



NEWSLETTER April, 2020



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The Fire Department Pension fund has relocated from headquarters to its new location in Manhattan. The address is 1 Battery Park Plaza, 9th Floor NY , NY 10004-1405 Phone number : 929 436 0099

The NYC Health Benefits Program is no longer on Rector St. It has moved to 22 Cortland Street. The Program information line for retirees has not changed (212-513-0470)

FDNY - WTC Health Program Wellness and Research Updates

Attention members with ONLY WTC-related Skin Cancer and NO other WTC-related cancer. There is a case management policy change that will affect you. Please read the following:

WHO?

The cancer case management team will no longer be responsible for members diagnosed ONLY with certain skin cancers (listed below).

Basal cell carcinoma

Squamous cell carcinoma

Squamous cell in situ

Melanoma in situ

Patients who are diagnosed with skin cancer of any type in addition to another WTC-related cancer will continue to be the responsibility of our cancer management team. Malignant melanoma will continue to be the responsibility of our cancer case management team.

WHAT?

Going forward, a treatment appointment at a WTC satellite will be necessary to obtain authorization for a follow-up dermatology appointment or procedure.

In order to receive an authorization, you must have had a monitoring exam within the prior 18 months. Call (718) 999-1858 to schedule your appointment.

NO authorizations for skin care will be issued by telephone or written request to our cancer case management team.

WHERE?

This policy applies to NY (in-state) members. Those residing out-of-state should contact Cancer Care Case Management at FDNY Headquarters at 718-999-7040 regarding their dermatological care.

WHY?

As the WTCHP continues to expand and the number of cancers increases, this process will ensure close attention can be focused on members whose cancers require intensive and urgent management. We appreciate your cooperation!

Any pathology reports for malignant melanomas or other uncertified cancers should be faxed to Nadia Jaber, RPA-C, at 718-403-4913. For questions, Nadia can be reached at 718-403-4412.

If you have questions and/or need assistance regarding the WTC Health Program, please use the phone number below or visit our webpage for more information: <https://www.fdnwtcprogram.org/>

FDNY - WTC Health Program, 9 MetroTech Center,

Brooklyn, NY 11201, United States.

(718) 999-1878

Medicare Advantage Plans cover all Medicare services

Medicare Advantage Plans must cover all of the services that Original Medicare covers. However, if you're in a Medicare Advantage Plan, Original Medicare will still cover the cost for hospice care, some new Medicare benefits, and some costs for clinical research studies. In all types of Medicare Advantage Plans, you're always covered for emergency and urgently needed care.

The plan can choose not to cover the costs of services that aren't medically necessary under Medicare. If you're not sure whether a service is covered, check with your provider before you get the service.

Most Medicare Advantage Plans offer coverage for things that aren't covered by Original Medicare, like vision, hearing, dental, and wellness programs (like gym memberships). Plans can also cover more extra benefits than they have in the past, including services like transportation to doctor visits, over-the-counter drugs, adult day-care services, and other health-related services that promote your health and wellness. Plans can also tailor their benefit packages to offer these new benefits to certain chronically ill enrollees. These packages will provide benefits customized to treat those conditions. Check with the plan to see what benefits are offered and if you qualify. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan. In 2020, the standard Part B premium amount is \$144.60 (or higher depending on your income).

If you need a service that the plan says isn't medically necessary, you may have to pay all the costs of the service. But, you have the right to appeal the decision.

You (or a provider acting on your behalf) can request to see if an item or service will be covered by the plan in advance. Sometimes you must do this for the service to be covered. This is called an "organization determination." If your plan denies coverage, the plan must tell you in writing.

You don't have to pay more than the plan's usual cost-sharing for a service or supply if a network provider didn't get an organization determination and either of these is true:

The provider gave you or referred you for services or supplies that you reasonably thought would be covered.

The provider referred you to an out-of-network provider for plan-covered services.

