Informational Update Vol 17 #7

1. Eligible Survivor's Benefits

For this column, an eligible survivor is defined as a dependent spouse/registered partner, or a dependent child under 26 years old, of a member who has passed away. If the child is handicapped and cannot care for himself/herself, then there is no age limitation, provided the handicap occurred prior to the child's 19th birthday.

While the passing of a member is a very difficult time for the eligible survivor, the good news is that the CSA Retiree Welfare Fund continues to provide him or her with supplemental medical coverage **WITHOUT COST** for a period of 5 years from the date of the member's passing. The coverage includes dental, optical, hearing aid, drugs, and many other medical services. The whole list of benefits can be downloaded from the CSA Welfare Fund website.

Eligible survivors are also entitled to the CSA Retiree Chapter supplemental benefits, which enhance the Fund benefits. However, you must join the Chapter, which has a monthly charge.

After 5 years from the member's passing, the eligible survivor may extend the Fund's supplemental benefits, provided he or she pays a monthly COBRA premium. The survivor can also continue to receive the CSA Retiree supplemental benefits if he or she continues to pay the Chapter dues, which I highly recommend.

While the supplemental Welfare Fund coverage is provided at no cost, the eligible survivor must have a basic city health plan or the equivalent through another health plan to receive the Fund's coverage.

The Fund's supplemental benefits are considered secondary to any other coverage the eligible survivor may have through an employer or private paid plan. The Fund will coordinate its coverage with the primary coverage.

As indicated above, the eligible survivor's coverage automatically ends after 5 years unless the eligible survivor renews the coverage at the COBRA rate without time limitations

It will also end prior to the 5 years if the survivor remarries or if his/her dependent's status terminates.

2. Drugs Administered by a Doctor or Health Provider

Many drugs administered by a doctor or Health Provider are covered under Medicare Part B, provided they meet Medicare's coverage requirements.

Examples of Part B-covered drugs include:

- **Chemotherapy drugs** administered in a doctor's office or an outpatient hospital.

· **Immunotherapy** and many other cancer treatments given by infusion or injection.

· **Infusions** for conditions such as rheumatoid arthritis, Crohn's disease, osteoporosis, and multiple sclerosis when medically necessary.

· **Injectable osteoporosis drugs** for certain people who meet Medicare criteria.

· **Certain vaccines**, including:

o Influenza (flu)

o COVID-19

o Pneumococcal (pneumonia)

o Hepatitis B (for people at medium or high risk)

· **Erythropoiesis-stimulating agents (ESAs)** for certain patients with chronic kidney disease or undergoing dialysis.

· **Blood-clotting factors** for people with hemophilia.

· **Intravenous immune globulin (IVIG)** for certain immune deficiency disorders.

· **Certain anti-nausea drugs** used as part of chemotherapy treatment.

What you pay

After you meet your Medicare & secondary plan deductibles, Medicare generally pays 80% of the cost, and your secondary plan pays the other 20%, less your $15 co-pay.

Please note that **Medicare Plan B** prescription drugs are not included in the annual **Medicare Plan D prescription** out-of-pocket drug cap. This year, the cap is $2,100.

3. <u>Question of the Month</u>

Q. I am having cataract surgery, and the doctor said I needed a special lens to correct my astigmatism. Does the CSA Retiree Welfare Fund cover this lens?

A. Unfortunately, the Fund does not cover this special lens. The Fund covers up to $500 per eye lifetime, only for a multifocal lens.

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