



# RPEA Reporter

[www.rpea.apea-aft.org](http://www.rpea.apea-aft.org)

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## Medicare Situation Improves in Anchorage

By Bob Madigan, Vice President, Southcentral Region Chapter

The Medicare doctor shortage in the Anchorage area eased considerably this summer with the opening of the Alaska Medicare Clinic. The new facility joins the Providence Senior Care Clinic, which opened in January to serve individuals 55 and older.

The goal of the clinic is to provide high-quality care in an efficient manner in line with Medicare reimbursement rates. At their September meeting, Southcentral RPEA members heard Kirsten Gurley, manager of the Alaska Medicare Clinic, describe how the center works. She began her presentation by announcing that any RPEA member on Medicare could have

an appointment with a primary care physician the very next day if they wished – a major change from a year earlier, when finding a physician willing to take a Medicare patient at all was a real problem and getting an appointment within a day was unheard of.

Gurley explained that the clinic provides primary care services, which is the type of medical care most impacted by the Medicare doctor shortage. It has not generally been a problem to find specialists who will take Medicare.

The clinic's treatment model is built around "care teams" composed of a

registered nurse and a medical assistant. A new patient is assigned to a care team and sees the same people on every visit.

When a patient comes in for an appointment, the medical assistant takes the patient's information. Next, the nurse interviews the patient to get more particulars and carry out a physical examination, after which the attending physician is brought in. The nurse presents the situation to the doctor while the patient listens and comments. The doctor develops a plan of care and authorizes prescriptions as appropriate. All records are kept electronically.

The new clinic, which opened two months ago in South Anchorage, is a private, nonprofit organization created with a \$1 million start-up grant from the State of Alaska. The funding was facilitated by Sen. Kevin Meyer and Reps. Mike Hawker and Bill Stoltze.



## New Medicare Clinics in Anchorage

Recently two new clinics opened in Anchorage to serve Medicare patients:

Providence Senior Care Center  
3300 Providence Dr., Suite 314B  
212-3420

Alaska Medicare Clinic  
11260 Old Seward Hwy., Suite 107  
433-5100

## RPEA

3310 Arctic Blvd., Suite 200  
Anchorage, AK 99503  
274-1703 or (800) 478-9992  
rpea@alaska.net  
www.rpea.apea-aft.org

## RPEA Executive Board

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AlaskaCare: (877) 517-6370  
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### Retirement & Benefits, Juneau

465-4460 or (800) 821-2251

## Meeting Schedule

### Southeast Chapter

Second Thursday, September – May,  
11:30 a.m., in the Aurora Room at  
the airport

### Southcentral Chapter

Second Tuesday each month, 11:30 a.m.,  
Anchorage Senior Activity Center

### Northern Chapter

Third Thursday each month, 12:30 p.m.,  
Princess Hotel

### RPEA Executive Board

Third Tuesday each month, 10 a.m.,  
Anchorage APEA/AFT Field Office  
(via teleconference) 274-1720

Check out our website at  
www.rpea.apea-aft.org.

Contact the editors through the RPEA office.

# A Tribute to Barbara DeBoff

RPEA member Barbara DeBoff, who passed away on September 5, 2011, was a stalwart mover and shaker with RPEA since its beginnings in 1997.

She moved to Alaska in 1951, going to work for the Territory, and then for the State of Alaska. She worked her way up through the ranks, retiring as a supervisor of the accounting section of the Department of Fish and Game.

She and her husband Wally joined RPEA shortly after its founding. They were instrumental in the establishment of the Southeast Chapter, which Barbara chaired for a number of years.

Barbara also served as chair of the State Medical Information Committee. Under her leadership, the committee's goals and objectives were established. She researched and responded to questions from members about medical insurance issues, worked on surveys, collected information vital

to RPEA's attorney for the diminishment of benefits lawsuit, and helped with the revision of RPEA's bylaws. She served recently as Southeast Chapter treasurer.

"When I took over as chair, Barbara was a great advisor to me and helped me in the transition. Whenever I needed volunteers for mailings and the Santa project, she would step forward. She helped survey the medical providers in Juneau to see who accepts Medicare. She was someone that I could always count on for good advice and help," shared Gary Miller, current Southeast chair.

