NYPD 10-13 CLUB

# of BROWARD COUNTY, FLORIDA

An organization of retired New York City Police Officers

THE BLOTTER

GENERAL MEETING Tuesday, May 02nd, 2023
Moose Lodge Family Center 6191 Rock Island Rd, Tamarac
Meeting starts at 7:00 PM Sharp
The President's Message

PRESIDENT
Martin Finkelstein
VICE PRESIDENT
Daniel Farrell
SECRETARY
Christine McIntyre
TREASURER
Dmitri "Dave" Arshavsky
SERGEANT-AT-ARMS
Thomas Puglisi
DIRECTORS
Jonathan Greenberg
Warren Ostrofsky
Irving Rodriguez
Alan Berkowitz
Phil Valles
Ryan Dean

PAST PRESIDENTS
Paul Mannino 1981**
Sy Silver 1982**
Bill Schilling 1983**
Ray McDonnell 1984/5**
Mike Borrelli 1986/95/96
Ron Kavanagh 1987/88/92**
Paul Barasch 1989/2013
Bill Bett 1990**
Paul Levy 1990/91**
Frank Tooley ** 1993/94
Richard Lapp 1997/98
Robert Izzo 1999/00
Alan Berkowitz 2001/08/11/12
Louis Weiser 2009/10**

****DENOTES DECEASED**

CHAPLAINS
Chaplain Michael J Calderin
LEGAL
Michelle Gomez, Esq.
Committees:
EDITOR
Warren Sam
HONOR GUARD
Joseph Scimeca
PROMOTIONS
Alan Berkowitz
Tom Puglisi
Tom Puglisi, Jr.
MEMBERSHIP
Phil Valles
COMMUNICATIONS
Phil Valles
WEBSITE
TBD
50 / 50 Raffle
Annette Finkelstein

The President's Message

Your next meeting will be at 6:30 pm, May 2nd at the Moose Lodge 6191 Rock Island Road, Tamarac.

You should have received your Medicare Part B reimbursement in April. The NYC retiree's health site includes many forms, including retiree health plans and info. That site also has forms to apply for IRMAA refunds. This webpage has dozens of forms, contact info and phone #, you should look at, read and download: http://www1.nyc.gov/site/olr/health/retiree/health-retiree-forms-and-downloads.page

Sabrina from AETNA/CVS will speak at our June 6th meeting.

It's interesting that NY City has finally caught up with the rest of the country regarding salary. They had to do something to hire and retain enough uniform members to cover the bare minimums. Too little too late and it won't affect most of us. Retiree benefit reductions will. I hope that what we end up with will suffice. We all worked too hard to be treated as liabilities.

If you haven't shopped for or updated Hurricane supplies, now is a great time to start the process and planning. Whether you are a new member or joined many years ago, we all have one thing in common: We share in the mission of 10-13, working collaboratively to communicate concerns for our defined benefits & retirement pension. The dedicated members of your Board of Directors, and other volunteers & associates will continue to work to assist in achieving our mission, and we invite you take an active role to make a difference at both the local and NY City and State levels. We look forward to seeing most of you throughout the year. Thank you for being members!

The board is always working in the background to keep things going. . . I'm humbled and proud to run with them! Also, huge thanks to Warren Sam for keeping up with publishing The Blotter as often as we can get the information to him. He's doing a great service from a distance. Be kind to one another … offer help to other 10-13 members and always talk openly (But, PLEASE, NOT DURING THE MEETINGS!!) Police up your glass and trash after meetings.

Until the meeting … stay healthy, happy and safe ! !

- Martin

Your Broward Board, Police & City Numbers

Martin Finkelstein, Pres.	**954-977-3880**
Dan Farrell, VP.	**954-871-7000**
Christine McIntyre, Sec.	**561-703-0349**
Dmitri Arshavsky, Treas.	**347-860-1406**
Thomas Puglisi, Sgt. AA	**954-548-9872**
Jonathan Greenberg, Dir.	**754-264-3093**
Warren Ostrofsky, Dir.	**954-341-5575**
Irving Rodriguez, Dir.	**646-773-5471**
Joe Scimeca, Honor Guard	**954-720-2111**
Phil Valles, Dir.	**954-822-2824**
Alan Berkowitz, Dir.	**954-816-8163**
Ryan Dean, Dir.	**954-913-3977**
Dennis Lytding, Dir. Emeritus	

