

RASCOE NEWS

The National Association of Retired ASCS/FSA Office Employees

Issue No. 67 Winter 2017-18



FROM THE PRESIDENT'S DESK

JIM IVERSON, PRESIDENT

Past Convention/Future Convention

I would like to start this report by extending thanks to Randon Leathers of Missouri for his fantastic organizational skills in hosting the convention in St. Charles last August. His help and leadership was invaluable to me and anyone else who had convention responsibilities. Reflecting back on our time in St. Charles, I think we had a great convention discussing many important issues and having the opportunity to see good friends and colleagues from our working days. A brief summary of some of those events follows.



David Senter, our RASCOE lobbyist, presented information on retirement, health care, and future farm policies. All of these issues certainly impact active and retired employees of USDA. We also heard from an AARP representative who discussed the AARP perspective on various pieces of legislation affecting retirees. Candidates for NASCOE offices addressed RASCOE offering their vision for NASCOE in the future. Forty retirees attended our Friday luncheon and enjoyed socializing with old friends and informally discussing goals for RASCOE in the future.

The 2018 NASCOE/RASCOE convention will be held in Sioux Falls, South Dakota. I have personally witnessed the efforts of Becky Zirpel and Joel Foster, two of South Dakota's finest. I can promise you, thanks to Becky and Joel and our active SDASCOE membership, that your experience in South Dakota will be the best yet. RASCOE plans for the conventions have been finalized and we think you will be pleased with the amenities offered.

I would encourage all RASCOE members to attend a national convention as well as work to promote RASCOE in your own state. It is important to maintain contact with people we once worked with and it is also important to contribute to the efforts directed at maintaining those benefits we worked so hard for.

I would also like to take this opportunity to thank the RASCOE officer team and committee chairs for their dedication to our organization. To them and all RASCOE members I wish you all the merriest of Christmas's and a grand New Year.

CHAD HART, VICE PRESIDENT/LEGISLATIVE CHAIR

Looking back over the past year, I find that it has been very rewarding. I have enjoyed living the life of a past ASCS/FSA employee. As for RASCOE I appreciate the working relationship the Officers and Committee Chairs have developed for the good of the organization. We have begun to develop a website for RASCOE, as a result of the interaction and input from members attending the last convention. In addition, we have gained the ability to send out email blasts at no additional costs to membership.



Some of us attended area rallies during this past spring. I traveled to Wareham, Massachusetts for the Northeast Area Rally. I commend everyone that helped organize that meeting. Much information was exchanged during the meetings. I presented our new video to the group and many future retirees and current retirees appreciated it. It seems to be an ice breaker, and as such, resulted in several conversations later. I especially enjoyed the tour of cranberry farms and oyster farms. What a difference from the high plains of eastern Colorado. This holiday season I have a greater appreciation for both.

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The national convention was very good. Always good to see friends (not old friends) and make new ones. During the meeting, members decided to look at the agreement with JM marketing and consider a proposal that would involve Dillard's Financial with our organization. If anyone's blood pressure just went up thinking that there will be any changes to the JM marketing agreement, or that working with Dillard's financial would interfere with the current policies through JM Marketing, DO NOT worry. Both have said this is not to be a concern. They each will offer different benefits.

Having a National Active and Retired Federal Employees Association, (NARFE) representative at our convention was very informative.

It has been an honor to serve each of you as your Vice President. I am finding that my retirement days are shorter than the working days were, so much to do and see.

I look forward to seeing everyone at the convention in Sioux Falls, South Dakota August 2- 4 2018.

SECRETARY/PUBLICITY REPORT

BY MICKI LINEHAN

Here we are again in the middle of a beautiful holiday season. I spent Thanksgiving in Scottsdale, AZ with family, and among other things, we had very warm weather to be thankful for. Locals said it was the warmest Thanksgiving in history. All I knew was that it was my warmest Thanksgiving, weather wise. I don't have to look very far to realize how fortunate I am. Blessed with family and friends that seem to be more special during the holiday season...



RASCOE had a wonderful meeting in St Charles, MO this past August. Missouri did an awesome job of welcoming all of the RASCOE and NASCOE members that attended. We all know how much teamwork it takes to host a National Convention. I would like to personally encourage all RASCOE members to attend our 2018 Annual Meeting in Sioux Fall, SD. It's so much fun to see our friends across the country gather in one place to renew friendships and social connections, and also get a great deal of business accomplished! Remember, we are working hard for you.

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Wishing you all a very blessed holiday season.

