

Ask the Welfare Fund – September 2007

As I sat down to write the column for this issue, the first line of the Hymn “This is a Day of New Beginnings” ran through my head. The first verse begins “this is a day of new beginnings time to remember, and move on....”. This is the first issue for the “new year” which brings another reorganization, members new to CSA and long-time CSA members newly retired. It is also my first column since being appointed administrator of the CSA Welfare funds. This is both an honor and a great responsibility. Following in the steps of Irwin Shanes, who over 28 years built the CSA Welfare Fund into the premier fund in the city, is a tough task, but one which I welcome with enthusiasm. The staff of the Welfare funds and I remain dedicated to providing you, our members and your families, the best possible service to which you are entitled. We continue to search for ways to streamline our administrative tasks and reduce our costs, leaving more resources available for benefits. We will continue our efforts to provide information so you may maximize all your benefits, both those provided by your employer and those provided by the welfare fund. Personally, I hope to visit each CSA district and unit, Day Care borough meeting, and each retiree chapter regional unit in the coming year to provide information and help resolve difficulties. It is a task I welcome, and undertake with great joy and anticipation.

Question: I am an active assistant principal in Manhattan, but live in New Jersey. I recently had several diagnostic tests, and later found out that they were performed by non-participating providers. GHI paid a small amount. I am now being threatened by collection agencies and threatened with a summons to appear in small claims court. What should I do?

Answer: First, please pay the provider! Do not risk damaging your credit by having a collections or small claims court action taken against you. You are ultimately responsible for all charges if you use a provider who does not participate with your health plan. As an active member, you are covered by the fund’s catastrophic stop-loss benefit, which, after a \$ 1,500 deductible, will reimburse you 80% of the next \$ 1,250, then reimburse 100% of allowable charges, to a maximum of \$ 50,000.

Question: I am a retired principal, covered by Medicare with GHI as my secondary coverage. I have had nothing but problems dealing with Express Scripts mail order program. They seem to always misplace my prescriptions, my medications never arrive on time, and promises to ship delayed orders overnight at their expense go unfulfilled. I am at my wits end! Do I continue to have to deal with this, or is there some other place I can go to get my prescriptions filled?

Answer: From the calls I get on a weekly basis, you are not alone. The fact that you are Medicare eligible is actually good news. One of the provisions buried deep in the regulations governing the Medicare prescription drug benefit, Medicare Part-D, is a prohibition on requiring use of a mail-order pharmacy. You may, as a **Medicare-eligible** retiree, purchase up to a 90-day supply of medication at a local pharmacy. You will pay slightly more than if you use the mail-order pharmacy, since the discounts from list price are smaller at a retail pharmacy and the pharmacist is allowed to add a fee for dispensing the medication (which pays the costs associated with stocking medications, purchasing bottles, labels, and computer systems to process the prescription). It will likely be a small price to pay for the peace of mind of knowing that you will be able to receive your medications in a timely fashion