Directors At Large

Tim Kennedy	**954-263-0798**

Chaplain

Michael J Calderin	**954-868-2957**

Dr. John Halpern, Surgeon	**954-553-1065**
Michelle Gomez, Esq.	**954-370-9970**

PBA NY Office	**1-212-233-5531**
DEA NY Office	**1-212-587-9120**
PBA Toll free	**1-877-844-5842**
SBA	**1-212-226-2180**
LBA/CEA	**1-212-964-7500**
LBA/SOC	**1-212-964-7500**
ID card Section	**1-646-610-5150**
NYPD 10-13 Broward	**1-954-977-3880**
Social Security	**1-800-772-1213**
NYC Health Line	**1-800-521-9574**
Operations (Death)	**1-646-610-5580**
Medicare	**1-800-633-4227**
VA benefits Assist	**1-800-827-1000**
Blue Cross of NY	**1-800-433-9592**

Employee Health	**1-212-306-7600**
	1-212-513-0470
	1-212-206-7300
Article 2 Pension	**1-866-692-7733**
Health & Welfare	**1-212-608-9671**
	1-212-693-5100

Health Insurance & Eyeglasses

GHI	**1-800-358-5500**
Empire Blue Cross	**1-800-433-9592**
Davis Vision	**1-800-999-5431**

TRANSIT CONTACTS:
Transit Police ID Cards: 718-610-4629
NYCERS (Within NY) 347-643-3000
(Outside NY) 877-669-2377
Metro Pass: 347-643-8312/8310
NYCTP Retirees Assoc.: alomanto@optonline.net
Websites:
Medicare: www.medicare.gov
Veterans Admin: www.va.gov
Social Security: www.ssa.gov

Taps for departed members

Broward 10-13

MEMBERSHIP 2023

Membership dues for 2023 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.
6009 NW 10th STREET
Margate, FL 33063
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.

NYPD 10-13 Club of Broward Inc.
Membership Application

Date of application: _____

Personal Info:

Name: _____

Address: _____

Contact #: Home _____ Cell _____

E-Mail: _____

DOB: _____

Spouse Name: _____

Emergency Contact #: _____ **Relationship:** _____

Police Service Information:

Date of Appointment: _____ Date of Retirement: _____

Check One / Rank: PO [ ] Sgt. [ ] Lt. [ ] Capt. [ ] Other : _____

Total Years of Service: _____

Type of Retirement: (Please check one) **Service [ ] Disability [ ] Vested [ ]**

9-11 Survivor: (Not mandatory to answer) Yes [ ] No [ ]

Prior Commands: _____

Sponsored by: _____

Note: New members must provide a NYPD ID, for verification purposes:

You can either mail your completed application, with yearly dues (Check only) to the address provided, bring it to the next scheduled meeting, with a check / cash, or you can e-mail your completed application, however, **you must bring your NYPD ID**, at a scheduled monthly meeting, to be officially validated.

Club Dues:

Club dues are $40.00 per year. New member enrollment & reinstatements are $45.00.

Dues can be sent (Check) to the below listed address or provided (Cash or Check) at a scheduled monthly meeting.

Please make all checks payable to: ***NYPD 10-13 Club of Broward***

Note: All dues are due by January 31s 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

Address for mail/checks only:

NYPD 10-13 Club of Broward Inc.
6009 NW 10th STREET
Margate, FL 33063
Telephone (954) 977-3880
Fax (954) 977-6812

Email: nypdbroward1013@gmail.com

NEW LOW RATES FOR OUR ADVERTISERS

Business card	**$ 50.00**
¼ Page	**$100.00**
½ Page	**$125.00**
Full Page	**$175.00**

Prices are for a full year and for 10 issues.

Longtime PBA president Pat Lynch to step aside after securing new contract for NYPD officers

Pat Lynch, the head of the NYPD's largest police union, is calling it quits after more than two decades in the post and on the heels of a new contract for officers.

The Police Benevolent Association president will not seek re-election in June when his current five-year term expires, the union announced Tuesday.

