

Aetna Medicare Advantage informational meeting

City of New York retirees



**Welcome City of New York Medicare-eligible
retirees and Medicare eligible dependents**

What we'll cover

- City's populations
- The parts of Medicare
- How the Aetna MedicareSM Plan (PPO) works
- Keeping your doctors
- About prior authorizations
- Custom plan benefits for City of New York retirees
- Support programs included in your plan
- What happens next and important information
- Questions?



We're here for you every step of the way

About the Aetna[®] experience

City of New York populations overview and effective dates

Populations

When they will be effective with Aetna

GHI Senior Care Plan enrollees

- 9/1/2023 effective date for the Aetna Medicare Advantage PPO Plan
- 1/1/2024 effective date for the Aetna Medicare Rx[®] by SilverScript[®] prescription drug plan (PDP) for those enrolled in the GHI Enhanced prescription drug plan (PDP)

HIP VIP Premier Medicare Plan

- City will keep HIP VIP Premier Medicare plan as an option
- **HIP VIP members will need to make an active election** if they want to change to the new Aetna Medicare Advantage PPO Plan

Other city health plans


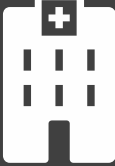
- 9/1/2023 effective date for Aetna Medicare Advantage PPO & Aetna Medicare Rx by SilverScript PDP

Split family coverage

- 9/1/2023 Medicare eligible retirees with non-Medicare family member(s) (family coverage)
 - Medicare eligible members will be automatically enrolled in Aetna Medicare PPO plan
 - Non-Medicare family member(s) will remain covered under GHI – CBP/EBCBS
 - Non-Medicare family member(s) enrolled in other non-Medicare plans will be moved to the GHI-CBP/EBCBS plan, **except those enrolled in the Aetna EPO or Empire EPO**

The parts of Medicare

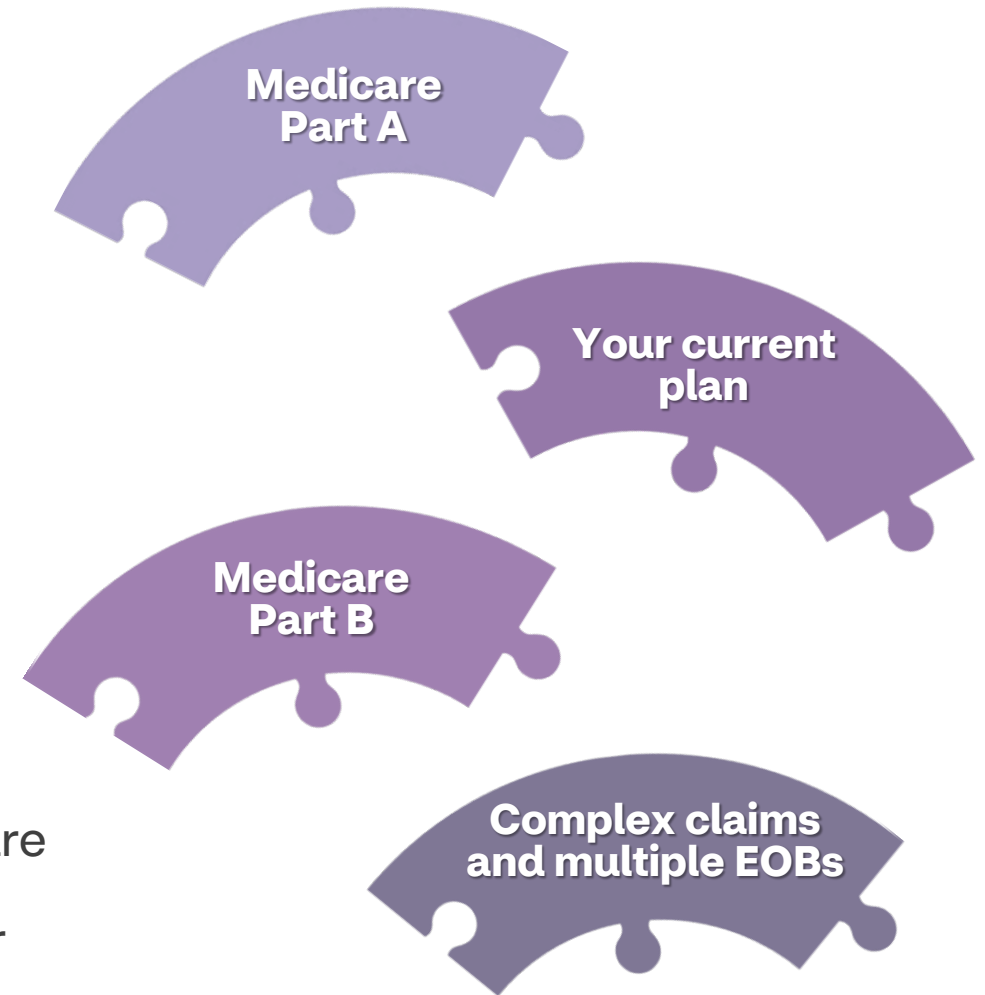
A simple view of the different parts of Medicare

