

Factchecking the West Coast Florida UFT Retired Teacher Chapter leader Lynne Winderbaum, again

BOLDED TEXT RETIREE RESPONSE



From Lynne Winderbaum, West Coast FL UFT Retiree Chapter: This page is not a home for misinformation. **(No, it's just a page to follow the UFT like lambs to**

slaughter) That is easy to find on other Facebook pages. **(how many documents do you have posted that offer proof of your arguments?)**. This is a Union page and before you post, familiarize yourself with our rules. Now read on. I have been on Medicare plus the GHI (Emblem) supplemental for eight years and I am very happy with it and would like to keep it as is.

Firstly, you obviously speak from a point of being able to afford the penalty premium with absolutely no regard for those who are not as fortunate,

those who served the City longer than you, or decades before you and do not have a pension of over \$77k. Secondly, it seems as if you are not very impressed with the MAP that had been created or you would be saying that you trust your union so much that you would gladly leave traditional Medicare with GHI Senior Care for their custom MAP. You must understand that the decision has nothing to do with the relative superiority of any given plan. It

has to do with the need to save the city money or risk losing our benefits such as choice of health plan, Medicare Part B reimbursements, IRMAA reimbursements, drug plan reimbursements, and worst case, Welfare Fund benefits. **It is not our responsibility to save the City money. We became city employees with the understanding that we would be paid less than the private sector but would be secure in our benefits for life. The benefits provided by the City are protected by Administrative Code 12-126, you know, the same one you are trying to destroy. And choice elimination was negotiated away in 2020 in the RFP for MAP, Michael Mulgrew just forgot to tell you.** These are not contractual but have been given to us by agreement with the City which they can abrogate at any time. **What is the point of an agreement if one side does not hold up its end of the agreement?** We cannot allege that any health plan proposed by the UFT is inferior since no such plan now exists and therefore, we do not know what is in it. **The plan that was proposed by the UFT was inferior and the lack of understanding as to the differences between traditional Medicare and MAPs is a pretty good indicator that any plan devised will be inferior. The fact that there is not currently a plan is a lame excuse. There is tremendous evidence proving the pitfalls of Medicare Advantage, you just refuse to acknowledge it. It's been in the NY Times, reported by Congress, the Office of the Inspector General of Health and Human Services, and the Government Accountability Office, not to mention the fact that most insurers of Medicare Advantage have been indicted for fraud by the DOJ or are under investigation.** So here is an explanation of our situation. Since 2018 when these negotiations to save the City \$600 million a year began, it was clear that the skyrocketing cost of health care could not be sustained. You are well aware that the cost of everything is rising and in this case, the cost to the City had risen from \$5 billion/year to \$11 billion **(according to the 2022 Comptroller's report, healthcare cost was \$7.8 Billion and you are not taking into consideration other factors such as the number of retirees rising and the changes negotiated by the MLC. You also forgot to mention Michael Mulgrew agreed to reduce the benchmark cap in the [February 25, 2016](#) quarterly update, passed copays onto all employees and retirees, narrowed the networks of what providers you can see and if you don't use the network you will pay more.)** in the past several years! If the costs were not reined in, the City would find other ways to save money, including eyeing our extra-contractual benefits. **What is the difference between penalizing for health insurance and losing extra contractual benefits? None, no matter what, we lose.** By law, if a plan called Medicare Advantage (Medicare Part C) were offered, the cost of claims would be substantially subsidized by the federal government and shifted off of the City resulting in the required savings. **The City is required by law to pay the cost of health insurance up to HIP HMO for employees, retirees**

