GSRA Newsletter

Vol. 1 – Number 10 October 2007

ERS Responds ! ! !

Well, sort of. With a letter and charts ---- but no retiree COLA.

Apparently after receiving numerous inquiries from retirees, ERS Executive Director Michael Nehf, in a somewhat unprecedented move, issued a statement about a topic the Board of Trustees has not even discussed openly. Mr. Nehf's September 21st letter, posted on the ERS website, is accompanied by numerous charts and graphs attempting to defend the Board's lack of action on the January 1, 2008 COLA increase.

In this Issue

Upcoming in October 2007

In the first two weeks of October
GSRA's New Web Site Rollout
With a new Domain Name

Thursday October 18th – 10:30am
ERS Board of Trustees Meeting
First Floor Conference Room
Beta Building, Two Northside 75
Atlanta, GA 30318.

Tuesday October 23rd – 11am
Joint Senate & House Retirement Committee Meeting
Room 450 State Capitol
Atlanta, Georgia 30334

Wednesday October 24th – 9:30am
Don't miss GSRA's First Annual General Membership Meeting!!
Atrium, Harry S. Downs Continuing Ed Center
Clayton College and State University
5900 North Lee Street
Morrow, Georgia 30260
(See more details on Page 11.)

The open letter, addressed to Retirees, Members and Beneficiaries, acknowledges that the Board had taken no action on the January 1, 2008 increase. It further explains that the Board is currently studying ERS's financial condition, quotes the Georgia statutes regarding the award of COLAs, and lays out five points about ERS. In addition a separate web file provides a series of eight charts which ERS feels is pertinent to the issue. The letter and charts can be viewed at www.ersga.org.

Communication to its retirees from ERS is very welcomed. It is gratifying to learn that the Board is studying the ERS' financial condition. It would appear from reading the June 21 Board meeting minutes, however, that ERS Board members were not even aware of a January 1, 2008 effective date for a COLA, as there was no mention of it in the minutes. The GSRA representative observing the August 16th ERS Board meeting reported that the January 2008 COLA was likewise not even mentioned in that board meeting either.

GSRA is analyzing this new ERS material and we will have a response shortly. Also GSRA will have representatives at the October ERS Board meeting and the upcoming Joint Retirement Committee meeting, and will report back in our November newsletter, if not sooner.

More COLA News

GSRA wrote to Governor Sonny Perdue in late August to alert him of the potential loss of the January 2008 retirees' COLA. The letter cited numerous facts about the failure of the Board of Trustees' to consider the issue, and asked him to help ensure that all State government retirees are treated equitably. GSRA President Vickers' letter ended with a request from GSRA's officers for a meeting with the Governor to discuss the importance of this issue.

As this newsletter is released, Governor Perdue has not personally responded to GSRA's letter. The State's Chief Financial Officer, Thomas D. Hills, did respond in late September, stating the following: ". . . the Governor's Office is aware of the actions taken by the Board of Employees Retirement System of Georgia relative to COLAs, and I believe their cautionary approach is a proper exercise of their fiduciary duties as board members." GSRA was not aware of any "actions taken" by the board relative to the January 2008 COLA and is truly more concerned about the lack of action by the ERS board.

CFO Hills' letter did not indicate that the Governor knew of the situation and did not indicate in any way that the Governor was concerned. The letter further indicated that Mr. Hills would be delighted to meet with the GSRA President to discuss the matter more fully.

On Our Radar

>>> SHBP Monitoring

Board Meeting

Most State Health Benefit Plan (SHBP) developments are discussed in meetings of the Board of Community Health (BCH) and reflected in the actions of the Department of Community Health (DCH). Because of BCH's role in setting policy for SHBP and other programs such as Medicaid/PeachCare and the importance of these discussions to State retirees, GSRA plans to continually monitor BCH meetings and DCH activities.

A GSRA representative attended the Thursday September 13, 2007 monthly meeting of the DCH Board. The meeting agenda was primarily devoted to Medicaid and Peach Care managed care initiatives. The following items were presented to the Board:

Commissioner Rhonda Medows stated that there were only 17 days left for reauthorization of the SCHIP (Peach Care) at the federal level and that Georgia would run out of funds for paying claims for Peach Care in October. The Commissioner also stated that the Medicaid waiver is almost

complete for implementing Governor Perdue's initiative for funding the working uninsured assistance plan.

