

[Sender Name]

[Sender Address]

[Sender Address]

[Recipient Name]

[Recipient Address]

[Recipient Address]

[Date]

Dear _____ :

We are writing to you to express our deep concerns and dismay with the current state of medical insurance options for non-medicare age retirees, particularly for those residing outside of New York State.

Of the ten (10) plans offered to retired uniformed members of service:

- three (3) are strictly for NYC/NYS residents
- three (3) are for tri-state area residents only
- two (2) offer coverage in limited states
- two (2) offer “national” coverage

The options for limited state and “national” coverage are severely lacking in participating providers or are extremely expensive. In reality, there really is not much of a choice for out of state residents.

- Aetna EPO is limited to just 14 states (and not all of those accept the Aetna NY plan) and the premium continues to rise at an alarming rate. The percentage increase for single coverage in 2020 was an appalling 32%.
- Cigna has even more coverage limitations and is outrageously priced.
- Empire EPO may offer national coverage but is also outrageously priced.
- Emblem Health/GHI CBP (hereinafter referred to as “Emblem Health”) is obviously cost effective for retired members, but it is by no means “national”. The number of participating providers is very limited or even non-existent in many states. In addition, there are tremendous administrative short falls, as detailed below:

- Insufficient access to participating in-network providers outside of the tri-state area.
- Panels are closed to adding new providers because the system erroneously indicates large numbers of in-network participating providers.
- Eg. Emblem Health states that the panel is closed to additional OB/GYN providers in the Sarasota, FL area because there are more than 200 providers listed in a group under Florida Women's Care tax id. Women in this area currently need to travel upwards of 150 miles for a participating OB/GYN provider. Would your wives or daughters want to travel that distance?
- There is a severe lack of specialty doctors located within a reasonable distance. Which is a consequence to a closed panel.
- Website is not purged of participating providers who are no longer in contract with Emblem Health.
- There are cases where the doctor's office thinks they are in network but Emblem Health states they are not. **There is a major issue with credentialing.**
- Not all providers in a doctor's office are credentialed by Emblem Health. If the in-network provider is unavailable, the member will be charged for out of network services.
- Participating providers are listed multiple times.
- There is no delineation between providers listed who only accept Emblem Health as secondary insurance to Medicare, as opposed to in-network, fully participating providers.
- Emblem Health has not increased fees to in-network providers in years.

- Emblem Health is not competitively renegotiating participation agreements to retain providers
- Reimbursement for out of network providers is not related to usual and customary rates or what the provider may charge, but are set at a fixed amount based on Emblem Health's GHI **1983** reimbursement rates, leaving members with significant out of pocket expenses.

Since Emblem Health is the prevalent provider, we are asking the union to address, at the very least, the following 7 issues on our behalf:

1. Audit Emblem Health to determine how insured premium is allocated.
2. Verify that Emblem Health is providing services per the contractual agreement.
3. Demand that Emblem Health open all panels to new providers, particularly out of state.
4. Request a streamlined process whereby a participating provider can get approval for all doctors within the same practice credentialed.
5. Demand that the website be purged and updated by Emblem Health to accurately represent current participating providers.
6. Demand reasonable, competitive payment to providers.
7. Demand that Emblem Health renegotiate contracts in good faith to retain participating providers, especially when a good doctor is treating patients in an area with low specialty coverage.

We do not think you realize how bad it is for non-medicare retirees. The number of retirees is rapidly increasing, as is relocation out of state. We appreciate that we have a union that will speak on our behalf. We are asking the unions to step up, protect us and negotiate reasonable health care options. We and our families deserve what we worked and sacrificed for.

Kindly respond to this letter affirming that you understand our plight and plan to fight for us.

Respectfully,

Following is contact information for each union:

Police Benevolent Association

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Nycpba.org

Sergeants Benevolent Association

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Lieutenants Benevolent Association

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Nypd-lba.org

Captains Endowment Association

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Detectives Endowment Association

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Nycdetectives.org