

Connection

Billy's Banter About Public Pensions



After a recent discussion regarding public pensions, I decided to look into the New York State (NYS) retirement system, as that is the one I am most familiar with. I am sure it is similar to most state plans, only larger than many.

Most of us have read about the significant cost in maintaining these plans and the burden put on the communities. I was surprised to find out that in New York, over a 20-year period (1993-2013), 80 percent of the cost of the pension was funded by investment returns. In other words, the employers were only obligated to contribute 20 percent of the money they agreed to pay into the Fund. As a result of the financial crisis and the stock market plunging, the employer had to pay a larger share for a few years. NYS has announced that the increases will be reduced for this year and next.

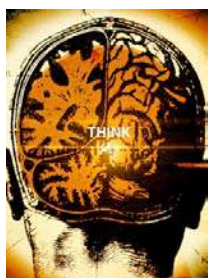
If we as tax payers were able to have 80 percent of our taxes paid by a return on our investment, I think we all would be happy. Further, the public retirees represent 2.7 percent of the NYS population, but pay 4.6 percent of the real property taxes paid. Sounds like a good investment of my tax dollars.

I see no reason why other states do not have similar results, other than bad management, under funding or risky investments; none of which should be put on the shoulders of public employees.

Please look into the performance and contributions to your state's pension plan. You may grasp its workings better than you are led to believe and truly understand who is to blame, if anyone, for the financial position of the plan. I am confident you will find that the workers are not the problem.

Bill Pienta, SOAR President

Know The Signs Of A Stroke



[Around three-quarters of the 795,000 strokes](#) suffered annually happen to people over the age of 65. I'm Dr. Salomeh Keyhani and my wish is to help you know the signs of stroke and when it's critical you go to the hospital.

Bottom line, if you or someone you love has a stroke, it is of utmost importance you call 911 immediately and get to the emergency room as soon as possible. You must act quickly or the consequences can be severe. Time is tissue and your brain is the tissue at stake. In many cases, you need to get to the hospital within an hour of symptoms beginning to receive helpful treatment or risk disability.

See page four of this newsletter for the signs of a stroke.

From The Director's Desk – Congratulations and a Special Thanks



As most of you know, we have just recently concluded our 11th International SOAR Conference. As a result of that meeting, the makeup of our SOAR Executive Board has changed dramatically.

In District 1, Bruce Bostick replaced Willie Moore who is retiring as the Executive Board Member in Ohio. In District 2, Mike Pyne replaced Mimi Rinna who decided to step down as the Board member but to stay on as a District Coordinator to help out in Michigan. In District 9 Claude Karr took over for Don Badie who elected not to run for another term but is staying on as a District Coordinator to continue his work in Florida. In District 10, Denise Edwards stepped down as the Board member but agreed to stay on as a coordinator to assist newly elected Board Member Dave McLimans. In District 11, Dave Trach chose not to run for his position but is staying on as a coordinator to continue to serve our members in Northern Minnesota and to assist Bonnie Carey who was elected to take his spot on our Board.

As illustrated above, the leadership of SOAR has changed a great deal. Change is never easy, but it is essential if we are to continue grow. I would like to congratulate our newest Board members and welcome them to their new roles in our retiree organization.

To those who have decided to step aside, on behalf of the United Steelworkers and SOAR, I want to thank the outgoing members of our Board for all they have done on behalf of our members and working families; and for their continued support as we continue to build our organization.

You all have been major contributors to our organization. Thanks to your dedication and commitment, SOAR is recognized as premier advocacy organization within the retiree community and has become a respected voice in the fight for social justice.

For me personally, it has been a humbling experience to serve with you in my capacity as Director. Working with you all has strengthened my resolve in our quest to improve the quality of life for our members, as they move through the twilight of their years and I thank you for all that you have done to assist me in my responsibilities as the administrator of this organization.

Jim Centner, SOAR Director



There are 9.4 million military veterans receiving Social Security benefits, which means that almost one out of every four adult Social Security beneficiaries has served in the United States military.