"I would like to continue to work as a volunteer wherever I am needed," Barbara said in an earlier issue of the RPEA newsletter. "I will continue to work for improvement of benefits to all public retirees." And she did.

She will be sorely missed.

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## Help Us Help You!

Do you have questions about your medical insurance? The RPEA medical information committee is here to help you!

Contact Linda Gorman, medical information committee director, at [lajjgorman@gmail.com](mailto:lajjgorman@gmail.com) or call the RPEA office at (907) 274-1703 and the administrative assistant will pass on your message.



# Vitamin D – Do You Get Enough?

By Leslie Shallcross, MS, RD, LD, Assistant Professor,  
UAF Cooperative Extension Service

In 2007, a medical journal report by Dr. Michael Holick, an endocrinologist and Vitamin D researcher, pointed to many more possible roles for Vitamin D beyond its function in preventing rickets, a Vitamin D deficiency causing bowed legs and poor bone mineralization (N Engl J Med 2007, 357:266-81). This report, along with others, presented very exciting correlational data showing that higher blood levels of Vitamin D and increased sun exposure had been correlated with decreased risks of rheumatoid arthritis, heart disease, depression, cancer, falls and bone fractures, and improved cognitive function and muscle strength. The emerging evidence suggested that the recommended daily intake was inadequate to improve low blood levels and that the accepted blood levels were probably below ideal to prevent disease other than rickets. Many researchers felt that significant increases in recommended intakes were warranted.

Dr. Holick's work (and others) had suggested that Vitamin D deficiency is the most common medical problem worldwide. He calculated that having "sufficient" blood Vitamin D levels could reduce the risk of having a first heart attack by nearly 50 percent, reduce the risk of developing peripheral vascular disease by as much as 80 percent, and also might reduce the risk

of developing cancers such as prostate, colon and breast by as much as 50 to 70 percent. Additionally, Dr. Holick believes that Vitamin D deficiency may increase risk of developing type 2 diabetes and that by increasing Vitamin D intake to about 800 international units (IU) per day, the risk of developing type 2 diabetes may be reduced by as much as a third.

So what should Alaskans do? First, understand that the Dietary Guidelines are designed for "population wide" recommendations. What an individual does should be based on individual assessment of risks and needs. There is evidence from some communities in Alaska that as many as 50 to 60 percent of apparently healthy adults are deficient. Second, older individuals are at greater risk of insufficient levels and should get their Vitamin D blood levels checked and, if necessary, take appropriate supplemental amounts to attain a healthy blood level. Many community health fairs offer low-cost Vitamin D screenings or a medical provider can include this in routine blood work. Patients should ask their medical provider whether supplementation is appropriate – all too often, people have their Vitamin D levels checked but do not follow up to interpret the results.



Vitamin D supplements are not expensive and are easy to take. When determining the appropriate supplementation level, people should consider how much they are already getting from foods and supplements, such as calcium and multi-vitamins containing Vitamin D. Those who are not deficient should refer to the Recommended Dietary Allowances (RDA) for suggested safe daily intake levels. The RDA is the average daily level of intake sufficient to meet the nutrient requirements of nearly all (97 to 98 percent) healthy people.

Note: Always consult with a physician before taking supplements.

For more information, visit [www.iom.edu/Reports/2010/Dietary-reference-Intakes-for-Calcium-and-Vitamin-D.aspx](http://www.iom.edu/Reports/2010/Dietary-reference-Intakes-for-Calcium-and-Vitamin-D.aspx) or <http://ods.od.nih.gov/factsheets/VitaminD-QuickFacts>.

Recommended Dietary Allowances					TOLERABLE UPPER LIMIT
AGE	MALE	FEMALE	PREGNANCY	LACTATION	
0 – 6 months*	400 IU	400 IU			1,000 IU
1 – 3 years	600 IU (15 mcg)	600 IU (15 mcg)			2,500 IU
4 – 8 years	600 IU (15 mcg)	600 IU (15 mcg)			3,000 IU
9 – 13 years	600 IU (15 mcg)	600 IU (15 mcg)			4,000 IU
14 – 18 years	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	4,000 IU
19 – 50 years	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	4,000 IU
51 – 70 years	600 IU (15 mcg)	600 IU (15 mcg)			4,000 IU
> 70 years	800 IU (20 mcg)	800 IU (20 mcg)			4,000 IU

\* Adequate Intake (AI): Established when evidence is insufficient to develop an RDA and is set at a level assumed to ensure nutritional adequacy.

