

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

Informational Update Vol 14 #7

1. Prescription Drug Benefit - The CSA Retiree Fund drug benefit is your coverage for drugs. Below is how it works for retirees as well as surviving spouses/registered partners.

- **Non-Medicare Eligible Members** - After an annual \$100 deductible, 80% of the drug costs are reimbursable up to \$10,000. On top of that, the CSA Retiree Chapter will reimburse another 20% of whatever the Fund pays. For example, if your drug co-pay is \$250, you will get back after a \$100 deductible, 80% of \$150 or \$120 plus an additional 20% of \$120 or an additional \$24 for a grand total of \$144. The reimbursement from the Retiree Chapter is seamless, i.e., you apply for the Fund reimbursement, and you will automatically get your Chapter reimbursement (separate check) without application. The important thing is to save your quarterly statements from Express Scripts. To ease the processing of payments, the Fund has requested that you submit the statements for reimbursement once a year after you receive your final statement. Please make sure to make copies of the statements. I recommend you mail them return-receipt-requested.

- **Medicare Eligible Members** - Most members in this category are on the GHI Enhanced Plan D drug plan thanks as result of having purchased the High Option Rider (probably before they even retired). The Rider costs \$125 per month and \$250 per month for a family. The amount is deducted from the pension check.

Under the Part D plan there is no deductible. The cost of drug co-pays depends on the cost of the drugs you purchase and which of the 3 drug stages you are in. The cost in each stage for **2023** is as follows:

1. **Stage I** - You start in this stage at the beginning of a year in January and pay 25% of the drug cost, GHI pays 75%. Once your Out-of-Pocket cost - known as TrOOP - plus GHI's cost surpasses \$4,660 (your TrOOP portion is \$1,165), you enter Stage II. _

2. **Stage II** - Nothing really changes regarding your drug cost, i.e., you continue to pay 25% of the cost whether you are purchasing brand or generic drugs. The plan pays the other 75%. However, you are stuck in this stage until your TrOOP surpasses \$7,400 for both Stages I & II (\$1,165 + \$6,235) when you enter Stage III and there are significant savings.

3. **Stage III** - You pay 5% of the drug cost, GHI pays 15%, and Medicare pays 80%. In addition, you will be reimbursed 100% of your co-pays up to a max of \$5,000. Unlike Non-Medicare members, who receive quarterly statements, Medicare-eligible members receive monthly statements. But like Non-Medicare members, submit them at the end of the year for reimbursement.

- **Surviving Spouses/Registered Partners** - Surviving spouses or registered partners are eligible for reimbursement if they have a city plan through COBRA or their own health plan with Rx coverage. After an annual \$100 deductible, the reimbursement is 80% of the cost up to an annual maximum of \$5,000. In addition, the CSA Retiree Chapter will reimburse an additional 20% of the Fund payment. As a result, the annual maximum is \$5,000 + \$1,000 or \$6,000

2. **Medicare Home Health Benefits** – Did you know that Medicare covers many caregiving costs? The key to whether you are eligible for such services is whether you are considered “homebound.”

To be considered “homebound” you either have trouble leaving home without help because you are seriously ill or injured OR you have a medical condition in which it is not recommended that you leave home. However, leaving for adult care, religious services, infrequent medical services or special occasions are considered acceptable exceptions.

So if you are “homebound” and under a doctor’s orders and careful planning, you would be entitled to many at-home services including:

- **Home health services** – this would be part-time or intermittent, provided by certified **home health aides**
- **Medical social workers** – help with emotional concerns and with understanding a disability or illness.
- **Occupational therapists** – help people do their daily activities.
- **Physical therapists** – help restore movement for those who might have been weakened by a hospital stay or limbs require therapy.
- **Speech-language pathologists** – help those who suffered strokes restore communication skills and swallowing.
- **Skilled Nursing Care** – provides nursing care such as changing dressings or giving an injection.

Remember, these services must be conducted under a doctor’s care and none is full-time

3. Question of the Month

Q. Is a Medicare-eligible member covered for emergency ambulance service to the hospital?

A. Medicare plus the secondary insurance covers ground ambulance transportation when you need to be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.

Have a great day!

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