



NYPD 10-13 CLUB



of BROWARD COUNTY, FLORIDA

An organization of retired
New York City Police Officers

THE BLOTTER

GENERAL MEETING Tuesday, April 02nd, 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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50 / 50 Raffle

Annette Finkelstein



The President's Message

The next meeting will be held on April 02, 2024. The meeting will start early, promptly at 7pm, because there are two (2) sponsors, and we expect many questions. The meeting will be held at the Moose Lodge Family Center, 6191 Rock Island Road, Tamarac. Please be there by 6:30 for food.

Michael Barasch of the 911 Victims law firm, Barasch & McGarry will speak about the dozens of cancers and other diseases for which they can represent Sept 11th recovery/rescue participants [<https://www.911victims.com>]

Also presenting, will be SIS Security Industry Specialists, speaking about their firm and discussing off duty and retired law officers' role at high end businesses (i.e. APPLE stores).

As of this writing, the club patrol car (RMP) is transferred/sold to a member who is going to rehabilitate the car, keep it for his collection and bring it to some of our events when he's available. That's a win-win because we can't afford to maintain and insure it in today's climate. The insurance bill increased exponentially, and your board voted to release the car.

Cleaning and straightening up after meetings continues to be a burden for our board and the Moose Lodge. PLEASE return all glass to the bar, trash on the pails and 8 chairs under every table. We'd like to continue to be welcome guests.

Many of our members joined Moose. It's a great organization providing godly charities to orphans and senior citizens. There are many corporate discounts with your membership, and they have fantastic weekly events on their calendar.

Spring is here, so check your hurricane supplies and safety equipment. Have your roof inspected.

Easter and Passover are upon us and seem to share overlapping themes of miracles, rebirth and renewal (also EGGS). Easter celebrates the resurrection of Jesus, as described in the New Testament, often observed with religious services, family gatherings and festive activities like finding candy hidden in EGGS or finding painted EGGS.

Passover commemorates the Exodus from Egypt and the Israelites' freedom from bondage as described in the Old Testament, and is observed with ritual meals called a Seder, including eating EGGS (Jews hide Matzos). Side by side they both have festive and natural histories and converge with a resounding message of hope. The renewal of nature that comes with spring amplifies the promise of redemption embedded in the historical events being commemorated. Passover and Easter do have much in common, though, just as Judaism and Christianity share many repeating themes and beliefs. Passover and Easter are both celebrations of spring and the changing seasons — a theme that connects all people, regardless of their personal faith or spirituality.

Whereas many of us wore different uniforms, worked in different buildings or drove different vehicles, we commonly served citizens and interacted with several other agencies collaborating toward public calm and unity. Eat EGGS and meld with one another10-13 !!! - Martin

MEMBERSHIP 2024

Membership dues for 2024 are due.
2024 dues are due by January 31st 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 31st. Members who fail to pay dues by January 31st 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:

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

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Websites: **Ryan Dean**
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SPONSERS SCHEDULED TO SPEAK ON APRIL 02ND, 2024

At our General Membership meeting, on Tuesday, April 2ND, we will have 2 great sponsors.

Sponsor:

Michael Barasch, of 911 Victims Law Firm, Barasch & McGarry. They will be speaking about the dozens of cancers and other diseases that are 911 certified and which they can represent, for Sept 11th, recovery/rescue participants.

[<https://www.911victims.com>]....

Many of our members are currently certified with the WTC Health Program and many still have not been certified. The Law Firm of Barasch & McGarry will provide important information in regards to the WTC Health Program. Many members will have important questions to ask, so please try to attend and be informed.

Sponsor:

Security Industry Specialists [SIS], will speak about their firm and discuss employment for retired LEO's at high end businesses (i.e. APPLE, CHANEL) stores, here in Florida and Nationwide.

web: <https://www.sis.us>

SIS has hired many NYPD retirees here in Florida and abroad for armed security positions (ODO's) in high end stores like; CHANEL & APPLE. Current ODO positions pay \$38 P/H, and many benefits. If you're looking to work P/T or F/T here in Florida, they will provide employment info to get you started.

Note: Both of the scheduled sponsors will have lots of info to give, so we ask our membership to please be early (6:30 PM) to enjoy food being provided and we can all assemble promptly by 7:00 PM, in order to start on time and give our sponsors their due time and allow the membership time to ask their questions.

In order to have a good head count, please email the club, informing of your attendance and or post on our Facebook page, with same ASAP! We need a headcount by this Thursday at 5:00 PM

Why are Medicare Advantage Plans Often Considered Bad?

