

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

The \$15 GHI/EBCBS Senior Care Plan copays listed in the table, which are subject to the plan deductible, and which were jointly agreed to by the City and the Municipal Labor Committee (MLC), are temporarily suspended (revert back to \$0) as of January 12, 2023, due to litigation

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
Network	All Medicare Participating Providers	95% of utilized providers are either in-network (over 1 million providers) or accept Medicare and agree to take Aetna on an out-of-network basis.
Deductible	2023 calendar year, you pay \$276. Deductible (\$50 GHI + \$226 Medicare Part B). The PART B DEDUCTIBLE CHANGES EVERY YEAR.	You pay \$150 deductible. The Part B deductible does not apply. Aetna MA deductible is guaranteed, at a min. until 2029. <i>Aetna MA deductible is waived for 2023.</i>
Annual Maximum Out of Pocket (OOP) (includes copays and deductible)	No limit.	\$1,500 is the most you pay out of pocket (includes deductible & copays), then MA plan pays 100% & you pay \$0.
Office Visits	Services covered under GHI	
PCP Office Visits	\$15	\$0
Specialist Office Visits/Mental Health/Substance Use	\$15	\$15
Preventive Services	Services covered under GHI	
Medicare Preventive Screenings/Immunizations	\$0	\$0
Routine Hearing Exams (non-Medicare covered)	Not covered	\$0
Routine Vision Exams (eye refraction) (non-Medicare covered)	Not covered	\$0
Medicare covered vision is a medical condition and falls under a specialist office visit	\$15	\$15

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Inpatient Services	Services Paid through Empire	
Hospital Admission*	Days 1 – 60, you pay \$300 per admission, up to \$750 max. per calendar year Days 61 –90, you pay 100% (currently \$400 per day) of the Medicare coinsurance Days 91 –201**, you pay 50% and Empire pays 50% of the cost (Medicare rate) Days 202 –365**, you pay 100% of all costs	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** <i>(cost share waived for 2023)</i>
Inpatient Mental Health Inpatient Substance Use*	Days 1 – 60, you pay \$300 per admission, up to \$750 max. per calendar year Days 61 –90, you pay 100% (currently \$400 per day) of the Medicare coinsurance Days 91 –201**, you pay 50% and Empire pays 50% of the cost (Medicare rate) Days 202 –365**, you pay 100% of all costs	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** <i>(cost share waived for 2023)</i>
Skilled Nursing (100 days per benefit period)	\$0 days 1-100	\$0 days 1-100
Emergency Room (ER); waived if admitted to the hospital	\$50	\$50
Worldwide ER	\$50 - waived if admitted to the hospital; covered for emergency services only	\$50 - waived if admitted to the hospital; covered for emergency services only
Outpatient Surgery	You pay \$0 after Medicare Part B deductible	\$0
Emergency Hospital Admission when outside the U.S.A	Days 1 - 90, you pay: \$300 per admission, up to \$750 max. per year	\$300 per admission, \$750 maximum for emergency services only <i>(cost share waived for 2023)</i>

*365-Day Hospitalization is an "Optional Rider" that can be purchased in the Sr. Care plan to cover hospitalization coinsurance in full. The \$300 copay per stay for days 1-60 days will always apply, even with the purchase of the rider.

**Medicare has 60 lifetime days. You may elect to use any of the previously unused lifetime reserve days in which you pay the current coinsurance rate of \$800 per day in lieu of the 50% of the Medicare allowed rate.

*** The Aetna Medicare Advantage plan covers 365-day hospitalization automatically, at no additional cost, and does not require purchase of rider.

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Diagnostic Services	Services covered under GHI	
Lab Tests X-Rays & Complex Radiology (CT Scan/PET/ MRI)	\$15	\$15
Outpatient services and other Part B services	Services covered under GHI	
Diabetic Monitors/Supplies (lancets, lancet devices & blood glucose test strips)	\$0	\$0
Durable Medical Equipment/Ambulance****	\$25 Deductible \$2,500 annual benefit maximum	\$0, no annual benefit maximum
Private duty nursing (PDN)****	\$25 Deductible, then you pay 20% coinsurance \$2,500 annual benefit maximum	20% coinsurance \$5,000 annual benefit maximum
Home Health Care Services	\$0	\$0
Urgent Care	\$15	\$15 \$0 CVS Minute Clinic, Walmart Clinic, Kroger Clinic

****Combined benefit: Deductible and annual max. for Durable Medical Equipment (DME), Private Duty Nursing (PDN) and Ambulance.

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Outpatient Services	Services covered under GHI	
Part B Drugs – includes Immunizations (flu, pneumonia and hepatitis B)	\$0	\$0
Allergy testing and Allergy shots	\$15	\$0
Therapy (Physical, Occupational & Speech)	\$15	\$15
Cardiac Rehabilitation Therapy Pulmonary Rehabilitation Therapy Radiation Therapy	\$15	\$0
Outpatient Kidney Dialysis, Self-Dialysis Training, Home Dialysis Equipment and Supplies	\$0	\$0
Chiropractic (Medicare covered only)	\$15	\$15
Non-Routine Podiatry (Medicare covered only) diabetes or a specific circulatory illness impacting the feet	\$15	\$15
Routine Podiatry (non-Medicare covered) Cutting or removing corns and calluses, trimming, cutting, or clipping nails	Not covered	\$15

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Plan enhancements	Services covered under GHI	
Fitness Benefit	Not covered	SilverSneakers at no cost
Hearing Aid Reimbursement	Not covered	Up to \$500 reimbursement, every 12 months
Healthy Home Visit by a licensed clinical professional who provides a health assessment	Not covered	Annual home visit at no cost
Healthy Rewards	Not covered	Earn up to \$200 (voluntary incentive Gift Card) by completing wellness services
MDLive Telemedicine Behavioral Health	Not covered	\$0 cost share per visit no deductible & unlimited visits
Meals after each Hospital Stay & after each Skilled Nursing Facility Stay	Not covered	28 meals, up to 14 days
Medical Alert System to be immediately connected to a care specialist at LifeStation for emergency care	Not covered	Included at no cost - the device and monthly monitoring fee
Non-Emergency Transportation to and from medical appointments	Not covered	24 one-way rides, per calendar year and up to 60 miles, per ride
Over the Counter (OTC) Allowance	Not covered	\$120 annual (\$30 per quarter) allowance on health & wellness products

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	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
24-hour Nurse Line	Not included	Included
Teladoc services for minor and/or urgent services over phone, or virtual.	Not covered	\$0 cost share

24/7 nurse line: talk to our registered nurse day or night on our Medicare nurse line to get help with deciding whether to visit a doctor or urgent care center, understanding your symptoms, managing chronic conditions, learning about treatment options and medical procedures.