



# Summary Plan Description

## Retirees





# When You Retire

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## What happens to my health insurance when I retire?

When you retire, both your basic health insurance and your supplemental health insurance may continue. The basic health plan for hospitalization and major medical insurance (such as GHI-CBP/Empire Blue Cross, for example) remains available to eligible retirees under 65 participating in the New York City Health Benefits Program. Retirees also continue to receive the supplemental health insurance benefits (dental, optical, prescription drugs, etc.) provided by the PSC-CUNY Welfare Fund. To be eligible for coverage in retirement, you must be:

- collecting a pension through a CUNY-related program
- be eligible for Welfare Fund benefits at the point of retirement, and
- be eligible for basic coverage through the NYC retiree health program.

## Preparing for Self-Pay

Between the time you go off payroll deduction and the time you go on pension deduction, there is a period of self-pay for:

- Catastrophic Major Medical (Mercer Consumer)
- John Hancock Long Term Care
- NYSUT Member Benefits Trust Programs (i.e., life insurance)

During this time, you must have direct pay arrangements, such as automatic bank withdrawals (will be continued if already in place) or direct premium remittance (e.g., by personal check). The insurance carrier can bill you, but there is a risk that the bill

will get lost or you overlook it or mistake it for a general solicitation. If you do not pay (regardless of the reason), your coverage may be cancelled permanently, or you may be required to provide medical qualification, which could lead to cancellation. It is very important that you make sure that each insurance carrier has your correct mailing address, phone number and e-mail address.

For benefit provider phone & email contacts, see the [Contacts Page](#).

If you are not sure of what coverage you have as you're about to retire, make sure that you check your pay stub and understand each deduction. You can also consult the bi-annual communication from NYSUT for clarification.

## What happens when I become eligible for Medicare?

New York City policy requires retirees who reach age 65 to apply for Medicare B, which becomes their primary health insurance. Their City benefits insurance plan (GHI, HIP, etc.) becomes their secondary coverage. Likewise, The PSC-CUNY Welfare Fund follows the NYC HBP policy. To enroll in the Welfare Fund SilverScript prescription drug program, retirees who reach age 65 are required to enroll in Medicare Part B. Likewise, when a dependent spouse/partner reaches age 65, enrollment in Medicare Part B is mandatory. The City benefit plan, such as GHI, continues but becomes secondary coverage.

You (or your covered dependent) should apply for Medicare Part B approximately three months before reaching age 65 by contacting your local Social Security Administration (1-800-772-1213). If your dependent is under the age of 65 but is receiving Social Security disability payments for 24 months or more, your dependent must also apply for Medicare B.

**Do not** enroll yourself or your dependent spouse/partner in ANY Medicare Part D drug program. Medicare-eligible retirees participating in the Welfare Fund Medco drug plan are enrolled by the Fund in the SilverScript Medicare Part D Prescription Plan when their Welfare Fund retiree enrollment forms are processed. Enrollment in other Medicare Part D plans makes you ineligible for Welfare Fund drug coverage.

Medicare Part B requires a monthly premium that is automatically deducted each month from your Social Security check and usually changes each January 1. You can contact the Social Security Administration for the current premium.

If you are a TRS/ERS retiree, the City will reimburse you and your eligible dependents on Medicare for a portion of the monthly premium for Medicare Part B. You must be receiving a City pension check and be enrolled as the contract holder for City health benefits in order to receive reimbursement. You must notify the NYC Health Benefits Program (40 Rector Street, 3rd floor, New York, NY, 10006) in writing

immediately upon receipt of your and your dependent's Medicare card. Medicare Part B reimbursements will be made to retirees who elect Medicare as primary coverage.

If you are a TIAA-CREF retiree, you are also eligible for a partial reimbursement of the monthly Medicare Part B premium if you are:

- receiving a TIAA-CREF retirement annuity check, and
- enrolled in the New York City Health Benefits Program as the contract holder, and
- enrolled in and paying premiums for Medicare Part B.

In addition, your spouse/domestic partner and/or disabled dependent may be eligible to receive Medicare Part B reimbursement in the year in which you retire (or in the year he or she becomes eligible for Medicare Part B following your retirement date) if he or she is enrolled in Medicare Part B and covered under your retiree health benefits plan.

TIAA-CREF retirees must submit a Medicare Part B Application for Reimbursement form, available on the [Forms page](#) or from your College Human Resources Office. Complete and forward the application to Hollace Humphrey, The City University of New York, 395 Hudson St., New York, NY 10014. You must include a copy of the Health Insurance and Medicare Part A and Part B cards for yourself and eligible spouse/domestic partner and/or disabled dependent(s). Reimbursements are not permitted for retirees who live outside of the United States.

Medicare Part B reimbursement checks are processed in the year following your retirement. The City will generally process the payments once a year for those who retired during the previous calendar year. As a result, the application approval process may take six months or more depending on the application submission date.

## For More Information

If you have questions about your benefits in retirement contact the New York City Health Benefits Program at 212 513-0470. You can visit their website at [www.nyc.gov/html/olr](http://www.nyc.gov/html/olr). You can also call the Welfare Fund at 212-354-5230, or e-mail us at [communications@psccunywf.org](mailto:communications@psccunywf.org).

Detailed information and advice about Medicare is available online from the [Medicare Rights Center \(MRC\)](#) or by calling its Consumer Hotline (1-800-333-4114). MRC provides counseling to individuals who need answers to Medicare-related questions or help getting care. Hotline counselors are available Monday through Friday, 9AM – 6PM.

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