 Government plans Traditional Medicare		 Private plans		
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D	Supplement Plans
<p>Helps with hospital costs</p> <p>\$1,600 benefit period deductible. Days 61–90: \$400 each day. Days 91–150: \$800 each day while using 60 lifetime reserve days. After day 150: You pay all costs.</p>	<p>Helps with doctor costs</p> <p>\$226 annual deductible, before Traditional Medicare starts to pay. Then you pay 20% for Medicare-covered services.</p>	<p>Medicare Advantage plan</p> <p>Combines Parts A + B and sometimes Part D benefits into <i>one</i> plan.</p>	<p>Prescription drug plan</p> <p>Helps with Rx costs — sometimes it's part of a Medicare Advantage plan or can be a standalone Part D plan.</p>	<p>Helps cover cost gaps in Part A and Part B</p> <p>Also known as Medigap; standardized plans available through the individual market. Can also be offered by a former employer.</p>

How the Aetna Medicare Advantage PPO plan works

How your current plan works

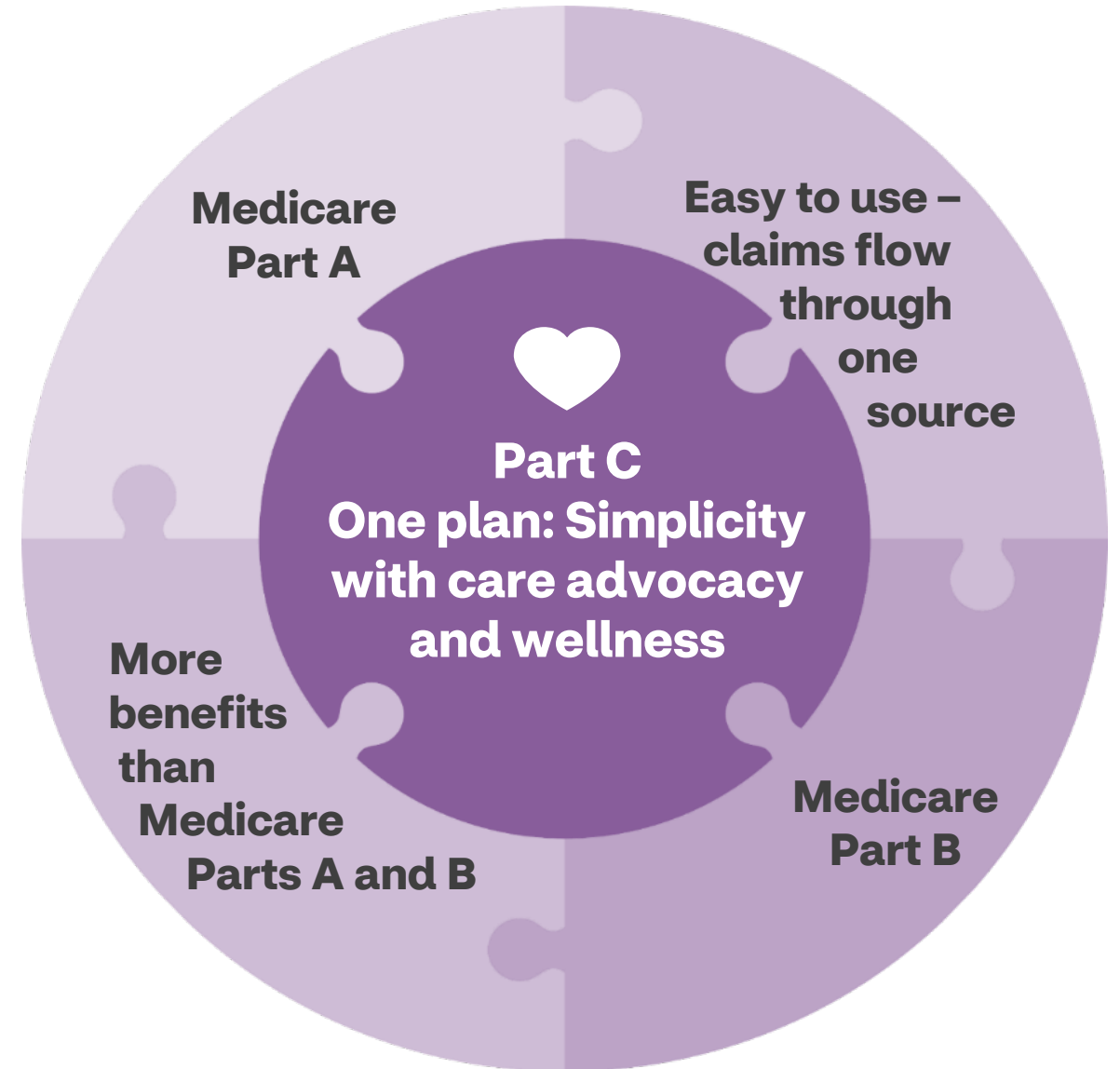
- Multiple ID cards:
 - Traditional Medicare – red, white and blue card
 - GHI Senior Care card – Empire hospital/GHI medical
 - Separate prescription drug card (Rx rider or union)
- Provider submits the claim to Medicare
- Medicare Part A or Part B pays
 - Medicare sends Explanation of Benefits (EOB)
- Supplement pays after Medicare and sends an EOB
- If there is a balance, the provider will bill you for the cost share
