

Aetna Medicare Advantage PPO FAQ

Below is a comprehensive FAQ, organized by category, to answer members' questions about the Aetna Medicare Advantage PPO plan for Medicare-eligible New York City retirees/dependents.

Visit Aetna's website to learn more about the Aetna Medicare Advantage PPO and view plan documents:

<https://www.aetnamedicare.com/cony/en/index.html>

If you have questions about the Aetna Medicare Advantage PPO plan that are not addressed in the FAQ, contact **Aetna Member Services** at **(855) 648-0389, 8 a.m. - 9 p.m. ET, Monday - Friday.**

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Key Plan Details:

What is the Aetna Medicare Advantage PPO Plan?

The Aetna Medicare Advantage PPO Plan is a premium-free health plan offered by the City of New York for Medicare-eligible city retirees. It replaces both traditional Medicare and a Medicare supplement plan with a single integrated program administered by Aetna. The plan must follow Medicare rules and provide all benefits provided by Medicare as well as supplementary benefits and services.

The Aetna Medicare Advantage plan is a Group Medicare PPO plan, with a robust nationwide network. Unlike an HMO plan or a traditional Medicare Advantage plan, the Aetna Medicare Advantage PPO Plan allows retirees to choose their own healthcare providers and continue to use the doctors and providers you have always seen. Retirees can go to any doctor, hospital, or facility that accepts Medicare.

As a Medicare Advantage plan, it unlocks access to important cost savings and federal subsidies that are essential to maintaining the strength and stability of the Aetna Medicare Advantage PPO plan going forward.

Retiree feedback helped shape the conversations at the bargaining table, and this new plan addresses those concerns head-on with a defined process to address member issues. We were able to secure a formal process to monitor and evaluate Aetna's performance and promises. If and when we need to hold Aetna accountable, this new plan includes a series of benchmarks and guarantees.

What are the most important things to know about the Aetna Medicare Advantage PPO plan?

- ***Your plan will continue to be premium-free:*** Our top priority was not only to protect and preserve your robust health care benefit structure, but also ensure that they remained premium-free. Thanks to careful planning and aggressive negotiations, we were able to achieve that goal.
- ***You can continue to see your doctors:*** Under the Aetna Medicare Advantage PPO plan, you can still continue seeing your same doctors and providers. Over 96% of current GHI Senior Care providers already take Aetna – and Aetna is doing outreach to grow that number. Memorial Sloan Kettering and Hospital for Special Services signed contracts with Aetna and are in network. Even out of network, if your doctor accepts Medicare, they can accept the Aetna Medicare Advantage PPO plan. Further, if they accept Medicare but do not accept the Aetna Medicare Advantage PPO plan, we have a process in place that will allow you to still see that doctor.

- **Most prior authorizations have been eliminated:** One of our main priorities during these negotiations was to address concerns about prior authorizations and as a result, we were able to get the vast majority of prior authorizations removed.
- **Strong accountability:** Robust accountability measures were a central tenet in our negotiations. We were able to secure systems to monitor and evaluate every major aspect of the Aetna Medicare Advantage PPO plan going forward, with the ability to make adjustments and improvements as needed.

When will the Aetna Medicare Advantage PPO plan go into effect?

The Aetna Medicare Advantage PPO plan will go fully into effect on Sept. 1, 2023.

Members currently enrolled in HIP VIP can opt to enroll in the Aetna Medicare Advantage PPO, but will **not** be automatically enrolled in the Aetna Medicare Advantage PPO.

However, while members currently in GHI Senior Care with the Emblem prescription drug optional rider will be enrolled in the Aetna Medicare Advantage PPO as of Sept. 1, 2023 for their medical coverage, their prescription drug coverage will remain with GHI Senior Care's drug rider until Jan. 1, 2024. On that date, Aetna's Medicare Rx by SilverScript prescription drug program will go into effect and will begin providing coverage.

If you are enrolled in any other plan through the City of New York and purchase the prescription drug rider through that plan, or you currently purchase and are enrolled in an individual prescription drug plan (Part D) in the open market, you will be enrolled into the prescription drug rider offered by Aetna Medicare Rx by SilverScript on Sept. 1, 2023.

How can I learn more about the Aetna Medicare Advantage PPO plan?

Aetna has planned an extensive retiree education program that includes calling, mailing, and emailing retirees with information about the Aetna Medicare Advantage PPO plan. Aetna will have a team of clinicians to work directly with retirees during the onboarding process.

In addition, both in person and virtual meetings will be held to inform members about this new plan. In person meetings will be held throughout the New York Metro area in all five boroughs, Long Island, New Jersey and bordering suburbs in northern New York, Connecticut and Pennsylvania. Outside the New York area, meetings will be held in several Florida locations, and in the following states: Maryland, Virginia, North Carolina, South Carolina, Georgia, Texas, Arizona, Nevada and California.

Register for a virtual meeting about the Medicare Advantage PPO plan here:

<https://event.on24.com/eventRegistration/EventLobbyServlet?target=reg20.jsp&eventid=4024697&sessionid=1&key=C5F6F9C01046376CD2D450F7CE366B81&groupId=4334242&sourcepage=register>

Register for an in-person meeting about the Medicare Advantage PPO plan here: https://slsxt.aetna.com/OEP/Registration?pageName=Index&ContentId=NTI=&isPreview=Tg==&j=880509&sfmc_sub=32877592&l=222_HTML&u=18522698&mid=100022908&jb=1

Your Aetna enrollment card will also include important phone numbers, including a 24-hour nurse hotline. Visit Aetna's website (<https://www.aetnamedicare.com/cony/en/index.html>) to learn more and view plan documents.

How is the Aetna Medicare Advantage PPO plan different from a typical Medicare Part C/Medicare Advantage plan?