Area Rallies scheduled for 2018 are:

Midwest Area Rally - March 23-25, 2018 - Des Moines, Iowa
Southeast Area Rally - April 11-14, 2018 - Lexington, Kentucky

Northwest Area Rally - April 20-21, 2018 - Bellingham, Washington

Northeast Area Rally - May 17-19, 2018 - Bolton Valley Ski Resort - Bolton Valley, Vermont

MEMBERSHIP REPORT

BY CINDY HALL,
MEMBERSHIP CHAIR



As the calendar year comes to an end, we are seeing many folks retiring. This is a reminder that RASCOE gives a free first year membership (through the end of the current fiscal year) to each new retiree. RASCOE accepts and works for ALL retirees, not just CO employees. If you do not have a state membership chairperson, please send the names of new retirees to me and I will send them the membership information. You don't have to be retired to join RASCOE either! Associate memberships are \$15.00 per person plus any state dues.

I want to remind everyone that we have a wonderful video that talks about RASCOE. If you are having a state meeting and want to show this video, please contact either me or Ben Bosshart and we will see that you have this video available to show.

Happy Holidays to all!

Cindy Hall, Membership Chair

RASCOE FINANCIAL

BY CINDY HALL, TREASURER

Balance 7/1/2017	\$15,855.59
Deposits	\$20,857.37
Payments	\$14,901.02
Balance 11/30/2017	\$21,811.94



CHAD HART, LEGISLATIVE CHAIR

This past year has been challenging and interesting. Keeping up with congress is exhausting and I thank David for his efforts to keep dragging me along the thorny road. We have been watching and asking for congress to repeal the Government Pension offset and Windfall Elimination Provision. I am happy to say there were two bills introduced this year that would repeal both, although each bill was assigned to a committee and left to gather dust.

I continue to ask why retirees pay full tax on their annuity then have the health insurance premium taken out instead of taking the premium out before taxing as we enjoyed when employed. One senator told me because you are an annuitant.....we do agree there.

The efforts being made by congress to change future retiree's benefits (and some would like to mess with the current retirees) has been like being in a storm, your pretty sure something bad is about to happen.

We have been working closely with other organizations to help strengthen all of our efforts.

My family and I wish all of you a very Merry Christmas and Happy New Year

DAVID SENTER



Congress continues to struggle to pass major legislation and so far, they have very little to show for their efforts. Once again efforts are underway to enact a major tax reform/cuts package which has been a major priority for Republicans. House Republicans passed by a 227-205 their version of the tax bill. The legislation is estimated to add \$1.5 Trillion to the National Debt over the next 10 years. The Senate is next up to debate their bill following Thanksgiving. The vote count in the Senate is not known because several Republican Senator have voiced concerns. There is a chance this could end up like the legislation to repeal the Affordable Care Act which failed. An interesting fact is the Congressional Budget Office says that Pay-AS-YOU-GO Act, Public Law 111-139 requires across the board sequestration of all mandatory spending programs if the legislation increases the deficit. Some mandatory spending is exempt such as Social Security and Medicare but the sequester to offset the \$1.5 Trillion for non-exempt mandatory spending would be 100% and the Commodity Credit Corporation, CCC would be included. That means no dollars to fund any farm program.

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Congress has an out if they approve a Budget Waver but it's not included in the tax bill at this time. Stay tuned, it's going to be interesting.

Now for other business, there has not been progress on a Budget agreement to fund the government after December 8th. On the plus side, the proposed cuts for retirees such as the elimination of Cost of Living Adjustments were not included in the Budget agreement Congress passed which set the stage for the short term continuing resolution which is currently funding government. It looks like it's going to be a busy December here in Washington with a possible government shutdown a possibility.

RASCOE's legislative priority the Social Security Fairness Act, HR 1205 in the House currently has 161 cosponsors but has not had a hearing or other action and Senate Bill S 915 has 9 cosponsors. Good work on getting House Members to cosponsor because 161 is a pretty impressive number. Your RASCOE Leadership team is going to keep working to protect the benefits you earned while serving producers.

David Senter

BENEFITS

BEN BOSSHART, BENEFIT CHAIR



We continue to hear folks have questions about how their Federal Employee Insurance and Medicare interact. There are some who say all they need is their federal health insurance and Medicare Part A. They're not paying for Part B. We encourage you to become thoroughly informed and understand what your specific FEHBP insurance covers in conjunction with Medicare Part A. Different plans garner different results. In our effort to help folks gain a better general understanding of this topic, we thought it would be helpful to rerun the article on this topic we published a year ago.

