

Important Information About Health Plan Enrollment and Disenrollment

Many Medicare HMOs (even those not participating in the City's program) market directly to Medicare-eligible retirees. Because of certain rules set up by the Federal Government a retiree wishing to enroll in a Medicare HMO must complete a special application directly with the health plan he or she elects to join. For those plans participating in the Health Benefits Program, the procedure is to have the retiree complete the application with the health plan (each enrollee must complete a separate application). The health plan then sends a copy of each application to the Health Benefits Program in order to update the retiree's record to ensure that the correct deductions, if applicable, are taken from the retiree's pension check.

Problems can arise when the retiree does not tell the health plan that he/she is a City of New York retiree, in which case the application is not forwarded to the Health Benefits Program Office. This can cause several problems such as: incorrect pension deductions and insufficient health coverage. Therefore, there are several rules you should follow to ensure that you do not jeopardize your health plan coverage under the Health Benefits Program.

When You Enroll . . .

When you enroll directly with the Medicare HMO make sure that you inform the health plan representative that you are a "City of New York" retiree. If your spouse is also covered by you for health benefits, make sure that he/she also completes an enrollment application. Both the retiree and covered dependent(s) must be enrolled in the same health plan under the City's program. To enroll in a Medicare supplemental plan you must do so through the Health Benefits Program Office.

When You Transfer from a Medicare HMO to a Supplemental Plan . . .

If you disenroll from a Medicare HMO and you wish to transfer to a Medicare supplemental plan, such as GHI/EBCBS Senior Care, you can do so only during the Transfer Period. If you wish to transfer at any other time, unless you are moving out of the health plan's service area or the health plan is closing in your area, you must use your Once-in-a-Lifetime Option. If you wish to transfer to a supplemental plan, you must notify the HMO or the Social Security Administration, in writing, that you no longer wish to participate in that HMO.

When You Transfer from a Medicare HMO to another Medicare HMO . . .

If you wish to disenroll from a Medicare HMO and wish to join another Medicare HMO you can do so by enrolling directly in the new plan. If you wish to disenroll from a Medicare HMO and are not enrolling in another Medicare HMO, you must notify the health plan or the Social Security Administration, in writing, that you no longer wish to participate in that plan. If you do not notify the health plan or the Social Security Administration that you no longer wish to participate you will not have any coverage from either the health plan or from Medicare.

For Prescription Drug Coverage . . .

Medicare-eligible retirees enrolled in these plans will receive enhanced prescription drug coverage from the Medicare HMO (as described in each plan's summary page) if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced coverage. The cost of this coverage will be deducted from the retiree's pension check. Some welfare funds may pay the cost of the coverage on behalf of the retiree or reimburse the retiree for all or part of the cost of the coverage. Consult your welfare fund for details.



Health Plans for Medicare-Eligible Retirees and Their Medicare-Eligible Dependents

Medicare Supplemental Plans

The traditional Medicare supplemental plan allows for the use of any provider and reimburses the enrollee who may be subject to Medicare or plan deductibles and coinsurance. The following are supplement plans:

Health Plan	Phone Number	Web Address
DC 37 Med-Team Senior Care	(212) 501-4444	www.ghi.com
Empire Medicare-Related Coverage GHI/EBCBS Senior Care	(800) 767-8672	www.empireblue.com/nyc
GHI:	(212) 501-4444	www.ghi.com
Empire BlueCross BlueShield:	(800) 767-8672	www.empireblue.com/nyc
Health Net MedPrime	(800) 441-5741	www.healthnet.com

Medicare HMOs

Medicare HMO plans are those in which medical and hospital care is only provided by the HMO. Any services, other than emergency services, that are received outside the HMO, that have not been authorized by the HMO, will not be covered by either the HMO or Medicare. Any cost incurred would be the responsibility of the enrollee. The following plans are approved Medicare HMOs:

Medicare HMOs Available in the New York Metropolitan Area:

Health Plan	Phone Number	Web Address
Aetna Golden Medicare10 Plan	(800) 445-8742	www.aetna.com
Elderplan	(718) 921-7898	www.elderplan.org
Empire MediBlue	(800) 499-9554	www.empireblue.com/nyc
GHI HMO Medicare Senior Supplement	(877) 244-4466	www.ghi.com
HIP VIP Premier	(800) 447-6929	www.hipusa.com
Health Net Medicare Advantage (formerly known as "Smartchoice")	(800) 547-8734	www.healthnet.com
SecureHorizons by UnitedHealth Care	(800) 203-5631	www.securehorizons.com

