

# Exhibit 2

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

In the Matter of the Application of

LISA FLANZRAICH, BENAY WAITZMAN,  
LINDA WOOLVERTON, ED FERINGTON,  
MERRI TURK LASKY, PHYLLIS LIPMAN,  
on behalf of themselves and others similarly  
situated, and the NYC ORGANIZATION OF  
PUBLIC SERVICE RETIREES, INC., on  
behalf of former New York City public  
service employees who are now Medicare-  
eligible Retirees,

Petitioner,

For Judgment Pursuant to CPLR Article 78

- against -

RENEE CAMPION, as Commissioner of the  
City of New York Office of Labor Relations,  
CITY OF NEW YORK OFFICE OF LABOR  
RELATIONS, the CITY OF NEW YORK,

Respondents.

Index No.: 158815/2021

**AFFIDAVIT OF MARK POHL**

MARK POHL, being duly sworn, deposes and says:

1. I make this affidavit in support of Petitioners' Motion for Preliminary Injunction.

2. I am a resident of New York. I worked for the New York City Department of Education as a teacher from September 1997 until November 2017. I retired with a full pension and health benefits on or about November 2017.

3. On August 30, 2021, I joined a webinar regarding the new NYC Medicare Advantage Plus Plan, organized by the retirees' chapter of my former union, the United Federation of Teachers.

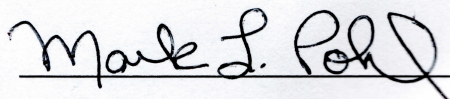
the Plan. She explained that, while Memorial Sloan Kettering Cancer Center ("MSK") and the Alliance negotiate coverage, all retirees currently covered under Medicare will be covered at MSK.

5. A screenshot of a slide of the presentation, attached as Exhibit A, even shows "Including MSK," under "Providers/hospitals."

6. On September 1, 2021, I called MSK's billing department to confirm this guidance. The billing department told me the complete opposite: that, while MSK and the Alliance are in negotiations, MSK would be considered an out-of-network provider and I would have to submit claims for my treatment for reimbursement.

7. Given contradictory information and limited time to decide, I was forced to opt-out of the Plan for fear that, while I continue to receive biweekly cancer treatments at a cost of \$15,000 each, my treatment center would be suddenly considered out-of-network, leaving me with insurmountable up-front costs.

8. In November 2021, I will opt into Medicare parts A and B and the Emblem Health Senior Care plan, without certainty that I will not suffer delays in my treatment due to slower pre-authorizations.




MARK POHL

Sworn to before me this  
NYSCEF DOC. NO. 104

RECEIVED NYSCEF: 10/19/2021

6 day of October, 2021

  
\_\_\_\_\_  
Notary Public

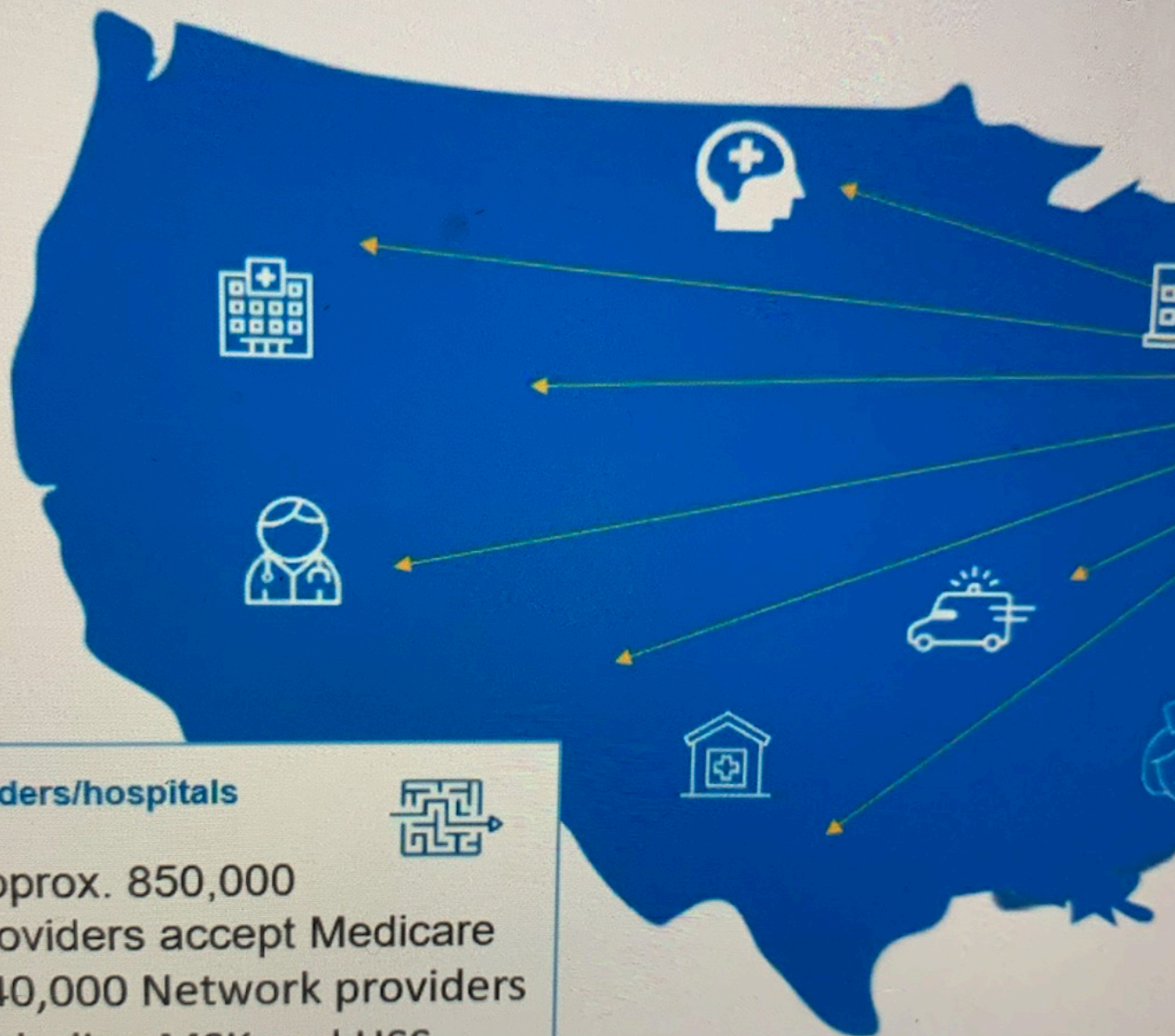
**ROBERT TRACEY**  
**Notary Public, State of New York**  
**No. 01TR4723659**  
**QUALIFIED IN KINGS COUNTY**  
**COMMISSION EXPIRES NOV. 30, 2022**



# Exhibit A

# Care for the City of New York

Members can continue to see any doctor that accepts



## Providers/hospitals



- Approx. 850,000 providers accept Medicare
- 640,000 Network providers
- Including MSK and HSS

don't have to see only blue Cross Blue Shield providers.

2 Overlook Rd

Apt 2c5

White Plains, NY

10605

To whom it may concern:

On Wednesday, October 6, 2021 I contacted by phone, the following:

- White Plains Hospital
- Emblem Health
- The "hot line" for Anthem BCBS MAP (833-325-1190)
- White Plains Hospital did not have Anthem BCBS MAP, in lieu of GHI Senior Care, on their list of accepted plans
- The Emblem Health "advocate" referred me to the MAP hot line
- The 833 rep on the phone verified White Plains Hospital and Montefiore as being "listed" on the BCBS website (empireblue.com), HOWEVER she stated that each Medicare doctor, or provider, can choose to accept this, or any other plan, or not, at their discretion, and that I'd have to check with each provider, individually to verify acceptance of this or any other plan.

My conclusion is the following:

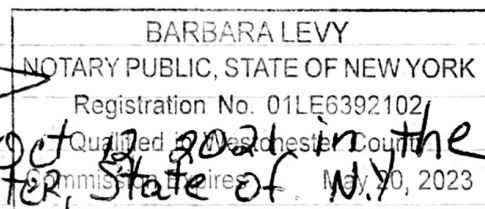
The Anthem BCBS MAP is simply a repackaged, renamed, commercial BCBS advantage plan that is being forced on city retirees with neither consideration for nor the capacity to guarantee we will receive the same uninterrupted, equivalent, and unconditional coverage by our providers that we currently receive with GHI Senior Care. This is clearly a "diminishment of benefits" for city retirees.