The city's retiree Aetna Medicare Advantage PPO plan is different from other Medicare Advantage plans offered in the individual market. As a member, you can access any Medicare provider who is willing to accept the Aetna Medicare Advantage PPO plan and you will always pay the in-network cost share. There are no penalties or higher cost shares if you see providers who are outside of the Aetna Medicare network. The plan also travels with you, so it provides coverage wherever you live throughout the country and in U.S. territories.

Are my doctors covered under the Aetna Medicare Advantage PPO plan?

If your doctor accepts Medicare, they will be paid under the Aetna Medicare Advantage PPO plan. Aetna's nationwide network is robust, with over 1.2 million providers. 96% of doctors who take GHI Senior Care are either in network or accept payment from Aetna, and the company is doing outreach to those who aren't. The Aetna Medicare Advantage PPO plan gives you the freedom to see any provider who participates in Medicare and accepts payment from Aetna, even if they are not part of the Aetna Medicare network. You will pay the same cost share, in or out of network.

As the plan was just ratified, Aetna needs a few weeks to do its extensive outreach to doctors, including all those who take GHI Senior Care, to educate them about the new plan. Please wait until the end of March to call your doctor to ask if they take the plan.

Who is eligible for the Aetna Medicare Advantage PPO plan?

Retirees who are eligible for Medicare and Medicare-eligible covered dependents. Eligibility must be determined by the city, that includes years of credited service and whether you are covered under another city employee as a dependent.

Do I need a referral to see a specialist?

No, referrals are not required. This plan is a Preferred Provider Organization (PPO) so you can go to any provider who participates in Medicare and accepts the Aetna Medicare Advantage PPO plan. A designated primary care doctor is not required but recommended.

What if I live outside the New York City area or out of state?

This PPO is a national plan. Aetna currently has over 1.2 million participating providers across the country and in U.S. territories, and is actively recruiting to grow their network further. You can use your benefits nationwide, whether you have different residences at different times of the year or while traveling domestically.

Will I have health care coverage internationally?

The Aetna Medicare Advantage PPO plan will cover urgent and emergency care while you are traveling outside the U.S. You will need to pay for the costs up front and then submit paid receipts to Aetna directly for reimbursement. Aetna reimburses providers at Medicare rates.

Is there a limit on the number of doctor visits per year?

No.

Will the city still reimburse my Medicare Part B premium after I am enrolled in the Aetna Medicare Advantage PPO plan?

Yes, since Aetna Medicare Advantage PPO is a plan offered by the city.

How can I contact Aetna with questions?

Aetna has set up a call center specifically for NYC retirees: (855) 648-0389, 8 a.m. - 9 p.m. ET, Monday - Friday. At retiree onboarding meetings, Aetna representatives will be available to meet privately with members to answer questions and offer support.

What if retirees have specific concerns or want to speak to someone personally?

Aetna representatives will attend retiree informational meetings to talk with members privately, answer their questions and address concerns. Aetna will have a team of clinicians to work directly with retirees during the onboarding process. Aetna will assign a personal case manager to all those currently receiving ongoing medical treatment and will tell members how to request case management outreach.

If a member ever receives a bill beyond what their copay/cost share states, they should contact Aetna. Your Aetna enrollment card will include important phone numbers, including a 24-hour nurse hotline. This is generally used for more emergent health questions and concerns, such as assisting members by helping them find the most appropriate level of care for their condition.

Enrollment Options & Deadlines:

I'm currently in GHI Senior Care. Can I continue in that plan?

The city will be discontinuing the following health care plans as of Sept. 1, 2023:

- GHI-CBP/EBCBS Senior Care
- Elderplan HMO
- Empire MediBlue PPO Advantage Plan
- United HealthCare Group Medicare Advantage Plan HMO
- AvMed Medicare Plan HMO
- BlueCross BlueShield of Florida Health Options, Inc.
- Cigna Medicare HMO
- Humana Gold Plus HMO

If you are a member of one of these plans, your current coverage will no longer be available as of Sept. 1, 2023.

You will have the option to remain in the HIP VIP Premier Plan if you live in New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties, or you may opt into HIP VIP if you live in one of these regions and choose to do so.

How does the Aetna Medicare Advantage PPO plan compare to Senior Care now?

Most city Medicare-eligible retirees are enrolled in the GHI Senior Care plan which supplements traditional Medicare; the Aetna Medicare Advantage PPO plan is a Part C plan. This is an all-in-one plan, which also simplifies your health care. The Aetna Medicare Advantage PPO plan administers both your Medicare Parts A & B. One ID card is all you need, replacing your three ID cards: traditional Medicare, GHI and Empire BlueCross/Blue Shield Hospital ID cards.

You also have additional benefits with the Aetna Medicare Advantage PPO plan that you don't currently receive under traditional Medicare. See the Senior Care vs. Aetna PPO comparison chart annexed at the end of this document for more details.

How do I enroll in the Aetna Medicare Advantage PPO plan? Will I be enrolled automatically?

Except for current HIP VIP members, if you are a retiree covered by a New York City Medicare health plan, you will be automatically enrolled in the Aetna Medicare Advantage PPO plan on Sept. 1, 2023. You don't have to do anything. However, you must already be enrolled in Medicare Part A, Medicare Part B and continue to pay your Medicare Part B premiums.

What will happen with procedures or medical services already in process or which are scheduled?

Aetna will send out a Continuity of Care form to all members to allow retirees to notify Aetna of any services they are receiving for continuity's sake, and Aetna will honor services that are ongoing. To help manage your ongoing care, during the implementation of the new plan, you will receive information on how to contact Aetna, so a nurse case manager can be assigned to answer all your questions and assist you during this transition.

What if I or my spouse is not eligible for Medicare, or under age 65?

