Voices of Experience

Newsletter for *OEA-Retired*

Omaha Education Association–Retired* is an affiliate of *NSEA-Retired* and *NEA-Retired

Roger Rea, Editor – email: rrea68154@yahoo.com ***www.oearetired.org*** **May 2020**

OEA-Retired meetings suspended due to COVID-19 concerns

Concerns about the spread of the novel coronavirus caused the OEA-Retired Board to cancel both the March 2020 meeting and the May 2020 meeting. OEA-Retired meetings are canceled when OPS cancels school. OPS has suspended in-building attendance for schools for the remainder of this school year, and the OEA Office (where our meetings are held) has been closed to outside visitors in an abundance of caution since mid-March. OEA-Retired is following that example in canceling the meetings. The OEA-Retired Board will consider whether and when to reschedule the programs that were planned in March and May for next year, or cancel those programs in favor of different ones.

Elections for a Secretary and two At-Large members of the OEA-Retired Board were originally set to be held at the May 2020 meeting. The election of officers for OEA-Retired that was scheduled for the May 2020 meeting will be delayed. Article VIII, Section 2 of the OEA-Retired Bylaws states: *"All officers shall serve terms of three years* ***or until their successor is appointed or elected****. The number of consecutive years of service shall be limited to two elected terms in the same office." [Emphasis added.]* Since the May 2020 meeting has been canceled, the elections will be held at one of the meetings in the fall of 2020, and the current Board members will continue to serve in their capacities until successors have been elected. You will find additional information on the nomination procedure elsewhere in this newsletter.

COVID-19 concerns have caused several other changes in the calendar for retired members. For example, NSEA Delegate Assembly, the annual meeting for NSEA members, was held by Zoom this year. NEA Representative Assembly, the annual meeting for NEA, will also be held by Zoom later this summer.

A newsletter for OEA-Retired is planned for October 2020. In addition to announcing a program for that meeting, that newsletter will outline the calendar for elections for OEA-Retired officers. Look for that issue in the October mail.

Better Together Coalition (BTC) update

By: Walta Sue Dodd, OEA-Retired President

In the fall and winter of this school year, the Better Together Coalition (BTC) considered a number of alternatives including some benefit changes for future as well as current members of our retirement system. This was done in an attempt to address the funding issues facing the Omaha School Employees' Retirement System (OSERS). BTC submitted a list of recommendations for benefit changes to the Nebraska Retirement Committee chair for consideration as an amendment to one of the bills currently before the Unicameral. A summary of those recommendations was mailed to all OSERS members on January 7, 2020. The Retirement Committee chair expressed concerns with some of the recommendations. No amendment that incorporated the recommended changes was introduced in the Legislature. Since the Legislature has recessed for the foreseeable future, the BTC recommendations will not have a public hearing this year. It is possible that the Unicameral will adjourn sine die without reconvening this year. Since this is the second year of the two-year legislative session, any bill that was not passed into law this year will not be considered in the 2021 session.

At our meetings this spring, BTC discussed the need to continue communication with member groups regarding the proposed benefit adjustments that were presented to the Legislature for consideration. BTC discussed how the proposals might best be shared with the member groups and identified ways to get feedback on the proposed changes. BTC will likely hold some Town Hall meetings next year to obtain feedback. Town Hall meetings have these features:

- A Town Hall meeting provides BTC the ability to present the background information about the coalition as well as detail on the proposed changes.
- A Town Hall allows BTC to answer questions from stakeholders.
- A Town Hall does have some limitations for participation by the stakeholders. BTC discussed alternatives to Town Halls and considered using technology and early mailers to engage stakeholders. It was recommended that the Town

Hall meetings be recorded for future use.

- BTC asked Jeremy Maskel, Executive Director of District Communications & External Relations for OPS, to draft a structure and outline the logistics that would be necessary to conduct a Town Hall. Dates and times are being reviewed to determine the most effective date and time to allow for the highest participation possible.
- Additional questions and the answers provided will continue to be collected and housed in a central document for use in this event and going forward.