- If applicable, you pay your cost share directly to the provider after you check that it matches the EOB



Aetna Medicare Advantage PPO plan: an all-in-one medical plan

- **One medical ID card** – only show the Aetna ID card; tuck away your Medicare red, white and blue ID card
- **One Explanation of Benefits (EOB)** for your medical claims
- **Separate pharmacy ID card** (Rx rider and/or union) – separate pharmacy EOB

Your Aetna Medicare Advantage PPO plan will cover all Medicare-approved services.



About the City of New York's new Aetna Medicare Advantage PPO plan

Your plan

- **Plan name:**
Aetna MedicareSM Plan (PPO) also known as the **Aetna Medicare Advantage PPO Plan**
- **Plan type:**
The plan is **an open access PPO plan** – available in all 50 States and the US territories
- **Custom network:**
The only Medicare Advantage PPO plan that has **Memorial Sloan Kettering and Hospital for Special Surgery in network**
- **Custom plan features:**
A custom (reduced) list of services requiring Prior Authorization is included in the plan

How it works

- Covers all benefits covered by Traditional Medicare Parts A and B plus supplemental benefits **all under a single plan**
- Includes **care management** programs
- Retirees can see **any Medicare-approved provider who is willing to accept the plan**
- Retirees receive **the same benefits and cost sharing (copay) in and out of network**
- **No referrals are required** to see a specialist