Medicare HMOs Available Outside the New York Metropolitan Area:

Health Plan	Phone Number	Web Address
Aetna Golden Medicare10 Plan	(800) 445-8742	www.aetna.com
AvMed Medicare Plan	(800) 782-8633	www.avmed.com
BlueCross BlueShield of Florida Health Options, Inc.	(800) 876-2227	
CIGNA HealthCare for Seniors	(800) 592-9231	www.cigna.com
GHI HMO Medicare Senior Supplement	(877) 244-4466	www.ghi.com
Humana Gold Plus	(800) 833-1289	www.humana.com

Retirees wishing to enroll in a Medicare HMO must complete a special application directly with the health plan he or she elects to join. To enroll the retiree must complete the specific health plan application (each enrollee must complete a separate application) and return it to the health plan. A copy of the application is sent to the Health Benefits Program (HBP) from the health plan in order for HBP to update its files and to make sure that the correct deductions, if applicable, are taken from the retiree's pension check.



Aetna Golden Medicare 10 Plan

The Aetna Golden Medicare 10 plan is available to City of New York Medicare beneficiaries living in certain counties of New York; the entire state of New Jersey and certain counties in Pennsylvania (please contact the plan directly for exact locations). All individuals entitled to Medicare Part A and enrolled in Medicare Part B, including the disabled, may apply. Each Aetna Golden Medicare member selects a participating primary care physician (PCP) to coordinate his/her care and issue specialist and hospital referrals. Primary care physician visits are covered with a \$10 co-payment and \$15 copayments for Specialists in NY and NJ. There are no deductibles to pay. Emergencies are covered worldwide with a \$50 co-payment (waived if admitted).

For More Information

For further information call (800) 445-8742, 8:00 a.m. – 6:00 p.m., Monday through Friday. You can send your questions to:

Aetna
99 Park Avenue
New York, New York
10016
Attn: City of New York

www.aetna.com

Aetna NavigatorTM is Aetna's member website (www.aetna.com), which provides a single source for online health and benefits information 24 hours a day, 7 days a week.

DocFind[®], an online provider list located at www.aetna.com; IntelliHealth[®], an online consumer health information network located at www.intelihealth.com; and Informed Health[®] Line, a telephonic nurse line are available 24 hours a day, 7 days a week.

Aetna Special Medical Programs

Disease Management programs aimed at slowing or avoiding complications of certain diseases through early detection and treatment to help improve outcomes and quality of life. Wellness Programs including Healthy Breathing[®], an 8-to-12-week smoking-cessation program; and Healthy Eating, which offers information and tools to help develop long-term, realistic healthy eating plans. Natural Alternatives offers contracted discounted rates for alternative types of health care. Vision One[®] Discount Program offers discounts on eye care needs, such as prescription eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and eye care accessories. Members can call 1-800-793-8618 to find the Vision One[®] locations nearest to them. This benefit is in addition to, not in place of, members' union welfare fund vision benefits.

Prescription Drug Coverage

Retirees who receive prescription drug coverage through their union welfare fund will continue to access that coverage. Retirees who do not receive prescription drug coverage through their union welfare fund will automatically receive the following prescription benefit:

Retail: \$0/\$20/\$40 for a 30-day supply.

Mail Order: \$0/\$40/\$80 for 90-day supply.

Copays effective up to \$2,830. Once \$2830 is reached then member pays 50% coinsurance for Generic/Brand drugs up to true-out-of-pocket costs of \$4,550. Once member reaches \$4,550 the copays are the greater of \$2.50 or 5% for covered generic drugs (including brand names treated as generic drugs) or the greater of \$6.30 or 5% for all other covered drugs.

Updated to reflect prescripnton drug benefit effective January 1, 2010.

Cost

There is no cost for this plan.

For Further Information

For more details about AvMed Medicare Plans, you should call 1-800-782-8633. A qualified Medicare representative will help you with your questions and arrange an appointment with an AvMed Medicare representative to help you fill out your enrollment form. Please identify yourself as a City of New York retiree.

