

55 Water Street – 23rd Fl
New York, N.Y. 10041
Telephone: (212) 815 - 1234

Health & DC37 Security Plan

December 2021

RE: Local 1070 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 2021, 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 2021 with 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 2021.
- **Family Enrollment**: If you were enrolled in the NYSHIP for Calendar Year 2021 with 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 2021 or if you switched between an Individual and Family contract during the year.

In order to be eligible for the Calendar Year 2021 prescription drug premium contribution reimbursement, please complete the attached prescription drug premium reimbursement form. Please also attach a copy of your last December 2021 paystub to verify your NYSHIP premium contributions. The Advice Date on the upper left side of your paystub should be prior to January 1, 2022 (paystub dated December 25, 2021). ***Please mail the required information in the self-addressed envelope no later than April 29, 2022.*** If you fail to file for reimbursement by April 29, 2022, 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,

Jodi P. Goldman

Associate Administrator
DC37 Health & Security Plan

**DC37 Local 1070 NYS Active Members
CY 2021 Prescription Drug
Premium Contribution Reimbursement**

DC37 Local 1070 NYS Active Member

Member SSN/PID: _____

Name: _____
Last First

Address: _____
Number Street Apt#

_____ City State Zip

Telephone No.: () - _____

Dates Enrolled in the New York State Health Insurance Program for CY 2021

For Individual Coverage: _____

For Family Coverage: _____

Name of Health Insurance Plan: _____

Total New York State Health Insurance
Annual Premium Contributions: _____

Attach a copy of your last December 2021 paystub to verify the premium contribution amounts, as described in the accompanying letter.