The Coalition meetings have been suspended until further notice. Look for updates in our newsletter in the fall.

Pandemic affects receipt of OSERS statements, but not payments

Omaha School Employees' Retirement System (OSERS) has never missed a scheduled payment of the monthly annuity checks for its retirees, and that will continue to be the case. Pensions will continue to be deposited into your financial institution on the 3rd of each month (unless the 3rd occurs on a weekend). However, due to the reduced work schedule caused by the pandemic, mailing and delivery of the monthly statements will be delayed.

OPS District and OSERS administrative office personnel are working remotely. Manual processes, such as processing physical mail, are not being handled daily. At the time this issue of *Voices* went to the printer, there was no target date for when "social distancing" would end for District offices.

Money will continue to be deposited into your financial institution on the "normal" schedule. The payment schedule for the next two months is: (a) the May retirement payment was deposited into your account on May 1 (since May 3rd occurred on a weekend). (b) The June retirement payment will be deposited on June 3. If "social distancing" continues through the summer, you can count on having your retirement payment deposited on time, but the receipt of the statement may continue to be delayed.

CARES Act suspends RMD requirements for 2020

The **C**oronavirus, **A**id, **R**elief, and **E**conomic **S**ecurity (CARES) Act, a $2.2 trillion economic relief bill passed by Congress to support individuals and businesses affected by the novel coronavirus pandemic and subsequent economic downturn, has a number of features that impact retirees.

Rebate checks were sent to qualified residents in April 2020, or deposited directly into their financial institution the week of April 13, 2020. All U.S. residents or citizens with adjusted gross income under $75,000 ($112,500 for head of household and $150,000 married), who are not the dependent of another taxpayer and who have a work-eligible Social Security number, are eligible for a full $1,200 ($2,400 married) rebate. They are also eligible for an additional $500 per child. A typical family of four is eligible for a $3,400 recovery rebate. To determine eligibility for the rebate, the government used the adjusted gross income (AGI) on your 2018 tax return, unless you have previously filed your return for 2019.

The rebate amount is reduced by $50 for each $1,000 that a taxpayer's income exceeds the phase-out threshold. The amount is completely phased-out for single filers with incomes exceeding $99,000, $146,500 for head of household filers with one child, and $198,000 for joint filers with no children. For a typical family of four, the amount is completely phased out for those with adjusted gross incomes exceeding $218,000.

The rebate is not treated as taxable income, so it will not need to be reported as income when you file your 2020 tax return next year. If your income in 2019 was in the phase-out range, you would still receive a partial rebate based on your 2019 tax return. However, the rebate is actually an advance on a tax credit that you may claim on your 2020 tax return. If your income is lower in 2020 than in 2019, any additional credit you are eligible for will be refunded or your tax liability will be reduced when you file your 2020 tax return next year.

The CARES Act also extends the filing deadline for your 2019 federal taxes from April 15 to July 15, 2020. State income tax filing deadlines are also extended to July 15, 2020.

In general, at age 70.5 retirees are required to take a minimum required distribution from their retirement accounts or pay a stiff penalty on the amount they were supposed to withdraw. One provision of the CARES Act impacts retirees older than 70.5 who are taking Required Minimum Distributions (RMDs) from their retirement accounts.

Under the CARES Act, individual RMDs and beneficiary RMDs are waived for 2020. The stock market collapse in 2020 has impacted the market value of IRAs and other retirement accounts. The waiver of the RMD for 2020 means that investors will not be required to take distributions from accounts that have decreased in value due to the stock market decline. There is never an RMD requirement for Roth retirement accounts. Individuals may still take money from their IRAs in 2020 (and pay taxes that may be required on the distribution), but they are not required to do so. They will not face penalties if they do not take any money from their IRAs in 2020.