We've encountered a few questions regarding the Federal Employees Health Benefits Program offerings and Medicare. How do they interact? What are the options if my spouse turns age 65 a few years before I do? Do I need Medicare Part B since I already have my FEHBP?

To help answer these questions, a brief overview Medicare coverage choices may be in order.

• What Types of Programs are offered by Medicare?

There are 2 main choices for how you get your Medicare coverage.

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Original Medicare, includes Part A (Hospital Insurance) and/or Part B (Medical Insurance)

- o Medicare provides this coverage directly.
- o You have your choice of doctors, hospitals, and other providers that accept Medicare.
- o Generally, you or your supplemental coverage pay deductibles and coinsurance.
- o You usually pay a monthly premium for Part B

Decide if you want prescription drug coverage (Part D).

- o If you want a drug coverage, you must join a Medicare Prescription Drug Plan. You usually pay a monthly premium.
- o These plans are run by private companies approved by Medicare.

Decide if you want supplemental coverage.

- o You may want to get coverage that fills gaps in Original Medicare coverage. You can choose to buy a Medicare Supplement Insurance (Medigap) policy from a private company.
- o Costs vary by policy and company.

Medicare Advantage (Part C) includes BOTH Part A (Hospital Insurance) and Part B (Medical Insurance)

- o Private insurance companies approved by Medicare provide this coverage.
- o In most plans, you need to use plan doctors, hospitals, and other providers or you may pay more or all of the costs.
- o You may pay a monthly premium (in addition to your Part B premium), deductible, copayments, or coinsurance for covered services.
- o Cost, extra coverage, and rules vary by plan.

Decide if you want prescription drug coverage (Part D).

- o If you want drug coverage, and it's offered by your Medicare Advantage Plan, in most cases, you must get it through your plan.
- o In some types of plans that don't offer drug coverage, you can join a Medicare Prescription Drug Plan.

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• Eligibility for Medicare?

You are eligible for Medicare if you are age 65 or over. Also, certain disabled persons and persons with permanent kidney failure (or End Stage Renal Disease) are eligible. You are entitled to Part A without having to pay premiums if you or your spouse worked for at least 10 years in Medicare-covered employment. (You automatically qualify if you were a Federal employee on January 1, 1983.). You must pay premiums for Part B coverage, which are withheld from your monthly Social Security payment or your annuity. You must be enrolled in both Medicare Parts A and B before you can enroll in Part C. You must be enrolled in either Part A or Part B before you can enroll in Part D. The cost of any additional premium will vary depending on the Part C or Part D plan that you select.

• Do FEHB Plans and Medicare Cover the Same Types of Expenses?

Generally, plans under the FEHB Program help pay for the same kind of expenses as Medicare. FEHB plans also provide coverage for emergency care outside of the United States which Medicare doesn't provide. Some FEHB plans also provide coverage for dental and vision care. Medicare covers some orthopedic and prosthetic devices, durable medical equipment, home health care, limited chiropractic services, and some medical supplies, which some FEHB plans may not cover or only partially cover (check your plan brochure for details).

• Since I Have FEHB Coverage, Do I Need Medicare Coverage?

If you are entitled to Part A without paying the premiums, you should take it, even if you are still working. This may help cover some of the costs that your FEHB plan may not cover, such as deductibles, coinsurance, and charges that exceed the plan's allowable charges. There are other advantages to Part A, such as (if you also enroll in Part B,) being eligible to enroll in a Medicare Advantage Plan.

• Should I get Part B?

If you or your spouse is still working and you have health coverage through that employer, contact your employer benefits administrator to find out how your coverage works with Medicare. It might be to your advantage to delay Part B enrollment (since you will pay a premium for it). You can sign up for Part B without paying a penalty any time you have

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health coverage based on your or your spouse's current employment. Once the employment or coverage based on current employment ends (whichever happens first), you have 8 months to sign up for Part B without penalty.

If your employer insurance is the secondary payer, you might need to enroll in Part B before your insurance will pay. Additionally, you should consider the fact that medical insurance covers doctors' services (of your choice) no matter where you receive them in the United States. Sometimes, individual plans require in-network or preferred providers – adding Part B Medicare may provide more flexibility. But, remember, there are premiums associated with Part B. And if your Part B premiums aren't deducted from social security benefit checks, you will pay a higher premium for Part B.

• How is health care coverage impacted if my spouse turns 65 years old well before I do?

Generally if you and your spouse continue to be covered by an employer plan (i.e. FEHBP), you should enroll in Part A as soon as eligible to do so. Your Medicare Part A covered spouse can delay enrolling in Part B, without penalty, until no longer covered by the employer health plan. Depending on the employer plan which becomes the primary or secondary payer, you may benefit through less out-of-pocket expense.