# Long-Term Care Insurance and Pre-existing Conditions

By Linda Gorman, Medical Information Committee Director

The RPEA medical information committee sought clarification from the Division of Retirement and Benefits about the pre-existing conditions limitation in long-term care insurance. The wording in the plan booklet was not clear to the committee, and a Northern Region member was initially denied benefits due to a pre-existing condition. Eventually, the member's appeal was settled in their favor and benefits were received.

Following is information provided to RPEA from Julie Wilson, benefits manager at the Division of Retirement and Benefits.

## Long-Term Care (LTC) Plans Pre-existing Conditions Limitation

- Pre-existing condition is anything the member had, attempted to have, or should have had diagnosed or something they received treatment or took medication for in the three months prior to their coverage start date. Example: Member retires May 1. Any condition they saw a doctor for or took medication for in February/March/April is a pre-existing condition. Exception: Anyone who is underwritten for coverage (i.e. new spouses of retirees).
- Limitation states: No benefits are payable for any covered program of care provided or begun prior to the effective date of your coverage or during the first 12 months of coverage caused by a pre-existing condition. Pre-existing conditions are conditions for which you received diagnosis, tests or treatment (including taking medication) during the three consecutive months before the most recent day you became covered under this plan. For example, if your coverage begins on April 1, a pre-existing condition would be one for which you received diagnosis, testing or treatment during January, February and/or March. This provision does not apply to those benefit recipients who applied and were accepted for new or increased coverage under one of these options during the 2000 enrollment period.
- Benefits will never be paid for a program of care that starts before their coverage starts.
- Benefits will never be paid for any covered program of care that starts within the first 12 months of coverage if it is caused by a pre-existing condition. Example: Member retires May 1 and has a pre-existing condition. If they begin a covered program of care before May 1 of the following year, and it is related to the pre-existing condition, no LTC benefits will ever be paid for that care.
- If the covered program of care begins after the first 12 months of coverage, benefits are paid. Example: Member retires May 1 and has a pre-existing

condition. If they begin a covered program of care on or after May 1 of the following year, LTC benefits will be paid for that care, even if it is related to the pre-existing condition. Note: You cannot be in care or should be in care during the first 12 months and just wait it out. If you meet the criteria of needing care in the first 12 months of coverage, but choose not to get care, benefits will not be paid.

- If the covered program of care begins during the first 12 months of coverage, and it is not due to the pre-existing condition, benefits are paid. Example: Member has MS as their pre-existing condition. They are hit by a bus and, due solely to that accident, they go into long-term care. The LTC is covered.

It would be advisable for those of you enrolled in a State of Alaska LTC plan to review your medical care during the three months prior to your enrollment, including tests, diagnosis and treatment, to determine if these pre-existing condition issues might apply to you.

## Long-Term Care Issues?

Tell us about them! The RPEA medical committee can't help you if you don't keep us informed. Contact your medical information committee director at [lajjgorman@gmail.com](mailto:lajjgorman@gmail.com) or call the RPEA office at (907) 274-1703 and the administrative assistant will pass on your message.

# Are There Long-Term Care Providers in Your Area?

By Linda Gorman, Medical Information Committee Director

The RPEA medical information committee has been looking into the State of Alaska's long-term care insurance in response to questions received from RPEA members. The

August RPEA newsletter included information from the Division of Retirement and Benefits about how the long-term care (LTC) insurance plans are implemented.

Recently, members have shared concerns about finding qualified care providers. Without information on the availability of qualified care providers in a certain area, it is difficult to determine whether or not LTC insurance is a good investment. The committee is currently undertaking more research on this issue. Meanwhile, members are urged to read and understand their policies, and to research qualified providers in their areas.