I am an eyewitness to COVID-19 infection

By: Erin Woods

The author is an attorney in New York City who works with pension systems. She was invited to share her first-hand experience with COVID-19 to let our readers know how the infection spreads. This article was written at the peak of the 2020 infection period in NYC.


Erin Woods

The current coronavirus pandemic has dramatically changed the daily lives of people around the world. I live in New York City, and we are experiencing the epicenter of the pandemic. There has been exponential growth in positive COVID-19 cases, and COVID-19 related fatalities are now more than triple the death toll of the September 11, 2001 terror attacks. It thankfully appears that New York is currently hitting a plateau of hospital admissions and fatalities, but we continue to lose over 700 people every day.

I am writing this essay because I live in New York City and my family contracted COVID-19. Our personal experience began when my husband started experiencing symptoms on Monday, March 16, 2020. By the evening of March 17th, I came down with chills and body aches that forced me to go straight to bed. I already had a cough due to bronchitis, but that night I developed a fever, felt pain in my lungs, my throat hurt, and my body felt incredibly weak. On the first evening of experiencing these symptoms, I began to fear that we had contracted the virus.

After a couple of days of feeling very ill, my husband and I decided to get tested for COVID-19. Our main motivation to get the test stemmed from our concern that our one-year-old daughter might also become ill. I felt that if she did begin showing symptoms, knowing whether she had COVID-19 would allow us to be better equipped to care for her. So, I began making calls. After our general practitioner informed me that he did not have any tests kits, I contacted an urgent care facility within walking distance of our apartment. At first, the facility said that since we had not been in contact with someone who was known to have tested positive, we were not able to get tested. I found this disconcerting because, even though testing kits were in short supply, we had all of the requisite symptoms, and community spread of the virus had been confirmed. Therefore, my husband or I could have easily been in contact with someone who had COVID-19 but who had not yet developed symptoms and therefore had not been tested. This concern prompted me to call the urgent care center a second time to request testing. This time they agreed to test us since I had been traveling and had recently flown on several planes.

When we arrived at the urgent care facility, we experienced new procedures enacted to protect both the facility's staff and patients. For example, the facility provided us masks and asked us to wait outside until we could be seen. The nurse then called us on our cell phones to ask questions about our health history, so we only interacted with the doctor who took our temperature, conducted the test for COVID-19, and listened to our lungs. The test is a rather uncomfortable swab to the very back of the nasal passages, which was especially difficult for our toddler. She, of course, did not understand what was happening and was not pleased that my husband and I held her head and her arms still so the doctor could perform the test. But once the test was complete and our daughter had calmed down, my husband and I were relieved when the doctor said each of our lungs sounded clear despite the lung pain we had been experiencing.

It took five days to receive our results. While that was a long time to wait, we simply assumed we had coronavirus and acted accordingly. The urgent care worker informed us that my daughter (who did not have a temperature and did not appear to be sick) was a little bit fussy, but had tested "positive." My test result said "duplicate," which they later informed me was "negative," and my husband's test was "inconclusive" due to an ineffective swab. I immediately felt guilty that my daughter had contracted this deadly virus, likely from my husband and/or me, and I worried that she might begin exhibiting symptoms. I was also shocked that my test result was negative. I had the most severe symptoms and was incredibly sick. In my mind, I knew that my test result was not accurate. The doctor informed us over the phone that, since my daughter tested positive and we had all been quarantined together, we were all to be treated as "positive." In addition, the doctor informed us that we should recuperate at home and should maintain a strict quarantine for fourteen days from the date we were tested.

We are still unsure whether the testing facility mixed up the testing vials (we were not confident in the way the doctor handled them), or whether we simply fell within the statistics that at least one in three COVID-19 tests had returned false negatives. I had hesitated to have my daughter tested because the test

was so uncomfortable, but if I had not had her tested, we would not have received confirmation that we did, indeed, have COVID-19.