Keeping your doctors

You are covered whether in or out of network



1.2M+

primary care doctors
and specialists in the Aetna
national network*

4,200+

hospitals in the Aetna
national network

The Aetna Medicare Advantage PPO plan with open access allows retirees to keep seeing their doctors

- Retirees **do not** have to use Aetna network providers to be covered
- See any Medicare-approved provider who is willing to accept the plan
- Same retiree benefits and cost share (copay) whether in or out of network
- No primary care physician or referrals required
- Your network includes Memorial Sloan Kettering and Hospital for Special Surgery
- Covers retirees nationally and internationally when traveling

*The Aetna Medicare Advantage PPO network as of January 2023.

Will my doctors accept my Aetna[®] plan?



Find out if your doctor will accept the Aetna Medicare Advantage PPO plan

Call us at **1-855-648-0389 (TTY: 711)**,
Monday through Friday, 8 AM to 9 PM ET.

Visit our website at **CONY.AetnaMedicare.com**
**to look up doctors and verify they are in the
network.**

If your doctor doesn't understand how the plan works, an Aetna Member Services representative will call them to explain the plan. If they still don't understand, Aetna will make a one-time payment and can help you find another provider. Or **you can pay and submit Medicare-covered services to Aetna for reimbursement.**

Don't see your doctor listed? Don't worry! Give us a call.

About prior authorization

What services require prior authorizations?

- **Most prior authorizations have been removed.**
- **No prior authorization are required for these services:** MRIs, CT scans, PET scans, diagnostic cardiology, sleep study, pain management and radiation therapy
- **The City of New York prior authorization list is protected. It can only be modified when there is mutual agreement among the City of New York, MLC and Aetna® every two years, for the following services only:**
 - New Part B prescription drugs, therapies, procedures, services, and technologies covered by Medicare.

These are the only services that require prior authorization under the Aetna Medicare Advantage PPO plan:

- Acute inpatient, long-term acute care, acute physical rehabilitation, residential behavioral health/substance abuse treatment, skilled nursing, transplant and home care services
- Services/items that are not covered by Medicare
- Services that could be considered experimental and investigational in nature
- Services that are cosmetic in nature (for example, removal of excessive skin/tummy tuck or eyelid surgery)
- Specialty Part B medications

**Custom medical benefits
for City of New York retirees**

Let's look at your medical benefits

Aetna Medicare Advantage PPO plan — A PPO is a preferred provider organization plan. Your plan includes open access to see any licensed provider or hospital who is willing to accept the plan. Your share of the cost is the same for any provider.

Services	Aetna Medicare Advantage PPO plan
Deductible	\$150 deductible (waived for 2023)
Annual maximum out of pocket* (includes copays and deductible)	\$1,500 is the most a member pays out of pocket, then the plan pays 100% and member pays \$0. This gives annual member protection.
Office visits	
Primary care physician office visits	\$0
Specialist office visits/mental health/substance use	\$15 specialist \$15 mental health
Preventive care	
Preventive screenings/immunizations	\$0
Routine hearing exams and reimbursement	\$0 hearing exam \$500 hearing aid reimbursement every 12 months
Routine vision exams (eye refraction)	\$0

*Excludes prescription drug cost shares.

