



Focus

Summer

FOR RETIRED MEMBERS

JUNE 2017

A Message from SERS Board Chair Barbra Phillips **Pension Benefits at Risk Without COLA Changes**

As chair of the SERS Board of Trustees and an active member of OAPSE, I want to let you know the importance of the proposed Cost-of-Living Adjustment (COLA) changes to SERS.

Protecting Pension Benefits Is Our Priority

The SERS Board is sworn to protect the pension benefits of active and retired members.

The COLA changes fairly ask active members and retirees to share in the pension funding solution, rather than saddling active members with the entire burden.

Ignoring the Problem Now Makes It Worse Later

SERS must address its financial challenges now. The pension fund may not withstand another serious financial crisis. The health care fund has seven years of funding, and cannot survive without a healthy pension fund.

Despite this urgency, we are disappointed that members are being asked to oppose these changes.

A Fair Solution

We know these changes are difficult. Several of our advocacy group partners have provided letters of support or understanding that the COLA changes are a fair and necessary solution.

We Need to Hear from You

If you agree that it is better to make changes now rather than waiting for the funding problem to get worse, let the SERS Board hear your voice.

Visit our website at www.ohsers.org and click this button to tell the SERS Board, "Yes, preserve my pension and access to SERS' health care!" ■



You Have a Voice
Join in Supporting the COLA Solution for the Funding Problem

If you want to preserve your pension and access to SERS' health care, click the green "Yes" button on our website at www.ohsers.org.

SERS Is Not Freezing Pensions

SERS is not taking away pensions or cutting retirements.

You are still getting everything you've earned, including your past Cost-of-Living Adjustment (COLA) increases.

Additional COLA increases are only being suspended for a limited period of time. These COLA changes are not affecting your pensions; they are actually protecting your future. ■



Coming 2018: Cost-of-Living Adjustment (COLA) Changes

In an effort to improve pension funding and protect pension benefits, the Board voted to make Cost-of-Living Adjustment (COLA) changes that go into effect beginning in 2018. These COLA changes were necessary to address financial challenges and long-term funding goals. The Board voted to make COLA changes so members and retirees equally shared in the pension funding solution.

Proposed Changes

The Board decided that:

1. COLAs will be indexed to the Consumer Price Index (CPI-W) not greater than 2.5% with a floor of 0%.
2. Retirement allowances or benefits that begin on or after January 1, 2018, will not receive a COLA for three anniversaries, with the first COLA applied on the fourth anniversary date following start of the retirement allowance or benefit.
3. No COLA will be applied to retirement allowances or benefits that began before January 1, 2018, for three consecutive years, with suspension beginning January 1, 2018, and COLA payments resuming on anniversary dates on and after January 1, 2021.

The changes will not affect the COLA increases retirees received before January 1, 2018.

For example, if the “current month” COLA amount on your check stub as of December 1, 2017, is \$165, you would continue to receive \$165 monthly from 2018 through 2020.

However, your COLA amount would not increase during those years. The gross amount of your check would remain the same; but, the net amount may change based on your deductions. Beginning January 1, 2021, you would resume receiving an increase on your COLA anniversary date, indexed to the CPI-W.

A History of Change

A changing COLA is nothing new.

Since the COLA was introduced in 1971, there have been a total of eight COLA and ad hoc changes. These included implementing and removing waiting periods, raising and lowering fixed rates, using a rate tied to the CPI-W, and one-time increases.

Although we currently are waiting on legislative approval for these COLA changes, we expect them to go into effect on January 1, 2018. ■

Where Are You?

Keep Us Updated on Your Current Address

As the warm weather returns to Ohio, so do many of our retirees. If you are returning to your permanent residence, remember to make sure we have your updated address so you can receive important SERS information, including your statement, and any details on SERS health care coverage.

You can update your address by calling us toll-free at 800-878-5853. Once you have created an online account, you also can change your address through our website at www.ohsers.org. ■

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Health Care Open Enrollment Moves to October

The annual Health Care Open Enrollment period has a later start date this year.

It will run from October 1, 2017, through November 15, 2017.

The open enrollment packets will be mailed in late September.

In the packet, SERS health care participants will find their premiums for 2018, as well as any benefit changes.



Enrolled in the SERS Wraparound Plan?

The new start date will overlap with the Health Insurance Marketplace open enrollment period, which starts November 1, 2017.

SERS Wraparound Plan enrollees should watch the mail for their 2018 premium and benefit changes from their Marketplace plans.

The SERS Wraparound Plan is only available to non-Medicare participants who have not waived SERS health care coverage. ■

Has Anything Changed? Let Us Know

If you are enrolled in SERS' health care coverage, it's important to let us know when you or your covered dependents have changes to:

- Permanent address
- Telephone number
- Marital status
- Medicare eligibility

Call us toll-free at 800-878-5853 to keep us informed of any such changes.

When your permanent address changes, you also need to inform Social Security. Social Security updates its own record as well as Medicare's record, if applicable.