• Can I Change My FEHB Enrollment When I Become Eligible for Medicare?

Yes, you may change your FEHB enrollment to any available plan or option at any time beginning 30 days before you become eligible for Medicare. You may use this enrollment change opportunity only once. You may also change your enrollment during the annual Open Season, or because of another event that permits enrollment changes (such as a change in family status).

• Should I Change Plans?

Once Medicare becomes the primary payer, you may find that a lower cost FEHB plan is adequate for your needs, especially if you are currently enrolled in a plan's high option. Also, some plans waive deductibles, coinsurance, and copayments when Medicare is primary.

It will almost always be to your advantage to keep your current FEHB coverage without any changes. The exception is for those with limited incomes and resources who may

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qualify for Medicare's extra help with prescription drug costs. Contact your benefits administrator or your FEHB Program insurer for information about your FEHB coverage before making any changes.

It is important to note that FEHB Program prescription drug coverage is an integral part of your total health benefits package. You cannot suspend or cancel FEHB Program prescription drug coverage without losing your FEHB plan coverage in its entirety (in other words, losing coverage) for hospital and medical services which would mean you might have significantly higher costs for those services.



2017 "Spirit of RASCOE" award winner Mike Schryer, Alabama



Alabama members accepting the traveling trophy for having 120% increase in membership in 2017.

**2017 WINTER UPDATE FOR RASCOE MEMBERS
BY JOHN R. LOHR, DILLARD FINANCIAL
SOLUTIONS, INC. MARKETING DIRECTOR**

As another year draws to a close, in addition to all the holiday excitement those of us in the federal retiree world have our annual open season to consider making health insurance changes.

Beyond possible FEHB changes, retirees approaching age 65 have Medicare decisions to make. Generally, this decision centers on when or if to enroll in Parts A & B of Medicare. Part A is the hospital coverage and the Part A decision for federal retirees is usually to enroll as early as possible, since we all paid the Medicare part of the Social Security tax for this coverage while we were working.

The more difficult decision is taking Part B, the doctor or outpatient part of Medicare. The Part B decision is made more complicated by the facts that:

1. Most of us are fortunately still carrying an FEHB plan

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SPIRIT OF RASCOE AWARD NOMINATION FORM

NOMINEES SHOULD EXEMPLIFY THE TRUE "SPIRIT OF RASCOE" IN ACTIONS, SUPPORT AND PROMOTION OF THE RASCOE RETIREE ORGANIZATION.

NOMINATIONS MUST BE SUBMITTED TO THE PUBLICITY CHAIRPERSON NO LATER THAN July 1, 2018.

Entries received after the deadline will be reviewed and/or saved for the next year.

MAIL NOMINATION TO:

Micki Linehan
3743 Swallows Nest Ct
Clarkston ID 99403

NOMINEE NAME: _____

NOMINEE'S ADDRESS: _____

STATE OF RASCOE MEMBERSHIP: _____

IN SEVENTY-FIVE WORDS OR LESS, EXPLAIN WHY YOU NOMINATED THIS RETIREE FOR THE SPIRIT OF RASCOE AWARD:

OTHER COMMENTS: _____

PAST SPIRIT OF RASCOE AWARDS WINNERS:

2005 – ERA JARRARD, GA
2006 – VIRGINIA SHORT, KY (AND ROSE MELICK, SD)
2007 – CONRAD SHEPP, WI
2008 – DORIS STUCKY, SD
2009 – GENE LUTZ, CO
2010 – CLARA RUTH SAINT, LA
2011 – JUNE FAULK, GA

2012 - GENE VOGNILD, SD
2013 – PAUL NEWTON, IL
2014 – Leo Osborne, UT
2015 – Lynda Steichen, SD
2016 – Sandi Rocker, NE
2017 - Mike Schryer, AL

ELECTED OFFICERS AND APPOINTED CHAIRS FOR FY 16-17

James Iverson
President
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Jim.iverson@hotmail.com
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& Legislative Chair*
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Micki Linehan
*Secretary
& Publicity Chair*
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Cindy Hall
*Treasurer
& Membership Chair*
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Ben Bosshart
Benefits Chair
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that provides good coverage as a stand-alone insurance.

2. The FEHB plan premiums do not drop after we enroll in Medicare.

3. There is a charge for Medicare Part B. Currently the monthly charge for the majority of participants is \$134 per person per month.