Let's look at your medical benefits

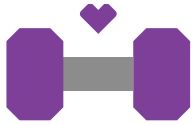
Services	Aetna Medicare Advantage PPO plan
Inpatient services	
Hospital admission/inpatient mental health/inpatient substance use	\$300 per admission, \$750 max (copay waived for 2023)
Skilled nursing (100 days per benefit period)	\$0 days 1-100
Home health services	\$0
Private duty nursing	20% coinsurance, \$5,000 annual benefit maximum
Diagnostic services	
Lab tests	\$15
X-Rays	\$15
Complex radiology (includes MRI/CT/PET)	\$15

Let's look at your medical benefits

Services	Aetna Medicare Advantage PPO plan
Outpatient services	
Outpatient surgery	\$0
Emergency room (waived if admitted)	\$50
Urgent care	\$15 \$0 for retail clinics such as CVS MinuteClinic®, Kroger Clinic, etc.
Therapy (physical, occupational and speech)	\$15
Cardiac and pulmonary rehabilitation	\$0
Radiation therapy	\$0
Outpatient kidney dialysis	\$0

**Support programs that help you
through your health care journey**

How the plan supports the whole you



Prevention

- Eye and hearing exams
- Annual physicals
- Flu shots and other vaccines
- Women's annual health reminder
- Cancer screening reminder



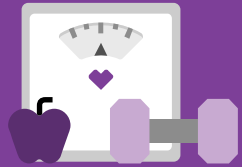
Wellness

- Healthy Home Visits
- 24/7 Nurse Line
- Hearing reimbursements
- Healthy Rewards program
- Teladoc[®]/MDLIVE[®]
- SilverSneakers[®] fitness program
- Non-emergency transportation
- Sidekick Smart smartwatch
- Over-the-counter benefit



Support

- Resources For Living[®]
- Chronic health condition support
- Readmission Avoidance program
- Meal Home Delivery program
- Aetna Compassionate CareSM
- Healthy Aging Support program



Wellness

Discover wellness

Healthy rewards program

Earn up to **\$200** in gift cards when you complete important health and wellness activities.

SilverSneakers®

Join any of several thousand participating locations nationwide or take online classes at home. Use Apple Fitness+ on your iPhone to enjoy access to workouts from anywhere, anytime. **At no extra cost to you!**

Hearing aid reimbursement

\$500 reimbursement every 12 months.

Over-the-counter (OTC) benefit

Spend up to **\$30 per quarter** on approved health and wellness products such as bandages, aspirin, incontinence supplies, vitamins and minerals, and much more.

You can shop from your OTC catalog and get home delivery. Or shop at select participating CVS Pharmacy® stores.



Support

Support to make life easier

Non-emergency transportation

Access up to **24 one-way rides up to 60-mile radius** for non-emergency transportation to your medical appointments.

Meal home delivery program

You can get healthy, precooked meals delivered to your home after an inpatient hospital stay — at no extra cost.

Sidekick Smartwatch

You're eligible to receive a **custom-designed smartwatch through LifeStation at no extra cost**. This medical alert system can help you call for help in an emergency, 24/7. It can even track your steps, check the local weather and monitor your heart rate.

MDLIVE®

Talk to licensed therapists and board-certified psychiatrists by appointment. Providers can even write and send prescriptions to your pharmacy. Average appointment takes 5–7 days to schedule, including weekend and evening. **And you have \$0 cost share.**

Continuity of care support

Changing to the new Aetna Medicare Advantage PPO plan **doesn't mean changing your plans for your medical care.**

We know how important it is to have:

- No interruption in your ongoing or complex care that goes beyond September 2023
- Your current doctors involved, since they know you best
- Support through this plan change

Our nurse care managers are ready to support you to ensure your planned treatment, medications or surgeries are not disrupted.

Call us with your transition of care needs.

Member/alternate contact/provider information and contact authorization (please print)

Member's name _____ Birth date _____

Address _____ City _____ State _____ ZIP _____

ZIP _____

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Continuity of care transition assistance form

If you have planned surgery, testing or ongoing treatment after September 1, 2023, complete the form below and mail it to Aetna®. You can use the envelope provided. A nurse case manager will reach out to you to ensure a smooth transition to your new Aetna Medicare Advantage PPO plan.

