

1. Home Health Aide

This month I have received several inquiries regarding the CSA Retiree Welfare Fund Home Health Aide benefit. This benefit 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, 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 at the start of the year, 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 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 maximized the annual benefit each year that you use it, 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. Acupuncture

A member recently asked if I would include in my next update an article on the coverage of acupuncture. So, here it is:

CSA first covered acupuncture (18 visits) through its supplemental medical benefits on January 1, 2017. In 2019, the 18 visits per year were enhanced to 36 per year. And then, in 2021, Medicare stepped in and covered 12 visits in a 90-day period This is how it all works:

Medicare will cover the 12 visits in a 90-day period for chronic lower back pain providing:

- The pain is lasting 12 weeks or longer
- The pain is not related to spreading cancer, inflammatory or infectious disease
- The pain is not associated with pregnancy or surgery.

Medicare will also cover an extra 8 sessions if your doctor indicates that your chronic back pain shows improvement. If the doctor indicates there is no improvement or your condition is getting worse, then Medicare will not cover the additional sessions. Medicare covers no more than 20 treatments yearly. These treatments may only be used for chronic lower back pain.

Once you have exhausted your allotted 20 (12 + 8) treatments, you can turn to the CSA Retiree Welfare Fund and CSA Retiree Chapter for additional coverage.

❖ **CSA Retiree Welfare Fund** – You are allowed a maximum of 36 visits a year. The maximum allowable charge for reimbursement is \$100 per visit, although the acupuncturist may charge more than the \$100. After an annual \$100 deductible you will be reimbursed 80% of the cost.

The provider must be legally certified to practice acupuncture under the provider's state license. If the state does not have a state license then the provider must have a certificate from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

To file a claim, submit the bill, proof of payment, and on the first claim, the provider's state license or certification.

❖ **CSA Retiree Chapter** – You will get an additional 20%

reimbursement of whatever the Fund reimburses you. You do not have to apply for it as the process is a seamless operation. The reimbursement should come about 2 weeks after the Fund reimbursement.

3. Question of the Month

Q. I am a retired CSA supervisor on Medicare. I understand that if my out-of-pocket expenses reach \$8,000, I no longer pay for prescription drugs for the remainder of the year. Is that true?

A. Yes, it is. Under the Inflation Reduction Act of 2022, which President Biden signed into law, those on Medicare will not have to

spend more than \$8,000 on prescription drugs in 2024. Actually, it could be even less. Here is how:

To reach the \$8,000 limit, you had to spend time in the donut hole, also known as the coverage gap. If you were taking a brand-name drug and the manufacturer offered a discount, the discount amount counts towards the \$8000. For example, if you take a brand name drug that costs \$200, but you pay only \$100 because the manufacturer offers a 50% discount, you still get the \$200 credit. Overall, and depending on what drugs you take, the \$8,000 out-of-pocket expense could be less.