4. If Part B enrollment is postponed, there is a Part B premium penalty of 10% for every year after a person first becomes eligible for Part B.

Fortunately 2 things help in our decision making:

1. Some FEHB plans, like BC/BS and GEHA, are now offering the incentive of covering all your out-of-pocket charges, including the annual deductible, copays, and coinsurances. For many retirees these savings can go a long way in paying for the Part B Medicare.

a. Also after enrolling in Medicare, we can consider changing to a lower cost FEHB plan option that still offers the coverage we need. Be especially careful to consider your prescription needs as provided in your FEHB plan, since Parts A & B of Medicare do not cover any prescriptions.

2. We get an annual open season to every year revisit the adequacy of our FEHB coverage. So if after enrolling in Medicare you changed to an FEHB option that is not adequate for your health care needs or at the other extreme unnecessary in your situation, you can make a switch the next year. The FEHB open season decision is not irrevocable and only needs to last for 12 months.

One decision related to your FEHB coverage that is permanent and irrevocable is canceling the coverage. In retirement, never cancel your FEHB coverage. Instead of canceling you can suspend the coverage to possibly try a Medicare supplement plan, but never cancel FEHB. Most of us will be hard pressed to find a Medicare supplement plan to replace the level of coverage we have with FEHB. There is no government contribution toward Medicare supplement plans since there are none of these supplemental plans in the FEHB offerings.

The representatives of Dillard Financial Solutions, Inc. are Chartered Federal Employee Benefits Consultants and are uniquely qualified to help guide you through all the decisions related to your retirement benefits. Even with all the online

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help available, many times having a knowledgeable, experienced person to talk to is just what we need.

If you have any retirement benefit related question or concerns, please email us at nascoebenefits@aol.com and we'll get right back with you.

Happy Holidays!

MEDICAL IDENTITY THEFT:

*BY TY CHRISTENSON,
J. M. MARKETING*



Medical identity thieves use the health and personal insurance information of others to obtain medical treatment, prescription drugs and surgeries. Similar to traditional identity theft, medical identity theft can have a huge effect on your finances, but it can also impact your health.

Are You a Victim?

How would you know if your health, personal or insurance information has been compromised? According to the Federal Trade Commission (FTC), you may be a victim of medical identity theft if:

- You are billed for medical services that you did not receive
- A debt collector contacts you about a debt you do not owe
- You order a copy of your credit report and see medical collection notices you do not recognize
- You try to make a legitimate insurance claim and your health plan indicates that you have reached your limit on benefits

Medical identity theft may change your medical and health insurance records. Every time a thief uses your identity to receive care, a record is created with his or her medical information that could be mistaken for yours—everything from a different blood type, an inaccurate history of drug or alcohol abuse, test results that are not yours or a diagnosis of an illness, allergy or condition that you do not have. Any of these could lead to improper treatment for you.

Prevention Tips

While there is no foolproof way to avoid medical identity theft, the FTC suggests a few steps to minimize your risk:

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CINDY HALL

3025 Snead Drive

Fremont, NE 68025-2133

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- Verify a source before sharing information. Don't give out personal or medical information on the phone or through email or mail unless you are certain of the source. Be wary of offers for "free" health services or products from providers who require you to give them your health plan ID number. Medical identity thieves may pose as employees of insurance companies, doctors' offices, clinics, pharmacies or government agencies in attempt to obtain your personal information.
- Safeguard your medical and health insurance information. If you keep copies of your medical or health insurance records, make sure they are secured someplace. Be on guard when online, especially when accessing accounts or records related to your medical care. If asked to share sensitive personal information such as your Social Security number, insurance account information or any details of your health or medical conditions online, ask why it is needed, how it will be kept safe and whether it will be shared.
- Shred documents containing personal information. To

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prevent a medical identity thief who may pick through trash or recycling bins to obtain your personal and medical information, shred your health insurance forms, prescription forms and physician statements. Destroy the labels on your prescription bottles and packages before you throw them out.

Consider Identity Theft Insurance

Identity theft insurance is designed to relieve you of the financial burden of repairing damages after your identity has been stolen. This type of insurance does not reimburse loss from theft such as stolen credit card numbers or forged bank checks, but rather prevents further loss once you have already become a victim of identity theft. Also, aside from some plans which may provide free credit monitoring, identity theft insurance does not work to prevent identity theft. Instead, identity theft coverage helps with expenses as you navigate the identity recovery process, which is useful whether or not you actually lost money to an identity thief. Contact JM Marketing to learn more about Identity Theft Coverage and how today's plans benefits can vary greatly from one to another.