



The Whole Health Company

Plan Benefit Comparison:

GHI/Empire BlueCross BlueShield Senior Care plan and NYC Medicare Advantage Plus plan

This document is to be used to compare the newer plan offering (NYC Medicare Advantage Plus) to the GHI/Empire BlueCross BlueShield (Empire) Senior Care plan offering that the City of New York currently offers retirees. **These benefits are effective January 1, 2022 – December 31, 2022.**

	GHI/Empire Senior Care plan	NYC Medicare Advantage Plus plan
FEATURES		
Annual Deductible ¹	\$253 combined in network and out of network (\$203 Medicare Part B deductible and \$50 plan deductible)	\$253 combined in network and out of network
Annual Maximum Out of Pocket ²	Unlimited	\$1,470 combined in network and out of network
BENEFITS		
Inpatient Hospital Care (Including Substance Abuse)	\$300 per admission/\$750 per person maximum per calendar year	\$300 per admission/\$750 per person maximum per calendar year
365-Day Hospital Rider	Optional rider available at an additional cost	Included
Inpatient Mental Health Care	\$300 per admission/\$750 per person maximum per calendar year	\$300 per admission/\$750 per person maximum per calendar year
Inpatient Out-of-Pocket Maximum	\$750 annual maximum	\$750 annual maximum

	GHI/Empire Senior Care plan	NYC Medicare Advantage Plus plan
Skilled Nursing Facility Care 100 days each benefit period	100 days in a skilled nursing facility is covered by Medicare, the plan then pays the coinsurance amount for days 21-100	\$0 copay for days 1-100
Home Health Agency Care	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Hospice Care	Covered in full under Medicare	\$0 copay for the one-time hospice consultation/services covered under Original Medicare

OUTPATIENT CARE (per visit or procedure – same benefit in network or out of network)

Primary Care Physician (PCP) Visits	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$0 copay
Specialist Visits	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Allergy Testing/Injections	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$0 copay for allergy testing \$0 copay for allergy injections
Chiropractic Services (Medicare-Covered)	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Podiatry (Medicare-Covered)	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Mental Health – Outpatient Professional	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay

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Mental Health – Outpatient Hospital	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay
Substance Abuse – Outpatient Professional	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Substance Abuse – Outpatient Hospital	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay per visit
Ambulance Services ³	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges; after \$25 deductible, \$2,500 combined annual maximum on ambulance, durable medical equipment (DME), and private duty nursing (PDN)	\$0 copay per one-way trip
Emergency Outpatient Care	Plan pays 20% of Medicare-allowed charges in hospitals for emergency first aid following accidental injury or the onset of a sudden and serious illness, after you have paid the Medicare Part B deductible and a \$50 copayment per visit	\$50 copay, waived if admitted within 72 hours
Urgently Needed Services	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay, waived if admitted within 72 hours
Physical, Occupational, and Speech Therapy	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay

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Cardiac Rehabilitation Services	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Pulmonary Rehabilitation Services	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 member copay	\$15 copay
Durable Medical Equipment (DME) ³	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges; after \$25 deductible, \$2,500 combined annual maximum on ambulance, DME, and PDN	\$0 copay
Prosthetics	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Private Duty Nursing (PDN) ³	Plan pays 80%; after \$25 deductible, subject to \$2500 combined annual maximum on ambulance, DME, and PDN	20% coinsurance, annual maximum benefit \$2,500
Diabetic Supplies (lancets, lancet devices, and blood glucose test strips)	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay for a 30-day supply on each purchase
Blood Glucose Monitors	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Diabetic Therapeutic Shoes	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
X-rays	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay

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Complex Diagnostic Tests and Radiology Services	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay for complex diagnostic and/or radiology visit
Radiation Therapy	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay
Laboratory Tests	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	\$15 copay
Outpatient Dialysis Treatments	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Kidney Disease Education Sessions	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Home Dialysis	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Self-Dialysis Training	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Home Dialysis Equipment and Supplies	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Chemotherapy Part B Drugs (Medicare-Covered)	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Part B Drugs (Medicare-Covered)	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Part B Drug Administration (Medicare-Covered)	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay

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Vision Care (Medicare-Covered)	After deductible, Medicare Part B pays 80% of reasonable and customary charges, plan pays 20% less the \$15 copay	Only for nonroutine vision care \$0 copay for visits to a primary care physician and \$15 copay for visits to a specialist for exams to diagnose and treat diseases of the eye \$0 copay for glaucoma screening \$0 copay for diabetic retinopathy screening \$0 copay for glasses/contacts following cataract surgery

PREVENTIVE CARE AND SCREENING TESTS

Bone Mass Measurement	Medicare covers 100%	\$0 copay
Colorectal Screening	Medicare covers 100%	\$0 copay
Diabetes Self-Management Training	Medicare covers 100%	\$0 copay
Immunizations (flu, pneumonia, and hepatitis B)	Medicare covers 100%	\$0 copay
Breast Cancer Screening (Mammogram)	Medicare covers 100%	\$0 copay
Cervical and Vaginal Cancer Screening	Medicare covers 100%	\$0 copay
Prostate Cancer Screening Exam	Medicare covers 100%	\$0 copay
Welcome to Medicare Exam and Annual Wellness Visits	Medicare covers 100%	\$0 copay
Medicare Diabetes Prevention Program (MDPP)	Medicare covers 100%	\$0 copay
Preventive Care and Screening Tests ⁴	Medicare covers 100%	\$0 copay

ADDITIONAL BENEFITS

Nonemergency Transportation	Not Included	24 one-way trips each year, within 30 miles
Routine Hearing Services	Not Included	<p>\$0 copay for routine hearing exams</p> <p>\$70 maximum benefit limited to one exam every 12 months for out-of-network providers</p> <p>\$0 copay for hearing aids</p> <p>\$500 maximum benefit toward hearing aids every 12 months</p>
Healthy Meals	Not Included	Provides up to 14 meals to eligible members (post-inpatient discharge or chronic condition) per qualifying event, allows up to four events each year (56 meals in total)
Healthy Pantry	Not Included	Eligible members receive a monthly nutritional counseling session via phone. A monthly delivery of nonperishable pantry items are sent directly to your home.
Health and Fitness Tracker	Not Included	<p>Coverage includes a fitness tracking device to track your physical activity and a member engagement website designed to provide guidance, encouragement, and motivation</p> <p>Limit is one device every two years provided through our contracted vendor</p>

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Routine Foot Care	Medicare covers yearly foot exams for diabetes-related treatment. Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges.	\$0 copay for visits to a primary care physician \$15 copay for visits to a specialist Up to 12 visits per year
Foreign Travel Outpatient Emergency Care (Outside the US)	Medicare does not exist outside the US; reimbursement at City of New York Nonparticipating Provider schedule Deductible, copays, and coinsurance will apply	\$50 copay, waived if admitted within 72 hours
Foreign Travel Outpatient Urgently Needed Services (Outside the US)	Medicare does not exist outside the US; reimbursement at City of New York Nonparticipating Provider schedule Deductible, copays, and coinsurance will apply	\$15 copay, waived if admitted within 72 hours
Foreign Travel Inpatient Hospital Care (Outside the US) 60 days per lifetime	Medicare does not exist outside the US; reimbursement at City of New York Nonparticipating Provider schedule Deductible, copays, and coinsurance will apply	\$300 copay per emergency admission
Routine Dental Services	Not Included	Not Included

CLINICAL AND WELLNESS PROGRAMS

Care Coordination/ Care Management The clinical team supports coordination of care with your providers.	Not Included	Included
Fitness	Not Included	SilverSneakers included
Nurse Line	Not Included	24/7 NurseLine included
SpecialOffers Discount Programs <ul style="list-style-type: none"> • Vision and Hearing • Vitamins, Alternative Therapy, and Personal Care • Diet, Nutrition, and Fitness 	Not Included	Included

