



# NYPD 10-13 CLUB



## of BROWARD COUNTY, FLORIDA

*An organization of retired  
New York City Police Officers*

# THE BLOTTER

**GENERAL MEETING Tuesday, February 06<sup>th</sup>, 2024**  
**Moose Lodge Family Center 6191 Rock Island Rd, Tamarac 33319**  
**Meeting starts at 7:00 PM Sharp**  
***The President's Message***

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Phil Valles

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Annette Finkelstein



## *The President's Message*

Your next general meeting will be 6:30 P.M., Tuesday February 06<sup>TH</sup>, 2024, at Moose Lodge Family Center 6191 Rock Island Road, Tamarac 33319. As of this writing, we will have sponsors speaking, and returning sponsors visiting to provide information and services.

If your medical provider accepts NYC plans, let us know on our Facebook page or send us the information to the email that sends you notifications. Also ask them if they would like to advertise or sponsor the Broward 10-13 Club. You may also ask businesses if they'd like to advertise or sponsor your club. If you know retired NY cops, tell them to join. Your club even has an associate membership category for non-NYPD law officers. If everyone helps, your club will live on in perpetuity.

If you haven't paid dues for 2024, it's \$40 for members and \$45 for new members, or for those who are re-applying for membership after a lapse. Expired memberships may be deleted from the club's records. Dues must be paid by January 31<sup>ST</sup> of each year. There will be a very short grace period, so pay dues ASAP if you care about supporting your club. Unpaid officers may be excluded from meetings.

Next: "Pension" - It's not an entitlement; it's a reward/gratuity/gov't payment or distribution. You earned it by standing in danger, sacrificing family time, monetary contribution, endurance and plenty of other efforts that others haven't contributed. Correct your family, friends and neighbors as they tell you that "you're lucky you got a pension." Luck was a very small aspect. Most of them are envious and/or jealous.

That's one of the reasons why so many people, groups, politicians, the media and other unions are envious of you. They would be happy to reduce your benefits. Some claim it's costing the taxpayer too much. We don't get seven million dollars to step into the boxing ring. We get similar pay, which the sanitation worker does, to run toward horrific danger. I say if you're envious, get through a police academy and wear the uniform during a riot. Most are so enchanted with their entitlements that they can't conceive what our pensions mean. **OUR PENSIONS ARE NOT NEGOTIABLE! ! LEAVE US ALONE** and come up with other ways of balancing your mismanaged municipal budgets ! !

Last: Florida has it's newest version of protected identity for active/former law enforcement driver address information. [Click here to access the new form](#), which was revised 07/23. It has to be filled out, notarized and on file prior to renewing your license or registration. THAT, you are entitled to, under Florida state statue. The process makes it hard to get your personal address and includes your children, even if they don't live in your home. File before you renew. Keep your heads held high. Thanks to all who help and support the true meaning of 10-13 ! !

- Martin

# MEMBERSHIP 2024

Membership dues for 2024 are due.  
2024 dues are due by January 31<sup>st</sup> of  
said year.

Annual dues are \$40 or  
\$45 for new members.  
(That includes your annual dues of  
\$40.00 plus \$5.00  
initiation/reinstatement fee).

[NYPD Broward 10-13 Membership Application](#)



# **MEMBERSHIP 2024**

Membership dues for 2024 are due.  
Annual dues are \$40 or \$45 for new members.  
(That includes your annual dues of \$40.00 plus \$5.00 initiation/reinstatement fee).

Note: All dues are due by January 31<sup>st</sup>. Members who fail to pay dues by January 31<sup>st</sup> shall be dropped from the rolls and shall forfeit all rights and privileges of attempting membership. Any person, who failed to pay by said date, will be treated as a New Member, at the new member enrollment cost; \$45.00

If you are a current member, please simply mail a check for \$40 to the address below. If you are not a member and would like to become a member, please complete the application on the next page and mail to the club at:

NYPD BROWARD 10-13 CLUB INC.  
P.O. Box 970911  
Coconut Creek, FL 33097  
Telephone (954) 977-3880

You can also download a copy of the application by clicking this link:

[NYPD Broward 10-13 Membership Application](#)

Please include a check in the amount of \$45 made payable to: NYPD BROWARD 10-13 CLUB INC.

