

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

Health & DC37 Security Plan

December 2020

RE: Local 1359 Retiree Prescription Premium Contribution Reimbursement

Dear Local 1359 **Retiree**:

Together with DC37 Local 1359 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 State Rent Regulation Services Unit retirees. ***This is different from the prescription drug co-payment reimbursement.***

For Calendar Year 2020, each eligible DC37 Local 1359 retiree 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 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 a Family contract.

In order to be eligible for the Calendar Year 2020 prescription premium contribution reimbursement, ***please complete the attached prescription premium reimbursement form.*** Please also attach a copy of your Retiree Annual Statement for 2020, which you should receive by early 2021, 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 note that additional documentation may be requested if your premium has been reduced or eliminated due to a sick-leave credit. 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

Associate Administrator
DC37 Health & Security Plan

DC37 Local 1359 Retirees
CY 2020 Prescription
Premium Contribution Reimbursement

DC37 Local 1359 Retirees

Member SSN/PID: _____

Name: _____
Last First

Address: _____
Number Street Apt#

_____ City State Zip

Telephone No.: () _____ - _____

Dates Enrolled in the New York State Health Insurance Program for CY 2020

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.