The BCH approved adoption of the SHBP regulations regarding the Georgia Retirees Health Benefit Fund. The Board also approved a resolution to allow the Department of Community Health to deposit 18.9% of the employer contribution by State Departments in the Georgia Retirees Health Benefit Fund for future OPEB liabilities. DCH will then implement its contract with the Division of Investment Services of the Retirement Systems to place the funds in long-term investments.

SHBP Pharmacy Coverage

Although DCH awarded a new contract for Prescription Benefit Manager (PBM) services to SXC Health Solutions, Inc. on June 18, 2007, the department rescinded the contract award on August 21, 2007 after a protest of the award by UnitedHealthcare, Inc. The contract was in response to a Request For Proposal (RFP) for PBM services that was released for bids in February, 2007. Of the nine proposals received, five proposals failed to meet the mandatory requirements, one proposal was withdrawn, one proposal was submitted late, and SXC Health Solutions was awarded the contract after evaluation and determination that it was the better of the two remaining proposals. UnitedHealthcare subsequently protested the evaluation and since it was the only other acceptable proposal, DCH awarded the PBM contract to UnitedHealthcare. Prescription services under the UnitedHealthcare contract will be administered through Medco.

Retirees are encouraged to "stock up" as much as allowed by SHBP policy on your regular prescriptions before January 1, 2008. Retirees should review the preferred drug list as soon as available under the UnitedHealthcare plan. They should also make sure that the pharmacy that they use is in the new network. As a general rule, chain pharmacies are in the Medco network. Although the 2008 drug information is not yet posted on the UnitedHealthcare public website, you can review the 2007 network and drug benefits by using the website, www.myuhc.com.

SHBP Retiree Health Insurance Meetings

As GSRA members attended many of these meetings, we were asked a number of questions about these plans, especially the new offerings by SHBP. We thought that some additional information might be helpful to retirees as they make decisions in the upcoming Retiree Option Change Period which is just around the corner — October 10 – November 9, 2007. Please note that the article following (on pages 4-8) is necessarily long in order to adequately explain the options.

You will soon receive an information package from the Department of Community Health (DCH) that will include instructions on how to change —should you decide to change—your medical benefits for calendar 2008. This article discusses the new options highlighted by SHBP staff at the recent meetings and reinforces how to analyze what is best for you.

Since most retirees have the Preferred Provider Option with UnitedHealthcare (UHC), all comparisons below are between the PPO and the new Consumer Driven Health Plans (CDHP) HRA

options. If you are enrolled in a Health Maintenance Organization option (HMO), please contact the HMO directly for any comparisons that you may need.

PPO Changes

The announced changes in the PPO are the increased wellness benefit from $500 to $1,000 and the 10% increase in your premium. Although prescription drug benefits should remain the same, DCH has changed the Prescription Benefit Manager from Express Scripts to UHC effective January 1, 2008.

Consumer Driven Health Plans

Consumerism is the "watch" word for future medical plans. The dictionary defines consumerism as the promotion of the consumer's interests. As used in medical benefit plans, it means that when you are in more control of your health care needs and resources, your consumer interests are promoted. One of the major consumer features that will aid members in furthering their medical knowledge is the ability to access personal health assessments, health management services, and nurse advice through the option's Internet website (or phones if access to the Internet is not available).

DCH is promoting Consumer Driven Health Plans (CDHP) to further its strategic plan for the SHBP. Two companies—Blue Cross and Blue Shield (BCBS) and UnitedHealthcare (UHC)—have been chosen as the contractors for the new options. The SHPB staff identified these options in the recent meetings and in printed materials as **Blue Cross Blue Shield Lumenos HRA** and **UnitedHealthcare Definity HRA.**

HRA is an acronym for "Health Reimbursement Account." It means that the SHBP will give you a $500 credit for single coverage or a $1,000 credit for family coverage for use "up front" before you are required to pay for medical services out-of-pocket.

The new CDHP options are much like the SHBP options of old—in that there are no co-payments but everything goes to the deductible, except the Wellness Benefit. The major difference from the old-style plan in how claim payments are calculated is that the $500/$1,000 credit reduces the deductible by paying first—before the deductible "kicks in." Members should evaluate the new options critically—if for no other reason than that the premiums for the new CDHP options are less than the premiums for the PPO. Although there are many premium rates—depending on the option (HMO or Medicare enrollment)—a comparison of the new 2008 premiums for individuals under age 65 and individuals having full Medicare is:

2008 Premiums			
Coverage Type	**PPO**	**BCBS CDHP**	**UHC CDHP**
Single (Under age 65)	$ 78.26	$ 56.92	$ 56.92
Family (Under age 65)	238.88	173.74	173.74
Single (w/Medicare A, B, & D	30.46	13.46	13.46
Family (Both w/Medicare A,B, & D)	131.82	76.42	76.42

Of course, premiums are usually the lowest component of the cost for medical care. Other costs may include co-payments, deductibles, and coinsurance. The chart below compares the various cost components for the PPO and the CDHP plans. It illustrates that the HRA credit ($500/$1,000) has the effect of reducing the deductible and can be used before having to pay "out-of-pocket" (OOP) for covered services.