When you are enrolled in a Medicare plan, your health care coverage plan is required to use the address that is on file with Medicare. Failing to do so can result in delayed or missing mail. ■

2017 Payment Schedule

Your payment from SERS is directly deposited into your bank account on the dates listed. Payments are usually deposited on the first day of the month. If the first day of the month falls on a weekend or holiday, your payment will be deposited on the previous business day.

June	June 1, 2017
July	June 30, 2017
August	August 1, 2017
September	September 1, 2017
October	September 29, 2017
November	November 1, 2017
December	December 1, 2017

Quarterly Payment Stubs

You receive a payment stub from SERS four times a year. This quarter's stub is enclosed with this issue of the *Focus*. Your next stub is scheduled to arrive in September. ■



New Executive Director

The SERS Board recently announced the appointment of Richard Stensrud as SERS' next executive director.

Stensrud came to SERS from the Sacramento County Employees' Retirement System in California, where he served as chief executive officer for nearly 13 years.

He began his new duties at SERS in late May. ■

Milestone Anniversary: 80 Years for SERS

School Employees Retirement System of Ohio (SERS) began as the Cleveland Custodians Pension Fund.

In 1927, a group of Cleveland custodians sponsored legislation known as the School Custodians' Pension Act. The act, which would make it possible for local boards of education to create pension funds in their own districts, led to the formation of the Cleveland Custodians Pension Fund.

In 1933, the group expanded the guidelines of its fund. It included retirement allowances for all nonteaching employees in Ohio's public schools.

With a collective push from other organizations to promote a statewide retirement system for nonteaching school employees, legislation was passed in 1937.

The state provided \$5,000 in start-up money, and the system began operating on September 1, 1937.

Its first offices were located at 85 E. Gay St., in downtown Columbus.

Today, SERS serves more than 190,000 members and retirees. It is Ohio's third largest public pension fund.

In fiscal year 2016, SERS paid out \$1.3 billion in benefits.

This included \$1.1 billion in pension, Medicare B, disability, survivor, and death benefits; and \$196 million in health care. ■



Made Popular by Necessity, Still Popular Today

According to Rose Heichelbech, many meals or food items that families ate during the Great Depression resulted from a stretched grocery budget and a food shortage.

Since many desirable foods were scarce, new recipes were created with the food that was available. You may be



surprised to learn that many common foods and everyday dishes might not have become commonplace were it not for the Depression.

Grapefruit

Not widely eaten before it was provided as part of Public Assistance in the '30s, grapefruit fulfilled the nutrition requirement for vitamin C.

Casseroles

An invention of necessity, casseroles combined ingredients to make the most of every meal by stretching proteins and vegetables, and disguising bland canned vegetables or canned meat.

Fried Egg Sandwiches

Eggs became a popular substitute for meat sandwiches due to their low cost and ease of preparation.

Broccoli

Searching for ways to increase profits, Japanese farmers in California in 1930 started cultivating a crop imported from Italy: broccoli.

Baked Apples

With only a few ingredients and some spices, this dish was a thrifty treat that was easy to make. ■

Partners

IN HEALTH & WELLNESS



June 1, 2017

New Lebanon Retiree Knows Her Falls Risk

Regular Routine includes Strength and Balance Exercises

Virginia Holweger knows what it means to take a serious fall. She's had a spill that resulted in a broken thighbone followed by several months of physical therapy.

The fall occurred when she slipped off a small step-ladder while washing the roof of her car. At that point, she was still in her 80s.

Her two children understandably were concerned about their mother after the incident; however, Virginia didn't want to give up her independence or her home. The two sides were able to reach a compromise by arranging for a medical alert device, so with the press of a button help is just a call away.

To prevent future falls, the former secretary for New Lebanon Elementary School is dedicated to strengthening her muscles and improving her balance.

"I've got two sets (of exercises)," says Virginia, now 92. "It's not hard but it keeps the muscles stretched."

One set of exercises is done from a seated position – the other she does standing. "It's nothing fancy," says Virginia, "I've got papers cut out from magazines with exercises." She also does strength-building moves she learned from past physical therapy sessions.

Although Virginia takes the occasional day off from her exercises, she stresses it's important to be consistent in setting aside the time.

She typically does her workouts in the basement. As she demonstrates the rope pull, Virginia explains the importance of keeping the stomach muscles tightened throughout the movement.

Two-pound hand weights, a balance ball, along with a box of instructional cards of yoga poses (a gift from a granddaughter) lie on a nearby table.



Virginia Holweger uses her basement as a workout space.

A stationary bike sits in another section of the basement. The bike is quite old, says Virginia, but adds that it still works. "A mile – that's as far as I go," she says.

"I've always been a doer when it comes to physical things," says the former high school cheerleader.

Virginia said her daughter, Sharon, also works out

regularly. During one visit to her daughter's, the two worked out together with Sharon's trainer.