This positive diagnosis was important because it impacted how we handled the following weeks. Learning that we had contracted the virus did not change how we felt physically, but it did confirm that we had to be extremely strict about quarantine and not interact with anyone for at least fourteen days. This also meant that even though we were both extremely ill, my husband and I could not ask a family member to help care for our daughter for fear of exposing them to the virus. Neither my husband nor I had any appetite (we each lost 15 pounds during the ordeal). Friends left food for our daughter outside of our apartment door for us to bring inside. She was the only one eating on a "regular schedule."

I thought that I should start feeling better after having symptoms for five days. To my great surprise, I started feeling worse! From the very first night I was ill, I either had a fever all day or got a fever at night. My fever returned every evening for ten days, reaching 102.8 degrees at its peak. Each day I dreaded the fever returning. I knew that I would be unable to sleep due to the severe chills. When I did manage to fall asleep, I woke up covered in sweat, and then the chills would return. The only solution was to shower in the middle of the night, but I was so weak that I had to sit down in the shower due to my inability to stand for even a short period of time. In addition to the fever thwarting sleep, I also had difficulty sleeping due to my fear that I might wake up in the middle of the night unable to breathe and be in urgent need of medical care.

In addition to these symptoms, I had gastrointestinal issues, body aches, weakness, and a lack of appetite for over ten days. Having COVID-19 was a very unpleasant experience. On the worst night, I became so weak that I considered going to the hospital. The public officials repeatedly announced, however, that due to overcrowding in hospitals, people with COVID-19 should only go to the hospital if they were having difficulty breathing. Despite my chest pain and inability to breathe deeply, I was fortunate to not be in undue distress, so I decided against leaving our apartment. The next morning, I thankfully felt slightly better and began to really focus on hydrating and trying to eat to increase my strength. Overall, I felt much better after about eleven days, though I continued to experience fatigue and had an altered sense of taste for at least an additional week.

Every day throughout my illness, my husband and I would take turns caring for our daughter so the other one of us could sleep or attempt to work. While it was certainly a treat to be able to spend more time with our daughter, it was rather challenging because she is an active one-year-old who loves to play, and it physically hurt to pick her up. I felt guilty during this time because I wasn't as patient, as comforting, or as active as I most often am with her. Luckily, she really enjoys reading books, so we spent much of the day reading many, many books, often re-reading her favorite books multiple times. My husband and I watched Netflix to help pass the time. I am also fortunate that throughout my illness, the partners and colleagues at my law firm allowed me to choose how much I was able to work. Their primary concern was how I was feeling and whether they could help me with anything.

We still do not know how we contracted the virus. I often wonder if I contracted it from someone I sat next to on a plane; if my husband contracted it on the New York City subway; or if one of us contracted it from someone at the grocery store. Since most people who contract the virus are often asymptomatic for several days after contact, there is really no way of knowing. It is also interesting to note that friends of ours who also contracted the virus had widely varying symptoms. Some experienced just a runny nose, while others had severe weakness and such difficulty breathing that they were placed on a ventilator. One friend tested positive even though he never had a fever, which I thought was the hallmark symptom of COVID-19. This large variance in symptoms – and the lack of available tests – simply reminds me that we all must remain vigilant in not only social distancing, but also in staying home and avoiding interactions with others as much as possible.

Despite the difficult few weeks my family and I experienced after contracting COVID-19, we are extremely fortunate that our daughter never became severely ill and that my husband and I are now healthy. There are also a number of silver linings that stem from both our personal experience and the general experience in New York.

First, New York has been the epicenter of the pandemic in the United States, and cases of COVID-19 in New York seem to be peaking now, a couple of weeks before other states' cases are expected to peak. I hope the lessons that New York's front line workers have learned will be helpful for states such as Nebraska in the event your COVID-19 cases increase in the coming weeks.

Second, health care professionals from all over the country have travelled to New York to assist in caring for the unprecedented number of people admitted to our hospitals. I am astounded and humbled by their generosity in offering to leave their homes to travel to the front lines to fight this pandemic, and by their selflessness in knowingly exposing themselves to this deadly virus.