It is for that reason Union Veterans Council Director James Gilbert joined elected officials and allies on Capital Hill a few day ago to say #HandsOff Social Security and Medicare. Watch James' remarks [here](#).

For more information go to <http://www.americansunitedforchange.org/>

Three things to think about when choosing a Medicare (Part D) drug plan:



Enrollment: If you have traditional Medicare and you don't have drug coverage through your job, you might also want to have prescription drug coverage through a private insurer under Medicare Part D. If so, you should [sign up](#) at the same time you sign up for traditional Medicare so that you have full coverage. You might also need a Part D plan if you are enrolled in a Medicare Advantage plan. If your income is low, you are eligible for help paying the cost of this coverage. Call 1-800-Medicare (1-800-633-4227) to enroll.



Coverage: The Medicare drug benefit covers up to \$2,850 of your total drug costs. Then, it's your turn to pay—that gap in coverage is the “donut hole.” To learn more, click [here](#). Each drug plan covers different drugs, under different conditions, and charges you different amounts for those drugs. Because what these plans cover, whether you need special authorization, and how much you pay is not standardized and can change at any time, it can be hard to figure out which plan to choose. This [Medicare tool](#) can help you choose a drug plan.



Access: Each drug plan has its own rules on where you can fill your prescriptions. Check to make sure the plan's requirements meet your needs both in your community and while you're traveling.

~~Report From the Alliance for American Manufacturing (AAM)~~

Report From the Alliance for American Manufacturing (AAM)



Hey there folks. I've got one last update on the Oil Country Tubular Goods (OCTG) case: By a 5-0 vote, the U.S. International Trade Commission ruled in our favor against South Korea and five other countries for dumping pipe and tube products <http://www.reuters.com/article/2014/08/22/us-usa-trade-steel-idUSKBN0GM1HD20140822> into our market. Now, tariffs will be imposed on OCTG products coming from those countries in order to stop them from flooding into the U.S. and jeopardizing American jobs.

In other news... October 3 is National Manufacturing Day. Many manufacturers will open their factory doors for the public to see and learn all about their products and operations. It's a great opportunity to talk with local factory personnel and to bring the grandkids along to inspire the next generation of makers. To find an event near you, visit www.mfgday.com.

And lastly, the Alliance for American Manufacturing's website has a new and improved look. Venture on over to www.americanmanufacturing.org to find a flashy new site, and easier access to information important to our readers. Just in time for holiday shopping, we now have a “Made in America” section to help consumers realize the importance of buying American-made products. Research shows that if we all spent \$64 more on American-made products than we normally would, we can create 200,000 jobs here at home. No more waiting on Congress to do it; we can be job creators with our wallets, and our new website can help you do it.

Until next time friends, take care! And if you have questions or comments about any of the information listed above, let me know!

Rachel Bennett Steury, AAM Field Coordinator, Alliance for American Manufacturing, 260-633-1060

Three Things To Think About If You're Traveling And Have Medicare



1. Travel within the United States: Whether you have coverage when you travel outside your community depends on whether you're enrolled in traditional Medicare or a Medicare Advantage plan. With [traditional Medicare](#), you'll have the same comprehensive coverage anywhere in America, including Puerto Rico, American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands. If you're enrolled in a [Medicare Advantage](#) plan, you may only have coverage for emergency and urgent care outside your area.

2. Travel outside the United States: As a general rule, Medicare will not cover your care. There are only [limited exceptions](#). However, if you have traditional Medicare and one of four Medicare supplemental policies ("Medigap")—Plans C, G, M or N—you will have [lifetime coverage for 80 percent of your care](#) during the first two months of your trip, up to \$50,000.

3. Medical travel insurance: There are lots of policies out there. Some will reimburse you for the cost of your trip if you end up needing to cancel. Some will cover your care if you get sick abroad, or will refund you if you need to cut your trip short, or will cover the cost of an emergency plane trip home. Click [here](#) to see travel insurance options from a range of different companies.

