



THE INTERCOM

Newsletter of the California Retired
County Employees Association (CRCEA)

October 2015

www.crcea.org

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PRESIDENT'S MESSAGE

Where did the summer go? Yes, the heat has stayed around, but the calendar pages have been turned and the kids/grandkids have all returned to school. Many of our friends have returned from their trips and/or vacations. So, the time has come to get back to the grind and gear up for the work in front of us.

With that lead in, our Fall Conference in Stockton is right around the corner. The folks in San Joaquin County have been working hard to pull all the last minute strings back in to make sure each of us has an enjoyable and educational couple days. With that conference, we find ourselves on the defense again with the pension reform folks continuing with both rhetoric and initiative attacking the stability of life as we know it. More correctly, the life we planned for, worked for, and contributed into. The continuing rhetoric attacking our pensions and/or other benefits continues in Marin County and

striking out at issues that are not really issues, and expanding the attack on active employees and the benefits and mechanism used to obtain them.

Obviously the hot button is the pension reform initiative ("Voter Empowerment Act of 2016") that is now being placed out there for petition signature gathering. While the proponents did not agree with the state Attorney General for its Title and Summary, I can only guess that they are moving forward in spite of their objection.

CRCEA's Retirement Security Committee has been working throughout this period to educate those in Sacramento on the impact of the proposal. More specifically, let me recognize Mike DeBord from Sacramento County for his tireless efforts in getting information and documents prepared for us to understand the ramifications of this initiative. His ability to take complex issues and boil them down into understandable items that we – all of us – can use to influence our colleagues, friends and neighbors to keep them from signing the petitions. Remember, those signature gatherers don't really care about the initiative, they want your signature which is worth anywhere from \$2 to \$5 in their

pockets. They will misrepresent the petition itself in order to get you to sign it. Don't be fooled.

As I stated in my last message, "The initiative language starts out with a bunch of – how should I put this correctly – untruths. Okay, it's B-S. But then we step into the issues of the so-called pension reform. Actually, if after you fully read it is pension elimination." That last sentence is what should concern you as a retiree. What happens when the pension system that pays you goes out of business? Is the funding enough to appropriately pay all the promises to all those in the system before it closed? You might say that the county will just have to pick up the difference, but when is it too much for even the county to absorb? In fact, would that be an added cost to closing the plan – something not permitted if the initiative were to pass. I think you get the message.

On a positive note, I made a trek up to Contra Costa and to Merced to meet with their retirees at quarterly luncheons. I spoke on several issues and then had an opportunity to speak individually with many of them. I found it a worthwhile endeavor in explaining CRCEA and what we do.

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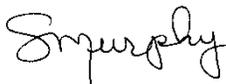


In October I will go to meet with the Marin group. I tried this once before, but through no fault of theirs, I had transportation cancelled with no alternatives. So, we are trying again.

Okay, at the risk of sounding like a nagging parent, here I go again. CRCEA continues to reach out for Affiliates (please see Bill's article). Those are businesses that provide services to retirees or otherwise support public employees and retirees that we can approach to be affiliates of CRCEA. If anyone has a suggestion or recommendation, please contact Bill de la Garza, or any member of the Executive Committee.

CRCEA is the only organization looking out for the retirees of '37 Act counties on the state level. February and March are generally high retirement months in our counties. If any of you know any retirees who are retiring and are not signed up to be members of your local retiree association, talk with them and encourage them to join. Only through numbers do we have strength, and only through our strength can we obtain success.

Until next time.....



Skip Murphy, President



CRCEA NEEDS YOUR HELP
by Bill de la Garza
Chair, Affiliate Committee

As chairman of CRCEA'S Affiliate Committee, I am soliciting your assistance in recruiting CRCEA Affiliates.

CRCEA is a non-profit organization dependent on member dues (\$.55 per member) for its total operational needs. Currently, we have a total of six affiliate members who pay \$800 per year. These affiliate dues have been very helpful to our budget needs and the services we provide to our member associations and our semi-annual conferences.

