



**UNITED PROBATION OFFICERS ASSOCIATION**  
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**Response to Misinformation on the Health Care**

**Making the limited proposed change to the Administrative Code preserves premium – free health benefits for all and restores the ability of the MLC to negotiate plan options. There is much misinformation being spread about the proposed amendment. It does not change the statutory obligation for the City to provide premium- free health benefits to actives , pre-65 retirees, Medicare- eligible retirees and their dependents. NO one is selling off future benefits. While some spreading misinformation have come to focus on city benefits recently, the MLC and its UNIONS have been fighting for and preserving quality benefits for many decades. The amendment is needed to continue that fight. Saying no to the amendment does not freeze benefits in time. We cannot hide our heads in the sand and pretend that outside forces are not impacting the efficient delivery of healthcare , that healthcare costs are not rising at staggering rates and that current structures are not sustainable without thoughtful change. The MLC and its UNIONS have long worked to protect employees and retirees , but wishful thinking will not pay the difference in premiums between the HIP , HMO and GHIS CBP plan. It is not the Administrative Code that has provided the GHI CBP plan to actives and pre-65 retirees premium-free for decades; it is the unions and their consistent fight for YOUR benefits. It is not the Administrative Code (or some loud latecomers) who have fought for quality thoughtful plan designs for decades;; it was the MLC and its UNIONS. The Administrative Code (amendment or not) does not require any specific plan design. Threats of stripped networks and high copays and plans dredged up from late night television are scare tactics. The new Medicare Advantage plan proposed by the MLC mirrored and improved upon the existing Senior Care Plan, with the added bonus of allowing the City to tap into additional federal funding to defray the cost. When all the real facts were finally out to be seen , the opponents could only identify one real difference between the plans: the new plan would require prior authorization for some services while Senior Care did not. That's it.**

**And while some have characterized that in dark terms, the practical reality is that all those Medicare retirees had prior authorization when they were actives, all the current actives have prior authorization and all of the pre-65 retirees have had and continue to have prior authorization. Remember, it was the MLC and the UNIONS that fought to preserve Senior Care as an option for retirees. The single -minded drive of a few to not charge for Senior Care has led to the opposite result. As pointed out by Judge Fran and the First Department judges , the Administrative Code may require that plans be paid for up to cost of the HIP HMO, but it does not require that the city offer more than one plan. This supposed “win” has backfired , leading to even worse situation, with the CITY doing as the Judges suggested and pushing for removal of all the previously provided pay up options. That is what the MLC and the UNIONS are fighting.**