

Hi everyone! Hope all is well. Here is some important information:

Informational Update Vol 13 #8

1. **CSA Welfare Fund Stop-Loss Benefit** – One of the most important, and perhaps least understood, CSA Retiree Welfare Fund & CSA Retiree Chapter health benefits is the Stop-Loss. This benefit is intended mainly for non-eligible Medicare members who cannot find medical services covered by the Basic NYC Health Plan. These services include office visits and lab charges. The benefit limits these members' out-of-pocket (OOP) medical expenses in the following way:

First, after an annual \$1,000 deductible, you are reimbursed 80% of the next \$1,250 in total expenses. Thereafter, you receive 100% of your remaining out-of-pocket expenses up to \$50,000 annually/\$250,000 lifetime. Also, the CSA Retiree Chapter will reimburse you for 20% of the Welfare Fund payment (excluding the deductible). Keep in mind that Stop-Loss does not cover hospital costs.

As an example, suppose you are a non-eligible Medicare member who is enrolled in Emblem Health but live in an area where there are no participating doctors. Since you have no choice, you go to a non-participating doctor. This is your first visit to a doctor this year. After filing a claim for the doctor's charge with Emblem Health, you are reimbursed a small amount of the bill and are left with a \$3,000 OOP expense. You now file a \$3,000 claim along with the EOS to the CSA Retiree Welfare Fund. Since this was your first visit to the doctor, there is a \$1,000 deductible. The Fund will then reimburse you for 80% of the next \$1,250 of the claim, or \$1,000 and then 100% of the remaining part of the claim, or \$750. Your total reimbursement from the Fund for this claim is \$1,000 + \$750, or \$1,750.

In the above example, you paid only \$1,250 (\$3,000 - \$1,750). And that's it. No more OOP expenses for the rest of the year since you get 100% back of any further expenses.

About 2 weeks after you receive the Fund's reimbursement of \$1,750, the CSA Retiree Chapter will send you a supplementary reimbursement for 20% of \$1,750, or \$350. Therefore, your total reimbursement for the \$3,000 claim is \$1,750 + \$350 or \$2,100.

While this benefit sounds great, and it really is, there are some hitches. First, the out-of-pocket expenses must be reasonable and customary. You will not get back what you think you should if it is not.

Second, if you are on Medicare and choose not to use a Medicare doctor, the allowance will be based on Medicare rates or even less. If there is no Medicare doctor available, then the rate could be much higher. In this instance, I strongly recommend you call the Fund to determine the rate of the reimbursement.

2. **2021 IRMAA** – Eligible Medicare members who applied for the 2021 IRMAA reimbursement in a timely fashion should have received a letter informing them that the Office of Labor Relations received their application and supporting documentation. The letter also said that the application was processed and that payment will be issued in October 2022.

If a member receives his or her NYC pension check electronically, the IRMAA check will be directly deposited into the same bank account as the pension payment. If the member receives a physical pension check, then the IRMAA payment will be issued in the same way.

3. **Question of the Month**

Q. I am a CSA retiree on Medicare and recently had a procedure done in a hospital as an outpatient. The other day I received an \$800 bill from the hospital for this procedure. Should I pay it?

A. It depends. If the procedure was not covered, you have no choice but to pay the \$800. However, if it is covered, then most likely the hospital was either unaware of your secondary coverage or failed to submit the bill to your secondary carrier. Consequently, call the finance department of the

hospital and inform them of your secondary coverage. This should negate your having to pay the bill.