Medicare Advantage (Medicare Part C) plans are an alternative to Original Medicare. They bundle Part A & Part B benefits and also often cover Part D benefits. Many of these plans have low or no additional premiums, but keep in mind you still need to pay your Part B premium if you switch to an Advantage plan.

You may have heard of a Medicare Advantage nightmare from a friend or family member. You may have even experienced one of these nightmares yourself. You also may have plenty of friends who are happy with their Medicare Advantage plans. Over half of eligible Medicare beneficiaries are enrolled in a Medicare Advantage plan. So, why do so many people say Medicare Advantage plans are bad?

Key Disadvantages of Medicare Advantage plans

Like individual healthcare needs, every Medicare Advantage plan is different. As a result, some of them have their own unique disadvantages. That said, there are some disadvantages shared by most (or all) Advantage plans.

Restrictive networks

On Original Medicare, you can see any doctor who accepts Medicare (which is about 90% of doctors across the US). Medicare Advantage plans, however, have provider networks. In some cases, you'll have a higher share of costs when you see an out-of-network doctor. In other cases, you're not covered at all if you go out of network.

This is particularly important if you travel a lot because Medicare Advantage plans generally don't provide out-of-state coverage. You also need to be sure your doctor is covered on your specific plan if you need regular treatment from a specialist.

High out-of-pocket costs

Unlike Original Medicare, Medicare Advantage plans do have out-of-pocket maximums. This protects you from astronomical costs in a year you may need more (or expensive) healthcare services. But when you compare out-of-pocket costs to those paid by Medigap enrollees, you might just faint.

Most Medigap plans don't have an out-of-pocket max. This is because out-of-pocket costs are so limited that a maximum isn't as necessary. On a Plan G, for example, once you've met your Part B deductible (which is \$240 in 2024), you don't owe anything else for covered services in that year.

Prior authorization requirements

Medicare Advantage plans can require plan holders to get prior authorization before receiving a service. If the service is not approved, then the plan won't cover it. Original Medicare, on the other hand, does not have prior authorization requirements, making it easier (and faster) for Medicare beneficiaries to get the care they need.

80% of Medicare Advantage beneficiaries are on plans that require prior authorization for at least one covered service. Usually these requirements are placed on more expensive equipment and services, including durable medical equipment, Part B drugs, and inpatient hospital stays. On some plans, enrollees even need to get prior authorization for preventive services. With prior authorization denials on the rise, you should look into a specific Medicare Advantage plan's rules around prior authorization before enrolling.

Plans change each year

Medicare plan pricing, availability, networks, and benefits vary, which can make choosing the right plan challenging. What's worse though is that if you find and enroll in a plan that covers your doctors and prescriptions, has a good cost structure, and has some extra benefits you like...that plan can change.

Plan changes aren't always bad. Sometimes the changes don't affect you, and in some cases they may add to your benefits. To be sure you're always on the plan that provides the best value for your needs, you just need to review your plan and other options each year during the Medicare Open Enrollment Period, which lasts from October 15 - December 7.

Aggressive marketing and sales tactics

One of the worst things about Medicare Advantage isn't the plans themselves, but the advertising practices used to promote them. Many Medicare Advantage commercials rattle off a number of benefits, misleading consumers into thinking they can get all of these benefits with one plan. Many Medicare ads are also made to look like they're coming from the government.

\$0 premiums tied to Medicare Advantage plans are also often poorly explained and misunderstood. These plans are not free, although that's often how it sounds. It's true that many Advantage plans have \$0 or very low premiums. What's not often explained, however, is that Medicare Advantage enrollees still need to pay their Part B premium.

What to do before switching from Original Medicare to Advantage

If you're thinking about enrolling in a Medicare Advantage plan, there are a few things you should do before you make your final decision.

Know your Medicare Insurance options

Original Medicare (Part A and Part B) has its downsides. It doesn't pay about 20% of costs and there's no out-of-pocket maximums. This means that if you need regular or expensive healthcare services, your costs could be astronomical. Original Medicare also doesn't cover prescriptions, which we need more often as we age. You have two real options to get better coverage: Medicare Advantage or Medicare Supplement.

While Medicare Advantage plans replace Original Medicare, Medicare Supplement (also called Medigap) plans pair with Original Medicare. You also have an option to get a stand-alone prescription drug plan.

In a nutshell, Medigap plans help pay for the 20% of costs that Original Medicare doesn't cover. There are ten types of Medigap plans labeled by letter. Plan G is often considered the best because it covers the most. After you meet your Part B deductible on a Plan G, you owe nothing else for Medicare-covered services that year.

Consider current and future needs

Medicare Advantage premiums are lower than Medigap premiums. For those who need regular or expensive treatments, however, out-of-pocket costs may matter more, and Medigap out-of-pocket costs are generally much lower than those paid by Medicare Advantage enrollees. You may not need comprehensive coverage now, but none of us can know what the future holds.