Claudia F Giordano

10/9/21

(646) 290-4079

*[Signature]*  
Signed before me on Oct 13, 2021 in the  
County of Westchester, State of N.Y.  
*[Signature]*  
Barbara Levy





I am a NYC retired Guidance Counselor, retired in 2004, who has been covered by Original Medicare and supplemental insurance by GHI SeniorCare provided by NYC. My husband and I want to keep the coverage we have, but can't afford the extra \$400 we would be forced to pay monthly. We will have to take the inferior NYC Medicare Advantage Plan, forcing us to suffer medically dangerous waits of up to fourteen days for approval or denial, overriding our own doctor's judgement. This plan is not widely known by my doctors. Sylvester Comprehensive Cancer Center in Miami, the only NCI-designated Center of Excellence in South Florida, is not in-network. That is where my cancer is treated. As a result, I have tried to get information from the Office of Labor Relations about the Aetna ESS/PPO plan which is accepted more widely including at Sylvester.

I have been given conflicting information as to the cost, whether I need to use the once-in-a-lifetime change option and exactly what the procedure is. I am so confused...Please extend the time my decision needs to be made by so I can make an informed choice.

Eileen Mondschein

*Eileen Mondschein 10/9/2021*  
6598 Via Dante  
Lake Worth, Florida 33467 561-969-0030

*Carolyn A. Pavone*  
Carolyn A. Pavone  
State of Florida



My Commission Expires 02/02/2023  
Commission No. GG 291748



From: Eileen MONDSCHIEIN [eileenmondschiein@aol.com](mailto:eileenmondschiein@aol.com)  
Subject: COC notary pdf.pdf  
Date: Oct 9, 2021 at 10:32:52 AM  
To: Eileen [eileenmondschiein@aol.com](mailto:eileenmondschiein@aol.com)

*E. Mondschiein 10/9/2021*

### CERTIFICATE OF CONFORMITY

On the 9 day of October in the year of 2021, Eileen Mondschiein personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

9 day of October, 2021

*Carolyn A. Pavone*  
Notary Public



Carolyn A. Pavone  
State of Florida  
My Commission Expires 02/02/2023  
Commission No. GG 291748

James Collins

13415 Shaker Blvd., Apt 10F3

Cleveland, OH 44120-5617

Tel: 646-831-1498

I am a former manager in HRA/DSS who retired in 1991. I have called 833-325-1190 on 3 occasions: July 29, August 27 and September 17, 2021 on 2 issues and received contradictory responses on one and no clear answer on the other:

1. If I chose the MAP plan, could I keep my individual Part D drug plan? 2 responses were negative: I had to enroll in the Emblem drug plan @\$125/mo; 1 was positive: of course I could keep my PDP (Humana @\$17.20/mo). I do not understand why I should be required to subsidize Emblem.
2. On the last 2 calls, I asked whether my providers would receive the same or lower payments from MAP than from Medicare + GHI Senior Care for a given service. I could not get a clear response from either. The materials that the City provides says only that MAP will pay what Medicare **pays** – not that MAP will pay what Medicare **approves**. I suspect that language was carefully chosen to mislead retirees and that my providers will be paid less by the MAP plan.

James Collins

## CERTIFICATE OF CONFORMITY

On the 9 day of October in the year of 2021, James Collins,

personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

9 day of October, 2021

See attached-CA Jurat

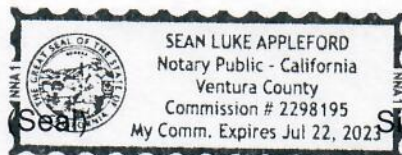
Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 9<sup>th</sup>  
day of October, 2021, by James Gale  
Collins

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



Signature Sean Appleford



# Affidavit

October 9, 2021.

My name is Marshall Benedetti. I retired from the NYC Department of Sanitation in 2018. My wife is also covered under my insurance. Our address is 1997 Central Drive South, East Meadow, NY. 11554. 516 481-0188.

I, Marshall Benedetti and I, Barbara Benedetti swear that the following information is truthful to the best of my knowledge and understanding.

My wife and I are very concerned about the NYC Medicare Advantage PLUS Plan which will be effective on January 1, 2022. Our concerns are as follows:

1. Two of our doctors have told us they know nothing about this new plan despite the fact that they are listed on the new MAP website. Our regular family doctor, Fredric Mintz, MD., checked with his billing department and they confirmed that they have received no information regarding the new plan. Dr Mintz did not know if he would accept it. Dr. Eugene Sullivan also stated that he had not heard about this new plan and did not know if it would be accepted.

How is it that these doctors are listed as accepting the plan when they know nothing about it?

2. My wife is a seven year breast cancer survivor and receives an annual MRI as well as annual mammograms and sonograms. In addition numerous biopsies have been necessary including a surgical biopsy two years ago. The pre approval requirement for such tests/surgery is a frightening aspect of this plan. Is there a guarantee that she will continue to receive the same level of care or is there any possibility that she could be denied these tests or treatment? This pre approval process is, in and of itself a decrease in the health care we now depend on.

Marshall Benedetti

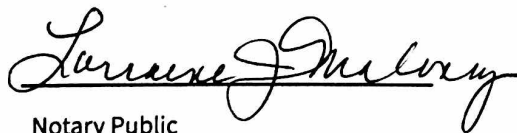
Barbara Benedetti

718 208-6340.

516 236-7499.

Signed and affirmed under penalty of perjury before me

on this 9 Day of October, 2021.



Notary Public

My Commission expires 6-26-23

LORRAINE J. MALONEY  
Notary Public, State of New York  
No. 01MA5045784  
Qualified in Suffolk County  
Certificate Filed in Nassau County  
Commission Expires June 26 23

22-18 80 Street  
East Elmhurst, NY 11370  
October 9, 2021

Re: Narrative -NYC Organization of Public Service  
Retirees(for Benefit Preservation)

To Whom It May Concern:

My name is Carol O'Connor, retired school secretary from  
NYCDOE in July 2009. My dependent husband, Michael  
O'Connor, is a patient of Raymonda Rastegar, MD, 148 E. 38  
Street, NYC, NY.

Initially I looked up, on the Empire Blue Shield website  
empireblue.com, Dr. Rastegar. She was not listed, in network. I  
called the office and they confirmed she was not in network and  
knew nothing of the NYC Advantage Plan Plus.

There was a UFT webinar on Friday, October 1, Kim Parker  
presenter, gave a more precise website for the new advantage  
plan as <https://empireblue.com/nyc-ma-plus>. Later that day I  
looked up Dr. Rastegar in that website. She was now listed in  
network. On Monday, October 4, I called Dr. Rastegar's office  
and asked to confirm her in network status. The secretary was  
surprised with this information, and I was transferred to Janie in  
that office who said that Dr. Rastegar had not been with Empire  
in years. She asked and I gave her the website information.

Called our internist, Ian Lustbader, MD, 555 Madison Avenue,  
NYC. His billing office told me that even though he was in  
network, he hasn't decided to join the NYC Medicare  
Advantage Plan Plus until later this year. What to do when you  
have to decide by October 31?

This is confusing to say the least.

*Carol O'Connor*  
Carol O'Connor  
22-18 80 Street  
East Elmhurst, NY. 11370  
Cell # (917)584-8685  
Home # (718)932-7727

State of New York  
County of Queens  
Before me this 10<sup>th</sup> day of October  
2021, came Carol O'Connor  
person described in and who  
document, who swore to the contents thereof.  
*Kerry Murray*  
Notary Public

KERRY MURRAY  
NOTARY PUBLIC, State of New York  
No. 01MU6143317  
Qualified in Queens County  
Commission Expires April 3, 2022

919 Shari Lane  
East Meadow, NY 11554  
October 10, 2021

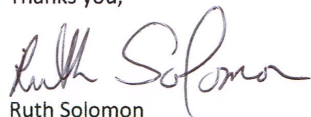
TO: NYC Organization of Public Service Retirees

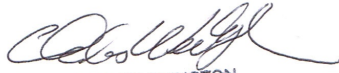
I have written to several Union Officials asking them to reconsider this move to a Medicare Advantage Plan since learning of the plan in May 2021.

