



2013 OFFICERS and CHAIRS

President	Tom Huntzinger	785-766-6717
1 st Vice President	Roger Lemmons	785-840-9594
2 nd Vice President	Elaine Seeman	785-331-2280
Secretary	Dianne Throop	785-841-1408
Treasurer	Cheryl Travis	785-841-1616
Membership	Betty Scribner	785-865-8235
Service Officer	Wanda Lyon	785-764-2210
Public Relations		
Newsletter	Wendy Hambly	913-845-0121
NARFE PAC	Linda Surritte	785-856-0558
NARFE Net Coor	Leonard Short	785-840-8401
Alzheimer's Chair	John Scott	785-542-3510
Legislative Chair	John Surritte	785-856-0558
Sunshine	Sandy Nease	785-979-5481

KUDOS & THANK YOU'S TO:

- ☞ John Surritte for his continued diligence in keeping us informed of what DC and Topeka are doing.
- ☞ Betty Scribner for her excellence as membership chair of Chapter 378. Good luck with your move. You'll be missed.
- ☞ Dianne Throop for filling in for me at May's meeting.

ALZHEIMER'S

John Scott

Contact info for the Alzheimer's Association:
1-800-272-3900
www.alz.org

SERVICE OFFICER

Wanda Lyon

The following information comes from the Ames, IA, NARFE Chapter 551 Service Office, Dr. Richard Wood, who won a NARFE National Award for his work as Service Officer.

Recently, we have been notified by David Snell, NARFE Benefits Service Director, that the OPM non-toll free number (724) 794-2005 is no longer available for reporting a death. A death can now be reported by calling (888) 767 6738 or by going to their website at:

<http://apps.opm.gov/retire/death.cfm> and filling out a report. A report can also be filled out by going to www.servicsonline.gov and clicking "Report a Death of an Annuitant." A password is not necessary to report a death. We recommend a phone call if you have the patience to get past the busy signal. Currently, because of budget restrictions, the OPM call center hours have been reduced to 7:45 a.m. to 5:00 p.m. EST (6:45 a.m. – 4:00 p.m. our time.

JUNE 19TH

Roger Lemmons

The meeting is at Conroy's Pub. The program begins at noon with lunch at 12:30 p.m. followed by a brief meeting.

The program for June will be Chip Blazer, Director of the Douglas County Community Foundation. He will discuss investment opportunities and gifting of funds and what control you might retain over its use.

The July 17th program will be announced later.

**MAY 15TH MEETING RECAP
BY DIANNE THROOP**

Diane Chrislip and John Standing, Master Gardner members presented the program. They announced the 2013 Garden Tour on June 1 & 2. The \$10.00 charge covers both days. There is also a Gardening 102 class scheduled for August.

Diane's favorite quote is, "Good gardening is very simple really, you just have to think like a plant."

A checklist of vegetable gardening tips was reviewed. They also said a relatively new vegetable gardening guide from Kansas State is available at the extension office for \$5.00.

Compost can be picked up from the city for free, or very cheap. Compost improves the soil and can be used spring or fall. Testing your soil is a good idea. Right now the Extension Office is providing the service at no cost. This will tell you what you need to do to improve your soil.

John recommends heirloom tomato varieties. They have the best taste. Tomatoes should not be planted until the soil is at least 55 degrees 4-5" down.

- If you are using pesticides, always read the label.
- Squash bugs can be minimized if you plant only one plant.
- Use a broom on your potato plants to shake the bugs to the ground. They are too fat to climb the plant.
- Rotate you crops, especially sweet potatoes. The O'Henry's White variety of sweet potatoes is not as sweet and can be used like a white potato.
- Journaling helps prevent mistakes.
- Be realistic in your expectations.

Becoming a Master Gardener, requires taking

classes one day a week for 2 ½ months. These classes are taught by Kansas State professors.

MEMBERSHIP

Betty Scribner

Your membership in NARFE is most important to support the NARFE headquarters legislative program, which is dedicated to preserving your health insurance and numerous other benefits for which you spent many years working to accumulate. In this troubled economy, we cannot stress enough that NARFE needs your support and membership to help protect and strengthen our future on Capitol Hill.

But, there are other perks that accompany your NARFE membership such as Travel – an area in which most of us are interested! Just check the NARFE website (www.narfe.org) to find discounts with:

-Car rental rates and other special offers with Alamo, National, and Avis.

-Hotels - The Wyndham Hotel Group offers up to 20% of the best-available rates – good prices – at Wyndham, Wingate, Hawthorn, Ramada, Day's Inn, Super 8, Baymont, Microtel, Howard Johnson, Travelodge, and Knight's Inn. Also, Choice Hotels International offers NARFE members 20% plus rewards programs and earning points with every qualifying stay toward free nights at the: Comfort Inn or Suites, Quality Inn, Sleep Inn, Clarion, Cambria Suites, MainStay Suites, Suburban, EconoLodge, Roadway Inn, and Ascend Hotels. Endless Vacation Rentals–Government Employees Travel Opportunities® offers government employees, retirees and their families, 7 Night Stays for ONLY \$349 on accommodations worldwide.