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**Metro Pass:** 347-643-8312/8310  
**NYCTP Retirees Assoc.:** [alomanto@optonline.net](mailto:alomanto@optonline.net)

**Websites:**                        **Ryan Dean**  
**Medicare:**                      [www.medicare.gov](http://www.medicare.gov)  
**Veterans Admin:**              [www.va.gov](http://www.va.gov)  
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Broward 10-13



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# Florida can import prescription drugs from Canada, US regulators say

WASHINGTON (AP) — The Food and Drug Administration on Friday cleared the way for Florida's first-in-the-nation plan to import prescription drugs from Canada, a long-sought approach to accessing cheaper medications that follows decades of frustration with U.S. drug prices.

Republican Gov. Ron DeSantis signed the plan into law in 2019, but it required federal review and approval by the FDA, which controls prescription drug imports.

Democratic President Joe Biden has backed such programs as a way to lower prices, signing an executive order in 2021 that directed the FDA to work with states on imports.

The White House called Friday's action "a step in the right direction," and encouraged more states to apply for importation.

"For too long, Americans have been forced to pay the highest prescription drug prices of any developed nation," White House spokesperson Kelly Scully said in a statement.

But even as U.S. politicians applauded the plan, Canadian health providers said it was impractical given the supply challenges the country already faces.

"Historically, we've had some pretty devastating drug shortages in Canada," Joelle Walker, spokesperson for the Canadian Pharmacists Association, told the Canadian Broadcasting Corporation "So the idea that they could import them from us is not really feasible."

The policy represents a major shift in the U.S. after years of successful lobbying by the pharmaceutical industry, which said imports would expose U.S. patients to risks of counterfeit or adulterated drugs. The FDA also previously warned of the difficulties of assuring the safety of drugs originating from outside the U.S.

But the politics surrounding the issue have shifted in recent years, with both parties — including former President Donald Trump — doubling down on the import approach.

Jeff Johnson, director for AARP Florida, said he was excited about the federal decision, though he said it's only one step of many the group would like to see to help lower prescription drug costs. He noted savings won't be noticed by most people, but the state will save money overall.

Unless our healthcare coverage comes through Medicaid or through some other state-run program, we probably won't save that money on prescription drugs," Johnson said. "If there are enough different things out there that help reduce drug prices, together they'll make a difference."

The FDA said Florida's program will be authorized for two years, though imports won't begin immediately. Under federal requirements, state officials must first test the drugs to make sure they're authentic and relabel them so that they comply with U.S. standards.

Florida's health department must also provide a quarterly report to the FDA on the types of drugs imported, cost savings and any potential safety and quality issues.

The FDA action was first reported by The New York Times.

DeSantis, who is battling Trump for the Republican presidential nomination, previously sued the Biden administration for allegedly delaying approval of the import program. Several other states are also awaiting federal approval.

"After years of federal bureaucrats dragging their feet, Florida will now be able to import low-cost, life-saving prescription drugs," said DeSantis in a statement.

The FDA is likely to face legal challenges over the decision, which the pharmaceutical industry's trade organization called "a serious danger to public health."

"We are deeply concerned with the FDA's reckless decision to approve Florida's state importation plan," the Pharmaceutical Research and Manufacturers of America said in a statement Friday.

Many people already buy at least some of their medicines from pharmacies in Canada or Mexico, although technically it's illegal to import them.

Work on allowing state imports began under Trump, a relentless critic of industry pricing.

Under the current regulations, states can import certain medicines through pharmacies and wholesalers. DeSantis has previously estimated taxpayers could save up to \$150 million annually under the program.

The state's proposal includes a number of drug classes, including medications for asthma; chronic obstructive pulmonary disease, or COPD; diabetes; HIV and AIDS; and mental illness.

The medications would be only for certain people, including foster children, inmates, certain elderly patients and — eventually — Medicaid recipients.

Like most developed nations, Canada sets limits on the prices drugmakers can charge if they wish to enter the market. Health officials there have suggested their country's prescription drug market is too small to have any real impact on U.S. prices.



