

Facts and Frequently Asked Questions for Retiree Medical Coverage

The Water Board's contracts with the majority of its retirees provide for medical benefits in retirement. The applicable Collective Bargaining Agreements provide that these benefits will be supplemental to Medicare when a covered individual reaches age 65.

For example, the 2005-2010 CBA provided:

Section 10.2 – Health Care Program for Retirees

1. **Qualification:** All employees covered by the terms of this Collective Bargaining Agreement and who retire and have reached age fifty (50) and who have accumulated a combination of years worked plus their age so that such combination totals seventy (70) or greater, shall be entitled to a Health Care Program in accordance with the plan as provided for in Section 10.1 (Tier I or Tier II coverage) until the individual reaches the age of sixty-five (65), at which time the Niagara Falls Water Board agrees to provide group hospitalization and surgical benefits as provided in Section 10.1 supplemental to Medicare for those who qualify under this Agreement. Additional restrictions for new hires are identified in 10.2.3.

The 2017-2024 CBA contains the same language:

Section 10.2 – Health Care Program for Retirees

1. **Qualification:** All employees covered by the terms of this Collective Bargaining Agreement and who retire and have reached age fifty (50) and who have accumulated a combination of years worked plus their age so that such combination totals seventy (70) or greater, shall be entitled to a Health Care Program in accordance with the plan as provided for in Section 10.1 (Tier I or Tier II coverage) until the individual reaches the age of sixty-five (65), at which time the Niagara Falls Water Board agrees to provide group hospitalization and surgical benefits as provided in Section 10.1 supplemental to Medicare for those who qualify under this Agreement. Additional restrictions for new hires are identified in 10.2.3.

To give effect to these contract provisions, Water Board staff worked closely with Highmark Blue Cross to ensure that the supplemental Medicare plan, Forever Blue Plan 799, provided benefits as close as possible to the medical plan retirees hired prior to January 1, 2008 were enrolled in. Because there is a limited window for enrollment in this type of program, in May 2024 the Water Board sent information about the supplemental Medicare plan to retirees over 65 years in age and is switching these employees to the Forever Blue 799 plan effective July 1.

The Water Board and Highmark hosted several informational meetings for retirees and have answered dozens of phone inquiries in an attempt to help retirees understand the Forever Blue 799 plan and coverage. Many retirees are excited to enroll in the Forever Blue 799 plan which contains some enhancements not available under their current plan. **Complete details are available to retirees by calling Director of Administrative Services David San Lorenzo at (716) 283-9770 or Highmark Senior Client Manger Raphael Rodriguez at (716) 912-4466.**

Some highlights of the Forever Blue 799 Plan include:

- Covered retirees will continue to pay \$0 for your insurance premium.
- \$0 copays for Medical and Hospital coverage in network.
- \$0 co-pay for in-network inpatient hospital care and all outpatient physician services.
- \$0 first tier preferred generic drugs and \$1 for all other tiered medications.
- \$0 co-pay for your annual physical and over 20 preventive services (i.e., physical, routine colonoscopy and mammogram, flu vaccine etc.)
- \$0, gym membership at all Silver Sneakers participating facilities (over 16,000 nationwide).
- \$0 co-pay for Diabetic supplies, monitors, lancets, test strips, incl. diabetic shoe inserts and compression stockings.
- \$300 Vision allowance you can use toward the cost of eyewear.
- \$300 Dental allowance for dental care.
- \$500 allowance for Acupuncture and Massage benefits.
- \$0 routine chiropractic benefits up to 12 visits a year.
- Hearing Aid benefit (through TruHearing) provides hearing aids at a \$499 or \$799 copayment per aid.

Frequently Asked Questions

1. **The first letter I received in the mail indicated that I have Tier 1 Medical benefits but when I retired, I was Tier 3. What does this mean?**
 - Tier 1 Medical refers to the level of benefits that you and your spouse are eligible to receive as a retiree. This is a separate tier system and has no relation to the NYSLRS.

