

I am retired from the City University where I taught for many years. I am 79 years old. My husband, who also relies on my health insurance, is 81 years old. We live in Brooklyn.

My husband and I currently have traditional Medicare and, from the City, Emblem Health's GHI Senior Care (a medigap coverage with no co-pay). Through my union (Professional Staff Congress), we also receive drug coverage and limited dental, hearing and vision coverage, all of which apparently relies upon funding from the City or State. It is a very generous package, and it does not cost us anything, other than the modest annual deductibles for Medicare and the Senior Care. We also are reimbursed for Medicare premiums by the City and/or State.

When I retired I thought that the package of healthcare benefits I received was part of my compensation for my years of service. I now know that the City can reduce these benefits at any time. I fear this is only the beginning.

I am especially upset by the lack of choice the City is giving its retirees under the newly adopted program. If you do not want to be in the City's new Medicare Advantage Plan, there is one, and only one, alternative, namely traditional Medicare with the GHI Senior Care which now will come with a substantial premium and unlimited co-pays.

If we were to purchase a better medigap policy (*e.g.*, a "G" plan, with more extensive coverage, no co-pay, etc.) which is available in the private market at modest additional cost above what we will have to pay under the City's plan, we would lose all City health benefits, including the drug coverage and the reimbursement of the Medicare premium, regardless of my years of service.

The City's intent clearly is to force retirees into its new Medicare Advantage Plan in order to make the arrangement more financially attractive to the insurer.

Many of our doctors have been caring for us for years, are familiar with our ailments, treatments, and quirks, and are mindful of our needs and limited goals as far as health care is concerned. At least one of these doctors, my long-time primary care physician, is not in the proposed program; and many of our doctors are not happy about the reimbursement rates and control of an advantage plan.

We should be afforded a choice without losing all.