



# Municipal Labor Committee

## **Frequently Asked Questions (FAQs) About the NYC Medicare Advantage Plus Plan**

The City and the Municipal Labor Committee (MLC) recently announced an agreement to implement the NYC Medicare Advantage Plus Plan, a customized program for City retirees, beginning January 1, 2022. The City and the MLC recommend that retirees strongly consider the new premium-free plan with improved benefits, which represents real value for our retirees.

### **What is the new NYC Medicare Advantage Plus Plan?**

The City and the Municipal Labor Committee (MLC) have been working together to offer a unique customized large group Medicare Advantage plan that will provide better member benefits for NYC retirees at lower costs to the City.

### **Is the retiree program still premium-free?**

Yes. The NYC Medicare Advantage Plus Plan replaces the current GHI/EBCBS Senior Care program, which is a supplement to traditional Medicare, as the program that is premium-free to all Medicare-eligible retirees. All other plans will still be available as a pay-up option. Retirees that choose to stay on their current plan will now pay the additional premium difference.

### **What is the start date for the NYC Medicare Advantage Plus Plan?**

The start date is January 1, 2022.

### **How does the New Plan Work?**

The NYC Medicare Advantage Plus Plan replaces both traditional Medicare and a Medicare Supplement plan with a single integrated program administered by an insurer approved by Medicare. Through a contract with Medicare, the NYC Medicare Advantage Plus Plan provides all health care services previously covered by original Medicare and supplemented by the Senior Care program. The Plan must follow Medicare rules and provide all benefits provided by Medicare. The new Plan will also add some important new benefits not covered by the current Senior Care plan, including:

- transportation costs for 24 one-way trips per year to doctors' offices;
- home meals delivery for patients after they are discharged from the hospital;
- a fitness program;
- a wellness rewards program;
- \$0 copay telemedicine with the *LiveHealth* platform.

### **Can I go to my current doctors and hospitals?**

Yes. The NYC Medicare Advantage Plus Plan is a Group Medicare PPO, which does not restrict access to providers. Retirees can go to any doctor or hospital that accepts Medicare of which there are now approximately 850,000 Medicare providers nationally. About 640,000 of those Medicare providers are currently in the Empire/Emblem Alliance networks and are contractually bound to see NYC Medicare Advantage Plus members. Providers that are not contracted with the plan would bill the NYC Medicare Advantage Plus Plan to get reimbursed, like they do for traditional Medicare. It doesn't make a difference if that provider is in the insurer's network or not. As long as the provider takes payment from Medicare, they can bill the NYC Medicare Advantage Plus Plan and be paid the same amount as traditional Medicare pays. This includes all the hospitals in the NYC area including Memorial Sloan-Kettering (MSK) and The Hospital for Special Surgery (HSS), almost all hospitals nationally, and 99.5% of all doctors

### **What if the provider I am seeing does not agree to accept payment from the NYC Medicare Advantage Plus Plan?**

In the very rare instance where a provider that accepts Medicare tells a retiree they will not accept payment from the NYC Medicare Advantage Plus Plan, the retiree should first contact the concierge service that will be provided so that the plan can work with the provider to make sure they understand it is the same payment schedule and billing protocol and answer any questions the provider may have. If despite that effort, the provider still refuses, the member can pay the provider and then submit the claims to the plan for reimbursement. So long as the service is a Medicare covered benefit and Medicare fee schedule is followed, the member will only be responsible for their copays/coinsurance as defined by the plan.

### **Who will provide the NYC Medicare Advantage Plus Plan?**

After careful consideration, the City and the Municipal Labor Committee selected an alliance between Empire BlueCross BlueShield and EmblemHealth to provide the program. This provides continuity and familiarity for the majority of employees and retirees who are currently enrolled in the City's CBP and Senior Care programs that are offered by the same insurers. EmblemHealth will continue to administer the Part D rider.

### **What do I have to do?**

If you are a retiree covered by a City Medicare health plan, you will be automatically enrolled in the new Plan for January 1, 2022. You don't have to do anything. However, you must be enrolled in Medicare Part A and Medicare Part B and continue to pay your Medicare Part B premiums.

