

# City of New York sponsored plans

Benefit	NYC Medicare Advantage Plus	Aetna Medicare Advantage Plan PPO/ESA	Aetna Medicare Advantage Plan PPO/ESA
<b>Primary residence (If you do not see your State listed, you are not eligible for Aetna)</b>	Nationwide	NY, NJ and PA	AZ, CT, DE, FL, GA, MA, MD, NC, NV, SC, TN, VA, TX and DC
<b>Pension deduction (monthly cost for the plan for each Medicare person)</b>	<b>\$0 (premium free)</b>	<b>\$0 (premium free)</b>	<b>\$20.00 premium per month by pension deduction</b>
<b>Annual Deductible (restarts every January)</b>	You pay \$253	You pay \$253	No deductible
<b>Out of pocket maximum (most you pay in a calendar year) (Jan – Dec.)</b>	\$1,470 (includes deductible and copays)	\$1,000 (includes deductible and copays)	N/A (Aetna plan pays at 100%)
<b>PCP Visit (no referrals)</b>	No Copay (you pay \$0)	No Copay (you pay \$0)	No Copay (you pay \$0)
<b>Specialist Visit</b>	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
<b>Diagnostic Tests (X-rays, lab, CT Scan, MRI, Pet Scan, etc.)</b>	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
<b>Mental Health / Substance Use Disorder Office Visits</b>	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
<b>Urgent Care Center</b>	\$15 Copay	\$15 Copay, \$0 for Minute Clinic	No Copay (you pay \$0)
<b>Preventive Services</b>	No Copay (you pay \$0) (deductible waived)	No Copay (you pay \$0) (deductible waived)	No Copay (you pay \$0)
<b>Rehab. Services (Cardiac, PT, OT, ST)</b>	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
<b>Durable Medical Equipment (DME)</b>	No copay (you pay \$0)	No copay (you pay \$0)	No Copay (you pay \$0)
<b>Routine Hearing Exam</b>	No copay in-network only (deductible waived)	No copay (anywhere) (deductible waived)	No copay (you pay \$0) (anywhere)
<b>Routine Vision Exam (eye refraction)</b>	No copay (you pay \$0) (deductible waived)	No copay (you pay \$0) (deductible waived)	No copay (you pay \$0)

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<b>Inpatient Stay</b>	\$300 copay per stay up to \$750 annual maximum	\$300 copay per stay up to \$750 annual maximum	No copay (you pay \$0)
<b>Skilled Nursing Facility</b>	No Copay (you pay \$0) for days 1-100	No Copay (you pay \$0) for days 1-100	No Copay (you pay \$0) for days 1-100
<b>Home Health Care</b>	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
<b>Outpatient Surgery or Hospital Facility</b>	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
<b>Ambulance Services</b>	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
<b>Emergency Care</b>	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	No copay (you pay \$0)
<b>Private duty nursing</b>	20% Coinsurance, \$2,500 Ann. Max	20% Coinsurance, \$2,500 Ann. Max	20% Coinsurance, \$2,500 Ann. Max
<b>Extra benefits</b>			
<b>Meal Delivery</b>	14 meals x 4 events = 56 meals / year, after inpatient stay	28 meals after an inpatient or SNF stay (no event limit on meals)	28 meals after an inpatient or SNF stay (no event limit on meals)
<b>Fitness program</b>	Silver Sneakers included	Silver Sneakers included	Silver Sneakers included
<b>Fitness tracker</b>	Included	Not covered	Not covered
<b>Transportation</b>	24 rides one-way rides up to 30 miles	24 rides one-way rides up to 60 miles	24 rides one-way rides up to 60 miles
<b>Hearing Aids</b>	Up to \$500 allowance every 12 months	Up to \$1,000 allowance every 12 months	Up to \$500 allowance every 12 months
<b>Eyewear Reimbursements</b>	Not covered	Up to \$200 allowance every 24 months	Up to \$100 allowance every 24 months
<b>Healthy rewards</b>	Earn up to \$200 per year for completing certain wellness activities	Earn up to \$200 per year for completing certain wellness activities	Not available

# City of New York sponsored Part D rider - *available only to retirees who do not have RX through their union* – DISREGARD IF YOU RECEIVE RX BENEFITS THROUGH YOUR UNION

	NYC prescription drug rider	Aetna Prescription Drug Rider	Aetna Prescription Drug Rider
<b>Primary residence</b>	Nationwide	NY, NJ and PA	AZ, CT, DE, FL, GA, MA, MD, NC, NV, SC, TN, VA, TX and DC
<b>Pension deduction (monthly cost for the plan for each Medicare eligible person)</b>	<b>\$125.00</b>	<b>\$108.00</b>	<b>\$79.00 per month by pension deduction</b>
<b>Annual Deductible</b>	No deductible	No deductible	No deductible
<b>Tier 1 (Preferred generics)</b>	25%	Preferred pharmacy 0% Non preferred pharmacy 25	Preferred pharmacy 0% Non preferred pharmacy 25%
<b>Tier 2 (Generics)</b>	25%	25%	25%
<b>Tier 3 (Preferred Brand)</b>	25%	25%	25%
<b>Tier 4 (Non-preferred brand)</b>	25%	25%	25%
<b>Tier 5 (Specialty)</b>	25%	25%	25%
<b>Coverage gap</b>	25%	25%	25%
<b>Catastrophic</b> - Coverage benefits start once \$7,050 in true out-of-pocket costs is incurred	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.

# Important information City's sponsored Aetna plan

- The Aetna Medicare PPO ESA plan is a City Sponsored retiree health plan (*you can enroll for the remainder of 2021 by using your "Once-in-A-Lifetime" change, you will NOT be able to enroll in 2022*)
- You'll continue to receive your Part B reimbursement, just like you do today!
- You have the choice to see any Medicare eligible provider - you are NOT restricted to seeing only Aetna providers and it will NOT cost you more to see a provider that is NOT in the Aetna network, as long as they are Medicare eligible
- The plan is nationwide, so you will have coverage even when you travel
- You'll continue to get your prescription drug plan through your union or welfare fund, just like today
- If your union or welfare fund does not provide your prescription drug plan- you MUST purchase the prescription drug rider through Aetna
- Premiums will be deducted by monthly pension deduction, if applicable

# To enroll in the Aetna Medicare Advantage PPO ESA plan

- To transfer your benefits to Aetna, follow these simple steps:
  - Complete the Health Benefits program (HBP) application/change form
    - Select – box C, top right corner of the form
    - Check the box: “once in a lifetime change” – selected a future date, i.e. 10/1, 11/1 or 12/1/2021
  - After completing the HBP application/change form, you must also complete a separate Aetna Medicare enrollment for you and/or any Medicare eligible dependent
    - You have two options to complete the Aetna enrollment
      - Complete your enrollment with Aetna over the phone or complete an Aetna enrollment form
      - To complete the enrollment by phone call:
    - The completed HBP application and Aetna can be emailed or faxed
      - Email: [conymailbox@aetna.com](mailto:conymailbox@aetna.com)
      - Fax number: (860) 907-3010