2006 Retiree Open Enrollment Report



The Montgomery County Public Schools (MCPS) recently concluded the annual retiree health plan open enrollment period for the 2006-2007 plan year. Open enrollment was held over a three-week period and concluded on Friday, May 19, 2006. During that time, MCPS and the health plan vendors conducted three health fairs where retirees had the opportunity to learn more about the benefit offerings and meet with vendors. In addition, the Employee and Retiree Service Center (ERSC) handled hundreds of inquiries from MCPS retirees and dependents regarding their options for the plan year.

Superintendent Dr. Jerry D. Weast and Deputy Superintendent John Q. Porter (far right) congratulate Jane M. Hopkins on her retirement. Hopkins was a 43-year employee with MCPS.

Health and Dental Plan Enrollment

There was only modest change in health plan enrollment during the open enrollment period. As of July 1, 89 retirees are enrolled in the BlueChoice Health Maintenance Organization (HMO), 736 are covered by the Kaiser Permanente Health Plan, 1,239 are covered by the Optimum Choice HMO, 718 are enrolled in a Point of Service (POS) plan, and 3,788 are covered by the Medicare Supplement Plan.

Ninety-five percent of retirees are covered by the dental preferred provider option (PPO), while five percent are covered by the Dental Maintenance Organization (DMO).

Prescription Plan Enrollment

Three years ago MCPS began offering retirees the opportunity to choose between two prescription drug plans.

In 2003, 80 percent of retirees chose prescription Option A (lower co-pays

All changes made during open enrollment were effective on July 1, 2006.

but higher monthly premiums) and 20 percent chose prescription Option B (higher co-pays but lower premiums), even though Option B may have been a more financially viable option.

Over the last two years, there has been a modest shift with retirees moving from Option A to Option B. The trend continued during the most recent open enrollment as 70 percent of retirees are now enrolled in Option A and 30 percent are enrolled in Option B.

Medicare Part D

Effective January 1, 2006, the Federal Government began offering retirees the opportunity to enroll in Medicare's prescription drug plan (Medicare Part D). MCPS plans were determined to be as good as, or better than, the Medicare Part D plan.

Keep in mind that any eligible retiree is free to enroll in a private (non-MCPS) Medicare Part D plan. However, if you do enroll in a non-MCPS plan, you will not be able to continue coverage under the MCPS plan. This may have further coverage implications for you and your dependents.

If you need more information about your prescription benefit, visit the ERSC Web site at www.montgomeryschoolsmd. org/departments/ersc or call the Employee and Retiree Service Center at 301-517-8100.

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Planning a Vacation?

Don't forget to refill your prescriptions and pack your medicine! Many people forget their medicine when planning a trip. Here are a few more tips to consider before you head out-of-town on your well-deserved vacation:

- ► Verify how much medication you have left. Will the medication last throughout your trip? You should order refills before your trip. Contact Caremark to learn how you can obtain your medication while traveling. It is always recommended to travel with your medication in its original container.
- ▶ Log on to www.caremark.com to find a participating retail pharmacy at your travel destination and print out a list of the phone numbers. You will be prepared if you lose your medication during your trip. You also may call Caremark at 1-800-378-7558. Our group number is MCPSS. MCPS with an extra S!
- ➤ Take your Caremark ID card with you, along with a list of your medications. The Customer Care toll-free number is on the card if you need to contact Caremark directly.
- ► Always carry your doctor's name and phone number(s) with you.
- ► If you are driving, do not store medications in the glove compartment. Medication can be damaged from the heat, cold, or rain outside or from the car's heater or air conditioner.
- ▶ If you are traveling by air, pack medication(s) in your carry-on luggage. Cargo compartments where checked luggage is stored during flight may be too hot or cold to properly protect your medication.



- ► It is always a good idea to take medication(s) with you in their original containers. Airport security personnel will be able to quickly identify that you are carrying prescription pills from your doctor.
- ► If you use an injectable medication, ask your doctor for copies of your prescriptions and a letter explaining your condition and medicine regimen, list-

ing any devices you use, including syringes.

► If you use a pill dispenser, make sure you take the original containers with your prescription labels, or keep a list of your current medications in your purse or wallet. If you have a medical emergency, the attending doctor will have a record of your current medication. ■



Rose Nally, a 31year employee with MCPS works her way through the Board of Education and the Executive Staff congratulation line.

How Well Do You Know Your Eyes?

From the day you bought that first pair of reading glasses, you may have worried that your vision would go steadily downhill. While it's true that eyes can weaken with age, there's no law that says all seniors are doomed to poor eyesight. In fact, people can have excellent vision in their eighties and beyond — especially when they're armed with a little knowledge. Take this quiz to see how much you know about aging eyes. Answers are below, no peeking!

