

# COMRO Council of Municipal Retiree Organizations of New York City

c/o Professional Staff Congress/CUNY  
61 Broadway, 15<sup>th</sup> Floor  
New York, NY 10006

## OFFICERS:

Stuart Eber, President  
Armando Mandes, First Vice-Chair  
Edward Hysyk, Second Vice-Chair  
Eileen Moran, Secretary

June 9, 2021

Commissioner Renee Campion  
Office of Labor Relations  
22 Cortland Street  
New York, NY 10007

Chairperson Harry Nespoli  
Municipal Labor Committee  
125 Barclay Street, Room 540  
New York, NY 10007

Martin Scheinman  
322 Main Street  
Port Washington, NY  
11050

## **Re: Medicare Advantage Plan**

Dear Commissioner Campion, Chairperson Nespoli and Arbitrator Scheinman:

The Council of Municipal Retiree Organizations (COMRO) requests that the Municipal Labor Committee and NYC directly and publicly address the concerns of 200,000 retirees and our 40,000 dependents over the pending proposal to move retiree health care coverage from Medicare/ Senior Care to Medicare Advantage Passive PPO. Retirees affected by these proposed changes have not been provided adequate and timely information nor has there been an opportunity to discuss the vendors' proposals in the context of our current plans.

This is the only way the various union delegate assemblies can make informed decisions about our health care today and theirs in the future.

The City and the MLC must provide in writing to all retirees a chart that compares the existing plans to the proposed plans. The chart must include the following benefits that we already have. These benefits are essential to the health and welfare of NYC retirees and their dependents:

1. Access to all of our current providers at the existing Medicare rates even if they are not part of the vendor's network and at no extra cost to us. (Despite assurances that any provider who accepts traditional Medicare will be reimbursed by the plan, the inverse is not true. For a variety of reasons, some physicians are unwilling to deal with any Advantage plans due to the difficulties of billing and reimbursement as non-physician

Medicare claims are sent to Traditional CMS. Out of Network physicians would have to submit their claims to the Medicare Advantage Plan)

2. Access to all hospitals and specialty hospitals across the country that currently accept Medicare. This is particularly relevant to patients at Memorial Sloan Kettering and Hospital for Special Surgery.

3. No gatekeepers permitted to evaluate our physician referrals to specialists, surgical procedures from our doctors, physician orders for CT, MRI, ancillary services and other treatment plans which are between the retiree and the physician. Retirees must remain in control of their own health care and not have it dictated by an insurance company that requires prior authorization for services. We do not have these barriers now, and we do not want them in the future. Gatekeepers can delay or deny our necessary health care, interfere with appropriate treatment options and can cause permanent damage and even death.

4. How the City and the MLC will evaluate the provisions of the contract and quality of care during the term of the contract.

5. Guarantees of maintaining the current costs to the retiree.

We look forward to your detailed responses.

Please contact me at (917) 673-4917 or [seber93296@aol.com](mailto:seber93296@aol.com) for further discussion.

Sincerely,

*Stuart Eber*

Stuart Eber, President

cc: Armando Mandes  
Harry Greenberg  
Edward Hysyk  
Eileen Moran