Feb. 28, 2014.

Medicare Advantage Disenrollment Period

Jan. 1 to Feb. 14 marks the annual Medicare Advantage Disenrollment Period. During this time Medicare beneficiaries who are enrolled in a Medicare Advantage Plan may leave their plan and return to Original Medicare.

What can you do?

- If you currently have a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare.

- If you switch to Original Medicare during this period, you have until Feb. 14 to join a Medicare Prescription Drug Plan to add drug coverage to your benefits. Your prescription drug coverage will begin the first day of the month after the drug plan receives your enrollment form.

What can't you do?

- Switch from Original Medicare to a Medicare Advantage Plan
- Switch from one Medicare Advantage Plan to another
- Switch from one Medicare Prescription Drug Plan to another

Medicare Advantage Special Enrollment Period

If your 2013 Medicare Advantage Plan did not renew its contract in your area or reduced its service area for 2014, then you have a Medicare Advantage Special Enrollment Period that began Dec. 8, 2013, and runs through Feb. 28, 2014. Enrollments received in January will have an effective date of Feb. 1, and those received in February will have an effective date of March 1, 2014.

What can you do?

Join another Medicare Advantage Plan in your service area.

If you did not enroll in another Medicare Advantage Plan by Dec. 31, you were automatically enrolled in Original Medicare and need to select a Medicare Prescription Drug Plan now.

If you have any questions about Medicare, contact SHIIP at 1-800-443-9354 or visit our website at www.ncshiip.com.

Reminder to State Health Plan Members: Take Your 2014 SHP ID Card to the Pharmacy

New 2014 health benefit ID cards have been issued to State Health Plan members, who are encouraged to use them for all their pharmacy visits.

The State Health Plan pharmacy benefits for active members and non-Medicare retirees in 2014 will continue to have Express Scripts (ESI) as the Pharmacy

- Benefit Manager for the following plans:
- Enhanced 80/20 Plan
- Traditional 70/30 Plan
- Consumer-Directed Health Plan (CDHP)

With the many pharmacy benefit options now available, it will be very important to use your new ID card when visiting the pharmacy in 2014.

The 80/20 Plan and CDHP will include coverage for the Affordable Care Act (ACA) preventive medications at no cost to members. In addition, the CDHP will include a Preventive Medication List, which includes those preventive medications covered for 15% coinsurance without first meeting the deductible.

The 80/20 and 70/30 plans' Preferred Drug List will have 5 pharmacy copay/coinsurance tiers. In general, the pharmacy copays and preferred drug list will stay the same for these plans except for some high-cost generics in Tier 2, and the addition of non-preferred specialty medications in Tier 5.

The CDHP **does not** have a preferred drug list since medications are subject to a deductible or coinsurance only.

Please note: Medicare retirees who opted out of the Medicare Advantage plans will also have ESI as their Pharmacy Benefit Manager for the Traditional 70/30 Plan. However, Medicare retirees in the separate Medicare Advantage plans will have pharmacy benefits administered by Humana or United Healthcare.

For more details and to view the different preventative medication lists, see the Plan website's My Pharmacy Benefits section at www.shpnc.org.

If you are enrolled into one of the Medicare Advantage Plans and have questions regarding your ID cards or benefits contact the carrier for more information:

Humana

Humana Customer Service
800-944-9442

Website [http://www3.humana.com/
custom_clients/ncshp/](http://www3.humana.com/custom_clients/ncshp/)

United Healthcare

UHC Customer Service
866-747-1014

Website: <https://uhcretiree.com/ncshp>

North Carolina
State Health Plan

for Teachers and State Employees
www.shpnc.org

When Will I Get My 1099-R?

It's tax return season and while you are gathering the income and deduction documentation to prepare your 2013 tax return, **your 1099-R will be mailed from the NC Retirement Systems Division by January 31, 2014.**

Get it sooner online through ORBIT!! By mid-January, you should be able to print a copy from your ORBIT account. Go to www.myncretirement.com, click on ORBIT.

If you do not receive your 1099-R by February 15th, you can call the NC Retirement Systems Division for a duplicate, 1-877-733-4161 outside the Raleigh local area; 919-733-4191 in the local Raleigh area.