**Can I choose another plan or is the NYC Medicare Advantage Plus plan my only choice?**

You can choose to remain on your current plan by opting out of the NYC Medicare Advantage Plus plan during the opt-out period between September 1 – October 15. By opting out of the NYC Medicare Advantage Plus plan, you will be responsible for the full premium difference between the NYC Medicare Advantage Plus plan and your plan's cost. You will receive information about the NYC Medicare Advantage Plus plan and opt-out process in mid-August.

**Will this be the only time I can opt in or opt out?**

No, the City will be offering an Annual Transfer Period.

In the past, transfers between plans were only permitted every other year. Beginning in 2022, transfers between plans will be permitted every year in the Fall.

**Will the City still reimburse my Medicare Part B premium?**

Yes.

**As a member of the NYC Medicare Advantage Plus Plan, do I need a referral to see a specialist?**

No.

**Do any services require preauthorization?**

Yes. Just like the plans for active City employees, some medical procedures will require preauthorization under the NYC Medicare Advantage Plus Plan. When you see an in-network provider, the doctor and the insurer will handle the preauthorization. When seeing out-of-network doctors, while prior authorizations are not required, we recommend you ask your provider to request a prior authorization to confirm that the services they are providing will be considered medically necessary and covered.

**What if I live out of state?**

The program is a national program so it covers retirees in any State in which they work or reside and when they travel. To be eligible for NYC Medicare Advantage Plus Plan, members must live within the 50 states or any US territory, including Puerto Rico.

**Must I have a Medicare Part D prescription drug rider through the NYC Medicare Advantage Program?**

If you do not receive prescription drugs through your union welfare fund, you may purchase the prescription drug rider for the NYC Medicare Advantage Plus Plan. This Part D prescription drug plan rider will be the same as the one offered through EmblemHealth for the Senior Care program. If you choose not to take any Part D coverage, you may be subject to a permanent penalty in the future. 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. You would need to obtain prescription drug coverage through your union or the City Part D prescription drug plan rider.

### **What happens where the retiree or spouse is under age 65?**

As they do today, the retiree and spouse have to choose an insurer that offers both an over 65 option and an under 65 option. The over-65 member will be automatically enrolled under the NYC Medicare Advantage Plus Plan and the under-65 member will be in the Empire GHI/CBP plan, both at no cost to the retiree. If, for example, the retiree chooses to pay up to remain in the HIP VIP plan, the under 65 spouse will be enrolled in the HIP HMO for non-Medicare eligible participants at no cost. If the retiree chooses to pay up to remain in another pay up plan, the under 65 spouse will pay up to remain with the same insurer.

### **I have surgery scheduled for January 3rd with my current carrier. What should I do?**

The NYC Medicare Advantage Plus Plan clinical transition team will work with you and your doctor to ensure continuity of care.

### **What happens if I go into the hospital in December and I'm not discharged until January?**

The insurer that was in place at the time of the inpatient admission will be responsible for the entire inpatient stay. If that was traditional Medicare and GHI/Empire Senior Care, they would be responsible for the claim for the entire stay.

### **Where can I call for more information about the NYC Medicare Advantage Plus Plan?**

As of July 26, 2021, there is a special call center (**1-833-325-1190**) established for the NYC Medicare Advantage Plus Plan to answer all your questions.

The call center hours of operations are Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays. You will also be receiving extensive materials in mid-August that explain the details of the plan and the enrollment process. In addition, there will be retiree meetings available all over the NYC area in September, as well as webinars for those who prefer not to attend in person meetings. Keep checking this website for additional information.



