

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 Retiree:

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 retirees 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 retiree 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 \$200** for the prescription drug premium contribution. The \$200 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 2018 with a family contract, you will be eligible for a **maximum of \$500** for the prescription drug premium contribution. The \$500 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 a Family contract.

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 Retiree Annual Statement for 2018, which you should receive by February, to verify your NYSHIP premium contributions. If you do not receive one you can request one by contacting the State Retiree System at **(866) 805-0990**. 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

DC37 Local 1070 NYS Retirees
CY2018 Prescription Drug
Premium Contribution Reimbursement

DC37 Local 1070 NYS Retirees

Member SSN/PID: _____

Name: _____

Last

First

Address: _____

Number

Street

Apt#

City

State

Zip

Telephone No.: _____

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Dates Enrolled in the New York State Health Insurance Program for CY2018

For Individual Coverage: _____

For Family Coverage: _____

Name of Health Insurance Plan: _____

Total New York State Health Insurance

Annual Premium Contributions: _____

Please attach a copy of your Retiree Annual Statement to verify your premium contribution amounts.