



Debunks the UFT AGAIN

**“IF THE CODE IS AMENDED” As Per the UFT
Propaganda Machine...**

The NYC Organization of Public Service Retirees will NEVER stop debunking the DISINFORMATION campaigns from our former unions. Below, the BOLD text is fact checked and cited.

<p>UFT PERCEIVED Misconceptions of the Consequences of Changing 12-126</p> <p>RETIREES: TRUTH BOLDED</p>	<p>UFT FAKE TRUTH If the code is amended</p> <p>RETIREES: TRUTH BOLDED</p>
<ul style="list-style-type: none"> • Coverage will vary based on “classes of individuals” and determined by the MLC/City. <p>THE RETIREES: Coverage will vary because plans will vary. The amount the city is obligated to pay will also vary based on “classes of individuals.” If the subsidy on a MAP is reduced, the coverage can also be reduced (as stated in the now defunct contract negotiated in 2021 with Emblem and Anthem) and coverage will absolutely differ.</p> <ul style="list-style-type: none"> • The MLC/City can peg a less expensive “benchmark” to any “class of individuals.” <p>THE RETIREES: How is this a misconception? It is <i>exactly</i> what you intend to do. The new benchmark the City argued in Court for Medicare eligible retirees will be \$7.50/month vs the current benchmark of HIP HMO at \$918/month!</p> <ul style="list-style-type: none"> • Will create “haves” and “have nots:” those who can pay more will have more options than those who cannot. <p>THE RETIREES: Those who can afford a premium will have more options. Those who cannot, will not. That is basically the definition of have and have nots.</p>	<ul style="list-style-type: none"> • The letter between the MLC and City regarding the amendment explicitly states that the classes will be Actives/Pre-65 retirees and Medicare Eligible Retirees. <p>THE RETIREES: Why is the proposed amendment so ambiguously written and the “classes” only identified in a side letter, rather than in the amendment? This is what the letter may say today, but what’s to stop you from amending the letter and creating additional “classes?”</p> <ul style="list-style-type: none"> • There have always been these two classes because Medicare eligible seniors have additional options and plans available to them that in-service and pre-65 members do not. <p>THE RETIREES: If there have always been classes, then why the need to amend the admin code? And the ‘categories,’ not ‘classes,’ have always been “individual and family,” nothing else. If your intent is to keep the “classes” as identified in the ‘side letter,’ you would have put that in the statute, but you did not. That does not inspire confidence. Side letters can be changed or renegotiated easier than changing the law.</p> <ul style="list-style-type: none"> • Amending the code will make no difference in what the city was able to negotiate regarding pay up plan options. <p>THE RETIREES: Again, then why amend the code if it makes no difference? The city has always had the</p>