As an AvMed member, you gain access to a state-of-the-art health care system designed to minimize medical costs without sacrificing the quality of care. You are free to choose a doctor from AvMed's extensive list of physicians. Please be aware that in order for you to receive payment on coverage for services, the services you receive must be rendered by physicians, hospitals, and other health care providers designated by AvMed. If the services are rendered by a non-AvMed participating physician, hospital, or other health care provider, you may be liable for payment of such services, except for emergency or out-of-the-area urgently needed care conditions.

As a AvMed member you are also offered additional benefits such as: Disease Management Programs, smoking cessation and a discount RX card.

Dade County: \$0 copay for PCP visit; \$10 copay for Specialist visits; \$25 copay for outpatient testing (x-rays, lab tests, etc.)

Broward County: \$0 copay for PCP visits; \$20 copay for Specialist visits; \$25 copay for outpatient testing (x-rays, lab tests, etc.)

Prescription Drug Coverage

Dade County:

Retail: \$0/\$20/\$50/25%

Mail: \$0/\$60/\$150/25%

Copays up to \$2,830 in drug costs. After member reaches \$2,830 – Plan covers all generics through gap. Member pays 100% of all other RX costs until member's yearly out-of-pocket costs reach \$4,550. Member then pays the greater of \$2.50 for generic and \$6.30 copay for all other drugs, or 5% coinsurance (whichever is greater).

Broward County:

Retail: \$7/\$35/\$70/33%

Mail: \$21/\$105/\$210/33%

Copays up to \$2,830 in drug costs. After member reaches \$2,830 – Plan covers all generics through gap. Member pays 100% of all Other RX costs until member's yearly out-of-pocket costs reach \$4,550 Member then pays \$2.50 for generic drugs and \$6.30 copay for all other drugs, or 5% coinsurance (whichever is greater).



BlueCross BlueShield of Florida Health Options - Medicare & More (Florida Residents)

Health Options Medicare & More, backed by BlueCross BlueShield of Florida, is a federally-qualified HMO with a Medicare contract, available to New York City retirees who reside in Broward, Dade and Palm Beach counties. Medicare & More provides comprehensive, preventive health care coverage, unlimited hospital and doctor care, home health care, skilled nursing facility care, lab tests, x-rays, periodic health assessments, and prescription drugs.

When you enroll in Medicare & More, you select a Primary Care Physician (PCP) from our contracting network of health care providers. You can be assured that any care you receive is covered if it has been provided or arranged by your PCP and there are virtually no claims to file. The PCP you choose will provide or arrange all of your routine health care, including referrals to Medicare & More specialists, when appropriate, and inpatient care at a Medicare & More hospital or skilled nursing facility, when necessary. Your PCP coordinates your health care to ensure that you get the care that is right for you and to assist you in getting the most from your Medicare & More coverage. Should you need specialty care, your PCP will arrange it for you.

Except for emergencies anywhere and out-of-area urgent care, all care you receive must be obtained from the health care professionals and facilities in the Medicare & More provider network.

Prescription Drug Coverage

Retail \$4.00 generic drugs (31-day supply)
Mail: \$4.00/\$30.00/\$70.00 for 31 days
\$12/\$90/\$210 for 90 days

After yearly out-of-pocket drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550. After member reaches \$4,550 then member pays the greater of \$2.50 and \$6.30 or 5% coinsurance (whichever is greater).

Cost

There is no cost for this plan.

For More Information

Contact the plan at:
BlueCross BlueShield of Florida, Inc.
Health Options, Inc.
3750 NW 87th Avenue
Suite 300
Miami, FL 33278-2415
(800) 876-2227

Updated to reflect prescription drug benefit effective January 1, 2010.



CIGNA HealthCare for Seniors

CIGNA HealthCare for Seniors is available to retirees with Parts A and B of Medicare in Phoenix, Arizona (Maricopa and Pinal Counties only).

With the CIGNA HealthCare for Seniors Plan, you are subject to a \$5 copay for PCP visits, \$15 copay for Specialist visits at CIGNA HealthCare Centers; copays vary for visits to other providers contracted by CIGNA. Plus you'll find extras, like annual physicals and worldwide emergency care.

For More Information

Please call:
CIGNA
Phoenix, AZ
1-800-592-9231

Little or No Paperwork

CIGNA HealthCare for Seniors virtually eliminates paperwork. Each time you go for a visit, you simply show your CIGNA ID card when using a plan provider.

Prescription Drug Coverage

Retirees who receive prescription drug coverage through their union welfare fund will continue to access that coverage.

