



Elderplan is a not-for-profit organization founded right here in New York. Their primary objective is ensuring that members of the community receive the care and support they deserve. They offer a variety of Medicare Advantage plans tailored to fit the changing needs of Medicare and dual Medicare and Medicaid beneficiaries at every level of health.

Elderplan is a member of MJHS Health System, a not-for-profit organization founded by Four Brooklyn Ladies in 1907 based on the core values of compassion, dignity and respect.

Elderplan is proud to care for people of every race, ethnicity, faith, national origin, gender identity or expression, sexual orientation or military status.

At a Glance	
Plan Type	Medicare HMO
Geographic Service Area	Brooklyn, Queens, Manhattan, Bronx, Westchester
Contact Information	Elderplan 6323 Seventh Avenue Brooklyn, NY 11220 (866) 360-1934 Contact the Enrollment Services Department between 8:00 a.m. and 8:00 p.m. 7 days a week TTY: 711 (for hearing impaired)
Web Site	www.elderplan.org

BENEFITS

Visits to your PCP are just \$0; when referred to a network specialist you pay \$35. Medically necessary hospitalization is covered with a \$350 co-payment per days 1-5, \$0 from days 6-90

- Routine Laboratory \$0
- Routine X-Ray \$20
- Preventive & Comprehensive Dental
- Routine Vision \$150 every year towards glasses
- Routine Hearing \$500 towards 1 hearing aid every 3 years
- Acupuncture \$0 co-pay 20 visits per year
- Over the Counter (OTC) \$55 every quarter (cannot be carried over) used towards health-related items at participating pharmacies

PRESCRIPTION DRUG COVERAGE

Prescription drug coverage has a \$445 deductible for tiers 4 and 5 only

***Retail: Tier 1** \$4 generic Tier 2 \$10 preferred generic Tier 3 \$47 preferred Brand drugs Tier 4 \$100 non-preferred Drugs Tier 5 Specialty Drugs 25% coinsurance for a 30 day

****Mail: Tier 1** \$8 generic Tier 2 \$20 preferred generic Tier 3 \$94 preferred Brand drugs Tier 4 \$200 non-preferred Drugs Tier 5 Specialty Drugs 25% coinsurance for a 30 day

*One-month supply for Standard retail (in-network), Long-term care (31-day), and Out-of-network cost share.

**60-Day supply is also available for Standard retail (in-network).

ANTHEM MEDICARE PREFERRED (PPO)



With Anthem Medicare Preferred (PPO), you will receive all the coverage provided by Medicare and most Medicare supplement plans combined, plus important extra coverage. You have National Access Plus, which allows you to see any doctor who accepts Medicare and our plan. You're not tied to a provider network and, if applicable, you pay the same copay or coinsurance percentage whether your provider is in- or out-of-network.

At a Glance	
Plan Type:	Medicare PPO
Geographic Service Area	The Anthem Medicare Preferred (PPO) plan offers coverage in our CMS-defined geographic service area of all 50 states, Washington, D.C., and all U.S. territories.
Contact Information	1-833-848-8730 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.
Web Site	www.anthem.com/nyc

The Anthem Medicare Preferred (PPO) plan offers a wealth of benefits designed to help you take advantage of many health resources while keeping expenses down. See some of the key plan highlights and services below.

- \$0 copay for an annual routine physical
- Freedom to choose providers who accept Medicare and the plan, nationwide, without a referral
- Access to emergency care both inside and outside of the U.S.
- Doctors available anytime, anywhere with Live Health Online
- Silver Sneakers[®], free membership to a participating gym
- 24-Hour Nurse Information Line, a toll-free health information hotline available to members 24 hours a day, 7 days a week.
- Many preventive care services are covered at 100% - using preventive care services helps you stay healthier.
- Many routine services are included at no cost: Annual wellness visits, flu and pneumonia shots, smoking cessation counseling, mammograms, screenings for prostate cancer, diabetes, colorectal cancer and cardiovascular disease
- The House Call program offers a personalized visit in your home or other appropriate health care setting that can lead to a treatment plan tailored just for you. The House Call program is available at no additional cost for members who qualify, based on their health needs.
- MyHealth Advantage is a program that helps to find and suggest ways to both improve your health and help save you money, including: regular reminders about needed care, tests or preventive health steps you can take, prescription drug cost-cutting tips and access to health specialists ready to answer your questions, at no additional cost.

There is a \$0 co-payment for primary care providers and specialists; \$50 copayment for emergency room visits; and \$300 co-payment per admission for inpatient hospital care. The plan has a \$235 deductible with a \$985 out-of-pocket maximum combined in-and-out of network.