<ul style="list-style-type: none"> Loss of equality and protection <p>THE RETIREES: How is creating different benchmarks equal? Your idea of equality is an active plan with a benchmark of \$918, a Medicare eligible retiree a benchmark of \$7.50. That must be an example of “new math.”</p>	<p>ability to create different types of plans. The city cannot unilaterally create plans, the MLC sued the City precisely on this point in 2013 citing the 1992 MLC agreement, and won.</p>
<ul style="list-style-type: none"> Sets a precedent that will allow for further diminution of benefits, such as Medicare B reimbursement. <p>THE RETIREES: If the code is amended after 55 years for this change, it opens it up for further amendment and diminishment.</p>	<ul style="list-style-type: none"> The amendment will have no bearing on Medicare B or reimbursement. <p>THE RETIREES: Maybe not as it is written now, but what is to stop you from going after that next? It was an option in the 2018 agreement (5f) and the Bloomberg document of givebacks. Once you open the admin code to change, what is to stop you from further diminishing our benefits?</p>
<ul style="list-style-type: none"> Sets a precedent that will allow for further diminution of benefits, such as widow/widower benefits. <p>THE RETIREES: Again, an amendment now will open the door to future changes.</p>	<ul style="list-style-type: none"> This is not provided for in the code, it is provided by the stabilization fund. The code change has nothing to do with this. Nothing is being changed regarding these provisions/benefits. They are preserved either way. <p>THE RETIREES: 12-126 (2)(i), (ii), (iii), (iv) absolutely covers widows/widowers, spouses! The changes you attempted were going to pass premium onto widows/widowers if they had to stay in Senior Care because your MAP was inferior! They are not protected from premiums and their benefit is legislated. Oh, and the Stabilization Fund, FUNDS the cost of the benefit the law provides, unless you implode the fund.</p>
<ul style="list-style-type: none"> Adds risk of inflationary increases and additional co-pays or premium if the federal subsidy for Medicare Advantage plans is reduced or costs increase. <p>THE RETIREES: This is not a misconception. It’s a fact.</p>	<ul style="list-style-type: none"> There is always the risk of inflationary copays. That is what is currently happening with GHI Senior Care copays and in-service GHI copays as well. <p>THE RETIREES: The MLC and City initiated the Senior Care Co pays to make it as painful as possible to stay in Senior Care to encourage more people to leave and go to the MAP to maximize YOUR “savings” on our backs. Copays were mentioned in the original RFP in 2020 and it said, “This has not been announced, so don’t tell the retirees.” (pg 396). The MLC also instituted Co-Pays on Seniors in the 2009 Health Agreement even though our plan cost is under the cap.</p>

THE RETIREES: It is happening because the unions are not standing up to protect retirees on small fixed pensions and are allowing it to happen. NEVER have there been copays with SeniorCare. And of course, the city has been violating the law since it is NOT paying the 'full cost of insurance up to the HIP HMO rate' on all plans offered. And according to Renee Champion, the copays were in conjunction with MAP.

- The code sets a benchmark of how much the city can pay (currently it is HIP HMO - which also changes with inflation) and when costs go over that amount we are at risk for copays or the city will look to change plans to achieve lower rates.

THE RETIREES: The city is bound by law to pay up to the HIP HMO plan premium. When costs go above the HIP HMO amount, the employee or retiree pays the difference. The imposition of copays is merely how the city transfers costs to retirees. A Medicare retiree's costs are not above the HIP HMO rate, yet you imposed copays on them in January 2022 anyway. Now, the City does not even pay the 20% they have been responsible for since 1967, actually they pay next to NOTHING. You have already transferred costs to retirees. IE: \$100 medical bill. Medicare pays \$80. Retiree \$15, CITY \$5 (when it should have been \$20). You do the math. Now, let's talk about the City/Emblem suppressing the HiP rate increases to under 6%.

- Amending the code does not change that risk, but it allows for flexibility and creativity for the MLC to be able to leverage buying power and federal funding to accomplish reduced costs WITHOUT painful changes in plan design.

THE RETIREES: Amending the code will reduce the amount the city is obligated to pay by 'class.' Bottom line, the City wants those

	<p>federal funds and does not want to pay for Medicare eligible retirees anymore.(Listen to your own words). And MAP is indeed a painful plan design change vs traditional Medicare with supplemental, which is why over 92% of retirees are in Senior Care.</p>
<ul style="list-style-type: none"> Retirees/Employees will have “choice” but they will not be premium-free. Choice will come at a cost because MCL/City will reduce the benchmark the city must pay up to. <p>THE RETIREES: THIS IS A FACT.</p> <p>Most current retirees will NOT be able to afford to pay up. You already imposed co-pays which are causing severe economic distress for the most vulnerable, low income and ill members.</p>	<ul style="list-style-type: none"> Premium free options are expressly preserved in the code change. <p>THE RETIREES: Premium free options are expressly preserved in the code IN ITS PRESENT FORM. You tried to remove our choices in 2021 (pg 2 & 5), and left us with only ONE premium free plan, a managed plan that did not resemble traditional Medicare.</p> <ul style="list-style-type: none"> Currently retirees are given choice in their healthcare plans, but most of the plans are pay up options, they are not all premium free. <p>THE RETIREES: All the plans offered to Medicare eligible retirees are under the HIP HMO rate and retirees have been illegally charged these premiums for decades even though they do not come near the HIP HMO rate. We currently CHOOSE which premium free plan we want. In the alternative, the MLC/City chooses it for us. You thought your last creation was “great!” and after proving in court what a train wreck it was, you want us now to trust you? Even the Judge said it wasn’t “perfect.”</p> <ul style="list-style-type: none"> This is the way it has always been. The code change would ensure that these options continue to be available. <p>THE RETIREES: If it has always been this way, again, WHY THE NEED TO CHANGE THE CODE! AND YOUR LINKS BELOW ARE NOT CURRENT! Go to OLR’s site 10/22 is current!</p> <ul style="list-style-type: none"> Current retiree options for medicare eligible retirees Current options for inservice and non-medicare eligible retirees