I was assured on several occasions that I had nothing to worry about as all doctors who take Medicare will have to take this new plan and I will not lose access to any doctor I use currently. I am attaching an email I received from the United Federation of Teachers (UFT) as verification this was told to me.

When the plan was announced, it boasted 210,000 less doctors than in Medicare. I called the 833 hot line number provided to find out how I would bill for services from non-participating doctors. I was told there is no re-imbursement for non-participating doctors. I was told after the plan begins, I can call and the plan will approach my doctor to join the plan. They will not approach him until after the plan goes into effect. I was also assured by the UFT that HSS would sign a contract before any agreement would go into effect. No agreement has been signed, and they<sup>are</sup> continuing to move people to the new plan.

Thanks you,

  
Ruth Solomon

  
CHARLES WASHINGTON  
NOTARY PUBLIC, State of New York  
No. 01WA5012624  
Qualified in Nassau County  
Commission Expires June 15, 2023

# Exhibit A



NYSCEF DOC. NO. 104

RECEIVED NYSCEF: 10/19/2021

From: Geof.Sorkin@uftwf.org,  
To: grs1275@aol.com,  
Subject: RE: Medicare  
Date: Wed, Jun 23, 2021 10:45 am

Good morning Ruth,

Please see my commentary in red...

Geof Sorkin

Executive Director

UFT Welfare Fund

52 Broadway 7th Floor

New York, NY 10004

212-539-0500

From: grs1275@aol.com <grs1275@aol.com>  
Sent: Tuesday, June 22, 2021 10:22 PM  
To: Geoffrey Sorkin <Geof.Sorkin@uftwf.org>  
Subject: Re: Medicare

Dear Geof,

Thank you for responding to my email. It is obviously a very stressful time as we watch the union negotiate away our Medicare coverage. I understand the stress, but the union is not negotiating away your Medicare coverage. We are looking to use the size and influence of the NYC work force in an unprecedented way in negotiations. It seems the retirees are the only group being asked to make any sacrifice to save New York City money. I don't agree with this comment. Are you aware that up until recently (after it was changed through a negotiation) all in-service members had to mail order their prescription drug coverage, that there was a PICA RFP that resulted in a new contract being negotiated with the same benefits are being provided for less money, and that all new City employees must take HIP as their health plan for the first year of their employment? I listened to the talk today with shock and horror, but mostly disappointment that the UFT is still working on the plan to move retirees out of traditional Medicare and into a vastly inferior Advantage Plan. This plan will not be inferior. As I am sure you realize the companies giving bids for the contract are doing this with the sole purpose of making money. This is no different than any other NYC health plans since the inception of the program. This is not a new dynamic. They cannot do this by giving the same the same coverage we currently get with traditional Medicare. I disagree, they will be provided government subsidies to manage this program. You constantly talk about all doctors being in the plan. This plan will allow you to see any doctor that takes Medicare coverage. There is no law stating that a doctor has to accept a Medicare Advantage plan (nor is there a law that states a doctor has to take any health plan) and you know this because you had to make special provisions to include HSS and MSK. You also know every doctor can drop out if the paper work is too much or the reimbursement too small. Doctors can do this now under any health plan. And you

<https://mail.aol.com/webmail-std/en-us/PrintMessage>

I am William G. Shenton; I reside at 136 Idlebrook Lane, Aberdeen, NJ 07747. Telephone: (732) 583-4827

On or about August 5<sup>th</sup> I contacted the call center @833-325-1190 to ask what options I have since my wife has purchased individual Part D coverage and will be disenrolled from that plan under the new Advantage Plus Plan and my union plan isn't sufficient to cover my wife's medications. The woman I spoke with was taken aback and asked me: "Where did you get that information"? I *referred her* to the OLR Website FAQs and read this to her: "If you have purchased individual Part D coverage, enrolling in the NYC Medicare Advantage Plus Plan will result in disenrollment from your individual Part D plan." She found the passage on the site and read the sentence that followed that one aloud. I explained that my Union plan isn't sufficient to cover my wife's medications and we'd have to declare bankruptcy if I did that and could she give me guidance. She couldn't.

My wife and I then watched a union local 237 Webex session on August 9<sup>th</sup> at 1pm. After the presentation I asked what my wife has to do since she will be disenrolled from her drug coverage. There was confusion on the podium but the moderator from OLR finally said: "Your wife will be disenrolled if she doesn't opt out; she must opt out". We were told the cost to opt out would be about \$200 per person.

After huddling for several days, I contacted the call center again and asked how much it will cost to opt out of the MAP. I was told that was still unknown: "It will probably be included in the future mailing." He did know that the drug rider premium was being reduced to \$125 a month. I then asked whether my wife could enroll in the GHI drug rider and was told I'd have to check with OLR.

I then had a frustratingly fruitless email exchange with my union's retiree division and after I got my official notification on August 19<sup>th</sup>, I contacted the call center again. When I asked whether my wife could opt out while I didn't, the woman said she didn't know. She then canvassed her coworkers and told me the consensus response was: "She should be able to". I asked if there was a list of participating Drs. She said no but there is a similar plan and she looked at it and couldn't find my wife's Rheumatologist on the plan.

On August 24<sup>th</sup> I wrote to OLR to ask whether my wife could get the GHI drug rider while I stayed in my union drug plan. I got the following email response from OLR:

Hi William,

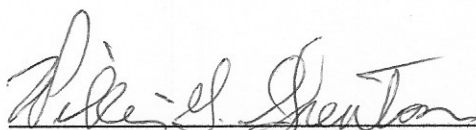
Upon checking your account, your wife is covered with your health benefits. You need to contact the local 237 at 631-851-9800 to obtain prescription benefits for your spouse. However, if you decided to obtain prescription benefits for her, you would need to obtain it for yourself as split benefits are not permitted. The monthly rate for the family plan with the prescription and rider would be \$302.60. Forms/documents can submitted electronically using the following link: <https://nycemployeebenefits.leapfile.net>

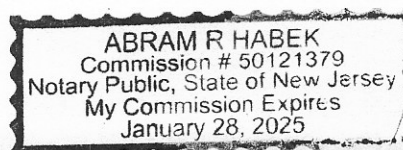
Thank you

PS. My wife isn't covered by my health benefits. After that reply I called the 833 number to ask again whether my wife could opt out without me and this time I was told she definitely could. I asked if I could see this in writing because it wasn't made clear in the mailing. The person said there is nothing in writing but reaffirmed yes, she definitely can opt out without me doing so.

During my cardiology checkup on August 25<sup>th</sup>, I asked my cardiologist if he'd heard of the plan. He told me to check with one of his staff later. I did that and was told that I shouldn't consider accepting any Medicare Advantage plan.

Navigating this maze of incomplete and inconsistent information to make such an important decision is placing an undue burden on us senior citizens. Please someone, delay this until the City can get their facts straight and communicate properly with us. Thank you.

  
William G. Shenton, October 10, 2021



## CERTIFICATE OF CONFORMITY

On the 10<sup>th</sup> day of October in the year of 2021, William G Shenton,  
personally appeared, personally known to me or proved to me on the basis of satisfactory  
evidence to be the individual whose name is subscribed to the within instrument and  
acknowledged to me that they executed same in their capacity and that by their signature  
on the instrument, the individual, or the person upon behalf of which the individual acted,  
executed the instrument, and that such individual made such appearance before the  
undersigned.