So many great discounts and rewards with a NARFE membership!

Betty Scribner, 785-865-8235 scribner@sunflower.com.

LEGISLATIVE

John Surritte

NARFE Legislative Hotline (24/7): 877-217-8234
U.S. Capitol Switchboard: 866-220-0044

From **Paul Davis**, Kansas legislature, House of Representatives, from Lawrence.

Here is the latest tax proposal floating around the Kansas State Capitol. If you earn less than \$37,000, your taxes will go up under this plan. The average Kansas salary is \$39,000. One legislator said today that this plan was introduced to "guarantee the election of Republican legislators." It was also stated that too much time had been spent during the tax debate worrying about lower income families, and that the focus should be shifted to middle and higher income families because those people vote. Please share if you agree that this is a completely

misguided approach to public policymaking.

FYI: **Melanie Meier for Kansas : Home**

www.meier4kansas.com/

Lawrence NARFE Chapter Members,

Below is so far the best article I've seen which explains how Obamacare works.

I'm sure between now and January 1, 2014, we will be inundated by misinformation regarding Obamacare. After all, the House of Representatives majority party has voted over 30 times to repeal or change it. The article below explains in layman terms exactly what will happen.

In KS, our governor and house of representatives are on record not to support Obamacare. They have also offered no alternative on how to insure the uninsured. So the federal government will attempt to take their place. I have no doubt that they can do it since they run very effectively and efficiently Social Security, Medicare, and Medicaid. Will there be start up problems, probably. Will they be fixed, absolutely! And the benefit to you, me and FEHBP, is we will no longer pay over \$1,000 annually in our premiums to cover the uninsured when they go to emergency rooms for healthcare.

So read the article below and remember to search for facts when the critics start complaining.

John {Surritte}

THE SHOCKING TRUTH ABOUT OBAMACARE'S RATE SHOCK

By Ezra Klein, American journalist, blogger and columnist for The Washington Post.

Published: June 1, 2013 at 10:00 am.

wonkbook@gmail.com

Imagine you went to Best Buy and found a great deal on a plasma television set. I want to be clear here: You didn't find a great television set. This television set is actually a bit crummy. The picture is fuzzy. Consumer Reports says it breaks down a lot and it's expensive to fix. But it's really cheap. The price tag reads \$109.

When you take it to the counter, the saleswoman tells you that the set will actually cost you \$199. And count yourself lucky, she confides in a conspiratorial whisper. There are customers whom Best Buy won't sell it to at any price. You ask her which customers those are. The ones who need the TV most, she replies.

So here's the question: Does that television really cost \$109?

Best Buy, of course, would never do this to you. If they say you can buy a television set for \$109, you can buy it for \$109. Plus, they're handsome, and their customer service is great, and I hope they advertise in The Washington Post forevermore, amen.

But this is actually how the individual health-insurance market works. And understanding why is crucial to understanding a lot of what you're going to read about health reform in the next year.

Last week, California released early information on the rates insurers intend to charge on the new insurance marketplaces — known as “exchanges” — that the state is setting up under Obamacare. They were far lower than anyone expected. Where analysts had anticipated average premiums of \$400 to \$500, insurers were actually charging \$200 to \$300. “This is a home run for consumers in every region of California,” crowed Peter Lee, director of the state's exchanges.

The Affordable Care Act's critics saw it differently. Avik Roy, a conservative health writer at Forbes, said Lee was being “misleading” and that “Obamacare, in fact, will increase individual-market premiums in California by as much as 146 percent.” Obamacare, he said, would trigger “rate shock,” the jolt people feel when they see higher rates. That doesn't sound like a home run at all.

Who's right? In typical columnist fashion, I'm not going to tell you just yet. But stick with me, and you'll be able to parse the next year of confused and confusing Obamacare arguments with ease.

Here's the first thing to know: We're talking about a small fraction of the American health-care system.

So we're talking about a small portion of the market. Worse, we're talking about that small portion of the market all wrong. Here's the first thing to know: We're talking about a small fraction of the American health-care system. This isn't about people on Medicare or Medicaid or employer-based insurance. It's about people joining Obamacare's insurance exchanges. That's people who buy insurance on their own now, as well as some of the uninsured. In 2014, 7 million people, or 2.5% of the population, are expected to buy insurance through the exchanges. By 2023, that will rise to 24 million people, or 8 percent.

Roy got his 146% by heading to eHealthInsurance.com, running a search for

insurance plans in California and comparing the cost of the cheapest plans to the cost of the plans being offered in the exchanges. That's not just comparing apples to oranges. It's comparing apples to oranges that the fruit guy may not even let you buy.

I ran the same search Roy did. I looked for insurance in Irvine, CA, my hometown. The average monthly premium for the 5 cheapest plans is \$114. So I took the middle plan, HealthNet's IFP PPO Value 4500. It's got a \$4,500 deductible, a \$2,500 deductible for brand-name medications, huge co-pays and a little “bestseller” icon next to it. And it's only \$109 a month — if they'll sell it to you for that price.