Until recently, the U.S. government had almost no leverage over the prices set by drugmakers. Only in 2022 did Congress pass a law allowing the federal government to negotiate prices for a small number of medications used by seniors in the Medicare program. The first such negotiations are set to take place later this year.

## **BIDEN ADMIN THREATENING YOUR MEDICARE ADVANTAGE PLAN. HERE'S WHAT THEY'RE NOT TELLING YOU**

### **Biden administration is cutting Medicare Advantage benefits and threatening high-quality health care for seniors**

It's January, and with a new year comes a fresh threat to both taxpayers and seniors: [Further cuts to Medicare Advantage](#), courtesy of the Biden administration. This could occur soon, as the Centers for Medicare and Medicaid Services (CMS) will release a boring-sounding "rate notice" relating to [Medicare Advantage](#) in the coming weeks.

Medicare Advantage plans are well-liked private insurance options that stand out from traditional Medicare because they can set payment methods and levels and reject certain providers. This flexibility has enabled Medicare Advantage plans to increase their value, providing better coverage and outcomes than traditional Medicare.

Depending on what CMS does, they could further incentivize seniors to move away from Medicare Advantage plans and toward traditional Medicare fee-for-service.

Studies show that [Medicare Advantage greatly aids](#) overall Medicare solvency and delivers better value for taxpayers, consumers and seniors. So what happens in the coming weeks could matter a lot to you, your older relatives and friends, and even your kids and grandkids, who will someday bear the cost of paying for entitlements.

A lot of people missed last year's stealthy cuts to Medicare Advantage. And for good reason. The government worked hard to keep the cuts on the down low. The first troubling trick was CMS touting a growth rate for Medicare Advantage of 2.28%, which sounds like an *increase*, not a cut. But at the time, the country was still experiencing higher than the typical 3% inflation or more, the Congressional Budget Office was projecting a roughly 10% increase in Medicare costs, and Medicare's Trustees projected annual growth in Medicare per enrollee spending to be 5.4%.

In other words, this growth rate didn't keep up with rising costs. Transportation Secretary Pete Buttigieg's former employer, McKinsey, calculated the changes as amounting to a "1.12% effective MA rate *decrease*." This sly cut was accomplished via a make-your-eyes-glaze-over round of bureaucratic decision-making, amounting to the first post-ObamaCare cuts, yet sold as "reform." That second and third slick trick – boring the public to tears and throwing out the word "reform" – insulated them from criticism you'd usually expect from, well, almost everyone.

But it wasn't just last year's [cuts that made Medicare Advantage](#) look vastly less appealing than traditional pricey – and insolvency-risking – Medicare. CMS also eliminated 2,000 diagnosis codes, which meant less coverage for seniors in Medicare Advantage plans than conventional Medicare fee-for-service.

CMS also instituted an absurd 48-hour mandatory waiting period for seniors hoping to chat with agents or brokers to discuss insurance options.

Then CMS famously messed around with Medicare Advantage's star rating program. Insurers say the changes made it incredibly difficult for plans to receive high star ratings. It also appears these changes could squeeze \$600 million to \$700 million out of Medicare Advantage in 2025. All of this makes Medicare Advantage less appealing to seniors, which is a bad deal for the rest of us as taxpayers and future retirees.

Now we have to wait and see if CMS bureaucrats try to [make Medicare Advantage even less attractive](#) again this year through additional cuts and more confusing rules.

And if they do, will anyone call them out?

Despite their concern about the massive national debt, the size of the deficit and the role traditional entitlements play in those issues, many of my fellow Republicans were shockingly quiet about the attacks on Medicare Advantage last year. This is odd because when Barack Obama was president, basically every GOP elected official, candidate and grassroots activist screamed to the heavens about ObamaCare's Medicare cuts, effected through [slashing Medicare Advantage](#).

We should be screaming once again. With conservatives likely to be hammered this election year for supposedly wanting to cut entitlements, we should be setting the record straight.

It's the Biden administration, not Republicans, which is cutting Medicare Advantage benefits and threatening [high-quality health care for seniors](#) while making the debt even bigger in the process.