Medicare-eligible members will automatically be enrolled into the Aetna Medicare Advantage PPO plan and the non-Medicare member or dependent will remain in the GHI/EBCBS CBP plan, both at \$0 cost to the retiree. Eligible dependents of HIP VIP members who are under age 65 will remain in the HIP HMO.

What if I am already enrolled in HIP VIP?

The HIP VIP Premier Medicare Plan HMO will continue to exist after Sept. 1. You will have the option to remain in the HIP VIP Premier Plan if you live in New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties. HIP VIP will be premium-free but, as with the Aetna MA plan, there is a separate cost associated with the Emblem HIP VIP prescription drug rider, as there is today with the Emblem Senior Care drug rider.

Will I be able to transfer to another city health plan during the next transfer period in November 2023?

Yes. You can transfer between the Aetna Medicare Advantage PPO plan and the HIP VIP during this period if you live in New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties. Note, you may transfer out of one city plan and into another city plan or return from a non-city plan to a city plan at any point in time by using the once per lifetime transfer option that the city offers.

Can I enroll in HIP VIP if I am not already a plan participant?

Yes. You can transfer between the Aetna Medicare Advantage PPO plan and the HIP VIP during the annual Health Benefits Program annual transfer period in Nov.

2023 if you live in New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties. If you elect to make this change, HIP VIP coverage would begin on Jan.1, 2024. See a comparison of benefits between Aetna Medicare Advantage PPO, GHI Senior Care and HIP VIP annexed at the end of this document.

What other options do I have for coverage if I don't want the new Aetna plan? Can I opt-out?

You can opt out of the Aetna Medicare Advantage PPO plan during the opt-out period, which is between May 1, 2023 and June 30, 2023, and enroll in the HIP VIP plan if you live in New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties. You can also choose to move to traditional Medicare coverage and pay directly for a private Medigap or Medicare Advantage plan on your own; however, you will lose city reimbursements for Medicare Part B and IRMAA as you will no longer be enrolled in a city-sponsored health plan.

If I opt out of city health care coverage and move to a traditional Medicare plan, will my dependents be able to continue their coverage through the city?

No. If you opt out of city health care coverage, any of your dependents also enrolled in a city plan would no longer continue to receive city health coverage as well.

What steps are being taken to ensure continuous coverage for members who decide to opt out?

Should a member opt out of the Aetna Medicare Advantage PPO plan, they have the other remaining option of HIP VIP where coverage will be monitored and continuous. Should a member opt out to pursue a private Medigap plan, their traditional Medicare coverage remains active with the Centers for Medicare, but it only covers approximately 80% of medical costs. The additional 20% provided by a private Medigap plan will be contingent upon the member identifying and enrolling with that private plan.

Can retirees join a Medigap plan at any time? Are there limitations?

Medigap policies vary from state-to-state. New York, Connecticut, Massachusetts and Maine have "guaranteed issue" protections that allow retirees to purchase Medigap plans at any time, for any reason, without any pre-existing condition exclusions. In other states, those protections are not as broad and limitations may be imposed.

Federal law allows for a "Medicare Advantage Trial Right" period which allows Medicare-eligible retirees who have never been enrolled in a Medicare Advantage plan before, and are currently enrolled in original Medicare with a Medigap policy, to switch to a Medicare Advantage plan on a 12 month trial basis, for one time only. If a

retiree decides to go back to original Medicare with a Medigap policy during that 12 month period, they could do so with guaranteed issue rights.

Once city retirees are enrolled in the Aetna Medicare Advantage PPO, and it is their first time in any Medicare Advantage plan, if they chose to switch to original Medicare and purchase an Aetna Medigap plan instead, Aetna would honor their guaranteed issue rights if the switch happened within 12 months after their Aetna Medicare Advantage PPO enrollment.

If I opt out of the Aetna Medicare Advantage PPO plan but later change my mind and want to re-enroll in the city's health plan, may I do so?

Yes, under three scenarios:

1. During the city's next annual open enrollment period (which will be in Nov. 2023), you can opt-in to the Aetna Medicare Advantage PPO plan and coverage would then be effective as of the start of the following calendar year.
2. The city offers a once in a lifetime opportunity to make changes outside of the usual annual transfer period. If you have not exercised this benefit in the past, the city will allow you to come back outside of the transfer period.
3. Through a qualifying event, such as existing coverage being terminated due to circumstances outside of your control.

I already subscribe to a Medicare Advantage plan. Can I keep that plan and opt-out of the new Aetna plan?

Yes, if you want to keep your enrollment in another Medicare Advantage plan not sponsored by the city, you must opt-out of the Aetna Medicare Advantage PPO. However, if you do not remain in a city health plan, you will not be able to have your Medicare B premium reimbursed by the city.

The Centers for Medicare & Medicaid Services (CMS) does not allow enrollment in more than one Medicare Advantage (Part C) plan at a time and will count your last enrollment as the plan you have selected. Otherwise, if you are currently enrolled in any other Medicare Advantage plan such as a plan purchased from the open market, through a former employer, or as a dependent of your spouse or domestic partner, the Aetna Medicare Advantage PPO plan will automatically disenroll you from the other Medicare Advantage (Part C) plan in which you are enrolled.

Copays & Deductibles:

What are my out-of-pocket costs, including deductibles, copays and coinsurance, on the Aetna Medicare Advantage PPO plan?

- \$0 deductible in 2023, an annual \$150 deductible will apply as of Jan. 1, 2024, lower than the \$276 deductible for GHI Senior Care.
- \$0-\$15 copay for most services
- \$0 for primary care doctor visits; \$15 for specialists
- \$0 for Medicare-covered preventive services
- \$0 outpatient services \$1,500 annual maximum out-of-pocket amount. With GHI Senior Care, there was no cap on out-of-pocket costs.
- Hospital/mental health/inpatient hospital care: \$0 in 2023; As of 2024: \$300 per admission / \$750 maximum annually
- Emergency care worldwide: \$50 (waived if admitted)
- Urgently needed care worldwide: \$15 Ambulance: \$0 (before members had a \$25 deductible and a \$2,500 annual benefit maximum, and this maximum was also combined with Durable Medical Equipment and Private Duty Nursing. After the maximum is met, the member would have had to pay 100% of the cost)
- Inpatient substance abuse: \$0 in 2023; As of 2024: \$300 per admission / \$750 maximum annually

Also see the comparison chart between GHI Senior Care and the Aetna Medicare Advantage PPO plan which lists many of Aetna's costs for services.