Retirees in union welfare funds where prescription drugs are not covered will automatically receive the following prescription drug benefit:

Retail: \$5/\$40/\$65

Mail: \$15/\$120/\$195

Copays up to drug costs of \$2,830, then all Tier I drugs covered in the Gap. When member reaches \$4,550 then member pays the greater of \$5.50 and \$6.30 or 5% coinsurance (whichever is greater).

Updated to reflect prescripion drug benefit effective January 1, 2010.



DC 37 Med-Team Senior Care Program

Available only to DC 37 Medicare-eligible members, retirees and their families, the DC 37 Med-Team Senior Care Program supplements Medicare Part A and Part B and offers a full range of coverage. Members do not need to reside within a specific geographic area to be eligible for this program.

The DC 37 Med-Team Senior Care Program offers a plan through GHI that supplements Medicare for Medicare-eligible retirees. For example, if you are hospitalized because you need surgery, the program's hospital coverage supplements Medicare Part A to provide benefits for room, board, general nursing, and other hospital services. The program's medical coverage supplements Medicare Part B to provide benefits for physician services and supplies.

The Senior Care Program helps retirees avoid out-of-pocket costs by reimbursing the Medicare Part A deductible and coinsurance and the Medicare Part B coinsurance.

Prescription Drug Coverage

Prescription drugs are covered by the DC 37 Health & Security Plan. Please contact DC 37.

Cost

There is no cost for this plan.

For More Information

Please call the plan's service representatives at (212) 501-4444 from 8:30 a.m. to 4:45 p.m. any business day. When you call, please identify yourself as a DC 37 member.

You may write to:
DC 37
125 Barclay St.- 3rd Fl
New York, NY 10007



Elderplan

Elderplan is dedicated to providing affordable health care to seniors in Brooklyn, Queens, Staten Island and Manhattan. Elderplan is a non-profit Social Health Maintenance Organization operating under a Medicare Advantage contract. Medicare pays us so you don't have to.

As a member, you pay no premium beyond the Medicare Part B premium. Your care is delivered by a network of 36 hospitals and over 5,000 providers, and coordinated by a network-affiliated Primary Care Physician (PCP) of your choice.

Generous Benefits

Visits to your PCP are just \$10; when referred to a network specialist you pay \$15. Medically necessary hospitalization is covered with a \$200 co-payment per benefit period.

Prescription Drug Coverage

Prescription drug coverage is offered through the basic plan.

Retail: \$0 generic/\$25 formulary preferred brand/ \$60 non-formulary brand name/Greater or \$60 or 25% for a 30 day supply for biological purchased from an in-network preferred pharmacy.

Mail: \$0 generic/\$25 formulary preferred brand/\$60 brand-name drugs for a 90-day supply. Greater of \$150 or 25% for biologicals for 90-day supply through mail order.

Pharmacy benefit must be ordered from the plans formulary by a plan-affiliated physician.

Cost

There is no cost for this plan.

For More Information

Please call our Enrollment Services Department with questions between 9:00 a.m. and 5:00 p.m. at (718) 921-7898.

TTY for the hearing impaired
1-877-414-9015.

Or write to:
Elderplan
6323 Seventh Avenue
Brooklyn, NY 11231

Empire Medicare-Related Coverage

Empire Medicare-related coverage offers Medicare-eligible retirees protection from costly health care by filling the gaps in Medicare coverage. While Medicare Parts A and B cover hospital and medical care, most benefits are subject to deductibles or coinsurance. This Medicare Supplement plan helps retirees with Medicare Parts A and B avoid out-of-pocket costs by reimbursing the deductible and coinsurance amounts.

For More Information

For additional information about the program, please call 800-767-8672. Telephone hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Contact the plan at:
Empire BlueCross
BlueShield
City of New York
Dedicated Service
Center
P.O. Box 1407
Church Street
Station
N.Y., NY 10008-3598

For example, if you are hospitalized because you need surgery, the plan's hospital coverage, combined with Medicare Part A, provides benefits for room, board, general nursing, and other hospital services. The plan's medical coverage, with Medicare Part B, provides benefits for physician services and supplies.

Prescription Drug Coverage

Retiree must purchase the Optional Rider in order to receive the following prescription drug benefit.

Retail: \$10/\$25/\$50 and 25% for biologicals up to 30-day supply.

Mail: \$20/\$50/\$100 and 25% for biologicals up to 90-day supply.

