

**BENEFIT****CSA RETIREE WELFARE FUND****CSA RETIREE CHAPTER\*\***

<b>DENTAL PROGRAM</b>	CHOICE OF FOUR PLANS OFFERED: SIDS (SCHEDULE PLAN); DENTCARE (HMO) AMERICAN DENTAL OF FLORIDA (HMO) OR DELTA DENTAL (HMO)	UNDER DEVELOPMENT
<b>OPTICAL PROGRAM</b>	1 CERTIFICATE EVERY 12 MONTHS <i>Effective Jan. 1, 2016</i> \$100 REIMBURSEMENT DIRECT TO PARTICIPANT  VISUAL AID MACHINE (\$500 MAX-ONCE IN A LIFETIME)  LASER VISION CORRECTION \$500 (ONCE IN A LIFETIME)  MULTI-FOCAL LENS FOLLOWING CATARACT SURGERY - \$ 500 PER EYE (ONCE IN A LIFETIME)	<b>EFFECTIVE JANUARY 1, 2018:</b> SUPPLEMENTAL TO WELFARE FUND – UP TO \$65 PER YEAR FOR MEMBER AND COVERED SPOUSE
<b>HEARING AID PROGRAM</b>	<i>Effective Jan. 1, 2014</i> - \$800 ONCE EVERY 3 YEARS -	<b>EFFECTIVE JANUARY 1, 2012:</b> SUPPLEMENTAL TO WELFARE FUND UP TO \$800 EVERY 3 YEARS
<b>HOME HEALTH AIDE CARE</b>	<b>EFFECTIVE 1/2019</b> – COVERAGE PROVIDED FOR POST HOSPITALIZATION HOME HEALTH CARE. PHYSICIAN CERTIFICATION REQUIRED TO PROVIDE COVERAGE BY CERTIFIED HOME HEALTH AIDE. AFTER \$100 ANNUAL DEDUCTIBLE, COVERAGE =80% TO ANNUAL MAX OF \$10,000 LIFETIME LIMIT=\$30,000	SUPPLEMENTAL TO WELFARE FUND = 20% OF PAYMENT OF WELFARE FUND PAYMENT NO DEDUCTIBLE/NO CO-PAY/NO MAXIMUM
<b>CATASTROPHIC /STOP LOSS COVERAGE</b>	EFFECTIVE 1/2005 REIMBURSEMENT OF MEDICAL EXPENSES FOR ALL OUT OF POCKET EXPENSES NOT FULLY COVERED BY CITY BASIC HEALTH PLAN INCLUDING OFFICE VISITS, LAB CHARGES ETC. PROVIDED BASIC PLAN COVERS THESE SERVICES AFTER \$1,000 DEDUCTIBLE, FUND REIMBURSES 80% OF ADDITIONAL EXPENSES TO \$1,000 IN PAYMENT, THEREAFTER, AT 100% TO \$50,000 ANNUALLY / \$250,000 LIFETIME MAX	SUPPLEMENTAL TO WELFARE FUND ADDITIONAL 20% OF WELFARE FUND PAYMENT. NO DEDUCTIBLE/NO CO-PAY/NO MAXIMUM
<b>RX CO-PAY REIMBURSEMENT FOR NON-MEDICARE/GHI RETIREES AND HMO RETIREES</b>	EFFECTIVE 2006 RX CO-PAY REIMBURSEMENT = SUBJECT TO \$100 DEDUCTIBLE / PAYABLE @ 80% / MAX=\$10,000	SUPPLEMENTAL TO WELFARE FUND ADDITIONAL 20% OF FUND PAYMENT
<b>RX CO-PAY REIMBURSEMENT FOR GHI MEDICARE ELIGIBLE RETIREES W/CITY PLAN &amp; RIDER</b>	FOR 2022 = AFTER MEETING \$7,050 TROOP EXPENSE– REIMBURSEMENT OF CO-PAYS = NO DEDUCTIBLE/ PAYABLE @100%/ MAX=\$5,000 For 2021 = AFTER MEETING \$6,550 TROOP EXPENSE, 2020 Troop = \$ 6,350	N/A
<b>RX CO-PAY REIMBURSEMENT FOR MEDICARE ELIGIBLE SURVIVING SPOUSES</b>	SURVIVING SPOUSES COVERED BY A CITY PLAN THROUGH COBRA/ <u>or</u> OWN HEALTH PLAN W/RX COVERAGE = RX CO-PAY REIMBURSEMENT= \$100 DEDUCTIBLE /@ 80% / MAX = \$5,000	SUPPLEMENTAL TO WELFARE FUND = 20% OF FUND PAYMENT

**\*\*ELIGIBILITY FOR RETIREE CHAPTER SUPPLEMENTAL BENEFITS:**

Enrollees must join within 12 months of their retirement date. Anyone joining after the 12 month enrollment period may not claim Retiree Chapter supplemental health benefits for 18 months from the enrollment date.

