

55 Water Street, 23<sup>rd</sup> Floor  
New York, N.Y. 10041  
Telephone: (212) 815 -1234

# Health & DC37 Security Plan

December 2020

## RE: Local 1359 Prescription Drug Co-Payment Reimbursement Benefit

Dear Local 1359 Active/Retiree Local 1359 Bargaining Unit Member:

Together with DC37 Local 1359 President Dennis Ifill, the DC37 Health & Security Plan (Plan) is pleased to provide a **Prescription Drug Co-Payment Reimbursement Benefit** to all eligible bargaining unit members and retirees for the New York State Rent Regulation Services Employees, represented by DC37 Local 1359.

For Calendar Year 2020, each eligible bargaining unit member or retiree will be eligible to receive a reimbursement for prescription drug co-payments of up to a maximum of **\$300 per family** for any amount over \$1. One reimbursement request per family will be accepted for reimbursement for Calendar Year 2020.

The following examples explain how the reimbursement is determined:

*If the total out-of-pocket prescription drug co-payment for you and your family for the period of January 1, 2020 through December 31, 2020 was \$150; you will be eligible to receive a reimbursement payment of \$150.*

*If the total out-of-pocket prescription drug co-payment for you and your family for the period of January 1, 2020 through December 31, 2020 was \$400; you will be eligible to receive a reimbursement payment of \$300, the maximum benefit amount.*

Please complete the enclosed application form and submit it for payment along with an Explanation of Benefits (EOB) statement from your prescription drug benefit provider documenting your total out-of-pocket prescription drug co-payments for Calendar Year 2020. The EOB statement must be attached to the application. Your application will not be processed without the EOB statement. The application and EOB statement must be returned to the Plan's office, in the enclosed self-addressed envelope **no later than April 30, 2021.**

You can contact the New York State Health Insurance Program (Empire Plan: 1-877-769-7447) on how to request an Explanation of Benefits statement reflecting your year-end total prescription drug co-payments. You may also be able to request this statement directly from your prescription drug benefit provider's website. *Please note that each year, the Health & Security Plan will re-evaluate the \$300 prescription drug co-payment reimbursement to determine if there are sufficient funds to continue to reimburse co-pays at the \$300 level and the benefit criteria.* If you have any questions regarding this benefit, please contact the DC37 Health & Security Plan's Drug Unit at 212-815-1621.

In Solidarity,

***Jodi P. Goldman***

Jodi P. Goldman  
Associate Administrator

**DC 37 Health & Security Plan  
55 Water Street, 23<sup>rd</sup> Floor  
New York, New York 10041**

**NEW YORK STATE RENT REGULATION SERVICES  
EMPLOYEES AND RETIREES**

**PRESCRIPTION DRUG CO-PAYMENT REIMBURSEMENT CLAIM – 2020**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. No.:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Daytime Telephone No.:** \_\_\_\_\_

**Please check one:**     **Active Local 1359 Bargaining Unit Member**  
                               **Local 1359 Retiree**

**Personal Identification Number (PID) or SS#** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TO THE ELIGIBLE BARGAINING UNIT MEMBER OR RETIREE:** To obtain your reimbursement of out-of-pocket prescription drug co-payments of up to a maximum of \$300 per individual/family for the period January 1, 2020 through December 31, 2020, please do the following: 1) Fully complete and sign the above application; 2) Attach to this form a copy of your Explanation of Benefit Statement (EOB) obtained from your prescription drug benefit provider (the Empire Plan or your HMO) documenting your total co-payments for Calendar Year 2020; and, 3) Send both to the DC 37 Health & Security Plan, 55 Water Street, 23<sup>rd</sup> Floor, New York, New York 10041, Attn: Drug Unit. Applications submitted without an EOB statement **cannot be processed and will be returned to you. (Individual receipts will not be accepted).** To qualify for reimbursement, please submit your total out-of-pocket prescription drug co-payments over \$1 for Calendar Year 2020. The Health & Security Plan will reimburse you up to a maximum of \$300 in out-of-pocket prescription drug co-payment expenses. All applications for reimbursement must be received by **April 30, 2021**. For assistance in completing this application you may contact the Plan's Drug Unit at (212) 815-1621.

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**(This section to be completed by DC37 H&S Plan staff only)**

**EOB attached:**     **YES**     **NO**

**Total prescription drug co-payment:** \_\_\_\_\_ **Reimbursement Amount:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed/Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date sent to Accounting:** \_\_\_\_\_