

Consider the alternatives

Posted Tuesday, November 1, 2022 1:17 pm

To the editor:

Both DC37 and the UFT are urging their members to contact the City Council to amend Section 12-126 of the Administrative Code. The proposed amendment, which does not yet have a sponsor, would weaken health insurance protections for both municipal retirees and in-service employees.

The proposed change to the Administrative Code Section 12-126 means that the only premium-free retiree plan would be Medicare Advantage, and the current Medicare/Senior Care plan will cost individuals at least \$200/month if it is allowed to continue as an option. In addition, it would also allow the city to renegotiate the "benchmark" reimbursement rate for everyone and place employees into different "classes" to diminish benefits further undermining the equal treatment of health benefits that current and retired employees currently have.

There are alternative approaches to managing the city's rising health care costs that should be considered. Savings could be achieved through measures such as negotiating with the hospitals for a more equitable reimbursement rate, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers. The burden should not fall on workers, retirees and their dependents.

The unions and the city worked in good faith during past financial crises in 1975, 1991 and 2008 to preserve benefits for all current employees and retirees. The parties need to develop a Plan B that will address the financial realities and preserve our health care. A special panel composed of retirees with management and labor backgrounds, the comptroller, other city officials and City Council members would go a long way towards achieving savings without diminishing health benefits and still provide a choice of plans. Retirees are ready, willing and able to meet with the City and MLC to help develop the plan.

Stuart Eber

Stuart Eber is the Chair of the Council of Municipal Retiree Organizations (COMRO) and President Emeritus of the NYC Managerial Employees Association

A fuller truth on Medicare

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To the editor:

In a recent communique to active and retired members of District Council 37, Executive Director Henry Garrido asked that members contact their City Council Members to tell them that they are in favor of amending the NYC Administrative Code 12-126. Mr. Garrido also stated in his memorandum that the Health Stabilization Fund monies had "run out." Mr. Garrido also stated that "there are those who wish to scare you into rejecting any changes we propose. These individuals are not telling you the truth." The truth of this matter is that back in 2014, the UFT was permitted to utilize \$1.1 billion of those funds for the purpose of funding much needed raises for their members without any provisions of restoring those funds from the city.

Unlike the UFT, DSNY and other MLC employees, much of Mr. Garrido's members both active and retired have pensions amounting to less than \$22,000 annually and they cannot afford to pay higher health care costs or continually appeal denials that often accompany requests for medical procedures that are part of a Medicare Advantage plan.

The DC 37 Retirees Association has requested membership in the MLC for the sole purpose of providing helpful suggestions regarding the health care situation but that request was denied by the MLC. The DC 37 Retirees Association continues to be a willing partner to resolve this issue if and when asked. In closing, The DC 37 Retirees Association and its 26,000 members stand opposed to any proposed amendments to Administrative Code 12-126 as it would have a detrimental effect on both active and retired employees and their dependents.

Robert Gervasi

Robert Gervasi is president of the DC 37 Retirees Association

A sick idea

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To the editor:

Mayor Eric Adams, the Office of Labor Relations and the complicit Municipal Labor Committee (MLC) want city employees and retirees to think that a Medicare Advantage plan is a win-win for all.

Medicare Advantage is a "disadvantage" for all. Medicare Advantage plans have two main differences: far fewer doctors participate in MA plans; and doctors and their patients have to endure the bureaucratic hurdles — and proven dangers — of prior authorizations. Placing a "for-profit" private insurance company — making medical decisions — between the doctor and her patient is a fundamental concern. Hundreds of New York-area doctors said they were not going to accept this potential plan. And for retirees living outside the New York area, their access to participating doctors was going to be even more restricted. New York City makes excess payments of almost \$1.2 billion a year to insurers. The city buys insurance which incurs "risk charges." These charges would be avoided if the city self-insured as most other major public and private employers do. Cost savings can be attained by negotiating reduced reimbursement rates by our well-heeled non-profit hospitals, and negotiating reduced reimbursement rates in return for the generous property, commercial and income tax waivers it grants them. Mayor Bloomberg successfully negotiated with insurers years ago. Why not do so now?

New York City could also combine many of the 73 union welfare funds to save millions in administrative costs. Some welfare funds carry high reserves while expending 20 percent lower-than-average amounts for benefits. (Confer: NYC Comptroller Report FN20-118S of Jan. 25).

New York State and the neighboring counties of Nassau and Suffolk do not mandate Medicare Advantage as the sole retiree health plan. Arbitrator Martin Scheinman has not entertained any such plan change on Long Island so why should New York City. Self-insuring, welfare fund consolidation and renegotiated reimbursement rates preserves traditional Medicare while saving enormous costs and maintaining good healthcare. Why not now?!

Joseph Campbell