

1. Medicare Part D Drug Costs

The GHI enhanced Medicare Part D drug plan consists of 3 stages. If you noticed a change in your prescription costs in January it may be the result of starting again in Stage I on January 1, 2021, no matter what stage you ended in on December 31, 2020. In Stage I, you pay 25% of the drug cost while the plan (GHI enhanced Plan D) pays the other 75%.

If your total drug cost (what you and your plan both pay) exceeds \$4,130 (up from \$4,020 in 2020) at some point in 2021, you enter Stage II, formally known as the donut hole. Fortunately, the donut hole has closed for both generic and non-generic drugs; you continue to pay the same 25% of the drug cost while your plan pays 75%.

If your true-out-of-pocket expense – known as TrOOP – for both Stages I & II exceed \$6,550 (up from \$6,350 in 2020) you enter Stage III, or the Catastrophic Coverage. In this Stage your co-payment continues as it was in 2020 at 5% of the drug cost. Medicare pays 80% and the plan pays the remaining 15%.

The CSA Welfare Fund also offers an added benefit in this Stage by reimbursing you the 5% cost up to \$5,000. There is no deductible. Just send your Express Scripts statements to the CSA Welfare Fund for reimbursement. These statements should be sent at the end of the calendar year to help facilitate the CSA Retiree Fund's processing of your request.

2. "Valentine's Gift"

If you are Medicare eligible and have the GHI Enhanced Plan D plan, you should have received your "Valentine's" gift of \$480 for 2020 this past February. This is a CSA Welfare Fund benefit designed to help defray the cost of the High Option Rider that pays for the Enhanced Plan D. If you were eligible for reimbursement, but were not on Medicare for the full year, should have received a pro-rated check. The pro-rata is \$40 a month for every month on Medicare.

If you have not yet received your check, wait a little longer before calling the Welfare Fund as there may have been a delay in the mail.

Please note that only **Medicare-eligible CSA retirees** are entitled to the "Valentine's" gift; **non-CSA Medicare-eligible** people are not. If both husband and wife are **Medicare-eligible CSA retirees**, then both are entitled

to the \$480 providing **EACH** has their own NYC medical coverage. If one member is covering the other member, then only the member who is covering is entitled to the \$480.

For ***non-Medicare CSA retirees and non-Medicare dependent spouses***, the CSA Welfare Fund and CSA Retiree Chapter will continue to cover copays, providing the member and spouse are under the GHI or City HMO plans. After a \$100 deductible, the reimbursement is 80% of the drug cost up to a maximum of \$10,000. In addition, the CSA Retiree Chapter automatically (no filing of a claim necessary) supplements this reimbursement with an additional 20% of the Fund payment.

3. Acupuncture

Medicare covers acupuncture for 12 visits within 90 days for chronic lower back pain. If the Medicare-eligible patient shows improvement, he or she may get an additional 8 visits for an annual maximum of 20 visits.

Chronic lower back pain is defined as:

- Lasting 12 weeks or longer
- Having no known cause (no relation to cancer that has spread, inflammatory or infectious disease)
- Pain not associated with surgery of pregnancy

Only a doctor, or a health care provider, such as a nurse practitioner or physician assistant, may administer acupuncture providing they have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine
- A current, full, active, and unrestricted license to practice acupuncture in the state where the acupuncture is being given

The CSA Retiree Welfare Fund also has an acupuncture benefit under its Supplemental Medical Program that you may use after you have exhausted your Medicare Acupuncture benefit, or directly, if you are not Medicare-eligible.

Acupuncture Benefit

After an annual \$100 deductible, you get back 80% of the cost for 36 visits per year. The maximum allowable charge is \$100 per visit. In addition, the CSA Retiree Chapter will reimburse you an additional 20% of the Fund reimbursement.

Consequently, the maximum reimbursement you can get for 36 visits costing \$100 per visit is calculated as follows:

- a) The 1st visit costing \$100 covers your deductible.
- b) The next 35 visits cost @ \$100 per visit \$3,500.
- c) The CSA Retiree Welfare Fund will reimburse you $\$3,500 \times 80\%$ or \$2,800.
- d) The CSA Retiree Chapter will reimburse you seamlessly $\$2,800 \times 20\%$ or \$560.
- e) The total reimbursement is $\$2,800 + \$560 = \$3,360$

Stay well, Stay safe...

Please contact the Welfare Fund at 212-962-6061 should you need assistance on this or any other matter.