

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

# Health & DC37 Security Plan

December 2018

## RE: Prescription Drug Premium Contribution Reimbursement

Dear Local 1070 NYS Active Bargaining Unit 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 bargaining unit 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 2018, each eligible DC37 Local 1070 active bargaining unit 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 2018 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 2018.
- **Family Enrollment:** If you were enrolled in the NYSHIP for Calendar Year 2018 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 2018 or if you switched between an Individual and Family contract during the year.

In order to be eligible for the Calendar Year 2018 prescription drug premium contribution reimbursement, please complete the attached prescription drug premium reimbursement form. Please also attach a copy of your last December 2018 paystub to verify your NYSHIP premium contributions. The Advice Date on the upper left side of your W-2 should be prior to January 1, 2019. ***Please mail the required information in the self-addressed envelope no later than April 30, 2019.*** If you fail to file for reimbursement by April 30, 2019, 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 Goldman*

Associate Administrator  
DC37 Health & Security Plan