Are there any out-of-pocket maximums?

\$1,500 is the maximum out-of-pocket annual amount (under GHI Senior Care, by contrast, there was no maximum cap on out-of-pocket costs to protect retirees).

What is the coverage for preventive care services, such as vaccines, cancer screenings, etc.?

All Medicare-covered preventive services have a \$0 copay for both in and out-of-network providers. For a full list see the Centers for Medicare:

<https://www.medicare.gov/coverage/preventive-screening-services>

Primary care physician visits have a \$0 copay. Vaccines covered under Medicare Part B vaccines are cost-free. These include the annual influenza vaccine, COVID-19 vaccines, pneumococcal shots and Hepatitis B.

Medicare plans cannot charge for any covered Medicare Part D vaccine as a result of the Inflation Reduction Act of 2022. As of Jan. 1, 2023, recommended Part D vaccines eligible for the \$0 cost include:

- Hepatitis A
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Measles, Mumps and Rubella (MMR)
- Meningococcal Tetanus and Diphtheria Toxoids
- Varicella (Chickenpox)
- Zoster (Shingles)

What is the coverage for medical procedures, surgeries & hospital stays?

- \$0 for outpatient surgery
- Hospital/mental health/inpatient hospital care: \$0 in 2023; As of 2024: \$300 per admission / \$750 maximum annually
- Other procedures range from \$0-\$15

See more about hospital coverage in the Hospital FAQ section.

Do my deductible and copay costs apply to my out-of-pocket maximum?

Yes, for medical services, but prescription drug costs do not apply towards the maximum.

I have already met my deductible for this year. Will I have to meet another deductible when the city enrolls me in the new Aetna Medicare Advantage PPO plan on Sept. 1, 2023?

No. You will not have to meet another deductible. You will only be responsible for your doctor copays. However, an annual deductible of \$150 will apply as of Jan. 1, 2024.

Does the Aetna Medicare Advantage PPO have a lifetime limit?

No, this plan does not have a lifetime limit.

Prescription Drug Plan:

When will the prescription drug plan take effect?

If you currently have the Prescription Drug Rider through GHI Senior Care, you will continue with your prescription drug plan through ExpressScripts until Dec. 31, 2023. You will transition to the Aetna Medicare Rx offered by SilverScript on Jan. 1, 2024.

If you are enrolled in any other plan through the City of New York and purchase the prescription drug rider through that plan, or you currently purchase and are enrolled in an individual prescription drug plan (Part D) in the open market, you will make the transition to the SilverScript prescription plan on Sept. 1, 2023, at the same time you are enrolled in the new Aetna Medicare Advantage PPO plan.

Members covered by union welfare fund provided group retiree prescription drug coverage will continue in their current prescription drug benefits.

What is the cost for the optional prescription drug rider?

Beginning on Sept. 1, 2023, the cost of the Aetna optional prescription drug rider will be \$103.50 monthly. The cost of the rider increases to \$135.50 in 2024.

Who is the prescription drug plan administered by?

Your prescription drug plan is through Aetna Medicare Rx offered by SilverScript. It is not part of your Aetna Medicare Advantage PPO plan. You will receive a separate Aetna Medicare Rx/SilverScript member ID card for prescription drug services.

What are the copays for prescription drugs?

There is no copay for tier 1/preferred generic drugs at an Aetna preferred pharmacy.

The prescription drug rider cost share is 25% in all other tiers until you get to the catastrophic phase which starts once \$7,400 in true out-of-pocket costs is incurred. Then you'll pay the greater of 5% of the cost of the drug, which comes to \$4.15 for a generic drug (or a drug that is treated like a generic) and \$10.35 for all other drugs.

How does this coverage compare to the GHI Senior Care drug plan?

View a chart that shows a side-by-side comparison between the GHI Senior Care and Aetna Medicare Rx plan at the end of this document.

How does this coverage compare to HIP VIP?

View a chart that compares prescription drug coverage between HIP VIP, GHI Senior Care and Aetna Medicare Rx at the end of this document.

Does this prescription plan have a deductible?

No, there is no annual deductible for this plan.

Do out-of-pocket prescription drug costs apply to my medical out-of-pocket maximum?

No, the out-of-pocket maximum only applies to medical services under the Aetna Medicare Advantage PPO plan.

Prior Authorization:

I'm concerned about the need to get prior authorizations. What do I need to know?

The MLC unions fought hard on this issue, and thanks to our strong advocacy, the vast majority of procedures will not require prior authorization under the Aetna Medicare Advantage PPO plan. For example, the Aetna Medicare Advantage PPO plan does not require prior authorization for many routine tests, like MRIs, CT scans, PET scans and much more, making this plan unique to the city. Emergency and many urgently needed services don't require prior authorizations at all.

What procedures will require prior authorization?

- Acute hospital inpatient care (not ER)
- Long-term acute care, acute physical rehabilitation, skilled nursing facility, and home care services
- Durable medical equipment
- Part D medications
- Specialty medications, some of which are Part B medications
- Placement on an organ transplant list
- Substance abuse treatment
- Services that are cosmetic in nature (e.g., breast augmentation, removal of excessive skin/tummy tuck or eyelid surgery).
- Services/items that are not covered by Medicare
- Services that could be considered experimental and investigational in nature
- New-to-market drugs, therapies, procedures, services, and technologies covered by Medicare after the start date of the new plan, Sept. 1, 2023.

