

retiree wrapup

For up-to-date retiree info: dc37retireesassociation.org



Edward W. Hysyk
President

The DC 37 Retirees' Association will have Zoom membership meetings on Tuesday, Oct. 12 @ 1 p.m., Thursday, Oct. 14 @ 11 a.m. and Monday, Oct. 18 @ 3 p.m. We will send out an email blast with the meeting links. To add your info to the blast, email EHysyk@dc37.net

If you want to join the meetings by phone, call 646.558.8656 and use the meeting ID 4123839461 followed by the # sign.

The meetings will discuss the MLC agreed upon NYC Medicare Advantage Plus Plan, as well as the opt out (buy up) process and costs. We understand, for example, that opting to stay in GHI Senior Care will cost about \$2,300 per individual in unreimbursed annual premiums. Medicare part B premiums will continue to be reimbursed.

The charts at right are provided by the Alliance Group/NYC OLR office. They compare GHI Senior Care with the proposed Advantage Plus Plan. More than 90% of NYC Medicare-eligible retirees currently are covered by the GHI Senior Care plan. Additional information about the new plan will be mailed to retirees in September. For questions on the new plan, call toll free 1.833.325.1190 Monday-Friday from 8 a.m. - 9 p.m. EST.

BITS & PIECES

- 2021 Pension COLA for eligible retirees will be 1.4% for up to your first \$18,000 in pensions per year.
- Retirees Pascual Gomez, Jr. and Michelle Keller Ng received certificates of recognition for their community service.

Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: General

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan
Annual Deductible	\$253	\$253	\$253
Ann. Retiree Out-Of-Pocket Max*	No Limit / Protection	No Limit / Protection	\$1,470
PCP Visit	No Copay	\$15 Copay	\$0 Copay
Specialist Visit	No Copay	\$15 Copay	\$15 Copay
Diagnostic Tests (X-rays, lab, radiology, etc.)	No Copay	\$15 Copay	\$15 Copay
Mental Health / Substance Use Disorder	No Copay	\$15 Copay	\$15 Copay
Urgent Care Center	No Copay	\$15 Copay	\$15 Copay
Preventive Services	No Copay	No Copay	No Copay
Rehab. Services	No Copay	\$15 Copay	\$15 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
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
Hearing Exam	No Copay	\$15 Copay	\$0 Hearing Copays**

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

Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: Hospital

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan
Inpatient Stay	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.
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
Skilled Nursing Facility	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100
Home Health Care	No Copay	No Copay	No Copay
Hospital Outpatient Services	No Copay	No Copay	No Copay
Outpatient Surgery	No Copay	No Copay	No Copay
Ambulance Services	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & DME)	Same as Today	\$0 Copay, Deductible does not apply, no Ann. Max.
Emergency Care	\$50 Copay	\$50 Copay	\$50 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 additional cost.

Plan Design Comparison of Senior Care and new NYC Medicare Advantage Plus Plan: Other

Provision	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan
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
Fitness / Mobility Programs	Not Covered	Not Covered	Silver Sneakers program at no cost
Transportation	Not Covered	Not Covered	24 rides annually, up to 30 miles / ride
Fitness Tracker Device	Not Covered	Not Covered	Included at no cost
Hearing Aids	Not Covered	Not Covered	Up to \$500 allowance, every 12 months
Voluntary Incentive Gift Card	Not Covered	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities

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