Prescription Drugs - Retirees who receive prescription drugs through their union welfare fund do not have prescription coverage through Anthem BCBS. Retirees who do not receive prescription drugs through their union welfare fund will automatically receive the following prescription drug benefit:

Copay or Coinsurance - \$0 Select/25% Generic/25% Preferred/25% Non-Preferred for 30-day supply

Member is responsible for 25% of the drug price until your costs reaches \$6,550. After the members out-of-pocket costs reach \$6,550, then the member pays 5% of the drug price or \$3.70 for generics and \$9.20 for brands, whichever is greater.

\$0 copay for Select Drugs - this plan gives you access to some of the most commonly prescribed and proven generic drugs — treating conditions like diabetes, hypertension and high cholesterol — with zero out-of-pocket expenses.

A comprehensive nationwide pharmacy network provides access to 66,000 locations that includes most national chains and many local pharmacies.

VIP® PREMIER (HMO) MEDICARE (FORMERLY HIP VIP MEDICARE)



The VIP® Premier (HMO) Medicare plan is available to residents of Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk, Westchester, Rockland and Orange counties. If you or your spouse is enrolled in Medicare Parts A & B, you can sign up to join the VIP® Premier (HMO) Medicare plan. You will get all the benefits covered under Medicare, plus extra benefits provided by EmblemHealth.

At a Glance

Plan Type:	Medicare HMO
Geographic Service Area	Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk, Westchester, Rockland and Orange counties
Contact Information	1-877-344-7364 Representatives are available Monday through Friday 8:00 a.m. to 5 p.m.
Web Site	www.emblemhealth.com/city Now available in English, Spanish, Chinese and Korean.

As a member of the VIP® Premier (HMO) Medicare plan, you can choose a primary care physician (PCP) practicing in his or her private office located throughout the New York metropolitan area. You may visit your PCP as often as you need.

Your PCP can also refer you to the right specialists for treatment and services. You and your dependents will be covered for in-network hospital and health services that include routine exams, health 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 not provided by your PCP or allowed by EmblemHealth will not be covered by either EmblemHealth or Medicare.

Retirees who get prescription drug coverage through their union welfare fund are not entitled to prescription coverage under the HIP VIP plan.

PRESCRIPTION DRUG COVERAGE THROUGH OPTIONAL RIDER ONLY

Drugs prescribed by your doctors must be received through HIP participating pharmacies. Retirees in union welfare funds where prescription drugs are not covered will automatically get the following prescription drug benefit:

Preferred Retail: \$10 copay for preferred formulary generic drugs – 30-day supply; \$15 copay for preferred formulary brand drugs – 30-day supply; \$100 copay for non-preferred generic and brand drugs; 25% coinsurance for specialty formulary, generic and brand drugs.

Mail Order: \$15 copay for preferred formulary generic drugs – 90-day supply; \$22.50 copay for preferred formulary brand drugs – 90-day supply; \$100 copay for non-preferred formulary and brand drugs; 25% coinsurance specialty for formulary generic and brand drugs.

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PLAN



If you are eligible for Medicare Parts A and B then you can be a part of UnitedHealthcare Group Medicare Advantage, a Medicare-contracted Health Maintenance Organization. UnitedHealthcare Group Medicare Advantage offers you a comprehensive health plan with no deductibles, and virtually no paperwork.

At a Glance	
Plan Type:	Medicare HMO
Geographic Service Area	NY - Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester NJ - Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
Contact Information	Pre-Enrollment - 1-877-714-0178, TTY 711 Monday - Friday 8am - 8pm. Potential retirees should identify themselves as a City of New York retiree. Post Enrollment: 1-800-457-8506, TTY 711 Monday - Friday 8am - 8pm
Web Site	retiree.uhc.com

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. Chiropractic visits are a \$10 copay. As a UnitedHealthcare Group Medicare Advantage 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.

UnitedHealthcare Group Medicare Advantage encourages its members to take care of themselves, which is why you are entitled to a free annual physical, 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 \$5,030 with Part D "donut hole" up to \$8,000 (member Responsible for 100% of RX cost up to \$8,000.)

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

If a member reaches \$8,000 in true-out-of-pocket costs, member will pay \$0 for both generics and brand medications.

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/\$110

Mail order and retail copays up to \$8,000. If a member reaches \$8,000 in true-out-of-pocket costs, member will pay \$0 for both generics and brand medications.

AvMED MEDICARE CHOICE HMO



AvMed's mission is to improve the health of our members, which is why we pride ourselves in being the health plan with your health in mind. We provide members with quality, cost-effective plans and excellent member services. Our vision is to be the health plan of choice.