## DEMOCRATS HAUNTED BY PAST SUPPORT FOR SIGNATURE BIDEN LAW AS SENIORS FACE 'DRAMATIC RISE' IN MEDICARE COSTS

### Medicare Part D prescription drug premiums to go up as much as 57% next year, experts say

A number of Democrats facing tough reelection fights next year are being haunted by their past support for one of President Biden's signature pieces of legislation that experts say is causing a "dramatic rise" in Medicare costs for seniors.

Those Democrats, who largely represent states being targeted by Republicans as the biggest flip opportunities in the 2024 elections, all touted their support for the Inflation Reduction Act (IRA) and said it would lower health care costs for seniors, specifically when it came to prescription drugs.

That does not seem to be the case, however, as experts say the IRA is driving up Medicare Part D prescription drug premiums by as much as a whopping 57% in some states, compared to 2023.

"I proudly helped pass legislation to let Medicare negotiate for lower Rx drug prices & this announcement is an important step towards that goal," Sen. Jacky Rosen, D-Nev., wrote in a post on X (formerly Twitter) in August that cited concern over seniors being unable to afford their medications.

"One year ago, Democrats enacted the Inflation Reduction Act to fulfill President Biden's promise to lower costs for families and tackle the climate crisis. Because of this law, seniors and families are spending less on their prescription drugs," Sen. Bob Casey, D-Pa., said in an August press release in celebration of the IRA.

In March, Sen. Jon Tester, D-Mont., called the IRA a "game changer" when it came to "cutting costs" for Medicare recipients before saying in August that the law was going to "keep folks' hard-earned money in their pockets" because of lower prescription drug prices.

Sen. Sherrod Brown, D-Ohio, echoed those claims in an August press release in which he said that he and his colleagues were "finally making progress to bring down drug prices for seniors."

"The Inflation Reduction Act finally takes on the drug companies to lower drug prices, particularly for Americans on Medicare," he said.

Sen. Tammy Baldwin, D-Wis., also celebrated the law in August, stating in a press release: "The Inflation Reduction Act is making a real difference in the lives of Wisconsin's working families, and I am proud to have voted for it."

She said seniors in Wisconsin were "saving hundreds of dollars a month on the cost of their prescription drugs."

Other Democrats running in what are expected to be some of the tightest races next year also touted the IRA, including Rep. Ruben Gallego, D-Ariz., who is hoping to win the Senate seat currently held by independent Sen. Kyrsten Sinema, and Rep. Elissa Slotkin, D-Mich., who is vying to replace retiring Democrat Sen. Debbie Stabenow.

"Arizona seniors will see lower costs for some of the costliest prescription drugs thanks to our hard work to pass the Inflation Reduction Act," Gallego wrote in a post on X; and Slotkin said in a press release, "The bill will cap insulin costs at \$35 per month for seniors, keep insurance premiums low for Michiganders and finally allow Medicare to negotiate for lower prescription drug prices."

According to a study by HealthView Services, a leading provider in health care cost planning, the IRA is driving up Medicare Part D drug costs by as much as 57% in some states, compared to 2023, based on the largest Medicare providers in Florida, California, Texas, New York and Pennsylvania.

"Significantly more expensive premiums will come as a shock to the millions of retirees enrolled in Medicare Part D plans who ... may have been anticipating lower costs with the introduction of the Inflation Reduction Act," Ron Mastrogiovanni, president of HealthView Services, told Employee Benefit News in a November report. The report detailed how the IRA could actually be causing the increases, including that it set "a \$2,000 cap on how much Medicare recipients spend out of pocket on drugs per year," which benefits those with the largest medical bills.