Member pays copays up to \$2,830. After member reaches \$2,830 member pays 50% of the cost of prescription drugs up to \$4,550. After \$4,550 in out-of-pocket costs, member pays either \$2.50/\$6.30 copay or 5% coinsurance (whichever is greater).

Empire MediBlue HMO

MediBlue HMO Plus is available to Medicare-eligible residents of the Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester counties.

With MediBlue HMO Plus, you will receive all the coverage provided by Medicare and most Medicare supplement plans combined, plus important extra coverage such as:

- No deductibles or coinsurance and no referral necessary to see a specialist (there is a \$10 co-payment for Primary Care Physician\GYN office visits and \$25 co-payment for Specialists and Mental Health visits, \$50 co-payment for Emergency Room visits, \$500 co-payment for inpatient hospital admission; co-payments for diagnostic and ambulatory procedures vary by county)
- Free eyeglasses once every 24 months**
- Free hearing exam once every 12 months
- \$1,000 towards two hearing aids once every 36 months
- Silver Sneakers, free membership to a participating gym
- Empire Healthlinesm, a toll-free health information hotline available to members 24 hours a day, 7 days a week

Prescription Drugs

Retirees who receive prescription drug coverage through their union welfare fund are entitled to the basic prescription coverage as follows:

Retail: \$7/\$35/\$75/33% for 30 day supply

Mail: \$14/\$70/\$150/33% for 90-day supply

Member is responsible for copays up to \$2,830. After \$2,830 - unlimited generic coverage up to \$4,550. If member reaches out-of-pocket costs of \$4,550 member pays \$2.50 or \$6.30 copay or 5% coinsurance (whichever is greater).

Retirees in union welfare funds where prescription drugs are not covered will automatically receive the following prescription drug benefit:

Retail: \$0 or 10/\$30/\$60/30% for 30 day supply

Mail: \$15/\$75/\$150/30% up to 90 day supply

Member is responsible for co-pays up to \$2,830. Then unlimited generic coverage up to \$4,550. After Member reaches \$4,550, member then pays \$2.50 or \$6.30 copay or 5% coinsurance (whichever is greater).

For More Information

Call 1-866-395-5175 if you have any questions or to reserve a place at an information meeting in your community. Please identify yourself as a City of New York retiree.

Updated to reflect prescripion drug changes effective January 1, 2010.



GHI/EBCBS Senior Care

If you are a Medicare-eligible retiree enrolled in either GHI/EBCBS or GHI Type C/EBCBS, Senior Care supplements your Medicare coverage. After you have satisfied the Medicare Part B deductible, you will be responsible for an additional \$50 of covered Senior Care services per individual, per calendar year. GHI then pays the Medicare Part B coinsurance (that is, 20% of Medicare Allowed Charges) for covered services for that calendar year.

If you have EBCBS Senior Care, Empire BlueCross BlueShield supplements your Medicare coverage for inpatient hospital services, and pays the Medicare Part A inpatient deductible less a \$300 deductible per person per admission (maximum \$750 per year). Empire also supplements some hospital Medicare Part B coverage. Such as ambulatory/surgical procedures, Chemotherapy, Emergency Room Care. Emergency room coverage is subject to a \$50 copay. The Member is responsible for the Part B deductible.

For More Information

GHI
441 Ninth Avenue
New York, NY 10001
(212) 501-4444

Empire BlueCross
BlueShield
City of New York
Dedicated Service
Center
P.O. Box 1407
Church Street Station
N.Y., NY 10008-3598
1-800-767-8672

Optional Rider

From GHI:

Prescription Drug Coverage - Optional Rider

There is no deductible under this plan.

RX costs between \$0 and \$2,250 member pays 25% of cost and plan pays 75% of cost; RX costs between \$2,250 and \$8,895.83 member pays 60% of cost, plan pays 40% of cost. After member reaches \$4,550.00 in out-of-pocket costs, the plan will provide unlimited coverage of eligible prescription drug expenses subject to a member copayment which is the greater of 5% or \$2.50 for generic drugs and brand drugs (that are a multi-source drug) and \$6.30 for all other drugs.

Open Formulary, Prior Authorization, Step Therapy and Quantity Level Limits all apply.

From Empire BlueCross BlueShield:

365-day hospital coverage.



GHI HMO Medicare Senior Supplement

This Medicare plan is open to retirees residing in the counties of Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester in New York.