<ul style="list-style-type: none"> • Would challenge recruitment of city workers because benefits are not promised. <p>THE RETIREES: What is the point of making a promise, then changing the rules at the end of the game? This is exactly what you are doing. Who will want to join the union or work for the City after devoting their lives to the City and the Union, and then you take away the very benefits you sold them to lure them into service and membership?</p>	<ul style="list-style-type: none"> • Benefits are still promised as the code still requires the city to cover costs of healthcare see the graphic explaining the amendment <p>THE RETIREES: Your graphic is as misleading as this document. But we corrected it for you HERE . Recruitment will be a challenge if people concerned for their future see they were lured with a promise and then their unions will negotiate away that promised benefit. We always knew we would not get rich in city service but would have great benefits, that is until you decided to sell them off in our retirement.</p> <ul style="list-style-type: none"> • However, this is not the first time a change to either active or retiree plans has been made as a result of collective bargaining in order to save costs while maintaining benefits. Specific benefits have never been frozen in place at the time of hiring or retirement. <p>THE RETIREES: No prior changes have been nearly as severe as this and no amendment to the code was required. No union ever forced their retirees into a privatized managed care plan that is inferior to traditional Medicare, or sold off their earned and paid for benefit for their own wage increases. That is pure GREED.</p>
	<ul style="list-style-type: none"> • Virtually no other workforce in the state (public or private) has premium free benefits. State employees pay an ever-rising percentage of whatever the premium rate is that year. That means their out of pocket premium goes up automatically when the rates go up. <p>THE RETIREES: Others did not negotiate protections properly. Admin code 12-126 is our protection. Leave it alone. And you cannot compare other municipalities or the private sector unless you include other factors, such as wages and other benefits.</p>



**MORE UFT MISCONCEPTION FACT CHECKED>
 “IF THE CODE IS NOT AMENDED”**

<p align="center">UFT PERCEIVED Misconceptions of Consequences of preserving 12-126</p> <p align="center">RETIREE TRUTH BOLDED</p>	<p align="center">UFT FAKE TRUTH If the code is not amended</p> <p align="center">RETIREE TRUTH BOLDED</p>
<ul style="list-style-type: none"> • Every employee and retiree has a choice of plans equally that has served them well for over 55 years. <p>THE RETIREES: Every employee and retiree has the same benchmark.</p>	<ul style="list-style-type: none"> • Health care costs have changed and the status quo is no longer an option. THE RETIREES: A lot has changed. Specifically, unions used to fight for their members and retirees and now they work hand in hand with the City to undermine them. • The city needs to find savings for employee health care and has long partnered with the MLC to find and maintain those savings while providing high quality plan options. Insurance companies, hospitals and other health care providers are making the balance of cost and quality increasingly difficult. THE RETIREES: If insurance companies, hospitals and other health care providers are at fault, then that is who you should go after; not your members or retirees. In this instance, you traded high quality care for your most vulnerable population for your own benefit. Another giveback, this time in the form of people. • The MLC will not allow for compromises, which is why they are seeking to amend the administrative code to ensure we do not leave these important choices to the city alone. THE RETIREES: You are compromising by approving this code change. Everything is a giveback. EVERYTHING. That is not how it's supposed to be. The 1992