SECU Once Again Offers Members Free or Low-Cost Tax Assistance!

Each year, an increasing number of State Employees' Credit Union members save millions of dollars in tax preparation fees by having their tax returns completed at the Credit Union. Since 2008, over \$36 million has been saved by North Carolina taxpayers!

Beginning January 27th, SECU will again partner with the IRS to offer free tax preparation to eligible members with household incomes lower than \$52,000 through the Volunteer Income Tax Assistance (VITA) Program. Those with house-

hold incomes higher than VITA limits may be eligible to have their return prepared and filed through SECU's Low Cost Service for a flat fee of \$75.

Regardless of which program you qualify for, visit your local branch once you are ready to have your tax return prepared. While at the branch, you'll complete some minor paperwork and will meet briefly with a tax preparer to ensure SECU has everything needed to complete an accurate tax return. Once that's done, the tax preparer will make copies of your tax documents and you will be on your way! Your completed return will be available for you to review and sign within five business days, after which it will be submitted to the IRS.

SECU is looking forward to helping members with their tax preparation needs! If you have any questions regarding what items to bring, contact your local branch or visit www.ncsecu.org and click on Services/Branch Services/Tax Preparation Services.

**The tax law scope of our programs is subject to change annually. Check with a tax preparer to determine if you are eligible to participate, even if you were unable to in the past.*

State Employees' Credit Union®



Courtesy of State Employees' Credit Union



American Red Cross

Make a Difference! Become a Red Cross Volunteer!

Did you know that volunteers make up about 95% of the American Red Cross workforce? They touch lives every day by donating their time and talent to deliver Red Cross programs and services in their communities. Your local Red Cross needs you. Please join us!

Become a disaster volunteer and provide assistance to families who have lost their homes to disasters such as fires, floods or storms.

- Help lead our efforts in disaster response, planning and capacity-building.
- Provide presentations in disaster preparedness to local civic groups, workplaces and schools.
- Teach life-saving skills in CPR and First Aid.
- Help with community blood drives.
- Help with administrative tasks in the office.

If you're interested in making a difference in your community as a Red Cross volunteer, please go to www.redcross.org to find your local chapter.

Charlotte-Mecklenburg Governmental Retirees' Association

The Charlotte-Mecklenburg Governmental Retirees' Association (CMGRA) meets bi-monthly to promote continued relationships with friends and coworkers and to provide fellowship with fellow retirees. We meet the 4th Tuesday of February, April, June, August, and October at 9:30 a.m. at Sugaw Creek Presbyterian Church located at 101 Sugar Creek Rd. W. Charlotte, NC 28213 and in December for a holiday luncheon.

CMGRA offers a variety of programs, meetings, and events of interest to retirees. These include:

- Updates from City and County Human Resources Departments and the North Carolina Retired Governmental Employees' Association.
- Speakers and seminars on topics pertinent to retirees
- Support of a variety of local charities
- Lunch at all meetings
- Door prizes and raffle items , and
- Social gatherings outside meetings.

If you live in the Charlotte-Mecklenburg area, join in the fun of an upcoming meeting! Meet new friends – and reconnect with some “old ones”. For more information upcoming meetings and membership rates, call Margaret Setzer (704) 846-8287 or Kay Dumas (704) 814-4567.



North Carolina
**Retired
 Governmental
 Employees'**
Association

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2013-14 Retiree Pay Dates

Date Retirement Payment is Issued (Date payment is Direct Deposited or date a check is mailed).

2014 Pay Dates

January 24	July 25
February 25	August 25
March 25	September 25
April 25	October 24
May 23	November 25
June 25	December 19

Your direct deposit notification statement is only available through the ORBIT system. Statements, which are created when there is a change in your deductions, are no longer mailed. **If you have questions about your retirement check, call the NC Retirement Systems at 1-877-733-4191 (or 919-733-4191 in Raleigh area.)**

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.....	1-877-733-4191
In Raleigh Area	919-733-4191
CIGNA (Medicare Administrator).....	1-800-633-4227
Seniors' Health Insurance Information Program ...	1-800-443-9354
In Raleigh Area	919-807-6900
NC State Health Plan	1-919-881-2300
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 401(k)/Deferred Comp (457)	1-866-627-5267



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