# Speak up on Social Security and Medicare

By Sam Trivette, RPEA Secretary

The Budget Control Act of 2011 that Congress passed in August requires the development of a deficit reduction plan of at least \$1.2 trillion and passage of additional legislation by late December 2011. Although Social Security and Medicare are not included in these cuts, these programs are still at significant risk of an extreme makeover in the form of structural changes that ultimately would reduce seniors' benefits.

A new "supercommittee" (also called the Joint Select Committee on Deficit Reduction) composed of six U.S. Senators and six U.S. Representatives has been designated to come up with a budget reduction plan. Once developed, each house of Congress must vote the bill up or down, with no amendments.

RPEA encourages its members to learn about the Social Security and Medicare

issues, and then voice their opinions to their representatives.

## Social Security

Social Security benefits are paid out of trust funds paid by employers and employees throughout a worker's life, not out of annual congressional appropriations. Social Security payments do not in any way impact the national debt.

There is sufficient money to pay 100 percent of benefits through 2036 without any changes to Social Security funding. Changes were made in the 1980s that have provided for full funding for decades. One or two changes could result in the system again being fully funded for another 50 to 75 years. Congress needs to look at those options using an open and deliberate process in the next few years, but Social Security should not be on the table at this time when options will not be able to be fully vetted and openly discussed with input from RPEA members.

Social Security is the principal source of income for nearly two-thirds of older American households receiving benefits, and roughly one-third of those households depend on Social Security for nearly all their income.

## Medicare

Medicare would be fully funded through 2024 if no changes are made today. Numerous provisions were included in the Patient Protection and Affordable Care Act that Congress passed in 2010 that health care experts agree will begin to help reduce medical expenses for millions of beneficiaries in the next few years.

One of the suggestions currently being proposed is to reduce the cost of living increases for seniors. The current index used underreports increased costs to seniors and doesn't include medical expenses, which typically rise at least twice the rate of "regular" inflation. The proposal to move to a chained consumer price index would further compound the benefit reduction at a time when most seniors could not make up the difference with new income.

Another proposal is to shift Medicare recipients to private insurance, which most experts calculate would increase costs to seniors by many thousands of dollars annually. Another proposal would shift the age of Medicare eligibility from age 65 to 67, increasing costs to those

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## Southeast Chapter News

By Gary Miller, Vice President

At its August executive board meeting, RPEA approved a letter to Sen. Lisa Murkowski asking her to sign on as a cosponsor of Senate Bill 319, Pharmaceutical Market Access and Drug Safety Act of 2011. Among other things, this bill will allow the importation of prescription drugs. It is sponsored by Republican Olympia Snowe and has 21 cosponsors consisting of five Republicans, one Independent and 15 Democrats.

The findings section of the bill reads "... the Congressional Budget Office has found that the cost of prescription drugs are between 35 to 55 percent less in other highly developed countries than in the United States."

This is significant to RPEA members because, in fiscal year 2010, PERS/TRS retirees spent \$130,937,137 on prescription drugs, according to Administration Commissioner Becky Hultberg. By using the 35 percent figure quoted above, the savings for one year would be \$45,827,997. Project this out over 25 years and the savings would be

... The cost of prescription drugs are between 35 to 55 percent less in other highly developed countries ...

\$1,145,699,925. The 25-year figure is used because the state's actuary projects a PERS/TRS trust fund shortfall of \$11 billion over the next 25 years.

Every Alaskan who has to buy a prescription drug would benefit from this bill. Federal employees receive health care and this would reduce costs for the federal government. Medicare, Medicaid and the Veterans Administration would also save money. Both of these latter two examples could be a factor in federal debt reduction.

Sen. Mark Begich has signed on as a cosponsor but Sen. Murkowski has not. RPEA members who believe it is important for her to cosponsor this bill are encouraged to contact her at 709 Hart Senate Office Bldg., Washington, D.C. 20510 or through <http://murkowski.senate.gov/public/index.cfm?p=EMailLisa>.



# Southcentral Chapter News

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By Bob Madigan, Vice President

A packed house greeted three prominent Anchorage legislators when they spoke to the Southcentral Chapter at its October meeting. Sens. Lesil McGuire and Bill Wielechowski and Rep. Mike Hawker took part in a lively discussion on three issues near and dear to RPEA members.

