



SERGEANTS BENEVOLENT ASSOCIATION

POLICE DEPARTMENT, CITY OF NEW YORK

57 LEONARD ST., NEW YORK, NY 10013

212.431.6555 FAX 212.343.5653

www.sbanyc.org

HEALTH AND WELFARE FUND

Vincent J. Vallelong
CHAIRMAN

Subject: Important Notice About Your Prescription Drug Coverage and Medicare

TRUSTEES:

Edmund J. Small

Edward Geary

Michael Peruggia

Anthony Borelli

Donald Kipp

Joseph Ricotta

Dear Plan Participant,

Your Sergeants Benevolent Association (SBA Plan) Pharmaceutical Plan provides credible Medicare Part D pharmaceutical coverage. This designation means that it has been determined "actuarially" that the Medicare prescription drug coverage, offered by the Sergeants Benevolent Association, is on average equivalent to the standard Medicare prescription drug coverage. This designation allows our Medicare-qualified plan participants to comply with the Medicare Part D mandate, which requires all Medicare participants to have Medicare Part D coverage. Meeting this standard also allows our Medicare-qualified SBA members, spouses, or qualified dependents to move to Medicare and seamlessly remain with their SBA drug plan to meet the Medicare Part D directive.

Our enhanced plan design also allows the SBA Pharmaceutical Plan to take advantage of subsidies available from the Centers for Medicare and Medicaid Services-Retiree Drug Subsidy (CMS-RDS). This supplemental funding supports the expansion of the benefits provided to our Medicare participants. To be eligible for this funding, detailed participant information is required during the application process. The following information is required:

- Participant's Name
- Social Security Number
- Date of Birth
- Medicare Unique ID
- Date of Medicare Eligibility



In addition, we require the following information/documents:

- Name of Current Health Plan
- IF the plan participant is enrolled in an alternate pharmaceutical plan the name of that plan.
- A PDF copy of the plan participant's Social Security Card (No Photos!)
- A PDF copy of the plan participants Medicare Card (No Photos!)

The SBA Fund forwards multiple communications to members prior to and after plan participants become Medicare eligible. This is an ongoing effort to update and maintain timely Medicare status records and to collect the current information required by CMS-RDS for our annual subsidy submissions.

To maximize available CMS-RDS subsidy dollars it is necessary to put into effect immediately the following procedures:

- Those members who have not returned the completed Medicare Eligible Informational Datasheet Form will be subject to exclusion from "all" SBA Plan provided benefit coverage. This requirement includes qualified spouses and dependents.
- Plan Participants that qualify for and enroll early into Medicare, prior to their 65th birthday, "must" notify the fund via preparation and return of the MEDICARE ELIGIBLE INFORMATIONAL DATASHEET as soon as practical after receiving their new Medicare ID Card. Failure to notify the fund will make the member/spouse/dependent subject to exclusion from SBA provided benefits.
- Plan participants who reach their 65th birthday will automatically be terminated from plan benefits pending notification of their Medicare status. This includes "all" age 65 participants, including those still "actively working" and waiving Medicare Part B participation. Active working plan participants age 65+, upon completion of the MEDICARE ELIGIBLE INFORMATIONAL DATASHEET, will be re-enrolled in the plan, on an ongoing basis, for a 12-month period, pending annual updates of their continued status as "actively working."
- Member spouses or dependents failing to notify the Fund of their subsequent enrollment into Medicare will be terminated from SBA benefits pending production of all required documentation.
- Members and their dependents that enroll in Medicare that are co-enrolled in an alternate union plan (PBA, DC 37, etc.), Medicare Advantage health plan (e.g., HIP VIP or AETNA PPO/ESA, or CIGNA, NYSHIP, Federal Drug Plan, Tricare, etc.), independent prescription drug plan (PDP), e.g., AARP, or have "any" other Medicare pharmaceutical coverage "must" notify the fund ASAP of the existence of the alternate coverage. This notification will be documented by preparing an "updated" MEDICARE ELIGIBLE INFORMATIONAL DATASHEET.
- There may be circumstances when a member, spouse, or qualified dependent may find it beneficial to enroll in a Stand-Alone Medicare Prescription Drug Plan (PDP) like AARP. For example, if a participant's drug utilization requires expenditures beyond our level of coverage or if a member is on a drug regimen of injectable drugs or specialized bio-tech drugs not covered by our Plan. Those affected can consider supplementing our plan with a Stand-Alone Medicare (PDP) Part D Drug Plan. Every year from October 15th to December 7th is Medicare open enrollment. Current and new Medicare participants are eligible, at that time, to change or add additional coverage. Those plan participants that have determined to have co-enrollment in an Independent Prescription Drug Plan (PDP) must inform the SBA Fund of this choice by preparing an updated MEDICARE ELIGIBLE INFORMATIONAL DATASHEET.

These guidelines are necessary to allow for the orderly and accurate administration of your SBA Medicare Pharmaceutical Plan and to enable our SBA Plan to procure additional funding from CMS-RDS. We appreciate our plan participants' cooperation in seamlessly transitioning participants from non-Medicare to Medicare and to assist us in maximizing all available resources to provide the highest level of benefits possible.

Any questions please reach out to Retiree Representative Scott Nicholls 212-343-5654 or e-mail him at snicholls@sbanyc.org.

Fraternally,



Errol Ogman
Fund Administrator
Sergeants Benevolent Association