	GHI/Empire Senior Care plan	NYC Medicare Advantage Plus plan
<p>Wellness Rewards</p> <p>We have created a wellness rewards incentive program to help members like you stay healthy.</p> <p>With this voluntary program, you can earn up to a \$200 annual incentive for completion of services. These services can include, but are not limited to, preventive screenings, such as breast cancer screening, colorectal cancer screening, comprehensive diabetes management (HbA1C testing/retinal screening), and bone health. Additional screenings may be added or changed each year.</p> <p>Participation in the annual incentive program will require the completion of a Health Risk Assessment.</p>	Not Included	Included

The EmblemHealth Senior Care Part D plan is not changing; the optional Rx rider will remain with EmblemHealth, subject to annual Centers for Medicare & Medicaid Services (CMS) Part D parameter updates.

For use by benefits administrators only

This document reflects cost shares only.

1 2021 Medical Deductible – \$203 Medicare Part B deductible plus \$50 Senior Care deductible.

If plan includes an annual deductible, the annual deductible applies to all services except Hospice One-Time Consultation, Ambulance Services, Emergency Care, Urgently Needed Services, Diabetic Supplies if purchased from pharmacy, Blood Glucose Monitors if purchased from pharmacy, Diabetes Self-Management Training, COPD Testing, Blood and Glaucoma Screening, Diabetic Retinopathy Screening, Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Cancer Screening and Colorectal Services, HIV Screening, Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs, Medicare Part B Immunizations, Breast Cancer Screening (Mammogram), Cervical and Vaginal Cancer Screening, Prostate Cancer Screening Exams, Cardiovascular Disease Risk Reduction Visit, Cardiovascular Disease Testing, Welcome to Medicare Preventive Exam, Annual Wellness Visit, Depression Screening, Diabetes Screening, Medicare Diabetes Prevention Program (MDPP), Obesity Screening and Therapy to Promote Sustained Weight Loss, Screening and Counseling to Reduce Alcohol Misuse, Screening for Lung Cancer with Low Dose Computed Tomography, Medical Nutrition Therapy, Smoking and Tobacco Use Cessation, Kidney Disease Education Services, Outpatient Dialysis Treatments, Home Dialysis, Self-Dialysis Training, Part B Drugs and Administration, Chemotherapy Part B Drugs and Administration, Routine Hearing Services, Annual Routine Physical Exam, LiveHealth Online, Fitness, Nurse Line, and Foreign Travel. Please note, all of these benefit categories may not be listed in this benefits summary.

2 2021 Medical Member Out of Pocket

All coinsurance, copayments, and deductibles listed in this benefits summary are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services and the foreign travel emergency, and urgently needed care cost-sharing amounts. Part D Prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

3 For the Senior Care plan, \$25 deductible – GHI will pay 80% for Private Duty Nursing and 20% for DME and Ambulance – \$2,500 combined annual maximum.

4 Local Preferred Provider Organization (LPPO) Preventive Services: A complete list of the preventive services is available.

This information is not a complete description of benefits. Contact the plan for more information.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Empire BlueCross BlueShield Retiree Solutions is an LPPO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield Retiree Solutions depends on contract renewal. Empire BlueCross BlueShield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association.

The NYC Medicare Advantage Plus plan is offered through an alliance between Empire BlueCross BlueShield Retiree Solutions and EmblemHealth.

EmblemHealth insurance plans are underwritten by EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and Health Insurance Plan of Greater New York (HIP). EmblemHealth Services Company, LLC provides administrative services to EmblemHealth companies.

The EmblemHealth companies are separate companies from Empire BlueCross BlueShield.

Empire and EmblemHealth have come together to create a new, customized, fully insured group Medicare Advantage program for the City of New York.

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