

**CARE Interview with
Deborah Dobbins, HR Technician II- Benefits
Rosalyn Tucker, HR Technician II- Benefits
4/28/2016**

Following is the transcript of an interview conducted April 28, 2016 with Deborah Dobbins and Rosalyn Tucker, HR Benefits Technicians. Bill Threlfall was the interviewer. The overwhelming impression was of two friendly and welcoming staff, dedicated to insuring active employees and retirees receive all their entitled benefits.



CARE: With open enrollment coming up, is there something that you'd like all retirees to know?

DEBORAH: Yes. We want retirees to make sure they enroll in a timely fashion; the deadlines are very firm. It will be from May 2 to June 3, 2016. The mailer is going out tomorrow and everybody should be getting it next week some time.

DEBORAH: One of the big things that we get a lot of questions on during open enrollment is "Can I add dental? Can I add vision? Can I change my dental plan?" Unfortunately, the answer to all of those is no. All those are offered once at the initial time when people retire. In 2012 there was also a one-time offer to enroll, but those were the only opportunities available under the insurance program.

CARE: On the District's HR Benefits web page, there is a section titled "Benefits and Medical Coverage Plans." Are the plans shown there only for active, current employees?

DEBORAH: Yes.

CARE: So for retirees, what's the best way to get information about the available plans?

DEBORAH: Call us!

ROSALYN: Right now, I'm trying to think of a way that we can share some of the information pertaining to retirees by putting it on the web site. I'm bringing this concern to those in charge of the web page, saying how useful it would be to help deal with many common questions we encounter.

CARE: A couple of years ago, CARE put together a list of questions & answers about open enrollment, and one of the points we emphasized was that the best and only definitive source of information about these plans is you folks, because of the huge number of offerings and the complexity about retiree's hire date and age, eligibility, Medicare status, and so on. So I can see that it would be pretty complicated to put together a web page covering all those specifics.

DEBORAH: In the open enrollment period, we have two different comparison charts. One is for the "pre-84-86ers", and one is for the "post-84-86ers" because that is the general break where the plans differ so much. So that's what we're looking at to put onto the web site.

ROSALYN: In the meantime, when we mail out those charts, retirees should save them, so they can talk to us about the choices.

CARE: So if a retiree wants to contact you and say: "Based on what I see in this summary, I'd be interested in more information about this particular plan, can they then contact you for either a plan summary or an evidence of coverage document?"

ROSALYN: Yes, absolutely.

CARE: That's not a burden for you; that's OK?

DEBORAH: That's what we're here for.

CARE: Can you briefly explain the function provided by the "Benefit Bridge" web site that is linked on the HR Benefits web page, and is that something that retirees should avoid?

DEBORAH: The Benefit Bridge web site is strictly for active employees. Retirees should not use it. At this point, retirees should stick with calling us for retiree plan information.

CARE: So that message keeps coming through – go to you folks as the "horse's mouth" so to speak.

ROSALYN: Yes, because we have to determine certain things about you – certain questions we're going to ask you to learn what plan options you would have. We deal with nearly 100 plans, and we can advise specifically about your eligibility.

DEBORAH: And there are things that sometimes people don't even consider because they don't know the questions to ask, so a lot of times, speaking with one of us directly, we can ask them questions that prompt information that maybe they didn't realize they should be considering.

CARE: What are the answers to some of the most frequent retiree questions you encounter?

DEBORAH: The stark terror when they have to deal with Medicare. We try to notify them a few months before they become Medicare eligible. If folks are comfortable on computers, it can be done on-line, avoiding the headache of an office visit.

ROSALYN: And their key tip was to call them (local Medicare) after 5 p.m. Don't call first thing in the morning when they are swamped. Call late in the afternoon because they report their phones are not busy then. You can actually get somebody and get your task done. They actually take calls until 7 pm!

DEBORAH: Although we try to notify retirees as they approach the age of eligibility for Medicare, if a retiree becomes eligible earlier, say due to disability, they need to notify the District.

CARE: So Medicare is one of the frequent areas of concern. Are there other areas where retirees have common questions that you field over and over again?

ROSALYN: One often misunderstood fact is that spouses of deceased employees are not eligible for the same coverage after the employee's death. They are eligible to continue on the same group plan at their own expense.