After watching the trainer do a plank, Virginia wanted to try it herself. The trainer was so impressed with Virginia that he asked to take her picture. Although she said "yes" to the request, Virginia says she doesn't do these things to impress others – she only does them for herself.

Although more fit than many her age, Virginia grudgingly takes her cane with her when going to town – primarily to prevent any falls. She still drives and does her own shopping. And once a month she meets a small group of school retirees for lunch.

"I just take one day at a time and trust for the best," says Virginia. ■

Virginia Holweger demonstrates a front dip, which works the chest, triceps, and shoulders.



What's Your Falls Risk?

Take a quick 12-question Falls Risk Self-Assessment on the next page and share the results with your doctor.

Medicare Part D Does Not Cover Nebulizer Medications

When visiting your local pharmacy, you automatically reach for your prescription ID card to have a prescription filled.

However, when you have Medicare, certain medications require payment through your medical plan – not your Part D prescription plan.

SERS Pharmacy Benefit Manager Penny Baker says many times plan participants are surprised to have payment denied after being prescribed medications for use in a nebulizer.

Nebulizers are machines that use a compressor to administer medication in the form of a mist inhaled into the lungs. Nebulizers are commonly used for the treatment of asthma, COPD, cystic fibrosis, and other respiratory diseases or disorders.

Medications for these machines are covered under Part B (medical) – not Part D (prescription), according to Medicare rules. Baker says to have payment go through you need to hand your medical card – not prescription card – to the pharmacist. ■



We want to hear from you. Please send comments or story suggestions to:

SERS Health Care Services
300 E. Broad St., Suite 100
Columbus, Ohio, 43215-3746

Or email:
healthcare@ohsers.org

The information in this newsletter is intended to complement – not take the place of – your health care provider’s recommendations.

Consult your physician before making major changes in your lifestyle or health care regimen.

Falls Risk Self-Assessment

Falls are the leading cause of fatal injury and the most common cause of non-fatal trauma-related hospital admissions among older adults, according to the U.S. Centers for Disease Control and Prevention.

Answer “yes” or “no” to 12 simple statements to determine your risk for falls, then take the assessment with you to your doctor or health care professional to discuss your risk factors and how to minimize them.

Read each statement below and mark “Yes” if it describes you, and mark “No” if it does not describe you.

- | | |
|---|---|
| 1) I have fallen in the past year.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 7) I have some trouble stepping up onto a curb.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) I use or have been advised to use a cane or walker to get around safely.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 8) I often have to rush to the toilet.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Sometimes I feel unsteady when I am walking.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 9) I have lost some feeling in my feet.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) I steady myself by holding onto furniture when walking at home.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 10) I take medicine that sometimes makes me feel light-headed or more tired than usual.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) I am worried about falling.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 11) I take medicine to help me sleep or improve my mood.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) I need to push with my hands to stand up from a chair.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 12) I often feel sad or depressed.
<input type="checkbox"/> Yes <input type="checkbox"/> No |

Source: Ohio Department of Aging

Proper Storage and Disposal of Your Prescription Drugs Could Save a Life



Poison-control centers across the country are taking calls about children and teens being exposed to opioid-prescription pain pills, according

to a recent study published in the journal *Pediatrics*. In fact, the study shows on average such a call is made every 45 minutes.

Seniors often have more medications in their homes due to the ailments brought on by age or past surgery. Are you at risk for having a grandchild find those pills or a visitor to your home leaving with pills they shouldn’t have?

Look at your medications. Do you have any of the more commonly misused or abused prescription drugs? Drugs that manage pain, change mood, or help you sleep are frequently stolen. These include medications such as oxycodone, hydrocodone, fentanyl, Valium® or Xanax®.

It’s important to store prescription medications safely and dispose of them properly after you stop taking them. It could save a life.

You never want to leave any prescription medicine in plain sight. You should not store prescription medications in a bathroom cabinet, on a kitchen countertop, or anywhere children or visitors have easy access. The safest way is to place your medications in a locked drawer or a lock box like the one you would use for important papers.

Other safe use tips include:

- Make a habit of putting your medicine away after each use.
- Keep medications in the original containers. Many pills are similar in appearance so don’t combine them into one bottle.
- Don’t share your prescription medication with others. This could lead to dangerous interactions or serious side effects for the person taking your medicine.

Although it may seem wasteful to throw out costly prescription medication, disposing of unneeded or old medication is one way to prevent prescription drug abuse among family and friends.

Never flush prescription drugs down the toilet unless the instructions tell you to do so. This can lead to contamination of the water supply.

Another option is to watch for drug take-back events in your community in order to turn in your unused prescription. Or, you can follow this easy disposal guide from Prescription for Prevention – Stop the Epidemic:

1. Take unneeded medication out of the original container and mix it with garbage, coffee grounds, cat litter, or sawdust.
2. Place mixture in a container, such as a sealable plastic bag.
3. Place sealed container in the trash.
4. Remove all personal information from empty medicine bottle. Dispose of the bottle. ■