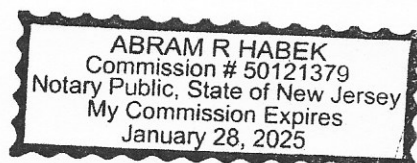
William G. Shenton

Sworn to before me this

10<sup>th</sup> day of October, 2021

[Signature]

Notary Public



[Signature]





October 10, 2021

From: Barbara Biss  
11026 SW Ivory Spring Lane  
Port St. Lucie, Florida 34987

To: [NYCorgofpublicserviceretirees@gmail.com](mailto:NYCorgofpublicserviceretirees@gmail.com)

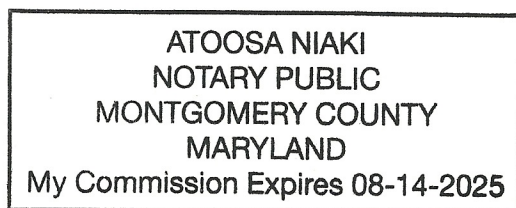
To whom it may concern;

On Tuesday, September 21, 2021 I, Barbara Biss, called the 833-325-1190 phone number provided by the UFT and Empire BlueCross BlueShield to find out if my Florida healthcare providers would be participating in the new NYCMedicareAdvantagePlusPlan. I gave the EmpireBlue representative the names of my doctors: Dr. Grace Wu, Dr. Mona Fakhry and Dr. Jennifer Burgess. I was informed by representative Tracy that all three were in the EmpireBlue Network and that all would accept the NYC MAP plan. I asked Tracy to call my doctors and inform them of the new NYC MAP plan. Tracy told me not to worry and this was not a problem. She would be happy to make those calls and she would then get back to me to verify that those doctors would accept the new plan and that I would be in network. The EmpireBlue representative, Tracy, did call back that evening and left me a message stating: that before she had a chance to reach out to my doctors her supervisor reached out to her and said that since all three doctors were verified to be in the Blue Network that there was no need to call them. Since these doctors are listed in the Blue Network they will definitely take my plan and that she specified for them to take the plan. The following day, I called Dr. Wu's office, my cardiologist, to make an appointment for January. I informed them that my health insurance would be changing as of January 1, 2022. I told them I would no longer be on traditional Medicare and GHI/CBP that I was being switched by my union to a NYC MedicareAdvantage Plus plan through Empire BlueCross BlueShield Emblem Health. When the doctor's scheduling person heard this she switched me to the billing department. I was then informed by Lynn in billing that Dr. Wu does not accept any Medicare Advantage Plans and that no one reached out to them from Empire BlueCross BlueShield. I told Lynn, in billing, that I spoke to Empire BlueCross BlueShield and they told me that Dr. Wu was in their network. Lynn said they are definitely not in network. She informed me that I could continue to see Dr. Wu, but as an "out of network" patient. I would also be billed as "out of network" and I would be responsible for any additional costs or tests that are not covered. She told me I might want to find another doctor, one that would accept my plan.

I am a "snowbird" and have doctors in Florida and Maryland. My doctors in Maryland do not accept any Medicare Advantage Plans. I also found out from another call I made to Empire BlueCross BlueShield that the closest participating hospital to me in Maryland is in Virginia. That is too far for any ambulance to go in an emergency situation.

Barbara Biss

*Barbara Biss* 10/11/2021



*[Signature]* 10/11/21

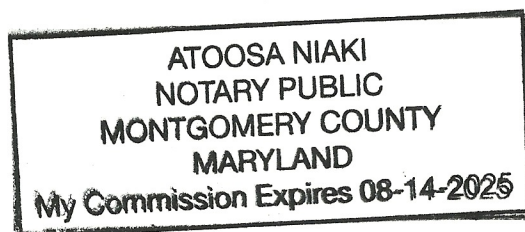


## CERTIFICATE OF CONFORMITY

On the 11 day of October in the year of 2021, Barbara Biss personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

11 day of October, 2021



A handwritten signature in cursive script, appearing to read "Atoosa Nia".

Notary Public

October 11, 2021

To Whom It May Concern,

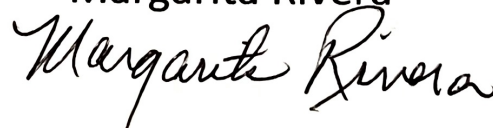
I, Margarita Rivera, am a resident of New York State. I worked for New York City Department of Education from January 1986 to June 2013. I retired with full pension and benefits on or around June 2013. While I was an active employee, I was a member of the UFT, United Federation of Teachers. As of today, I have Emblem/GHI and Senior Medicare as my primary health insurance.

To my understanding, NYC want to switch retirees to Medicare Advantage. I have tried speaking to my primary doctor about this switch and he is unaware of this new medical program. It seems that my primary doctors and clinic might not accept the New MAP program. I have not received any booklet or packet explaining this new program. I tried calling the 833 hotline several times, but no one answers. This new rollout of this MAP program has been unclear and confusing.

As a senior with growing health needs, I do not want to switch my primary care clinic.

Thank you,

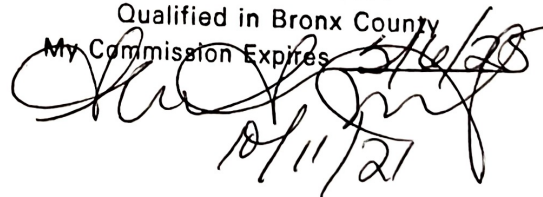
Margarita Rivera



ALEXANDRA ALEXIS MARTINEZ  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01MA6280576

Qualified in Bronx County

My Commission Expires



10/11/21

October 11, 2021

To Whom It May Concern,

My name is Anna S Fortgang. I belong to Local 237 Teamsters Retiree Division. I worked as an attorney for the New York City Housing Authority (NYCHA) for over 25 years.

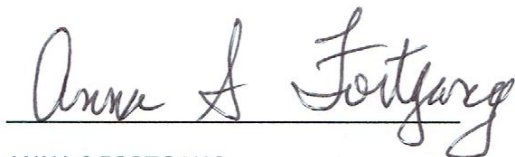
To date I haven't received any packet, which contains the opt out forms.

A couple of weeks ago I called the union office to find out when I could expect my packet. I was told that they are not involved with that and I should contact the hotline number. I proceeded to call the hotline number. The representative asked me some questions, told me to hold on and then said I should be getting the packet by the following week. That never happened. I'm still waiting.

My union held a webcast on June 5, 2021, which I participated in. Prior to the webcast I contacted my internist and dermatologist. At that time neither office heard about the new proposed plans. My internist's office stated that it doesn't participate in any advantage plan.

At the webcast, the speakers stated that most of the doctors who take medicare were on board with the new plan. I asked if that is the case, why don't my doctors even know about the proposed plan? My question wasn't answered. The speaker just repeated that most of the medicare doctors have agreed to be part of the new plan.

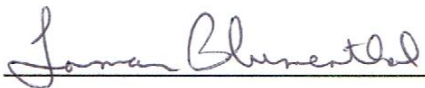
This has been my experience.



ANNA S FORTGANG

Sworn to before me

12<sup>th</sup> day of October, 2021



TAMAR BLUMENTHAL  
Notary Public, State of New York  
No. 01BL6114726  
Qualified in Nassau County  
Commission Expires 08/23/2024



My name is Bruce S. Newman. I am retired from the NYC Dept of Education, UFT member. I started my employment September, 1986; retired July, 2012. I currently reside in Raleigh, NC.

I have received conflicting and confusing information about the upcoming change with regard to retiree health care. I will become Medicare eligible on 1/1/2022. I expected to have a premium-free Medigap plan "Senior Care" to supplement Medicare. On Sept. 21, 2021 I submitted copies of my Medicare card to OLR by email.

I have not to date received the packet of information explaining this plan. My wife and I decided to make some inquiries.

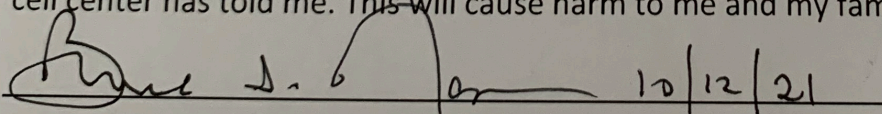
On Oct. 6, 2021, we called Duke Hospital (located in Raleigh and Durham, NC) to see if they will be in network with the proposed NYC Medicare Advantage Plus Plan. We have looked on line and saw this plan being advertised as national and most doctors and facilities that accept Medicare will accept this MAP. We spoke with Kelley, who told us Duke is NOT in network with this plan and that she has not heard of it.

Next, also on Oct. 6, 2021, we called the MAP call center (\*833-325-1190) and spoke with a representative named Jaren, who said YES, Duke Hospital is in network with the NYC Medicare Advantage Plus Plan and payment will be accepted in full. We also asked specifically about an endocrinologist who works at Duke named Dr. Thomas Weber. Jaren said YES, he is in network.