DEBORAH: Many people have retired under the assumption that their spouse is going to get lifetime free coverage. This is not correct. And it is so devastating for us to have to deliver this message to spouses of retirees who are coping with the challenges of this life transition.

DEBORAH: Of course when a covered retiree or spouse has died, it is essential that the District be notified within 30 days to insure that the District is not continuing to pay for benefits for someone who is deceased.

ROSALYN: Give everyone our phone numbers, even your kids, to let us know that something has happened to you, because the District is still paying for coverage!

CARE: Other things that come up frequently?

DEBORAH: People moving out of state. That's a big one. People don't really understand how that works. People decide to move to Nebraska and figure I'll just change my Anthem Blue Cross HMO to Blue cross of Nebraska, but it turns out it is not available. And if as a result of the move the retiree needs to switch from an HMO to a PPO, then their costs can be significant, depending on their hire date, age, and Medicare eligibility. That's why we want people to talk with us.

ROSALYN: And even when a plan is available in Georgia, it is not all of Georgia – just certain regions. So you need to confirm your plans with us – give us a zip code.

CARE: So would you say that the first step is that the retiree should contact you and discuss their intended destination before they commit to a move?

ROSALYN: Exactly.

DEBORAH: And that way, we can let them know what options might be available. If they need to move to a PPO, depending on their hire date, costs can change significantly.

CARE: So I take two messages away about that: don't assume about the plan, and don't assume about the location.

CARE: What are some common misunderstandings retirees have about benefits?

DEBORAH: One of the things that people bring up frequently is the notion that the PPO plan is the best plan. But for retired faculty who do not have Social Security and Medicare benefits, those PPO plans can lead to high out-of-pocket expenses that they might not realize they could save if they investigated other options.

ROSALYN: For example an HMO. In the PPO, a retiree without Medicare would be responsible for 20% of charges, but in the HMO would pay nothing.

DEBORAH: Also, here in the Bay Area, a lot of your PPO doctors are also HMO contracted. So if retirees call us, we can give them the words to ask their specialist to see if that doctor takes the HMO plans we offer. Now for retired employees who have Medicare and choose the PPO, Medicare picks up the 20% not paid by the PPO plan, so these folks are not dealing with the out-of-pocket costs usually associated with the PPO.

DEBORAH: The PPO plan does offer a lot more flexibility, which is a huge benefit to certain people because they want to see a particular specialist. But for others the out-of-pocket cost is a problem, and the HMO would save them cash.

CARE: Tell us a little bit about your typical work day. What's rewarding? What's challenging?

ROSALYN: We answer lots of phone calls. We have lots of "drop-ins" without appointment; that's OK because we want you to come in and talk with us. We want to explain your choices because we don't want you to be doing something that will cause you a problem. Don't go enrolling in some kind of Medicare plan that you saw on TV, etc.

CARE: So there's a consistent theme that is coming through here – before retirees act on anything pertaining to benefits, check with you. You're here to help; you're not going to throw up barriers.

DEBORAH: Yes! We thank them when they come in or call. It helps retirees trust us and see that we're really looking out for their best interests.

ROSALYN: And I think callers like talking to a human rather than a machine; we pick up the phone so you actually get live people.

CARE: Your friendly presence seems a little bit at odds with the austere facade of this facility.

DEBORAH & ROSALYN: Thank you.

CARE: If you could change one thing about your work life, what would it be?

DEBORAH: Personally, I would like to see more face-to-face interaction. When we first did the major plan changes in 2012, we held some meetings for retirees at the District Office to go over the options, and I thought that was great. There was a real need because of the significant changes, but for me, I think it is good for us to have a bigger presence.

ROSALYN: I do like to have information on the web site, so active employees and retirees can refer to it. The web site is a big deal these days, making it easy for people to go look up stuff.

CARE: As I looked over the HR Benefits web page, I was impressed that there is a great deal more information there now than there used to be, so you've done a good job of developing it. But here's a bit of feedback: It wasn't immediately evident to me that

the bulk of the plan information on the page is only for active employees, not for retirees. You might want to include a note to that effect to avoid confusion since none of the retiree plans are listed.

ROSALYN: That's why I'm thinking of a website section for retirees. We're receiving a lot of questions from them, showing the need for adding retiree information.

CARE: One thing I could suggest is that once you have information for retirees on the web page, I could put links to that information on the CARE web site, and notify our CARE members by email whenever you update your retiree information.

DEBORAH: That would be great. That's perfect.