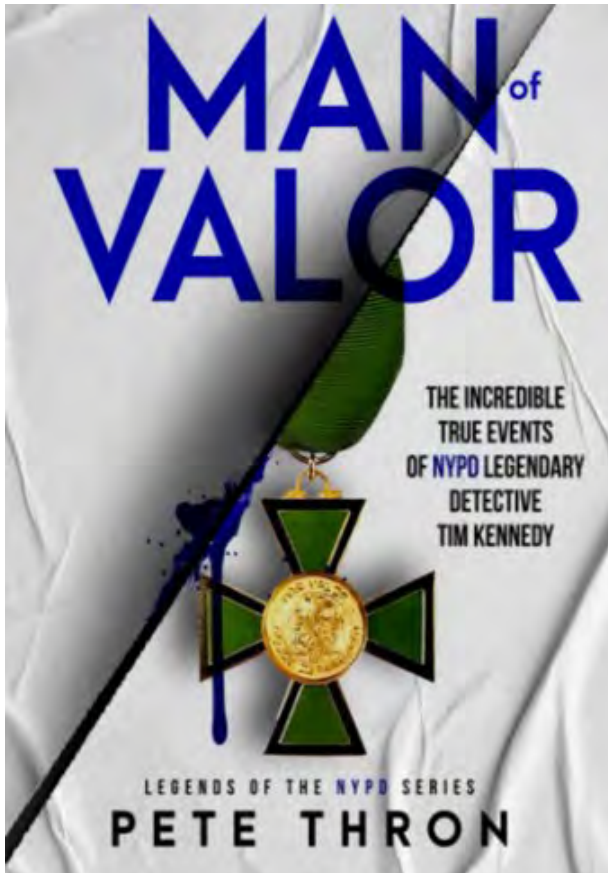
"But the money to cover the rest of those bills must come from somewhere, and insurers appear to be getting it from the seniors themselves," the report said, adding that private insurance companies might now be passing costs onto consumers rather than absorbing them.

Another report by the Kaiser Family Foundation said that "although the Inflation Reduction Act included a premium stabilization provision that capped annual growth in the Part D base beneficiary premium at 6% beginning in 2024, the base beneficiary premium is not the same as the amount that Part D enrollees pay for coverage, and the law did not cap the growth in individual plan premiums to 6%." It said that the average prescription drug plan premium in 2024 would be 21% higher than in 2023.

"This higher average projected premium is driven by higher expected plan costs to provide the Part D benefit in 2024, including a new cap on enrollees' out-of-pocket spending above the catastrophic threshold rather than requiring them to pay 5% coinsurance, as in prior years. This change is based on a provision in the Inflation Reduction Act," it added.

When reached for comment, a spokesperson for Tester told Fox News Digital, "Sen. Tester will take on anyone, including Big Pharma and insurance companies, to lower costs for Montana's working families. He's proud to have delivered targeted legislation to cap the price of insulin at \$35 bucks and cap annual out-of-pocket drug spending for Montanans on Medicare."





[Click here to purchase book from Amazon](#)

Please read the book about our own Tim Kennedy, Director-At-Large and long-time member and contributor to Broward 10-13. It's only \$10.99 for paperback and \$5.99 for the Kindle version.

# NYPD 10-13 CLUB of Broward Inc.

“An Organization of Retired New York City Police Officers”

## KEVIN P. MORAN – MEMORIAL SCHOLARSHIP FUND APPLICATION

- Scholarship Applicants must either be the child or grandchild of a member who is in good standing of the club. If relative is deceased, he/she must have been a member in good standing at the time of his/her death.
- Applicant must be a graduate of High School, senior class of the prior school year.
- Applicant must be enrolled in an accredited College for the upcoming school year
- Applicant will submit a 250 word essay on “**Why they are deserving of the Kevin P. Moran – Memorial Scholarship.**”
- Certified copy of most recent transcript must be received from the applicant’s school.
- Applicant will submit a list of hours and location of community service served.

Member’s Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Applicant’s Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

(Applicant’s) Father’s Name \_\_\_\_\_

Mother’s Name \_\_\_\_\_

All information, on this form, is correct to my knowledge.

Signature of Applicant \_\_\_\_\_

Exclusively the Board of Directors of the Club will determine final decision regarding eligibility and the winners.