Source: JustCareUSA

~~Stroke is a leading cause of death and disability in the United States.~~

Stroke



According to the [National Institute on Aging](#), there are several ways to lower your risk of stroke. First and foremost, check your blood pressure and cholesterol and treat them if they are high. Eat lots of fruits and vegetables and other food that is low in cholesterol and saturated fats. Don't smoke.

And, exercise! You can take a brisk walk several times a week or swim or ride a bike. It all helps. For more information from the NIH on how to get started exercising and the kinds of exercise, go to <http://go4life.nia.nih.gov/> or you might try clicking [here](#).

Call 911 RIGHT AWAY if you see or have any of these symptoms:

- Sudden numbness or weakness in the face, arm or leg -- especially on one side of the body
- Sudden confusion or trouble speaking or understanding
- Sudden problems seeing in one eye or both eyes
- Sudden dizziness, loss of balance or coordination, or trouble walking
- Sudden severe headache with no known cause

Stroke strikes fast. You should too. Call 911

DON'T IGNORE THE SIGNS OF STROKE!

Never ignore the symptoms of stroke. Call 911 if you have any stroke symptoms, even if they don't last long. Sometimes the symptoms of a stroke last only a few minutes and then go away. That could be a TIA (transient ischemic attack), also called a mini-stroke. A TIA is a medical emergency. You should get medical help right away. If a TIA is not treated quickly, it could be followed within hours or days by a major disabling stroke.

SOAR Chapter Connection

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Jim Centner, Director/Editor
Lee Etta Hairston, Copy Editor

Phone:
866-208-4420

Email
jcentner@usw.org

Address editorial material to:

SOAR
60 Blvd of the Allies
Pittsburgh, PA 15222



Upcoming Events

Nov 4 Election Day

Elaine Sez...



Is there such a thing as TOO much quaintness and charm? Well, last week, I dragged Charlie to northern Michigan and the UP

for a little vacation. I do a lot of research before we leave to find the most quaint and charming places to stay and to dine. On the fifth day, he said "Enough with the quaint and charming. I want a Holiday Inn with HDTV and Internet and I want to eat at a Ponderosa! A man can only take so much quaint and charming!" Sigh!

The McNeil Report

Two women met for the first time since graduating from high school. One asked the other, "You were always so organized in school, did you manage to live a well planned life?"

"Yes," said her friend.

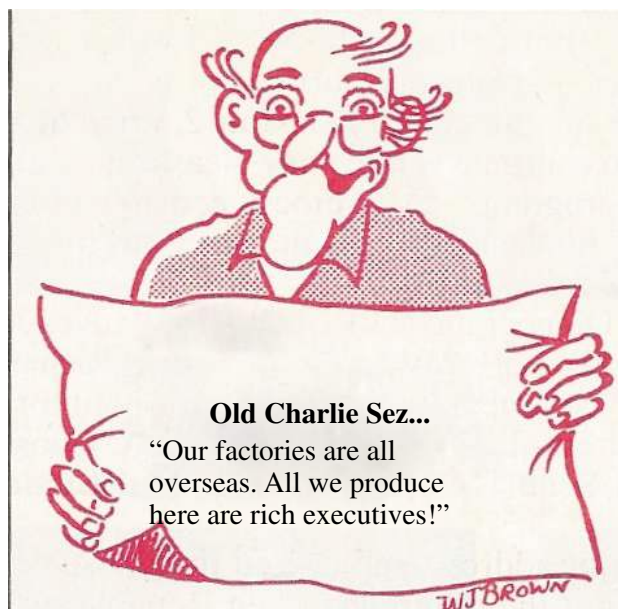
"My first marriage was to a millionaire;
my second marriage was to an actor;
my third marriage was to a preacher;
and now I'm married to an undertaker."

Her friend asked, "What do those marriages have to do with a well planned life?"

She answered: "One for the money, two for the show, three to get ready and four to go."