Contact your plan for more information. Get your plan's contact info

MEDICARE Part B INFO

Preventive & screening services

Medicare Part B (Medical Insurance) covers:

Abdominal aortic aneurysm screening

Alcohol misuse screenings & counseling

Bone mass measurements (bone density)

Cardiovascular disease screenings

Cardiovascular disease (behavioral therapy)

Depression screenings

Diabetes self-management training

Hepatitis B Virus (HBV) infection screening

HIV screening

Mammograms (screening)

Obesity screenings & counseling

Sexually transmitted infections screening & counseling

Shots:

Flu shots

Hepatitis B shots

Pneumococcal shots

Tobacco use cessation counseling

Yearly "Wellness" visit

Cervical & vaginal cancer screening

Colorectal cancer screenings

Multi-target stool DNA tests

Screening barium enemas

Screening colonoscopies

Screening fecal occult blood tests

Screening flexible sigmoidoscopies

Diabetes screenings

Glaucoma tests

Hepatitis C screening test

Lung cancer screening

Nutrition therapy services

Prostate cancer screenings

MEDICARE PART A

In general, Part A covers:

Inpatient care in a hospital

Skilled nursing facility care

Inpatient care in a skilled nursing facility (not custodial or long-term care)

Hospice care

Home health care

2 ways to find out if Medicare covers what you need

Talk to your doctor or other health care provider about why you need certain services or supplies. Ask if

Medicare will cover them. You may need something that's usually covered but your provider thinks that

New York City Office of Labor Relations

Health Benefits Program

22 Cortlandt Street - 12th Floor

2019 Medicare Part B Premium Reimbursement

ANSWERS TO FREQUENTLY ASKED

QUESTIONS

The standard reimbursement amount for Calendar Year 2019 is \$109.00 per person, per month. For those newly enrolled in Medicare in 2019, currently, the standard amount is \$135.50.

The reimbursements will be issued in April. If you are currently receiving your pension check through Electronic Fund Transfer (EFT) or direct deposit, your Medicare Part B reimbursement will be deposited directly into your bank account. This will be a separate payment from your pension payment. If you don't have EFT or direct deposit, you will receive a check in the mail in April. Question: How do I enroll for the Medicare Part B reimbursement?

Answer: Complete the Medicare Part B

Reimbursement Program Application and return it with a copy of your Medicare card to the address listed above, Attention: Medicare Unit.

Question: I am a City retiree. Is my spouse/ domestic partner/Medicare-eligible dependent entitled to the Medicare Part B reimbursement?

Answer: Yes. They are eligible if they are covered under your City health plan and enrolled in Medicare Part B Reimbursement and the health plan has the dependent in Medicare status.

Complete the Medicare Part B Reimbursement Program Application and return it with a copy of their Medicare card to the address listed above,

Attention: Medicare Unit.

Question: I received the standard premium amount of \$109.00 per month for 2019 for the Medicare Part B reimbursement. However, I paid more than the standard amount. Can I be reimbursed for the difference?

Answer: Yes. If your 2019 monthly Medicare Part B premium was between \$110.00 and \$135.50 you may be eligible for an additional reimbursement amount referred to as a differential payment. In order to receive the differential payment, the retiree and/or dependent must submit a copy of proof of this additional payment (for example, the Form SSA-1099, bank statements, CMS-500 Notice of Medicare Payment Due) to our office for review. If approved, you will receive the differential payment during the first quarter of 2021. For further information and to download the Medicare Part B Differential Request form, visit our website at nyc.gov/hbp.

If, however, you are enrolled in Medicare Part B as of 2016, you should have received reimbursement of \$135.50 per month automatically and no action will be required on your part.

Question: Many people received their reimbursement and I didn't get mine yet.

What should I do?

Answer: Medicare reimbursements were deposited directly into the same account that you use for your pension payment. Please check your bank statement.

Question: I don't have direct deposit for my pension payment and still have not received my Medicare reimbursement. What should I do?

Answer: You should write to the address listed above, Attention: Medicare Unit. Please include your name, retiree spouse's name (if applicable) retiree's Social Security number, agency from which the retiree retired, current address, telephone number, and a copy of your Medicare card/ your spouse's Medicare card (if applicable). This review process may take up to 8 weeks from receipt of the above information.