The MLC, City and Aetna will monitor usage and meet to determine whether future changes to this process are needed.

What procedures or services would not require prior authorization?

No prior authorization will be needed for the vast majority of services, including:

- MRIs
- CT scans
- PET scans
- sleep studies
- radiation therapy
- pain management

- diagnostic cardiology

These services typically require prior authorization in Medicare Advantage plans, but are not needed under the custom Aetna Medicare Advantage PPO plan.

What are the time frames or deadlines for a response to a prior authorization request?

Prior authorization timing for a non-urgent scheduled service may take up to three days. If it's urgent it may take one day and, in many cases, it may occur on the same day. For emergency services, prior authorization is not required.

Hospital Coverage:

How do I find out if my hospital is covered under the Aetna Medicare Advantage PPO plan?

There are over 4,200 network hospitals nationwide with excellent coverage in areas where city retirees live. All hospitals in the downstate New York area are in network except Stony Brook University Hospital, but that facility does accept payment from Aetna. Memorial Sloan Kettering and the Hospital for Special Surgery are both in network. All other facilities in the Hudson Valley to the D.C. Capitol Region are also in network.

There are 193 contracted hospitals in Florida; 95% statewide. 100% of the hospitals are in network in the Florida counties where most retirees live: Miami-Dade, Broward, Palm Beach, Hernando, Manatee, Pasco & Pinella counties.

Aetna has 109 contracted hospitals in North Carolina; 96% statewide. No large hospital systems are out of network. In Charlotte and Wake Counties, where most city retirees live, 100% of hospitals are in network, including Duke Health and the Carolina Center for Specialty Surgery.

The Cleveland Clinic is in network. Currently, the Mayo Clinic is not in network, and only sees patients on a case-by-case basis. Aetna will work with members to try and get access to Mayo, and if they refuse, Aetna will assist with finding another provider.

You can also visit Aetna's dedicated website to check if a hospital is in network: <https://www.aetnamedicare.com/cony/en/index.html>

Are Memorial Sloan Kettering (MSK) and the Hospital for Special Surgery (HSS) in network?

Yes. Aetna signed contracts with both hospitals and they are in network. Individual doctors employed by both hospitals are also in network.

What is the coverage for emergency room visits?

- Emergency care worldwide: \$50 (waived if admitted)
- Urgently needed care worldwide: \$15
- Hospital/mental health/inpatient hospital care: \$0 in 2023; As of 2024: \$300 per admission / \$750 max
- Ambulance: \$0

Do I need the 365-hospital rider?

No, the Aetna Medicare Advantage PPO plan fully covers the cost of hospitalizations outside of the patient's copay.

What are "urgently needed" services and how do they differ from emergency services?

Urgently needed services are covered under this plan and are provided when network providers are temporarily unavailable or inaccessible or when the enrollee is out of the service area. For example, you may need immediate care during the weekend. Services must be immediately needed and medically necessary.

What if I am hospitalized during the transition to the Aetna Medicare Advantage PPO plan?

Aetna will send out a Continuity of Care form to all members to allow retirees to send Aetna any services they are currently receiving, and Aetna will honor services that are ongoing. To help manage your care during the implementation of the new plan, you will receive information on how to contact Aetna, so a nurse case manager can be assigned to answer all your questions and assist you during this transition.

New Benefits & Mental Health:

What other programs & services are included in the Aetna Medicare Advantage PPO plan? Fitness/wellness? Mental health?

The additional Aetna programs & services you will receive through the Aetna Medicare Advantage PPO plan include:

- Medical alert system/fitness tracker, 4G LifeStation Sidekick
- \$500 hearing aid reimbursement yearly

- A formalized telehealth and Teledoc access at same cost as in-person visits (GHI Senior Care did not have a formalized telehealth program)
- 24/7 registered nurse hotline
- Free transportation to doctor or pharmacy via Access2Care program
- Virtual mental health appointments with zero copay and no visit limitations
- Two weeks of meals after a hospital stay
- \$120 annual allowance (\$30 every three months) for eligible over-the-counter health products, such as vitamins, incontinence supplies, cough and flu remedies and much more
- Free basic membership at participating health clubs and fitness centers
- Wellness rewards
- Retiree support programs/referrals for retiree services

Visit Aetna's website to learn more about the additional benefits and services you have access to through this plan.

<https://www.aetnamedicare.com/cony/en/index.html>

What is the coverage for mental health services and addiction treatment?

- Inpatient mental health care: \$0 per stay in 2023; In 2024: \$300 per stay, \$750 max/year
- Outpatient mental health care: \$15 per visit
- Partial hospitalization: \$15
- Inpatient substance abuse: \$0 per stay in 2023; In 2024: \$300 per stay, \$750 max/year
- Outpatient substance abuse: \$15 per visit

Aetna administers all behavioral health and substance abuse benefits. Providers include therapists, psychiatrists, social workers, couples' counselors and more. The cost share for outpatient mental health and substance abuse is \$15 per visit. The \$15 cost share will also apply if the visit is provided via telemedicine directly to a provider.

Virtual mental health appointments through the MDLive program have zero copays and no visit limitations. They are specially trained in issues that are common with older adults like depression, anxiety, trauma, and loss. These providers can diagnose conditions, provide therapy, and prescribe medications. Appointments are usually available within three to seven days with flexible hours, including nights and weekends. Appointments can be scheduled with the same provider for continuity of care. They have 111,568 providers nationwide, including 9,119 in downstate New York.

Holding Aetna Accountable:

What accountability measures are built into the new Aetna Medicare Advantage PPO plan?

Aetna is subject to steep financial penalties if they do not meet certain benchmarks, such as member outreach, customer service, enrollment, timely reimbursements, provider acceptance of the new plan, data reporting and more.