Following that call, also on Oct. 6, 2021, we called UNC Hospital in Chapel Hill, NC. Spoke with Katie who said YES UNC is in network but the doctors MAY or MAY NOT accept the MAP/ be in network.

We looked at the Empire website and did not see NC listed as one of the states that accepts the new NYC MAP. We were directed to other MAP plans but were not able to find this plan for NYC retirees.

It is extremely stressful to not have confirmation from Duke Hospital that they will be in network with the new MAP and I would incur charges for care which contradicts what the MAP cell center has told me. This will cause harm to me and my family.

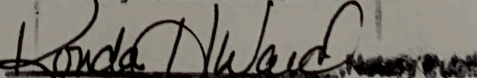
 10/12/21

Bruce S. Newman

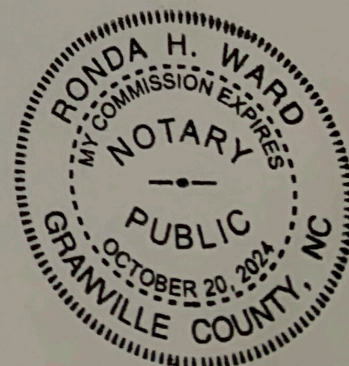
Sworn to and Subscribed before me

this 12 day of October 2021

Witness my hand and official seal.



My Commission Expires October 20, 2024





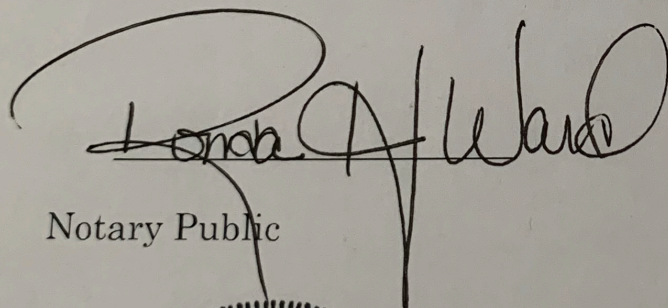
## CERTIFICATE OF CONFORMITY

On the 12 day of October in the year of 2021, Bruce Newman,

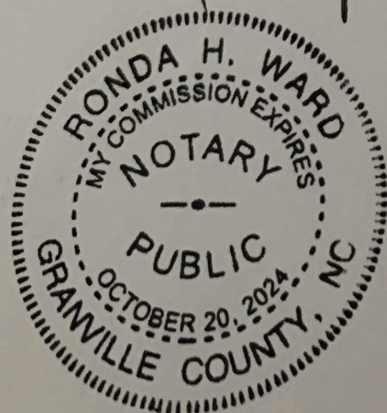
personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

12 day of October, 2021



Notary Public



SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

In the Matter of the Application of

LISA FLANZRAICH, BENAY WAITZMAN,  
LINDA WOOLVERTON, ED FERINGTON,  
MERRI TURK LASKY, PHYLLIS LIPMAN,  
on behalf of themselves and others similarly  
situated, and the NYC ORGANIZATION OF  
PUBLIC SERVICE RETIREES, INC., on  
behalf of former New York City public  
service employees who are now Medicare-  
eligible Retirees,

Petitioner,

For Judgment Pursuant to CPLR Article 78

- against -

RENEE CAMPION, as Commissioner of the  
City of New York Office of Labor Relations,  
CITY OF NEW YORK OFFICE OF LABOR  
RELATIONS, the CITY OF NEW YORK,

Respondents.

Index No.: 158815/2021

**AFFIDAVIT OF BRUCE S.  
NEWMAN**

BRUCE S. NEWMAN, being duly sworn, deposes and says:

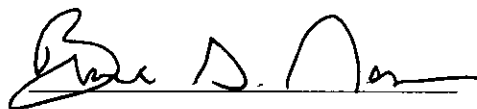
1. I make this affidavit in support of Petitioners' Motion for Preliminary Injunction.
2. I am a resident of North Carolina. I worked for the New York City Department of Education as a teacher from September 1986 until July 2012. I retired with a full pension and health benefits from the City on or about July 1, 2012.
3. As of today, October 6, 2021, I still have not received any information from the New York City Office of Labor Relations ("OLR") about the Alliance Medicare Advantage Plus Plan – which I have heard about from other retirees, other than the undated letter from the Commissioner of Office of Labor Relations

received in August 2021. I am not eligible for Medicare until January 2022, when I turn 65. I did not inform the Office of Labor Relations of my impending change in status until September 2021.

4. I have also heard from other retirees that those currently on Medicare are expected to decide by October 31, 2021, whether to accept the new Medicare Advantage plan as the default health insurance or stay with their existing GHI Senior Care plan – and pay \$191.57 per month. I have been informed by the Office of Labor Relations as response to two emails I submitted, that I may submit an opt out form at a later date, and by December, respectively, given my current circumstance. I have been provided with an opt out form by OLR in response to my emails with a due date of October 31, 2021.

5. Inasmuch as I have not received any information from OLR to date, and do not know whether my healthcare providers will participate in the new plan, it is impossible for me to make an informed decision in such a short timeframe.

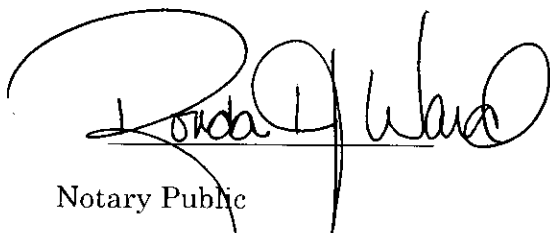
6. I respectfully request that the Court order OLR and/or the Alliance to provide retirees with complete information about the new plan and give us adequate time – by extending the deadline for people such as myself – in order to make an informed decision about whether to opt-out.

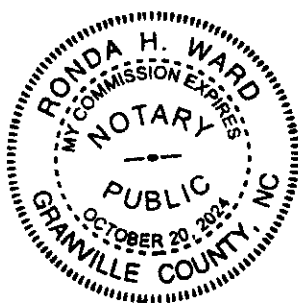
A handwritten signature in black ink, appearing to read "Bruce S. Newman", written over a horizontal line.

Bruce S. Newman

Sworn to before me this

1 day of October, 2021

  
Notary Public



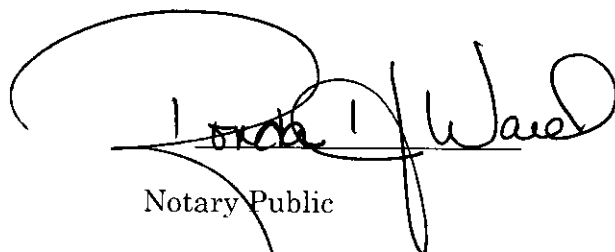


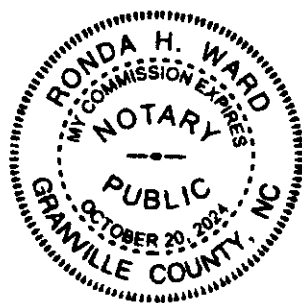
## CERTIFICATE OF CONFORMITY

On the 7 day of October in the year of 2021, Bruce S. Newman, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

7 day of October, 2021

  
Notary Public



To Whom it may concern,

I have received my Medicare Group Plan packet from NYC in late September and to date I am still confused as to the specifics of this changeover to my medical benefits. I have called the 833 number several times pertaining to getting answers to the new MAPP plan and each time I called, I was given different answers to my questions. Everyone stated my doctors are obligated to take the plan because I am on traditional Medicare. However, I find out this is NOT 100% true.

As of the signing of this document I have spoken to most of my doctor's offices to which ALL except one have never even heard of this plan or won't accept any/this Advantage plan. The one Doctor's Office person I spoke with stated that after calling the 833# (at my request) the plan is a PPO plan, therefore they would accept it. I have not been able to get confirmation or a guarantee whether any out of network doctors will be paid in full, or will I be billed for any balances remaining for actual visits/procedures/tests.

The fact that this change in medical benefits was forced upon me without any knowledge of such agreements between my union and NYC, has been very stressful for myself, and my family. Not knowing this late in life whether my doctors will continue with my care and without any diminished benefits, is most concerning to say the least. I continue to believe that the medical benefits I received at retirement would stay with me forever. As a NYC Sanitation Retiree I believe this change in benefits to be unjust, and that this decision by NYC should not move forward.