If Lynch, 59, had sought re-election, he would not have been able to complete the next full five-year term before being forced to retire at age 63, the NYPD mandatory retirement age.

The news comes just days after Lynch and Mayor Eric Adams made a handshake deal on a new pact for the union's 23,000 members, who have been without a contract since 2017.

The tentative contract, if approved by the officers' union, would raise the starting salary of police officers by more than $10,000, to $55,000, and give cops retroactive raises for the past five years, as well as two more pay bumps this August and next.

The total increase in raises over the contract term would be 28.25%.

It would also see a pilot program that would change officer schedules from just over eight-hour shifts to 10- and 12-hour tours — allowing cops to have more days off.

Lynch is the longest-serving president of the union. He was first elected to the post in 1999 and has been chosen by the members six times.

"This decision is part of a philosophy I have long held: a rider cannot switch horses in the middle of a battle, and the PBA must not change leadership in the middle of a contract fight," Lynch wrote in the message to PBA members. "To remain true to my principles, I must allow the change to begin now."

His plans after June 30, when his current term ends, have not been made public.

The union prez, who hails from Bayside, Queens, joined the force in 1984. His two sons followed in his footsteps and became NYPD officers.

AOC bashes Mayor Eric Adams' overhaul of Medicare for 250K retired workers

Rep. Alexandria Ocasio-Cortez took a swipe at both Mayor Eric Adams and the city's union leaders — sharply criticizing a controversial plan to move 250,000 city retirees off traditional Medicare and into a privately managed version of the program.

AOC's shot at City Hall over a concerning issue for seniors — a key voting constituency — could be a test of the waters for a Senate run against Democrat incumbent Kirsten Gillibrand, or even a challenge to Adams' 2025 re-election bid, political consultants said.

The congresswoman has not ruled out a Senate run next year, and backed lefty challenger Maya Wiley's failed run against Adams in the 2021 City Hall race.

"It's a bad decision. It is not good," Ocasio-Cortez said about the change in health coverage for retirees during a virtual town hall Thursday.

"This is something I oppose. We are in this fight with you and we oppose this shift."

Private health insurer Aetna will manage the Medicare Advantage program.

The switch, initially proposed by former Mayor Bill de Blasio, enables the city to tap into an estimated $600 million in federal subsidies available to Medicare Advantage plans, lowering the city costs to provide health coverage to retired city government workers.

Adams advanced the program with changes — and it was overwhelmingly approved in a vote by the Municipal Labor Committee, the coalition of union leaders representing workers and retirees.

The switch will provide some new benefits, like routine hearing and vision exams, hearing aids, and mental health care via telemedicine.

Aetna's Medicare Advantage plan will have a lower annual deductible – $150 compared with $276 under SeniorCare, the city's supplemental health plan for Medicare.

The Medicare Advantage deductible will also be waived during the 2023 calendar year.

But AOC suggested Medicare Advantage is a bait-and-switch.

Monthly bills on paper are lower but she warned retirees will get socked with higher bills if they're hospitalized for a serious illness.

“A lot more of those costs are going to get moved onto you and moved onto seniors and retirees in a shift to Medicare Advantage,” she said, adding it’s “very concerning” the program will be run by a for-profit private insurer.

“This [Medicare Advantage] is a cash cow for them [private insurers]. It’s very profitable,” she asserted.

The congresswoman, who sources say has worked well behind the scenes with Adams despite some differences, didn’t criticize the mayor or any labor leader by name.

But AOC said retirees — who typically aren’t allowed to vote in elections to elect leaders of their unions — need to light a fire under union officials and Adams, who’s up for re-election in 2025.

“Do not give up,” she urged. “There needs to be pressure — and by the way, that needs to be electorally and also having those conversations with your union. Those are the folks who are at the negotiating table and there has to be accountability.”

The congresswoman, who represents portions of The Bronx and Queens, said Medicare Advantage has been rife with inflated bills and fraud, noting she was one of 70 House members who co-signed a letter to President Biden urging tighter controls to rein in program costs and prevent denials of services to seniors through “prior authorization.”

One veteran campaign vet said Ocasio-Cortez looks like she’s auditioning for another office.

