

Aetna plan design comparison for NY, NJ, PA*

Provision (as provided by NYC OLR)	Senior Care	NYC Medicare Advantage Plus Plan	Aetna Medicare Advantage Plan PPO/ESA (NY, NJ, PA*)
Annual Deductible	\$283**	\$253	\$253
Annual Out-Of-Pocket Max***	No Limit / Protection	\$1,470	\$1,000
PCP Visit	\$15 Copay	\$0 Copay	\$0 Copay
Specialist Visit	\$15 Copay	\$15 Copay	\$15 Copay
Diagnostic Tests (X-rays, lab, radiology, etc.)	\$15 Copay	\$15 Copay	\$15 Copay
Mental Health / Substance Use Disorder	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care Center	\$15 Copay	\$15 Copay	\$15 Copay \$0 for Minute Clinic
Preventive Services	No Copay	No Copay	No Copay
Rehab. Services	\$15 Copay	\$15 Copay	\$15 Copay
Durable Medical Equipment (DME)	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & Ambulance)	\$0 Copay, no Ann. Max (deductible applies)	\$0 copay, no annual max (deductible applies)
Private Duty Nursing (PDN)	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with DME & Ambulance), 20%	20% Coins., \$2,500 Ann. Max (deductible applies)	20% Coins, \$2,500 Annual Max (deductible applies)
Hearing Exam	\$15 Copay	\$0 Hearing Copays****	\$0 Copay

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**2022 Medicare Part B deductible of \$233, plus \$50 GHI deductible.

***Out of pocket maximum protects retirees from catastrophic claims.

****Hearing exams must be Hearing Care Solutions in-network providers.

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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. for all 365 days	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	Same as Today	\$0 Copay, Deductible does not apply, no Ann. Max.	\$0 Copay, Deductible does not apply; no Annual Max.
Emergency Care	\$50 Copay	\$50 Copay	\$50 Copay

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**Enhanced Hospital 365 Day Optional Rider would cover coinsurances and rider would have to be purchased by retiree. The Medicare Advantage plans cover automatically, at no additional cost and does not require purchase of rider.

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Meal Delivery	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	Covered 28 meals after each discharge from inpatient or SNF stay (no event limit on meals)
Fitness / Mobility Programs	Not Covered	Silver Sneakers program at no cost	Silver Sneakers program at no cost
Transportation	Not Covered	24 rides annually, up to 30 miles / ride	24 rides annually up to 60 miles / ride
Fitness Tracker Device	Not Covered	Included at no cost	Not Covered
Hearing Aids	Not Covered	Up to \$500 allowance, every 12 months	Up to \$1,000 allowance every 12 months
Voluntary Incentive Gift Card	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities	Up to \$200 in gift cards for completion of certain wellness activities
Eyewear Reimbursements			Up to \$200 allowance every 24 months

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