

NYC Medicare Advantage Plus Plan Opt-Out Form for current Senior Care members

Effective January 1, 2022, City of New York is automatically enrolling Medicare-eligible retirees, along with their eligible dependents, into a premium-free plan: The NYC Medicare Advantage Plus Plan.

Important information for those who choose not to be enrolled in the NYC Medicare Advantage Plus Plan

If you choose to opt out of the NYC Medicare Advantage Plus Plan, you are acknowledging that **you agree to pay an additional plan premium of \$191.57 to remain in your current retiree health plan for 2022**, and if you have selected the 365 Hospital Rider, an additional \$2.83 to buy up to the 365 Hospital Rider, the specifics of which will be determined in August, and available on the Health Benefits Program website at <https://www1.nyc.gov/site/olr/health/summaryofplans/health-ratechart.page>

You also acknowledge that:

- You can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in your current retiree health plan for 2022, the GHI/Empire BlueCross BlueShield Senior Care plan.

Retirees can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in their current retiree health plan. The opt-out period for the NYC Medicare Advantage Plus Plan is extended until further notice.

To opt out of the NYC Medicare Advantage Plus Plan and remain in the GHI/Empire BlueCross BlueShield Senior Care plan for 2022, please complete and sign the form on the next page and return it via mail, fax or email. Each Medicare-eligible participant (i.e., retiree, spouse or dependent) must complete a separate opt-out form.

DO NOT complete this opt-out form if you would like to be enrolled in the NYC Medicare Advantage Plus Plan. No action is required by you. You will automatically be enrolled in the NYC Medicare Advantage Plus Plan effective January 1, 2022.

By your signature on the next page, you acknowledge that you **do not** wish to participate in the NYC Medicare Advantage Plus Plan and hereby elect to continue participation in your current plan option for 2022.

CMS-mandated language

If you wish to cease your City of New York retiree health coverage altogether, complete the NYC Health Benefits Application/Change Form available on the Health Benefits Program website at:

<https://www1.nyc.gov/site/olr/health/retiree/health-retiree-forms-and-downloads.page>. Please be advised, you will NOT be eligible for the reimbursement by the City of the Medicare Part B premium if you cease City of New York retiree health coverage. You may, however, reenroll in City retiree health benefits during the next Transfer Period.



NYC Medicare Advantage Plus Plan Opt-Out Form

Complete this form if you wish to Opt Out of the NYC Medicare Advantage Plus Plan.

This section should be completed the by the Medicare-eligible participant:

First Name: _____ Last Name: _____

Address: _____

City, State and ZIP: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Medicare Number: _____

Social Security Number: _____

Date of Birth: _____

Complete this section with the City Retiree's information:

Retiree's First Name: _____ Retiree's Last Name: _____

Retiree's Medicare Number: _____

Retiree's Social Security Number: _____

Date of Birth: _____

City Agency from which the City employee retired: _____

By signing below, I elect to continue participation in GHI/Empire BlueCross BlueShield Senior Care basic plan for 2022, and acknowledge that **I will pay an additional plan premium of \$191.57 per month and if you have selected the 365 Hospital Rider, an additional \$2.83 to buy up to the 365 Hospital Rider, to remain in the GHI/Empire BlueCross BlueShield Senior Care basic plan**, the specifics for which will be determined in August and available on the Health Benefits Program website at <https://www1.nyc.gov/site/olr/health/summaryofplans/health-ratechart.page>

Signature of Participant Opting Out

Date

Return this form at your earliest convenience via one of the following methods:

Complete electronically at: www.empireblue.com/nyc-ma-plus

Mail to: **NYC Medicare Advantage Plus Plan, PO Box 173605, Denver, CO 80217**