Respectfully,

Carmine Vitale

2183 Thames Rd SE

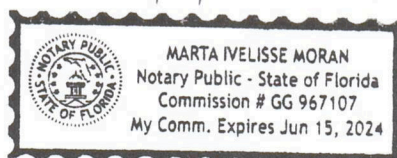
Palm Bay, FL 32909

On the 12 day of October in the year of 2021, Carmine Vitale  
personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

12 day of October, 2021

Notary Public



## CERTIFICATE OF CONFORMITY

On the 12 day of October in the year of 2021, Carmine Vitale,

personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

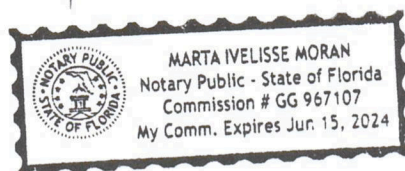
Carmine Vitale

Sworn to before me this

12 day of October, 2021

Marta Ivelisse Moran

Notary Public





189 Bermuda Street

Atlantic Beach, NY 11509

October 12, 2021

To Whom It May Concern:

I am a retired NYC worker and I am very unhappy about this new MAPP. These are some of the experiences I've had which lead me to believe this is not a viable healthcare plan for the NYC retirees. I have called the 833 number to verify that my doctors are in network and the rep confirmed it. Yet, when I called my doctors offices to ask about their participation in MAPP I was told they hadn't heard of it, didn't know about it, couldn't verify they'd accept it. I asked a MAPP rep to contact the billing rep of my doctor who would be out of network. The billing rep told me it was not the same coverage as I have under present Medicare. They'd require paperwork after 5 visits and they would determine if the services were necessary, regardless of the doctor's diagnosis. Yet, a MAPP rep told me as long as they would accept billing it would be okay and I'd be covered. The opting out procedure is inconclusive and confusing with no confirmation of submission at the time. The MAPP rep Kim Parker indicated we can rescind our opt out but as to how was unclear.

*Patricia A. Cronin Connors*  
Patricia A. Cronin Connors

(516) 319-9646

Emily Siniscalchi  
Notary Public, State of New York  
No. 30 01SI5085626  
Qualified in Nassau County  
Commission Expires September 29, 2025

*Emily Siniscalchi*



Richard Simon  
193-10 42 Ave  
Flushing, N.Y. 11358

October 13, 2021

To Whom it may concern:

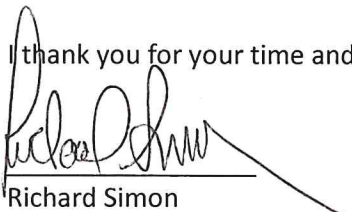
My name is Richard Simon, I retired from the N.Y.P.D. in July 2003. I am 62 years old, and my wife Elizabeth turned 65 in December of 2020. I began to call the NYC Medicare Advantage Plus Plan dedicated number 1-833-325-1190 in late August 2021 to obtain as much information as possible so we could make an educated decision on the new Advantage plan. My first question was "I am the retiree who is not 65 yet but my wife is, will she have to go on the new plan"? I was told no not until the retiree turns 65. On my next call to the dedicated number, I was told that my

wife will have to go on the new plan or pay the additional fee to stay on the current plan. I got two different answers to the same question. I called back because my wife's eye Doctor who accepts Medicare does not accept the new plan. The dedicated number told me all Doctors who accept Medicare will accept this plan. After speaking to the office manager and insurance Dept at Sight MD I found that to be false. They do not accept the new plan.

I contacted the dedicated number on September 27, 2021, to find out why I have not received the informational packet and was told to wait until October 1, 2021, If I have not received the packet then to request one. On October 1, 2021, at 9:05 am I called the number and spoke to Sheila who told me to wait a few more days. On October 8, 2021, I did receive the packet via UPS 2-day air. On October 12, 2021, I did receive a second packet also delivered UPS 2- day air.


After numerous calls to the number, I have found the staff that answers the calls are still not well versed on the contents of the new plan. I do hope you will see fit to have the City of New York go out to bid with a minimum of three qualified bidders and allow the retirees to be part of this potentially lifesaving plan which will impact approximately 250,000 people.

I thank you for your time and consideration in this matter.

  
Richard Simon

Diana Ramirez  
Notary Public, State of New York  
Registration # 01845076996  
Qualified in Kings County  
Commission Expires April 28, 2023

23



Scott Whitaker  
42 Chestnut Street  
Hicksville, NY 11801  
(516) 931-5691  
October 12, 2021

NYC Organization of Public Svc for Retirees  
PO Box 941  
Venice, Florida 34284-0941

To Whom It May Concern,

Let me begin by explaining how frustrating, frightening, and painful this whole experience with the MAP enrollment has been. I have called the 833 information # about 15-20 times asking about important information? <sup>never received a good answer.</sup> Including info on MedicaP to opt out form regarding 365 hospital rider to all doctors excepting this plan. Which is not true. After questioning at least 4 of my monthly seen doctors. Only one possibly will accept new plan (not a answer). The other 3 will not accept due to payment issues, and getting audited. Their staff taking hours for authorization.

The 833 information line keeps telling me that my doctors + hospital have to accept new plan if they take original medicare. But this isn't true. When I retired from NYPD I was promised my health plan was always going to be covered with no premium cost. I feel that we should have been grandfathered in. We are being penalized for our loyalty, and hard work.

MARY TERESA RODRIGUEZ  
Notary Public - State of New York  
NO. 01R06180799  
Qualified in Nassau County  
My Commission Expires Mar 29, 2024

10/13/2021



Thomas J. Cashin

447 80<sup>th</sup> Street

Brooklyn, New York 11209

To Whom It May Concern,

10/13/21

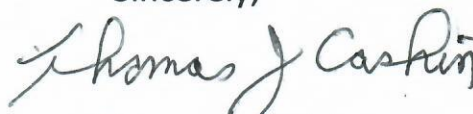
Greetings. My wife and I are not members of any Unions and we did not receive any counseling on the changes to our Health Plans. We do belong to the Management Benefit Fund, but when we called them, we were directed to call the Alliance number.

I was confused about the rumors that if my doctors were in Medicare, then they would be in this new plan. I called the Alliance information number and after a brief discussion, I was still not sure that my doctors would definitely be in the new plan.

I decided to call and also visit my GP, my Cardiologist and my Neurologist to ask them directly if they were in the new plan. To my surprise, each one of my doctors told me that I would be leaving Medicare and that would affect my coverage with them. Also, they were not aware of this new plan for NYC retirees. In fact, one of them told me that just because they accept Medicare does not necessarily mean that they will accept this plan. They would have to take a look at it and if it is acceptable to them, then they would apply to participate in the new plan.

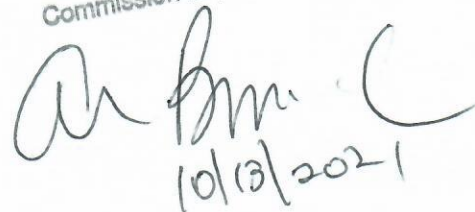
My research of the information available to me has left me extremely anxious over this important decision that I must make with limited information on the ramifications for me and my family. I have decided that I need more information before I can be comfortable deciding what is the best decision to make.

Sincerely,



Thomas J. Cashin

AVNER BAR-AM  
Notary Public, State of New York  
No. 01BA6106502  
Qualified in Kings County  
Commission Expires March 8, 2024



10/13/2021

September 14, 2021

Dear honoree judge,

I am a retired NY Public librarian and DC37 local 1930 member, who worked for NYPL for over 20 years, including Mid-Manhattan Library, 58<sup>th</sup> Street Library and the Andrew Heiskell Braille and Talking Book Library. My current Medicare plan is GHI Senior Care a public supplemental plan, which also includes my husband who is also on Medicare.

My husband's doctor which he sees monthly is not on this plan so is out of network but is a Medicare provider. We were given 2 different answers at the 833-call center we were told he will have to fill out a claim form each month and send in receipts unless his doctor bills the insurance company. The woman who did the presentation for our union retirees online and spoke to hundreds of retirees says out-of-network providers will be treated "just like Medicare". Medicare never requires us to pay for our doctors up front and send in bills. The insurance company claims providers are listed on their website but it is inaccurate my husband's doctor was listed as being on their plan but he is not, he belonged to Mt Sinai Medical years ago. His doctor does not want to do added paperwork of an advantage plan, also the plan says we will need to get pre authorization from our primary doctor to see specialist and authorize blood work and medical tests.