From the Editor

- Don't forget that this newsletter is online at <http://www.usw.org/act/activism/soar/resources/soar-chapter-connection>. Please share it with your chapter members.
- District and Chapter articles and photos should be emailed or mailed to the SOAR office at the address at the left. Email is the preferred method.



Let's Make Sure We Do It.



It was an active and exciting summer for SOAR activities. District 7 held its annual SOAR Summer School at the University of Illinois and SOAR held its conference in Las Vegas. The USW convention was held in Las Vegas and SOAR representatives participated. It was truly inspiring to see and listen to the SOAR activists participating in the discussions and actions to not only protect seniors and retirees but all USW members and workers.

I had intended to write more about these activities and the beneficial outcomes of the Affordable Care Act (also known as Obama Care). For example; extending the solvency of Medicare, improving preventable care, coverage for millions of people that otherwise would not have happened, the reduction of expected insurance premium increases, coverage for pre-existing conditions, eliminations of annual and life time caps, etc.

But, there is a more important matter to mention and that is the upcoming election on November 4, 2014. I don't know about you, but I don't think people our age have ever seen such obstructionists, do nothing, anti-worker-anti union group, and anti-social program group as we have seen lately in the Republican Party. They would like to take away worker rights, eliminate Social Security and Medicare as we know it and take our country backwards.

We not only owe it to ourselves, but our children and grandchildren to get out and vote for candidates that share our values and principles and to encourage our family and friends to do the same.

We come from a generation that knows what works to build the working and middle class. Make sure you're registered and vote.

Bill Gibbons, PACE Representative

Medicare Advantage Plans Cost Taxpayers Way More Than They Should



Two recent reports on the billing practices of the private Medicare plans reveal that a number of them are bilking taxpayers of billions of dollars.

A new [study](#) by the Department of Health and Human Services shows that some Medicare Advantage plans are "upcoding" or, in English, charging Medicare for more costly services than they are providing. Put differently, because Medicare pays Medicare Advantage plans more to treat patients who are sicker, some Medicare Advantage plans charge Medicare as if their patients are in worse health than they actually are.

Another [study](#) by the Center on Public Integrity determined that "billing errors" by Medicare Advantage plans led the government to overpay them nearly \$70 billion between 2008 and 2013. Not surprisingly, in many parts of the country, the cost of caring for people with Medicare through these private plans is as much as 25% percent more than traditional Medicare.

Of note, a large number of Medicare Advantage plans have not succeeded at controlling Medicare spending, as many lawmakers had suggested they would when they were first created in 2003.

Source: Just Care USA

Thanks To Obamacare, Health Insurance Company Execs Are No Longer Receiving Taxpayer Giveaways for Exorbitant Pay



Runaway executive pay at health insurance companies will no longer be subsidized by taxpayers, thanks to a little-known provision in the Affordable Care Act, more commonly known as Obamacare. The provision, which lowered the tax break for executive pay to \$500,000 for health insurers, yielded the federal government about \$72 million in additional revenue in 2013, according to a new report by the Institute for Policy Studies (IPS), “[The Obamacare Prescription for Bloated CEO Pay](#).”

The IPS report notes that the \$72 million in additional revenue to the U.S. Treasury in the first year it was in effect was based on the pay of 57 executives at the 10 largest health insurance companies. The additional revenue taken in by the government in 2013 from the lower taxpayer subsidy of executive pay at health insurers could be considerably higher when the pay of other executives at all the health insurers is taken into account, the IPS report notes.

Under current law, the deduction for executive pay at publicly traded companies is capped at \$1 million. But a loophole in the law allows companies to deduct executive pay in excess of \$1 million, so long as it is “performance-based.” The provision in the Affordable Care Act lowers this tax break to \$500,000 for health insurers and eliminates the exemption for performance-based pay above that cap. Moreover, the provision applies to the pay of all employees at health insurers, not just executives.

The U.S. government could collect an additional \$50 billion in taxes over ten years, if Congress extended the lower tax break for executive pay to all companies. “Obamacare offers a remedy for a healthier executive pay system,” says Sarah Anderson, the director of the Global Economy Project at IPS and the lead author of the report. “Now all corporations should get the same medicine.”