Monetary Components				
	PPO - In Network		***CDHP - In Network***	
Component	*Single*	*Family*	*Single*	*Family*
Deductible	$ 500	$ 1,500	$ 1,000	$ 2,000
Less HRA Credit	0	0	500	1,000
Net Deductible	$ 500	$ 1,500	$ 500	$ 1,000
Annual Out-of-pocket limits	$ 1,100	$ 2,200	$ 2,000	$ 4,000
Less HRA Credit	-	-	$ 500	$ 1,000
Net Annual Out-of-pocket limits	$ 1,100	$ 2,200	$ 1,500	$ 3,000
Hospital Deductible (Per admission)	$ 250	$ 250	0	0
Co-payments - Physicians	$30 per visit		0	
Co-payments – Prescription drugs	$10, $30, $100		Subject to Deductible	
Coinsurance	90% / 10%		90% / 10%	

The above comparison does not decrease the importance of assuring that you have access to a wide range of network providers that give quality care. In fact, the quality of the contracted network is probably the most important comparison for determining an acceptable health plan option.

PPO & CDHP Comparison

Both the BCBS and UHC CDHP options have the same benefit structure—deductible, HRA credit, out-of-pocket maximum, wellness benefit, premiums, and co-insurance percentages. Even though provider networks for BCBS and UHC are largely the same (estimated to be 5% different), refer to the appropriate website for specific provider networks. BCBS Lumenos uses its Georgia PPO and nationwide "Blue Card" networks of physicians, hospitals, and other providers; UHC Definity uses its Georgia DCH PPO and nationwide networks of physicians, hospitals, and other providers.

It is to your economic advantage to use a network provider for any option that you choose. Use of a non-network provider, if enrolled in the CDHP option, may subject you to "balance billing" for a charge amount greater than the allowed amount. Use of a non-network provider, if enrolled in the PPO, will subject you to a reduced percentage payment by the PPO and balance billings.

For the most part, the services that are covered are the same under the PPO and the CDHP options. However, coverage for mental health services is less under the CDHP than under the PPO options. Refer to the Retired Employee Decision Guide that you will receive from the SHBP for the difference in mental health benefits.

The first chart below shows examples of medical services. The following charts will show comparisons of the out-of-pocket costs under the CDHP during a year (Comparison A) when the individual has no extraordinary expenses and during a year (Comparison B) when the individual has the ordinary expenses plus an inpatient-hospital surgical admission.

Medical Services (Charges, Allowances, Co-payments) – Used in Comparisons				
Type Service	**Frequency**	**Co-payment**	**Charge****	**Allowable****
(a) Office Visit (4)	Quarterly	4 X $30 per visit = $120	4 X $100 per visit = $400	4 X $75 per visit = **$300**
(b) Prescriptions (2 Tier I, 1 Tier II)*	Monthly	12 X 2 @ $10 12 X 1 @ $30 Total: $600.00	$37.46 Each $94.36 Each Total: $2,031.36	$17.13 Each $76.92 Each Total: **$1,334.16**
(c) Hospital Confinement	One time		$5,035.00	$3,010.00
(d) Surgeon	One-time		$2,050.00	$1,225.00
(e) Anesthesiologist	One-time		$500.00	$400.00
(f) Pathologist	One-time		$200.00	$150.00
(g) Primary Care Physician Visit (In-hospital)	One day	$30.00	$100.00	$75.00

*Medicare Part D plans generally pay 75% of the allowable cost after a deductible (depends upon the Part D Plan).
**All charge and allowable amounts are fictitious although within reasonably acceptable ranges.

Comparison A reflects the allowable costs and out-of-pocket costs under the PPO Option and either of the CDHP options when ordinary medical services—as outlined in the above example —are received.