	<p><u>Agreement</u> prevents the City from doing anything 'alone' in healthcare and you know that because the <u>MLC sued the City on 2013 for attempting just that, and won.</u></p> <p>As Judge Frank and the Appellate Division explicitly pointed out, the City need not offer ANY options (Senior Care included) to comply with the code. Inaction does not make the current situation sustainable. To the contrary, it increases the pressure to eliminate choice or charge premiums for GHI to actives and pre-65 retirees.</p> <p>THE RETIREES: Neither <u>Judge Frank</u> nor the Appellate Court ruled that the City did not have to offer any options of plans. You are using the dicta in the Supreme Court decision incorrectly, it is not legally binding and Alan Klinger knows that. <u>Appellate Court Justice Manzanet-Daniels said "one size doesn't fit all!" (at 5:50)</u> You are pitting actives and non-Medicare retirees against Medicare retirees.</p>
<ul style="list-style-type: none"> • The benchmark is equal for all employees and retirees. <p>THE RETIREES: It most certainly is.</p>	<ul style="list-style-type: none"> • The benchmark is not currently equal as retirees have certain costs covered under Medicare programs which are run by the federal government and therefore saves the city and the MLC money. <p>THE RETIREES: The law says the benchmark is the same and it was written when Medicare became available to retirees. So if there was a difference, the code would have been written differently.</p>
<ul style="list-style-type: none"> • Plan choice is based on need, not ability to pay and most plans currently offered are UNDER the benchmark. <p>THE RETIREES: This is a fact. See the <u>October 2022 Rate Sheet.</u></p>	<ul style="list-style-type: none"> • This is not how plan choice currently operates in the city or anywhere else. Members are free to choose whatever plan they want from the options that are offered. Some are premium free and some require a pay up. They make judgments about their priorities and costs. Offering good plans and lavish plans for the same price will further drive UP the overall cost of benefits and threaten the program. <p>THE RETIREES: Lavish? It is the benchmark that is equal, as it should be. Plans offered also provide coverage in</p>

	<p>regions where GHI and HIP have none. I.e: CIGNA, AvMed, Humana, BCBS of Florida. Remember, ‘one size doesn’t fit all.’ Plan choice IS BASED ON NEED of service. And your “current options” below are out of date. Check the October 2022 rates, these are from July, and the City offers more plans that is on the rate sheets. See the SPD.</p> <ul style="list-style-type: none"> • Current retiree options for medicare eligible retirees • Current options for inservice and non-medicare eligible retirees
<ul style="list-style-type: none"> • Medicare B reimbursement is preserved, as well as legislated, to protect the retirees from additional premiums. <p>THE RETIREES: THIS IS A FACT. SEVERAL MAYORS PREVIOUSLY ATTEMPTED TO TAKE THIS AWAY!</p>	<ul style="list-style-type: none"> • The amendment does not have any bearing on Medicare B. <p>Medicare B premiums and reimbursement are not changed by the code amendment.</p> <ul style="list-style-type: none"> • The amendment doesn’t change that plans are fluid. Benefits could be changed with negotiation before, can be now; and the surest way to prevent benefit changes and defend against additional premiums is to give us the protection of the code amendment. <p>THE RETIREES: Not True. Seniors and the disabled on Medicare plans cost the city the LEAST, and our city plans cover LESS THAN 20% of our bills, unlike plans for in-service and pre-Medicare retirees, which cover 100%. The only way the plans can change is if the MLC agrees to the city’s demands and if you eliminate them, you are complicit in diminishing benefits from seniors and the disabled who rightfully EARNED AND PAID for them. You are familiar with that statement, you used it when refuting the NYS Single Payer plan; Michael Mulgrew: “None of this is free. And we take care of this at the collective bargaining table” “it’s because we use our collective bargaining power. And we have forgone raises at different points</p>