## **Issue 1: Allowing current employees access to a defined pension system.**

A bill before the legislature (SB 121) would allow current employees to choose between either (1) a defined contribution pension where each employee is responsible for managing his or her own pension funds or (2) a defined benefit pension similar to the one RPEA members have in PRS and TRS. Presently, new state and municipality employees don't have option two.

All three legislators supported SB 121. Sen. Wielechowski pointed out that Alaska is the only state where employees have neither a defined benefit pension nor Social Security. That means there is no safety net in retirement for these employees if they don't personally manage their pension funds well. Furthermore, the fact that no new employees are being added to the TRS and PRS systems weakens these systems. Sen. McGuire explained how a previous bill six years ago changed the pension system and created the mess that currently exists. She believes the new bill is well thought out and will remedy the problems. Rep. Hawker discussed the job of convincing other legislators to support the bill. A key disagreement is different estimates on the true costs of the bill. Rep. Hawker is convinced that the cost is zero – he believes the bill

will benefit the pension system and will work to convince others on this point.

## **Issue 2: Fixing the funding problems in existing pensions.**

In the 1990s, the state cut back significantly on its contributions to PRS and TRS pension funds. This was a big mistake. As things stand right now, the funds will eventually run out of money because of this error. Legislators have known about it for years as the “unfunded liability problem.” Presently, it is estimated to be an \$11 billion shortfall.

All three legislators agreed that the problem must be solved. Sen. McGuire explained how hired consultants in the 1990s made errors that she described as criminal. The state has already sued them and received \$500 million in a settlement. In addition, the state is putting in extra money to slowly reduce the liability. Last year, the contribution was \$480 million. Sen. McGuire expressed confidence that the shortfall would eventually be taken care of. Rep. Hawker agreed and described his own efforts to draft legislation that would allow the pension funds to borrow low-interest money and invest it in high-return securities to strengthen the funds. Right now, interest rates are at record lows and shrewd pension fund managers have been able to achieve investment returns as high as 20 percent. Rep. Hawker sees this as an opportunity to retire some of the liability. Sen. Wielechowski also supports continued work on the problem and described how important the current debate on oil taxes is for solving this problem. If oil taxes are inappropriately cut, state income could be drastically reduced, a situation that could undermine the final resolution of the liability problem.

## **Issue 3: Solutions to the Medicare doctor shortage.**

RPEA members expressed appreciation for the legislative funding that created the Alaska Medicare Clinic. Rep. Hawker and Sen. McGuire were both involved in getting that bill passed. However, this is a remedy for Anchorage

only, and RPEA asked legislators what can be done for the rest of the state.

One statewide solution is SB 87, a bill that allows the State of Alaska to supplement Medicare payments to doctors to offset the low Medicare reimbursement rates. Sens. Wielechowski and McGuire are both co-sponsors, and Rep. Hawker supports it. The bill has passed the Senate and will be taken up this coming year in the House.

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## **Three Anchorage legislators took part in a lively discussion on three issues near and dear to RPEA members.**

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One point that all legislators made was that oil tax policy is crucial to this bill because oil taxes provide the money to pay for it. The oil tax issue was the only one where the three disagreed. RPEA members listened with close attention as two quite different perspectives were presented. Sen. Wielechowski warned that the proposed changes in oil tax rates would cause a dramatic reduction in state revenue that could exhaust all of the state's ready cash in 10 years. He pointed out that oil field employment and exploration are at all-time highs and tax giveaways aren't needed. On the other hand, Sen. McGuire and Rep. Hawker argued that oil companies will not invest in production wells unless the tax is lowered. Right now, the companies pay a progressive tax that depends on the price of oil – the higher the oil price, the bigger the tax. They believe that lowering the tax will cause the companies to increase their production. This argument is sure to take up a significant portion of the coming legislative session, and RPEA members appreciated hearing the pros and cons from those who will be directly involved.

At the end, the audience responded with sustained applause for three legislators who are active, thoughtful citizen lawmakers supportive of issues important to RPEA members.

