

UFT: Are you ready to lose GHI-CBP?

It's official. The GHI-CBP we know is no longer in the running for proposed UFT health plans. Are you ready to be switched to a cheaper alternative?

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On Wednesday, October 11th, following an [audio leak](#) of internal talks about the Request For Proposal (RFP) to select new healthcare insurance providers, UFT President Michael Mulgrew told us more about the pending healthcare switch than he has in a long time. Don't get me wrong—that isn't much—but now we have official confirmation that GHI-CBP as we know it will no longer be our insurance carrier. To most of us, that's not exactly welcome news. What will we have? Either Emblem with UnitedHealthcare or Aetna (with Aetna).

The Context of Savings

We've been hearing about the in-service healthcare changes for years now, with most of us hoping it would go away.

What we know from those previous talks is that the RFP has a motivation – to save money. When we hear about healthcare savings from Mulgrew or Adams, it's key to know that the savings aren't for you or me. They're either for the City, so they can pay less for our healthcare; or they're for the UFT/UFT Welfare Fund, so that they can move money around (and hold on to sacred patronage jobs).

Hence, when urgent care copays went up from \$15 to \$50, then to [\\$100](#) (for most urgent care centers such as City MD) and radiology (e.g. MRI) costs increased, we heard about 'savings,' even though members ourselves were clearly on the hook for more. Copays, of course, are only one way to pass costs onto members. Another is to reduce networks (providers). We already see this with mental health coverage. Members routinely learn the hard way, often in times of crisis, that they can't find psychologists, therapists, or psychiatrists who take our insurance. Those members can either not get care or pay hundreds of dollars per visit to out-of-network therapists. Further cost savings could mean we see an exacerbation of this problem and possibly its expansion into other types of healthcare, where limited networks can mean long and potentially lethal waits to see overbooked specialists.

And then there's the gold standard of healthcare savings: prior authorizations. As we already saw with the Medicare Advantage discussions for our retired members, for-profit insurances make much of their money on 'the administrative side,' i.e. by deciding that members cannot get care that their doctor says they need. Could it be that our new insurance plan would mean more denied MRIs, physical therapy sessions, or surgeries?

Finally, there's adding premiums. Right now, UFT members don't pay premiums for GHI-CBP, whether they're enrolled as individuals or with their families. Mulgrew didn't mention the

possibility of premiums in his speech at the Delegate Assembly meeting (for chapter leaders and delegates), but the lawyer in that leaked recording did. As we already grapple with ever-ballooning copays, we do not want to unleash a pandora's box of ever-ballooning premiums too.

These questions need to be considered, because the City and UFT leadership have been clear from the start – they aren't looking for a better health plan for which they're willing to spend *more*. And while they won't admit to seeking a health plan that would reduce our care, they're very open about looking to spend less. Those things usually go hand in hand.

Closing out

We don't know whether the switch will be to Aetna or Emblem with UnitedHealthcare (instead of Blue Cross). We also don't know what versions of Aetna or United—or Emblem for that matter—we'll get. So I've opted not to analyze those companies, for now. We do know that both [Aetna](#) and [UnitedHealthcare](#) have had plan-wide contract disputes with some of the hospitals UFT members use. In other cases, a few plans from each company are accepted, but variants designed for lower income members are not (such as the following example at [Mt. Sinai](#)). The bottom line is that we know we're being primed to get coverage that costs less. And we know that realistically this means we are set to lose something. Perhaps it's time to learn from the retirees and fight. They fought the Medicare Advantage Plan they were being forced into, but took it to court while mobilizing mass rallies, worked with local elected officials and hired their own lawyers to stop this move in court. They won't be thrown off traditional Medicare (GHI Senior Care), but only because they are organized. That's the only way we keep GHI-CBP too.

As a start, make sure that you and your entire chapter have signed the [healthcare petition](#) to let us vote on proposed healthcare changes.

To learn more about the UFT Healthcare Petition go to:
hcpetition.educators.nyc



**MR. MULGREW
WE WANT ANSWERS.**

**UFT MEMBERS DESERVE TO HEAR THE TWO
PROPOSALS THAT SEEK TO REPLACE GHI.
WE SHOULD COLLECTIVELY VOTE ON MAJOR
CHANGES TO OUR CITY HEALTHCARE PLAN.**