

# Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

The \$15 GHI/EBCBS Senior Care Plan copays listed in the table, which are subject to the plan deductible, and which were jointly agreed to by the City and the Municipal Labor Committee (MLC), are temporarily suspended (revert back to \$0) as of January 12, 2023, due to litigation.

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care	HIP VIP Premier Medicare HMO	Aetna Medicare Advantage PPO
Service Area	Nationwide	Must live in the five boroughs of New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties	Nationwide
Network	All Medicare Participating Providers	60,707 providers In Network ONLY (referrals required) Urgent and Emergent occurrences covered outside of network	In and Out-of-Network (no referrals) 95% of utilized providers either in-network (over 1 million providers) or eligible to participate in Medicare and agree to accept Aetna on out-of-network basis
Deductible	2023 calendar year, you pay \$276. Deductible (\$50 GHI + \$226 Medicare Part B). The Part B deductible changes every year	\$0; No calendar year deductible	You pay \$150 deductible. The Part B deductible does not apply. Aetna deductible is guaranteed, at minimum, until 2029. <b>(deductible is waived for 2023)</b>
Annual maximum out of pocket (OOP) (includes copays and deductible)	No limit	\$3,400 is the most you pay out of pocket, then the plan pays 100% and you pay \$0	\$1,500 is the most you pay out of pocket (includes deductible & copays), then the plan pays 100% and you pay \$0
PCP Office Visits	\$15	\$0	\$0
Specialist Office Visits/Mental Health/Substance Use	\$15	\$30 specialist \$5 mental health	\$15
Medicare Preventive Screenings/Immunizations	\$0	\$0	\$0
Routine Hearing Exams (non-Medicare covered)	Not covered	\$15	\$0
Routine Vision Exams (eye refraction) (non-Medicare covered)	Not covered	\$15	\$0

# Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care	HIP VIP Premier Medicare HMO	Aetna Medicare Advantage PPO
Medicare covered vision is a medical condition and falls under a specialist office visit	\$15	\$15	\$15
Hospital admission*	Days 1 – 60, you pay \$300 per admission, up to \$750 max. per calendar year Days 61 –90, you pay 100% (currently \$400 per day) of the Medicare coinsurance Days 91 –201**, you pay 50% and Empire pays 50% of the cost (Medicare rate) Days 202 –365**, you pay 100% of all costs	\$250 for days 1-3 and \$0 for days 4 and beyond  \$0 per day for Centers for Excellence; Memorial Sloan Kettering and Hospital for Special Surgery	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** (cost share waived for 2023)
Inpatient mental health Inpatient substance use*	Days 1 – 60, you pay \$300 per admission, up to \$750 max. per calendar year Days 61 –90, you pay 100% (currently \$400 per day) of the Medicare coinsurance Days 91 –201**, you pay 50% and Empire pays 50% of the cost (Medicare rate) Days 202 –365**, you pay 100% of all costs	\$250 for days 1-3 and \$0 for days 4 to 90  \$0 per each “lifetime reserve” day  (no limit in a general hospital; 190 day lifetime limit in a psychiatric facility; 60 “lifetime reserve” days)	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** (cost share waived for 2023)
Skilled Nursing (100 days per benefit period)	\$0 days 1-100	\$0 for days 1-20, \$164 for days 21-100	\$0 days 1-100
Emergency Room (ER); waived if admitted to the hospital	\$50	\$100	\$50
Worldwide ER	\$50 - waived if admitted to the hospital; covered for emergency services only	\$100 - waived if admitted to the hospital; covered for emergency services only	\$50 - waived if admitted to the hospital; covered for emergency services only
Outpatient surgery	You pay \$0 after Medicare Part B deductible	\$0	\$0
Emergency hospital admission when outside the U.S.A	Days 1 - 90, you pay: \$300 per admission, up to \$750 max. per year	You must have your inpatient care authorized by the plan, and your cost is what you would pay at a network hospital	\$300 per admission, \$750 maximum for emergency services only (cost share waived for 2023)
Lab tests / X-rays & complex radiology (CT Scan/PET/ MRI)	\$15	\$0	\$15

# Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care	HIP VIP Premier Medicare HMO	Aetna Medicare Advantage PPO
Diabetic monitors/supplies (lancets, lancet devices & blood glucose test strips)	\$0	\$0 (Limit to the quantity for supplies manufactured through Abbott. 5 strips and lancets per day for insulin users and 4 strips and lancets per day for non-insulin users)	\$0
Durable medical equipment/Ambulance	\$25 Deductible \$2,500 annual benefit maximum****	20% (DME & prosthetic) \$50 Ambulance	\$0, no annual benefit maximum
Private duty nursing (PDN)	\$25 Deductible, then you pay 20% coinsurance; \$2,500 annual benefit maximum****	\$0	20% coinsurance \$5,000 annual benefit maximum
Home health care services	\$0	\$0	\$0
Urgent care	\$15	\$5	\$15 \$0 at CVS Minute Clinic, Walmart & Kroger clinics
Part B Drugs	\$0	20%	\$0
Allergy testing and Allergy shots	\$15	Allergy testing \$0 Administration of the shots is covered at 20% cost (Part B drugs)	\$0
Therapy (Physical, Occupational & Speech)	\$15	\$0	\$15
Cardiac rehabilitation therapy / Pulmonary rehabilitation therapy / Radiation therapy	\$15	\$0	\$0
Outpatient kidney dialysis, self-dialysis training, home dialysis equipment and supplies	\$0	\$0	\$0
Chiropractic (Medicare covered only)	\$15	\$20	\$15
Non-routine podiatry (Medicare covered only); Diabetes or a specific circulatory illness impacting the feet	\$15	\$0	\$15

# Major Benefit Comparison: Senior Care, HIP VIP Premier Medicare Advantage HMO, and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care	HIP VIP Premier Medicare HMO	Aetna Medicare Advantage PPO
Routine podiatry (non-Medicare covered) Cutting or removing corns and calluses, trimming, cutting, or clipping nails	Not covered	\$30	\$15
Dental	Not covered	\$5 copay per exam every six months, \$10 copay per visit every six months for cleaning; discounts for additional services	Not covered
Fitness benefit	Not covered	Silver Sneakers \$0 per visit at participating fitness locations	SilverSneakers at no cost
Hearing aid reimbursement	Not covered	Up to \$500 allowance every 36 months	Up to \$500 reimbursement, every 12 months
Healthy Home Visit by a licensed clinical professional who provides a health assessment	Not covered	Not covered	Annual home visit at no cost
Healthy Rewards	Not covered	New members can earn up to \$165 and current members can earn up to \$180 by completing wellness services	Earn up to \$200 (voluntary incentive Gift Card) by completing wellness services
MDLive telemedicine behavioral health	Not covered	Not covered	\$0 cost share per visit No deductible & unlimited visits
Meals after each hospital stay & after each skilled nursing facility stay	Not covered	Not covered	28 meals, up to 14 days
Medical Alert System to be immediately connected to a care specialist at LifeStation for emergency care	Not covered	Not covered	Included at no cost - the device and monthly monitoring fee
Non-Emergency Transportation to and from medical appointments	Not covered	Not covered	24 one-way rides, per calendar year and up to 60 miles, per ride
Over the Counter (OTC) Allowance	Not covered	Not covered	\$120 annual (\$30 per quarter) allowance on health & wellness products
24-hour Nurse Line	Not included	Included	Included
Teladoc services for minor and/or urgent services over phone, or virtual.	Not covered	\$10	\$0 cost share

**HIP VIP 24/7 nurse line:** members can speak confidentially, one-on-one with a registered nurse at anytime, nurses are trained in telephone triage and will provide clinical support for every day health issues and questions.

**Aetna 24/7 nurse line:** talk to a registered nurse to get help with deciding whether to visit a doctor or urgent care center, understanding your symptoms, managing chronic conditions, learning about treatment options and medical procedures, etc.

## Notes

\* 365-Day Hospitalization is an “Optional Rider” that can be purchased in the Senior Care plan to cover hospitalization coinsurance in full. The \$300 copay per stay for days 1-60 days will always apply, even with the purchase of the rider.

\*\* Medicare has 60 lifetime days. You may elect to use any of the previously unused lifetime reserve days in which you pay the current coinsurance rate of \$800 per day in lieu of the 50% of the Medicare allowed rate.

\*\*\* The Aetna Medicare Advantage plan covers 365-day hospitalization automatically, at no additional cost, and does not require purchase of a rider.

\*\*\*\* Combined benefit: Deductible and annual max. for Durable Medical Equipment (DME), Private Duty Nursing (PDN) and Ambulance.

## Disclaimer

The information in this comparison was provided by the plans. For official detail plan benefit description, for each health plan described in this comparison chart, refer directly to the health plan’s benefit summary located on the health plan’s website or the plan’s Evidence of Coverage.