“She’s got nothing to lose. Queens is the ground zero for the DSA [Democratic Socialists of America] people. She would be a worthy challenger,” said political consultant Hank Sheinkopf.

“It’s a good way to test things. The Adams administration has every reason to be worried about the progressives, especially if crime doesn’t calm down, if the city still appears out of control. It wouldn’t be surprising that they are thinking about who they are going to run against him.”

On Sunday, the mayor defended the switch to Aetna-run Medicare Advantage as a win for the city and its retirees.

“The custom Medicare Advantage plan we will be offering to our city’s retirees starting later this year improves upon retirees’ current plans, including offering a lower deductible, a cap on out-of-pocket expenses, and new benefits, like transportation, fitness programs, and wellness incentives,” a statement from City Hall said..

“We also heard the concerns of retirees and worked to significantly limit the number of procedures subject to prior authorization under this plan. This plan is in the best interests of retirees and taxpayers, and we look forward to working with retirees, elected officials, and other stakeholders as the plan takes effect.”

Harry Nespoli, chairman of the Municipal Labor Committee and president of the Uniformed Sanitationmen's Association, brushed off Ocasio-Cortez's opposition to the Medicare switch.

Harry Nespoli, chairman of the Municipal Labor Committee and president of the Uniformed Sanitationmen's Association, brushed off Ocasio-Cortez's opposition to the Medicare switch.

"Tell her to give me a call at the union hall," Nespoli said Sunday, defending the switch as prudent.

"It was time to do this. Governments have been moving into Medicare Advantage across the country."

Questions about your IRMAA or Medicare Part B Reimbursements?

Medicare Part B 2022 Reimbursement

Medicare-eligible retirees and their Medicare-eligible dependents will be reimbursed annually for the standard Medicare Part B amount of $170.10 per month ($170.10 x 12 months = $2,041.20), excluding any penalties and late enrollment fees, and subject to be pro-rated.

2022 Medicare Part B reimbursements will be issued in April 2023. Please check your bank account/statement (or the mail, if you are receiving a physical check).

If you already submitted your Medicare Part A & B card to the Health Benefits Program, this payment is automatic and you will receive it annually.

Medicare Part B 2021 Reimbursement

Medicare-eligible retirees and their Medicare-eligible dependents were reimbursed annually for the standard Medicare Part B amount of $148.50 per month ($148.50 x 12 months = $1,782), excluding any penalties and late enrollment fees, and subject to be pro-rated.

2021 Medicare Part B reimbursements were issued in April 2022. Please check your bank account/statement (or the mail, if you are receiving a physical check).

If you already submitted your Medicare Part A & B card to the Health Benefits Program, this payment is automatic and you will receive it annually.

IRMAA 2022 Reimbursement – The 2022 IRMAA Medicare Part B Reimbursement Application will be available in May 2023, after the 2022 Medicare Part B Reimbursement is issued.

CMS Finalizes CY 2024 Medicare Advantage Rule

AHA Special Bulletin **DOWNLOAD A PDF VERSION**
April 7, 2023

The final rule increases oversight of Medicare Advantage plans and seeks to better align traditional Medicare and Medicare Advantage coverage

The Centers for Medicare & Medicaid Services (CMS) April 5 finalized its Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Program for Contract Year (CY) 2024. The final rule increases oversight of Medicare Advantage (MA) plans and seeks to better align MA coverage with traditional Medicare.

KEY HIGHLIGHTS
The final rule will:

- Prohibit MA plans from limiting or denying coverage for a Medicare-covered service based on their own internal or proprietary criteria if such restrictions don't exist in traditional Medicare;
- Direct MA plans to adhere to the "Two-Midnight-Rule" for coverage of inpatient admissions;
- Limit MA plan ability to apply site of service restrictions not found in traditional Medicare; • Require health plan clinicians reviewing prior authorization requests to have expertise in the relevant medical discipline for the service being requested;
- Require prior authorizations to be valid for an entire course of approved treatment and to be valid through a 90-day transition period if an enrollee undergoing treatment switches to a new MA plan;
- Establish additional processes to oversee MA plan utilization management programs including an annual review of policies to ensure consistency with federal rules;
- Strengthen behavioral health network adequacy requirements;
- Tighten MA marketing rules to protect beneficiaries from misleading advertisements and pressure tactics;

- Expand requirements for MA plans to provide culturally and linguistically appropriate services;
- Establish a new Health Equity Index to be incorporated into MA plan Star Ratings beginning in 2027;
- Implement statutory provisions of the Inflation Reduction Act and the Consolidated Appropriations Act of 2021 related to prescription drug affordability and coverage for eligible low-income individuals.