As an AvMed member, you are also offered additional benefits such as: Dental Plan and Silver Sneakers gym membership.

At a Glance	
Plan Type:	Medicare HMO
Geographic Service Area	Miami-Dade and Broward Counties - Florida
Contact Information	For more details about AvMed Medicare Plans, you should write or call: AvMed Health Plans 9400 South Dadeland Blvd. Miami, Florida 33156 1-800-782-8633
Web Site	www.avmed.org

Health Management Programs: Disease Management Programs, Medication Therapy Management Program.

Miami-Dade and Broward Counties:

Visits to your PCP are \$0 per visit; visits to Specialists range from \$0 to \$25 copay for each specialist visit for Medicare covered benefits.

Inpatient Hospital: Days 1-5 \$0 copay per day; Days 6-20 \$75 copay per day; Days 21-90 \$0 copay per day

Diagnostic tests, x-rays, lab services and radiology services copays and/or coinsurance:

\$0 Lab services

\$25 copay for Medicare covered x-rays

20% PET Scans

\$25 - \$60 copay for Medicare covered therapeutic radiology services

\$50 - \$175 Complex outpatient diagnostic tests (CT, MRI, MRA and nuclear cardiac imaging studies)

PRESCRIPTION DRUG COVERAGE

Retail: \$0/\$0/\$25/\$50/33%

Preferred Generic/Non Preferred Generic/Preferred Brand/Non Preferred Brand/Specialty Mail Order is available 3 X the co-pay for 90 day supply

Initial coverage: \$4,000

After member reaches \$4,000 – Plan covers all generics through gap.

Member pays 47.5% of cost for Brand name drugs until member's yearly out-of-pocket costs reaches \$4,750. Member then pays the greater of \$2.65 for generic and \$6.60 copay for brand or 5% coinsurance (whichever is greater).

CLOSED TO NEW ENROLLMENTS

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 Order: \$4.00/\$30.00/\$70.00 for 31 days \$12/\$90/\$210 for 90 days

After yearly out-of-pocket drug costs reach \$2,930, you pay 50% until your yearly out-of-pocket drug costs reach \$4,700. After member reaches \$4,700 member then pays the greater of \$2.60 and \$6.50 or 5% coinsurance (whichever is greater).

CIGNA MEDICARE (ARIZONA ONLY)



Cigna Medicare Select Plus Rx is available to retirees with Parts A and B of Medicare and live in the service area of Maricopa County and the City of Apache Junction and Queen Creek in Pinal County. With the Cigna Medicare Preferred with RX HMO plan, you are subject to a \$0 copay for PCP visits, \$15 copay for Specialist visits. Plus you'll find extras, like annual physicals, routine services not covered by Traditional Medicare and worldwide emergency care.

At a Glance	
Plan Type:	Medicare HMO
Geographic Service Area	Maricopa County and the City of Apache Junction and Queen Creek in Pinal County, Arizona
Contact Information	Cigna Phoenix, AZ: 1-800-592-9231
Web Site	www.cigna.com

LITTLE OR NO PAPERWORK

With Cigna Medicare Select Plus Rx, there is virtually no 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:

Tier	30-day retail	90-day retail	90-day mail order
Tier 1	\$3	\$9	\$6
Tier 2	\$5	\$15	\$10
Tier 3	\$30	\$90	\$60
Tier 4	\$30	\$90	\$60
Tier 5	\$30	\$90	\$60

You pay copays until your out-of-pocket costs reach \$4,750 then you pay the greater of \$2.65 for generic drugs and \$6.60 for brand drugs or 5%, whichever is greater.

HUMANA GOLD PLUS



Humana Gold Plus plan offers all the benefits of Original Medicare plus extra services at no additional cost.

At a Glance

Plan Type:	Medicare HMO
Geographic Service Area	Florida: Daytona (Flagler, Volusia); Jacksonville (Baker, Duval, Nassau); Tampa Bay (Hernando, Hillsborough, Pasco & Pinellas); and South Florida (Broward, Dade & Palm Beach)
Contact Information	For more details or to request an enrollment kit, call: (800) 833-1289 TDD 1-877-833-4486 between 8:00 a.m. - 9:00 p.m. EST, Monday - Friday. A representative will help you with your questions and arrange an appointment with a Humana representative to complete your enrollment application. Please identify yourself as a City of New York retiree.
Web Site	www.humana.com

ADVANTAGES OF HUMANA MEDICARE+CHOICE PLANS

HumanaFirst® Nurse Advice Line – If you have questions about symptoms you’re having but aren’t sure if you need to see your doctor, Humana can help. Call HumanaFirst, our toll-free, 24-hour health information line. HumanaFirst is available seven days a week for members. It’s staffed by nurses who can help address your health concerns and answer questions about medical conditions.