	<p><i>throughout our history to make sure that our healthcare is premium free."</i></p> <p>Retirees did that too, remember?</p>
<ul style="list-style-type: none"> • Inflation protection is built in by setting the benchmark to the HIP HMO premium. <p>THE RETIREES: Yes, this protects the retirees from additional costs</p>	<ul style="list-style-type: none"> • HIP HMO is not protected from inflation. That benchmark cost changes with the market like all plans. The difference in cost between HIP HMO and GHI is paid by the MLC's stabilization fund, but this outdated method of equalization is unable to keep up with the current health care costs, and needs to be revised. <p>THE RETIREES: Odd, you think of the City position and not that of labor. As the HIP HMO rate increases, it protects us from additional inflationary premium because it rises! The new benchmark is set with the increase. And the equalization would have been fine if the MLC and City did not keep raiding the fund and the HIP rate was <u>not purposely suppressed</u>. Not to mention the PICA plan should be pulled out of the Stabilization Fund and partly reinstated in the medical component and a premium put on the rest as a rider. Oh, and consolidate your welfare funds for greater purchasing power and savings.</p>

<ul style="list-style-type: none"> • Equality and protection preserved. <p>THE RETIREES: Yes, it does protect us equally, which is why you want to amend it.</p>	<ul style="list-style-type: none"> • If the code is not amended the MLC's right to protect and negotiate for benefits will be harmed and choice and premium free options are in jeopardy. <p>THE RETIREES: You say that because the unions lost their back bone. Funny, you don't mention equality in your answer. It's all about you, right? And the Moratorium Clause that gives only you, the UFT, an escape hatch.</p>

- Retirees/Employees have a choice, and as long as they are all under the benchmark, they will remain premium free.

THE RETIREES: This is a fact.

- The recent judge's ruling brought about by the retiree challenge to Medicare Advantage has changed this.

THE RETIREES: No, the law has been the law since 1967. Nothing has changed other than the City and MLC twisting things. And the [Judge](#) did not take anything from you.

- The judge has said that the city must offer all retiree plans premium free.

THE RETIREES: No, he did not say that. [He said that as long as the plans offered cost under the benchmark](#), the city cannot charge. All those pay up plans should not be pay up? The MLC KNEW the retirees were being overcharged for premiums because you USED our money to subsidize the Stabilization Fund which funds the UNIONS!

- That is not the current practice and never has been. There have always been some premium free options and the rest involve pay ups. The city and the MLC cannot afford to offer all plans premium free.

THE RETIREES: The city can full and well afford to offer Senior Care as it has, they have been violating the law for decades. Actually, the City has been using Senior Care as the benchmark for the Medicare retirees, and you know that is true. Want to see the City memos? Just because they broke the law and got away with it, does not mean it is ok.

- The city as a result has now threatened to only offer one plan for retirees and eliminate all other plans.

THE RETIREES: The MLC would have to agree to this or it goes to arbitration. If the City acts on that threat, it is an improper labor practice. Do you have what it takes to fight it? Or will you capitulate?

- If we change the code the MLC can work to find enough savings to continue to offer plan options.

THE RETIREES: There were 8 other options for savings in the 2014 agreement and you were not limited to them. Choose another option, such as consolidating all