Comparison A– No Extraordinary Expenses *(Assume network providers)*						
Type of Service	**PPO Option**			**CDHP Options**		
	Allowable	**You Pay**	**You Pay Description**	**Allowable**	**You Pay**	**You Pay Description**
(a) 4 Office Visits	$ 300	$ 120.00	Co-pay	$ 300	$ 0	$300 from HRA credit
(b) Prescriptions (See above for allowance)	$1,334.16	$ 600.00	Co-pay	$ 1,334.16	$ 563.42	Use $200 from HRA credit, then pay $500 deductible plus 10% of $634.16
Premium (12 Months-Single.)		$ 939.12	Premium		$ 683.04	Premium
Total You Pay		**$1,659.12**			**$1,246.46**	

The above comparison demonstrates that the individual's out-of-pocket cost is less when enrolled in the CDHP and only a few medical services are received during the year. If fewer services than those reflected above are received, the out-of-pocket for both options would be less. However, the total OOP cost for the CDHP option would generally be less than the OOP cost for PPO option because the PPO co-payments are not counted as a part of the OOP limit.

Please note that in the above example, the individual used the entire $500 HRA credit. If, however, the individual had had allowable medical expenses less than $500, the amount unused would be "rolled-over" to calendar 2009. **The credit amount will be determined each year. In other words, the credit for calendar year 2009 could be more or less than the $500.**

NOTE: If the individual is enrolled in Medicare Parts A, B, and D, the HRA credit of $500 can be used to pay the Medicare Part B deductible of $131 and the Part D deductible (if you enrolled in a Part D Plan with a deductible) of $265. In this case, the individual could have zero ($0) out-of-pocket cost for medical services, depending on the sequence of claim filings. If claims are processed in the same manner as currently processed with the PPO, some of the HRA credit would be transferred to calendar year 2009. Your total out-of-pocket costs are SHBP and Medicare premiums, which are:

SHBP (CDHP)	$ 13.46 (2008)
Medicare Part B	93.50 (2007 base)
Medicare Part D	17.40 to 75.00 (depends on Plan-2007)

Comparison B reflects the out-of-pocket costs for the same outpatient medical services as shown in Comparison A plus a short inpatient hospital admission.

Comparison B – With Hospital Admission *(Assume network providers)*

	PPO Option			CDHP Options		
Type of Services	**Allowable**	**You Pay**	**You Pay Description**	**Allowable**	**You Pay**	**You Pay Description**
(a) 4 Office Visits @ $75 each	$300.00	$120.00	Co-pay	$300.00	0	Use $300 from credit
(b) Prescriptions (See above for allowance)	$1,334.16	$600.00	Co-pay	$1,334.16	$563.42	Use $200 from HRA credit, then pay $500 deductible plus 10% of $634.16
(c) Hospital Adm	$3,010.00	$250.00	Deductible	$3,010.00	$301.00	90/10%
(d) Surgeon	$1,225.00	$572.50	Deductible & 10%	$1,225.00	$122.50	90/10%
(e)Anesthesiologist	$400.00	$40.00	90/10%	$400.00	$40.00	90/10%
(f) Pathologist	$150.00	$15.00	90/10%	$150.00	$15.00	90/10%
(g) Primary Care Physician Visit	$75.00	$30.00	Co-pay	$75.00	$7.50	90/10%
Total you pay before adding premiums		$1,627.50			$1,049.42	
Premium (12 Mos.)		$939.12	Premium		$683.04	Premium
Total You Pay		$2,566.62			$1,732.46	

The above comparison demonstrates that with a short inpatient admission for surgery, the OOP for the CDHP option is less than the PPO option. Remember that co-pays are not included in OOP. In this example, the individual who is enrolled in the PPO option has accumulated $877.50 ($250+$572.50+$40+$15) toward the $1,100 OOP limit; the individual who is enrolled in the CDHP option has used the $500 credit and accumulated $1,049.42 toward the $1,500 ($500 credit) OOP limit.

NOTE: If the individual is enrolled in Medicare Parts A, B, and D, the note following Comparison A is also applicable for Comparison B.

There are conditions when the PPO option requires you—if you are not enrolled in Medicare A, B, & D—to pay less out-of-pocket than the CDHP options. When you do not have medical services—office visits and prescription drugs—that require "co-payments" totaling $400 per year—the difference between the net out-of-pocket limit ($1,500 less $1,100)—this situation occurs. The SHBP actuaries estimate that around 25% of the members will fall into this category. However, the difference between the under age 65 premium (annually $256.08 for single and $781.68 for family coverage) will reduce the $400 ($800 for family) difference in out-of-pocket expenses. Comparison C illustrates this condition.

