

PERSPECTIVES

Retired
Member
Edition

Customer service survey results and strategies

PERS' 2006 customer service satisfaction survey asked members and retirees for feedback regarding the services we provide. More than 2,000 people responded.

The survey covered six areas: timeliness of services, ability to provide services correctly the first time, helpfulness, knowledge and expertise of PERS' employees, availability of information, and the overall quality of service PERS provides.

We identified the following main issues from the comments we received. Also provided are PERS' strategies to address the issues.

1. It is sometimes difficult to get consistent, accurate answers to questions.

Strategies: We continue to offer core staff training in features of the PERS Chapter 238 (Tier One/Tier Two) and Chapter 238A (OPSRP) programs.

We are also increasing customer service training for all Customer Service Division staff, including training designed specifically for Call Center staff.

An A-Z subject help directory has been posted on the PERS website. Members can use this tool for answers to questions, and Call Center staff can also access this tool to help members receive consistent answers.

PERS is distributing an internal newsletter to keep staff abreast of changes in business rules, Oregon Administrative Rules, policy decisions, and Board actions.

We are also ensuring that Call Center response scripting uses the same verbiage as publications and the A-Z directory to provide consistent answers.

2. The PERS website is difficult to navigate.

Strategies: PERS has made changes to its website to simplify navigation and make information easier to find. Upcoming changes in the state's website template will also improve navigation and usability.

We developed separate A-Z subject help files for Tier One/Tier Two members and OPSRP members with topics listed alphabetically (i.e., account balance, address changes, annual statements, etc.). Visitors can click on a particular topic for information, including any related forms from the homepage.

We also developed website sections dedicated to answering:

- Top Ten Telephone questions,
- What do I do if I..., and
- Ready to retire?

3. Retired members are upset about benefit reductions.

Strategies: The Strunk/Eugene project affects approximately 38,000 benefit recipients who received benefits based on the now-revised 1999 Tier One regular account earnings crediting (revised from 20 percent to 11.33 percent). These individuals were notified of the benefit adjustment process in March 2006.

PERS is providing a detailed recalculation letter to each individual that shows the benefit adjustment

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Customer service survey results (continued from page 1)

and amount of overpayment, and how the actuarial reduction method recovers the overpayment.

The Strunk/Eugene account processing project is underway and PERS has created core principles and success criteria for the project.

4. PERS has confusing forms and instructions.

Strategies: PERS tries to use plain language and best practices when creating forms and instructions. We frequently have more than one step in our processes and more than one division takes action when processing form requests. This means the forms have to work both for our members and support our processes.

We have a section that manages forms and a Forms Committee that

strives to simplify forms whenever possible. In the past three years, the agency has reduced the number of forms from over 400 to 280, despite the fact that we had to create many new forms with the addition of the OPSRP Program and the Individual Account Program. The Forms Committee holds focus groups when possible to obtain member input before releasing forms.

The agency offers online classes to help members complete retirement forms and will pursue additional opportunities to assist members with form completion (e.g., Turn-In Forms sessions).

The agency is also creating a forms management program to ensure that all forms are easy for members to use, collect the necessary data, and can be processed efficiently.

5. Transactions sometimes take too long.

Strategies: By statute, PERS has 92 days to begin benefit payments. We strive to send benefits out earlier than that, but we must work with employers and verify that member information is correct before beginning benefits.

To improve transaction time, we are:

- Moving data validation upstream of the retirement calculation process,
- Using a new electronic employer reporting system structured to reduce the number of data errors, and
- Developing information workflow and document scanning processes to track information submittals and eliminate requests for duplicate information.

2006 Customer Satisfaction survey results

	Excellent (1)	Good (2)	Fair (3)	Poor (4)	Don't Know (5)
How do you rate the timeliness of the services PERS provides?	37%	27%	13%	20%	4%
How do you rate PERS' ability to provide services correctly the first time?	38%	25%	12%	20%	5%
How do you rate PERS' helpfulness?	39%	27%	13%	16%	4%
How do you rate the knowledge and expertise of PERS employees?	37%	29%	13%	13%	9%
How do you rate the availability of information at PERS?	34%	27%	14%	22%	4%
How do you rate the overall quality of service PERS provides?	36%	28%	14%	19%	3%

1099-Rs mailed

PERS recently mailed an Internal Revenue Service form 1099-R to each individual who received a benefit or an account balance refund payment from PERS in 2006. If you do not receive a 1099-R by February 16, 2007, write or fax PERS at 503-598-0561 and request a duplicate.



Long term care meetings continue. Pre-registration is not required.