(Surviving spouses must join within 6 months of the member's death)

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<b>SUPPLEMENTAL MEDICAL PROGRAM</b>	<p>REIMBURSEMENT @80% OF COSTS AFTER \$100 ANNUAL DEDUCTIBLE REIMBURSEMENT OF EXPENSES SUPPLEMENTAL TO COVERAGE PROVIDED BY GHI OR HMO FOR ALL OF BELOW LISTED SERVICES</p> <p>SURGERY / ANESTHESIA / DIAGNOSTIC INVASIVE PROCEDURES SUCH AS COLONOSCOPIES AND BRONCHOSCOPIES</p> <p>PRIVATE DUTY NURSING (Separate \$ 10,000 Max)</p> <p>RADIATION &amp; CHEMOTHERAPY COSTS EXCLUSIVE OF DRUGS</p> <p>EMERGENCY AMBULANCE NOT FULLY COVERED BY BASIC CITY PLAN / NON-EMERGENCY AMBULANCE OR AMBULETTE SERVICES BY REVIEW ( \$ 2,500 Max)</p> <p>WIGS FOR CANCER TREATMENT OR ALOPECIA (\$1,000 MAX PER YEAR)</p> <p>SURGICAL STOCKINGS(3 PR. YEAR MAX) EFF: 1/1/05 =(\$150 ANNUAL MAX) REMOVABLE OR PORTABLE TOILET SEAT (1 PER YR/\$100 MAX)</p> <p>ORTHOTICS (MAX=\$400 per pair, 2 pair maximum – total \$800)</p> <p>PHYSICAL, SPEECH, OCCUPATIONAL THERAPY &amp; COUNSELING – UP TO \$2,000 REIMBURSEMENT AFTER PRIMARY BENEFIT EXHUSTED ( eff. 1/2015)</p> <p>ACUPUNCTURE – UP TO 36 VISITS PER YEAR BY LICENSED PROVIDER, MAX ALLOWABLE CHARGE \$100 PER VISIT</p> <p>\$300 HOSPITAL DEDUCTIBLE (MAX=\$750)</p> <p>HMO OFFICE VISIT COPAYS REIMBURSEMENT</p>	<p>ALL COVERAGE SUPPLEMENTAL TO WELFARE FUND COVERAGE. PAYMENT UP TO 20% OF FUND COVERAGE UNLESS OTHERWISE STATED. NO DEDUCTIBLE/NO CO-PAYS/NO MAXIMUM FOR ALL OF BELOW LISTED SERVICES</p> <p>SUPPLEMENTAL TO W.F. - 20% OF FUND PAYMENT</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p>
<b>EXTENDED HOSPITALIZATION</b>	<p>THE CITY HEALTH PLAN COVERAGE FOR GHI-CBP/EBCBS PROVIDES COVERAGE OF 365 FULL DAYS OF HOSPITALIZATION FOR NON-MEDICARE ELGIBLE MEMBERS</p> <p>FOR MEDICARE ELIGIBLE = EXTENDED COVERAGE TO 365 DAYS IS PROVIDED ONLY THROUGH THE OPTIONAL BENEFITS RIDER.</p> <p>HOWEVER, CSA PICKS UP THE COST FOR THIS EXTENDED HOSPITALIZATION COVERAGE EVEN IF RIDER IS NOT SELECTED</p>	COVERED BY CSA RIDER
<b>SURVIVOR BENEFITS</b>	<p>ELIGIBLE DEPENDENT SURVIVORS COVERED BY FUND FOR 5 YEARS AFTER DEATH OF MEMBER AT NO COST</p> <p>THEREAFTER, COVERAGE AT COBRA RATE WITHOUT TIME LIMITATION</p>	<p>SURVIVING SPOUSE MUST BE ELIGIBLE FOR CSA RETIREE WELFARE FUND BENEFITS IN ORDER TO OBTAIN BENEFITS FROM RETIREE CHAPTER. BENEFITS ARE THE SAME AS THOSE PROVIDED MEMBERS. SURVIVORS WHO DO NOT HAVE A DRUG PLAN WILL BE PROVIDED WITH \$1,500 IN DRUG REIMBURSEMENT AFTER A \$1,500 DEDUCTIBLE</p>

Medicare Part-B premiums, including the IRMAA amount, will continue to be reimbursed by the City consistent with the negotiations between the Municipal Labor Committee and the City.