The Whole Health Company



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## Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: General

| Provision                                       | Senior Care (Today)  | Senior Care (as of 1/1/22) | NYC Medicare Advantage Plus Plan                 |
|---|--|----------------------------|--|
| Annual Deductible                               | \$253  | \$253                      | \$253  |
| Ann. Retiree Out-Of-Pocket Max*                 | No Limit / Protection  | No Limit / Protection      | \$1,470  |
| PCP Visit                                       | No Copay   | \$15 Copay                 | \$0 Copay  |
| Specialist Visit                                | No Copay   | \$15 Copay                 | \$15 Copay                                       |
| Diagnostic Tests (X-rays, lab, radiology, etc.) | No Copay   | \$15 Copay                 | \$15 Copay                                       |
| Mental Health / Substance Use Disorder          | No Copay   | \$15 Copay                 | \$15 Copay                                       |
| Urgent Care Center                              | No Copay   | \$15 Copay                 | \$15 Copay                                       |
| Preventive Services                             | No Copay   | No Copay                   | No Copay   |
| Rehab. Services                                 | No Copay   | \$15 Copay                 | \$15 Copay                                       |
| Durable Medical Equipment (DME)                 | \$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & Ambulance)             | Same as Today              | Deductible applies, \$0 Copay, no Ann. Max       |
| Private Duty Nursing (PDN)                      | \$25 Deductible, \$2,500 Ann. Benefit Max. (combined with DME & Ambulance), 20% Coins. | Same as Today              | Deductible applies, 20% Coins., \$2,500 Ann. Max |
| Hearing Exam                                    | No Copay   | \$15 Copay                 | \$0 Hearing Copays**                             |

\* Out of Pocket Maximum protects retirees from catastrophic claims

\*\* Hearing Exams must be Hearing Care Solutions in-network providers.

## Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: Hospital

| Provision                       | Senior Care (Today)   | Senior Care<br>(as of 1/1/22)   | NYC Medicare<br>Advantage Plus Plan                   |
|---------------------------------|---|---|---|
| Inpatient Stay                  | \$300 Copay per stay,<br>\$750 ann. max.  | \$300 Copay per stay,<br>\$750 ann. max.  | \$300 Copay per stay,<br>\$750 ann. max.              |
| Hospital Stay<br>Coinsurance*   | 0% Coins. days 1-60<br>100% Coins. days 61-90<br>50% Coins. days 91-201<br>100% Coins. days 202-365 | 0% Coins. days 1-60<br>100% Coins. days 61-90<br>50% Coins. days 91-201<br>100% Coins. days 202-365 | 0% Coins. for all 365 days                            |
| Skilled Nursing Facility        | No Copay days 1-100   | No Copay days 1-100   | No Copay days 1-100                                   |
| Home Health Care                | No Copay  | No Copay  | No Copay  |
| Hospital Outpatient<br>Services | No Copay  | No Copay  | No Copay  |
| Outpatient Surgery              | No Copay  | No Copay  | No Copay  |
| Ambulance Services              | \$25 Deductible, \$2,500 Ann. Benefit<br>Max. (combined with PDN & DME)                             | Same as Today   | \$0 Copay, Deductible does<br>not apply, no Ann. Max. |
| Emergency Care                  | \$50 Copay  | \$50 Copay  | \$50 Copay  |

\* Enhanced Hospital 365 Day Optional Rider would cover all of these coinsurances, but requires retiree to pay for it today. The Medicare Advantage plan would cover all of these automatically, at no additional cost.

## Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: Other

| <b>Provision</b>              | <b>Senior Care (Today)</b> | <b>Senior Care (as of 1/1/22)</b> | <b>NYC Medicare Advantage Plus Plan</b>   |
|-------------------------------|----------------------------|-----------------------------------|---|
| Meal Delivery                 | Not Covered                | Not Covered                       | Up to 14 meals x 4 events = 56 meals / year, after inpatient stay or for certain weight / health conditions; also includes Healthy Pantry benefit |
| Fitness / Mobility Programs   | Not Covered                | Not Covered                       | Silver Sneakers program at no cost  |
| Transportation                | Not Covered                | Not Covered                       | 24 rides annually, up to 30 miles / ride  |
| Fitness Tracker Device        | Not Covered                | Not Covered                       | Included at no cost   |
| Hearing Aids                  | Not Covered                | Not Covered                       | Up to \$500 allowance, every 12 months  |
| Voluntary Incentive Gift Card | Not Covered                | Not Covered                       | Up to \$200 in gift cards for completion of certain wellness activities   |