and dependents, not pass the cost along to the federal government. **And if you call a cubic zirconia a diamond, is it a diamond? Or is it a cheap piece of glass portrayed as a diamond?** The UFT was instrumental in designing such a premium-free plan that was offered to us in 2021 with an option to opt-out and keep what we have for \$191/month and the ability to change our minds at any time either way. Opposition groups of retirees fought this change in court and won a decision but unfortunately, that decision contained what we believe to be a harmful interpretation of the City Administrative Code.. **You also believed you could disregard the law as written. Your interpretation is questionable, at best. Two courts and six judges disagree with your lame interpretation. But hey, keep attacking the people who legislated the code and fought to protect it over the last 55 years while you seek to sell it off along with other useless junk at a garage sale.** What did it do besides successfully stopping the plan? Of course the noise of social media seized on the last point to make an unsupported claim that a change in the administrative code would actually limit our choices, but read the attachment and you can judge for yourself. **This isn't about limiting choice, the MLC did that in the 2020 RFP for the MAP and didn't tell you they did. It was in the contract with the Alliance. Amending the law is about diminishing benefits by creating classes of individuals.** Some groups have requested that the City Council be contacted to keep the current language despite the interpretations by two judges, and an arbitrator to the contrary. **Your 'facts' are inaccurate, yet again. Six judges upheld the interpretation of the law that the City cannot charge a premium for any plan that costs up to the benchmark. Are you implying that those SIX judges do not understand the law?** We are asking retirees to contact the City Council to change the language in the Administrative Code that we feel was misinterpreted by the judges in their decisions. **Where did you get your law degree from?** Keep in mind that if there were no litigation, none of this would have happened and we would have all had a choice of going into the NYC Medicare Advantage Plan or opting out. **Keep in mind that this was all started by the City and the UFT. There would not have been a need for litigation had they not tried to break the law or negotiated their 2014 contract partially funded on the backs of other unions and retirees rather than their own productivity or giveback.** We may no longer have that choice thanks to the resulting decisions from the lawsuit. **We may no longer have that choice because the UFT made a bad deal, can't admit it and is too weak to stand up for its retirees. And again, they agreed to there not being a choice in the 2020 RFP before the plan was even rolled out. It was in the original RFP and in the communication with the vendor, and in the town halls held by the Alliance's Kim Parker. We have it on video and a copy of the RFP and Contract (which we've read, have you?).** It killed the plan we were offered because the delay in

implementation caused Blue Cross/Blue Shield and Emblem to withdraw the plan due to loss of expected revenue. **Actually, we didn't kill the plan, the City did because once the Judge said the City could not charge retirees the \$191 to keep their current plans, that meant they wouldn't realize the savings they had anticipated with the MAP. The majority of us not being in it (because we would choose to stay with the superior plan as long as we aren't coerced into the MAP by being charged a penalty premium), wouldn't yield the insurer the enrollment they needed to make it profitable. The premiums would be higher than proposed and there would be little to no profit-sharing kick back to the City as described in the contract. Check our website, we have the documents there.** Since the plan is no longer on the table, we lost the ability to opt-out which was part of the plan killed in court. The courts' decisions that GHI Senior Care cannot charge a premium, makes it likely that we will lose Senior Care next year. **It is the City who is trying to charge the penalty premium in defiance of the law. GHI Senior Care always charged a premium, but the City was bound by law to pay it. Reminder, it was \$191 per person per month for a plan that now pays LESS THAN 20% of our medical bills (since the imposition of the \$15 copays).** GHI (Emblem) is a private insurance company that is not in the business of losing money and the City has the right to eliminate it. **The City cannot eliminate the plan without the agreement of the MLC.** The lower court and the appeals court both included in their decisions that the City, under their interpretation of the City Administrative Code, was required to offer us premium-free health insurance. **Reread the decision and try again. The City is required to offer premium free insurance UP TO A BENCHMARK.** In a Daily News article on November 22, 2022. "Retirees opposed to Advantage, meantime, have for months flooded Council members' inboxes with emails urging them not to tweak 12-126. In a letter to the Municipal Labor Committee last month, Renee Champion, Adams' labor relations commissioner, acknowledged the administration had not secured support from the Council on the 12-126 front. Champion also wrote that, barring a sudden shift in momentum in the Council, Adams' administration would likely move ahead with a second option: Instructing an independent arbitrator overseeing the healthcare dispute to implement Medicare Advantage as the only plan available to municipal retirees. It's unclear how the appellate ruling may impact that proposal. In her letter, Champion stressed that the administration will try "in any way that we can" to implement Advantage, arguing it's a critical savings tool at a time when the city is staring down a projected \$6 billion budget deficit by 2026. Also see **An arbitrator is not someone who should be "instructed", rather, he/she should make an independent decision, which is not possible when the arbitrator chosen is so incestually intertwined with the parties involved. Oh and Michael Mulgrew stated, "But um, you know, you can't say you broke when you have**

\$8.2 billion in reserves. There's no, no man has ever had that much in reserve none. So the city's not broke" in the town hall he held on December 7th. So are we facing a deficit, or aren't we? And where exactly is that cited if you believe the City is?