Notably, the final rule did not codify the proposed change to the legal standard for identifying an overpayment, which was of concern to hospitals and health systems.

AHA TAKE

The AHA is increasingly concerned about certain MA plan policies that restrict or delay patient access to care, which also add cost and burden to the health care system. These concerns were validated by a report issued by the Office of Inspector General (OIG) last year showing that some MA plans have exhibited a pattern of denying prior authorization and payment requests that would have been covered under traditional Medicare. These findings, and the broader experience of hospitals and health systems, reflects that certain commercial insurer policies can be harmful to patients and the providers who care for them. Accordingly, the AHA supports policies designed to increase health plan accountability and strengthen consumer protection, including the broad array of policies finalized in this rule that will improve the way Medicare coverage works for beneficiaries and their providers.

In a statement shared with the media on April 5, Ashley Thompson, AHA senior vice president of public policy analysis and development, said, “The AHA commends CMS for finalizing critical policies that will help ensure beneficiaries enrolled in Medicare Advantage have access to the medically necessary health care services to which they are entitled. In addition, we appreciate the agency’s increased attention to oversight of Medicare Advantage plans. Hospitals and health systems have raised the alarm that beneficiaries enrolled in some Medicare Advantage plans are routinely experiencing inappropriate delays and denials for coverage of medically necessary care. This rule will go a long way in protecting patients and ensuring timely access to care, as well as reducing inappropriate administrative burden on an already strained health care workforce.

“The final rule includes helpful provisions to ensure more consistency between Medicare Advantage and traditional Medicare by curtailing overly restrictive coverage policies that can impede access to care and add cost and burden to the health care system. We also applaud CMS’ attention to addressing access gaps in behavioral health and post-acute care services where our members commonly report some of the most significant insurance-related barriers to patient care.

“The AHA will continue to carefully review the final rule and urges the agency to conduct rigorous oversight and enforcement to ensure meaningful compliance.”

For additional detail, the CMS Fact Sheet on the final rule summarizes key provisions.

HIGHLIGHTS OF THE FINAL RULE

Prior Authorization and Medical Necessity Determinations

CMS finalized several updates designed to curtail improper MA plan prior authorization processes and ensure MA beneficiaries receive timely and appropriate access to medically necessary care. Specifically, the agency stipulates that MA plans may only utilize prior authorization processes to confirm whether a patient's care is medically necessary, addressing concerns that plans were creating non-clinical barriers to care in their programs.

Additionally, the final rule requires that MA plans adhere to traditional Medicare coverage policies when making a medical necessity determination and cannot utilize alternative criteria to deny coverage of an item or service that would be approved under CMS rules. In response to hospital and health system advocacy, the final rule also explicitly clarifies that MA plans must adhere to the "Two-Midnight Rule" under traditional Medicare, which requires that an MA plan provide coverage for an inpatient admission when the admitting physician expects the patient to require hospital care that crosses two-midnights.

The rule provides specific examples in the arena of post-acute care, which the OIG report identified as a service category with frequent rates of inappropriate denials, citing that MA plans cannot, for example, deny coverage or redirect to a lower level of care unless the patient explicitly does not meet the Medicare coverage criteria required for the recommended level of care. The rule also finalizes policies that limit MA plan ability to establish site of service restrictions if such limitations do not exist in traditional Medicare.

If a service does not have established coverage criteria under traditional Medicare rules, plans may adopt criteria based on widely used treatment guidelines or clinical literature only if the plan creates a publicly accessible summary of the evidence, a list of the sources, and an explanation of the rationale for the internal coverage criteria.

Additionally, CMS finalized regulatory language stipulating that if an MA plan approved a covered item or service through a prior authorization or pre-service determination of coverage or payment, it may not deny coverage later on the basis of lack of medical necessity or reopen such a decision unless there is good cause or evidence of fraud.