That's the catch, and it's a big one. Click to buy the plan and eventually you'll have to answer pages and pages of questions about your health history. Ever had cancer? How about an ulcer? How about a headache? Do you feel sad when it rains? When it doesn't rain? Is there a history of cardiovascular disease in your family? Have you ever known anyone who had the flu? The actual cost of the plan will depend on how you answer those questions.

According to HealthCare.gov, 14% of people who try to buy that plan are turned away outright. Another 12% are told they'll have to pay more than \$109. So a quarter of the people who try to buy this insurance product for \$109 a month are told they can't. Those are the people who need insurance most — they are sick, or were sick, or are likely to get sick. So, again, is \$109 really the price of this plan?

Comparing the pre-underwriting price of this plan to those in Obamacare's exchanges is ridiculous. The plans in Obamacare's exchanges have to include those people. They can't turn anyone away or jack up rates because of a history of arthritis or heart disease.

They also have to offer insurance that meets a certain minimum standard. Under Obamacare, for instance, the out-of-pocket limit for someone making 100 to 200% of the poverty line is \$1,983. Under the Value 4500, you could spend up to \$9,500 before the out-of-pocket limit kicked in. Obamacare also has subsidies for people making up to four times the poverty line. The poor pay next to nothing. The rich pay full freight.

“We as a society have never really said here's what reasonable insurance is,” says Larry Levitt of the Kaiser Family Foundation. “It's just been

anything goes. For the first time they're setting a minimum about what reasonable insurance should be." They're also setting a minimum about who should be able to get it, and at what cost. Now it really will work like Best Buy, where the price on the tag is the price everyone actually pays.

Some people will find the new rules make insurance more expensive. That's in part because their health insurance was made cheap by turning away sick people. The new rules also won't allow for as much discrimination based on age or gender. The flip side of that, of course, is that many will suddenly find their health insurance is much cheaper, or they will find that, for the first time, they're not turned away when they try to buy health insurance.

That's why the law is expected to insure almost 25 million people in the first decade: It makes health insurance affordable and accessible to millions who couldn't get it before. To judge it from a baseline that leaves them out — a baseline that asks only what the wealthy and healthy will pay and ignores the benefits to the poor, the sick, the old, and women — well, that is a bit shocking.

SUNSHINE

Sandy Nease

If you know someone who needs a card for illness, sympathy, or a special event, let me know.

Sandy Nease 785-979-5481

NARFE LEGISLATIVE HOT LINE

JUNE 7, 2013

From NARFE President Joseph A. Beaudoin:

"Your NARFE officers and staff know that many chapters go dark for much of the summer. Therefore, we have been planning to use the longest congressional recess, August through Labor Day, as 'NARFE Advocacy Month.' We trust federations, districts/areas and chapters have prepared carefully for this outreach, or will soon. However, individual NARFE members should plan now to exercise their First Amendment rights during the summer recess by meeting personally with their congressional delegation. The annuity and health insurance benefits you earned are under assault, and silence is no solution."

#1 'Protect America's Heartbeat' Updated for August, 'NARFE Advocacy Month'

Congress is in session through the month of June, meaning that the first great opportunity to meet with members of Congress in the

districts/states is the July 4 recess, running July 1-5. Chapters, federations and NARFE members also can request to meet with members of Congress during the extended recess, August 2-September 9.

Whether it is July or August, NARFE members can speak with members of Congress at community events, parades and town hall meetings. Remember to wear items that identify you as a NARFE member and to speak briefly on our issues. Remind your members of Congress that federal employees and retirees "Protect America's Heartbeat," and that their earned retirement and health benefits need to be preserved – and that includes opposing the Chained CPI.

Tools and resources are available from NARFE's Toolkit online at:

http://www.narfe.org/pdf/NARFE_ProtectAmericasHeartbeat_Toolkit_2013_FINAL.pdf.

#2 Public Trustees Report on Social Security, Medicare

Social Security benefits are an integral part of the Federal Employees Retirement System (FERS) and also are important to most federal employees covered by the Civil Service Retirement System (CSRS). Rather than use secondary sourcing, the annual report of the two public trustees (Social Security and Medicare) is quoted here:

"Both the Social Security and Medicare programs face substantial financing shortfalls that require legislative corrections, but the implications are different for each one. Of the two programs, Social Security faces the larger actuarial imbalance as well as the most immediate threat of trust fund depletion, again projected in 2016 for its Disability Insurance (DI) Trust Fund. Accordingly, more far-reaching legislative measures are required to maintain the solvency of Social Security relative to Medicare. On the other hand, Medicare is projected to experience relatively greater cost growth over the long-range valuation period, posing greater strains for the federal budget as a whole due to the extent to which its financing depends on general revenues. The legislative measures required to maintain Medicare solvency are not as pronounced as they are for Social Security, but Medicare still requires substantial further reforms if it is not to eventually subject the general budget to severe levels of strain."

For more information, use the website of the Social Security Administration:

<http://www.ssa.gov/OACT/TRSUM/index.html>