Retirees with both Medicare Parts A and B and age 65 and older are eligible for GHI HMO Medicare Senior Supplement. This plan provides the same comprehensive benefits of the standard GHI HMO program, and includes coverage for deductibles, coinsurance, and services not covered by Medicare Parts A and B, but not to exceed the standard coverage provided through GHI HMO's program. To be covered in full, Medicare-eligibles must use GHI HMO's participating physicians. If a non-participating physician is used, only Medicare coverage is applicable and treatment is subject to deductibles, copayments and exclusions.

For More Information

Retirees with questions about this coverage may contact GHI HMO Monday through Friday, 8:00 a.m. to 6:00 p.m., at 1-877-244-4466 or 1-877-208-7920 (TDD only). Or send your questions in writing to:

GHI HMO
PO Box 4181
Kingston, NY 12402

Attn: Customer Service

Prescription Drug Coverage

There is a \$310 annual deductible under this plan.

Member pays 25% of eligible prescription drug expenses between \$310 and \$2,830. Member is responsible for 100% of the prescription drug cost between \$2,830 and \$6,440. If member reaches \$4,350.00 in out-of-pocket RX expenses, member will receive unlimited coverage of RXs subject to a copay of \$2.50 for generic/\$6.30 for brand drugs or 5% coinsurance (whichever is greater.)

Open Formulary, Prior Authorization, Step Therapy and Quantity Level Limits all apply.

Updated to reflect prescripion drug benefit effective January 1, 2010.

Health Net

Health Net offers their Medicare Advantage Plan (an HMO) and MedPrime Plan (a Coordination of Benefits plan) for eligible City of New York retirees in the tri-state area. Both plans provide complete coverage of Medicare benefits. To qualify, you must be enrolled in Medicare Parts A and B and use Health Net providers. Health Net has been providing high-quality coverage and unsurpassed customer service to our Medicare members for over 30 years. Health Net offers quality health care through our network of fully accredited physicians and hospitals.

Health Net also offers all members access to Decision Powers^m, a program that addresses the health needs of the whole person through integrated resources and support that span the entire spectrum of health — from wellness resources to health coaching available 24 hours a day, 7 days a week and, chronic condition management to end-stage disease support.

For More Information

If you have any questions, please call toll free:

Medicare Advantage members:
(800) 547-8734

MedPrime members:
(800) 441-5741

Monday through Friday, 8 a.m. – 6 p.m.
Or write us at:

Health Net
One Far Mill Crossing
P.O. Box 904
Shelton, CT
06484-0944

Health Net Medicare Advantage

Enrolling in Health Net's Medicare Advantage plan (formerly "SmartChoice") gives you 100 percent coverage of Medicare benefits, plus a lot more. Primary care doctor visits are subject to a \$10 copayment and specialist visits are subject to a \$15 copayment. Health Net's Medicare Advantage is available to retirees living in the Connecticut counties of Fairfield, Hartford only.

Health Net MedPrime

Health Net MedPrime combines the benefits of Health Net with the government's original Medicare program. Medicare is the primary payer of medical claims and Health Net is the secondary payer. Health Net MedPrime is offered to retirees living in Dutchess, Manhattan, Orange, Putnam, Rockland, Westchester, Nassau and Suffolk counties of New York, the Connecticut counties of Litchfield, Middlesex, New London, Tolland, and Windham; and the entire state of New Jersey.

Prescription Drug Coverage

Health Net Medicare Advantage:

Retail: \$15/\$35/\$60/\$60 – 30 day supply

Mail: \$30/\$70/\$120 - 90 day supply

Member pays copays until they reach \$4,550 in out-of-pocket expenses. Once \$4,550 is reached member then pays the greater of \$2.50 or 5% coinsurance for generic and \$6.30 or 5% coinsurance for brand.

Health Smartchoice:

Retirees must purchase the Optional Rider in order to receive the following prescription drug benefits:

Retail: Up to 30 day supply

Tier 1- Preferred Generic: \$15\Tier 2 - Preferred Brand Name Drugs: \$35\Tier 3- Non-Preferred Drugs: \$60\Tier 4- Specialty: \$60\Tier 5: Injectables \$60.