If you have:

Planned surgery or hospitalization after September 1, 2023

a) Name of procedure _____

b) Date _____

c) Facility _____

d) Physician name and phone number _____

Planned testing after September 1, 2023

a) Name of procedure/test _____

b) Physician name and phone number _____

Ongoing complex medical treatment (for example, chemotherapy, radiation, dialysis, follow-up from surgery)

a) Current treatment _____

b) Physician name and phone number _____

Ongoing home health care (HCC)

a) Type of HHC _____

Request to speak to a nurse case manager for coaching and support to improve health

Ongoing prescription specialty medicine

a) Name of medication _____

b) Ordering physician and phone number _____

[aetna.com](https://www.aetna.com) | *The City of New York*

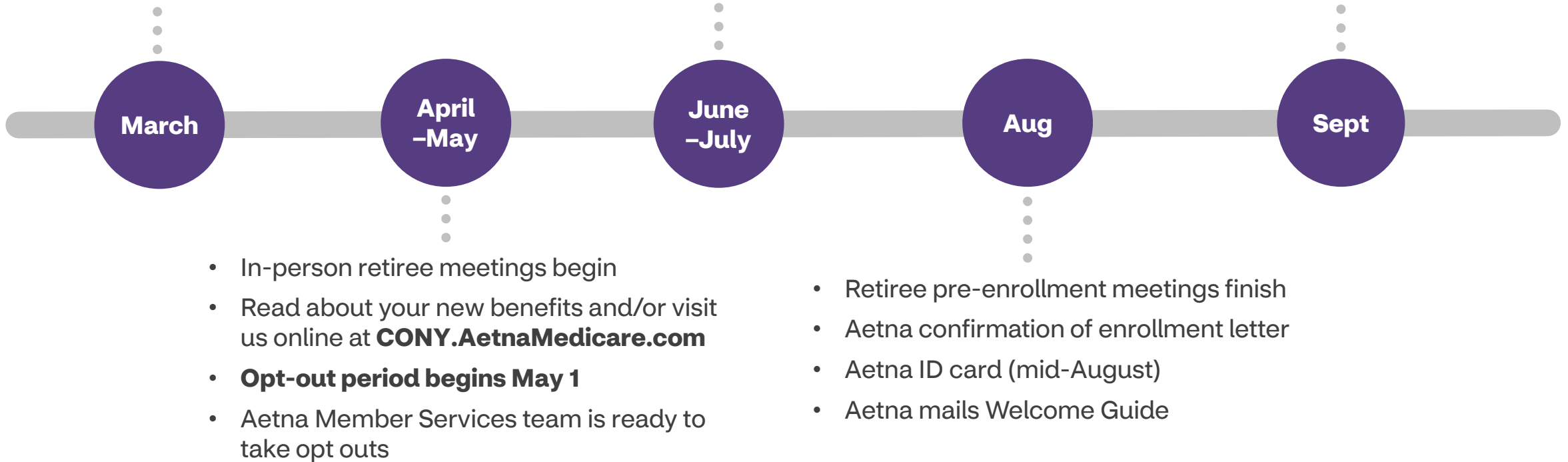
**What happens next and
important information**

What to expect next

- City's announcement letter mailed
- Aetna® Member Services went live
- Aetna information packet/Evidence of Coverage (EOC) and retiree meeting invite mailed
- Teleconference and virtual meetings begin

- Retiree meetings continue
- Case managers begin outreach calls for transition of care
- **Opt-out period ends June 30**

Update ID card with your doctors
Aetna welcome calls to retirees begin
Post-enrollment retiree meetings continue



Important information about your coverage

Medicare-eligible retirees currently in the HIP VIP Premier Medicare Plan

- Do nothing, and you will remain in your current HIP VIP plan – *no action needed!*
— Or —
- You can opt into the Aetna Medicare Advantage PPO plan by completing the “**Health Benefits Program Retiree Special Enrollment/Waiver form**”, visit the City’s website at **NYC.gov/hbp**, **May 1 to June 30, 2023**.

