



Update on the NYC Medicare Advantage Plus Plan

Plan description mailing and contacting customer service. A description of the new plan and opt-out information will be mailed to members after Sept. 7, 2021. Since this is a large mailing, it will take several days before all city Medicare eligible retirees receive it. If you don't receive the mailing by Sept. 20, contact the customer service center at 1-833-325-1190 - Monday through Friday from 8 AM to 9 PM (EST).

This mailing will be sent to the address that the NYC Office of Labor Relations has on file for you. So, if you have recently moved and/or did not update your address with OLR, you may not receive this mailing. If that is the case, please contact the customer service center at the above phone number **and** update your address with the city. If you need a copy of the booklet in a different language, you can also call the same phone number.

Online meetings about the plan. The Alliance will have several online meetings (via zoom, telephone, etc.) for retirees starting after the middle of September. Some of these sessions will be in Spanish. We will publish the dates on our website when they become available.

New ID cards mail in December. Your new identification card will be mailed to you in December 2021. It is necessary for you to show your identification card to your health care provider starting January 1, 2022. However, please do not discard your Medicare Card. Please keep it in a safe and accessible place.

SilverScript will still administer prescriptions. All DC 37 Medicare Eligible retirees will continue to have their DC 37 Prescription Drug Plan administered by Aetna Medicare Rx[®] offered by SilverScript[®]. Please keep your Prescription Drug Card in a safe and accessible place.

Automatic enrollment and how to opt out. All eligible city Medicare retirees will be automatically enrolled in the new plan. If you want to opt out and keep your current plan, you must complete the Opt Out form that will be included in the mailing and it must be received by the NYC Office of Labor Relations no later than Oct. 31, 2021. Instructions on how and where to send in this form appear on the form.

Costs of opting out. If you opt out, you will be responsible for the cost of your current health plan. For example, if you have GHI Senior Care the cost per individual (double the cost for including spouses and/or domestic partners.) will be approximately \$2,333 per year. The cost to remain in other health care programs has not yet been determined but will appear on the NYC OLR website.

If you opt out and keep your current health plan you will have an opportunity to select the new plan during the annual (instead of the bi-annual) reopener in the Fall of 2022 and at that time you can select your previous plan if you do not want to remain in the NYC Medicare Advantage Plus Plan.

Health care provider participation. Most of your current health care providers who accept Medicare will accept the new program. That does not mean that they all have to accept this new program, but the chances are that about eighty percent (80%) or more will accept this program. It is up to you to check with your health care providers!!!

Hospitals like the Hospital for Special Surgery, Sloan Kettering, the Cleveland Clinic and the Mayo Clinic will accept this new plan.

Medicare Part B Reimbursement. You will be entitled to Medicare Part B reimbursement whether you are enrolled in the new plan or opt-out and remain in your current City health plan. This includes IRMAA reimbursement.

Some overseas travel benefits. The new plan will have some overseas travel benefits that were not available under Medicare; however, these benefits are not designed to replace travel insurance. The new plan will cover all retirees who resides in the U.S. and in its territories and possessions. For example, if you live in Puerto Rico, you will be covered.

There will be copays. This new plan includes copays, and even if you decide to remain in your current plan (GHI Senior Care) you will also have similar copays. Most copays are set at \$15. There is no copay for visiting your primary care physician or for your annual Medicare Wellness Check. Tests will also have a \$15 copay. Basically, if the tests are done in the doctor's office there will be a \$15 copay, but if you must go outside of the office that can generate separate copays for each prescribed test. Some of these tests may require pre-authorization. If for some reason the test costs less than \$15, you will pay the actual cost of the test. (Most medical tests cost more than \$15.00.) If you go to one of those urgent care centers, your copay will be \$15.00.

Up to 12 annual podiatry visits. This new program also allows up to 12 podiatry visits per year.

Please read the mailings. Please read all the mailed information that you are going to receive in the month of September. If you still have questions, you can contact the customer service line at 1-833-825-1190. If you don't receive a mailing by Sept. 20, 2021, call the customer service line at the number above **and** update your mailing address with the city.