<https://www.thecity.nyc/2022/10/31/23433597/medicare-advantage-eric-adams-retiree-health-care-ultimatum> "The

administration says it will pull the plug on the current insurance plans unless the City Council immediately comes up with a gameplan this week to pass legislation allowing the city to charge retired city workers for the insurance that they currently get for free". "The letter also said that unless there is a "swift timeline" for changing the law by the end of this week, the Adams administration will unilaterally impose a Medicare Advantage plan on retirees, and eliminate all other plans currently available, including Senior Care. That aggressive move would likely be legal, because of a 2018 agreement **as stated earlier, a bad deal that they just can't admit to** between the unions and the de Blasio administration that pledged to save \$600 million on health care costs annually, starting in 2021. The agreement contained several potential ways to achieve the savings, including switching retirees to Medicare Advantage. According to the 2018 agreement, if the unions and the city fail to achieve those savings, the city is allowed to ask an arbitrator to impose a solution that saves the agreed-on amount. One way the arbitrator could do that is mandating a switch to Medicare Advantage and eliminating all other health care plans." An arbitrator upheld the interpretation that the City Administrative Code requiring them to pay for a premium-free health plan could be satisfied by offering us just one, take it or leave it. Arbitrator Scheinman writes, "While the Court took the view that the City could not charge retirees for Senior Care (even though retirees for decades have paid up for non-Senior Care plans), it plainly did not require the City to continue to offer Senior Care as an option. The Court acknowledged that the City's obligation is simply to offer an appropriate, premium-free plan and that would be satisfied by the Medicare Advantage plan. The City does not have to offer multiple plans. Thus, absent the proposed amendment to the Administrative Code that would redress what the Court found missing in current Code § 12- 126, I would determine the City and MLC shall eliminate Senior Care as an option. That would, of course, prejudice those who were willing to "pay up" to retain it, but that would in fact drive monies to the Stabilization Fund so that the City could realize savings." The only way we could avoid that outcome would be to change the language of that section of the Administrative Code 12-126 so that we could continue to have the power to negotiate a choice of health plans for our members. **The 1992 agreement affords the power to negotiate. The question of choice was not before the Court, so they had no reason to go down that path. They were tasked to interpret 12-126 regarding what the City had to pay up to for Medicare Eligible retirees. You have choices now because of the Retiree's lawsuit.**

You have collective bargaining and the arbitrator has not “upheld” anything, he wrongly holds that opinion against the courts’ decision as his letter was written before the Court ruled. Clearly we would all like to pay for a new car what we paid five years ago, or the same mortgage rates from two years ago, or the price for a dozen eggs as last year. But the reality is that the costs of everything is going up, especially health care! Those that choose to believe that with a fight we can stop the forces of economics must be prepared to accept the consequences of their actions. **Perhaps it is those who choose to continue to support what the City and the MLC are attempting to do who must be prepared to accept the consequences: of retirees not receiving proper healthcare, facing denials and delay of care. You also fail to hold the City responsible for planning to finance its liabilities properly and the UFT for taking \$1Billion out of the Health Insurance Stabilization Fund to finance teacher raises.** We must also be willing to understand all the factors in this proposed change and not entertain the idea that the union which has given us so much in terms of generous pensions, reimbursements that no other Americans get, collective bargaining, representation, SHIP and Welfare Fund benefits, legal plans, social services, and more, is suddenly and inexplicably out to lie to us and hurt us. **The union has not given us the aforementioned benefits, they merely performed the functions expected of them, which was to negotiate. They have crossed over to the dark side....rather than fight for their members, they now do the bidding for the City. What’s even more disappointing is that, as an educator with an extensive education, you shared disinformation, with no fact checking, sources or citations and never once did you compare the proposed Medicare Advantage plan with Traditional Medicare and a supplemental or acknowledged what potential harm it could do to retirees being forced into it. That screams ignorance in the face of blind loyalty. FACT CHECK OUR DOCUMENTS. WE CHALLENGE YOU TO PROVE US WRONG ON ANYTHING WE SAY IN OUR COMPARISON OF THE MEDICARE ADVANTAGE PLANS AND TRADITIONAL MEDICARE WITH A SUPPLEMENT. YOU ALSO DID NOT MENTION THAT THE MLC AND CITY WERE PEGGING A BENCHMARK OF WHAT THE CITY WOULD PAY UP TO FOR MEDICARE ELIGIBLE RETIREES TO \$7.50. This means that, if choice was offered, any plan that cost over that would have to be paid by the retiree, thereby forever transferring premium to a retiree during high inflation, when they are on small fixed incomes. Oh right, but your pension is over \$77k, so that’s not an issue for you. Got it.**

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