City Medicare-eligible retirees in any other City plan *who live in the NYC and surrounding area*

- Effective September 1, 2023, you will automatically be enrolled in the Aetna Medicare Advantage PPO plan – *no action needed!*
— Or —
- You can opt out of the Aetna Medicare Advantage PPO plan and the City will automatically enroll you in the HIP VIP plan, unless you **waive** City benefits by completing the **Health Benefits Program Retiree Special Enrollment/Waiver form**.
- If you choose to stay with Traditional Medicare only with no other coverage, you’ll be subject to Medicare deductibles, coinsurance, and will not have prescription drug coverage unless you purchase an individual Part D drug plan.

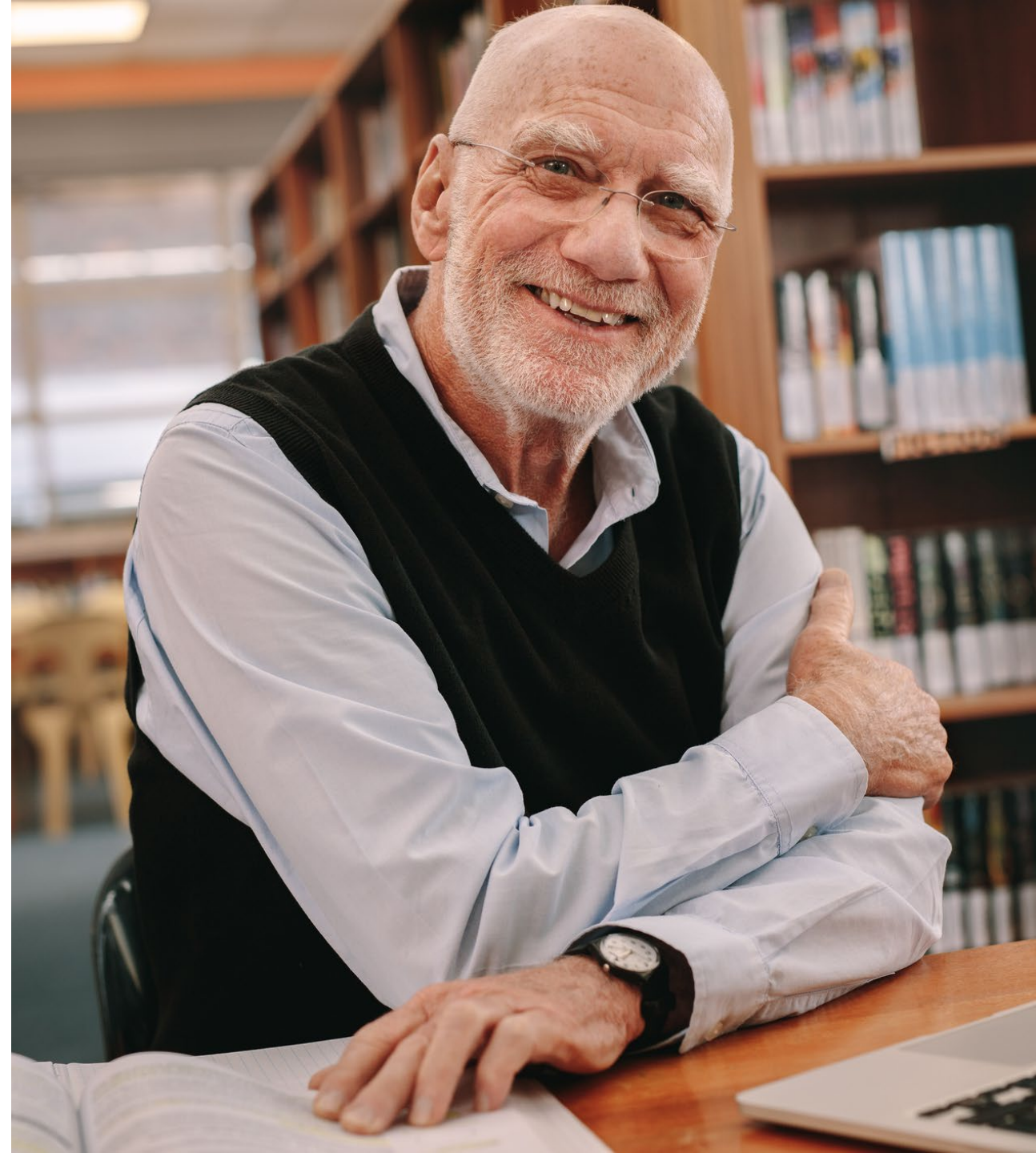
City Medicare-eligible retirees in any other City plan *who live outside the NYC and surrounding area*