2. **Will my spouse be able to continue to receive health insurance benefits when I transition to the Medicare plan?**
 - Yes, the change to the Forever Blue plan will not affect your spouse's eligibility to receive coverage for life. **Covered spouses under age 65 will continue to be covered under the PPO 812 plan until age 65.**

3. **I have Dental and Vision coverage through the Water Board already. What happens to that coverage when I am enrolled in the Forever Blue Plan 799?**
 - **Dental**
 - Current dental coverage (NOVA) remains the same.
 - The Forever Blue plan provides a \$300 allowance for any dental care at any dental provider – in addition to your current dental coverage. You can use these dollars to help pay for any copays or coinsurance that you have *after* using your Dental coverage through NOVA. Receiving the reimbursement, which is \$300 per member per year, requires you to complete a reimbursement form and an itemized receipt. Please allow 6-8 weeks for processing.

 - **Vision**
 - Current vision coverage (EyeMed) remains the same.
 - The Forever Blue plan also offers a Vision benefit in which you receive a \$300 allowance at Davis Vision providers. You cannot mix the two coverages unfortunately. You can choose to purchase your regular glasses with one benefit and purchase prescription sunglasses with the other if you choose.

4. Why do I need to reach out to my doctors and specialists and notify them that my coverage is changing?

- Whenever there is an insurance change it is extremely important that you notify your doctors and specialists. This will allow them the time to account for any changes they may need to make on their end whether it be an authorization for a procedure, update prescription requests or medical authorizations which will help ensure claims are processed correctly and that you are able to receive the care you need without interruption.

5. Why is the Niagara Falls Water Board requiring me to switch to this plan?

- The NFWB negotiated into prior Collective Bargaining Agreements that retirees over age 65 will receive their health insurance benefits supplemental to Medicare. The Forever Blue 799 plan is a PPO Medicare Supplement plan designed to meet the needs of Water Board retirees and to provide as good as or better coverage than the plans it is replacing. Medicare supplement plans help address the skyrocketing costs of health coverage that affect all employers large and small. The plan offers the flexibility to provide similar benefits to what retirees are currently provided, at a lower cost to the NFWB, while at the same time providing supplemental benefits that retirees enjoy such as \$0 fitness (gym) membership, preventive services, dental/vision benefits etc.

6. Are there other benefits with the Forever Blue plan that I might be interested in?

- **Yes!** You are urged to review the attached Enrollment book which provides additional information about additional services and or programs you have available to you. Examples include:
 - **Annual Rewards program** — members receive \$20 for receiving their Annual Wellness visit, colorectal screening, and breast cancer screenings
 - **Care at Home program** - \$0 in home care for members
 - **Comprehensive Case and Disease Management services**
 - **Telemedicine services**

7. Does the Forever Blue plan cover prescriptions?

- Yes, the Forever Blue plan has a 5-tier prescription plan, copays are \$0/\$1/\$1/\$1/\$1 which are similar to the copays most of you pay today for your prescriptions. The plan also *offers* mail order at just 2 co-pays for a 90-day supply. The list of drugs will differ slightly from your current formulary. Please refer to the formulary included in the enrollment kit mailed to retirees over 65 for your reference. Can't find your drug? Please reach out to the Highmark number above for help!

8. Will Forever Blue cover me when I leave the area while on vacation or for longer periods during the winter months?

- You will have access to in-network and out-of-network providers doctors when traveling throughout the nation. The Medicare PPO Network Sharing program provides flexibility while traveling, allowing you to receive the same great care you are used to getting at home, at the same cost. Should you receive services from an out-of-network provider, your copays will be slightly higher. While travelling outside of the U.S. you can receive urgent and emergency care worldwide.

9. Can I remain enrolled in the Forever Blue 799 plan if I decide to move permanently outside of Western New York?

- Yes, the plan will allow you to reside anywhere in the United States.