In our efforts to continue to provide additional and better services to our member associations, increasing the number of affiliates would be a welcomed asset.

To help in recruitment efforts, following is helpful history and benefits of membership to share when speaking with potential affiliates.

Unlike the active employees, retirees have little resources available to them in dealing with those boards and counties. Thus, the reason retiree associations in the '37 Act counties have banded together as CRCEA is to work together on common issues and problems that impact us after a career and into retirement.

Affiliates of CRCEA are important to us, and we appreciate

their assistance in recognizing that representation is still required after retirement. Those firms are listed on our website, stationery, conference programs, and they are invited to our semi-annual conferences with NO conference registration fee. The annual cost to become an Affiliate is currently \$800.00, considerably less than many other groups.

Please supply us names of possible affiliates, and we will contact them, and advise them of the many advantages their company will benefit from by being a CRCEA Affiliate.

You provide us the name and phone number, and we'll do the rest!

Thank you.



RPESJC
Retired Public Employees
of San Joaquin County

REMINDER

Last day to register for the
CRCEA 2015
Fall Conference
is
October 5, 2015

Stockton, CA
October 19-21, 2015

(Please see Page 5 for
conference flyer.)

DON'T ACCEPT DRUG PRICES LYING DOWN

Soaring costs require people to ask more questions and explore options.

by Emily Bazar

(appeared in *Press Enterprise*; reprinted with permission)

If you haven't experienced it yourself, you've no doubt heard about the outrageous – and rapidly growing – prices of certain prescription medicine.

The average price of about one year of cancer-drug therapy has skyrocketed from \$10,000 (or less) before 2000 to more than \$100,000 by 2012, according to a recent Mayo Clinic study.

The new hepatitis C drug Sovaldi comes at a retail price tag of \$84,000 for a 12-week course.

Prices are even spiking for some generics that have been around for years. Take the cost of the commonly used antibiotic doxycycline, which jumped from \$20 for 500 pills in October 2013 to \$1,849 in April 2014, according to AARP.

The unaffordability of drugs is a real and growing threat, even for people with health insurance.

Today, I'm going to offer some tips on how to save money on your prescription drugs, whether you're insured or not.

Q: I recently learned I have cancer and had my first round of chemo. The nurse

gave me a prescription for a generic anti-nausea medicine. When my wife took it to the drugstore, she was quoted a price of \$900 for a 30-day supply. How is that possible?

A: I wish I could answer this question from Jim Buchanan of Hemet, but I don't know why a generic anti-nausea drug would cost \$900 out of pocket, even with his insurance applied to the prescription.

I can say that his wife, Susan Buchanan, did the right thing when she didn't take \$900 for an answer. Though "totally in shock" from the quoted price, she asked what the cost of the prescription would be without applying insurance.

\$45.

Counterintuitive? Yes. Confusing? Definitely.

"In some cases, people may be better off not using their insurance," says Betsy Imholz, special projects director at Consumers Union.

LESSON 1: SHOP SMART

When you get your prescription, call multiple pharmacies and negotiate, even for generics. Neighborhood pharmacies may have more autonomy to lower prices than chain stores, Imholz says.

If you don't have insurance, however, Costco has the lowest price of chain stores on average, she says. You don't

have to be a member to use its pharmacy.

Finally, ask your doctor to write a prescription for a 90-day supply of drugs instead of 30 days. "You'll be avoiding copays and trips to the pharmacy," she says.

LESSON 2: APPEAL FOR COVERAGE

Let's say your doctor wants you to take medicine not on your plan's formulary and you're faced with paying full cost.

Before you empty your pockets, file an appeal with your insurer, which in most cases must cover medically necessary drugs that aren't on their formularies – if your condition warrants their use.