UnitedHealth Group Inc., the nation’s largest health insurer, which paid its executives more than any other insurer, also was hit the hardest by the provision in the Affordable Care Act, the IPS study says. IPS calculated that UnitedHealth’s tax bill went up by \$13 million in 2013.

Wellpoint, another of the nation’s largest health insurers, openly skirted the lower caps on executive pay in Obamacare by speeding up the ability of executives to cash in stock awards in December 2012, instead of 2013. This maneuver lowered the company’s tax bill by more than \$1.5 million, the IPS report notes.

Get That Flu Shot



My patients often ask me if they should get a flu shot. My answer is yes. Absolutely, yes. And, yes, I get the flu shot and so does my 4 year-old daughter. The flu shot works. And, it’s safe. If you don’t want to catch the flu, you should get the flu shot. The flu virus is ...a virus. Antibiotics will not help you if you get the flu. The best way to prevent the flu is with a flu shot.

[The Centers for Disease Control](#), the government agency that studies disease, recommends the flu shot for anyone over 6 months old. So, if you’re over 65, you should absolutely get the flu shot. The only reason not to get they flu shot is if you are allergic to the vaccine or have other [contraindications](#). Most people are not allergic to it, but if for any reason you think you could be, talk to your doctor.

Source: <http://justcare.weebly.com/> which is a really good web site.

Social Security and Hispanic Americans

Posted @ 9/15/2014 8:28 AM by NCPSSM | Files in **Aging Issues, Retirement**

Social Security protects millions of American families in retirement or when a loved one becomes disabled or dies. These guaranteed benefits are especially important to people of color who tend to have fewer alternative resources, become disabled at higher rates, and rely on Social Security's family benefits disproportionately.

As we mark [Hispanic Heritage month](#) in September it's important to understand the vital role Social Security plays in the lives of [Hispanic Americans](#).

Did you know?

- Almost three-fourths (74%) of Hispanic beneficiaries rely on Social Security for at least half their income compared to almost two-thirds (64%) of all beneficiaries.
- Approximately 53% of Hispanic beneficiaries rely on Social Security for 90% or more of their income.
- Approximately 46% of Hispanic beneficiaries rely on Social Security for all of their income.



Minorities rely more heavily on Social Security due to a lack of other income in retirement. Few elderly minorities receive income from pensions and assets. The greatest disparity is in the receipt of income from assets.

- In 2012, 25% of Hispanics received income from private assets, compared with more than 55% of whites
- In 2012, 13% of Hispanics 65 years old and over reported receiving income from private pensions or annuities, compared to 28% of whites 65 years old and older

Elderly Hispanics are more dependent on Social Security than others because they are more likely to be in poverty than non-Hispanic elderly.

Speakers at the [2014 Latino Retirement Security Summit](#) addressed the importance Social Security plays in the Hispanic community and the need for Latinos to engage Congress on issues such as preserving Social Security, Medicare and immigration reform. Contrary to immigration reform myths so common during [campaign season](#), the truth is the Social Security program would benefit if undocumented immigrants were given legal status:

"The evidence is clear that the newly legalized will have a positive effect on the solvency of the Social Security system. On top of the many other positive impacts of bringing the undocumented out of the shadows, these results indicate that providing legal status and a pathway to citizenship to the 11 million undocumented immigrants currently in this country would have a sizeable impact on the ability to provide full pensions to the Baby Boomers in the years to come." Center for American Progress, ["The Benefits of Immigration Reform to Social Security"](#)

Don't Be Fooled

My congresswoman in Indiana say's, "I'll never vote for cuts to Social Security" but then says she wants Social Security to be privatized! Now, who does she think she's kidding. Although privatizing Social Security wouldn't insure that actual cuts would have to be made, it sure does place a risk on our Social Security income if there ever was a downturn in the stock market such as happened in 1997.

Don't be fooled by these congress persons who speak with forked tongue.