



DEBUNKS the UFT

AGAIN....

#7Lies

7 Lies the UFT Spews about Medicare Advantage and NYC retirees

1

Threats to the future of our premium-free health benefits drove the Municipal Labor Committee (MLC) and the UFT to proactively seek ways to reduce costs while maintaining the same high quality of care while we pressure the federal government to address the national health care crisis.

THE TRUTH: [The 2014 UFT MOA](#) used the Health fund to pay for teacher raises. It was the first time a union negotiated a contract partially funded by the Health Fund & other unions. The threat came from predatory negotiation by the UFT. The union's responsibility is to ensure that its members and retirees maintain quality healthcare under obligations as set forth by Administrative Code 12-126.

2

The NYC Medicare Advantage Plus plan negotiated by the city and the MLC with Empire BlueCross BlueShield and EmblemHealth was a never-before-seen plan for NYC municipal retirees only. Because it was a Medicare Advantage plan, the city would be able to tap into federal funding and save about \$600 million a year. The MLC fought hard to make sure the new plan was a preferred provider organization (PPO) plan, not a health maintenance organization (HMO), so retirees could go to doctors outside the plan's large network. The new plan mirrored the benefits of GHI Senior Care while expanding the network of available medical providers.

THE TRUTH: The Medicare Advantage Plus Plan (MAPP) is the SAME plan all over the USA, even the one "Joe Namath shills" are PPO Plans. The only thing different is the "perks" like a 'FitBit' or rides. Mulgrew SOLD OFF Retirees for the value of their health plans that ONLY PAYS less than 20% of their health costs for HIS benefit. [Listen to Him say](#) the City says if you do this, you get the money. The MLC may have fought for a PPO, but the lack of understanding of the differences between traditional Medicare with supplemental and Medicare Advantage Plans are evident in the quality (or lack thereof) in the plan selected. The new plan did not mirror benefits in GHI Senior Care, rather it mirrored those

of GHI CBP. The network under the new plan did NOT expand providers available to GHI Senior Care members as many providers who participate in traditional Medicare will not participate in ANY Medicare Advantage Plan. If you don't like privatizing your education with charter schools, you shouldn't be privatizing your healthcare. The lawsuit brought to light over [500 affidavits](#) (See Pg 12 C34-46) from doctors and retirees who would NOT take ANY MAPP. The City even [admitted at least 25%](#) (see pg 12 C39) of our doctors would not accept it and many could drop it. The PLAN DID NOT MIRROR SENIOR CARE.

3

The poor rollout of information to medical providers and Medicare-eligible retirees caused a lot of confusion and misunderstanding. Many people confused this custom Medicare Advantage Plus plan for city retirees with far-inferior Medicare Advantage plans for individuals. Many doctors mistakenly told members they would not accept the new plan, even though all doctors would receive the full standard Medicare payments for their services under the new plan.

THE TRUTH: The oversight of the rollout is the responsibility of the city and MLC, so the onus does not fall squarely on the insurance companies involved. ALL Medicare Advantage (MA) plans are basically the same, EXCEPT, the built in perks. Regardless of whether a provider might be paid the full standard Medicare payment for their services, providers do not have to accept any Medicare Advantage Plan. This can have a costly effect on the member as if a service does not receive the required prior approval, the insurance company can deny payment and the entire cost would have to be borne by the member. More and more providers are moving away from Medicare Advantage plans due to the onerous prior approval process, denials and delays in claim payments. 25% of current doctors do not accept MAP, and there is no guarantee they will continue to. The burden of paperwork for [prior authorizations](#) and appeals is too costly. And NO! The doctors were not mistaken!

4

Amid all the misinformation, a small group of retirees filed a lawsuit in an effort to block the plan. In his final ruling on the lawsuit, the state judge gave the green light to allow the city to move forward with the NYC Medicare Advantage Plus plan.

THE TRUTH: We are over 50,000 retirees, not a "small group" and legally represent 250,000 retirees, and many active workers joined us too! It is not just the misinformation that led to the lawsuit, but the attempt by the city to illegally charge to retain the plan members were in. There have been a few MAPs in the City offering, just not many people want them.

5

The costly delays from the lawsuit prompted Empire BlueCross BlueShield to withdraw as the plan's co-administrators. As a result, there is no NYC Medicare Advantage Plus plan in existence at the moment.

THE TRUTH: The insurance company withdrew when the City wouldn't commit to

further violate the law. Anthem BCBS also had to answer to their shareholders who were expecting billions of profit from the government because you enabled them to do so by privatizing Medicare for city retirees. Medicare Advantage Plans have been and continue to be offered by the City.

6

The MLC and the city began looking for another health care company with a broad network of providers to partner with to negotiate a new Medicare Advantage plan for Medicare-eligible city retirees. Aetna has stepped forward and is giving a proposal for a new plan.

THE TRUTH: Yes, this is true, but this is still a MAP with prior authorizations and still a network nowhere near as broad as Traditional Medicare, which, of course is not privatized. *There are reasons why so many people do not avail themselves of those plans.....because they are inferior to traditional Medicare with a supplemental, including narrower networks, gatekeeping, denials of care.*

7

The UFT has vowed that, as part of the MLC, it will not agree to move forward with a Medicare Advantage plan unless the plan can match or enhance the benefits that retirees have under GHI Senior Care. The union also wants to ensure that appropriate safeguards and procedures are in place to deal with any denial of service or any issue with the plan. We will not settle for anything less than the quality, premium-free health care that our retirees deserve.

THE TRUTH: *The fact that you even have to mention that appropriate safeguards and procedures will be in place to deal with any denials of service proves that Medicare Advantage Plans are inferior to traditional Medicare with supplemental, which rarely require prior approval. You leave us with little faith because under the same circumstances you approved the last plan, and we know it was because you wanted the value, not because you wanted to give us a "better plan."*