Third, the people of New York have come together to support our front-line workers in any way that we can. My husband and I have collected donations for nurses we know in local hospitals to provide meals for their teams – easy and available

sustenance makes their day slightly easier. Many other people are donating meals, snacks, drinks, and other items. In addition, at 7:00 p.m. every evening, the people of New York open their windows to cheer, clap, and bang on pots and pans in a show of solidarity and support for all of the front-line workers who are ushering our city through this very difficult time. This nightly ritual has been occurring in New York (and in many other cities) for weeks, and I find it touching every single night.

Fourth, while it is difficult to balance work with childcare, this experience has been a compelling reminder to spend more time with family. In fact, as my husband and I were feeling slightly better and trying to eat something for the first time in days, our daughter took her very first steps, and we were home to see them! Seeing her pure joy and sense of pride as she works on this new skill has been so uplifting and is the highlight of my day.

Fifth and finally, despite my husband and I both being terribly ill at the same time while working and struggling to care for a toddler, I am happy to report that we still like each other! Let's hope that continues for the upcoming weeks or months that we remain confined to this small, two-bedroom New York City apartment.

EHA rates, coverage for early-retiree insurance change

By: Roger Rea, NSEA-Retired Vice President

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Educators Health Alliance, EHA, the Blue Cross insurance plan that insures almost all educators in Nebraska, has announced rate increases beginning September 1, 2020. Medical insurance rates for direct-bill coverage for retirees will increase by 6.97% and dental rates will increase by 2.0%, resulting in an overall increase in premiums of 6.71%. This is the 18th year that increases in EHA health insurance have gone up less than 10%. The average increase over the last ten years has been 3.8%. A number of factors helped make the low increase possible, including: (a) implementing a program designed to assist in the management of chronic diseases; (b) holding the line on health administrative costs; (c) prudent management in the design and choices of benefit plans; and (d) the positive impact on EHA's state-wide wellness and health promotion program.

While the 2020-21 plans will have modest increases in physician and pharmacy copays, the deductibles will remain the same for all plans except the $3,500 deductible HSA plan, which will have a $100 increase to $3,600 due to this plan having no pharmacy and prescription copays. All plans will have a modest increase in out-of-pocket maximums.

As the EHA Board evaluated possible benefit changes, it compared EHA benefit changes with employer surveys and found that most employers modified benefits on an annual basis.

"Over the last 9 years, the average employer surveyed reduced their benefits by 13 percent while the EHA benefit reduction over the same time period was less than 6 percent," said Kernes Krause, EHA Vice Chair. The Board felt it was appropriate to increase physician and pharmacy copays since it had been several years since either of these copays were changed. The copays for 2020-21 are displayed in the table below.

	$1,050 deductible plan	**$2,500 deductible plan**
Primary care office visit copay	$35	$50
Specialist office visit copay	$55	$70
Urgent care visit copay	$55	$70
Emergency Room visit copay	$85	$100
Generic drug copay	25% coins. ($10 min/$40 max)	30% coins. ($12 min/$45 max)
Formulary brand copay	25% coins. ($50 min/$100 max)	30% coins. ($55 min/$110 max)
Non-formulary brand copay	50% coins. ($75 min/$150 max)	50% coins. ($75 min/$150 max)
In-network specialty copay	25% coins. ($125 min/$250 max)	25% coins. ($125 min/$250 max)
Out-of-network specialty copay	50% coins. ($250 min/$500 max)	50% coins. ($250min/$500 max)

Monthly premiums for the EHA plans beginning September 1, 2020 are displayed in the table below. The premiums include PPO dental for the coverage levels. If you do not have full dental coverage for all of your dependents, your

Retiree Health Plan	Renewal rates effective September 1, 2020			
	Retiree only	Ret & Child(ren)	Ret & Spouse	Family
$1,050 deductible	$782.06	$1,388.62	$1,642.28	$2,080.89
$2,500 deductible	$664.48	$1,180.14	$1,395.33	$1,768.70
$3,600 Deductible HSA-eligible	$664.48	$1,180.14	$1,395.33	$1,768.70

rates will be lower than those displayed in the table. For more details, and to view a 26-minute video on the new plan options, visit the EHA web site, ***www.ehaplan.org,*** and click on the *"RETIREES*" tab at the top of the page.