**Medicare Part-D Surcharge Continues, Out of Pocket Amount Increases**

In 2021, the out-of-pocket limit will **increase to** \$7,050 before catastrophic coverage kicks in. The pension deduction, for those enrolled in the GHI Enhanced Medicare Part D plan associated with the Senior Care health plan or enrolled in the NYC Medicare Advantage Plus plan will **decrease from \$150.30 to \$125.00** per person per month.

As part of the Health Care Reform legislation passed in 2010, manufacturers provide a point-of-sale discount. As a result, the “donut hole” is eliminated and you will pay 25% of the cost of generic medications and 25% of the cost of brand name medications until you reach the catastrophic stage. The value of the manufacturer’s discount is credited to you as the “amount others paid on your behalf” amount shown on your monthly reports from Express Scripts.

In 2022, those who are subject to an IRMAA assessment on Medicare Part-B will continue to be assessed a surcharge on Medicare Part-D, according to the table listed below. ***This amount is in addition to the plan premium which is deducted from your pension check.*** The total amount is paid by each individual (for example, a couple earning between \$284,001 and \$340,000 each pay an additional amount of \$51.70). Unlike Medicare Part B surcharges, Part-D surcharges are not reimbursable by the City.

**Medicare Part D Surcharges – 2022**

<b>Individual Income</b>	<b>Joint Income</b>	<b>Surcharge Amount</b>
Less than or equal to \$ 91,000	Less than or equal to \$ 182,000	\$ 0.00
\$ 99,001 to \$ 114,000	\$ 18,001 to \$ 228,000	\$ 12.40
\$ 114,001 to \$ 142,000	\$ 228,001 to \$ 284,000	\$ 32.10
\$ 142,001 to \$ 170,000	\$ 284,001 to \$ 340,000	\$ 51.70
\$ 170,001 to \$500,000	\$ 340,001 to \$ 750,000	\$ 71.30
Over \$500,000	Over \$750,000	\$ 77.90

## Health Plan Deductibles Reset in January

The CSA Welfare Funds remind members that various health plan deductibles reset beginning January 1<sup>st</sup>. For active Department of Education and Day Care members, the SIDS dental deductible of \$ 25 resets, and for active Department of Education members the OptumRx prescription drug deductible of \$ 50 per person/\$ 150 per family resets, and are taken from the first applicable dental visit or first prescriptions purchased at a local pharmacy.

### **Medicare Part-B Premiums and Deductibles**

For retirees who are Medicare-eligible, the Medicare Part-B deductible will *increase to* \$233 in 2021. The GHI Medicare Part-B deductible remains \$ 50.00. The deductible for the NYC Medicare Advantage Plus plan will be \$283 The standard Medicare Part B premium **will be \$170.10**. For those whose Medicare Adjusted Gross Income (MAGI) is more than \$91,000 as an individual or \$182,000 for a couple the table below shows the various premiums by income and filing status. The total amount is paid by each individual (for example, a couple earning between \$182,001 and \$228,000 **each** pay an additional amount of \$67.00).

### **Medicare Part B Premiums – 2022 (NOT Previously covered by Medicare or NOT taking Social Security Or Subject to IRMAA Surcharge)**

Individual Income	Joint Income	IRMAA Amount	Total Monthly Premium – 2020
Less than or equal to \$ 91,000	Less than or equal to \$ 182,000	\$ 0.00	\$ 170.10
\$ 91,001 to \$ 114,000	\$ 182,001 to \$ 228,000	\$ 68.00	\$ 238.10
\$114,001 to \$ 142,000	\$ 228,001 to \$ 284,000	\$ 170.10	\$ 340.20
\$ 142,001 to \$170,000	\$ 284,001 to \$ 340,000	\$ 272.20	\$ 442.30
\$ 170,001 to \$500,000	\$ 340,001 to \$ 750,000	\$ 374.20	\$ 544.30
Over \$500,000	Over \$750,000	\$ 408.20	\$ 578.30

# GHI Enhanced Medicare Part-D Drug Plan – 2022

**\$ 0 – \$ 4,430 in  
Drug Cost**

**Until TrOOP = \$7,050**

**After Satisfying  
TrOOP**

<b>Plan Pays 75%</b>	<b>Plan Pays 75% of Brand Plan Pays 75% of Generic</b>	<u><b>Catastrophic Coverage</b></u>
	<b>Participant Pays 25% of Brand Participant Pays 25% of Generic</b>	<b>Plan Pays 15% Medicare Pays 80%</b>
<b>Participant Pays 25%</b>		<b>Participant Pays 5%</b>

**TrOOP = True Out-of-Pocket Amount**