In order to keep

our public Medicare, they are making us pay the whole premium of \$192, charging us co-pays and charging us more for the co-pays by not capping the yearly maximum like they are doing for the advantage plan.

I am hearing impaired and use a cochlear implant. Years ago, I had to appeal to the state level to get my 2<sup>nd</sup> cochlear implant when on an advantage plan, the plan's doctors used out dated data saying the cochlear implant was experimental. The other problem I had was getting batteries and other supplies for my processor. Currently I just call the provider and they bill Medicare for limited number of rechargeable batteries a year. With the advantage plan I will have to have my primary doctor who is not an Ear, Nose and Throat specialist to apply for an authorization. In the past this required many phone calls by the doctor and myself to get approval. With my current GHI Senior Care plan it is simple to order my needed supplies. This added costs for buying out and keeping our current plan is difficult for me and my husband to pay we are both disabled and receive social security payments. I will take the opt out plan but want to stop this plan of not helping me with the costs that I worked for all these years.

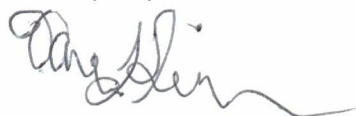
Sincerely,

Dana Simon

769 Union Street, 1L

Brooklyn, NY 11215

Phone (718) 230-3953 email: dana2cat@gmail.com



10-14-21

Mayra Lissette Garcia  
10-14-21

MAYRA LISETTE GARCIA  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01GA6291069  
Qualified in Kings County  
My Commission Expires 10-15-2021



**AFFIRMATION**

**FREDRIKA V. MILLER**, an attorney duly admitted to practice before the Courts of the State of New York, affirms the following under penalty of perjury:

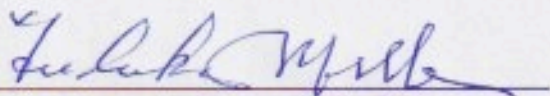
1. I am a retired attorney in good standing with the Bar of the City of New York. I retired from the City of New York in or about February 2010, after twenty-four (24) years working as an attorney for the City, first in the New York City Law Department and subsequently in the New York City Comptroller's Office. I submit this affirmation in connection with a legal challenge being made to changes by the City of New York to the health insurance plans available to City retirees.

2. I have contacted various of the doctors I currently see for a variety of medical conditions. My internist, who accepts direct payment from Medicare, has never heard about the new City Medicare Advantage plan and is unlikely to accept payment from it. My ophthalmologist, who also accepts direct payment from Medicare, will not join any Medicare Advantage Plan and will not participate in the City's plan or accept payment from it. My husband, who is a psychiatrist in private practice and whose health insurance is provided through my own, has several patients who are City retirees; he has informed them that he will accept only direct payment from Medicare and will not participate in any Medicare Advantage Plan. He is concerned with issues of prior authorization, added levels of bureaucracy and notoriously late payment from similar plans.

3. The only doctors I use whose offices were aware of the new City plan were in group practices affiliated with the Mount Sinai hospital system and would accept payment from the new plan if Mount Sinai participates.

4. I have also been informed by attorneys working on this matter that there is presently no actual contract between the City of New York and the entity which will be administering the new plan. Having litigated contract disputes, including challenges to improper procurements, over the course of many years, I cannot fathom how the City of New York can ask retirees to opt out (or in) to a health insurance plan when there is no contract in existence.

Dated: New York, New York  
October 14, 2021

  
FREDRIKA V. MILLER

I ANTHONY F. VALLARIO am making the following statement.

Regarding the The Alliance Medicare Advantage Plan Plus that is currently being offered to NYC Retirees.

It has been my current experience that I have not received any packets from Retirees Labor Relations department or from NYCHA / Teamsters Local 237.

I cannot reach RLR Dept on hold for 2hrs & disconnected by the RLR Dept.

HAVE called the 833-325-1190 on several different occasions and given several different scenarios regarding the plan. Have called all of our medical professionals to confirm participation and they do not participate with this plan, after being told that all my providers are on the Empire plan with other product they are selling the plan as an Empire Plan not Alliance. They have ask what am I asking the provider I have stated I ask if they accept the Alliance MAP I was advised that is incorrect wording, It's a Empire Plan.

I'm not happy with what the city is trying to do to its Retired employees, and hopefully you will receive better communication and Real facts of this horrendous act to think that the government knows what is best

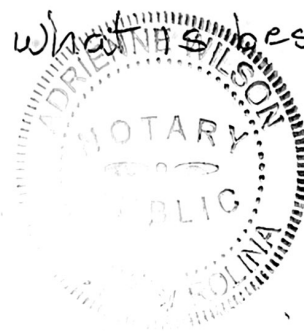
I certify this to be a certified true copy of the original document.

Certified this 15<sup>th</sup> day of October 2021

Notary Signature [Signature]

Expiration Date 09-09-2025

Anthony Vallario



## CERTIFICATE OF CONFORMITY

On the 15<sup>th</sup> day of October in the year of 2021, Anthony Vallario personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

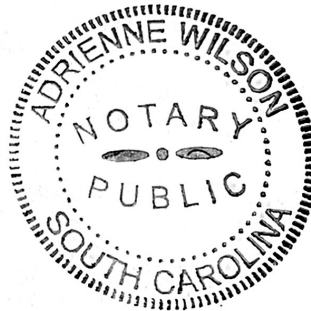
Anthony Vallario

Sworn to before me this

15<sup>th</sup> day of October, 2021

[Signature]

Notary Public



My Commission Expires September 9, 2025





Happy Shipper &lt;ups3869@gmail.com&gt;

**Fwd: MA hotline**

1 message

Lisa Flanzraich &lt;cinophile49@gmail.com&gt;

Fri, Oct 15, 2021 at 10:44 AM

To: ups3869@gmail.com

Sent from my iPhone

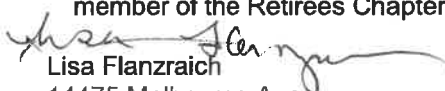
Begin forwarded message:

**From:** Lisa Flanzraich <cinophile49@gmail.com>**Date:** October 15, 2021 at 9:29:19 AM EDT**To:** Lisa Flanzraich <fellini49@aol.com>**Subject:** Re: MA hotline

On Fri, Oct 15, 2021 at 9:26 AM Lisa Flanzraich &lt;cinophile49@gmail.com&gt; wrote:

Here is an account of the misinformation I have been subjected to by Office of Labor Relations. I called them and said that my practitioner does not accept Medicare Advantage and that the Office of Labor Relations said I should call the Alliance hotline so that they "should follow up." The Alliance representative said No. We do not follow up on physicians...It is their choice NOT to accept the plan.

I just called Alliance as suggested by the below memo. The memo was e mailed to me because I am a member of the Retirees Chapter, Professional Staff Congress, CUNY.


  
Lisa Flanzraich  
14475 Melbourne Ave  
4e  
Flushing NY11367

•

•

- According to the NYC Office of Labor Relations, NYC Medicare-eligible retirees can go to any doctor or hospital that accepts Medicare. There are currently approximately 850,000 Medicare providers nationally. Check with your medical providers to see if they accept NYC Medicare Advantage Plus. If the answer is no, call the Alliance and ask them to follow up.



  
Oct 15<sup>th</sup>, 2021



Happy Shipper &lt;ups3869@gmail.com&gt;

**Fwd: Affidavit Concerning Diminution of Benefits**

1 message

**Lisa Flanzraich** <cineophile49@gmail.com>  
To: ups3869@gmail.com

Fri, Oct 15, 2021 at 10:43 AM

Sent from my iPhone

Begin forwarded message:

**From:** Lisa Flanzraich <cineophile49@gmail.com>  
**Date:** October 15, 2021 at 10:03:11 AM EDT  
**To:** Lisa <cineophile49@gmail.com>, fellini49@aol.com  
**Subject:** Affidavit Concerning Diminution of Benefits

In my conversations with Sales Representative for Alliance, she revealed that

"MY CLAIM WILL BE REVIEWED FOR MEDICAL NECESSITY, AND THE PLAN COULD ASK YOUR PROVIDER FOR MEDICAL RECORDS ,,"

My therapy sessions are held in strictest confidence and my therapist would never submit them.


