

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

Health & DC37 Security Plan

December 2020

RE: Local 1359 Active Prescription Premium Contribution Reimbursement

Dear Local 1359 Active Member:

Together with DC37 Local 1359 President Dennis Ifill, the DC37 Health & Security Plan (the Plan) is pleased to provide a ***Prescription Premium Contribution Reimbursement Benefit*** to all eligible DC37 Local 1359 Active Members the New York State Rent Regulation Services Unit, represented by DC37 Local 1359. ***This is different from the prescription drug co-payment reimbursement.***

For Calendar Year 2020, each eligible DC37 Local 1359 Active Member will be eligible to receive a prescription 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 2020 with an individual contract, you will be eligible for a **maximum reimbursement of \$150** for the prescription premium contribution. The \$150 reimbursement amount will be prorated if you were enrolled for less than 12 months during Calendar Year 2020.
- **Family Enrollment**: If you were enrolled in the NYSHIP for Calendar Year 2020 with a family contract, you will be eligible for a **maximum reimbursement of \$300** for the prescription premium contribution. The \$300 reimbursement amount will be prorated if you were enrolled for less than 12 months during Calendar Year 2020 or if you switched between an Individual and Family contract during the year.

In order to be eligible for the Calendar Year 2020 prescription premium contribution reimbursement, please complete the attached prescription premium reimbursement form.

For Actives, please also attach a copy of your last December 2020 paystub to verify your NYSHIP premium contributions. The Advice Date on the upper left side of your paystub should be prior to January 1, 2021. Please mail the required information in the self-addressed envelope no later than April 30, 2021. If you fail to file for reimbursement by April 30, 2021, your claim for reimbursement will not be processed. Your prescription 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

Jodi P. Goldman
Associate Administrator
DC37 Health & Security Plan