Mail Order: Up to a 90 day supply

Tier 1: Preferred Generic: \$30\Tier 2: Preferred Brand Name Drugs: \$70\Tier 3 - Non-Preferred Drugs: \$120\Tier 4:- Specialty: Not Available\Tier 5 Injectables: Not Available

Unlimited Maximum - however the member does have catastrophic coverage, the amount the member pays after they reach the out-of-pocket maximum of \$4,550, is the greater of \$2.50 for generic (including brand drugs treated as generic) and\$ 6.30 for all other drugs or 5% coinsurance.

Updated to reflect prescripion drug benefit effective January 1, 2010.

HIP VIP® Premier Medicare



The HIP VIP® Premier Medicare Plan is available to residents of Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk and Westchester counties. If you or your spouse are enrolled in Medicare Parts A & B, you are eligible to join HIP VIP® Premier Medicare Plan. You will receive all the benefits provided by Medicare, plus additional benefits provided by HIP.

As a member of HIP VIP® Premier Medicare Plan, you choose a primary care physician (PCP) practicing in his or her private office as part of our expanding network of physicians or in one of HIP's convenient neighborhood health-care centers throughout HIP's New York metropolitan service area. You may visit your PCP as often as necessary. Your PCP will refer you to appropriate specialists for treatment and services whenever necessary.

You and your dependents will be covered for a broad range of in-network hospital and medical services that include routine examinations, medical screenings, X-rays, mammography services, home care, urgent care, mental health services, a preventive dental program and more.

Any medical care – except for covered emergencies or urgently needed care out of the area – that is neither provided by nor authorized by HIP or your PCP will not be covered by either HIP or Medicare. Benefits vary based on county or residence. Please call HIP for more details.

Prescription Drug Coverage

Drugs are prescribed by your HIP participating physician and obtained through any one of HIP's participating pharmacies.

Retirees who receive prescription drug coverage through their union welfare fund are entitled to basic prescription coverage as follows:

Preferred Retail - \$10 Preferred Formulary Generic - 30 day supply; \$20 Preferred Formulary Brand – 30 day supply; 50% coinsurance Non-Preferred Generic & Brand Drugs; 25% coinsurance Specialty – Formulary, Generic and Brand Drugs.

Mail Order: \$15 Preferred Formulary Generic – 90 day supply; \$30 Preferred Formulary Brand; 50% copay Non Preferred Formulary and Brand per 30-day supply; 25% copay Specialty Formulary Generic and Brand.

Member pays copays and coinsurance listed above until reaching benefit limit of \$2,520. Member pays copays for Preferred Formulary Generic Drugs from \$2,520 to \$4,550. Member pays 100% of the cost for Preferred Formulary Brand, Non-Preferred Formulary Generic and Brand, Specialty Formulary Generic and Brand for drug costs from \$2,520 and \$4,550. When \$4,550 of (TrOOP) costs are met, member will pay the greater of \$2.50 for generic, \$6.30 for brand or 5% coinsurance.

Retirees in union welfare funds where prescription drugs are not covered will automatically receive the following prescription drug benefit:

At Retail: \$10 Preferred Formulary Generic – 30 day supply; \$15 Preferred Formulary Brand – 30 day supply; 50% coinsurance Non-Preferred Drugs; 25% coinsurance Specialty Formulary Generic and Brand Drugs.

Mail Order: \$5 Preferred Generic; \$7.50 Preferred Brand; 50% coinsurance Non-Preferred Formulary Generic and Brand; 25% for Specialty Formulary Generic and Brand .

If a member reaches \$4,550 in out-of-pocket expenses in a calendar year copays will then be \$2.50 per prescription for generic, \$6.30 copay for brand or 5% coinsurance.

For More Information

For additional information about HIP VIP® Medicare Plan please call:

1-800-447-6929.

Specially trained representatives will be available Monday through Friday 8:00 a.m. to 6:00 p.m. to answer your questions.

You can also log onto www.hipusa.com. Now available in English, Spanish, Chinese and Korean.

Updated to reflect prescription drug changes effective January 1, 2010.

Humana Gold Plus Plan & Companion HMO

Humana Gold Plus plan offers all the benefits of Original Medicare plus extra services at no additional cost. If you are a retiree, eligible for Medicare, Humana has designed a health care plan especially for you in the following markets: In Florida: Daytona (Flagler, Volusia); Jacksonville (Baker, Duvall, Nassau); Tampa Bay (Hernando, Hillsborough, Pasco & Pinellas); and South Florida (Broward, Dade & Palm Beach).

Advantages of Humana Medicare+Choice plans

New Member Specialist Program - If a member has a special need, a New Member Specialist will facilitate those services and will be available to answer questions about benefits.