If your health plan rejects your appeal, contact your regulator and request an independent medical review, which is free. The health plan's denial letter will specify your regulator, or try the state Department of Management Health Care (888-466-2219 [FREE or HealthHelp.ca.gov](http://FREE.or.HealthHelp.ca.gov)) or the state Department of Insurance (800-927-4357 [FREE or Insurance.ca.gov](http://FREE.or.Insurance.ca.gov)). You'll need to work with your doctor through this process to help you prove medical necessity.

LESSON 3: LOOK FOR FINANCIAL ASSISTANCE

There are many programs offered by drug companies and foundations, and many web-

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sites that help you search for them. One is NeedyMeds (NeedyMeds.org), a national nonprofit that helps connect people with assistance.

“Pharmaceutical companies give away billions of dollars in drugs every year to people in need,” says Needy-Meds President Richard Sagall.

Financial help from pharmaceutical companies is generally for brand-name drugs that don’t have generic equivalents. These programs have eligibility requirements based on four categories, Sagall says:

- Citizenship and immigration status.
- Some will help only people who are uninsured or have no drug coverage.
- Income. Many have relatively generous thresholds that include middle-class families.
- Some are disease - or diagnosis-specific.

All require some input from the doctor who prescribed the medicine, Sagall says.

If you have drug coverage but can’t afford your copay, there are programs that may help with that, too.

Other helpful websites for financial assistance include: The Partnership for Prescription Assistance (pparx.org); Patient Services Inc: (PatientServicesInc.org); and The Patient Advocate Foundation’s National Financial Resource Directory (PatientAdvocate.org).

You also can reach out to disease-based organizations like the Leukemia & Lymphoma Society or the American Diabetes Association.

LESSON 4: USE DISCOUNT CARDS AND PROGRAMS

There are two types of drug discount cards. The first comes from pharmaceutical companies and generally offers discounts for a specific drug, Sagall says.

The other discounts multiple drugs and is offered by AARP, Costco, NeedyMeds and others. However, “You cannot use these in conjunction with insurance or state federal programs such as Medicare,” he says.

But don’t forget the Buchanans of Hemet, who got a better deal without their insurance.

LESSON 5: CHOOSE INSURANCE WITH DRUG COVERAGE YOU NEED

One of the best ways to limit your out-of-pocket costs is to choose the best plan for your situation. You’ll have a chance to do that in your next open enrollment period, fast approaching for most people.

If you have a chronic condition or take a lot of medicine, try to avoid high-deductible plans, which include the “bronze” level plans sold by Covered California.

If you have to pay a little higher premium but have lower out-of-pocket costs, that’s a better

choice,” says Liz Helms, president/CEO of the California Chronic Care Coalition.

Emily Bazar
Contributing Columnist
Questions for Emily:
AskEmily@usc.edu

The CHCF Center for Health Reporting partners with news organizations to cover California health policy. Located at the USC Annenberg School for Communication and Journalism, it is funded by the non-partisan California HealthCare Foundation.

Future CRCEA Conferences

Spring 2016
Kern (REOKC)

Fall 2016
Contra Costa (CCCREA)

Spring 2017
Ventura (REAVC)

Fall 2017
Alameda (REAC)

Spring 2018
Santa Barbara (RESBC)

Fall 2018
Marin (MCARE)

Spring 2019
San Diego (RESDC)

Fall 2019
Sonoma/Mendocino (SCARE/AMCRE)

2015 CRCEA Fall Conference



WOW*

(*Wine ~ Opportunity ~ Water)

October 19 - 21, 2015



Hilton Stockton
 2323 Grand Canal Blvd
 Stockton, CA, 95207
 209-957-9090 Fax: 209-473-0739
\$119 per night (plus taxes)
Breakfast included



Hosted by

Retired Public Employees of San Joaquin County
 (RPESJC)

(209) 466-8556

rpesjc@sbcglobal.net



rpesjc.org

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Conference
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E.F. "Skip" Murphy

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Nominating
Will Hoag

Retirement Security
Mike DeBord and
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