To promote clinical validity, CMS codified that a physician or other appropriate health care professional reviewing a request for prior authorization or a coverage denial must have expertise in the field of medicine related to the service being requested. Additionally, to ensure that plan policies are adequately reviewed and currently

appropriate, the rule requires plans to establish a Utilization Management Committee led by the plan's medical director. This committee will be required to conduct an annual review of plan prior authorization and other utilization management polices to ensure compliance with Medicare rules and consistency with current clinical guidelines.

Furthermore, the final rule requires prior authorizations to be valid for the entirety of an approved course of treatment. This prevents plans from approving a reduced number of days of prescribed treatments or requiring additional prior authorizations for each treatment in a series prescribed by a provider. Plans also must have policies that permit no less than 90 days transition for new beneficiaries on established treatments prior to enrolling with the plan.

Behavioral Health Access

CMS finalized several provisions that establish standards for access to behavioral health services under MA. Currently, MA plans are required to provide access to an adequate network of "appropriate providers," including primary care providers, specialists, hospitalists and others; this rule explicitly adds providers that specialize in behavioral health services to this list. Plans also are required to demonstrate that the network includes an adequate supply of psychiatrists and inpatient psychiatric facilities for the population served. This rule further requires plans to include an adequate supply of clinical psychologists, licensed clinical social workers and prescribers of medication for opioid use disorder in their networks subject to time, distance, and minimum provider standards in network adequacy reviews. CMS also codified minimum access wait time standards (e.g., number of days to appointment) for primary care and behavioral health services. Additionally, CMS finalized changes to add behavioral health services to the types of services for which MA plans must have programs in place to ensure continuity of care and integration of services.

Finally, the agency definitively clarified that an emergency medical condition can be physical or mental. This language requires MA organizations to ensure that MA enrollees receive medically necessary behavioral health services in a medical emergency, which would not be subject to prior authorization.

MA Star Ratings

CMS finalized a number of substantive changes to the Star Ratings program for MA and Part D plans. To encourage health plans to improve performance for patients with certain social risk factors, CMS will replace its current reward factor for consistently high star ratings performance with a new health equity index (HEI) reward beginning in the 2024 and 2025 measurement periods for inclusion in the 2027 Star Ratings.

CMS also finalized changes to:

- Reduce the weight of patient experience/complaints and access measures;

- Remove certain types of Star Ratings in the future; and
- Remove the 60 percent rule that is part of the adjustment for extreme and uncontrollable circumstances.

Advancing Health Equity

CMS finalized clarifications and expansions of several existing MA regulations intended to advance health equity for all enrollees. Specifically, CMS expanded the list of populations to which plans are expected to provide culturally competent services. The final rule also requires that enrollees with low digital health literacy are identified and offered digital health education to improve access to medically necessary covered telehealth benefits. In addition, the final rule requires plans to include additional provider details in their provider directories, including cultural/linguistic capabilities, accessibility for people with physical disabilities, and whether the provider can provide medications opioid use disorders. Finally, the rule requires plans to incorporate one or more activities in their quality improvement programs targeted at reducing disparities in health and health care among their enrollees.

Restricting Marketing

The final rule contains a variety of provisions designed to restrict MA plan marketing practices that may be misleading to consumers, increase oversight of third-party marketing agents used by MA plans, and prohibit pressure tactics designed to facilitate enrollment. Specifically, the final rule prohibits advertisements for MA plans that do not mention a specific plan name, as well as those that use words or imagery (for example the Medicare name or logo) intended to mislead or confuse potential beneficiaries, such as trying to make it appear the information is from a government agency. The final rule also bans sales presentations immediately following educational events and further restrict other sales interactions that may involve pressuring consumers while presenting only a subset of plan options. In addition, the rule requires sales agents to disclose to prospective beneficiaries information about all the plans the agent sells; describe information that can be obtained from Medicare.gov; and review a standardized list of questions and pre-enrollment checklist with any prospective beneficiary. Agents will be required to explain the effects of a prospective beneficiary's enrollment choices on their coverage.