My Medicare claims go through WITHOUT a review board now. and Medicare does not request confidential records.

See the summary below concerning my correspondence with Ms Parker:

She said:

"If you pay the provider the plan will reimburse you directly up to the maximum Medicare allowable amount. Your provider cannot bill you more than the maximum Medicare allowed amount for the service. The claim will be retrospectively reviewed for medical necessity and the plan could ask your provider for medical records. Once this is complete the reimbursement would be sent to you, but the provider always as the option to bill the plan on your behalf.

I am not sure why the rep said it would take 60 days, we must follow CMS guidelines for claims payments and all clean complete claims must be processed in 30 days.

  
x  
**From:** Lisa Flanzraich <cineophile49@gmail.com>  
**Sent:** Thursday, October 7, 2021 11:13 AM  
**To:** Parker, Kim A. <kim.parker@empireblue.com>  
**Subject:** Re: {EXTERNAL} Medicare Payment

Hi Kim,

I know you are busy, but I need definite answers before I choose my plan.


My two e mails below need answering .

I'm very concerned since my psychotherapy will cost me \$400 a week out of pocket

My therapist is out of network and refuses to have anything to do with MA filings

I cannot wait 60 days to be reimbursed for approximately \$1600 a month.



  
OCT 15<sup>th</sup> 2021

I cannot afford it.

Please advise.

Lisa

On Wed, Oct 6, 2021 at 10:58 PM Lisa Flanzraich <cinophile49@gmail.com> wrote:

Good Evening, Kim

I was wondering if you could provide me with an answer as per my e mail on September 24th.

I was informed by the 833 number that I could submit my therapists bill and be reimbursed according to the Medicare rate .

I was told I would have to wait 60 days for reimbursement.

I cannot wait 60 days or two months to be reimbursed.

That is too long for me as I have expenses.

Please advise.

Thank you

Lisa

On Fri, Sep 24, 2021 at 11:21 PM Lisa Flanzraich <cinophile49@gmail.com> wrote:

Thanks so much, Kim.

My provider told me that he does not want participate because he does not want additional paperwork to receive his payment since he is an out of network provider I

Before I retired, he accepted GHI Emblem.

How can he feel 100 % positive that he will be reimbursed without having extra paperwork.

Thanks again,

Lisa

X 

Ms Parker wrote:

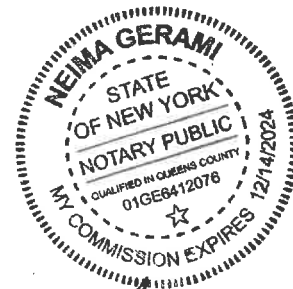
To clarify the claim would be paid to the provider at the Medicare allowable amount, less your \$15 copayment only. You will be responsible for \$15 and the provider will get the full balance of the Medicare allowable amount ( depending on exact location( in NY ) of \$107 - \$115 Medicare allowable for CPT code 90834.


Example - \$107 Medicare allowable amount

Member pays - \$15

Plan pays provider - \$82

Total paid to provider - \$107



  
Oct. 15<sup>th</sup>, 2021



**From:** Lisa Flanzraich <cinophile49@gmail.com>  
**Sent:** Monday, September 13, 2021 10:19 PM  
**To:** Parker, Kim A. <kim.parker@empireblue.com>; Parker, Kim A. <kim.parker@empireblue.com>  
**Subject:** {EXTERNAL} Medicare Payment

Dear Kim,

Thank you so very much for answering my inquiries.

I have a particular dilemma. I have been in treatment for bipolar disorder with a trusted therapist for many years.

He absolutely refuses to participate in the NYC Medicare Advantage Plan.

Furthermore he insists on receiving his Medicare rate of approximately \$100.00 per consultation. He will not be counseled by Alliance's concierge as this, in his professional opinion, a breach of sacred confidentiality between patient and doctor.

Please reassure me in writing that he will be able to receive approximately \$79.00 per session, if he participates in the Medicare Advantage Program, coupled with my co pay of approximately \$19.00.


Since Alliance is guaranteeing that my psychotherapist will receive his due fee according to Medicare rates, please provide that guarantee to me in writing.

Furthermore, I cannot and will not select a therapist from your PPO. That would be injurious to my health. I will not switch to another therapist under any circumstances.


Thanks so much for your written reassurance and guarantee pertaining to my psychotherapeutic treatments.

Regards

Lisa Flanzraich

X 



  
Oct 15th, 2021

Lisa Flanzraich  
14475 Melbourne Ave  
4e  
Flushing NY 11367



Oct. 15<sup>th</sup>, 2021

SHARON M. THOMAS DOOLEY  
7252 E CONCHO DRIVE  
SUITE B-8  
KINGMAN AZ 86401  
917-797-1205

While participating in the second of three scheduled DC37 Retirees' Association Zoom membership meetings, which took place on Thursday, October 14, 2021, is when I had the privilege to virtually meet Ms. Kim Parker and Mr. Pavon.

I participated in this event for one reason and one reason only..... CLARITY! Which in the end, never came to fruition.

I should have known when we were told at the beginning of this session, we could not record this session we were in trouble.

- Ms. Parker stated that there are 850,000 medicare providers across the states and that 640,000 were networked with her now. An admission that approximately 25% are not on board. So how do I know which side my doctors are on?

- Ms. Parker gave the website [empireblue.com/nyc-ma-plus](http://empireblue.com/nyc-ma-plus) as a reference to search to "Find Care". While she was speaking I went on the sight, put in my city and state, as well as, other cities within my county and the sight continued to direct me to a "General/Acute" facility in Needles California (which only has seven active doctors on staff). Of the five hospitals located in my County, not one is listed on the website and all of them have accepted my Medicare/GHI Senior Care previously.

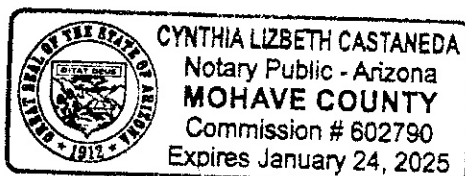
Mr. Pavon responded to my question of this in the chat area - stating that I should call Representative Assistance and explain to them. Which proved to me, that my present Medicare/GHI Senior care which has been accepted by my closest facility previously, surely should have been on their roster.

- When my turn came for answering a question virtually and not in the Chat, I asked Ms. Parker about Laboratories for blood draw. I went on to tell her that only Quest came up, what about Lab Corp and she assured me that Lab Corp was a participant. How can I trust her word, when the MAP Plan website does not list it? Furthermore, the one Quest Lab that does come up is over 35 miles from my home..... is this reasonable? Because as of today I go to a Lab Corp facility taking my Medicare/GHI Senior care and it is only 8.5 miles from my home.

- Ms. Parker stated that this MAP Plan is known as a "Passive PPO". But never took the time to define it. Ms. Parker did state that John Hopkins is "out of network" because Delaware, Maryland and Washington DC does not participate in Medicare PPO Plans.

- Ms. Parker stated that as of 1/1/2022, GHI Senior care would begin requiring \$15 co-pays. This did not sit well with me. How can the same company represent both plans now decide to up the ante on co-pays. This seems like a scare tactic to steer the past and present retirees to think they will save money.

I am truly scared what my future holds. Although I was not at Ground Zero, nor eligible within its guidelines, I did work at the Medical Division of the NYPD and came in constant contact with those who were working endless tours there, exposed to possible toxins brought in by their mere presence. Not long after I was suddenly diagnosed with a bone marrow disease and require constant monitoring by specialists, labs, hospitals, radiology.... The stress of all this is taking a toll - this is not what the City promised me.



*Sharon M. Thomas Dooley*  
SHARON M. THOMAS DOOLEY

*Cynthia Castaneda*



## CERTIFICATE OF CONFORMITY

On the 15 day of October in the year of 2021, SHARON M. THOMAS DOOLEY

personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed same in their capacity and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned.

Sworn to before me this

15<sup>th</sup> day of October, 2021

Cynthia Castaneda

Notary Public