1. Which of the following is most important for protecting your vision?

- a. Sunglasses
- b. Limiting your time at the computer
- c. A good reading lamp
- d. Eyedrops

2. Which of the following is NOT true about presbyopia (diminished ability to focus on objects at close range)?

- a. It affects everyone as they age
- b. It worsens every year
- c. It's easily corrected with reading glasses
- d. It tends to be more severe in farsighted people

3. Which of these eye diseases is untreatable?

- a. Glaucoma
- b. Cataracts
- c. Most cases of macular degeneration
- d. Diabetic retinopathy

4. Which of the following factors is linked to increased risk for glaucoma?

- a. Diabetes
- b. Family history of glaucoma
- c. African-American heritage
- d. All of the above

5. Which of these precautions might help prevent macular degeneration?

- a. Regular doses of aspirin
- b. Eating spinach and corn
- c. Using a reading lamp
- d. All of the above

6. Which of the following is usually NOT a symptom of serious eye disease?

- a. Dimming peripheral vision
- b. Floaters
- c. Impaired night vision
- d. Halos around lights

7. How can people with diabetes ward off blindness?

- a. Control blood pressure
- b. Control blood sugar
- c. Both a and b
- d. Blindness is inevitable
- 1. The correct answer is: a. Sunglasses. Too much sunlight can damage your eyes and lead to cataracts. That's why sunglasses and a wide-brimmed hat should be standard equipment whenever you're out in the sun.
- 2. The correct answer is b. It worsens every year. Once you reach age 65 or so, the level of this condition stays fairly constant. Until then, you'll probably need to upgrade your reading glasses every few years to keep up with changes in your eyes.
- 3. The correct answer is: c. Most cases of macular degeneration. Nine out of ten people with macular degeneration have the "dry" form of the disease, which is untreatable. In contrast, the "wet" type of macular degeneration, though it's a much more serious condition, can sometimes be treated with laser surgery.

- 4. The correct answer is: d. All of the above. If you're over 40 and have any of these risk factors, be sure to see an eye specialist regularly (twice a year is recommended) and get help promptly if your peripheral vision starts to fade.
- 5. The correct answer is: d. All of the above. Many eye experts believe that a diet rich in lutein and zeaxanthin—carotenoids found in yellow corn and dark green, leafy vegetables—can help prevent macular degeneration. Although the evidence isn't conclusive yet, one study by the National Institutes of Health found that people who ate spinach or collard greens five or more times each week were almost 90 percent less likely than others to develop macular degeneration.
- 6. The correct answer is: b. Floaters. Spots that drift through your field of vision may be alarming, but they probably don't signal a serious problem. If the floaters are accompanied by flashes of light, however, this may signal a detached retina. (Halos around lights and impaired night vision are early signs of cataracts, while fading peripheral vision is the hallmark of glaucoma).
- 7. The correct answer is: c. Both a and b. Longstanding diabetes almost always causes some damage to the retina, but it doesn't have to lead to blindness. People with the disease should keep blood sugar and blood pressure under control and monitor their vision by seeing an eye specialist at least twice a year.

Arthritis

Forty-three million Americans report that a doctor told them they have rheumatoid arthritis or other rheumatic conditions. Arthritis is the leading cause of disability in the United States, limiting the activities of more than 16 million adults. One in three adult Americans suffers from some form of arthritis, and the disease affects about twice as many women as men.

Early diagnosis and appropriate management of arthritis can help people with arthritis decrease pain, improve function, stay productive, and lower personal health care costs.

Arthritic diseases include rheumatoid arthritis and psoriatic arthritis, which are autoimmune diseases; septic arthritis, caused by joint infection; and the more common osteoarthritis, or degenerative joint disease. Arthritis can be caused from strains and injuries from repetitive motion, sports, overexertion, and falls. Unlike the autoimmune diseases, osteoarthritis largely affects older people, and results from the degeneration of joint cartilage.

Arthritic joints can be sensitive to weather changes. The increased sensitivity is thought to be caused by the affected joints developing extra nerve endings in an attempt to protect the joint from further damage.

All arthritides feature pain, which is generally worse in the morning and on initiating movement but resolves in the course of time. The pain may not be the main feature, and the patient simply moves less or refuses to use the affected limb.

Monoarthritis (arthritis of one joint) and fever together are pointers toward septic arthritis. This is a medical emergency and requires urgent referral to an orthopedic surgeon for analysis of joint aspirate and consideration for joint washout.

The various types of arthritis can be distinguished by the pace of onset, the age and sex of the patient, the amount of (and which) joints are affected. Blood tests and X-rays of the affected joints often are performed to make the diagnosis. X-rays can show erosions or bone appositions.



New retiree, Bonnie Emerson accepts congratulations from Dr. Weast. Ms. Emerson was employed with MCPS for over 25 years.