This form along with essay, transcript and community service list shall be submitted no later than **November 30<sup>th</sup>** of the year in question to the Club at the following email address, [NYPDbroward1013@gmail.com](mailto:NYPDbroward1013@gmail.com) or address:

NYPD 10-13 Club of Broward

Attn: Scholarship Committee

Broward 10-13  
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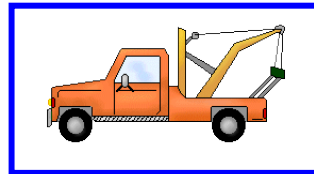
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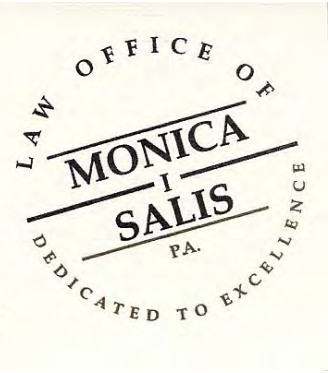
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[CLICK HERE TO VISIT THE CITY OF NEW YORK OLR FOR MORE INFO ON MEDICARE](#)

## City Coverage for Medicare-Eligible Retirees

[CLICK HERE NYC OFFICE OF LABOR RELATIONS HEALTH BENEFITS FOR RETIREES](#)

In order to maintain maximum health benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local [Social Security](#) Office as soon as you are eligible. If you do not join Medicare, you will lose whatever benefits Medicare would have provided.

The City's Health Benefits Program supplements Medicare but does not duplicate benefits available under Medicare. Medicare-eligible members must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO plan. To enroll in Medicare and assure continuity of benefits upon becoming age 65, contact your Social Security Office during the three-month period before your 65th birthday. In order not to lose benefits, you must enroll in Medicare during this period even if you will not be receiving a Social Security check.

If you are over 65 or eligible for Medicare due to disability and did not join Medicare, contact your Social Security Office to find out when you may join. If you do not join Medicare Part B when you first become eligible, there is a 10% premium penalty for each year you were eligible but did not enroll. In addition, under certain circumstances there may be up to a 15-month delay before your Medicare Part B coverage can begin upon re-enrollment.

If you or your spouse are ineligible for Medicare Part A although over age 65 (reasons for ineligibility include non-citizenship or non-eligibility for Social Security benefits for Part A), contact us at:

NYC Health Benefits Program  
40 Rector Street - 3rd Floor  
New York, NY 10006

Coverage for those not eligible for Medicare Part A can be provided under certain health plans. Under this Non-Medicare eligible coverage, you continue to receive the same hospital benefits as persons not yet age 65.

If you are living outside the USA or its territories, Medicare benefits are not available. Under this Non-Medicare eligible coverage, you continue to receive the same hospital and/or medical benefits as persons not yet age 65. If you do not join and/or do not continue to pay for Medicare Part B however, you will be subject to penalties if you return to the USA and attempt to enroll.

If you are eligible for Medicare Part B as a retiree but did not file with Social Security during their enrollment period (January through March) or prior to your 65<sup>th</sup> birthday, you will receive supplemental medical coverage only, and only through GHI/EBCBS Senior Care.

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## **Medicare Enrollment**

You must notify the Health Benefits Program in writing immediately upon receipt of your or your dependent's Medicare card. Include the following information: a copy of the Medicare card and birth dates for yourself and spouse, retirement date, pension number and pension system, name of health plan, and name of union welfare fund.

If your plan does not provide coverage for Medicare enrollees, you will have the opportunity to transfer to another plan that does.

Once the Health Benefits Program is notified that you are covered by Medicare, deductions from your pension check will be adjusted, if applicable. The Health Benefits Program will then notify your health plan that you are enrolled in Medicare so that your benefits can be adjusted. If you are Medicare-eligible and are enrolling in an HMO you must complete an additional application which you must obtain directly from the HMO.

## **Medicare and Retiring Employees**

At retirement, employees who have chosen Medicare as their primary plan or whose dependents have not been covered on their plan because their spouse/domestic partner elected Medicare as the primary plan may re-enroll in the City health benefits program. This is done by completing a Health Benefits Application and submitting it to their agency health benefits, payroll or personnel office. Also at retirement, Medicare-eligible employees for whom the City Health Benefits Program had provided primary coverage are permitted to change health plans effective on the same date as their retiree health coverage

The necessary forms for Medicare Part B reimbursement and IRMAA can be found by clicking the link below.

[City of NY-Health Benefits Program – Medicare Part B](#)

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