SilverSneakers® Fitness – This is a total health and physical activity program that can help people at all fitness levels.

Disease Management Program – 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.

MyHumana® - Whether you prefer using a desktop, laptop or smartphone, you can access your healthcare information in one convenient place. Once you register, you can view your coverage and benefit details, check the status of your claims, track healthcare spending, compare drug prices, and much more!

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 \$4,700, the member pays the greater of \$2.65 for generic (including brand drugs treated as generic) and \$6.60 for all other drugs, or 5% coinsurance.

GHI HMO MEDICARE SENIOR SUPPLEMENT



Retirees with both Medicare Parts A and B and age 65 and older are eligible for GHI HMO Medicare Senior Supplement.



At a Glance	
Plan Type:	Medicare Coordination of Benefits Plan
Geographic Service Area	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
Contact Information	1-877- 244-4466 Monday through Friday, 8:00 a.m. to 8:00 p.m.
Web Site	www.emblemhealth.com/city

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.

PRESCRIPTION DRUG COVERAGE

The member must meet a \$590 deductible before the plan will pay. Once the deductible is met, the member pays 25% of eligible prescription drug expenses up to \$2,000 out of pocket MOOP (this includes the member's deductible). After the member has reached in total, \$2,000 MOOP, the member pays \$0 copay.

SECTION X – THE CITY OF NEW YORK’S EMPLOYEE ASSISTANCE PROGRAMS

The City of New York offers its employees and their dependents a helping hand through a network of Employee Assistance Programs (listed below). The network of Employee Assistance Programs (EAPs) are staffed by professional counselors who can help employees and their eligible dependents handle problems in areas such as stress, alcoholism, drug abuse, mental health, and family difficulties. An EAP will provide education, information, counseling and individualized referrals to assist with a wide range of personal or social problems.

Communication with an Employee Assistance Program is private, privileged and strictly confidential. No information will be shared with anyone at any time without your written consent. More information can be found on our website on www.nyc.gov/eap. If you do not have an EAP in your agency or union, you can call the New York City Employee Assistance Program (NYC EAP) at (212) 306-7660 or e-mail us at eap@olr.nyc.gov for additional information.

Employees of the Police and Correction Departments may use their agencies’ EAPs or the New York City EAP for alcohol abuse treatment services. If you wish to use substance abuse treatment services you must self-refer through your health plan.

Agency EAPs

Department of Sanitation

Employee Assistance Unit
(212) 437-4867

NYC Fire Department

Counseling Services Unit
(212) 570-1693

NYC Health + Hospitals

NYC Employee Assistance Program (NYC EAP)
(212) 306-7660 or e-mail eap@olr.nyc.gov

New York City Agencies (non-uniform)

NYC Employee Assistance Program (NYC EAP)
(212) 306-7660 or e-mail eap@olr.nyc.gov

NYC Housing Authority

NYC Employee Assistance Program (NYC EAP)
(212) 306-7660 or e-mail eap@olr.nyc.gov

NYC Police Department

Counseling Unit
(718) 834-8816

Corrections Department

Care Unit (Peer Counselors)
(718) 546-2273

Union EAPs

DC 37 Health & Security

Personal Services Unit
(212) 815-1250

New York City Police

Organization Providing Peer Assistance (POPPA)
(212) 298-9111

United Federation of Teachers

Member Assistance Program
(212) 701-9411

SECTION XI – THE EMPLOYEE BLOOD PROGRAM

Your health plan covers the cost of administering transfusions and pays blood processing fees for employees, retirees and eligible family members. It does not pay for the storage of your own blood for future use.

Blood replacement fees are not covered by any health plan offered by the City. To help our community maintain blood reserves the Employee Blood Program sponsors a voluntary donor program for City employees, called the City Donor Corps. City Donor Corps members who donate once a year are entitled to certain benefits for themselves and family members.

For further information:

Employees, please contact your agency Blood Program Coordinator.

Retirees, please call or write the central office:

NYC Employee Blood Program
Department of Citywide Administrative Services
1 Centre Street, 24th Floor
(212)-386-0554

You may also call 311 and ask for the NYC Employee Blood Program or Call (212)-NEW-YORK if outside of NYC.

The City of New York
Office of Labor Relations
Employee Benefits Program
22 Cortlandt St, 12th Floor, New York, NY 10007
nyc.gov/hbp

