
SECTION I



RETIREE MEDICARE HMO DRUG BENEFITS

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I. RETIREE MEDICARE HMO DRUG BENEFITS

OVERVIEW



The Management Benefits Fund pays the drug option premium cost directly to Health Maintenance Organizations (HMOs) on behalf of Medicare-eligible retirees and their spouses/domestic partners who are enrolled in qualified Medicare HMOs.

ELIGIBILITY

Retired Fund members and/or their spouses/domestic partners who satisfy the Fund's eligibility and enrollment requirements, as outlined in the "Fund Eligibility and Membership" section of this booklet (See page A.1), are eligible for benefits under this program if:

1. their City health plan coverage is provided through a qualified Medicare HMO; and
2. they are enrolled in Medicare Parts A & B; and
3. they reside at their present address for at least nine months of the year.

QUALIFIED MEDICARE HMO PLANS

The City of New York Employee Health Benefits Program publishes a Summary Program Description (SPD) that provides detailed information on qualified Medicare HMO Plans. To request a copy of this SPD, please call (212) 513-0470 or write to the City of New York Office of Labor Relations Employee Health Benefits Program, 40 Rector Street, 3rd Floor, New York, NY 10006.

BENEFITS

The Fund will pay the premium cost of any drug option of qualified Medicare HMO Plans offered by the City of New York Employee Health Benefits Program, where such a cost would otherwise be paid by the member through pension deductions. The member, however, will be liable for any co-payments (if applicable).

Please Note: The Fund Retiree Medicare HMO Drug Benefits are only available to Medicare-eligible members and/or their Medicare-eligible spouses/domestic partners. Charges for a drug option for a non-Medicare-eligible person will not be assumed by the Fund and are the responsibility of the member.

PROCEDURE FOR OBTAINING BENEFITS

As long as a member and/or his/her spouse/domestic partner satisfies the eligibility criteria (specified earlier), and applies for drug option coverage under a qualified Medicare HMO Plan, which charges a separate premium payment for such coverage, he/she automatically receives benefits from this program. The Fund directly pays the premium cost to the HMO, without any further paperwork required on the member's part.



