



Municipal Labor Committee

Frequently Asked Questions (FAQs) About the NYC Medicare Advantage Plus Plan

The City and the Municipal Labor Committee (MLC) recently announced an agreement to implement the NYC Medicare Advantage Plus Plan, a customized program for City retirees, beginning January 1, 2022. The City and the MLC recommend that retirees strongly consider the new premium-free plan with improved benefits, which represents real value for our retirees.

What is the new NYC Medicare Advantage Plus Plan?

The City and the Municipal Labor Committee (MLC) have been working together to offer a unique customized large group Medicare Advantage plan that will provide better member benefits for NYC retirees at lower costs to the City.

What is the start date for the NYC Medicare Advantage Plus Plan?

The start date is January 1, 2022.

Who will provide the NYC Medicare Advantage Plus Plan?

After careful consideration, the City and the Municipal Labor Committee selected an alliance between Empire Blue Cross Blue Shield and EmblemHealth to provide the program. This provides continuity and familiarity for the majority of employees and retirees who are currently enrolled in the City's CBP and Senior Care programs that are offered by the same insurers. EmblemHealth will continue to administer the Part D prescription drug rider.

Is the retiree program still premium-free?

Yes. The NYC Medicare Advantage Plus Plan replaces the current GHI/EBCBS Senior Care program, which is a supplement to traditional Medicare, as the program that is premium-free to all Medicare-eligible retirees. The HIP VIP plan will also be available as a premium-free option, but it is only open to those retirees enrolled in the HIP VIP plan on December 31, 2021.

Can I choose another plan or is the NYC Medicare Advantage Plus plan my only choice?

You can choose to remain in your current plan by opting out of the NYC Medicare Advantage Plus plan during the opt-out period between September 15 – October 31. By opting out of the NYC Medicare Advantage Plus plan, you will be responsible for the full cost of the premium difference between the NYC Medicare Advantage Plus plan and your current plan's cost. The cost for the Senior Care plan will be \$191.57 per person per month for the basic plan and \$2.83 for the 365-day hospital rider. Costs for other current plans will be provided in the enrollment package sent to you in September.

How does the New Plan Work?

The NYC Medicare Advantage Plus Plan replaces both traditional Medicare and a Medicare Supplement plan with a single integrated program administered by an insurer approved by Medicare. Through a contract with Medicare, the NYC Medicare Advantage Plus Plan provides all health care services previously covered by original Medicare and supplemented by the Senior Care program. The Plan must follow Medicare rules and provide all benefits provided by Medicare. The new Plan will also add some important new benefits not covered by the current Senior Care plan, including:

- transportation costs for 24 one-way trips per year to doctors' offices;
- home meals delivery for patients after they are discharged from the hospital;
- a fitness program;
- a wellness rewards program;
- \$0 copay telemedicine with the *LiveHealth* platform.

Can I go to my current doctors and hospitals?

Yes. The NYC Medicare Advantage Plus Plan is a Group Medicare PPO, which does not restrict access to providers. Retirees can go to any doctor or hospital that accepts Medicare of which there are now approximately 850,000 Medicare providers nationally. About 640,000 of those Medicare providers are currently in the Empire/Emblem Alliance networks and are contractually bound to see NYC Medicare Advantage Plus members. Providers that are not contracted with the plan would bill the NYC Medicare Advantage Plus Plan to get reimbursed, like they do for traditional Medicare. It doesn't make a difference if that provider is in the insurer's network or not. As long as the provider takes payment from Medicare, they can bill the NYC Medicare Advantage Plus Plan and be paid the same amount as traditional Medicare pays. This includes all the hospitals in the NYC area including Memorial Sloan-Kettering (MSK) and The Hospital for Special Surgery (HSS), almost all hospitals nationally, and 99.5% of all doctors.

What if the provider I am seeing does not agree to accept payment from the NYC Medicare Advantage Plus Plan?