Implementing Statutory Provisions

The final rule implements provisions of the Consolidated Appropriations Act of 2021 and the Inflation Reduction Act by expanding access to low-income subsidies available under Part D and making permanent the limited income newly eligible transition (LINET) program. The LINET currently operates as a demonstration program providing immediate and retroactive Part D coverage for certain low-income beneficiaries who do not yet have prescription drug coverage.

FURTHER QUESTIONS

If you have further questions, please contact Michelle Millerick, AHA's senior associate director of health insurance & coverage policy, at mmillerick@aha.org, or Terry Cunningham, AHA's director of administrative simplification policy, at tcunningham@aha.org.

From the Office of Labor Relations:

The City of New York, working with the Municipal Labor Committee (MLC), intends to implement a Medicare Advantage program for City retirees and their eligible dependents age 65 and over as of September 1, 2023. The new program, which will be provided by Aetna, is currently undergoing the remaining steps of the City's contract approval process. Pending those steps, we are providing notice and information about the plan to ensure that you have sufficient advance notice about the anticipated new program and to provide information about the program's expected implementation.

The Aetna Medicare Advantage PPO Plan was negotiated specifically for the City's retirees, and will provide comprehensive, premium-free health coverage as well as additional enhanced benefits not offered in the current Senior Care Plan.

CLICK HERE TO READ THE FULL THREE-PAGE LETTER

Aetna Medicare SM PPO Plan Information for City of New York retirees!

POWERPOINT PRESENTATION: Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

NYC Office of Labor Relations Healthcare info

Aetna Medicare Advantage PPO plan coverage for 2023 BROCHURE

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Cost-of-Living Adjustment (COLA) Information for 2023

Social Security and Supplemental Security Income (SSI) benefits for approximately 70 million Americans will increase 8.7 percent in 2023.

The 8.7 percent cost-of-living adjustment (COLA) will begin with benefits payable to more than 65 million Social Security beneficiaries in January 2023. Increased payments to more than 7 million SSI beneficiaries will begin on December 30, 2022. (Note: some people receive both Social Security and SSI benefits)

Read more about the Social Security Cost-of-Living adjustment for 2023.

The maximum amount of earnings subject to the Social Security tax (taxable maximum) will increase to $160,200.

The earnings limit for workers who are younger than "full" retirement age (see Full Retirement Age Chart) will increase to $21,240. (We deduct $1 from benefits for each $2 earned over $21,240.)

The earnings limit for people reaching their “full” retirement age in 2023 will increase to $56,520. (We deduct $1 from benefits for each $3 earned over $56,520 until the month the worker turns “full” retirement age.)

There is no limit on earnings for workers who are "full" retirement age or older for the entire year.

Read more about the COLA, tax, benefit and earning amounts for 2023.

Medicare Information

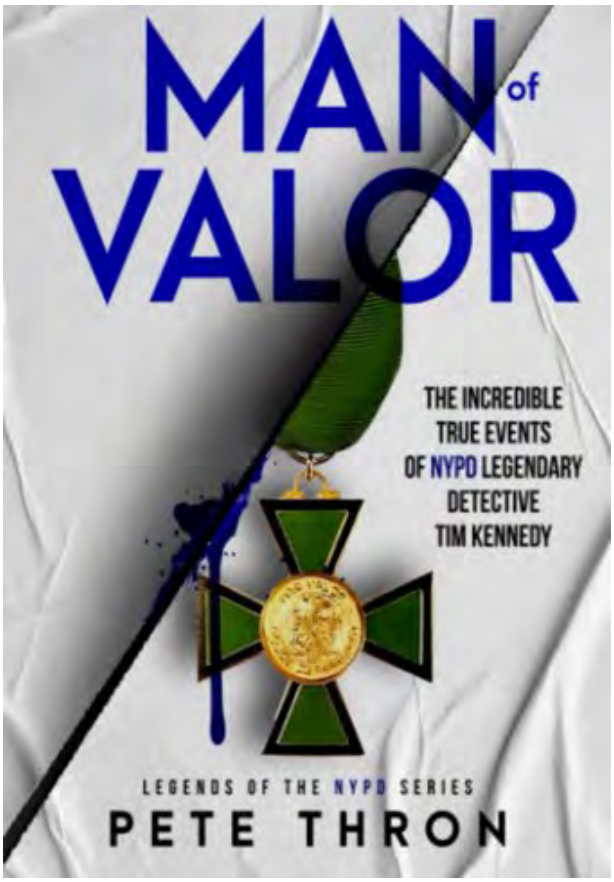
Information about Medicare changes for 2023 is available at www.medicare.gov. For Social Security beneficiaries receiving Medicare, their new higher 2023 benefit amount will be available in December through the mailed COLA notice and *my* Social Security's Message Center.