- Effective September 1, 2023, you will automatically be enrolled in the Aetna Medicare Advantage PPO plan – *no action needed!*
— Or —
- You can opt out of the Aetna Medicare Advantage PPO plan and waive City coverage.
- If you choose to opt out and waive City coverage, you must complete the **Health Benefits Program Retiree Special Enrollment/Waiver form** and find coverage outside of the City health benefits.
- If you choose to stay with Traditional Medicare only with no other coverage, you’ll be subject to Medicare deductibles, coinsurance, and will not have prescription drug coverage unless you purchase an individual Part D drug plan.

- If you waive the City health benefits, you will **no longer** be eligible for the Part B premium reimbursement and/or IRMAA, if applicable.
- If you opt out and waive City health benefits, you will be eligible to re-enroll during the City’s Annual Retiree Transfer Period in November, or if you have a qualifying event, or by using your once-in-a-lifetime option to re-enroll outside of the Annual Retiree Transfer Period.
- *The **Health Benefits Program Retiree Special Enrollment/Waiver form** can be found on NYC.gov/hbp*

Medigap plan options

- Retirees who live in Connecticut, Massachusetts, Maine or **New York**, can enroll in a Medigap plan without medical review.
- Aetna offers Medigap plans in 48 states, (excluding Alaska and Hawaii). If a City retiree lives in any of the 48 states and wants to enroll in an Aetna Medigap plan where medical review is required, and they present the City's letter discontinuing the Senior Care, Aetna will provide a Medigap plan without medical review.
- City retirees may also be eligible for a 12-month Medicare Advantage trial period based on current coverage.
- To learn more about Medigap plans, visit **Medicare.gov** or contact your local state health assistance program for assistance.



Your resources and opt out information



Aetna® Member Services

For questions about the Aetna plan or to **opt out (May 1 to June 30, 2023)**, call Aetna® Member Services at **1-855-648-0389 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET.



Aetna website for City retirees

To look up a provider online, find information about the plan, or to **opt out (May 1 to June 30, 2023)** visit our website at **CONY.AetnaMedicare.com**



City of New York's OLR website

For more information or to get the City's "**Health Benefits Program Retiree Special Enrollment/Waiver form**," visit the City's website at **NYC.gov/hbp**

**Thank you
for your time**



Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. For accommodation of persons with special needs at meetings, call **1-855-648-0389 (TTY: 711)**. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. 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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, suburban Illinois, urban Kansas, rural Michigan, suburban Michigan, urban Michigan, urban Missouri, suburban Utah, suburban West Virginia, suburban Wyoming. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, non-members please call **1-855-648-0389 (TTY: 711)** or consult the online pharmacy directory at **CONY.AetnaMedicare.com**. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call **1-800-648-0389 (TTY:711)** if you do not receive your mail-order drugs within this timeframe. Plan features and availability may vary by service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call) 1- 877-486-2048, 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco or firearms or be converted to cash.

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards. The 2023 Aetna Healthy Rewards program is only applicable to certain MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants in the form of a gift card. Rewards for 2023 cannot be earned after 12/31/2023, which is the expiration date of the program. Participants should check the terms of their Evidence of Coverage (EOC) prior to participating in any program activities. Except as set forth in the EOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in the Your Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

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