Comparison C– Emergency Treatment *(Assume network providers)*						
	PPO Option			**CDHP Options**		
Type of Services	**Allowable**	**You Pay**	**You Pay Description**	**Allowable**	**You Pay**	**You Pay Description**
Hospital Adm	$15,500.00	$ 1,100.00	Deductibles & 90%/10% up to OOP limit	$15,500.00	$1,500.00	Credit used, net deductible, and net OOP limit
Surgeon	$6,000.00	0	OOP Met	$6,000.00	0	OOP Met
Anesthesiologist	$800.00	0	OOP Met	$800.00	0	OOP Met
Pathologist	$250.00	0	OOP Met	$250.00	0	OOP Met
Radiologist	$400.00	0	OOP Met	$400.00	0	OOP Met
Prescription Drug	$21.00	$10.00	Co-payment	$21.00	0	OOP Met
Total you pay before adding premiums		$ 1,110.00			$1,500.00	
Premium (12 mos.)		$939.12	Premium		$683.04	Premium
Total You Pay		$ 2,049.12			$2,183.04	

Comparison C assumes that the individual does not have Medicare Parts A, B, and D. If the CDHP options coordinate payment in the same manner as is currently performed for the PPO, a full Medicare enrolled individual should have a zero out-of-pocket—except for the premium payments.

What Should You Do?

Most of this discussion has been about costs. However, there are other features of the CDHP plans that promote wellness and encourage becoming a better medical services consumer. You should:

a. Make a cost estimate using your best judgment regarding your medical expenses;
b. Review the network providers for PPO and CDHP options;
c. Review the Prescription Drug benefits under each of the options;
d. Review the new features that help educate about medical services and help you manage your personal health care;
e. Remember that any portion of the HRA $500 credit that is not used will be "rolled-over" to the 2009 calendar period; and
f. Enroll in the option that you think is best for you.

This discussion is not intended to replace materials published by the SHPB, nor is it intended to recommend any specific option for you. The article is intended to supplement other materials available to you and to help you understand the new Consumer Driven Health Reimbursement Account (CDHP/HRA) options that are being offered by the SHBP. Phone numbers for appropriate contact personnel are listed in the Retired Employee Decision Guide that will be furnished to you by the SHBP for the Retiree Option Change period on October 10 – November 9, 2007 for a January 1, 2008 effective date.

>>> ERS Monitoring

Many retirement developments are discussed in meetings of the Board of Trustees of the Employees Retirement System of Georgia. The Board of Trustees meets in the months of February, April, June, August, October and December. Because of the importance of these meetings to State retirees, GSRA plans to continually monitor ERS board meetings.

There was no meeting during the month of September.

Georgia Department of Revenue

>>> Net Revenue Collections

Last month Governor Sonny Perdue announced that August 2007 Net Revenue Collections were $1,353,788,000 compared to $1,275,942,000 for August 2006, an increase of $77,846,000, or 6.1 percent. Below is a summary of that report, which is unaudited.

			2008 Fiscal Year To Date		
	August 2007 Collections	Total Collections	Increase/ (Decrease)	Percent Change
Income Tax - Individual	$ 705,654,000	$ 1,336,688,000	$ 100,294,000	8.11%
Net Sales and Use Tax - General	521,027,000	1,040,247,000	114,463,000	12.36%
Total Motor Fuel Taxes	87,163,000	166,812,000	6,842,000	4.28%
Income Tax - Corporate	11,775,000	44,874,000	46,630,000	2655.47%
Motor Vehicle Taxes	27,722,000	48,758,000	3,816,000	8.49%
Tobacco, Alcohol, Estate, and Property Taxes	34,033,000	61,832,000	860,000	13.39%
Total Tax Revenues	$ 1,387,374,000	$ 2,699,211,000	$ 272,905,000	11.25%
Other Fees and Sales	(33,586,000)	(45,740,000)	(71,461,000)	-277.83%
Total Taxes/Other Revenues	$ 1,353,788,000	$ 2,653,471,000	$ 201,444,000	8.22%

To view the complete report, visit the Georgia Department of Revenue website at www.dor.ga.gov and at the top of the page click on *News* and then *Press Releases*. The press release will have a title such as *Governor Perdue Announces Revenue Figures*.