Question: The reimbursement I received is not the correct amount. What should I do?

Answer: You should write to the address listed above, Attention: Medicare Unit. Include your name, Social Security number, current address and telephone number, and a copy of your Medicare card.

State the reason you believe the amount is incorrect. This process may take up to 8 weeks from receipt of the information. Question: The check that I received is torn/ripped and the bank will not cash it. What should I do?

Answer: You should return the check to the address listed above, Attention: Medicare Unit. Include your name and Social Security number. It may take up to 8 weeks for a replacement check to be issued.

Question: I am the retiree and received a reimbursement for my spouse/domestic partner/Medicare eligible dependent who died during the reimbursement year. What should I do?

Answer: Contact the Health Benefits Program in writing. Include both the retiree's and deceased individual's name, both Social Security numbers, address, phone number and a copy of the death certificate. Mail the information to the address listed above, Attention: Medicare Unit.

Question: My spouse/dependent was a City retiree who died before the reimbursements were issued. How do I claim the reimbursement?

Answer: You should write to the address listed above, Attention: Medicare Unit. Include the retiree's name and Social Security number, your name, your address, phone number and a copy of the death certificate. Upon receipt of the death certificate, we will contact you if further documentation is required.

Question: Do I have to re-enroll every year for the Medicare Part B Reimbursement?

Answer: No, but if you change your address, or if one of the eligible Medicare Part B recipients dies, you must notify the Health Benefits Program, in writing.

Question: What if my bank account information changes?

Answer: Please notify your pension system directly of any bank account changes. The changes will be automatically used for the Medicare Part B reimbursements.

Question: I paid more than the standard premium for Medicare Part B. Am I entitled to the higher premium reimbursement (IRMAA)?

Answer: You may be entitled to the higher reimbursement through Income Related Monthly Adjustment Amount (IRMAA). Visit our website at [nyc.gov/hbp](https://www1.nyc.gov/hbp) for further information.

<https://www1.nyc.gov/assets/olr/downloads/pdf/health/faq-medicare-part-b.pdf>

A Little Humor

A man was walking down the street when he was accosted by a particularly dirty and shabby-looking homeless man who asked him for a couple of dollars for dinner' The man took out his wallet, extracted ten dollars and asked, "If I give you this money, will you buy some beer with it instead of dinner?" "No, I had to stop drinking years ago," the homeless man replied. "Will you spend this on green fees at a golf course instead of food?" the man asked. "Are you NUTS!" replied the homeless man. "I haven't played golf in 20 years!" "Well," said the man, "I'm not going to give you money. Instead, I'm going to take you home for a hot shower and a terrific dinner cooked by my wife." The homeless man was astounded. "Won't your wife be furious with you for doing that?" The man replied, "That's okay. It's important for her to see what a man looks like after he has given up drinking and golf."

WTC Contact

Website <https://lhi.care/wtcfeedback>

LHI.Care www.lhi.care

Phone 877) 498-2911

Email.....wtchpnpn@logisticshealth.com

Mail: Logistics Health, Inc., c/o WTC HP Nationwide Provider Network, 328 Front Street, La Crosse, WI ,
54601

**Our next meeting is cancelled until further
notice.**

**2020 Dues are due in January,
See renewal application below**

P.O. Box 15589
Surfside Beach, SC 29587

Website: fdnycra.com

email: rickgimbl@gmail.com

MEMBERSHIP APPLICATION/RENEWAL YEAR 2020

It is important to fill the renewal Application out,. Please enter on indicated line and return entire form with payment.

Check One: New Member Renewal

Membership Dues: \$25.00 per year

YES NO Permission to have name on Website

NAME: _____ RANK _____

SPOUSE NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

UNIT RETIRED FROM: _____ DATE: _____

HEALTH PLAN: _____

Comments

Return to: **FDNY- Carolinas Retiree Association**
 P.O. Box15589

Surfside Beach, SC 29587