HumanaHealth Personal Nurses - For members who may have the need for ongoing support from a nurse, Humana has a Personal Nurse service. The Personal Nurse works one-on-one with members who are seriously ill (or may become seriously ill), building long-term relationships with them and making it easier for them to understand and use the health care system.

Disease Management Programs - If you have a chronic condition, we want to help you avoid complications and improve the quality of your life. We have specific programs for many different conditions and continue to add more all the time.

Humana Active Outlook® - Each issue of this newsletter contains information that promotes healthy and active lifestyles. Members get easy-to-understand information including nutrition and exercise tips, and answers to commonly asked questions.

Health information at your fingertips - www.humana.com offers members a personal home page, MyHumana, giving them quick access to important benefits information and health tools. You can look up prescription data, benefit information and claims history, physician and hospital locations and much more. No claim forms or coordination of benefits. Worldwide coverage for emergency and urgently needed care.

Prescription Drug Coverage

Retail: \$10 generic/\$20 preferred/\$40 non-preferred/25% for biologicals for 30-day supply.

Mail: \$0 generic/\$40 preferred/\$80 non-preferred for 90-day supply. 25% for biologicals for 30-day supply.

Once member reaches true out-of-pocket costs of \$4,550, the member pays the greater of \$2.50 for generic (including brand drugs treated as generic) and \$6.30 for all other drugs, or 5% coinsurance.

Companion HMO Plan - Humana also offers a commercial plan designed for non-Medicare eligible dependents. To receive additional information for your dependent, please call (800) 833-1289.

For More Information

For more details or to request an enrollment kit, call:
(800) 833-1289
TDD 1-877-833-4486
between 8:00 a.m.-
8:00 p.m. EST-Monday-Friday.

A representative will help you with your questions and arrange an appointment with a Humana Gold Plus representative to complete your enrollment application.

Please identify yourself as a City of New York retiree.

SecureHorizons by UnitedHealthCare

If you are eligible for Medicare Parts A and B – and live in the five boroughs of New York City, and Hudson County in New Jersey – then you can be a part of SecureHorizons, a Medicare-contracted Health Maintenance Organization. SecureHorizons offers you a comprehensive health plan with no deductibles, and virtually no paperwork.

Freedom to Choose Your Doctor

When you join the plan you have the freedom to choose your personal doctor from our list of highly-credentialed private-practice physicians. The doctor you choose will become your primary care physician (PCP) and will work with you to coordinate all of your health care needs, including referrals to specialists and admissions to hospitals. Doctor visits are \$15 and your annual physical is free. As a SecureHorizons Member, you'll receive full coverage for hospitalization when arranged or authorized by your PCP. And, in the case of an emergency, members are covered anywhere in the world.

SecureHorizons encourages its members to take care of themselves, which is why you are entitled to a free annual physical, free annual dental checkups (with discounted dental care), free yearly mammograms and Pap smears for women, as well as podiatry, vision and hearing aid benefits.

Prescription Drug Coverage

Retirees who receive prescription drug coverage through their union welfare fund are entitled to basic prescription coverage as follows:

Retail: \$4/\$28/\$58/\$33 to \$2,830 with Part D “donut hole” up to \$4,350 (member Responsible for 100% of RX cost up to \$4,550.)

Mail: \$8/\$74/\$164/33%

If a member reaches \$4,550 in true-out-of-pocket costs, member will pay the greater of a \$2.50 copay or 5% coinsurance for generic drugs or the greater of a \$6.30 copay or 5% coinsurance for brand name drugs whether purchased at retail or mail order.

Retirees in a union welfare fund where prescription drugs are not covered will automatically receive the following prescription drug benefits:

Retail: \$4/\$20/\$40/\$40

Mail Order: \$8/\$50/\$110/\$120

Mail order and retail copays up to \$4,550. If a member reaches \$4,550 in true-out-of-pocket costs, member will pay the greater of a \$2.50 copay or 5% coinsurance for generic drugs or the greater of a \$6.30 copay or 5% coinsurance for brand name drugs whether purchased at retail or mail order.

For More Information

If you have any questions about SecureHorizons, please call: 1-800-203-5631, Monday- Friday, 9:00 a.m. - 5:00 p.m. Please identify yourself as a City of New York retiree.

Updated to reflect prescripion drug benefit effective January 1, 2010.