

Ask the Welfare Fund – June 2010

Question: My son will graduate from college in June, and, unfortunately, will not have a job when he graduates. I heard that governor Patterson signed a bill that he can have coverage until age 29, but the new health care reform bill says he can have coverage until age 26. What do I do?

Answer: You are not the only one confused. Governor Patterson signed legislation last summer mandating dependents until age 29 be covered by a parent's health plan, if it was an insurance plan. This becomes effective for all City plans except HIP on July 1, 2010. Under this regulation, insurance plans must offer coverage to dependents, but ***the plan does not absorb the cost***. The dependent is responsible for paying the full cost of the benefits, much like with COBRA (except COBRA allows the plan to charge 2% extra for administration and billing costs). You may contact GHI and arrange for this coverage. Since the welfare fund is self-insured, and this mandate only applies to insured plans, the Trustees must decide whether or not to participate in this program. Their participation is on the agenda for the next meeting.

Under the new health care reform legislation, effective for plans that renew after September 23, 2010, the plan must provide coverage for dependents until they turn age 26. Still to be determined is who bears the cost, and if it applies to self-insured plans such as the welfare fund. Interim rules were published just as I am writing this. AS more information is made available, both the City plan and the Fund will decipher it and inform the members as to the next steps.

Question: I am an Assistant Principal in Staten Island. My husband's diabetic medication was not approved by Medco either for the pharmacy or for mail order. The medication is glyburide. When I spoke to the MEDCO pharmacist, I asked if there was another medication he can take in its place and I was told that none were approved. We have been having trouble with my husband's prescription coverage for a while now. Can you please assist me with this matter?

Answer: Certainly. Diabetic medications (and testing supplies) are provided by your basic health plan (in your case, GHI-CBP) under yet another New York State mandate. In order to get diabetic medications and testing supplies, go to any pharmacy and show your GHI card. The benefits are provided through Express Scripts group G3A, and you will only have to pay a small co-payment.

Since this is the last column until the fall, I would like to remind all Medicare eligible retirees that they should expect their Medicare Part-B reimbursements for 2009 during august. Once you receive the basic reimbursement, please follow the instructions on

the check stub if you qualify for receipt of an IRMAA reimbursement. The instructions for sending in documentation to claim an IRMAA reimbursement will be on the check stub, on the City Office of Labor Relations web site, as well as the Welfare Fund's website, www.csawf.org.

The staff of the welfare funds and I wish you all a happy, healthy (and for our active members, relaxing) summer. We will be here all summer ready and able to answer any questions you may have.