Education Corner

>>> Monitoring major political speeches

The political season has begun, with presidential candidates making all kinds of statements in their speeches. It may surprise you that federal political candidates have the legal right of free speech to make any type of statement to voters, even if it is not true. The few states that have enacted laws against such activity have not been effective. In fact, the Federal Communication Act requires broadcasters who run federal candidates' political ads to show the ads uncensored, even if the broadcasters may believe the contents of the ads to be false. It is therefore up to each individual voter to determine what is true or false in advertisements made by candidates for federal office.

Now the good news. There are two web sites operated by nonpartisan, nonprofit groups to assist voters in sorting it all out. These groups monitor the factual accuracy of campaign statements made by major US political players in the form of TV ads, debates, speeches, interviews and news releases. These organizations have a common goal: to increase public knowledge and understanding of federal candidates. The website addresses are: www.politifact.com and www.factcheck.org.

>>> Pets for Senior Citizens:

A study published in the Journal of the American Geriatrics Society demonstrates that independently living senior citizens who are pet owners tend to have better physical and mental health than with no household pets. In fact, the study shows that pets may help their owners live longer, healthier, and more enjoyable lives.

A number of factors explain the health benefits of owning pets. First of all pets need walking, feeding and watering, grooming, and they encourage lots of playing and nurturing. All of these actions require some action on the part of the owner. Just getting up a few times a day to let the dog out, or brushing a cat, can benefit the cardiovascular system and help keep joints limber and flexible. Consistently performing this kind of minor exercise can help seniors maintain their ability to perform the normal activities of daily life. The responsibility of caring for an animal may give the senior a sense of purpose. Pets also help senior citizens stick to a regular schedule of getting up in the morning, buying groceries, and going outside, all of which may help an older person to continue eating and sleeping regularly and well.

Many benefits of pet ownership are less tangible. Pets are an excellent source of companionship so they can act as a support system for seniors who have no family or friends close by. Pets can work as a buffer against isolation. Elderly seniors who have trouble leaving home do not get to see a lot of people. Pets give them a chance to interact which helps to combat depression, one of the most common medical problem facing seniors today.

If you are considering adopting a household pet, be sure you are ready to accept the responsibility of a pet as well as the noise and the mess that may come along with it. It is important that you feel

capable of feeding, watering, grooming, exercising and cleaning up after an animal. If you decide that you can accept the responsibility, you may want to take a friend or family member to your local humane society or to a breeder to help you select a pet.

Seniors are encouraged to plan ahead in the event they need to move to an assisted living facility. Many assisted living facilities accept pets, so do some research to identify such a facility. If you cannot find such a facility then discuss with your family or friends beforehand to arrange for someone to take your pet in the event an unexpected circumstance occurs in the future.

Pets and seniors have a lot to give each other. Though pets can't replace human relationships, they can certainly augment them.

Association News

>>> GSRA's First Annual Membership Meeting!

GSRA's first Annual Meeting will be held on the campus of Clayton College and State University in Morrow, Georgia, from 9:30 to noon on **Wednesday October 24, 2007**. We will meet in the Atrium of the Harry S. Downs Continuing Education Center. We have extended invitations to the Executive Director of the Employees Retirement System, Michael Nehf, and the Division Director of the State Health Benefit Plan, Nancy Goldstein, to be a part of our program. Both have accepted.

The meeting will also include the election of officers and a membership vote on proposed changes to the Association by-laws. A separate meeting notice is going out the first week in October.

>>> New GSRA Website Design and Domain Name

GSRA's new website, to be launched in early October, will be better organized, easier to access, and will have more content than the current site. In the future we will restrict access to many parts of the website to our current dues-paying members. The new website will have the capability for you to join the organization and to renew memberships, all online.

We have acquired a new domain name for the new website. Once the new site is launched, we will send an e-mail with the new address and log-in instructions to all those who already receive the newsletter via e-mail. After the new site becomes fully operational, then anyone attempting to access the www.GeorgiaRetirees.org address will automatically be forwarded to our new web address.

There may be a few "bumps" in the road as we roll out the new website. We welcome your comments and observations. The bottom of each page has a link to the WebMaster's e-mail account where you can send your comments.

Special Offers

DSL service offer

Last month's newsletter included a report on a new DSL offer, with a phone number listed which we had used to speak with the company prior to running the article. However, many of you were unable to get anyone to answer the phone. For those interested in the offer, it is available only online. If you are interested, pleased visit:
http://www.bellsouth.com/consumer/inetsrvcs/inetsrvcs_agreement_plans_pop.html for further information.

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