

Informational Update Vol 14 # 12    January 4, 2024

1. **CSA Welfare Fund Stop-Loss Benefit** - As retired CSA members, we are quite fortunate to have outstanding CSA Retiree Fund & Retiree Chapter supplemental health benefits. One of the best, is the Stop-Loss benefit. Why? Because it limits the member's out-of-pocket medical expenses not covered by the Basic NYC Health Plan, including office visits and lab charges. Let's see how it works.

After a \$1,000 deductible (annual) you are reimbursed 80% of the next \$1250 or \$1,000. Thereafter, you receive 100% of your remaining out-of-pocket expenses up to \$50,000 annually/\$250,000 lifetime. Also, the CSA Retiree Chapter will reimburse you 20% of the Welfare payment. Keep in mind that Stop-Loss does not cover hospital costs.

As an example, suppose you put in a valid claim to the CSA Retiree Welfare Fund for a \$3,000 out-of-pocket expense that falls under the Stop-Loss benefit. If this is your first claim for the year, you must pay an annual \$1,000 deductible out of the \$3,000. The Fund will then reimburse you for 80% of the next \$1,250 of the claim or \$1,000 and then 100% of the remaining part (\$750) of the claim or \$750. Your total reimbursement from the Fund for this claim is \$1,000 + \$750 or \$1,750. About 2 weeks later, the-CSA Retiree Chapter will send you a supplementary payment of 20% of \$1,750 or \$350. Your total reimbursement for the \$3,000 claim is \$1,750 + \$350 or \$2,100. Thereafter, you will no longer have any future out-of-pocket medical expenses for the remainder of the year, provided you haven't surpassed the \$50,000 annual maximum.

In short, your maximum out-of-pocket expense for the year is \$1,000 (deductible) + \$250 or \$1,250.

**Filing a Claim Under Stop-Loss**

**Non-Medicare Eligible Members** – You will need to submit an itemized EOS from your health insurance provider (most have Emblem Health). This statement should contain all items not covered by the Basic Plan. These items are processed under the Stop-Loss benefit. Along with the EOS, submit proof of payment.

**Medicare-Eligible Members** – You are not eligible to use the Stop-Loss benefit unless your provider has opted out of Medicare. In this instance, you will have to submit a copy of the Medicare opt-out agreement you have with the provider along with the provider’s itemized statement and your proof of payment.

While the benefit sounds great, the out-of-pocket expenses must be reasonable (Medicare allowable) and customary. If they are not, you will not get back what you think you should.

**2. Medicare & Mental Health** – Medicare coverage for mental health has always been behind its coverage for most non-mental health issues. Although Medicare became law in 1965, it first started to cover outpatient mental health services in 1980. However, Medicare reimbursed these services at a lower rate than other Part B benefits. In 2008, that all changed. The government passed laws that brought parity with other medical services under Part B by making access to mental health services essential.

Currently, Medicare Part B mental health service providers who accept Medicare include the following professionals:

- Psychiatrists or other doctors
- Clinical psychologists
- Clinical social workers
- Clinical nurse specialists
  
- Nurse practitioners

Unfortunately, many of these professionals are leaving Medicare making it extremely difficult for individuals on Medicare to receive necessary outpatient mental health services. Compounding the problem is that Medicare does NOT cover Mental Health counselors and marriage and family therapists.

As a result of the Mental Health Access Improvement Act of 2021, Medicare expanded its coverage significantly. This is the largest expansion in many years,

Starting January 1, 2024, licensed marriage counselors, family therapists, mental health counselors, and addiction counselors will be eligible to provide mental health services under Medicare. The law will also provide up to 19 hours of intensive outpatient care. While there are over 400,000 of these providers, it is uncertain how many will sign up with Medicare.

There is no question that the new mental health expansion will be a major boon in providing mental health services. Anyone struggling with mental health issues now has a new avenue to turn to for help. However, the key to the expansion's success is staying informed and understanding what services are available.

Additional information on Medicare mental health coverage is available on the official Medicare website, [www.Medicare.gov](http://www.Medicare.gov).

### **3. Question of the Month**

Q. I have exhausted my Medicare benefit for physical therapy. Does the CSA Retiree Welfare Fund offer a supplemental physical therapy benefit?

A. I am happy to report it does. After a \$100 annual deductible, the Fund will reimburse 80% of the cost up to \$2000. The CSA Chapter will kick in an additional 20% of what the Fund pays you. So, for a year the maximum reimbursement is \$2,400 (\$2,000 + 20% of \$2,000).

To file a claim, submit a copy of the itemized bill, a doctor's prescription showing medical need, and a copy of the EOB from Medicare showing that you exhausted your physical therapy benefit.