	<p>the union welfare funds to increase your purchasing power and savings discounts! Want more? Sit with us. We will gladly educate you where you can find savings. We have a list. And if you “can work to find enough savings to continue to offer plan options” why hasn’t that been done already?</p>
<ul style="list-style-type: none"> • Ensures all city workers that benefit promises made when hired will be protected. <p>THE RETIREES: YES! People joined City service for the promise of the benefits they would have in retirement. This is a form of “deferred compensation.” Take less in wages, but you will have good benefits. Guess that was a real life ‘tail light guarantee.’</p>	<ul style="list-style-type: none"> • There is nothing in the administrative code as written that ensures benefits will remain the same, in fact they have often changed. Amending the code doesn’t change this, but guarantees MLC a seat at the table in the decision-making process. <p>THE RETIREES: The 1992 agreement allows for the MLC to have a seat at the table. You never lost it. You know who doesn’t have a seat at the table? Retirees. So we now know if you don’t have a seat at the table, you will be on the menu... And the SPD states that you the benefits you had at the time you retire, you take into retirement.</p> <ul style="list-style-type: none"> • The current judge’s ruling actually explicitly states that the city can comply with the CURRENT version of the code by eliminating all retiree options save MAP. <p>THE RETIREES: The Judge NEVER SAID THIS. Let’s look together, shall we? He can’t say what plans you can have or how many, those were collectively bargained or added because of regional coverage needs. And THAT WAS NOT A QUESTION BEFORE THE COURT! CLICK HERE</p>
<ul style="list-style-type: none"> • Under the 1992 MLC Health Agreement, the city must negotiate all aspects of healthcare with the MLC. No unilateral changes can be made. Plans can be added and removed ONLY by mutual agreement between 	<ul style="list-style-type: none"> • Yes, while this agreement protects the right to collectively bargain healthcare with the MLC. (THIS IS NOT A FULL SENTENCE) The administrative code does not mention this right and only sets up the one benchmark for costs. The MLC’s amendment to the code reaffirms

the city and the MLC. This is the collective bargaining protection.

THE RETIREES: How is this a misconception? It's not. It's a fact. And the MLC sued the City in 2013 for making a unilateral change in health. This, would be an improper practice.

this right in the code language and allows for an alternative cost benchmark, so that in the event that the HIP HMO plan amount changes in a dangerous direction or ceases to exist, we will be able to have established a benchmark that will allow for us to maintain high quality plan options.

THE RETIREES: You have the Taylor Law and you have the NYC Collective Bargaining Law (NYCCBL). Want us to send it to you? The code doesn't give you bargaining rights, the NYCCBL and statute does.

Your intention is much more than allowing for another benchmark in the event something happens with HIP HMO, as you admit by referencing the side letter which would set a different benchmark for Medicare eligible retirees. Are you also now insinuating something will happen to HiP HMO? Let's ask MLC Secretary Greg Floyd, he's on the Emblem Board right?

How high quality can the plans be if the benchmark amount is lowered? And the [Office of the Inspector General](#) finds MAP insurers delay and deny care wrongly? And you know, the City lowered the benchmark to \$7.50. **IN COURT THE CITY ARGUED THE BENCHMARK FOR MEDICARE RETIREES IS \$7.50. THAT TRANSFERS PREMIUMS TO RETIREES FOREVER.**

And if the federal subsidy reduces like it did in 2017, more cost will be duped on retirees, or the plan will diminish services to protect their profits, like HiP did then. But then again, you said on your website that year produced no givebacks, but you there were in the form of prior authorizations and co pays.

The fact that something is subject to bargaining does not mean that terms cannot be imposed through arbitration either because of a breach/operation of contract or an impasse in decision making. This is highlighted by the city's recent letters explicitly saying that the city will seek imposition of MAP without opt-outs or, the current balance in the stabilization fund will result in GHI premiums. The city doesn't say they will impose unilaterally. They say they will seek relief from an arbitrator to impose the one plan and premiums.

THE RETIREES: The Code has been in effect since 1967. The 1992 agreement since.....1992! THEY BOTH CO-EXISTED! So what you're saying is that you can identify a new benchmark by moving everyone into a different class. Dangerous territory. And what can be more dangerous than you moving us FROM A PLAN that was almost \$200/month to a PLAN THAT IS \$7.50/month? Danger Will Robinson! Danger!

You have other options, you CHOOSE not select them because they would not be favorable to YOU. And, it is not legal to force people into a MAP without an opt-out. You know that. You should not have used the Stabilization Fund for raises, you would not be in this position now. You are not in this situation because of our lawsuit, you mismanaged the one fund meant to protect you. And want to sell of OUR benefits to save yourself and blame retirees for protecting what THEY earned and paid for, and bargained for YOU.