You will note that the premiums for the $2,500 deductible and the $3,600 deductible plans are the same. That is by design. EHA wanted to offer two options with lower premiums than the standard $1,050 deductible plan that are actuarially equivalent in benefits, but have different structures. Traditional PPO plans have a deductible amount that you pay first, then EHA and the subscriber share costs (either on an 80/20 basis or a 70/30 basis) until a maximum coinsurance threshold is met. Once that threshold has been met, EHA pays for 100% of covered claims.

The $3,600 deducible plan is often referred to as a High Deductible Health Plan (HDHP). HDHP plans differ from PPO plans in that the subscriber is responsible for the first $3,600 in covered charges, whether those charges are office visit charges, testing charges, hospitalization charges, or drug charges. You are essentially "self-insuring" the first $3,600 in covered charges. Once that threshold has been met, EHA and the subscriber share costs on a 90/10 basis until a maximum of an additional $650 in copay amounts has been met. At that time, EHA pays 100% of covered charges.

The IRS sets guidelines for qualification as an HDHP plan. Since the subscriber is responsible for a large amount of covered charges before the insurance plan pays anything, the IRS allows HDHP plan subscribers to put money into a Health Savings Account (HSA) to pay those covered charges on a tax-free basis. The HSA is ***NOT*** the same as a flexible-spending account, or Plan-125 account. A Plan-125 account is a "use it or lose it" account. Money that is put into a Plan-125 account that is not used in the plan year is forfeited. Money put into an HSA account remains in your account until you use it, and can accumulate from one year to the next if it is not totally used. While you cannot make contributions to this account once you begin Medicare coverage, you can use the account to pay for certain health-related expenses (like prescription drugs, dental charges, prescription eyeglasses, and premiums for Medicare Parts B and D) until the account balance has been exhausted. The IRS limit for HSA contributions for 2020 is $3,550 for a single insurance plan, plus an additional $1,000 if you are older than 55. You can learn more about HSA accounts on the EHA web site, ***www.ehaplan.org*** and the IRS website, ***www.irs.gov***.

The three most popular plans for retirees younger than 65 are a traditional PPO plan with a $1,050 deductible; a traditional PPO plan with a $2,500 deductible; and a high-deductible plan that is eligible for a Health Savings account (HSA) with a $3,600 deductible. The table below summarizes the provisions of each plan:

Feature	$1,050 ded.	$2,500 ded.	$3,600 ded. HSA eligible
Deductible	$1,050	$2,500	$3,600
Max. coinsurance	$3,850	$4,850	$650
Max. out-of-pocket	$4,900	$7,350	$4,250
Office visit	$35 / $55 / $85	$50 / $70 / $100	Included in deductible
Co-insurance	80/20	70/30	90/10
Drugs – % copay $ minimums	25% (50% non-form.) $10 / $50 / $75	30% (50% non-form.) $12 / $55 / $75	Included in deductible
Routine care	Benefits for covered services are paid at 100% subject to age, gender and frequency limits		
Premium savings	None	$1,410 per year	$1,410 per year PLUS tax break for HSA deposit

OEA-Retired members can change insurance plans at two times during the year. Applications that are on file by the first week in August will become effective on September 1. Applications that are on file by the first week in December will become effective on January 1 of the next calendar year. Because the deductible amounts are set for a calendar year, many retirees choose to change plans for the full calendar year. Call Blue Cross at the phone number on your insurance card to request an application if you want to change plans. If you switch to a higher deductible plan, you will not be allowed to switch back for three years, or until you reach Medicare eligibility.