Major aspects of the retiree Aetna plan will be monitored and reviewed by a newly formed accountability committee, made up of representatives from the MLC and the city, and their respective consultants. Aetna will provide requested data and the committee will regularly evaluate the effectiveness of the plan in terms of member access, quality, and service.

Any issues or areas for improvement will be identified and addressed by the accountability committee to ensure that the new healthcare plan is meeting the needs of members and delivering the best possible outcomes.

How will we hold Aetna accountable?

- Retiree dispute resolution process with an arbitrator
- Joint committee which monitors data and reports
- Financial performance guarantees: Aetna will pay steep penalties if the plan falls short of their promises, both for implementation and on an ongoing basis
- Pre- and post-implementation audit to ensure transparency and the accuracy of plan rollout.
- Cost-saving measures, such as drug rebates/discounts, will be requested on an ongoing basis.

Comparison Charts:

The comparison charts referenced above are annexed behind this page.

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 |

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan | Aetna Medicare Advantage PPO |
|--|--|--|
| 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.

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan | Aetna Medicare Advantage PPO |
|--|---|---|
| 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.

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan | Aetna Medicare Advantage PPO |
|--|---|------------------------------|
| 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 |

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan | Aetna Medicare Advantage PPO |
|---|---|---|
| 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 |

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

| | 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.

Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, 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 | HIP VIP Premier Medicare HMO | Aetna Medicare Advantage PPO |
|---|--|--|---|
| Service Area | Nationwide | Must live in the five boroughs of New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties | Nationwide |
| Network | All Medicare Participating Providers | 60,707 providers In Network ONLY (referrals required) Urgent and Emergent occurrences covered outside of network | In and Out-of-Network (no referrals) 95% of utilized providers either in-network (over 1 million providers) or eligible to participate in Medicare and agree to accept Aetna on 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 | \$0; No calendar year deductible | You pay \$150 deductible. The Part B deductible does not apply. Aetna deductible is guaranteed, at minimum, until 2029. (deductible is waived for 2023) |
| Annual maximum out of pocket (OOP) (includes copays and deductible) | No limit | \$3,400 is the most you pay out of pocket, then the plan pays 100% and you pay \$0 | \$1,500 is the most you pay out of pocket (includes deductible & copays), then the plan pays 100% and you pay \$0 |
| PCP Office Visits | \$15 | \$0 | \$0 |
| Specialist Office Visits/Mental Health/Substance Use | \$15 | \$30 specialist \$5 mental health | \$15 |
| Medicare Preventive Screenings/Immunizations | \$0 | \$0 | \$0 |
| Routine Hearing Exams (non-Medicare covered) | Not covered | \$15 | \$0 |
| Routine Vision Exams (eye refraction) (non-Medicare covered) | Not covered | \$15 | \$0 |

Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care | HIP VIP Premier Medicare HMO | Aetna Medicare Advantage PPO |
|--|--|--|---|
| Medicare covered vision is a medical condition and falls under a specialist office visit | \$15 | \$15 | \$15 |
| 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 | \$250 for days 1-3 and \$0 for days 4 and beyond \$0 per day for Centers for Excellence; Memorial Sloan Kettering and Hospital for Special Surgery | \$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** (cost share waived for 2023) |
| 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 | \$250 for days 1-3 and \$0 for days 4 to 90 \$0 per each “lifetime reserve” day (no limit in a general hospital; 190 day lifetime limit in a psychiatric facility; 60 “lifetime reserve” days) | \$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** (cost share waived for 2023) |
| Skilled Nursing (100 days per benefit period) | \$0 days 1-100 | \$0 for days 1-20, \$164 for days 21-100 | \$0 days 1-100 |
| Emergency Room (ER); waived if admitted to the hospital | \$50 | \$100 | \$50 |
| Worldwide ER | \$50 - waived if admitted to the hospital; covered for emergency services only | \$100 - 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 | \$0 |
| Emergency hospital admission when outside the U.S.A | Days 1 - 90, you pay: \$300 per admission, up to \$750 max. per year | You must have your inpatient care authorized by the plan, and your cost is what you would pay at a network hospital | \$300 per admission, \$750 maximum for emergency services only (cost share waived for 2023) |
| Lab tests / X-rays & complex radiology (CT Scan/PET/ MRI) | \$15 | \$0 | \$15 |

Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care | HIP VIP Premier Medicare HMO | Aetna Medicare Advantage PPO |
|---|--|--|--|
| Diabetic monitors/supplies (lancets, lancet devices & blood glucose test strips) | \$0 | \$0 (Limit to the quantity for supplies manufactured through Abbott. 5 strips and lancets per day for insulin users and 4 strips and lancets per day for non-insulin users) | \$0 |
| Durable medical equipment/Ambulance | \$25 Deductible \$2,500 annual benefit maximum**** | 20% (DME & prosthetic) \$50 Ambulance | \$0, no annual benefit maximum |
| Private duty nursing (PDN) | \$25 Deductible, then you pay 20% coinsurance; \$2,500 annual benefit maximum**** | \$0 | 20% coinsurance \$5,000 annual benefit maximum |
| Home health care services | \$0 | \$0 | \$0 |
| Urgent care | \$15 | \$5 | \$15 \$0 at CVS Minute Clinic, Walmart & Kroger clinics |
| Part B Drugs | \$0 | 20% | \$0 |
| Allergy testing and Allergy shots | \$15 | Allergy testing \$0 Administration of the shots is covered at 20% cost (Part B drugs) | \$0 |
| Therapy (Physical, Occupational & Speech) | \$15 | \$0 | \$15 |
| Cardiac rehabilitation therapy / Pulmonary rehabilitation therapy / Radiation therapy | \$15 | \$0 | \$0 |
| Outpatient kidney dialysis, self-dialysis training, home dialysis equipment and supplies | \$0 | \$0 | \$0 |
| Chiropractic (Medicare covered only) | \$15 | \$20 | \$15 |
| Non-routine podiatry (Medicare covered only); Diabetes or a specific circulatory illness impacting the feet | \$15 | \$0 | \$15 |

Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

| | GHI/Empire BlueCross BlueShield (EBCBS) Senior Care | HIP VIP Premier Medicare HMO | Aetna Medicare Advantage PPO |
|--|---|--|--|
| Routine podiatry (non-Medicare covered) Cutting or removing corns and calluses, trimming, cutting, or clipping nails | Not covered | \$30 | \$15 |
| Dental | Not covered | \$5 copay per exam every six months, \$10 copay per visit every six months for cleaning; discounts for additional services | Not covered |
| Fitness benefit | Not covered | Silver Sneakers \$0 per visit at participating fitness locations | SilverSneakers at no cost |
| Hearing aid reimbursement | Not covered | Up to \$500 allowance every 36 months | Up to \$500 reimbursement, every 12 months |
| Healthy Home Visit by a licensed clinical professional who provides a health assessment | Not covered | Not covered | Annual home visit at no cost |
| Healthy Rewards | Not covered | New members can earn up to \$165 and current members can earn up to \$180 by completing wellness services | Earn up to \$200 (voluntary incentive Gift Card) by completing wellness services |
| MDLive telemedicine behavioral health | Not covered | Not covered | \$0 cost share per visit No deductible & unlimited visits |
| Meals after each hospital stay & after each skilled nursing facility stay | Not covered | 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 | Not covered | Included at no cost - the device and monthly monitoring fee |
| Non-Emergency Transportation to and from medical appointments | Not covered | Not covered | 24 one-way rides, per calendar year and up to 60 miles, per ride |
| Over the Counter (OTC) Allowance | Not covered | Not covered | \$120 annual (\$30 per quarter) allowance on health & wellness products |
| 24-hour Nurse Line | Not included | Included | Included |
| Teladoc services for minor and/or urgent services over phone, or virtual. | Not covered | \$10 | \$0 cost share |

HIP VIP 24/7 nurse line: members can speak confidentially, one-on-one with a registered nurse at anytime, nurses are trained in telephone triage and will provide clinical support for every day health issues and questions.

Aetna 24/7 nurse line: talk to a registered nurse 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, etc.

Notes

* 365-Day Hospitalization is an “Optional Rider” that can be purchased in the Senior 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 a rider.

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

Disclaimer

The information in this comparison was provided by the plans. For official detail plan benefit description, for each health plan described in this comparison chart, refer directly to the health plan’s benefit summary located on the health plan’s website or the plan’s Evidence of Coverage.

GHI Senior Care vs. Aetna: Prescription Drug Comparison

| GHI Senior Care Enhanced Medicare Prescription Drug Plan (4-Tier Structure) | GHI Senior Care Enhanced Medicare Prescription Drug Plan (Cost Share) | Aetna Medicare Rx by SilverScript (5-Tier Structure) | Aetna Medicare Rx by SilverScript (Cost Share) |
|---|--|--|--|
| Deductible | No annual deductible | Deductible Preferred Generics: Tier 1* (30 or 90 day supply available at retail) | No annual deductible 0% Preferred pharmacy** 25% Standard Pharmacy** |
| Generics: Tier 1 (30 or 90 day supply available at retail) | 25% coinsurance | Generics: Tier 2 (30 or 90 day supply available at retail) | 25% coinsurance ** |
| Preferred Brand: Tier 2 (30 or 90 day supply available at retail) | 25% coinsurance | Preferred Brand: Tier 3 (30 or 90 day supply available at retail) | 25% coinsurance** |
| Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail) | 25% coinsurance | Non-Preferred Brand: Tier 4 (30 or 90 day supply available at retail) | 25% coinsurance** |
| Specialty: Tier 4 (30 day supply only) | 25% coinsurance | Specialty: Tier 5 (30 day supply only) | 25% coinsurance** |
| Coverage Gap – starts once you reach \$4,660 in Medicare covered drug costs in the Initial Coverage Limit (ICL)*** | 25% CMS Standard (in all Tiers 1-4) | Coverage Gap – starts once you reach \$4,660 in Medicare covered drug costs in the ICL | 25% CMS Standard (in all Tiers 1-5)** |
| Catastrophic Phase - starts once \$7,400 in true out-of-pocket costs are incurred | You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs | Catastrophic Phase - starts once \$7,400 in true out-of-pocket costs are incurred | You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs |

1 *A list of low-cost generic drugs that includes common drugs used in the Medicare population that treat conditions such as high blood pressure, high cholesterol, etc.

**Drug estimator tool: <https://cony.destinationrx.com/compare/MDC/2023/StartSession>

***Initial Coverage Limit (ICL) - is when a combination of the total yearly drug costs paid by you and the plan reaches \$4,660.

GHI Senior Care vs. Aetna: Prescription Drug Comparison

| | GHI Senior Care Enhanced Medicare Prescription Drug Plan | Aetna Medicare Rx by SilverScript |
|---------------------------------|---|--|
| Premium | \$125.00 | \$103.50**** |
| Formulary | EmblemHealth National Drug Plan (PDP) Formulary | Open Formulary (<i>Comprehensive Plus</i>) all Part D drugs are covered, includes all FDA approved National Drug Codes (NDC) |
| Network Access | emblemhealth.com/city | 65,000 standard national pharmacies of which 23,000 are preferred***** |
| Mail Order Pharmacy | ExpressScript | CVS Caremark |
| Non-Part D Supplemental Rx***** | Covered | Covered |

2023 Inflation Reduction Act Insulins and Vaccines

You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. Our plan covers most Part D vaccines at no cost to you.

You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. Our plan covers most Part D vaccines at no cost to you.