In Memoriam

It is with great sadness that we share the loss of our fellow MCPS retirees.

Retirees deceased between July 1, 2005, and June 30, 2006.

May 7, 2006	
May 12, 2006	
Feb. 6, 2006	
Dec. 24, 2005	
Sept. 2, 2005	
Sept. 5, 2005	
Jan. 27, 2006	
Oct. 7, 2005	
Dec. 24, 2005	
April 24, 2006	
April 2, 2006	
June 10, 2006	
Jan. 31, 2006	
May 24, 2006	
Aug. 20, 2005	
Aug. 26, 2005	
March 22, 2006	
Dec. 24, 2005	
July 9, 2005	
May 11, 2006	
Feb. 6, 2006	
March 29, 2006	
Aug. 28, 2005	
Feb. 10, 2006	
Feb. 4, 2006	
March 24, 2006	
Dec. 31, 2005	
July 27, 2005	
Dec. 27, 2005	
Aug. 17, 2005	
Feb. 10, 2006	
Jan. 21, 2006	
Oct. 22, 2005	

	T 25 2006		
Roy Evens	Jan. 25, 2006		
Beverly W. Fincham	April 16, 2006		
Ruby S. Fling	July 16, 2005		
Cora E. Fort	Aug. 17, 2005		
Bernice H. Foster	Nov. 8, 2005		
Ray J. Frazier	July 8, 2005		
Harold W. Gaither	April 7, 2006		
Elizabeth C. Gales	Sept. 8, 2005		
Mary J. Gates	Feb. 9, 2006		
Clara Geier	Feb. 26, 2006		
Mintie E. Glass	Dec. 31, 2005		
Ellis Glime	Sept. 4, 2005		
Viola Goudey	May 6, 2006		
George O. Gray	Feb. 6, 2006		
Ellen K. Greene	Jan. 17, 2006		
Vernice B. Guy	April 20, 2006		
Mary J. Hall	May 13, 2006		
Dorothy I. Hamilton	June 19, 2006		
John L. Hamlett	Sept. 29, 2005		
Eloise Harding	Nov. 4, 2005		
James E. Harris	Jan. 5, 2006		
Robert W. Heiss	April 24, 2006		
Annette A. Hennigan	June 17, 2006		
Esther M. Hilton	April 29, 2006		
Phyllis Himmelstein	Nov. 20, 2005		
Mary B. Hishmeh	April 4, 2006		
Agnes G. Holder	Dec. 27, 2005		
Lillian C. Hopkins	April 11, 2006		
Eugene R. Hostetler	April 9, 2006		
Towanna R. Howard	Sept. 16, 2005		
Elizabeth B. Huff	Oct. 25, 2005		
Juana Jenkins	May 6, 2006		
Michael X. Jenkins	Jan. 7, 2006		
Mabel Jeter	Feb. 3, 2006		
Gloria D. Johnson	Nov. 17, 2005		
Ida Johnson	April 10, 2006		
Mary Johnson	Nov. 3, 2005		
Wm. B. Johnson	Oct. 21, 2005		
Maryjane Joyce	March 27, 2006		
Jack C. Kalbaugh	Oct. 25, 2005		

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Louis S. Kasiaras	June 6, 2006
Boyd G. Kenvin	Nov. 13, 2005
Frances E. Knight	March 26, 2006
Charles E. Lapole	July 19, 2005
Wilbert L. Lassiter	Jan. 12, 2006
Violet I. Lawson	June 7, 2006
Gerald B. Lindell	May 10, 2006
Ruth M. Lone	Dec. 2, 2005
Doyle Lowery	April 25, 2006
John W. Lyons	Jan. 22, 2006
Clara F. Mason	Feb. 21, 2006
Hariet T. Mason	March 24, 2006
Jennifer V. McAulay	June 17, 2006
Elizabeth J. McCoy	Sept. 17, 2005
Joan R. Medeiros	July 24, 2005
Maloy F. Moxley	Oct. 1, 2005
Lois R. Muellen	May 16, 2006
Althea Newman	Sept. 16, 2005
William Nickey	Dec. 18, 2005
Dorothea Nullmeyer	March 1, 2006
Helen O'Connor	Aug. 7, 2005
L. J. Odom	Nov. 13, 2005
James E. Oxendine	Dec. 1, 2005
Stephan C. Pahner	Dec. 31, 2005
John R. Pancella	Oct. 27, 2005
Andronikos P. Patellis	Oct. 8, 2005
Helen M. Pendleton	July 10, 2005
William H. Penn	Oct. 19, 2005
Marie L. Petrenko	Oct. 27, 2005
Sigmund B. Pickus	Feb. 27, 2006
Jacqueline V. Pipino	Sept. 25, 2005
Alethea C. Plummer	Jan. 7, 2006
Alta Y. Poole	Dec. 24, 2005
James H. Proctor	Dec. 17, 2005
Elsie W. Pyles	Nov. 8, 2005
Mohammad Ramzan	June 15, 2006
David H. Ransom	July 20, 2005
Arlene S. Richard	Oct. 29, 2005
Wm. A. Riley	Oct. 6, 2005
Elizabeth M. Rimmel	March 3, 2006