Your COLA Notice

In December 2022, Social Security COLA notices will be available online to most beneficiaries in the Message Center of their *my* Social Security account.

This is a secure, convenient way to receive COLA notices online and save the message for later. You can also opt out of receiving notices by mail that are available online. Be sure to choose your preferred way to receive courtesy notifications so you won’t miss your secure, convenient online COLA notice.

Remember, our services are free of charge. No government agency or reputable company will solicit your personal information or request advanced fees for services in the form of wire transfers or gift cards. Avoid falling victim to fraudulent calls and internet “phishing” schemes by not revealing personal information, selecting malicious links, or opening malicious attachments. You can learn more about the ways we protect your personal information and *my* Social Security account here.



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

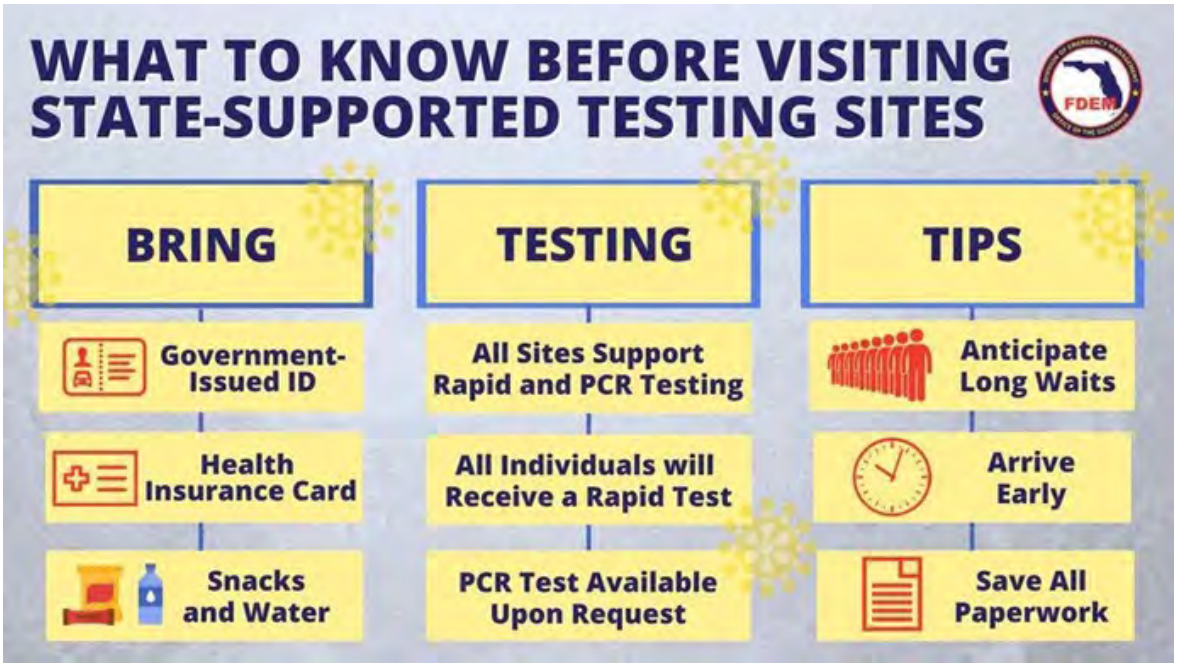
NYPD 10-13 Club of Broward

Attn: Scholarship Committee

6009 N.W, 10th St.

Margate, FL 33063

COVID 19 RESOURCES – [CLICK HERE]



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Click Here for Florida Dept. of State Exemption Form

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CLICK HERE TO VISIT THE CITY OF NEW YOUR 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.