In the rare instance where a provider that accepts Medicare tells a retiree they will not accept payment from the NYC Medicare Advantage Plus Plan, the retiree should first contact the concierge service that will be provided so that the plan can work with the provider to make sure they understand it is the same payment schedule and billing protocol and answer any questions the provider may have. If despite that effort, the provider still refuses, the member can pay the provider and then submit the claims to the plan for reimbursement. So long as the service is a Medicare covered benefit and the Medicare fee schedule is followed, the member will only be responsible for his or her copays/coinsurance as defined by the plan.

What do I have to do?

If you are a retiree covered by a City Medicare health plan, you will be automatically enrolled in the new Plan for January 1, 2022. You don't have to do anything. However, you must be enrolled in Medicare Part A and Medicare Part B and continue to pay your Medicare Part B premiums.

Will this be the only time I can opt in or opt out?

No, the City will be offering an Annual Transfer Period. In the past, transfers between plans were only permitted every other year. Beginning in 2022, transfers between plans will be permitted every year in the Fall. Members also maintain their right to a once-per-lifetime off-cycle transfer between retiree plans.

Will the City still reimburse my Medicare Part B premium?

Yes, as long as you remain in one of the plans offered by the City.

As a member of the NYC Medicare Advantage Plus Plan, do I need a referral to see a specialist?

No.

Do any services require preauthorization?

Yes. Just like the plans for active City employees, certain medical procedures will require preauthorization under the NYC Medicare Advantage Plus Plan. When you see an in-network provider, the doctor and the insurer will handle the preauthorization. When seeing out-of-network doctors, while prior authorizations are not required, we recommend you ask your provider to request a prior authorization to confirm that the services they are providing will be considered medically necessary and covered.

What if I live out of state?

The program is a national program, so it covers retirees in any State in which they work or reside and when they travel. To be eligible for NYC Medicare Advantage Plus Plan, members must live within the 50 states or any US territory, including Puerto Rico. If you do not live in the United States, you will receive a special mailing with the rules that apply.

Must I have a Medicare Part D prescription drug rider through the NYC Medicare Advantage Program?

You may purchase the prescription drug rider for the NYC Medicare Advantage Plus Plan. This Part D group prescription drug plan rider will be the same as the one offered through EmblemHealth for the Senior Care program. The cost of the prescription drug rider is \$125.00 per member per month. If you already have the prescription drug rider with the Senior Care program, you do not have to do anything. If you want to purchase the prescription drug rider, you may purchase it during the upcoming annual Fall Transfer Period in November, effective for January 1, 2022. If you choose not to take any Part D coverage, you may be subject to a permanent penalty in the future, if you decide to purchase a prescription drug rider at a later date.

If you have purchased individual Part D coverage, enrolling in the NYC Medicare Advantage Plus Plan will result in disenrollment from your individual Part D plan. You will

need to obtain prescription drug coverage through your union or the City Part D prescription drug plan rider. If the prescription drug coverage currently provided by your union is subject to a benefit maximum, please contact your union for further details.

What happens where the retiree or spouse is under age 65?

As they do today, the retiree and spouse have to choose an insurer that offers both an over 65 option and an under 65 option. The over-65 member will be automatically enrolled under the NYC Medicare Advantage Plus Plan and the under-65 member will be in the Empire GHI CBP plan, both at no cost to the retiree. If the retiree chooses to pay up to remain in another pay up plan, the under 65 spouse will pay up to remain with the same insurer.

I have surgery scheduled for January with my current carrier. What should I do?

The NYC Medicare Advantage Plus Plan clinical transition team will work with you and your doctor to ensure continuity of care.

What happens if I go into the hospital in December and I'm not discharged until January?

The insurer that was in place at the time of the inpatient admission will be responsible for the entire inpatient stay. If that was traditional Medicare and GHI/Empire Senior Care, they would be responsible for the claim for the entire stay.

Where can I call for more information about the NYC Medicare Advantage Plus Plan?

As of July 26, 2021, there is a special call center **(1-833-325-1190)** established for the NYC Medicare Advantage Plus Plan to answer all your questions.

The call center hours of operations are Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays. You will also be receiving extensive materials in late August that explain the details of the plan and the enrollment process. In addition, there will be retiree meetings available all over the NYC area in September, as well as webinars for those who prefer not to attend in person meetings. Keep checking this website for additional information.



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