

Informational Update Vol 17 #2

1. 2026 Medicare Part D Drug Costs,

In 2026, the GHI/Emblem Health-enhanced Part D drug plan copay cap increased from \$2,000 in 2025 to \$2,100, still a tremendous bargain considering the cost of expensive prescription drugs. To be eligible for the cap, you must belong to a Part D plan. Drugs purchased outside of the plan are not covered. For example, if you buy a drug from Canada, because it is cheaper, it is not included in the cap.

You also pay a premium for the Part D drug plan, known as the High Option Rider. The amount increased \$30 from \$150 to \$180 per person per month. This amount is deducted from your pension and is labeled G-CBP EMPE on the stub.

If you pay an IRMAA surcharge for Medicare Part B in 2026, then you also pay a Part D surcharge. The charges are listed in a table found in the November 2025 verification letter.

Part D, as well as Part B, surcharges are deducted from your Social Security check. If you do not receive Social Security, you will receive a bill from Medicare.

Under the Inflation Reduction Act, Medicare negotiated tremendous list price cuts. On Jan 1, 2026, the negotiated prices took effect for the 10 most popular drugs, including Eliquis. These prices must be available to all eligible Medicare beneficiaries and are expected to lower their out-of-pocket spending by an estimated 1.5 billion dollars in 2026.

On February 1, 2026, 15 additional expensive drugs are expected to be announced and will go into effect in 2027.

The Medicare Prescription Drug Payment Plan will continue in 2026. It is a program designed to help spread out the cost of high-cost medications, including Eliquis, over time. Rather than pay the whole amount for an expensive drug, you'll have the option to spread out your payments across the year. This is voluntary and can help people short on cash flow with high early-year drug costs.

2. "Valentine's Gift"

If you are Medicare eligible and have a NYC prescription drug coverage (like GHI/EmblemHealth Enhanced Plan D) you should have received your "Valentine's" gift of \$480 (\$40 a month) for 2026 this past week via a check from the CSA Welfare Fund.

The "Valentine's" gift is a CSA Welfare Fund benefit designed to help defray the cost of the High Option Rider that pays for your Part D coverage.

If you were eligible for the "Valentine's Gift," but were not on Medicare for the full year, you should receive a prorated check. The prorate is \$40 a month for every month on Medicare.

Please note that only Medicare-eligible CSA retirees are entitled to the “Valentine’s” gift; non-CSA Medicare-eligible people are not. If both husband and wife are Medicare-eligible CSA retirees, then both are entitled to the \$480 providing EACH has their own NYC medical coverage. If a Medicare-eligible CSA retiree is the dependent of another Medicare-eligible CSA retiree, then only the member who is covering the dependent is entitled to the \$480.

For non-Medicare CSA retirees and non-Medicare dependent spouses, the CSA Welfare Fund and CSA Retiree Chapter will continue to cover co-pays, provided the members and spouses are under the GHI or City HMO plans. After a \$100 deductible, the reimbursement is 80% of the drug cost up to a maximum of \$10,000. In addition, the CSA Retiree Chapter automatically (no filing of a claim necessary) supplements this reimbursement with an additional 20% of the Fund's payment.

3. Question of the Month



Q. I am on Senior Care and need a walker. Does Medicare cover it?

A. I am sorry you need a walker. The good news is that Medicare covers Durable Medical Equipment, such as a walker, if it is medically necessary. If you have met your Medicare deductible, Medicare will pay 80% of the cost, and GHI/Emblem Health will pay the other 20%; effectively, there is no cost to you

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