One of the catches with Medigap plans is that you aren't guaranteed acceptance into the plans outside of your Medigap Open Enrollment Period, which occurs during the first six months that you have Part B coverage. Outside of this period and a handful of other guaranteed issue periods, insurance companies can ask you questions about your health history and deny you coverage. What this means is that if you want a Supplement plan that doesn't require prior authorizations, has no network limitations, and significantly reduces your out-of-pocket costs as you get older, you should enroll in a Medigap plan when you first sign up for Medicare.

Understand what the "worst" Medicare Advantage plan looks like for you

What does the worst Medicare Advantage plan look like? The worst plan is unique to you, but would likely:

Have a high premium and/or high deductible

Have a network that doesn't include your preferred doctors

Not cover your prescriptions

Require prior authorization for covered services

Have poor customer service

Speak with an advisor

Even if you do thorough research, it's good to talk to an advisor who knows the ins and outs of differences between Medicare Advantage and Medicare Supplement plans. One of our licensed Medicare Advisors can provide you with free advice and help you compare the pricing and benefits of specific Advantage and Supplement plans. Get started by scheduling a free consultation or giving us a call at (855) 900-CHAP.



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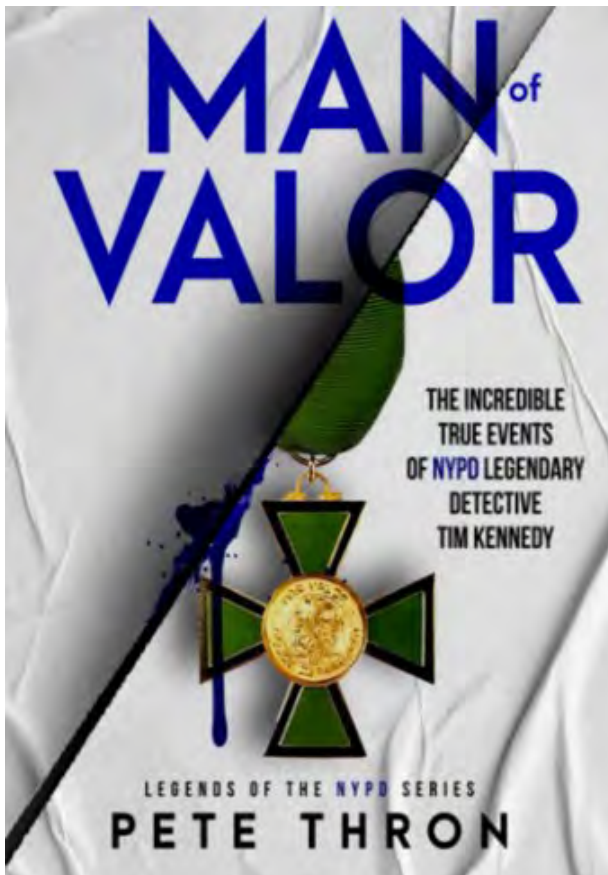


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Please read the book about our own Tim Kennedy, Director-At-Large and long-time member and contributor to Broward 10-13. It's only \$10.99 for paperback and \$5.99 for the Kindle version.

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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 30th** of the year in question to the Club at the following email address, NYPDbroward1013@gmail.com or address:

NYPD 10-13 Club of Broward

Attn: Scholarship Committee

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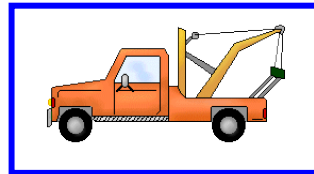
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[CLICK HERE TO VISIT THE CITY OF NEW YORK OLR FOR MORE INFO ON MEDICARE](#)

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 65th birthday, you will receive supplemental medical coverage only, and only through GHI/EBCBS Senior Care.

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](#)

To: All members in good standing!

Please review the following information for insurance coverage to cover a self-defense related incident involving your firearm.

The Broward 10-13 has negotiated a reduced rate for "Self-Defense Liability Coverage"

Please see the attached pages for pricing. You can obtain coverage by calling the company at (262) 384-4328 and ask for our sales rep., Eva.

IMPORTANT:

This coverage is for personal/non-professional incidents. The policy specifically EXCLUDES conduct in providing any kind of law enforcement, corrections, recovery, or repossession services, **WHETHER OR NOT** for compensation or a fee, including any injury or damage caused by or arising from such conduct.

It also EXCLUDES conduct in providing security or safety services for compensation or a fee, including any injury or damage caused by or arising from such conduct.

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