Irene A. Risley	July 27, 2005		
John A. Roane	July 18, 2005		
Nell Robertson	April 2, 2006		
Mary Roderick	March 9, 2006		
Carl L. Royster	May 21, 2006		
Ethel M. Sacks	Sept. 23, 2005		
Jacqueline A. Schafer	Nov. 28, 2005		
Blanche G. Seymour	Jan. 20, 2006		
Ida Shostack	Jan. 20, 2006		
Edna G. Siegrist	Oct. 21, 2005		
Muriel L. Solomon	June 21, 2006		
Rose P. Sowder	March 18, 2006		
Edna Speich	Nov. 21, 2005		
Margaret L. Stackhouse	Sept. 5, 2005		
Evelyn H. Stang	April 7, 2006		
Barbara J. Steppel	June 10, 2006		
Violet F. Sterns	March 8, 2006		
George Stup	July 2, 2005		
Richard F. Stup	Feb. 18, 2006		
Harry C. Sturgeon	Sept. 30, 2005		
Elam Supplee	June 6, 2006		
Donald P. Tebo	Nov. 11, 2005		
Robert D. Thomas	Feb. 25, 2006		
Alan R. Thormeyer	Feb. 6, 2006		
Barbara J. Turner	Feb. 24, 2006		
Florence W. VanEmon	April 24, 2006		
Mary C. Ware	July 13, 2005		
Doris Westwood-Fish	April 19, 2006		
John P. Wetherill	Feb. 18, 2006		
Myrtle Whipp	Jan. 10, 2006		
Myrna Wilensky	April 3, 2006		
Bernice Williams	July 17, 2005		
Isabel Winner	June 19, 2006		
Donald Winovich	July 23, 2005		
Annie Young	Aug. 11, 2005		
H. E. Zimon	July 16, 2005		

Money-saving options on Caremark.com

Caremark's Web site automatically shows your lowest-cost options on prescription refills. You can talk to your doctor, then choose the one that best fits your needs and saves you money.

Can my husband or wife order refills for me?

Yes. Sometimes it is more convenient for a family member to order refills for you. Caremark's Web site makes it very simple. Both you and your spouse must register on the site, and then you have to provide your spouse with access to your account.

Need to see your past prescriptions?

Your personalized prescription history provides you with a complete list of the medicines you have purchased using your Caremark prescription benefit. This history includes orders via the automated phone system, purchases made at your local retail pharmacy, mail service orders, and reimbursements you might have received. •

For Your Information

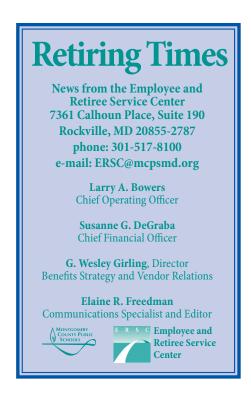
There was a cost-of-living adjustment (COLA) for retirees receiving core benefits from the State Retirement Agency (SRA); retirement system members received a 3.393 percent increase and pension system members received a 3 percent increase. The new COLA was effective July 1, 2006, for state retirees who retired on or before July 1, 2005. You received the COLA increase in your July 2006 retirement check. The COLA for retirees receiving their core benefit from MCPS is effective each January. All retirees who retired as of December 1, 2005, received the COLA in January 2006.



Application for Membership

Maryland Retired School Personnel Association Montgomery County Public Schools Retirees Association Unit #16

Name:		
Address:		
City:	State:	
Social Security No:		(9 digits)
Telephone No:		
Please sign Authorization for Dues Deduction only if you are a member of Maryland. Please make checks payable to MCPSRA and include you		•
State Dues: \$25.00		
Local Dues: \$10.00		
Total Dues: \$35.00		
Mail check and application to: Montgomery County Public Schools Retirees Association P.O. Box 4367 Rockville, MD 20849-4367 For additional questions, please contact President Ken Muir by e-mail	il at kkmu	ıir@aol.com.
I,	hereby au State and	thorize the Teachers Retirement System Local Retired School Personnel
· ·		
Signature:	Da	ate:
*Dues will be deducted annually.		
Application forms received in the Maryland Retired School Personne deducted in your July pension check. Applications received by Septer pension check. Applications received by December 15th will be dedu	mber 15th	will be deducted in your October



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