OEA-Retired members who are younger than 65 and still insured through the EHA Direct Bill Early Retiree plan will be affected by the changes. Members who are older than 65 and insured through **Educators' Medicare Supplement** (formerly known as NSEA-Retired BlueSenior Classic) are **not** impacted. Educators' Medicare Supplement rates are set for the calendar year. They will be reviewed later this year for possible changes on January 1, 2021.

Educators' Medicare Supplement is unique!

By: Roger Rea, NSEA-Retired Vice President

Medicare supplements are purchased to pay the charges for items that Medicare does not completely cover. Like most medical insurance policies, Medicare has a deductible and copay for covered services – the subscriber is responsible for those charges. Many senior citizens purchase a Medicare supplement to pay for those charges.

Educators' Medicare Supplement is underwritten by Blue Cross Blue Shield of Nebraska and is endorsed by NSEA-Retired. It was formerly known as NSEA-Retired BlueSenior Classic. It is a group Medicare supplement and is not available to the general public. As such, it is not bound by the rules that apply to individual Medicare supplements.

In 2015, Congress changed the kinds of individual Medicare supplements that can be offered to the general public. At that time, Plan F supplements were the most popular Medicare supplements offered. While some supplements only cover part of what Medicare does not pay for covered services, Plan F supplements pay the entire amount that Medicare does not pay. That means that Plan F subscribers pay monthly premiums every month, but they are not subject to any further charges when they have medical services that are covered by Medicare.

Congress passed laws that forbid the general public from having access to individual Plan F supplements beginning in 2020. New Medicare subscribers generally opt for Plan G supplements. Plan G supplements do NOT pay for the deductible for visits to the doctor – Plan F supplements do. Otherwise they have the same payment provisions.

Educators' Medicare Supplement (formerly known as NSEA-Retired BlueSenior Classic) is not available to the general public. It is only available to subscribers to EHA insurance at the time they turn 65 and to members of NSEA-Retired. Since it is a group plan and is not available to the general public, it is not bound by the "new rules" that eliminate individual Plan F supplements as an option for new enrollees in Medicare. Educators' Medicare Supplement offers *BOTH* a Plan F and a Plan G supplement. Members can choose which supplement to enroll in at the time they sign up for Medicare. Both Plan F and Plan G supplements for Educators' Medicare Supplement are managed in the same risk pool, and premiums for both will change at the same percentage rate.

Educators' Medicare supplement has these unique features, not found in individual plans:

- It offers a choice of either Plan F or Plan G supplements
- It offers optional dental coverage – the only Medicare supplement do to so. You must elect the dental coverage when you first enroll – it cannot be added later or added as stand-alone coverage
- It rates by age band, rather than by individual ages. The age bands (i.e. ages that have the same premium) are: 65-66; 67-69; 70-74; 75-79; 80-84; and 85+. So long as you are in the same age band, you will see increases only once per year on the policy anniversary date of January 1. Other supplements rate by individual ages. With other supplements, you will see two rate changes per year: one on your birthday (because you are a year older), the second on the policy anniversary of the supplement.
- Rates for the supplement have been very stable for the past decade, averaging less than 3% per year.

You can find additional information about Medicare, including current rates and a description of the coverage offered by Educators' Medicare Supplement, on the EHA web site, ***www.ehaplan.org***. Click on the "*RETIREES*" link at the top of the page.

Call Blue Cross at 877-721-2583 to get more information on Educators' Medicare Supplement.

OEA-Retired elections coming in the fall

By: Walta Sue Dodd, OEA-Retired President

OEA-Retired officers serve for three-year terms, with a maximum of two consecutive terms in any one position. Since the May 2020 meeting of OEA-Retired was canceled, elections that were scheduled for that meeting for OEA-Retired Secretary and two positions for At-Large Directors for the OEA-Retired Board will be held at the October 2020 meeting of OEA-Retired. The date of the meeting will be announced in the fall issue of *Voices of Experience*.

