



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. 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 NYC Medicare Advantage Plus Plan, a Custom Program for City Retirees, will not be implemented on January 1, 2022.

Please refer to [Joint Statement from the Office of Labor Relations, the Alliance and the Municipal Labor Committee Regarding 2022 Health Benefits Program for City Retirees](#) for the latest information for the Plan start date.

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 program still at no cost to the retiree?

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 offered at \$0 cost to all Medicare-eligible retirees. The HIP VIP plan will also be available at \$0 cost, 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, which is extended until further notice. 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 are available on the OLR Health Benefits website at the following link:

<https://www1.nyc.gov/assets/olr/downloads/pdf/health/retiree-rates-jan-2022.pdf>

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. Retirees can go to **any** doctor or hospital in the country that accepts Medicare. If your doctor or hospital was covered under your current plan, you can keep seeing them. There are approximately 850,000 Medicare providers nationally. About 640,000 of those Medicare providers are currently in the Empire/Emblem Alliance network but even if your doctor is not in the Alliance network, you will be covered. 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 and you will not be billed for any balances. This includes all the hospitals in the NYC area including Memorial Sloan-Kettering (MSK) and The Hospital for Special Surgery (HSS).

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 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. 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 there be an Annual Transfer Period?

Yes, 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 GHI Senior Care and the NYC Medicare Advantage Plus Plan.

Will I be able to transfer to another health plan during the next Transfer Period?

Yes. You can transfer between the GHI Senior Care and the NYC Medicare Advantage Plus Plan during the transfer period every year. During the Transfer Period in the Fall of 2022, for an effective date of January 1, 2023, you also have a one-time option to transfer back to the previous health plan you had in 2021 if it was not Senior Care.

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. It typically takes a few days for the doctor and the Alliance to complete the preauthorization process. However, if the procedure is occurring on an emergency basis, the requirement will be waived. If the procedure is occurring on an urgent basis, the review will be expedited and completed in 24-48 hours. When you see an in-network provider, the doctor and the insurer will handle all the requirements for the preauthorization and you don't have to do anything. When seeing out-of-network doctors, a prior authorization is not required, but 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 Plus Plan?

No. You do not need to purchase the Medicare Part D prescription drug rider if you are already receiving prescription drug coverage through your union welfare fund or another employer's group prescription drug plan.

You may purchase the Medicare Part D prescription drug rider if:

- your union welfare fund does not offer prescription drug coverage, or
- the benefit provided by your union welfare fund is subject to a benefit maximum*, or
- you are currently enrolled in an individual Medicare Part D plan**.

You may purchase the Medicare Part D prescription 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 plan. 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 plan, 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.

*Please contact your union welfare fund for your prescription drug coverage information.

**Note: 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 either your union or by purchasing the prescription drug rider through the NYC Medicare Advantage Plus Plan.

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

As they do today, the retiree and spouse have to choose a health insurance plan that offers both a Medicare option and a non-Medicare option (e.g.: GHI/EBCBS CBP and GHI/EBCBS Senior Care). Upon implementation of the NYC Medicare Advantage Plus Plan, the Medicare-eligible member will automatically be enrolled into the NYC Medicare Advantage Plus Plan and the non-Medicare member will be in the GHI/EBCBS CBP plan, both at \$0 cost to the retiree.

If the retiree chooses to pay the additional premium to remain in another Medicare plan, the non-Medicare spouse will also have to pay the additional premium to remain with the same health insurance plan, unless it is one of the following three non-Medicare plans for which there is currently no additional premium, namely the GHI/EBCBS CBP plan, the HIP HMO plan, and the DC-37 Med Team plan. As an example, if a Medicare retiree is enrolled in the GHI/EBCBS Senior Care plan and his or her non-Medicare spouse is enrolled in the GHI/EBCBS CBP plan, there would be an additional premium for the Medicare retiree, but it will be at \$0 cost to his or her non-Medicare spouse.

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

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

If I am currently enrolled in a City Medicare plan (GHI/EBCBS Senior Care Plan, HIP VIP plan, etc.) under the (i) Consolidated Omnibus Budget Reconciliation Act (COBRA) provisions, or (ii) NYS Chapter Law 436 provisions (for surviving spouses of retired uniformed members of NYC Police, Fire, Sanitation and Correction Departments) will my plan automatically change to the new NYC Medicare Advantage Plus plan?

For 2022, such enrollees will not automatically be enrolled in the new NYC Medicare Advantage Plus plan. They may a) remain in their current plan or b) participate in the Annual Fall Transfer period, effective for 2022, with the opportunity to enroll in the new NYC Medicare Advantage Plus plan or GHI/EBCBS Senior Care plan. On-going, these enrollees may participate in the annual Fall Transfer period, to transfer into either the new NYC Medicare Advantage Plus plan or GHI/EBCBS Senior Care plan.

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.



The Whole Health Company



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