

## **Informational Update Vol 16 #3 April 8, 2025**

### **1. Home Health Aide**

I continue to receive inquiries regarding the CSA Retiree Welfare Fund Home Health Aide benefit. This benefit, which is generally not covered by Medicare, is important because people often need an aide after a hospital stay or become incapacitated resulting from injury or illness. Home health aides provide special care assisting these people with their personal care including, but not limited to, eating, bathing, grooming, toileting and dressing.

#### **How Does the Benefit Work?**

After an annual \$100 deductible, the CSA Welfare Fund will reimburse you 80% of your cost up to the \$10,000 annual maximum, a lifetime \$30,000. In addition, the CSA Retiree Chapter will reimburse you in a separate check an additional 20% of what the Fund reimburses you.

For example, suppose you used an aide that cost \$500. After a \$100 deductible, the Fund will reimburse you \$320 (80% of \$400). The Fund sends you this amount in a check. About 2 to 3 weeks later, the CSA Retiree Chapter will send you a check in a seamless operation for an additional \$64 (20% of \$320). Your total reimbursement is \$320 + \$64 or \$384. If you needed an aide again during the same year, there would be no deductible, so you would be reimbursed 80% of the full amount.

If you maximize the annual benefit each year, the \$30,000 lifetime benefit would be depleted after 3 years. However, you can spread the use of the benefit over more than 3 years by not using up the full annual benefit. For example, suppose you collect only \$5,000 of the benefit in a given year. The \$5,000 left will then roll over so that you now have \$25,000 left in the lifetime benefit, which will require more than 2 years to deplete.

#### **How do You File a Claim?**

To file a claim, submit the following to the CSA Retiree Welfare Fund (nothing is needed for the CSA Retiree Chapter)

- A completed Home Health Aide claim form. This form contains a section that a physician must fill out. You can obtain a blank form from the CSA Welfare Fund.
- Proof of certification for each home aide used. The certification is submitted only once. Certification can be obtained from the agency that is supplying the aides
- A log of dates and times the aide provided service.
- A copy of the bill and proof of credit card or check payment. Cash payment is not acceptable.

## 2. \$15 copay

As you may know, Senior Care Members, which involves most of our Medicare-eligible members, was suspended previously. Unfortunately, the \$15 copay resumed January 1, 2025 in accordance with a new court order.

Senior Care members should have received a new ID card before January 1 to reflect the resumption of the copay.

According to the Office of Labor Relations (OLR), Senior Care Members will pay this \$15 copay each time they receive the health services below:

- Primary Care Physician Office Visits: \$15 Copayment per visit
- Specialist Office Visit: \$15 Copayment per visit
- Allergy testing/injections: \$15 Copayment per visit
- X-rays: \$15 Copayment per visit
- Laboratory tests: \$15 Copayment per test
- Complex diagnostic and radiology services: \$15 Copayment per visit
- Radiation therapy: \$15 Copayment per visit
- Urgent Care Services: \$15 Copayment per visit
- Emergency Care (Professional Component): \$15 Copayment per visit
- Mental Health Care (Outpatient): \$15 Copayment per visit
- Substance Use Disorder Services (Outpatient): \$15 Copayment per visit
- Physical, Occupational, and Speech Therapy: \$15 Copayment per visit
- Cardiac Rehabilitation: \$15 Copayment per visit
- Pulmonary Rehabilitation: \$15 Copayment per visit
- Chiropractic Care: \$15 Copayment per visit
- Podiatry Care: \$15 Copayment per visit

- Vision Care: \$15 Copayment per visit

The copay for health services is not a one-time payment per health service. For example, if you see a physical therapist 3 times a week, you will have a \$15 copay for each visit.

Some doctors may not collect the \$15 copay at this time. Senior Care members have been advised not to volunteer payment in this case. The doctors may eventually bill them.

As with the previous copay, the current one is in the courts. Hopefully, the outcome will be favorable. In the meantime, keep track of your copays. If the case is won, it's possible eligible members may get back their \$15 copays.

### 3. Question of the Month

Q. I understand that the 2024 IRMAA application will probably be available the end of April or the beginning of May. How will I know if I am eligible for 2024 IRMAA reimbursement?

A. There are several ways to determine if you are eligible for IRMAA. Let's use the upcoming 2024 IRMAA reimbursement as an example and assume you received Social Security since at least 2023.

1. In November 2023, you received an SSA Benefits letter that indicated your 2024 Standard and IRMAA monthly premiums. If the IRMAA amount was greater than \$0, you are eligible for 2024 Part B IRMAA reimbursement.
2. In January 2025, you received your 1099-SSA letter indicating how much you paid for Part B in 2024. If the amount was greater than \$2,096.40, you are eligible for 2024 Part B IRMAA reimbursement.
3. In 2024, the standard Part B premium was \$174.70. Go over your checking account where your pension is deposited. If your pension checks show that the Part B deduction was greater than \$174.70, you are eligible for Part B 2024 IRMAA reimbursement.
4. Finally, your 2024 premium is based on your 2022 adjusted taxable income. If the 2022 amount was greater than \$103,000 for filing individually or \$206,000 for filing jointly, you are eligible for 2024 Part B IRMAA reimbursement.

If you paid for IRMAA in 2024, you also paid a Part D (drug plan) IRMAA amount. THIS IS NOT REIMBURSEABLE.