

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	Empire Medibblue Freedom PPO Plan	Empire Medicare Related
Annual Deductible	\$253	\$253	\$253	\$253	\$0
Ann. Retiree Out-Of-Pocket Max*	No Limit / Protection	No Limit / Protection	\$1,470	\$985	\$0
PCP Visit	No Copay	\$15 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Diagnostic Tests (X-rays, lab, radiology, etc.)	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Mental Health / Substance Use Disorder	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Urgent Care Center	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Preventive Services	No Copay	No Copay	No Copay	No Copay	\$0 Copay
Rehab. Services	No Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 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	Deductible applies, \$0 Copay, no Ann. Max	\$0 Copay
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	Not included	When authorized by a physician, the plan provides coverage after the first 72 hours at 80% with a \$100 calendar year deductible applied
Hearing Exam	No Copay	\$15 Copay	\$0 Hearing Copays**	\$0 Hearing Copays**	Not covered

\* Out of Pocket Maximum protects retirees from catastrophic claims  
\*\* Hearing Exams must be Hearing Care Solutions in-network providers.

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	Empire Medibblue Freedom PPO Plan	Empire Medicare Related
Inpatient Stay	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$0 Copay
Hospital Stay Coinsurance*	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. for all 365 days	0% Coins. for all 365 days	0% Coins. 365 days
Skilled Nursing Facility	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100
Home Health Care	No Copay	No Copay	No Copay	No Copay	No Copay
Hospital Outpatient Services	No Copay	No Copay	No Copay	No Copay	No Copay
Outpatient Surgery	No Copay	No Copay	No Copay	No Copay	No Copay
Ambulance Services	Same as Today	Same as Today	\$0	\$0	No Copay
Emergency Care	\$50 Copay	\$50 Copay	\$50	\$50	No 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 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>	<b>Empire Mediblu Freedom PPO Plan</b>	<b>Empire Medicare Related</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	Not included	Not Covered
Fitness / Mobility Programs	Not Covered	Not Covered	Silver Sneakers program at no cost	Silver Sneakers program at no cost	Not Covered
Transportation	Not Covered	Not Covered	24 rides annually, up to 30 miles / ride	Not included	Not Covered
Fitness Tracker Device	Not Covered	Not Covered	Included at no cost	Not included	Not Covered
Hearing Aids	Not Covered	Not Covered	Up to \$500 allowance, every 12 months	Up to \$500 allowance, every 12 months	Not Covered
Voluntary Incentive Gift Card	Not Covered	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities	Not included	Not Covered
Vision routine	Not Covered	Not Covered	Not Covered	Routine vision exam, including refraction. The routine vision exam and refraction are limited to a \$50 maximum benefit per year.	Not Covered