Long term care is the type of care received when someone needs assistance with daily living activities, either at home or in a facility. This can be due to an accident, an illness, or advancing age. The need for long term care is not limited to the elderly. Anyone who cannot function independently may need the protection of long term care insurance. Accidents and unexpected illness can happen at any time and at any age. These meetings explain the options available to PERS retirees and do not require pre-registration.

Date	Location	Meeting Time	Seats
Feb 8	Benton County Fairgrounds 110 SW 53rd St. Corvallis	9:30 - 10:30 a.m.	50
Mar 8	Roth's Hospitality Center 1130 Wallace Rd. NW Salem	9:30 - 10:30 a.m.	50
Apr 6	Rivershore Grill 1900 Clackamette Dr. Oregon City	9:30 - 10:30 a.m.	50
May 9	Ramada Medford 2300 Crater Lake Hwy. Medford	2:00 - 3:00 p.m.	50
May 10	Klamath County Fairgrounds 3531 S. 6th St. Klamath Falls	9:30 - 10:30 a.m.	50

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PERS Health Insurance Prescription Drug Program and Medicare Part D

New prescription drug benefits and funding became available from Medicare in 2006.

PERS' goal was to change the retiree prescription drug plan to make it equivalent to or better than the new Medicare benefit and, therefore, qualify for Medicare funding to offset the cost of the prescription drug benefit for PERS retirees. PERS was able to enhance the prescription drug benefits plan and reduce costs.

The PERS uniform prescription drug program offers an enhanced, open formulary that includes all Medicare Part D drugs and additional drugs that were routinely covered for PERS members prior to the implementation of Medicare Part D.

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Variable annuity increase

If you remained in the PERS Variable Annuity Plan at retirement, the variable annuity portion of your retirement benefit is adjusted every February 1 based on the value of the variable investments on October 31 of the preceding year.

Variable fund investments for the

period ending October 31, 2006, increased 17.83 percent, which means the variable portion of your monthly benefit will increase.

The increase in the monthly benefit for retirees who remained in the Variable Annuity Plan will be reflected beginning in the February 1, 2007 benefit payment.

Retiree focus groups forming

PERS is forming two retiree focus groups to provide feedback regarding issues that are important to retirees including communications (website, forms, brochures, etc.), application processing, and other services. Participation is voluntary; there is no compensation (beyond the gratitude of PERS staff and other retirees).

One group will be composed of those who retired in the last three years; the other will be those who retired more than three years ago.

Focus group members (seven in each group) must have a computer and email so we can send information for review. Email will be the primary communications tool for the groups. Members may also be asked to participate in conference calls with PERS staff (PERS will supply a toll-free number to call).

If you are interested in participating, please visit the Retiree page of the PERS website (<http://oregon.gov/PERS>) for more information.

Retirement Date	Percent of Increase
Prior to January 1, 1978	11.69%
January 1, 1978 through May 1, 1992	10.12%
June 1, 1992 through October 1, 2005	9.10%
On or after November 1, 2005	Based on variable fund performance since actual retirement date

Annual PERS financial report

PERS' 2006 Comprehensive Annual Financial Report (CAFR), for the period July 1, 2005 through June 30, 2006, is posted on the PERS website (<http://oregon.gov/PERS>) in the Financials section.

Highlights include:

- PERS' assets exceed its liabilities at the June 30, 2006 close of the fiscal year, with \$56,554.9 million held in trust for pension, postemployment healthcare, Oregon Public Service Retirement Plan Individual Account Program (IAP), and deferred compensation benefits.
- Fiduciary net assets increased by \$5,941.3 million, or 11.7 percent, during the fiscal year due primarily to continued strong investment returns.
- As of December 31, 2005, the date of the latest actuarial valua-

tion, the funded ratio of the defined benefit pension plan was 104.2 percent. In general, this means that for every \$1.00 of pension benefits due, PERS has approximately \$1.04 of net assets available for payment.

Prescriptions (continued from page 3)

The PERS Medicare Part D pharmacy benefit has no deductible, no initial coverage gap, and 100 percent coverage after the catastrophic limit is met. In addition, the PERS Medicare Part D pharmacy plan has a maximum out-of-pocket cost of \$150 for a 30-day supply and \$150 for up to a 90-day supply of a generic drug.

A standard Part D plan for 2007 (non-PERS) has an initial deductible of \$265. The initial coverage gap begins once the total cost of drugs reaches \$2,400 (including the deductible, the member cost share, and the plan's payment) and lasts until the member has paid an additional \$3,051 in drug costs. After a member's total out-of-pocket cost reaches \$3,850, catastrophic coverage begins and the member pays 5 percent of drug costs for the remainder of the calendar year.

For PERS Health Insurance Program information, call 800-768-7377.