# MEMBERSHIP APPLICATION

Clip and mail to: RPEA, 3310 Arctic Blvd., Suite 200, Anchorage, AK 99503  
Questions? Call 274-1703 or (800) 478-9992

<input type="checkbox"/> New Member	<input type="checkbox"/> \$35 for 1 Year
<input type="checkbox"/> Renewal of Membership	<input type="checkbox"/> \$65 for 2 Years
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E-Mail \_\_\_\_\_



## Northern Chapter News

By Charlie Gallagher,  
Vice President

The Northern Region RPEA Chapter welcomed the Alaska Retirement Management (ARM) board to Fairbanks on September 21, 2011 and thanked them for allowing RPEA an hour of participation with the health care provider each quarter.

On behalf of RPEA President Bob Doll, the chapter shared its appreciation for Commissioner Becky Hultberg's response to RPEA's letter supporting federal drug legislation that would save millions on drug costs. Finally, the chapter thanked the ARM board for their excellent financial management last year, and for addressing the Northern Region's flagship issue: "The Elephant in Alaska's Financial Closet" (i.e., the underfunded Alaska retirement pensions).

RPEA member Ronald Johnson specifically warned the board and the administration against creating another

defined benefit tier without first attending to Alaska's present retirement liability, as those employees may someday retire without any benefits.

Gov. Sean Parnell spoke next. He also recognized the huge implications of the liability and the board's responsibilities (as well as Alaska's) to deal with the situation. However, he was pointedly concerned that the board could somehow encumber the state's reserves and he let the board know how important those reserve monies were for Alaska's future. Ironically, those Alaska reserves are only slightly more than the retirement liability.

When the board deliberated the liability, it was not resolved. However, it is now recognized by all stakeholders as "the" issue in need of a resolution. That liability is growing at about 8 percent per year. It is indeed an alarming elephant! Embedded in the official discussions were references to other states, such as New Jersey, decreasing benefits due to their lack of resources. The administration was careful to assure everyone there is no intention to let this occur.

In conclusion, the ARM board is planning, but can only recommend action to the governor and Legislature. One further observation: All retirees are very fortunate to be represented on the

ARM board by Sam Trivette and Gayle Harbo.

In lighter, local news the August Northern Region business meeting determined a slate of speakers for the winter to include the Pioneer's Home, long-term care issues, estates and taxes, energy and heating costs, and the legislative session.

The September luncheon happened on a cold, rainy day, but the delicious pot roast buffet drew a crowd of more than 30. During the meeting, Chair Charlie Gallagher spoke about the new executive board members; the medical information committee discussed working together with the health care provider and the administration; and legislative committee member Ron Johnson presented a PowerPoint called "Building a Sustainable Future," which portrayed energy opportunities for the future.

The October chapter meeting featured APEA legislative lobbyist, Cindy Spanyers. On November 17, 2011, the Northern Region Chapter hosts its annual luncheon with members of the Legislature and their aides. All members are invited to attend the event, which helps maintain relationships and further the RPEA mission.



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## Speak up on Social Security and Medicare

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workers and to employer plans (or retiree health plans).

RPEA believes the members of the supercommittee are much more likely to listen to the Alaska delegation than any communication from individuals, and RPEA members are encouraged to contact their representatives.

The talking points from RPEA to the Alaska delegation are straightforward: Social Security has not and is not causing the deficit. Work on changes in the upcoming years that will not cut senior basic needs. The discussions need to be open to the public and provide sufficient time for real dialogue. Don't shift more costs onto Medicare beneficiaries who already pay an average of \$3,000 each year out of pocket for their medical expenses.

Pay attention to the polls. Americans overwhelmingly oppose cuts to Social Security and Medicare.

### **Call now.**

Sen. Mark Begich: (202) 224-3004  
Sen. Lisa Murkowski: (202) 224-6665  
Rep. Don Young: (202) 225-5765

## Wells Fargo Contract Extended

By Linda Gorman, Medical  
Information Committee Director

RPEA received word that the State of Alaska has extended the existing contract for claims handling with Wells Fargo Insurance Company through June 30, 2013.

This action eliminates the need to put out an RFP (Request for Proposal) for a new third-party administrator, thus saving the State a large expense.