

125 Barclay Street
New York, N.Y. 10007-2179
Telephone: (212) 815 - 1234

Health & DC37 Security Plan

December, 2017

RE: PRESCRIPTION DRUG PREMIUM CONTRIBUTION REIMBURSEMENT

Dear Local 1070 NYS Active Member:

Together with DC37 Local 1070 President Fausto Sabatino, the DC37 Health & Security Plan (the Plan) is pleased to provide a *prescription drug premium contribution reimbursement* benefit to all eligible DC37 Local 1070 active members from the New York State Court System, represented by DC37 Local 1070. *This is different from the prescription drug co-payment reimbursement.*

For Calendar Year 2017, each eligible DC37 Local 1070 active member will be eligible to receive a prescription drug premium contribution reimbursement, if you were enrolled in the New York State Health Insurance Program (NYSHIP).

- **Individual Enrollment:** If you were enrolled in the NYSHIP for Calendar Year 2017 as an individual contract, you will be eligible for a maximum of \$400 for the prescription drug premium contribution. The \$400 reimbursement amount will be prorated, if you were enrolled for less than 12-months during Calendar Year 2017.
- **Family Enrollment:** If you were enrolled in the NYSHIP for Calendar Year 2017 as a family contract, you will be eligible for a maximum of \$1,100 for the prescription drug premium contribution. The \$1,100 reimbursement amount will be prorated, if you were enrolled for less than 12-months during Calendar Year 2017.

In order to be eligible for the Calendar Year 2017 prescription drug premium contribution reimbursement, please complete the attached prescription drug premium reimbursement form.

Please attach a copy of your last December 2017 paystub to verify your NYSHIP premium contributions and "black-out" all information except for your name; address; and premium contributions. Please mail the required information in the self-addressed envelope no later than April 30, 2018. If you fail to file for reimbursement by April 30, 2018, your claim for reimbursement will not be processed.

Your prescription drug premium contribution reimbursement amount will not be processed without the required information/documents.

If you have any questions regarding this benefit, please contact the DC37 Health & Security Plan's Inquiry Unit (212-815-1234).

In Solidarity,

Willie Chang

Administrator
DC37 Health & Security Plan

**DC37 Local 1070 NYS Active Members
CY2017 Prescription Drug
Premium Contribution Reimbursement**

DC37 Local 1070 NYS Active Member

Member SSN/PID: _____

Name: _____

Last

First

Address: _____

Number

Street

Apt#

City

State

Zip

Dates Enrolled in the New York State Health Insurance Program for CY2017

For Individual Coverage: _____

For Family Coverage: _____

Name of Health Insurance Plan: _____

Total New York State Health Insurance

Premium Contributions: _____

Please attach a copy of your last December paystub to verify the premium contribution amounts. Please "black-out" all information except for the name and the premium contribution amounts.