**** The Aetna premium will be \$135.50 in 2024. Should GHI Senior Care continue to be offered, the 2024 premium will be set at that time.

*******Standard network pharmacies** include CVS, Walgreens, RiteAid, Duane Reade and many independent pharmacies located in New York Metro area. **Preferred pharmacies** include CVS, Costco, Publix and mail order through CVS Caremark.

*****Non-Part D Supplemental Rx Rider are drugs not covered by Part D and include weight loss, gain or anorexia, vitamins & minerals, ED, cough & cold, fertility, cosmetic or hair growth.

GHI Senior Care vs. HIP VIP Premier vs. Aetna: Optional Prescription Drug Rider Comparison

| | GHI Senior Care Enhanced Medicare Prescription Drug Plan | HIP VIP Premier (HMO) Medicare | Aetna Medicare Rx by SilverScript |
|--|--|--|--|
| Calendar Year 2023 Optional Prescription Drug Rider Premium | \$125.00 (per individual per month) | \$177.59 (per individual per month) | \$103.50 (per individual per month) |
| Formulary | EmblemHealth National Drug Plan (PDP) Formulary | EmblemHealth HMO Employer Group 5 Tier Drug Formulary (Closed Formulary). Non-formulary drugs are available through coverage determination | Open Formulary (Comprehensive Plus); all Part D drugs are covered |
| Network Access | emblemhealth.com/city | emblemhealth.com/city | 65,000 standard national pharmacies of which 23,000 are preferred * |
| Mail Order Pharmacy | ExpressScript | ExpressScript | CVS Caremark |
| Non-Part D Supplemental Rx ** | Covered | Not covered | Covered |
| 2023 Inflation Reduction Act Insulins and Vaccines | You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you. | You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you. | You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you. |

GHI Senior Care vs. HIP VIP Premier vs. Aetna: Optional Prescription Drug Rider Comparison

Every prescription drug on the list of covered prescription drugs is placed in one of the cost sharing tiers listed. In general, the higher the cost sharing tier, the higher your cost for the prescription drug. For example, generic drugs are lower cost drugs and usually placed in a lower cost sharing tier.

| GHI Senior Care Enhanced Medicare Prescription Drug Plan (4-Tier Structure) | GHI Senior Care Enhanced Medicare Prescription Drug Plan (Cost Share) | HIP VIP Premier (HMO) Medicare (5-Tier Structure) | HIP VIP Premier (HMO) Medicare (Cost Share) | Aetna Medicare Rx by SilverScript (5-Tier Structure) | Aetna Medicare Rx by SilverScript (Cost Share) |
|--|--|--|--|--|--|
| Deductible | No annual deductible | Deductible | No annual deductible | Deductible | No annual deductible |
| | | Preferred Generics: Tier 1 (30 or 90 day supply available at retail) | \$10 copay for 30 day supply (retail) \$15 copay for 90 day supply (mail order) | Preferred Generics: Tier 1*** (30 or 90 day supply available at retail) | 0% Preferred pharmacy*** 25% Standard Pharmacy**** |
| Generics: Tier 1 (30 or 90 day supply available at retail) | 25% coinsurance | | | Generics: Tier 2 (30 or 90 day supply available at retail) | 25% coinsurance **** |
| Preferred Brand: Tier 2 (30 or 90 day supply available at retail) | 25% coinsurance | Preferred Brand: Tier 2 (30 or 90 day supply available at retail) | \$15 copay for 30 day supply (retail) \$22.50 copay for 90 day supply (mail order) | Preferred Brand: Tier 3 (30 or 90 day supply available at retail) | 25% coinsurance**** |
| Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail) | 25% coinsurance | Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail) | \$100 copay for 30 day supply (retail) \$150 copay for 90 day supply (mail order) | Non-Preferred Brand: Tier 4 (30 or 90 day supply available at retail) | 25% coinsurance**** |
| Specialty: Tier 4 (30 day supply only) | 25% coinsurance | Specialty: Tier 4 (30 day supply only) | 25% coinsurance for 30 day supply (retail) 25% coinsurance copay for 30 day supply (mail order) | Specialty: Tier 5 (30 day supply only) | 25% coinsurance**** |
| | | Select Care Drugs: Tier 5***** (30 or 90 day supply only) | \$0 copay per 30 day supply (retail only) \$0 copay for 90 day supply (mail order) | | |
| Coverage Gap***** | 25% CMS Standard (in all Tiers 1 - 4) | Coverage Gap***** | You continue to pay the same copays and coinsurance as the Initial Coverage Limit through the coverage gap | Coverage Gap***** | 25% CMS Standard (in all Tiers 1 - 5)**** |
| Catastrophic Phase***** | You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs | Catastrophic Phase***** | You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs | Catastrophic Phase***** | You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs |

Notes

*Standard network pharmacies include CVS, Walgreens, RiteAid, Duane Reade and many independent pharmacies located in New York Metro area. Preferred pharmacies include CVS, Costco, Publix and mail order through CVS Caremark.

**Non-Part D Supplemental Rx Rider are drugs not covered by Part D and include weight loss, gain or anorexia, vitamins & minerals, ED, cough & cold, fertility, cosmetic or hair growth.

***Preferred Generics is a list of low-cost generic drugs that includes common drugs used in the Medicare population that treat conditions such as high blood pressure, high cholesterol, etc.

****Drug estimator tool: <https://cony.destinationrx.com/compare/MDC/2023/StartSession>

*****Examples include, ACE inhibitors / ARBs (for BP), statins (for cholesterol), oral generic diabetic medications that are listed on the formulary.

***** Coverage gap starts once you reach \$4,660 in Medicare covered drug costs in the Initial Coverage Limit (ICL).

***** Catastrophic Phase starts once \$7,400 in true out-of-pocket costs are incurred.

Disclaimer

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