The OEA-Retired officers for 2019-20, and their terms of office, are:

President = Walta Sue Dodd (2019-2022)
Vice President = Scott McGinty (2019-2022)
Secretary = Ruby M. Davis (2017-2020)
At-large Directors = Richard Hood (2017-2020); Doreen Jankovich (2017-2020); Deborah Pauley (2019-2022); Cheryl Richardson (2019-2022)
Bookkeeper and Newsletter = Roger Rea

Any OEA-Retired officer whose term ends in 2020 will continue in office until a successor has been elected. That is in accordance with the OEA-Retired Bylaws.

If you are interested in running for the OEA-Retired Board, please submit your name and the office for which you wish to be a candidate to Walta Sue Dodd, ***WSDodd@aol.com***.

OEA Foundation awards $400,000 in scholarships

The OEA Foundation was established in 1964 as a charitable arm of the Omaha Education Association. The Foundation has funded over 100 scholarships annually. This year the Foundation granted scholarships to 86 Omaha Metro Area high school graduates. A total of $400,800 was awarded this year.

The scholarships are supported by donations from the public to the OEA Foundation. A complete listing of the scholarships can be found on the OEA website, ***www.omahaoea.org***.
Click on the *OEA Foundation Scholarships* link at the top of the page to find details on the various scholarships that are awarded every year.

OEA-Retired

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You can make a tax-deductible contribution to the OEA Foundation by sending a check (payable to OEA Foundation) to: OEA Foundation, 4202 S. 57th Street, Omaha NE 68117. You can contact Linda Richter, Executive Director for the Foundation, at ***oeafoundation@gmail.com*** for additional information.

Update on OPS Phase 2 Bond issue

By: Cheryl Richardson, OEA-Retired Board Member

In spite of changes to schedules caused by the COVID-19 pandemic, the 2014 and 2018 Omaha Public Schools Bonds are moving forward. The 2014 Bond, Phase 1 consisted of 83 projects. Eighty of these projects are complete, two are in closeout (Hale and Boyd), and one is in construction (Central). All 2014 projects are scheduled to be completed sometime this summer.

The 2018 Bond, Phase 2, consists of only 19 projects, which is much smaller than the number of projects in Phase 1. Despite the smaller number of projects, there is a great deal of construction needed to complete the 2018 Bond Project. Five of these projects are building new schools from the ground up. On April 15, 2020, the OPS Board of Education gave approval for *Construction Design Submittal* for both new high schools. Of the 19 projects in Phase 2, one is already in closeout; two are complete; ten are in construction; and six are in the design phase.

To obtain more information on the OPS bonds, visit the Omaha Public Schools website: ***www.district.ops.org***. When the home page appears, scroll down until you reach an area divided into three parts (*Open Book, Calendar, OPS information*). Click on the first rectangular box Under *OPS information,* labelled *Bond Information*. In the *Bond Information* section you will find a link titled, *Video Fly Through*, which is aerial footage of the two new high schools. This aerial footage is enlightening.

Reminders

This is the last issue of *Voices of Experience* for this school year. You will receive the next issue of the newsletter prior to our first meeting (which will be sometime in October 2020) for the 2020-21 school year.

If you change addresses for next year, be sure to contact Lorrie at the OEA, 402.346.0400, or by emailing her at ***lorrie.krejci@nsea.org*** to give her your new mailing address. Keep your address up-to-date, and you will not miss out on any of our newsletters!

Annual dues for OEA-Retired will be billed in the fall. If you are not a life member of the association, be sure to return your dues notice with the proper payment to ensure that you are not “dropped” from our mailing list!

Seventy-nine OEA members will retire from OPS this spring. Laurels Night to recognize 2019-20 OEA retirees will be held on September 13, 2020 at the Swanson Conference Center, located in the Culinary Arts Institute on the Fort Omaha campus of Metropolitan Community College.